



BOARD MINUTES
October 24, 2019

METROCARE SERVICES
Board Meeting Minutes

A Regular Meeting of the Board of Trustees of Metrocare Services convened on Thursday, October 24, 2019 at 1345 River Bend Drive/Dallas, TX 75247.

CALL TO ORDER:

Mr. James called the meeting to order at 1:30 pm. A quorum of board members was present.

Board Members Present:

Terry James	Leslie H. Secrest, M.D.	Dee Salinas Gutierrez
Jill Martinez	Peter Schulte	Dave Hogan
Noel O. Santini, M.D.	Anthony Farmer	

Members Absent:

Kenneth Bernstein

Staff Present:

John Burruss, M.D.	Linda Thompson	Judith Hunter
Richard Buckley	Kelli Laos	Other staff

Others Present:

Mr. Gary Keep	Chris Davis	Christina Torres
Tzegabrhan Kidane	Elizabeth Goodwin	Matt Roberts
Jonathon Garcia		

CITIZEN COMMENTS: No public comment was received.

CHAIRMAN UPDATES:

Presentation from LifeNet Community Behavioral Health:

Mr. James referred to Dr. Burruss for the introductions.

Dr. Burruss introduce Mr. Gary Keep from LifeNet Community Behavioral Health (LCBH) and said that every year since 2015 we are the beneficiaries from a partnership that evolved from our transaction with LifeNet. Since then, we have seen Mr. Keep every year to tell us about an important contribution to the Homeless Services at Metrocare.

Mr. Keep said he hoped that we get to know him, and this is a happy thing since he comes bearing gifts. When Metrocare acquired LifeNet, LifeNet Community Behavioral Health (LCBH) was a subsidiary which was formed as a Community Housing Development Organization (CHDO) to partner with developers to provide housing for economically disadvantaged clients. Most of this housing is for individuals 55 and older and some are for families. LCBH is the general partner of twelve properties in the Metroplex. Each year there is a distribution of profits which have been pledged to Metrocare to aid with housing opportunities for our clients. This year, he is here to donate another \$110,000 dollars to our programs. They are very excited to be able to do this and they anticipate starting a new project next year and they hope that next year it will be even better. It is a pleasure for them to be able to offer us this gift to further our housing efforts for our clients.

Mr. Keep said that as a state agency Metrocare is ineligible to be a CHDO, so LifeNet kept LCBH separate to be able to continue with this partnership and this is for the benefit of everyone. He is proud to say that Dr. Burruss and Mr. Buckley will be participating on their board and this will make six board members. Four of these board members are not Metrocare and two are appointed by Metrocare. They must keep this a totally separate organizations and prove to TDHCA how separate they are. He said their heart is for providing services to the mentally ill and to provide housing for our consumers.

Mr. James went on record to say he gets very excited every time he sees Mr. Keep at one of our meetings. He thanked Mr. Keep for the wonderful work they do and for the support they provide to Metrocare. Dr. Burruss and the rest of the board joined Mr. James in thanking Mr. Keep and the rest of the contributors.

Mr. Keep thanked everyone for the work we do.

Chairman Updates:

Mr. James referred to the interest some of the board members have voiced on obtaining an Metrocare e-mail addresses. He referred to Ms. DeLuca for an update.

Ms. DeLuca provided information on the duo two-factor authentication piece that needs to take place. She said the tech support team is ready to assist and walk the board through the process.

Dr. Burruss said that if you want an e-mail from Metrocare there is a two-factor authentication that needs to be done. If they are not familiar with this and the duo process, we will bring them up to speed with tech support.

Mr. James said one of the major benefits of this is that it allows you to be able to take care of your Metrocare business in one place through this mail account and segregate off from other professional or personal accounts. If there is ever a Freedom of Information Act Request and you have used a personal or professional e-mail address you will be asked to turn that over for purposes of records needing to be pulled for this type of request.

Mr. James thanked Ms. DeLuca and Dr. Burruss for taking care of this.

Mr. James reminded the board that during the month of November we do not hold a board meeting due to the Thanksgiving Holiday falling on the fourth Thursday. We will hold a combined November/December meeting on Thursday, December 5th.

IDD Planning and Network Advisory Committee:

Mr. James referred to Ms. Thompson for this report.

Ms. Thompson said there was no report to provide.

CONSENT AGENDA ITEMS:

Mr. James said he had a few changes to the consent agenda and specifically pulled the mental health division report and the clinical division services report to be presented in the normal course of business. He said all consent agenda items are considered to be routine by the Board and will be enacted with one motion. There will be no separate discussion of items unless a Board Members so request, 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.

Mr. James asked if any of the board members would like to pull any items from the consent agenda or if there are any of those who desire to take up the Quality and Authority report in the normal course of business. Ms. Martinez said she had a couple of questions.

- ❖ Acceptance of the September 26, 2019 Regular Board Meeting Minutes
- ❖ Acceptance of Revision to Board Policy 1.02 on Establishment and Implementation of the Board Policies.
- ❖ Acceptance of Revision to Board Policy 4.01 on Fiscal Management
- ❖ Acceptance of the Strategic Initiatives Report for September 2019

Mr. James moved Acceptance of the Consent Agenda items as a whole. Hearing no objections, the motion carried.

Chief Executive Officer Report.

Mr. James called on Dr. Burruss to present this report. Dr. Burruss said Ms. Thompson has a tight schedule this afternoon and requested to move the Quality and Authority report ahead of the CEO report. There were no objections.

QUALITY AND AUTHORITY DIVISION REPORT:

Referencing page 145731 in the board packet, Ms. Thompson said her report stands as is, but she wanted to provide a couple of additional updates. She said we modified a bit the front door statistic. They completed evaluations and they have that target identified, as well as type A and B encounters that are provided by the Search Coordination staff. As required by our contract with the State, on the 16th of each month we submit information which we pulled from the State's data warehouse. The state tracks the number of estimated individuals that qualify for Medicaid in Dallas County and they set specific targets for us. Ms. Thompson opened the floor for questions.

Mrs. Martinez referred to page 145732 and The Texas Home Living program, asking that if we had included copies of the emails exchanged, if that would have resolved the issue of the weekly monitoring that we did not clear. Ms. Thompson said that this is correct. She said we sent over 600 documents of the actual monitoring documents where our QM staff go in and review areas that were cited, but in addition to this they wanted copies of the e-mails that QM staff sent back to the State. These e-mails were not included, but we will be re-submitting reports in December.

Ms. Martinez asked what A and B encounters are. Ms. Thompson said that this is how we bill for services that are provided by the Service Coordination staff. If staff has a face to face (F2F) encounter with an individual they call this a type A encounter. A second F2F or phone call is considered a type B encounter.

Dr. Burruss said that there has to be an A, before a B encounter to be relevant. You can do B's without A's, but they will not count towards your target. Ms. Thompson said that a F2F has to occur to be able to receive payment from CMS.

Motion: Made by Ms. Martinez and seconded by Mrs. Salinas Gutierrez. The motion carried by unanimous consent.

CHIEF EXECUTIVE OFFICER REPORT:

Dr. Burruss said the Capital Campaign kickoff occurred with Karen Waller, who was our consultant on this project. We have completed about eighteen interviews with leaders in the local Philanthropic community and the response has been very favorable. The Board will hear a lot more about this at our board meeting on December 5th. Ms. Waller will be here to talk about what we have learned from those particular Philanthropic Leaders. The short version is that there is fairly strong support for this; this is perceived as an important initiative and need for the County and there is a strong feeling that this is something that the County needs to do, along the lines with the other health systems like Parkland.

Next, Dr. Burruss referred to page 145719 and the Progress on the FY20 Key Performance Indicators in his report. He said that we've endeavored to get all of them included, but he knows that we were a little bit short. He asked if there were any handouts or data on the KPI's that were not included. Having no additional data available, he resumed his report on KPI 1 and said we will get this information to the board.

KPI 7: Trailing 6-month employee turnover rate

Target: 25% or lower

Progress: Report not available.

Dr. Burruss indicated that this was below 25 %. (Actual 18.5%)

KPI 8: Texas Administrative Code (TAC) required training completion was over 95%.

Target: 95% or greater

Progress: Report not available

Dr. Burruss indicated that this was above 95%. (Actual 96%)

KPI 10: YTD financial performance versus budget

Target: Meeting or exceeding budget

Progress: Report not available

Dr. Burruss said we are exceeding budget for the year net bottom line. This information will be presented by Mr. Buckley in his report.

Dr. Burruss referred to Mr. Buckley to ask if we had the Six-Month Net Collection Rate and Mr. Buckley said that we did not. Dr. Burruss said that this is something that we are still working on with Net-Smart. Otherwise, the KPI data is there, the depth for all of those are all within the reports. Dr. Burruss asked if anyone had any questions.

Dr. Santini referred to KPI number nine and asked if that number was a percentage. Dr. Burruss said that this should not be a percentage and the cumulative total should be 165. By the end of the year we anticipate having at least 165 unique individuals come to the Altshuler Center for training.

Dr. Santini asked what the Prescriber's Medical Units of Service is. Dr. Hunter said that it is a productivity report that is a simple version of a revenue volume unit. A prescriber is supposed to see twenty-four units a day, new or young patients are three units, and the returning patient is one unit. This allows people to track their level of work every day.

Chief Executive Officer – Service Presentation:

Ms. Laos introduced Ms. Jasmine Smith, Clinical Manager for the Lancaster Kiest Clinic (LK). She said Ms. Smith is also the Manager Overseeing the ePEP program. One of the things she does as a clinical manager is help with the clients that are brought in by Parkland's RIGHT Care Team.

Ms. Smith said we have been able to create strong relationships with community partners, such as Parkland (PHHS) and their creation of the RIGHT Care Team. Through this relationship we have been able to touch and impact so many individuals within the community and get them closer to their recovery, educating them on their mental illness, and not only that, but bringing a lot of attention to Metrocare and what our mission is.

The RIGHT Care Team was created to divert mental health patients from area emergency rooms and jails by providing intervention services which is what the Lancaster Kiest clinic provides on emergency situations. Ms. Smith said that RIGHT Care has trained paramedics, police officers and social workers. When these individuals are dispatched out and they arrive on the scene they can determine if the individual is a danger to self or others and if they need to be APOWW'ed to be taken to an inpatient unit for them to become mentally stable or if they can be treated by a clinic in the community.

If it's determined that inpatient is not necessary, they contact Ms. Smith to be able to get them to the LK Clinic for treatment. Once they meet their medical needs, they leave the clinic with medication in hand and in most instances, their able to link them to supported housing to assure that their basic needs are being met. She said that recovery cannot be possible unless we can meet their basic needs.

Dr. Burruss asked Ms. Smith to describe what APOWW stands for.

Ms. Smith said that if an individual has homicidal or suicidal ideation and they are in danger of hurting themselves or others they can take them to an inpatient hospital until they become stable. Unfortunately, all situations do not qualify for an APOWW or for them to be transported to an inpatient. Then they want to make sure to get them connected to on going care and that's where the relationship at LK has been able to flourish.

Mr. Hogan said the acronym APOWW stands for Apprehension by a Police Officer Without a Warrant. He indicated that prior to this process being established, a police officer would have to go find a judge to get a warrant.

Ms. Laos added that the LK Clinic and the Police department have not always had the best relationship, but because of the work that Jasmine and the LK Team has done our relationship with the police department has improved immensely. So much so, that the Police recently brought cupcakes to the LK clinic. She said there is no better example of an improved relationship.

Motion: Ms. Martinez moved to Accept the Chief Executive Officer Report for the FY20 Key Performance Indicator through September 2019. Ms. Salinas Gutierrez second. The motion carried by unanimous consent.

Clinical Services Division Report:

Mr. James referred to Dr. Hunter and said that he wanted to hear more about our CCBHC status, and specifically about the work group memberships.

Dr. Hunter said that we have spent the last couple of weeks putting together specific work groups to address different components of CCBHC. Probably the most fundamental of these is the change management work group. Each group has an executive staff sponsor, but they don't run the work groups, they monitor them. Dr. Burruss will be the executive assigned to the change management work group and that work group is meant to do exactly what it sounds, which is to work on the facilitation of a culture change throughout the Center, from the top, down to the bottom. Members of these work groups, including change management, are not just even middle management people, they are grass roots people who are at the front lines every day, and at the part of each of these groups do add their contributions to it and their input to how Metrocare as a Center, undergoes this cultural change. To highlight, this is not an option, this is the future of Metrocare. This is where we are going in the future. We are not going back to 1997, we are moving forward, and we need to be on board with this.

We are very proud right now; we have identified 60 to 70 staff to participate in seven work groups from every part of the center. Dr. Hunter said this is the most comprehensive she's seen since being here at Metrocare and she's been here for a long time.

Mr. James said that for those of the board members that were not here when Dr. Hunter presented this at the board training. He asked if it was safe to say that this move towards CCBHC is really a paradigm shift for Metrocare. Dr. Hunter replied that "It actually is".

Discussion ensued on the possibility of having these workgroups to look at our Mission and Vision statement and possibly re-evaluate them to make sure that what we claim to be our goals, our mission, is still the case or of it this needs to be changed or revised in some sort of way.

Mr. James referred to Dr. Secrest who said that this is what he has been advocating for a while. Making this transformation gives us an opportunity for us to say, "What's the end goal, so you put the end first in place then you begin to say this is where we plan to end up and he thinks that is the Mission Statement. Where is this going," because like Mr. James says it's a paradigm shift and making that shift, we would deliver a different set of resources to the community.

Mr. James asked if there is a way to get this reported back to them.

Dr. Burruss said that they could count on it.

Ms. Martinez asked if the Cohen Clinic is going to be providing Telehealth throughout the state.

Dr. Hunter said that there are other Cohen Clinics throughout the state of Texas, but our Cohen Clinic was selected to provide Telehealth services for the Cohen system in the state of Texas. Dr. Williams will be presenting to the ED Consortium at TX Council next week.

In reply to Ms. Martinez question, Dr. Hunter said that the Marketing part is done by Central Cohen Network and that they have already targeted marketing to certain areas. This just started and we don't know the results yet. Dr. Hunter said telehealth started about a year and a half ago and at this point what we expect to see is a broader population area utilizing these services.

Dr. Burruss said the outreach staff have already connected with specific target counties, such as Taylor County (Abilene, TX). Taylor County is already receiving outreach and communication to try to bring knowledge and awareness of this and that is the reason why Dr. Williams will be at the TX Council next week to talk to the entire group.

Dr. Secrest asked if this would be a good opportunity for this to be presented at our board on what is included on Telehealth. Dr. Burruss said that this could be done.

Motion: Dr. Secrest moved to Accept the Clinical Services Report for September 2019. Dr. Santini second. The motion carried by unanimous consent.

Mental Health Division Report:

Ms. Laos said her report has the traditional numbers that she presents, but she did add, based on the discussion of the KPI's, the total unique number for the mental health division for the month of September was 14,615.

Dr. Burruss said that he has asked Ms. Laos to prepare a summary of what we are being in the next NTBHA contract for FY20-21. Ms. Laos put together a handout with an overall analysis that was handed out to the board and presented a power point presentation on the same.

Dr. Burruss referred to KPI 1, found on page 145719 and said this number is 11,495.

Mr. James asked Dr. Burruss to provide more context when he refers to the NTBHA Contract.

Dr. Burruss said that NTBHA is the North Texas Behavioral Health Authority and they implement the State's indigent programs for mental health and substance use disorders. It is a portion of our business that has been generating between \$18MM and \$20MM dollars a year through both delivery of services and pharmacy. This is generally a two-year contract that is based on the state's biennium. NTBHA receives information from the State once the Legislature concludes and then they propose what the next two years should look like with regards to our performance under the contract.

Mr. James asked what percentage of our budget would \$18MM to \$20MM be.

Dr. Burruss said that this would be about 16 to 18 percent of our \$116MM budget.

Ms. Laos said we don't have a copy of our contract yet, but we have a draft version of the rate with service delivery changes that we should see for FY20 and FY21 (please refer to table below). Ms. Laos presented a handout to the board with this information. Ms. Laos said there are some concerning points to the anticipated changes and she wanted to make everyone aware.

Ms. Laos begin by talking about Metrocare Services (MC) impact to the system as a whole. She said NTBHA is expected to reach 29,181 authorized individuals per month. What NTBHA does is push down the number that we are required to maintain in order to hit that number monthly. This translates into MC's adult number of 16,746 out of 23,287 for NTBHA, as a whole, or 72%. Likewise, MC's child number is 5,285, or 90% of NTBHA's total.

RATE AND SERVICE DELIVERY CHANGES – NTBHA CONTRCT		
Service Target Overview		
NTBHA Total Adult	23,287	
Metrocare Adult	16,746	72% of NTBHA Total Adult
NTBHA Total Child	5,894	
Metrocare Child	5,285	90% of NTBHA Total Child
NTBHA Total Service Target	29,181	
Metrocare Total	22,031	75% of total NTBHA Service Target

	Annual	Rate Per NTBHA	Active Total	Served	ACT Case rate	ACT Census	OCR Case rate	OCR Census
FY2020 Contract Terms	\$17,575,882.00	\$112.00	22,031	12,811	\$1,100.00	180	\$1,450.00	10
FY2019 Contract Terms	\$18,185,306.76	\$124.71	0	10,313	\$1,200.00	160	\$1,200.00	2
Difference	\$ (609,424.76)	\$ (12.71)	22,031	2,498	\$ (100.00)	12	\$250.00	8

FY2020 Budget Impact	(\$609,242.95)
FY2021 Budget Impact	(\$949,658.76)

Potential Recoupment/Sanctions

- 1) Missed Service Target – 5%
- 2) Service Provision
- 3) Other Information Item C measures

Mr. James said that we are currently contractually in a relationship to provide 75% of the services to the population that NTBHA contracts with the State to provide. Ms. Laos said what this number means is that we are contractually required to maintain that number of open authorizations every month. This does not mean that we have to provide a service to everyone of this 22K individuals,

but when they run their numbers through the state showing 22K authorizations within the MC system.

Dr. Burruss said this is NTBHA. This is not just Dallas County. This total is for all six counties that are included with NTBHA.

Mr. Schulte asked how we got 75%.

Ms. Laos said she asked this question and the answer she was given is that NTBHA did a lot of data analysis for different providers and they looked at MC's five months of our highest number of open authorizations or active by different categories (adult, indigent, child and Medicaid) and they basically set this as the target. And this became the 22,031 for us. This shows that MC is the largest provider by far – three times as large as all of the other providers collectively.

Ms. Martinez asked if these targets were based on history.

Ms. Laos said that it was. They have taken our ceiling and made it our floor.

Mr. Schulte asked if we had any input in this or if we were just told this is what we had to do.

Ms. Laos said we had no input in this.

Dr. Burruss said there was a Request for Proposal (RFP) process and we did respond to that with a lengthy and difficult collection of actual data, but it is not clear how that translated in any way to this contract proposal.

Mr. Schulte referred to the RFP we provided to NTBHA and the numbers that they came up with. If we have not figured out how in the world they came up with this numbers.

Dr. Burruss said that the explanation provided by NTBHA was that they chose the highest month we had for our individual services and tallied that into our new numbers. We also sent cost information - and this is where it gets harder to figure out what the purpose of that was - because our cost information was substantially higher than what came back as the proposal for NTBHA.

Ms. Laos referred back to the table and went over the numbers and the difference of what this looks like for FY20 and FY21. She said the reimbursement for each open authorization has dropped to \$12.00. She was told that they had to equalize across their system and every provider is receiving the same rate and that based on the bucket of money that they have this is what they have determine we will get paid.

When MC completed our budgets in July, we were never anticipating this large of a drop. The other thing that is problematic is that the number of people that we have to serve is going up considerably. The number of people we have to serve without us getting any sanctions or penalties is going up, however the amount we are going to be paid is going down.

22,031 open authorizations at any given time. We have a metric that says 65% of the eligible folks within this number must receive at least one F2F per month. We did a little data and we can back out about 2,500 of these people because they don't fit the eligible population definition. They are LOC 1. Dr. Burruss referred to the RFP and the rate sheet that showed what MC could do. We wanted to push ourselves to serve even more with the anticipation that we would be hiring more staff.

The ACT case rate dropped by one hundred dollars from what it had been previously, but the number of people we have to see has increased. The only program in which we did see an increase is the OCR (Outpatient Competency Restoration Program) has increased to \$1,450.00 and we have increase from serving two NTBHA people to serving 10. While this is wonderful, it is only ten clients. This is nowhere near enough to make up for the losses over the year.

Mr. Schulte asked if what they are paying us is going to go even further in FY2021 is less than \$112.00.

Ms. Laos said that NTBHA will gradually phase in, we received a full reimbursement in September because of the ACT. We will begin to feel it in November (25%) and then in December (50%) and in January (75%). From February through August we are seeing a loss of almost \$80K per month.

Dr. Burruss said two months have been paid at the previous rate as they carry forward.

Ms. Salinas Gutierrez asked if we had to accept this.

Dr. Burruss said that is our decision at this point.

Ms. Laos said that we have the loss in the difference in the contract terms in the rates and we know that is the bottom line as it impacts our budget for sure. We also now have potential loss associated with recoupment, sanctions and penalties.

She said she could not tell the full impact this could possibly have on our budget.

Discussion ensued:

Mr. Schulte asked what can the board do to say we are really concerned about this. He said he wanted NTBHA to understand that this is an issue.

Dr. Burruss said the point to showing the board this information is that within the last four or six days since we received this, we have been trying come up with an answer for this. We are concerned and we do not know how to do it. He has talked to Lakes Regional to get a sense on how they are approaching it. It was very clear to Dr. Burruss that they don't know how to do it, either. We don't know how to make this math work and we are very concerned. We don't know what our options are and he is looking forward to tomorrow to find out more about this.

Ms. Laos said the rate was not set up by the State, this was set up by NTBHA. The number that they have to serve and the total money that they get is set by the state.

NTBHA receives a performance contract of what they have to do and a budget from the state. How they do it is up to NTBHA.

Mr. Schulte asked if the Legislature had cut the budget, that he thought they had increased it.

Ms. Laos said she was told that the budget they are receiving for this year is based off of new clients, not included in this numbers. She does not know what this means, but what she does know is that potentially this number is going to go up if we want to receive additional funding.

Dr. Burruss said he does not know how we can get new clients since we already see everyone that comes through our doors. He does not know where we can get 2,000 more people.

Motion: Dr. Secrest moved Acceptance of the Mental Health Division Report for September 2019. Ms. Salinas Gutierrez second. The motion carried by unanimous consent.

Consideration of Acceptance of the Finance and Administration Report for September 2019. Mr. Buckley provided the Financial Report for September 2019.

KPI 10: First of the year doing well. Exceeding Budget by \$119,243.

KPI 11: Trailing six months cash collections as compared to recorded revenue. In the last four weeks we finally exceeded collecting over \$500K a week on our fee for service. We continually keep improving on this area.

KPI 12: Continue to work on Collecting our past due Receivables every single day. The risk here is approximately \$2MM in cash that we feel very confident we will collect overwhelmingly 90 or 95 percent of this. Mr. Buckley said we have to go through timely filing appeals. We are working with Netsmart on filing these appeals and getting this cash. He said most of the kinks have been worked out of the system, just about.

Dr. Burruss said that we have talked about this in past meetings, about Account Receivable (AR) being roughly static. Pretty much unchanged and this tells us that our steady state is not growing so we are doing a relatively good job of collecting recently. We spent six weeks asking for leniency and our next option, we did not want to file grievances with MCO's while we were asking for leniency. Now that we have asked for this and have made headway there, our next step is to start to press them for those things that they should have paid us some time ago. Again, to drop the AR's to acceptable rates that we have in our KPI's.

Dr. Secrest asked if our work with NetSmart has been satisfactory to us. He asked if this was not part of what we were struggling with several months back in terms of getting this responsiveness from them and some of their software.

Mr. Buckley said that that they had been trailing for weeks, but their current performance is on a satisfactory level, they are working with us hand in hand, but until they achieve that collection, we can't be 100 percent satisfactory.

KPI 14: No report at this time.

Dr. Santini asked when this would should up. Mr. Buckley replied that it would be in the balance sheet on page 145726.

Dr. Burruss said that the revenue was booked last year and there is a bad debt accrual for this year. In anticipation that we won't get everything from the revenue. The cash, if it comes in, has already been booked. It will be fantastic for us to be able to operate, but it won't apply to Fiscal 20.

Motion: Ms. Martinez moved to Accept the Financial Report for September 2019. Mr. Schulte second. Motion carried by unanimous consent.

Consideration of Acceptance of Resolution Delineating the Board's Awareness and Approval of the Chief Executive Officer and the Chief Administrative Officer's Execution of a Collateralized Loan with UMB Bank, N.A.

Mr. Buckley referred to page 145729 and talked about the \$5MM working capital line and the \$10MM for the IGT Loan for both January and July working capital. As soon as we get to close on this loan it will be available to us immediately. There was a delayed in the process with our banker, but we are now working with a second person who has been part of this process all along. The appraisals on the Group Homes got all mixed up, so we are still working on this. Mr. Buckley said that technically we may not be able to close until a Thanksgiving time frame. They are working with us to hopefully provide us some of that working capital as soon as next week. This are conversations right now, not a guarantee. Other than that, this is the same package we had last year.

Ms. Martinez asked if this delay would have a big impact.

Dr. Burruss said that it absolutely will. We are hoping to receive \$1.5MM next week. Because there is sufficient collateral to get well beyond that, and this is the same collateral as last year. The additional collateral will take us all the way to five, as opposed to the four we got last year. The ideal is to get something to get us started next week. If they hold off on everything until Thanksgiving, then we will be \$5MM short of trying to make the agency go until Thanksgiving.

Mr. Buckley said that when they were making the original budgets for the year, he was expecting our first part of General Revenue in September and we just received that this past Monday. He was planning on this Capital Loan in early to mid-October, and now this is being delayed for thirty days. He said the delayed in receiving these funds is hurting quite a lot and makes it quite difficult.

Motion: Mr. Schulte moved Acceptance of Resolution Delineating the Board's Awareness and Approval of the Chief Executive Officer and the Chief Administrative Officer's Execution of a Collateralized Loan with UMB Bank. Dr. Secrest second. The motion carried by unanimous consent.

Consideration of Acceptance of the Human Resources Report for September 2019.

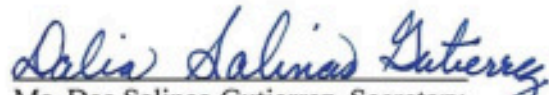
Mr. Buckley said there are no dramatic changes, this is consistent with previous months.

There were no questions posed for this item.

Motion: Dr. Secrest moved Acceptance of the Human Resources Report for September 2019.
Mr. Schulte second. The motion carried by unanimous consent.

Meeting Adjournment: There being no further business to come before the Board, Mr. James adjourned the meeting at 3:00 pm.

Minutes approved by:


Ms. Dee Salinas-Gutierrez, Secretary

Minutes distributed by:
Martha L. Toscano
Executive Assistant to the CEO/Board Liaison