

DALLAS METROCARE SERVICES

**BOARD OF TRUSTEES
MEETING MINUTES OF**

May 18, 2006

**REGULAR MONTHLY MEETING
of the
BOARD OF TRUSTEES**

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A Regular Meeting of the Board of Trustees of Dallas Metrocare Services convened at 11:35 a.m. in the Board Room on May 18, 2006 at 1360 River Bend Drive, Dallas, Texas.

I. Call To Order/Roll Call

Mr. Cooper, Chairperson of the Board, called the meeting to order at 11:35 am. A quorum was present.

The following Trustees were present:

Mr. Cooper,
Mr. Driver
Ms. Hawthorne
Dr. Nace
Mr. Migl
Mr. Orr
Mr. Poffenbarger

Staff Present: Dr. James Baker, Linda Thompson, Dr. Greg Graves, Kyle Munson and other DMS staff.

II. INVOCATION: Mr. Michael Bradford, employee of Dallas Metrocare Services, gave the invocation.

III. CITIZENS' COMMENTS: The procedure for Public Comments was available at the meeting for those interested. No public comment was received.

IV. ISSUES TO BE CONSIDERED:

1. Approval of the meeting Minutes of April 27, 2006 – Regular Board Meeting:

Mr. Cooper called for any comments or corrections to the meeting minutes of April 27, 2006. There were no comments or corrections presented. Mr. Poffenbarger made a motion to approve. The minutes were approved as read.

2. Chairman's Report – Mr. Cooper announced the following:

ANNOUNCEMENTS:

- **Open Meeting Training:** Mr. Cooper said that the open meetings training (required by senate bill 286) originally schedule to take place prior to today's Board meeting, was postponed due to the date change. This training will be re-scheduled for next month.

- **Open Records Training:** Mr. Cooper said that the Center is designating a records officer to be trained on open records (also required by senate bill 286) instead of the Board members.
- **Texas Council Reception:** Mr. Cooper referred to the invitations enclosed in each of the Board members packets. He said that this invitation is going to all of the Board members across the state for the reception that DMS Board members are hosting for them on the evening of Wednesday, June 28th during the Texas Council conference. He asked that the Board members please mark their calendars to help serve as host of this event.
- **Next Meetings:** The next Committee meetings will be held at their regular times on Thursday, June 15th. The full Board meeting will be held on Thursday, June 22nd starting at 12:45 with Board training.

3. Chief Executive Officer's Report:

- Dr. Baker began his report by noting that today marked the 39th birthday of this Center. The Center was started on May 18, 1967 when County Judge Lew Sterrett signed the order to establish the Board of Trustees. In order for the Center to be eligible for the funding it had to go through the process of setting up that Board. Dr. Max Cole was the first Chairperson of that Board. The Center did not actually start operations until September of 1968.
- **Success Story: MR Service Coordination:** Dr. Baker introduced Mrs. Ketty Doane from the MR Service Coordination program. He thanked Ms. Doane for her representation of DMS at the Irving Spanish Television Health Fair forum held the previous night. Ms. Doane spoke on MH issues, although her expertise is mental retardation. Ms. Doane said her success story involves an eleven year-old child diagnosed as autistic with a speech impediment and also displayed multiple behaviors. The mother requested that the child be placed in a state school facility because she did not feel capable of being able to provide the kind of care her son required. Shortly after that the child was placed outside his home in a foster home setting where he's flourished and his aggressive behavior has decreased. The family is very pleased with the outcome. There were no questions posed for this item.

In the Spirit of Diversity: Ms. Sam Clark, presenter: Ms Clark presented Mr. Charles Mitchell and Ms. Mary Sneed with a Certificate of Appreciation for their service on the Diversity Council, as their terms are expiring. Ms. Clark said that there are four new members joining the council and she will introduce them at a near future. There were no questions posed for this item.

- **Centerwide Benchmarks:** Dr. Baker referred to page 9211 of the Centerwide Benchmarks. He said that the Center's focus over the last month on the MH side is to make sure all of the services provided are authorized. MH also continues its efforts to improve its performance on the resiliency and disease management model (RDM). The primary focus on the MR side has been to try to resolve the problems noted in the Texas Home Living Waiver audit that placed the Center on a 45-day vendor hold last month. An internal mock audit is scheduled to take place on the first couple of days in June to see how this is progressing. On-going work continues around problems found in the last MR Authority audit. A mock audit is scheduled to take place in July around these issues. The last issue in MR is assuring that the GR dollars get expended and prevent them from lapsing. The Center received a 100% compliance score from ValueOptions (VO) after a site review they conducted on one of the DMS sites. Positive feedback was received from Parkland's ER regarding

DMS efforts to help them with ACT Team patients. DMS set up a new Rapid Response Team for MR clients that show up at Parkland's ER to divert them from hospitalization. There was improvement on a couple of measures from last month with the financial measures. This had to do with the Center being able to book revenue that was reserved for penalties under the old VO amendment. Other than that the measures remain much as they were the month before. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

BUSINESS AND FINANCE COMMITTEE REPORT

Mr. Orr, Chairperson of the Business and Finance Committee called on Mr. Munson to present his report.

❖ **RECOMMENDATION(S) FOR APPROVAL:**

After discussion and upon motion duly made the following item(s) were approved:

4. Consideration of Approval of Financial Report for April 2006 (Unaudited):

Mr. Munson referred to page 9219 of his report and said that for the month of April they did recognize a positive variance from plan. This has to do almost exclusively with VO rescinding its contract amendment. This impacted the current month in two ways; 1) Revenues were above plan due primarily to the reversal of the \$89,000 reserve made in March for the potential VO penalties. This created a positive impact in current month. There were also no recorded penalties in the month of April; 2) The impact on salaries and wages. Part of this amendment was going to require that the Center significantly increase its staffing. Before this there were several vacant positions, primarily clinic level positions. Mr. Munson said that other than that we are in a very positive position. The accounts payable was at 100% current. The accounts receivable were right on line. There were no questions posed for this item. Mr. Orr asked that the record reflect that the submitted financials are in summary form only, not detailed.

BE IT RESOLVED that the Board of Trustees of Dallas Metrocare Services hereby approves the **Financial Report for April 2006 in summary form, not detailed (Unaudited)**

Mr. Cooper made motion to approve. Mr. Poffenbarger seconded. All were in favor, motion carried.

5. Revenue Diversification Report: Mr. Jesse Aguilera presented a written report and said that DMS is partnering with Metro Dallas Homeless Alliance in collaboration with member organizations to respond to a Request for Proposal released by SAMHSA. This collaboration includes DMS, Homeward Bound, ABC Behavioral Health Care, Lifenet Behavioral Healthcare and the Salvation Army. Other partners in this application also include the City of Dallas and Dallas County. This application is for the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for persons who are homeless. This application targets 125 of the most chronic homeless individuals currently living under bridges and in the area of Downtown Dallas. The amount applied for in this application is for \$399,000 per year. Approximately \$80,000 would go to DMS in this collaboration. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

6. Report on Investment in Human Assets: Mr. Munson presented the following report.

- 1) Reduce employee turnover: Voluntary and involuntary turnover for the last 12 months was at 24%. This is slightly below target.
- 2) Employee attitude: HR is working together with staff and Sr. Management in addressing some of the concerns addressed in the Dallas Business Journal, "Best Place to Work Survey." One key indicator that came out in this survey is communication. HR in conjunction with Senior Management is scheduling weekly "Meet-n-Greets," this is a question and answer time where Sr. Management gets to meet staff and answer questions.
- 3) Fill rate to fill vacant medical staff positions: In medical staff they are slightly above plan. There are 3 open positions that need to be filled.
- 4) Maintain employee training: This is at 89%, slightly under plan.

There was an error noted in item number 3, this should read 3 open positions. (Please refer to the May 18, 2006 Board packet for a detailed account).

SERVICE AND PROGRAM COMMITTEE REPORTS:

Dr. Nace, Chairperson of the Service and Program Committee asked Ms. Thompson to proceed with her report.

7. **Mental Retardation Authority Services Report:** Mrs. Thompson said that activities continue in Authority Services to expend and authorized dollars allocated for this fiscal year. They are showing that they are at 136% of available dollars authorized. This number decreased from the previous months report due to some clean up activities of removing authorizations due to changes in providers. Dollars authorized, but not being expended are being pulled back and reassigned. Of the individuals removed from the interest list last fall there are still approximately 100 individuals not yet connected to services. In-Home Family Support has obligated 80% of available dollars after the budget amendment with the state. Ms. Thompson referred to page 9223 of her written report and said that in terms of the DADS Performance Measures and Outcome Targets for the month of April, HCS was at 100% of enrollments. The Permanency Plan was at 98%. The CARE data accuracy was at 70%, this shows a slight improvement from the last months. A batch process to the state will begin in June to improve this number. The Center exceeded target in total number of individuals served under MR Services and Service Coordination. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

8. **Report on Mental Retardation Provider Programs:** Mr. Thomas Clark, Associate Director of Operations presented the following report:

- Texas Home Living Program: During the month of April the Department of Aging and Disability Services audited the Texas Home Living program and recommended vendor hold with a return in 45 days to correct deficiencies. Program staff, Quality Management, and our Human Resources have developed plans to assure correction of these deficiencies. We additionally asked for consultation with Texas Home Living to develop strategies to meet targets. We were able to establish clearer expectations and guidelines in the consultation.
- HCS and ICF/MR: Home and Community based Services (HCS) and Intermediate Care Facilities for Mental Retardation (ICF/MR) continue to work on data verification and training on charting compliance.
- Early Childhood Intervention Services (ECI) convened a Task Force to strategize and make recommendations for increasing child find. This group consists of David Aston,

Ms. Greenleaf, the ECI Program Director, and two outside consultants, Barbara Moss, who has extensive ECI expertise, and Diane Kazlow, the Director of the LifePath ECI.

- Career Design and Development Services (CDDS): continues to await completion of the Dallas Fire Marshall's review of the site. There have been delays related to need for additional information from the contractor who installed the facilities fire alarms. Three new contracts have been added since hire of the procurement officer. This staff member is making weekly contacts with area businesses.
- Behavioral Psychiatric Services: For the month of April, BPS increased census by 16 consumers. BPS also was able to identify target population for medication services and continues to do so and increase revenue. BPS continues to increase marketing efforts to the MR Authority staff. We also secured a new contract with an HCS waiver provider and are in the process of signing a new contract with another provider.

Mr. Clark said that we were placed on vendor hold because many of the providers we recruit for the care of our clients are family members and they have been providing the care historically. Dr. Baker said that the Center thought it was doing the right thing by its clients letting these family members, who are willing to provide respite services, do so and the Center paid them to provide this service. Dr. Baker said that the State was very clear that they would prefer that the client did not receive the service from a family member if the family member had not been trained, as required. Dr. Baker said he is not optimistic about the family members coming in for the training, the consumer will not get the service until we can provide another non-family member to do it. Dr. Baker said that this has made the service hard to access. Mr. Munson said that DMS is addressing this very aggressively by providing classes in the evenings, on weekends and bilingual. (Please refer to the May 18, 2006 Board packet for a detailed account).

- 9. Report on Mental Health Program:** Dr. Graves said that the contract amendment with ValueOptions is under renegotiation. Dr. Graves, Dr Baker and Dr Hunter met with the UT Southwestern residency training directors to expand opportunities for psychiatry residents and to help with increased access in the community. Dr. Baker said that there will also be a resident in the BPS program in July. We have at this time 2 residents rotating through intensive services. As soon as the diversion program gets running they will be adding a forensic fellow as well. All medical staff will be going through a formal TIMA training being provided by ValueOptions on two different dates. The service volume was up significantly. Individual productivity remains fairly low. This is associated with new QMHP's that have just come aboard. We submitted 82% the State's required uniform assessments timely. Charting Timeliness was at 91%, slightly below target. The Resiliency and Disease chart audits was at 81%. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account.)

- 10. MR Local Service Area Plan for FY 07:** Mr. Aston said that as part of the annual contractual agreement between the Department of Aging and Disability Services (DADS) and DMS, a Local Service Area Plan is required to be posted on our web-site no later than June 1, 2006. Mr. Aston said that a new plan does not need to be done. Instead, all we need to do is update and revise the old plan. Community participation is a key feature in the process for developing the Local Service Area Plan. Several methods for gathering feedback from the community are used to determine needs and priorities of the community. Once this information is gathered The Planning Advisory/Network Advisory Committee reviews the information and reports to the Board the Community Needs and Priorities.

The following needs and priorities have been identified during for FY 2007:

Community Needs and Priorities – Adults with Mental Retardation

1. Service Coordination – Case Management
2. Respite Care
3. In Home Training
4. Day Programs
5. Supported Employment
6. Transportation

The updated Local Service Area Plan is being presented as it was presented to the Mental Retardation Planning Advisory/Network Committee for Board approval.

CLINICAL OUTCOMES REPORT

- 11. Centerwide Clinical Outcomes Report:** Dr. Graves said that they remain at accomplishing 6 of the 10 of the State targets. Saw improvement in 7 of the 10 outcomes. No change in two and worsening on one measure. The one where they saw worsening was the Uniform Assessment. A number of things have been implemented to improve this. There were no questions posed for this item. (Please refer to the April 27, 2006 Board packet for a detailed account).

Ms. Thompson reported that they continue with their efforts in JCAHO preparation. There's been a slight increase in number of standards that are in compliance. They are working on presentation with each of the chapters to continue their training efforts with staff. Regarding **Critical Incidents**, Ms. Thompson reported the following for the month of April: **Abuse and Neglect:** There were two allegations of abuse and neglect. The one confirmed dealt with the physical abuse of an individual in a group home. The neglect allegation involved a workshop with one of our external providers. The investigation showed there was no neglect. **Complaints:** There were 6 confirmed complaints during the month of April. The complaints involved the frequency of staff changes in the Children's Satellite Programs, the unprofessional behavior displayed by the front desk staff and the amount of time people have to wait to be seen. This complaint was surrounding the Altshuler clinic. **Deaths:** During the month of April there were four deaths reported. Two deaths occurred in the mental health division and the other two in the mental retardation division. Three deaths involved medical conditions and the 4th is pending medical results from the ME's office. **Health and Safety:** There were no serious injuries reported. No medication errors. There was a decrease in the number of emergency restraints. A slight increase in the number of individuals with restraints as part of their management plans. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

- 12. Intensive Services Quality Improvement Team Report:** Dr. Ofamata presented a written report. He said that during the Month of April, the West Region attempted to develop and implement processes that will demonstrate consumer improvement as indicated by the State Clinical Outcome Measures. The plan is to meet target on 10 out of 10 Clinical Outcomes Measures. Dr. Ofamata said they are meeting targets on 6 of the 10 outcome measures. Individual treatment teams and the CQI team will work toward meeting targets in the other 4 areas. The outcome metric related to consumers with criminal justice involvement for children, adolescents, and adults, is one of their lowest measures. They plan to continue to work to improve this by keeping this item on the agenda in every weekly team meeting. In addition, the West Region demonstrated progress in several continuous quality improvement areas.

These included:

1. Internal (DMS) RDM audits to ensure compliance with the VO contract and state mandated documentation standards. Our scores improved from 83% in March to 92% in the month of April.
2. Consumer satisfaction as indicated by the results of monthly survey outcomes. Our most recent sample analysis of the survey results showed an overall satisfaction rating of 92%.
3. Establishment of peer-to-peer groups (TIMA and NAMI) on site. There are currently two weekly peer-to-peer groups both in Spanish and English attended by 72 consumers. This represented an increase of 16 attendees for these groups compared to preceding month.

There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

13. COMMUNITY PARTNERSHIPS REPORT: Mr. John Luna said that the theme for the upcoming State Conference is “Networking, Building Stronger Communities.” The conference will be here soon and Dallas Metrocare will be hosting the event from June 28 – 30th at the Westin Hotel. The Irving Community Television has asked DMS to provide them with information on mental health for the story they are putting together on mental health issues. There were no questions posed for this item. (Please refer to the May 18, 2006 Board packet for a detailed account).

V. EXECUTIVE SESSION: There were no issues to discuss.

VI. MEETING ADJOURNMENT: There being no further business to come before the meeting, on motion duly made, seconded and carried, the meeting adjourned at 1:45 pm.

Minutes approved by:

Charles M. Cooper, Chairperson

Minutes recorded, transcribed and distributed by:
Martha L. Toscano
Assistant to the CEO and DMS Board of Trustees