



BOARD MINUTES
May 24, 2018

METROCARE SERVICES

Board Meeting Minutes

A Regular Meeting of the Board of Trustees of Metrocare Services convened on Thursday, May 24, 2018 at 1345 River Bend Drive, Dallas, TX 75247.

Board Members Present: Terry James, Chairman
Corey Golomb, Vice Chair
Dalia "Dee" Salinas Gutierrez
Jill L. Martinez
Leslie H. Secrest, M.D.
Jasmine F. Crockett
Dr. Irie L. Session
Lane Conner
Kenneth Bernstein

Staff Present John W. Burruss, M.D., CEO
Linda Thompson, COO
Richard Buckley, CAO/CFO
Norma Allen, HR Director
Kelli Laos, VP of Provider Services
Charlene Stark, VP of Marketing & Development

Others Present: Joel Geary, Michael Carr and Ivan Garcia

CALL TO ORDER:

Mr. James called the meeting to order at 1:37 pm. A quorum of board members was present.

CITIZEN COMMENTS: There were no citizen comments.

CHAIRMAN UPDATES:

Recognition to Jane Hamilton: Mr. James said he would hold off on this presentation with hopes that Ms. Hamilton will arrive later.

Mr. James introduced our new board member, Mr. Kenneth Bernstein and turned over the floor to him so he could introduce himself. Mr. Bernstein said he goes by Ken or Kenneth. He is a Certified Public Accountant (CPA) and retired partner from the firm of Ernest and Young. He was principally in their health care practice here in Dallas and across the country and retired three years ago. He is involved with other boards, one being the Dallas Theater Center where he was president for nineteen years. He is married and has two children and they are both attending college. He said he enjoys the arts and reading, and his main hobby is model railroading.

Mr. James welcomed Mr. Bernstein on behalf of the board.

Mr. James reminded everyone of the upcoming Texas Council Annual Conference which will be held from Wednesday, June 20 through Friday, June 22. Mr. James asked the board to look at the agenda and the presentations, especially those pertaining to the trustees. He said there's a lot of good information that can be gained from this conference.

Mr. James said everyone should have received a "Save the Date" e-mail with information on our next Board Retreat. The retreat will be held on Saturday, August 4. More information will be sent out as we get closer to the meeting.

CONSENT AGENDA ITEMS:

- 1) Acceptance of the April 26, 2018 board meeting minutes
- 2) Acceptance of the Revision to Board Policy 5.02 on Equal Employment
- 3) Acceptance of the Mental Health division report under the Clinical Services Report
- 4) Acceptance of the Marketing and Development Report for April 2018
- 5) Acceptance of the Legislative Action Report for April 2018.

Motion: Made by Mr. James. All were in favor, none opposed. The motion was approved by unanimous consent.

CHIEF EXECUTIVE OFFICER REPORT:

Dr. Burruss referred to Ms. Thompson for the introductions.

Services Presentation – Continuity of Services Division.

Ms. Linda Thompson introduced Princess Smith and Tensa Davis from the Local Authority. Ms. Davis presented the success story of AO, an 18-year old young man who began services with Metrocare at the age of eight due to aggression and behavior issues. Since receiving his Medicaid Waiver placement/slot he has moved to the community under the Home and Community Based Services (HCS) program. As a coping mechanism for his behaviors, AO used music to help. Over the years he has shown tremendous success and is active in the Football team, as well as the YMCA. He was part of the Special Olympics and on Saturday he will graduate. After graduation, the plan is for him to move back home into the family environment. He now has a girlfriend and their goal is to move in together.

In reply to board member questions, Ms. Davis spoke of the options that the schools offer if the student stays in school after they turn 18. She said some students stay until they turn 22. There are work programs or transitional programs like Meals on Wheels and Goodwill where they are taught to be a little more independent and get them accustomed to the work environment.

Ms. Thompson added that fortunately for this individual he has a waiver, but for individuals graduating from school without a waiver program, there is typically no funding unless we make it available through general revenue and this funding source has been stagnant since around 2013.

Dr. Burruss added that if you're fortunate to get one of these waivers today, you had to have signed up 14 years ago. The people that are signing up today have no way of receiving this in 14

years. Unless the State changes drastically, they are not going to get this until 20 or 22 years or even longer.

Ms. Thompson said that this is so unless there is a crisis or special vulnerability. AO circumvented the traditional interest list process because he was at Terrell State Hospital.

Ms. Salinas Gutierrez asked how closely we work with the schools on the transitional plans. Ms. Smith said very closely. She said the Service Coordinators are at the Admission, Review and Dismissal's meeting as frequently as they are called. Transition Specialists also have an annual meeting where they meet with independent school districts to talk about our process. We want to make sure that they notify Metrocare so we are not out of the loop when they get a young person that has been through our system.

Ms. Golomb asked about the difference between the new Mental Health HCS program and the traditional IDD program.

Dr. Burruss said that it is the diagnosis that would make you eligible. When you go through our Eligibility Determination Unit (EDU), they will decide if you have the fiscal Means testing necessary to qualify for state programs and the diagnosis for the traditional HCS waivers. The new HCS waiver is primarily focused on getting people out of the State Hospital who have mental illness and have been in a state hospital for more than a year. If we take care of them we might be their clinical provider, but we are not their residential services provider.

Ms. Thompson said we have a test case that we are trying to transition from IDD/HCS to the AMH because the primary issue is mental health. She's going to be the first test case that is not currently hospitalized to try to facilitate this transition.

Ms. Golomb asked if under the mental health realm if we're looking at children with autism as well, or highly volatile aggressive kids that could be emotionally disturbed or if they have to be IDD. Dr. Burruss said that autism would be the traditional IDD/HCS. Ms. Thompson said for AMH they typically have schizophrenia, bipolar or major depressive disorders. The current person we are looking at now is dually diagnosed.

Dr. Burruss and the board thanked Ms. Smith and Ms. Davis for their presentation.

ACTION AGENDA ITEMS:

Consideration of Acceptance of the Chief Executive Officer Report for FY18 Key Performance Indicators Progress through April 2018. This report was made a part of the packet. Dr. Burruss thanked Charlene Stark personally for very important community moments. One of these was our Spring Conference for the Altshuler Center. This was held at the Scottish Rite hospital on April 4th and we had a solid crowd to hear a very interesting presentation on psychosis. She also put together a group of invested local community residents to brainstorm on what we're going to do in Dallas to continue to build momentum. Dr. Burruss gave a shout out to Ms. Stark for doing a lot of the work on this with her team.

Dr. Burruss referred to pages 144577 and 144578 of his report and said that for years the board has been aware that he did work on evenings and (mostly) weekends at Ben Taub Hospital in Houston. He stopped this in the fall. Since that time he has applied for and received clinical privileges at Parkland Hospital to provide evening and weekend coverage to try to help with some of the surge Parkland has undergone because of Green Oaks recent decision to depart from the North Texas Behavioral Health Authority (NTBHA) system. He wanted to make sure the board was aware of this and modified his earlier letter as enclosed.

Dr. Burruss said they have a unit call Pod-T that was being used for Jail Services, but it was remarkably under-utilized and half was being used for HR staff to have overflow offices. When they started to look around the ER, they saw this pod and decided to take it for the Psych overflow. Pod-T is now open to take psychiatric cases to relieve some of the pressure in the General ER. Dr. Burruss said they are also expanding their in-patient unit from 18 beds to about 23 beds. The rest of the hospital cannot be turned into psych units because of regulatory and other limitations. They are doing the best they can with the emergency room and with some of the other units to board people. The long-term answer is to continue to provide means for people so that they don't end up in crisis while continuing to ask other hospitals to take on a reasonable fair share of the burden.

Mr. James referred to Dr. Burruss' letters and asked if he planned to continue his consulting services. Dr. Burruss said that he has not done this in two or three years, and the answer is no. He said it is not because of lack of will, but rather lack of time.

Dr. Secrest congratulated Dr. Burruss for his work at Parkland. He said not only is this dangerous, but it demands people like Dr. Burruss to be able to know what to do and figure out what's needed to intervene.

Dr. Burruss thanked Dr. Secrest for his comments and said that this also allows for the "Ultimate Secret shopper" experience. He said they don't know who he is in the ER and when he asks where they receive their services regularly he can find out if it's one of our clinics, how they like their services, who their doctor is and how their prescriptions are working out for them. He said he's finding out what's going on in our clinics "straight from the horse's mouth" as they say.

Mr. Bernstein asked if the board should acknowledge the activities that Dr. Burruss is performing outside of this Center, or if the acceptance here is sufficient. He wanted to make sure they are protected and Dr. Burruss is protected. Dr. Burruss said that the contract reads that he needs written approval to have another job, but that Doug Barnes, Mr. Geary's predecessor, presented this and the discussion was that this type of endeavor did not need it, but if we want to cover all bases and there's a written awareness and approval then that is fine. Mr. Geary said that he did not think this is needed as long as the minutes reflect that there were no objections.

Motion: Made by Ms. Martinez and seconded by Ms. Golomb to Accept the Chief Executive Officer Report for FY18 Key Performance Indicator Progress through April 2018. The motion carried by unanimous consent.

FINANCE AND ADMINISTRATION REPORT:

Dr. Secrest referred to Mr. Buckley for this report.

Consideration of Acceptance of the Financial Reports for April 2018 (unaudited): This report was made a part of the board packet.

Mr. Buckley – We have achieved 100 percent of several DSRIP metrics. The Agency recorded \$3M in revenue related to DSRIP programs this month. As you review the financials this is the driving force behind the tremendous profitability for the month, as well as the year to date. As we have seen in previous months the following month will show us a negative net income. This is the ebb and flow of how our revenue works. When DSRIP can be recorded, that's when you see a bigger increase in reported income as compared to the recurring expenses throughout the year.

Mr. James – Mr. Buckley, on your report, as it relates to this coming Summer IGT, it references that unfortunately Chase decided not to move forward with us. However, you are in discussions with Origin Bank. Please talk to us about how these discussions are going and where do we stand right now.

Mr. Buckley – This past Tuesday, I signed a commitment letter with Origin bank for a loan of \$4.5M. Origin asked for a lien on one of our properties to help secure the loan and right now they are going through the appraisals. We expect approval in about a week or two which then will provide the funding for the IGT. However, we have dealt with Origin in the past and last year we spent weeks with them before they finally said, "No, thank you". I am not assuming this is a done deal. I am making sure to start stockpiling cash so that we can self-fund the IGT if needed. Our cash forecast is making it extremely difficult to do this, but we will have the cash on July 2nd if we have to self-fund.

Ms. Salinas - Which building or facility are you referring to?

Mr. Buckley - Hillside. We did our own appraisal six or seven months ago and this came in at \$7.6M. There is more than enough value there.

Mr. Bernstein- What is the structure for the debt?

Mr. Buckley – It is a mortgage to collateralize the loan. It is only 90 days because we want to close it out before the end of the fiscal year. We want to pay it off as soon as possible, simply because of the interest rate.

Mr. Bernstein: What is the return on the IGT?

Mr. Buckley - We send \$2.232M to the State and get back just shy of \$3M net.

Dr. Burruss: The term sheet that they offered is for \$4.5M and this would help with liquidity depending on when we can get this in place. We applied for enough money to have the Agency's liquidity needs met through this summer and be able to do the IGT. We will see how quickly we can get it in place.

Mr. Conner – Do we expect them to be interested in doing this after 90 days and the start of the next fiscal year?

Mr. Buckley – I believe so, yes. We want to do this first loan, pay it back in 90 days and then go forward with our other banking needs. We want to extend the banking relationship.

Dr. Burruss – One year ago, when we first started talking with Origin, we expressed that we were looking for a long-term banking partner. Every discussion we've had with them is not just about this particular transaction, but also about our future needs in a bank. There is the Hillside project, the new Grand Prairie building, other needs that are coming up in sequence and we would love to have an on-going sustained relationship over time to help support all of them. With Origin, that's been the discussion, with Chase it was the discussion, with Frost it was the discussion, so this is always a part of it. Each bank wants us to move our regular treasury management to them, and we are willing to do this, but we are looking for a sustained partner and this would be part of that relationship. We don't want to keep moving our banking unless it leads to the long term partnership that we need.

Mr. Conner – Who have we been speaking to at Origin?

Mr. Buckley – Gerardo Garza.

Mr. James – Mr. Buckley, you talked in your report about \$3M in DSRIP being able to improve our unrestricted fund balance. Is this \$3M you are anticipating getting back from the IGT?

Mr. Buckley – No, when he said \$3M this is revenue. When we talk about the IGT that's cash - two different things. We are allowed under DSRIP to report the revenue. That's the \$3M I am talking about. We book revenue for the month in which we achieve the milestones in the various programs. It is just coincidental that we have to send \$2.3M out to get \$5M back.

Mr. James – So then it would be in January of 2019 that we will see the benefits of it in our numbers of days covered. Is this what we are anticipating?

Mr. Buckley – The benefit of the number of days right now as we recognize the revenues. What Dr. Burruss is referring to that now that we've achieve 100 percent of the metrics we will collect on it in January. We will be achieving 100 percent of this various other metrics that will probably get us somewhere around \$8 - \$10M. So when we do the IGT in January we will be collecting on all this other revenue that we counted on.

Mr. James – So, although we realized it then based upon this sentence, for practical purposes it will be collected in January and we will actually have the cash in hand and then we will see that improvement in the number of days cash on hand, right?

Mr. Buckley – When we recognize the revenue, we recognize the \$3M right now. This does change the number of days because we make the accounting entries right away. So, we recognize revenue and post it to the unrestricted balance eventually because it runs through net income. However, the collection on the cash doesn't occur until next January.

Mr. Conner – Is the collection then dependent on Metrocare making the IGT payment?

Dr. Burruss – Yes.

Mr. Bernstein - So this comes from the \$9M IGT payment to the state?

Dr. Burruss – Yes, in January.

Dr. Secrest – Let me clarify for you. You also have to meet the clinical metrics required.

Mr. Conner – Yes, which you said were met. So, worse case would be if that money was not available to make that payment in January all this revenue gets unwound.

Dr. Burruss – Worst case scenario is if you make a partial payment or no IGT transfer at all then you defer that potential payment to whatever the next payment cycle is. Worst case scenario, if we don't make the IGT payment in January we defer to summer of 2019.

Ms. Salinas Gutierrez – Do we pay interest or penalties?

Dr. Burruss – Neither, it just waits for you to be able to receive it.

Ms. Golomb – I hear that you have your operating reserve ratio, but I don't see it? You did say it's on page 582, about the operating reserve ratio and how this has gone up ten days, but I'm not seeing it.

Mr. Buckley – Refer to page 585 at the very bottom.

Ms. Golomb – Where are the days?

Mr. Buckley – It's a calculation.

Dr. Burruss – It's the same number that they used here.

Ms. Golomb – I don't see any days on this one and I can normally see the days.

Mr. Buckley – They are on page 582

Ms. Golomb – This is where you put the 19.5, but when you said you went up 10 days I can usually see a comparison here and she cannot see it. Why is it not on the bottom?

Mr. Buckley – He was comparing April 2017 to April 2018 on page 582 which is approximately 10 days.

Dr. Burruss – We can make sure to put this back on the bottom of the page.

Ms. Martinez - (Referring to page 582) The way it is listed reads "August 2017," then "April 2017" and "April 2018" and this looks like we went from negative 24.4 to negative 30.2 to negative 19.5.

Mr. Buckley – Right

Ms. Golomb – But we are still in the negative and we will be for a while.

Mr. Buckley – Five to 20 days.

Dr. Burruss – There was discussion about this last month. We will be like this for quite some time.

CASH AND EXPENSE MANAGEMENT

Dr. Burruss – (Referred to page 144580 on the bottom of the page.) This is a roll up summary of what Mr. James referred to earlier. These are steps that we took within the days following the last board meeting. We are now going back to discussing cash. We are not talking about budget. Metrocare is still performing well versus budget and will in all likelihood beat budget to have a net revenue positive year. Mr. Buckley likes to say "profit" and I will say "positive margin." However, we have two points in the year where it gets really difficult to manage liquidity because we may have to pull cash out of operations in order to be ready to send it to the state for the DSRIP IGT. Without a bank to support us, we have to support operations throughout that entire time even without the IGT cash. In evaluating the efforts that were made through the spring, which included the hiring freeze, we expected the 30 percent turnover rate to have led to a significant drop in staff, but it did not. As we calculated what the hiring freeze would actually do for us from a financial perspective, it became apparent we weren't going to get there to be able to support our cash flow needs over the summer. We needed to take additional steps right now without delay. We went to the next steps of identifying staff, particularly management and administration, that we could manage without, while also freezing salaries for administrators and executives and ceasing operations at the Midway Clinic which had been a difficult property for us over time with the shift in DSRIP rules. For about a year and a half, we have talked about the rules change in DSRIP as of January 1 of this year. With all of this and Midway's limited patient volume, the loss of subsidy through the DSRIP program and the fact that we now have two northern clinics, this was an area where we thought we could still deliver all the clinical services we are delivering while taking action to curtail that expense. These are the things we did, we reduced staff, closed the clinic and froze executive salaries. We are now watching to make sure that this accomplishes what we need from a cash perspective. To be clear, we are not going to have \$9M to send to the State in January. We are still going to need an alternative, whether it's a bank or the county or some other resource. We can manage the summer on our own if we have to. It will be painful and unpleasant, but we can.

Ms. Golomb – Is the Midway clinic the same building attached to the Cohen clinic?

Dr. Burruss – It's the same parking lot, but they are not actually attached.

Ms. Golomb – Two different leases?

Dr. Burruss – Same lease, two different buildings right next to each other.

Ms. Golomb – How do you manage the lease?

Dr. Burruss – The lease allows for a one-time, mid-lease walk away from the Midway building which we can do this coming year. It is a ten-year lease with a one-time, five-year walk away. This is another contributing factor to the decision to close, that we can get out of the lease.

Ms. Golomb – So this will not reduce the payments for this?

Dr. Burruss – We can't do it yet. The other thing with this building is that there has been interest in new uses, going back to the Parkland comment about partnerships. There has been interest from Parkland about potentially working together on a facility in this building. This is very early and a long way to be determined, but there may be other things we can come up with short of simply taking our option out of the lease and moving on.

Ms. Golomb – When does this five-year come up?

Dr. Burruss – Not this August, but next August. We have to notify them no earlier than this coming August.

Dee – Have all the clients been notified?

Dr. Burruss – All the clients have been notified. The clinic is actually still operational and we still have staff there. We have had clinic staff on site since we closed to make sure that anyone that showed up, anyone that did not get the message, to give them options in an alternative clinic. Usually Skillman, which is our other north side clinic, works best.

Dr. Sessions – Has anyone that received services in the last 60 days received a phone call directly telling them what is going on and talking about what services they needed?

Ms. Laos - They have all had a brief screening to make sure they did not need immediate services and they did not get dropped. Anybody that had received a service over 60 days, but not within 60 days, received a letter that was written in English and Spanish that described what was happening and what their options were giving them all the locations and contact numbers for all these locations. We started to get calls in and we started rescheduling people. We have been very successful in getting everybody that was active at Midway scheduled to another clinic with 90 percent of them choosing to go to Skillman.

Ms. Golomb – So we are still paying the lease for at least another year and a half, but our goal is to possibly get a partnership with someone to help with this space?

Dr. Burruss – Yes, if we can. There have been other interested parties, but nobody has come up with an actual plan, but it's very early.

Ms. Salinas Gutierrez – Are those employees that were there re-assigned?

Dr. Burruss – Some of them were re-assigned, the majority were terminated/laid off. We had six that were re-hired or transition to other sites.

Ms. Laos – For the mental health side outside the prescriber staff (Dr. Hunter does the prescriber staff) we eliminated approximately 20 positions. We did hire 6 of these employees back into positions that were opened. A total of 14 positions just in the mental health side, not counting medical staff, were eliminated and are no longer with us.

Mr. Conner – Were they given severance and can they apply for unemployment?

Dr. Burruss – Yes, two weeks plus their accrued PL pay out which is standard for the company. Yes, they can apply for unemployment.

Mr. Conner – The freeze on salaries, what is the term on that, open ended?

Dr. Burruss – To be determined. We just need to maintain it until we are certain we can do this. If it needs to go a year or more then we'll do it and if it's just a few more months then we will stop it and make retroactive adjustments for those who have earned them.

Mr. Conner – Does this only impact senior managers?

Dr. Burruss – Administrative and managerial staff only. If we realize in September that we can manage this pretty well, then we could go retro and try to bring people up. We don't want to detrimentally affect any group, so if you happen to have your annual evaluation during the summer and that's when we went into salary freeze it would not be fair to say, "Well, OK we did that and now nobody after that". So we can go retro if we choose to, but we are going to try to do this is reasonably and fairly as possible.

Ms. Crockett – It is my understanding that the clinic is going to be vacant.

Dr. Burruss – For the moment we still have people there. After that we have lease obligations for it not to be vacant. We will do whatever we need to do to make sure we keep up with the lease obligations, at least until August of next year.

Ms. Crockett – So we are allow to sub-let that space since we have lease obligations?

Dr. Burruss – We definitely want to sub-lease, the problem is that the sub-lease market is really awful. We have been trying to sub-lease the property in Irving and have not had any takers. Our broker recently sent an article that said that there is a huge saturation of sub-lease space in the area right now.

Ms. Martinez – If that facility was to be sublet, would this still be a medical facility? There is a ton of equipment in there.

Dr. Burruss – We would take the equipment with us and we would take the Parada with us. The occupancy is for medical and this would make a lot of sense. If someone had an alternative then we would work with the landlord. This property has been sold since we originally leased it and we have a new landlord. We would have to sit down to figure out what their comfort level is.

Mr. Bernstein – The staff that were part of the RIF, are they working through today and tomorrow or are they gone.

Dr. Burruss – They are gone.

Mr. Buckley – They're all gone with a two-week severance payment.

Mr. Bernstein – Are all the costs in the April numbers?

Mr. Buckley – No, we still have additional costs in May because once you receive your severance there is the long-term vacation and that's when we make these payments.

Mr. Bernstein – We should have this all closed in May. Will that include the payments under the lease?

Dr. Burruss – We will make those on time.

Mr. Bernstein – I know we will make them, we are contractually obligated to make them, but from an accounting standing point this all needs to be accounted under expense as well.

Mr. Buckley – We are in conversations or negotiations to keep this facility open in some sort of shape or form.

Mr. Bernstein – As long as we are using it correctly.

Dr. Burruss – We have to use it for something.

Ms. Golomb – Is this the same as Las Colinas?

Dr. Burruss – No, it has a different expectation from Xenatix.

Ms. Golomb – How long is that lease for?

Mr. Buckley – Another 3.5 years. We will be using some space at that location for one of our grant programs.

Ms. Martinez – Is this the property on North Las Colinas Boulevard?

Dr. Burruss – Correct. The one you all got a letter about, or some of you received a letter about, this week.

Mr. Conner – So the Skillman location is the only location north of Mockingbird basically? The Skillman location for all North Dallas?

Dr. Burruss – Yes, for mental health. Right now we have the quadrants covered. One clinic for the east, one west, one south and one for the north, at the moment. We have other locations up there. We have the Autism Center on 635. If we're talking about mental health clinics, it is the one on the north side.

Motion: Made by Ms. Martinez and seconded by Dr. Secrest to Accept the Financial Report for April 2018. The motion carried by unanimous consent.

Consideration of Acceptance of Human Resource Report for April 2018: This report was made a part of the packet. Ms. Allen referred to the Monthly Highlights in her report and presented the same. She said we were able to negotiate the cost of the Paycom personnel management system down to half of what was originally quoted. Also, because of the new program's abilities, we have other software systems that we are going to be able to retire. Our projected go-live date is August 2018. Ms. Allen said the metrics are included in her report.

Mr. Conner – Is Paycom going to come in and help with the transition of files or will this all be on Metrocare?

Ms. Allen – They have already been on-site to help us pull our data from the Munis system and get it into theirs. We got our first approval on our employee data. They will balance every single payroll for the quarter. They have been tremendously helpful.

Dr. Burruss – This will be replacing half of our Munis system, but it also modernizes what we do in significant ways. Ms. Allen said "We" negotiated, but this should be "She" negotiated the lower rate. I want to give credit where credit is due. This whole transaction is going amazingly well in large part because of the team in HR.

Mr. Conner – Sometimes when you negotiate down the price on these systems, they cut out their services. He said he was happy that we're still receiving the full quality.

Ms. Allen – We negotiated in the services.

Motion: Made by Dr. Secrest and seconded by Dr. Session to Accept the Human Resources Report for April 2018. The motion carried by unanimous consent.

CLINICAL SERVICES REPORT:

Mr. James referred to Ms. Laos for this report. Ms. Laos presented this report on behalf of Dr. Hunter.

Consideration of Acceptance of the Clinical Services Division Report for April 2018: This report was made a part of the packet. Ms. Laos said the clinical services report for non-prescriber parts of mental health services is under the Consent Agenda on page 144561.

Ms. Laos referred to page 144594 and said that in this report, Dr. Hunter talks about how the reduction in force directly impacted medical services. This report also outlines the elimination of three psychiatrist positions and describes which clinics were impacted and how the services will be covered. The medical director that was at Midway accepted the transfer to our Lancaster Kiest location. This doctor has credentialing and specific licensing in substance use disorders and treatment which is a service we are looking at bringing more in the future and we saw this as a valuable licensure.

Dr. Burruss – For comment, we talked some about how the market for psychiatrist is fairly robust. All three psychiatrist that we had to eliminate had jobs before their severance was over. It is a very good market for psychiatrist to be looking for jobs.

Ms. Salinas Gutierrez – It is our country's direction.

Dr. Burruss – We needed to.

Ms. Golomb - You mentioned that we kept six positions, but I could only see four that were accounted for.

Ms. Laos - When I referred to 20 eliminated positions and that they had brought six individuals back, this was for my division. This other part specifically speaks to Dr. Hunter and what she covers.

Ms. Golomb - Did Dr. Hunter lose any other positions besides this or just transferred hers?

Ms. Laos – Yes, there was an elimination of three psychiatrist positions.

Ms. Salinas Gutierrez - Were there any special considerations given to bilingual staff?

Dr. Burruss - None of these folks were bilingual in Spanish. We had only one bilingual Spanish psychiatrist and she resigned last week. All these psychiatrists were bilingual, but none were bilingual in Spanish. We lost our bilingual Spanish psychiatrist to Tarrant County MHMR.

Ms. Laos provided information on the Cohen Military Family Clinic and said that they met their target goals for the year for services to individuals. On May 1st they began their new year with a target of 750 budgeted individuals. Work continues on the accreditation by the Commission on Accreditation of Rehab Facilities (CARF). The Metrocare Veteran Services Expansion Program served 55 individuals in April for a total of 220 individuals with the financial or housing assistance.

Dr. Burruss – Referred to the CARF survey that was performed last Monday and Tuesday and said that he would be surprised if we did not get at least a year certification. He said that we received a glowing review. Dr. Burruss gave Kudos to Linda Thompson's team and the folks out of the Cohen clinic, Amy Williams and Chelsea Fiduccia and all the people that put together this program.

Motion: Made by Mr. James and seconded by Ms. Crockett to Accept the Clinical Services Division Report for April 2018. The motion carried by unanimous consent.

QUALITY AND AUTHORITY SERVICES REPORT:

Ms. Salinas Gutierrez referred to Ms. Thompson for this report.

Consideration of Acceptance of Quality and Authority Management Report for April 2018: This report was made a part of the packet. Ms. Thompson presented a brief summary of her report.

Ms. Thompson said that during the month of April we continue to experience quality service review processes (QSR's) out of the Pre-admission Screening and Resident Review (PASRR) office. She said this quality review process was implemented by a consultant several years ago as a result of a law suit. This time around seven individuals were reviewed. Three of these transitioned from the nursing facility into the Home and Community Based Services (HCS) waiver. The last four continue to receive their services in the nursing facility. Ms. Thompson said there is a court hearing coming up in October to determine how well the state has complied with the agreement that was negotiated. Ms. Thompson referred to page 144599 and provided a report on the Priority Metrics for the month of April and reviewed the Critical Incident reports for the month.

Dr. Secrest referred to the review and said that it looked like very standard stuff.

Ms. Thompson said it was, but this review was more positive than some of their earlier reviews. She said they are fairly-rigid and sticklers on certain items that they want to see in these charts, but fortunately there was not a requirement for a corrective action plan. The clinical staff is working on some of the areas that were identify. On any given day we have someone from a managed care company or the state on site reviewing records.

Motion: Made by Mr. James and seconded by Ms. Martinez for Acceptance of the Quality Management Report for April 2018. The motion carried by unanimous consent.

EXECUTIVE SESSION:

Announcement of Closed Session in accordance with Subchapter D, Section 551.074 of the Texas Open Meeting Act (Chapter 551 of the Texas Government Code) to discuss personnel matters. The meeting closed at 2:41 pm.

- Update on CEO Evaluation process

Return to Open Session:

Mr. James reconvened the meeting at 3:29 pm.

Action Taken as a Result of Executive Session:

Mr. James said that there was no action taken during Executive Session.

Meeting Adjournment:

There being no further business to come before the Board, Mr. James adjourned the meeting at 3:30 p.m.

Minutes approved by:


Ms. Dee Salinas-Gutierrez, Secretary

Minutes distributed by:

Martha L. Toscano

Executive Assistant to the CEO/Board Liaison