

DALLAS METROCARE SERVICES

**BOARD OF TRUSTEES
MEETING MINUTES OF**

March 24, 2005

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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 1:55 p.m. in the Board Room on March 24, 2004 at 1360 River Bend Drive, Dallas, Texas.

I. Call To Order/Roll Call

Mr. Cooper called the meeting to order at 1:40 pm, a quorum was present.

The following Trustees were present:

Mr. Cooper
Mr. Driver
Ms. Green
Mr. Martinez
Mr. Migl
Dr. Nace
Mr. Orr
Mr. Poffenbarger

The following Trustee(s) were absent: Mr. Garza

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

II. INVOCATION: Ms. Deborah Tomé, present 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 February 24, 2005 – Regular Board Meeting:

Mr. Cooper called for any comments or corrections to the meeting Minutes of February 27, 2005. There were no comments or corrections presented. Ms. Green made motion to approve. The Minutes were approved as written.

2. Chairman's Report – Mr. Cooper reported.

- Presentation of Plaque to Ms. Gee: Mr. Cooper presented Ms. Louise Gee, former Board Member, with a Service Award Plaque from all of the staff and the Members of the Board of Dallas Metrocare Services for her seven years of service on this Board.

- Commissioner's Court Report: On Tuesday, March 22nd, Mr. Cooper and Dr. Baker presented their Quarterly Report at the Commissioner's Court.
- Legislative Meetings: Both Mr. Orr and Mr. Driver have met with their respective Legislative Representatives to speak of Equity Issues in Dallas County.
- Next meetings: Mr. Cooper announced that the next Committee meetings will be held on April 21st and the Full Board will meet on Thursday, April 28th.

3. Chief Executive Officer's Report: Dr. Baker introduced Mr. Jesse Aguilera.

- **Program Presentation:** Safe Haven - Presenter – Jesse Aguilera
Mr. Aguilera said that after many years of trying to bring a Safe Haven to Dallas County a Grant in the amount of \$1,218,185 was granted with this purpose in mind. Mr. Aguilera said that a Safe Haven is a HUD model program that targets the chronically mentally ill homeless population. This is a low-demand shelter with a 25 - bed capacity to be run in a three-year program, open 24-hours a day and run by consumers with special training. The proposed plan is to locate an area West of Downtown, but still close enough to the Homeless Assistance Center. The people participating in this program will have their choice of providers. This program can also be used as a Jail Diversion. Referrals will be received from the Jail System, Parole/Probation division. Those consumers selected for this program will also be helped to wrap around other services that meet their needs. There is a match of 25%, but Mr. Aguilera said that they are looking into ways to approach the County to pay for the operations part of the match. There will be rehabilitation staff to help the consumers and other operation staff to run the place.

- ✓ **Diversity Presentation:** Mr. Luna showed a small ornamental tree given to him 30 years ago. On this tree there are 18 different ornaments. He said that each ornament was different, but unique with its own beauty, its glitter and fragility, but strong because it had passed the test of time. He said that this tree is composed very much like the world surrounding us. The difference in each one of us is what makes us unique.

- ✓ **Centerwide Benchmarks:** Dr. Baker began his report on page 8463. He said that of the 28 indicators there are ten below goal, this is one less than the two previous months. Of those measures below goal almost all are financial indicators and most of those represent prior-months' performance problems financially, even though the Center almost broke even during the month of February. Dr. Baker said that on page 8465, under the Strategic & Business Planning Measures, the Center has been in discussions around alternative contracting arrangements with ValueOptions (V/O) and they have a proposed agreement. The "Equity" agenda has been presented to all of the County Legislators. Support has been received from Judge Keliher. Mr. Cooper referred to page 8465 and the letter "c" or Percentage of MR authority services that are billed and paid. Mr. Munson responded that they are having difficulty collecting from Medicaid. One of the issues was migrating to the HIPAA compliance codes, which has since been taken care of. Another problem was that

Medicaid started to accept DMS claims, but they were not getting processed. This has also been resolved and the payments have started to trickle in.

Mr. Orr asked if the Board needed to do anything formal to approve the "Amendment to Facility Agreement" between DMS and ValueOptions. Dr. Baker said that this was not required according to Board Policies. For the record Mr. Orr stated that Dr. Baker had Executive Authority to go into this "Amendment to Facility Agreement" without the Board's approval, but that the Board is recommending that they go forth with this Amendment subject to the recommendation of the Center's Legal Counsel. There were no other questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).

BUSINESS AND FINANCE COMMITTEE

Chair Reports: Mr. Orr, Chairperson of the Business and Finance Committee, said that the Committee met last week and reviewed the items on this agenda. He asked that Mr. Munson briefly summarized his financial report(s).

❖ 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 February 2005 (Unaudited):

Mr. Munson referred to page 8471 and reported that for the month of February the Center broke almost even, with a loss of \$6,465, this is still below budget but a drastic improvement from previous months. MH Services still shows some loss, but this is due to pay offs associated with the reduction in force that took place a couple of months back. Mr. Munson said that they are only recording General Revenue (GR) dollars earned. (Please refer to the March 24, 2005 Board packet for a detailed account).

Consideration of Approval of Financial Reports for February 2005 (Unaudited):

BE IT RESOLVED that the Board of Trustees of Dallas Metrocare Services hereby approves the **February 2005 Financial Statements (Unaudited)**

There were no questions posed for these item(s). This was a Committee recommendation. All were in favor, motion carried.

5. FY 05 Second Quarter Report: Mr. Munson presented a written report. There were no questions posed for this item.

- Financial Investments:
2.5 million dollars sitting in deposits
- Goods, Services and Equipment > \$15,000
There was one purchase in excess of \$15,000 and this was associated with the fire alarm in building C
- Leases > \$25,000
ECI Program the Lease expired on Feb. 14, 2005 (Program relocated to the Hillside Campus). Lease was terminated.
CDDS Irving – Lease expires on Dec. 3, 2005 (Program just recently moved to the Hillside Campus and is now the Training Center). Written notification being sent.
- Community Services Contracts > \$100,000

- These contracts are limited to General Revenue (GR) providers.
- Non-Community Services Contracts>\$25,000
There are two contracts that exceeded the \$25,000. One was for the External Audit and the other is Oxford Golden Resources - IT Consulting Services Firm. This contract has been terminated.
- Legal Expenses:
There was a drop in legal fees paid out.
- Salary Adjustments>\$5,000
There were no salary increases in excess of \$5,000
- Participation by Historically Underutilized Businesses
DMS is diligent in finding minority vendors in the community. There were never any goals set-up as to the volume or quantity on a vendor basis. This is something that DMS is required to do under the TDMHMR Performance Contract and DMS “Makes a good faith effort to locate and consider Historically Underutilized Businesses (HUB). DMS is not mandated under any quota systems.
- Information Technology Project Update

A written status report was presented with projects for both Software Development and Integration, as well as Network Management projects and initiatives.

There were no questions posed for this item.

- 6. Human Resources Management Report:** Mr. Evans reported that training was below compliance goal, but that they are beginning to offer more classes and bringing TB testing in-house. The Center currently has a 96% fill rate for all staffing. During the month of February only 5 people were hired. Credentialing is at 90%, right where it should be. The Diversity Council is offering several initiatives, as shown in the report. Under Employee Relations the Senior Management Team continues to meet at different clinic sites to get direct feed back from staff on how the Center is doing. DMS participated in the “Best Places to Work Survey”. Turnover for the year is up, but Mr. Evans said this is expected considering the changes this Center has gone through in the past couple of months. Under the safety report, the accidents have increased from last year and this is being addressed by providing training and orientation. On the last page of his report Mr. Evans presented the key metrics he has been presenting in the past months. He said that the Center is heading in a positive direction. There were no questions posed for this item. (Please refer to the March 24, 2005, Board Packet for a detailed account).

SERVICE AND PROGRAM COMMITTEE

Chair Reports: Dr. Nace said that going forth Dr. Graves will be bringing the Medical Director and the Operations Managers from rotating regions to present a report. This report will provide the day-to-day operations of their programs and this will help the Board get a better understanding of what is happening at the clinics. Dr. Nace asked Ms. Thompson to present her report.

- 7. Report on Mental Retardation Authorization Services:** Ms. Thompson reported that they continue to work on individuals that were identified from the Community Supports Category on the wait list. Under Service Requirements the performance standards were not met by the eligibility unit, this is attributed to the high number of no shows. Due to the end of school year fast approaching there have been various requests from different school districts for participation in their transition meetings. Staff members have been identified to assist, this will also secure some additional referrals to our programs. DMS currently has 29 providers

within the General Revenue Network. The Service Coordination Unit did not meet its goal of 60 billable face to face for the month of February. This goal was increased from 45 billable face-to-face to 60 during the reorganization. There were no questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).

8. **Quality Management Report:** Ms. Thompson reported that they continue their utilization activities as an ongoing process. In terms of critical incident information there were no confirmed abuse and neglect cases during the month of February. There was one complaint that was confirmed. There were a total of 5 deaths during the same month. Two of these deaths occurred in the mental health division, 3 were with mental retardation services. In terms of Health and Safety there was one serious injury reported. The Center continued to stay stable in terms of individuals that have restrictive procedures or restrains as a part of their behavioral program. There were two allegations for abuse and neglect during February. One was unconfirmed with the other allegation having an investigation still on going. There were no questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).
9. **Provider Services Monthly Report:** Dr. Graves presented a written report and said that going forward he will integrate the mental retardation services into the mental health report.

Some of the highlights in the HCS program are the closure of the La Havre home on March 30th. Supported Employment saw significant improvement in authorization of services through the MR Authority. Dr. Graves said that they want to bring something similar in Mental Health Services despite the changes they are going to be seeing in reduction of services. The ECI Program has completed its move to the Hillside Campus. The focus in this program has been in the expansion of the census in the catchment area. In Mental Health and child and adolescent services the target areas have been broken down into five areas: 1) insuring authorizations are requested timely; 2) insuring productivity meets and/or exceeds target; 3) monitoring denials and factors that may contribute to denial increases; 4) insuring services are charted when provided but no later than end of next day; 5) and improving the quality of documentation. Dr. Graves presented a report with the target areas for each one of the regions and he also stated that daily "bridge calls" were initiated with the Operations Managers to focus on actions being taken to address these five targeted areas.

The Mental Health Division continues to see a rise in the number of consumers served from the previous year. In Mental Retardation Services, they continue to work to increase efficiencies to provide services within current reimbursement rates. There were no questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).

West Region Report: Dr. Graves introduced Dr. Ofamata and Mr. Jonathan McNorton from the West Region. Dr. Ofamata said that his region concentrates on Continuous Quality Improvement. He said each week they have a meeting to discuss how to improve quality of services. Quality should improve overall productivity and reduce cost. In light of the keen competition this region focuses on quality to ensure retention of satisfied consumers. Quality means conformance to requirements and they also believe that leadership and management must lead the way and insure that all staff emphasize quality of care each and every day. For the month of February their focus was on 1) engaging all staff in continuous quality improvement 2) review 80 charts 3) 100 charts are reviewed each month to improve medical records upkeep 4) they also look into consumer satisfaction results 5) 4 groups in Spanish and 4 groups in English were offered to consumers 6) looking into increasing the number of groups in the clinic. Dr. Ofamata said that because of the nature of mental illness

they've intensified the number of consumer referrals to Primary Care Physicians. There were 150 consumers referred in the month of February. There were no questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).

East Region: Dr. Graves introduced Dr. Kristin Grable from the Altshuler and Eastside Family Clinics. Dr. Grable said that there are 6 parameters in the clinical side that they are following: 1) group volume 2) productivity 3) authorization request timeliness 4) denials 5) charting timeliness and 6) charting quality. Dr. Grable said that the Region saw improvement in the first 4 parameters, with no change in the charting quality, and worsening in charting timeliness. The clinical issues during this month was trying to fill vacant clinician positions and increasing the volume of the group services and improving chart timeliness. As of this month several of these vacant positions have been filled. On the medical side the productivity was 93% and they are working on some challenges on this side. They're working on increasing the overall productivity as well as working on billing issues with data entry and they are still trying to integrate the medical part into the reorganization. On the positive side the medical staff is now fully staffed. They are no longer using any contract doctors. There were no questions posed for this item. (Please refer to the March 24, 2005 Board packet for a detailed account).

AUDIT COMMITTEE:

Chair Reports: In the absence of the Chairperson of this Committee, Mr. Jorge Garza, Mr. Migl presented item number 10.

- 10. Introduction of the Internal Auditor:** Mr. Migl introduced the recently hired Internal Auditor, Mr. Bob Hosea. Mr. Migl said that Mr. Hosea will be reporting directly to the Board via the Audit Committee and he extended a welcome to Mr. Hosea. Mr. Hosea's involvement as a long-standing member of the Dallas Community involves himself in Private Practice as a CPA, working in a consulting capacity for quite a number of years and most recently his prior employment with not-for-profit organizations. Mr. Migl said that they look forward to his efforts adding value to this organization in regards to quality control.

The Board welcomed Mr. Hosea aboard.

❖ RECOMMENDATION(S) FOR APPROVAL:

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

- 11. Consideration of Approval of Acceptance of the Management Letter Response:** Mr. Munson reported that as required by The Department of State Health Services (DSHS) and The Texas Department of Aging and Disability Services (DADS) the Center's Financial Services Department is required to prepare a written response on the corrective action plan in response to the management letter comments contained in the annual Financial and Compliance audit. There were no questions posed for this item. (Please refer to the March 24, 2005, Board packet for a detailed account).

Consideration of Approval of Acceptance of the Management Letter Response:

BE IT RESOLVED that the Board of Trustees of Dallas Metrocare Services hereby approves the **Acceptance of the Management Letter Response:**

There were no questions posed for these item(s). All were in favor, motion carried.

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 2:45 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