



BOARD MINUTES
October 25, 2018

METROCARE SERVICES

Board Meeting Minutes

A Regular Meeting of the Board of Trustees of Metrocare Services convened on Thursday, October 25, 2018 at 1345 River Bend Drive/Dallas, TX 75247.

CALL TO ORDER:

Mr. James called the meeting to order at 1:40 pm. A quorum of board members was present.

Board members present:

Terry James, Corey Golomb, Dee Salinas Gutierrez, Jill Martinez, Dr. Leslie H. Secrest, and Jasmine Crockett.

Board members not present:

Lane Conner, Kenneth Bernstein and D'Andrala Alexander.

Staff Present

Linda Thompson, Dr. Judith Hunter, Richard Buckley, Norma Allen, Ken Medlock, Ratana DeLuca.

Others Present:

Joel Geary and Tzeggabrian Kidane from Commissioner Theresa Daniels' office.

CITIZEN COMMENTS: There were no citizen comments.

CHAIRMAN UPDATES

Board Liaison Reports: Mr. James referred to Ms. Golomb for this report.

- * Finance and Audit Adhoc committee: Ms. Golomb said the committee met on October 16th. At the initial meeting there was discussion on the Charge the Ad Hoc committee will have with its creation. The following are some of the topics that were discussed:
 - o The FY19 budget monitoring process that we currently have.
 - o Discussion on the oversight of the Audit process that's going to be done.
 - o Recommendations on potential key findings performance indicators for fiscal year 2019.
 - o Board policy 4.03 has been in place for some time now and the committee will discuss some of the revisions they would like to make on the stabilization balance.
 - o Discussed dates for the next meeting and it was agreed that November 29th worked for everyone.

Mr. Buckley said this was a very informative meeting and we exchanged and discussed ideas with board members and executives. Everything you would want and expect for a first meeting.

Mr. James agreed with Mr. Buckley and said this was a great start to a process.

Discussion: Mission, Vision Statement: Mr. James referred to Dr. Secrest to share some of the thoughts he had previously shared with him.

Dr. Secrest said the Mission statement had always bother him in that the wording "My neighbor" is not define. He asked if we would turn away our neighbor if they resided in Denton County. Over the past three or four years the vision part of our Mission and Vision statement has changed and we need to come back to revisit this from time to time. This is an opportunity to ask ourselves if our Mission statement clearly defines what we do, what we are wanting to do and where we are wanting to go so that when people read it they will get a sense of what Metrocare is about. This could be the guiding light that drives the organization.

Mr. James said that every so often it's important to look at our Mission and Vision statement and see if it reflects where we are in the life of our organization. By the time we get to the next board meeting in December, he will put together an adhoc committee of board members who can take the lead on revisiting our Mission, Vision statement.

In reply to Ms. Martinez question Mr. Geary said that the mission statement is a little more global to the stand point of what do you want the agency to focus on and what you will be focusing on. The legal document is more about the bylaws. Most of the organizations of any size have such a mission statement.

Ms. Thompson said the current mission statement and values were developed when the center re-branded several years ago. In reply to Mr. James question she said this occurred sometime in 1996 or 1997.

The board and staff talked about the last time the mission statement had been brought up in discussion and if this still reflects where we are, where we are going and where we want us to be?

Mr. James said that it will be his goal to talk to some of our board members by the time we get to our next meeting. Be able to put together this committee and have senior managers start to think about what our process should look like. Have a good approach to going about revealing and looking at our mission and vision statement.

Upcoming meetings and events: Mr. James said the next Finance and Audit Adhoc committee will be on November 29, 2018. The committee will have lunch at 11:30 and the meeting will start formally at noon.

Board meeting – There is no board meeting during the month of November. The next board meeting will be held on December 6, 2018. In January we will start our regular meeting schedule.

Texas Council Board meeting – Mr. James said this will be held next week in which he will attend on behalf of the organization.

CONSENT AGENDA ITEMS:

Mr. James asked if all the board members had had a chance to review the items on the Consent Agenda.

- Acceptance of the September 30, 2018 Regular Board Meeting minutes
- Acceptance of Revision to Board Policy 5.11 on Safety
- Acceptance of the Mental Health division report under the Clinical Services Report
- Acceptance of Revision to Board Policy 2.02 on Service Recipient Privacy & Protected Health Information (PHI)
- Acceptance of the Legislative Action report for September 2018

Mr. James asked if anyone had any changes to make to the consent agenda. Hearing none he moved acceptance of the Consent Agenda items.

CHIEF EXECUTIVE OFFICER REPORT:

Ms. Thompson referred to Ms. Laos for the success story. Ms. Laos said the ACT Teams are the most intensive programs we have. In all we have four ACT teams, the FACT team has the forensic component to it and we also have the OCR which is the Outpatient Competency Restoration. Ms. Laos referred to Mr. Criswell and Mr. Lin for their presentation.

Services Presentation - Forensics Assertive Community Team (FACT). Mr. Kristoffer Criswell and Mr. Jeremiah Lin presented information on an individual who was referred to the FACT program after his release from the Dallas County jail. This individual was incarcerated as an adolescent and suffered a great deal of trauma while incarcerated. At first he was very angry and resistant to treatment, refused to take his medications, and was very demanding of staff. Overtime they were able to establish trust. He is now enrolled in school, has learned to set goals for himself and timelines in which to complete this. He has turned the page in his life.

Dr. Secrest thanked Mr. Criswell and Mr. Lin for their presentation. He said this hits right in with something that is at the State Legislature all of the time and will come up at the next Legislative Session. This is an example of someone that is coming out of the Criminal Justice System (CJS) and did not relapse.

Discussion ensued on the different types of reinforcement that is provided by the FACT staff to individuals that come out of the CJS to make their transition easier.

Mr. James and the board thanked Mr. Criswell and Mr. Lin for their presentation and their dedication to their clients and for all they do for Metrocare.

ACTION AGENDA ITEMS:

Consideration of Acceptance of the Chief Executive Officer Report for FY19 Key Performance Indicators Progress through September 2018: Ms. Thompson presented this report on behalf of Dr. Burruss.

Ms. Thompson said the highlights for the month of September were the completion of the sale of the Skillman property and the success of the goals identified during the Community Foundations

of Texas for the Cohen Military and Family Clinic. The goal was to raise \$25K and they exceeded this goal. Ms. Thompson thanked everyone for their contributions and assistance. She said the Metrocare Skillman clinic will continue to operate under a lease with Dallas CAN.

Motion: Made by Ms. Martinez and seconded by Ms. Salinas Gutierrez to Accept the Chief Executive Officer Report for FY19 Key Performance Indicator Progress Through September 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 September 2018 (unaudited):

Mr. Buckley said the first sub-committee was very good in that they were able to discuss how we approach managing the agency and the financial affairs of the business and that we always look to the financial component in the bottom line.

One month, the first month of the year is non-trend. There are differences compared to the prior two years when you compare the impact of the Delivery System Reform Incentive Payment Program (DSRIP). Back in FY17 approximately 90 percent of the reporting for DSRIP was done in September of that year. In FY18 this was done in October and we still had the 80/20 split between the years. This year we have more of a 55/45 where overall we are going to be running a loss, for the first six months of the year. This will be the month of March or April where DSRIP reporting in that particular month will show a net income of approximately \$7MM.

The timing of DSRIP programs will have a major impact when you compare the results of this year against prior years. When you compare to budget this month we had a very good month where bottom line change in net assets, although it is negative it's about \$500K better than we had plan.

Mr. Buckley referred back to the Finance and Audit sub-committee and the discussion they had on finding ways to expand banking services revenue opportunities, management of the agency in keeping the agency doors open, keep patient services alive and well, and finding revenue opportunities with the pharmacy. Following the audit subcommittee, at the following Thursday Executive Team meeting Dr. Burruss suggested that the executive team attend some of the subcommittee meetings as their time permits.

In response to Ms. Martinez's question Mr. Buckley said that a consultant was engaged to look over all of our contract management and this will help us expand our revenue opportunities. They will be able to see if we are billing at the highest allowable rates for that specific program when we bill for our services. He said that when there is more money available to reinvest into the agency that's how you start expanding the existing programs and getting new programs.

Mr. Buckley said that we are aware that we have a weakness in the credentialing process. With the help of Netsmart we are looking at this very closely. Our credentialing process is taking from 150 to 180 days to get a provider properly credentialed with all the FCFs and we should be able to accomplish this in 90 - 120 days. This creates situations where a provider is delivering a service, but we cannot bill because they are not properly credentialed. Once we improve our

credentialing process this would enable us to pick up another half to a million dollars a year in revenue.

Ms. Martinez – Speaking of the credentialing process, I assume that these providers are providing services and they are getting paid, but we are not getting reimburse in several months?

Mr. Buckley replied affirming this was correct. He said that sometimes we have to spend money to make money. Last week an increase in the application functionality for the pharmacy was approved to include additional functions which will cost us about \$10K a year, which our VP of Pharmacy estimates will save us over \$300K a year in increasing the efficiency of how we dispense our pharmacy services.

Dr. Secrest – If you have a contract with Blue Cross, who negotiates the contract and the particulars in terms of the credentialing process with Blue Cross?

Mr. Buckley – Every contract we enter in or renew we circulate amongst the executive team and we all review it, but there never has really been a say, consistent strategic focus on how we negotiate contracts. The major focus of this consultant will be to look at strategies on how we approach it.

Mr. Buckley – We are hopeful, we don't want to be over confident in throwing a number out there like that. Even one percent improvement across the board on multiple contracts will add a few hundred thousand dollars. We are a \$100MM agency and a five percent improvement would earn us \$5MM.

Dr. Secrest provided information on some of the things that the agency could do in the negotiation process with our credentialing offer and the insurance company.

Mr. James asked Mr. Buckley if he had an update on possible financing relationships with the different banks he has talked with.

Mr. Buckley - We are presently in discussions with United Missouri Bank (UMB) based in Kansas City. We have submitted a proposal for three \$5MM loans to fund the semi-annual DSRIP/IGT's for this year. The first one is just working capital. The gentleman I'm working with said that it is looking good and he does not see any reason why they are going to deny this.

Mr. Buckley said that he is hopeful that by Tuesday of next week he will have an answer that he can give to Dr. Burruss so that he can relay it to the board.

In response to Ms. Salinas Gutierrez and Ms. Martinez, Mr. Buckley said Dr. Burruss will provided an update to the board as soon as they hear back from UMB. He said UMB bank is primarily based out in Missouri, but they have several branches in Texas. The money behind this bank is the Camper family which is Camper insurance and they are known nationally and internationally.

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

Consideration of Acceptance of Human Resource Report for September 2018:

Ms. Allen said her report is in the packet and it stands as it is.

Motion: Made by Dr. Secrest and seconded by Ms. Golomb to Accept the Human Resource Report for September 2018.

CLINICAL SERVICES REPORT:

Mr. James referred to Dr. Hunter for this report and asked her to provide a report on the launch of the Electronic Health Record (EHR).

Consideration of Acceptance of Clinical Services Division Reports for September 2018:

Dr. Hunter said they are all actively engaged in the Electronic Health Record (EHR) testing and training phase across the center through all divisions. They are spending hours and hours sending in revisions, getting feedback and upgrades, and testing some of the same revisions. This is a very complicated and time consuming process, but extremely necessary. In the month of November training will be rolled out center wide. At some point in November we will have 600 people training for the December deadline. Dr. Hunter said she dreams about this and they are not always good dreams.

Highlights: Dr. Hunter said that we have been fortunate to have medical psychiatric stability for a number of years. One of her medical directors based at the Samuell clinic is relocating to New Zealand effective mid-December. Dr. Hunter said this is the only site where they have an additional psychiatrist so that psychiatrist will step up to an intro-leadership position. She does not want to do long term.

Motion: Made by Ms. Martinez and seconded by Dr. Secrest to Accept the Clinical Services Division Reports for September 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 Management Report for September 2018:

Ms. Thompson said the primary highlight for the month of September were some revisions made by the Center for Medicare and Medicaid Services (CMS) to their ICD-10 diagnosis codes. As a result the Health and Human Services Commission (HHSC) revised the HHSC-Approved Diagnostic Codes for Person with Related Conditions. This change will impact individuals in our service system who don't qualify based on their IQ.

If an individual's current diagnosis is no longer valid, the Local Intellectual and Developmental Disability Authority (LIDDA) will need medical documentation from a physician attesting to the diagnosis for continued eligibility.

Ms. Thompson said the rest of her report stands as is.

In response to Ms. Salinas Gutierrez question Ms. Thompson said that there are over 200 different diagnosis, but they tend to be more medical in nature or physical limitations that impact

a person's ability to function. The related condition diagnosis makes these individuals eligible for IDD Services within the state of Texas.

Motion: Made by Ms. Salinas Gutierrez and seconded by Dr. Secrest for Acceptance of the Quality Management Report for September 2018. The motion carried by unanimous consent.

Consideration of Acceptance of the Marketing and Development Report for September 2018: Mr. James referred to Mr. Medlock for this report.

Mr. Medlock said his report stands as written, but he wished to highlight the success from the Meal for the Minds luncheon. He said we are getting commendations and calls since the occurrence. We are satisfied with the outcome and we are looking forward to next year. Next year we are adding the auction feature back as in past years. Mr. Medlock wish to highlight the fact that Mr. Terry James stood and asked for the money. Mr. Medlock said that \$8,300.00 jumped out of the pockets of the participants. Mr. Medlock thanked Mr. James for this and said this was a new feature and it will be his strong recommendation that we continue with this piece of the program that was absolutely a nice new twist to a fund raiser that fit right into the mission of that program. We are very satisfied with the outcome of the speaker and an outstanding job.

Mr. James asked if there were any preliminary numbers to the funds that were raised through this year's luncheon.

In response to Mr. James question, Mr. Medlock said we do not have any preliminary numbers yet.

Ms. Martinez said this was a great event and all the guess sitting are her table commented on how full it was. Ms. Martinez commented on some of the personal history Mr. Kennedy referred to in his own family and how mental health was never spoken about.

Mr. James went on record to say he will do the "ASK" again next year.

Motion: Made by Ms. Salinas Gutierrez and seconded by Dr. Secrest to Accept the Marketing and Development Report for September 2018. The motion carried by unanimous consent.

Meeting Adjournment: There being no further business to come before the Board, Mr. James adjourned the meeting at 2:41 p.m.

Minutes approved by:


Ms. Dee Salinas-Gutierrez, Secretary

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