



BOARD MINUTES
March 26, 2020

**METROCARE SERVICES
Board Meeting Minutes**

A Regular Meeting of the Board of Trustees of Metrocare Services convened on Thursday, March 26, 2020 at 1345 River Bend Drive/Dallas, TX 75247.

CALL TO ORDER:

Mr. James called the meeting to order at 1:33 pm.

Board Members Present:

Terry James, Chairman	Leslie H. Secrest, M.D., Vice chair.	Dee Salinas Gutierrez, Secretary
Jill Martinez	Kenneth Bernstein	Dave Hogan
Noel O. Santini, M.D.	Anthony Farmer	

Members Absent:

Peter A. Schulte

Staff Present:

John Burruss, M.D., CEO	Linda Thompson	Judith Hunter
Richard Buckley	Tate Ringer	Ariana Guilford
Kelli Laos and Joel Geary, Consulting Counsel.		

CITIZEN COMMENTS: None.

Chairman Updates:

- ❖ **Annual Election of Officers in Accordance with Board Policy 1.06:** Mr. James tabled this item until next month.

Mr. James said that this are interesting times in which we live and he hopes that everyone of us is taking care of ourselves and to make sure to check on those around us who may not have the means or the resources that we do. He thanked everyone who is working very hard to serve the people in our communities.

CONSENT AGENDA:

All consent agenda items are routine by the Board and will be enacted with one motion. There will be no separate discussion of items unless a Board Members so requests, in which event, the item will be removed from consideration as an item of consent business and considered in its normal sequence with the other action items listed below in which case full discussion of the item may occur as necessary.

- ❖ Acceptance of the February 27, 2020 Regular Board Meeting Minutes
- ❖ Acceptance of the FY19 Second Quarter Reports on Finance
- ❖ Acceptance of the Quality and Authority Report for February 2020
- ❖ Acceptance of the FY19 Second Quarter Reports on Services Delivery
- ❖ Acceptance of the FY19 Second Quarter Reports on Quality Management and Research
- ❖ Acceptance of Revision to Board Policy 3.01 on Compliance

Mr. James removed the FY19 Second Quarter Reports on Compliance from the consent agenda and said that this will be considered in its normal sequence with the other action items.

Motion: Mr. James moved Acceptance of the Consent Agenda as a whole. Motion carried.

CHIEF EXECUTIVE OFFICER

SERVICE PRESENTATION: Early Childhood Intervention (ECI) – Carrie Parks.

Ms. Parks said that due to the COVID-19 pandemic the ECI program received approval from Health and Human Services (HHS) to provide almost all of the services via Telehealth. She said staff were busy calling families to obtain their approval and 192 families agree to receive services via Telehealth.

- Day habilitation (CDDS) was closed since we cannot have groups of over ten individuals together.
- Behavioral Health Services is also utilizing Zoom.
- The Center for Children with Autism is now doing Telehealth training with the families.
- The Westmoreland Clinic had to do some quick changes to their delivery services, and they engaged consumers via phone. They met with some challenges with consumers that did not know what was going on. Ms. Parks said they are making the transition as smooth as possible.

Dr. Burruss thanked Ms. Parks for her presentation.

ACTION AGENDA ITEM(s):

Consideration to Accept the Chief Executive Officer Report for the FY20 Key Performance Indicator Progress through February 2020:

Dr. Burruss referred to page 140614 on the board packet and said his report has some updates on the KPI's and CARF accreditation, but he wanted to go around and spend some time having the Ops Lead team, Dr. Hunter, Ms. Laos and Ms. Thompson talk about what they have been doing in the last couple of weeks while we adapt to the new normal and the preparations that they have performed in their programs.

Dr. Hunter welcomed everyone to our new Zoom platform and said this particular Zoom is a health care platform and HIPAA compliant. This is the mechanism that we are currently using to provide both telehealth and telemedicine services across the center. We went from having three or four scattered nurse practitioners across the center doing telemedicine for consumers that were in our clinics and the nurse practitioners were either in our clinics or at home, to having everyone at their homes both providing and receiving services.

Dr. Hunter said that there has been talk about how this will revolutionize the way that centers across Texas will provide mental health services moving forward, as well as possibly in the developmental disability side. She said that Ms. Parks indicated that her shop which is more of a

F2F with occupational services, physical therapy, speech therapy, even they have been given the go ahead from HHS to be able to provide some of these services remotely via telehealth. Dr. Hunter said this is a very much interesting time and that there is some progress to be found and utilized here.

Ms. Laos reported that this was an interesting transition. She said that her division conducts between 24 – 28K services every single month and in a few weeks the IT department was able to move most of these services from F2F encounters to remote telemedicine or telehealth. It took a lot of coordination to get the equipment into the hands of people who do not normally work from home. The business support staff that come in and work their stations from 8 am – 5 pm every day, they too had to be set up to work from home in addition to the clinicians and the prescribers. Once everyone had received all their equipment IT had to make sure that they had all the applications that they use at the office to be able to perform their responsibilities from their homes. This was quite an overhaul for the IT team.

After that there was a lot of communication, training, and daily talks with staff to find out what challenges they were encountering and working with other departments to get those barriers solved so that people could get back up and running. Skeleton crews continue to be maintained at our clinics (approximately 10 – 12 staff) to provide those services that cannot be provided remotely such as health screens, taking peoples temperatures to make sure that they are not sick so that they can be seen by our staff and the injectables. We also continue to see consumers coming in to pick up their prescriptions from our pharmacies.

Ms. Laos thanked our IT department saying that this would not have been possible without their help and the great job that they did.

Discussion ensued on the CDC-based strategies and the preparations put in place by Metrocare due to the Coronavirus pandemic. Dr. Santini said Parkland's number to call to get tested for Covid-19 if you have symptoms is 214-590-8060.

Mr. Buckley said that when the news first broke the facilities department reached out to cleaning companies to do a deep dive cleaning for all our facilities and this has occurred. Trying to secure medical supplies has been tough, but facilities continues to search and is working with operations with the limited supplies we have on hand to distribute out judiciously. We also looked at aerosol cleaning, anti-bacterial to clean the facilities on a regular basis. This is a bit price prohibited at the moment, but we are looking to purchase a machine at a reduced price that has met compliance.

The facilities department is making sure that the facilities are clean on a regular basis doing deep dives. We continue to procure PPE's and supplies to the extent possible. It is a regular practice for our facilities department to change the air filters in all our facilities before the start of the spring season and they have done so. There are four types of filters for our air vents and we always purchase the highest-grade filters to observe infection control guidelines.

Ms. Ringer reported the team has been very busy communicating and coordinating all the changes internally and externally as a result of the pandemic including initiating a support line in coordination with the mental health team. The Metrocare COVID-19 Mental Health Support Line allows the operations team to triage needs and reduce walk-ins. People are having more anxiety and underlying issues surface from overwhelming fear, upheaval, and loss of jobs due to the

pandemic. The effort has been very well received both in the philanthropic community as well as our City Council and legislators who have been sharing the number on their social media. We have overhauled our website so the Support Line is the first thing that pops up on the home page. We also added pages with resources including the Parkland support line that Dr. Santini mentioned as one of the critical resources. Additionally, we created a top ten tips to deal with anxiety that has been disseminated across North Texas through multiple channels. Ms. Ringer gave acknowledgment to the team and everyone working together to get all this information out and making it available. Media coverage has included WBAP radio, a couple of times on NBC, and we are in discussion with the Dallas Morning News and WFAA for Autism Awareness Month. Lastly, we will be adding the functionality of the blog to our website as well as preparing for May as Mental Health Awareness Month.

Ms. Thompson said that her staff are working from home telephonically. Now they have zoom capability and they will be able to do telehealth. HHSC sent notification informing us that they will pay any services under general revenue, provided we use telephonic bases that were originally F2F encounters. The Provider Network with capacity to do telehealth are continuing to deliver services using that methodology. Just today we received information that they are going to waive the requirement for determinations of intellectual disabilities current within five years for HCS enrollment. They are allowing psychologist to use telehealth for endorsement of existing determinations and will accept older evaluations giving us a 12-month period to get those renewed to meet compliance standards. HHS is waiving a lot of rules for staff to be able to keep the service delivery process moving forward. Ms. Thompson said her managers are on site handling phone calls, emergencies and calls from the hospitals for individuals seeking admission to nursing facilities. Staff are completing those processes telephonically.

Ms. Martinez reminded everyone that outreach is extremely important, and that isolation can take a toll on our mental stability.

Dr. Burruss presented the following highlights from his report:

- Dr. Burruss said he covered this last month, but he wanted to point out that this is a major milestone for the team to receive a three year accreditation from the Commission on Accreditation for Rehabilitation Facilities (CARF), seeing as how this is the ultimate, the most accreditation you can receive from CARFs.
- Dr. Burruss said that as of this Tuesday the contract with the North Texas Behavioral Health Authority (NTBHA) is in place. The contract will expire at the end of this fiscal year, August 2020.

Motion: Mr. James moved Acceptance of the Chief Executive Officer Report for the FY20 Key Performance Indicator Progress through February 2020. Ms. Salinas Gutierrez second. All were in favor, and the motion carried.

FINANCE AND ADMINISTRATION REPORTS:

Consideration to Accept the Financial Report for February 2020 (unaudited):

Mr. Buckley made note that Ms. Gabriela Lopez is the head of our internal IT department and the person who in less than two weeks got us up and running with telehealth. He said that we went

from talking about telehealth to having approximately 400 licenses so that our Ops people can conduct their business using this method. He said Ms. Lopez is the point person on this and expressed his appreciation.

Mr. Buckley also expressed his appreciation to Ms. Ariana Guilford head of the HR department saying we have over 800 employees and there have been a lot of questions for our HR department.

Mr. Buckley referred to the Combine Income Statement on page 146023 As it relates to the Coronavirus we have not seen any impact just yet from a financial point of view. Cash collections are normal, cash payments are normal and the reports he receives from our Ops staff is that patient count are within relative norms. The only possible issue coming down the pike is that CDC has recommended in claims processing to make sure that we have all the coding changes that are required tested and completed and not to submit any claims until April 1st. Mr. Buckley said he spoke with NetSmart and they agreed to abide by these guidelines to make sure that we have all the coding changes that are required in place by the due date. On any Coronavirus type claims and they are mostly Primary Care as compared to mental health, we are not sure if we will see any material impact from this, we will just have to get all the coding programed.

As it relates to February performance and February year-to-date we had discussed last month that we were going to reforecast the budget, but unfortunately because of the Coronavirus and everybody working he only changed the budget to reflect the cash donation we received from LifeNet Community Behavioral Health (LCBH) of \$2.5MM. This made a positive variance out of the Income Statement. We have not yet made changes as it relates to pharmacy and depreciation.

Mr. James asked that based upon what we are facing, if we could project any changes that we are likely to see in the next month or two.

Mr. Buckley said although he overwhelmingly believes that the services provided are not Coronavirus medical situations, we will have impacts from an overall context, as well as the cash flow. He said most people like to hold on to their money in times of crisis and although we have not seen any of this right now we are on guard for this. We are being good citizens and paying all our vendors and everyone we should be paying. We will just have to wait and see.

There were over 400 telehealth licenses and it cost the center over \$100K. We were very fortunate to have had an inventory of laptops that were distributed to the staff that were not set up to work from home. This was not a material cost to us. Going to telehealth and working from home so far has cost the center less than \$200,000.

Dr. Burruss said that in the middle level there are a few things that look favorable. There is immense uncertainty, but one of the things that has come up recently is the change in the FMAP, that is the amount of money the Federal Government puts in to match our IGT and it has traditionally been around ~~\$16.40~~ 60:40. This is roughly \$.60 cents that the government has been giving us. One of the stimulus items that has been discussed and will likely happen at the federal level is to increase the federal matching percentage. For the very same work and the very same IGT, Metrocare stands to benefit to some degree ~~greater~~ **greater**. Dr. Burruss said he does not know how much, but this will be a benefit over the summer.

Most of our services whether is at the state level or the CMS level, have allowed us to do our services remotely. As mentioned before by Ms. Parks and/or Dr. Hunter, almost all of ECI. The only thing that ECI cannot do remotely is the screening test, this must be done in the same room as the patient. Everything else in ECI can be done remotely. We anticipate that we will transition our services to this remote means and we are willing to act just as we have been. Now, there may be some payment differentials between telemedicine and F2F. We are hoping that society understands that this is something that they should address to help us to maintain this moving forward.

At the middle level, huge uncertainty that we are delivering a lot of services from home that we are not going to get paid for and that there are a lot of things out there that may be favorable.

Dr. Burruss referred to Ms. Ringer, he said that there are also some efforts underway, specifically in trying to reimburse or compensate things that the healthcare institutions had to do to prepare for this.

Ms. Ringer said that today there are a number of different philanthropic organizations. Over the last week including today with United Way, Communities Foundation, Dallas Foundation, Dallas Women's Foundation and Social Venture Partners, put together a webinar and they created joint funds in which 400 non-profits are in the process of applying for special funds due to the Coronavirus. This will go for specific items required such as food and shelter first. Certainly things like the expenses that Richard referred to earlier such as extra masks, zoom licenses, and all the additional expenses that we are taking on that were not budgeted for we can make applications to. We also have individual philanthropist who are putting on a needs list on their websites. We are in the process of getting those applications out. The Texas Council also asked for a survey of what our needs are and what our extra expenses were. The other thing that we are looking at and we plan to have is longer conversations over the rest of the year. We are seeing the funding community change all of their previous fund requirements whereas, someone say there were workforce took all the funds, or something like that, they are all being converted to specialty needs for the population and healthcare providers. We plan to take advantage of this and continuing our relationships.

Ms. Ringer provided the following example saying that the Dallas Foundation contacted us about funding for Veterans housing. We already submitted that application. Some of these are coming in and we have been cultivating this over the past year, especially with the Capital Campaign in mind. We will start to look at how this go as we see what the funder appetite is. There is a lot of discussion and a lot to keep up with in the community about this.

Mr. Bernstein asked how much cash we have currently in the bank with or without the \$2.5MM transaction with LifeNet in case we end up with a slow-down in the next two or three weeks in terms of payment, and the press release relating to our NTBHA contract renewal mentioned by Dr. Burruss. He referred to Ms. Ringer asking if there is anything we have done or are doing with the press releases to take advantage of the moment to help us put our spin on it given our desires later on to deal with the authority request and the like. How are we setting things up now that hopefully will benefit us later.

Dr. Burruss said we did a press release that was released yesterday and sent it to the commissioners to notify them of this. He said we received one reply that said "Hallelujah", quote, unquote.

On the cash on hand we just received our quarterly payment for LIDDA in the last couple of days so our cash on hand is very good compare to what it is on the baseline. Mr. Buckley said we have \$2.8MM on hand.

Mr. Bernstein asked if board members could get automatic notifications when we do a press release. Dr. Burruss apologized for not doing so this time, and said going forth the board members will receive notifications.

Motion: Mr. James moved Acceptance of the Financial Report for February 2020. Dr. Santini second. All were in favor, and the motion carried.

Consideration to Accept the FY19 Audit:

Mr. Buckley said that we are very close, but we are not final yet. We expect to have this finalized by next week and get this out.

Mr. Bernstein said that he has had ongoing conversations with BKD and there are no issues relative to the audit. Due to the current situation it has slowed things down, but he also received an indication that we will be seeing something by next week.

Dr. Burruss replied to Mr. Bernstein's question saying that this report is due to the state at the end of April.

No action required.

Consideration to Accept the Human Resources Report for February 2020:

Ms. Guilford said her report stands as is and would entertain any questions. There were no questions posed for this item.

Ms. Guilford said she will provide some commentary on the data and how this may be reflected in the coming months given our present situation. She pointed out that there are several high number of year anniversaries of staff that have been here for 25 and 30 year that need to be recognized. During the coming months she will be strategizing with the marketing department on a recognition program for staff as mentioned a few months ago, but due to the current situation has been delayed

Ms. Guilford said that she wanted to point out that due to the crisis and a bit of anxiety there have been a lot of inquiries about the retirement plan. The resources have always been there, but they are trying to get more resources and information out there. She said our medical plan has a high participation rate and she is wondering if this may increase in the coming months given our present situation. They are watching this closely to see if this goes up given the economy and job loss that continue to happen.

Mr. Hogan asked if there is any source of recognition. Ms. Guilford said this was in place prior to her coming into this roll and will be reincorporated.

Mr. James acknowledge Ms. Toscano.

Motion: Mr. James moved Acceptance of the Human Resources Report for February 2020. Dr. Santini second. All were in favor, and the motion carried.

Consideration to Accept the Clinical Services Division Report for February 2020:

Dr. Hunter referred to page 146030 in her report and provided the following updates.

Dr. Hunter said no good thing lasts forever and she had a couple of nurse practitioners resign in the month of February. One of them rescinded her resignation saying that she really liked what we did when Coronavirus popped up and how we handled this.

Certified Community Behavioral Health Clinic (CCBHC) Update:

Dr. Hunter said that our information was due to be submitted to CCBHC tomorrow for certification, but given the present situation we received an extension to submit until April 10th.

In reply to Mr. Bernstein: There were no issues, this is a common thing for centers around the state who are in process of certification, or re-certification. HHSC is very much aware of how staff at all centers were being redeployed to do clinical services and the administration of those clinical services. We are not the only people involved with this. We did not want to ask for a longer extension than this as we are well on track with document completion and document submission.

Dr. Hunter said she had a conversation with the project manager yesterday and was informed that she is at 75% of the documentation and the only thing left to do are a few policies and procedures to be submitted. Staff have gotten back to working on these after last week when everyone was redeployed to do clinical management. Staff have been asked to have these finalized and submitted to the project manager by April 3rd so that she can have all of it organized and ready for submission to the state.

The next step is just to wait to hear from HHSC. They will review our documentation and we will have another call with them to see if they have any suggestions for us or if we need to make any changes to what we submitted to them. After that they will do a site visit which at this point is hard to predict when this will occur.

Dr. Burruss said that the Federal Government has passed a new Bill and they have decided to add two additional states to the CCBHC demonstration project to make it ten rather than the eight original. They said they will base this on the original application which he thinks is favorable to Texas because we had applied originally. Hopefully the self-starter nature with which HHSC is approaching CCBHC at the state level will put us on good standing and hopefully we will be one of the demonstration states that receives the enhancement funding sooner rather than later.

Dr. Burruss said that Dr. Hunter has approximately 48 prescriber and trying to keep 48 prescriber staff fully filled in this day-and-age is almost impossible. All the centers in this state always struggle with this. Dr. Burruss said he is in the Correctional Management Health Committee for TDCJ and they have roughly 20 full time psychiatrist positions open and that it will take decades for them to get these positions filled.

Dr. Burruss said our prescribers are not all Psychiatrists, some are PCPs, but he wanted to give kudos to Dr. Hunter. To maintain this number and have someone come back deserves the credit they should get.

Motion: Mr. James moved Acceptance of the Clinical Services Division Report for February 2020. Ms. Salinas Gutierrez second. All were in favor, and the motion carried.

Consideration of Acceptance of the Mental Health Division reports for February 2020:

Ms. Laos said she included the numbers she usually does in her report and asked if anyone had any questions. Mr. James asked for an updated on the specifics for our contract with NTBHA.

Ms. Laos said that this final agreement was the service target that NTBHA had proposed in the November version of the contract with the same payment that allows us to remain whole with our FY2019 pay. We have agreed to serve the individuals and the number that they want us to serve. We will continue to receive the same payment as we did in FY19. This contract will term on August 31, 2020.

Dr. Burruss said that his understanding is that the state had a lot of concerns about how the state was handling the Coronavirus and they were lax on penalties. Given that there are no potential penalty risks right now at the NTBHA level for persons served freed them from some of the challenges that they had in trying to address our FY20 contract and they were able to move forward with us the way they did.

In reply to Dr. Santini's question, Dr. Burruss said we are preparing for the end of the contract way before it ends.

Motion: Mr. James moved Acceptance of the Mental Health Division Report for February 2020. Ms. Salinas Gutierrez second. All were in favor, and the motion carried.

Consideration of Acceptance of the Second Quarter Compliance Report:

Mr. James said he only had one specific question for Ms. Thompson as it relates to the quarterly training refreshers and the status on this.

Ms. Thompson said that the vendor we selected delivered the information and our training staff, along with one of our compliance staff are going through and developing the curriculum which will be loaded into Relias which is the training system that Metrocare uses for our training. We hope to have this ready to roll out during the third quarter.

Mr. James asked if we envision doing the three training modules during the third quarter and doing the last one on the fourth quarter of the year?

Ms. Thompson said we will have some initially and we will roll them out as they complete the curriculum, but we plan to make some of these training modules available to staff during the third quarter. The intent by the of the fourth quarter is to have everything uploaded in Relias and staff can just go in complete it as necessary.

Motion: Mr. James moved Acceptance of the 2nd Quarter Compliance Report. Dr. Secrest second. All were in favor, and the motion carried.

Consideration of Acceptance of the Strategic Initiatives Report for February 2020.

Ms. Ringer said that her report was written before the Coronavirus took hold, but she wanted to highlight Mental Health First Aid program. She said this has been a business development target

because we are license to provide this privately and our goal is to look for companies that would be interested in their employees taking MHFA due to the success of this program. We are looking for initiatives for this and this may be taking a sharp turn because this has to be provided in person at this point. This is also something we provide to Metrocare employees and school districts and we receive funding from the state and NTBHA for some of these deliveries. This is not an online program and it has to be delivered F2F at this time, but it also takes eight hours to complete. We are not sure how this will affect its delivery post Coronavirus, if this happens.

Dr. Secrest asked if we know who we need to contact to be able to reverse the delivery from in person to providing this online.

Ms. Ringer said there is a lot of discussion about it, but at this time we don't know how our work life will change and how we will deliver services until after people have a chance to assimilate and connect on line. There is some discussion and that's the reason why there is the Mental Health Association (MHA). There is a reason why this person has to have a conversation and have people grasp what the situation is, what it is like to confront someone that is contemplating suicide, there needs to be a dialogue.

There are a lot of people having these conversations. DFW Hospital Council is looking to extend this to more companies and business as well, they are in touch with Austin.

Dr. Secrest said that if this is something that sits with the state of Texas we have a governor who is very favorable with this sort of thing. We also have a County Judge who supports this kind of opportunities. He suggested speaking with MHA and suggested having MHFA provided in two parts. Part one would be the introductory part which gives you the basics and this could be done on-line, and it could be instituted rather quickly. He said this sort of information and experience will be needed in weeks. It would be well if they as a board and an organization could facilitate this. This is something our communities will have a thirst for as we move forward.

The other comment he would like to introduce is that we sit in something that it is in Dr. North's general category of functioning. This is fertile ground for research if you look at the recent round of events and what is going on.

The other thing is that Metrocare has a story that that needs to be told and it has to be written as we go along. What Mr. Buckley outlined for us is something rather phenomenal. If you want to look at something that says this is rapid transition, rapid quality improvement a search of things we have a wonderful example and we have to tell the story of how we accomplished this. We white boarded it and did all kinds of things that have to do with rapid quality improvement at its finest.

Ms. Ringer thanked Dr. Secrest for his comments and said that at the Executive Team and other direct reports have talked about the need to continue to document this to keep track.

Motion: Mr. James moved Acceptance of the Strategic Initiatives Report for February 2020. Dr. Secrest second. All were in favor, and the motion carried.

Mr. James asked Ms. Thompson if LIDDA is going to be impacted by the phase out of DSRIP.

Ms. Thompson said not significantly. They have the Center for Children with Autism (CCAM) they received some funding, but it was minimized since the original project model was in place.

Ad hoc Committee on CEO Evaluation and Compensation:

Dr. Burruss said that at the last board meeting there was discussion of having the evaluation committee for the CEO's evaluation reconvene again. Dr. Burruss said because of the present situation this would have to be scheduled via a virtual meeting through zoom. Dr. Secrest suggested obtaining the services of Dr. Cynthia St. John as in the previous year.

In reply to Ms. Salinas Gutierrez and Mr. Hogan's question regarding consumers infected with the Coronavirus, Ms. Laos said she will find out if that information is available and documented. Dr. Burruss said we have not received any reports of consumers infected, but one staff member self-quarantined after his wife tested positive for the Coronavirus.

Mr. James thanked Ms. Lopez for setting up the zoom meeting and all those that participated.

Meeting Adjournment: There being no further business to come before the Board, Mr. James adjourned the meeting at 2:59 pm.

Minutes approved by:


Ms. Dee Salinas-Gutierrez, Secretary

Minutes transcribed by:

Martha L. Toscano

Executive Assistant to Sr. Management