

**BEXAR COUNTY BOARD OF TRUSTEES FOR  
MENTAL HEALTH MENTAL RETARDATION SERVICES d/b/a**

**THE CENTER FOR HEALTH CARE SERVICES**

**Board Retreat**

Friday, October 10, 2008 and

Saturday, October 11, 2008

Tapatio Springs Resort

314 Blue Heron Blvd.

Boerne, Texas 78006

**TRUSTEES PRESENT:** Robert L. Jimenez, M.D., F.A.P.A., Chairman  
Sam Williams, Jr., Secretary  
Knox M Pitts II, Treasurer  
Diana M. Burns-Banks, M.D. (*arrived at 1:35 p.m.*)  
Harry Griffin (*arrived at 1:36 p.m.*)  
Carlos R. Orozco, M.D., P.A.  
Margaret M. Vera

**TRUSTEES ABSENT:** George B. Hernandez, Jr., Vice-Chairman

**STAFF PRESENT:** Leon Evans, President/Chief Executive Officer  
Charles H. Boone, Chief Operating Officer  
Mark A. Carmona, Chief Administrative Officer  
A. Camis Milam, M.D., Chief Medical Officer  
John A. Smith, General Counsel  
Robert Guevara, Controller  
Tom Cobb, Director of Budget and Financial Services  
Ramona Flores, Director of Human Resources  
Cynthia Martinez, Director of Contract Management & Procurement  
Gilbert Gonzales, Director of Communications-Diversion Initiatives  
Aaron Diaz, Director of Crisis/Diversion Services  
Kathryn Jones, Substance Abuse Program Director  
Dr. Isaac Martinez, Ph.D., Principal Investigator, Texas Youth Suicide  
Prevention Project (TYSPP)  
Paul Sisler, Director of Information Services  
Sherry Bailey, Director of Utilization Management  
Doreen Vernon, Director of Long Term Care Services  
Bren Manaugh, Director of Quality Improvement  
Linda Rodriguez, Executive Assistant/Board Liaison  
Sara Maldonado, Administrative Technician II

**GUESTS PRESENT:** Don Gilbert, Facilitator  
Rebecca Brown  
Graciela Cigarroa

The Retreat of the Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services was held on Friday, October 10<sup>th</sup> and Saturday, October 11<sup>th</sup>, 2008 at Tapatio Springs Resort, 314 Blue Heron Blvd., Boerne, Texas.

### **CALL MEETING TO ORDER**

Dr. Jimenez, Board Chairman, called the meeting to order at 12:10 p.m., with the following trustees present: Messrs. Pitts, Williams, and Ms. Vera. Upon arrival of Dr. Burns-Banks and Harry Griffin, the meeting was officially called to order at 1:36 p.m.

The following represents a summary of the topics presented by staff and discussed by the board of trustees:

### **Day One: Board of Director's Round Table Friday, October 10, 2008**

#### **Board Issues**

#### **Maintain proper systems of accountability and oversight in an outsourcing environment.**

- Reporting Systems
- Committee Structure
- Composition/Skill Set of Board and Key staff

#### **Increasing expectations for public records.**

- Job descriptions for Board Members
- Training

#### **Board communications with Court/Local elected officials to promote the profile/accomplishments and needs of the Center**

#### **What are our greatest challenges and opportunities?**

- Limitations of the Governmental Entity Plan
- Haven for Hope
- Children's Services
- Serving Veterans

#### **CHCS: What do we stand for? Why do we exist?**

#### **What do we want to leave with at the end of our 2-day retreat?**

- Clarity
- Maintain status of Community Anchor:
  - What does it mean to be the authority?
- Safety Net Rule:
  - What does it mean?
- UHS Relationship
  - Look back?
  - How to organize?
  - New environment

**Competencies: How do they stack up?**

- Allocated correctly?
- New ones needed
- Current skills:
  - Financial and legal.
  - Do we need more skills and if so, how do we acquire them?
  - Do our skill sets meet future expectations?

**Culture change with Provider of Last Resort (POLR):**

- Will the same spirit remain?
- Will staff be engaged and motivated when we roll out separation of authority?
- How do we prepare community leadership for these changes?
- How do we capitalize on change?

**Contracts:**

- Role of Board in contract letting
- How much control and power do we give to contracts?
- How do we ensure assurance services when contracting out services?

**What is needed: Compassion**

- How do we maintain it with both internal and external providers.
- How do we transfer it with movement to authority?
- How do we fight the tendency to just manage money?
- How do we sell it/use it to serve our consumers?

**What can providers bring in best value:**

- Primary health care
- 340B pricing
- Community involvement

**Authority: Relationship between cost and outcomes**

- Build partners for life and it will bring opportunity.
- Outcomes measurement = system improvement
- Look for added value in contracting – What can you add?
- Must inject quality into authority function.
- Drive duplication of services

**Absolutes and Must-haves**

- Maintain compassion
- How do we make sure services are the right ones?
- How do we build contracts and important values around these issues?
- How do we oversight contracts to ensure coordination needs meet services delivered?  
What parts of oversight are the most important and how do we maintain them?

**What should we measure?**

- Identify fundamentals needed for external providers.
- Parity = new opportunities

### **Interface of Acute Care Services**

- Must maintain relationship and authorization of care
- Must manage and hold meetings with contractors (providers)
- Information Technology should flow between entities.
  - Can move quickly to integrate once contracted.
  - Currently piloting physician notes (Sunrise System)
- Private network and access
- Higher speed connection-infrastructure needed
- What should the board be concerned about if all doesn't go well with contracting OP services?
- We will co-manage with provider. Reduce costs.
- How do we guard against fragmentation?
- Legal position/concerns of business aspect addressing shared records/information and stark laws.

### **How do we maintain continuity of care during transition?**

- CHCS will operate Board directives
- Broaden resources for lesser equity patients – partnership opportunity
- What will be required from the Board going forward? Board Chair?

### **Children's Services**

- Outpatient will be contracted out
- Children Board Sub-Committee; is it staffed accordingly?
- Concern about kids going to juvenile
  - Its relationship with law enforcement and issues with violence and substance abuse.
  - There is a core set of kids that no one wants.
  - Wonder if this is an opportunity for CCIT?
- Educating providers and physicians
  - Finding a resource to handle them
  - Continuing education
- Money moves doctors
  - Keep in mind when marketing to this target group
- Integration is critical
  - Primary health and behavioral health.
  - There is a gap in coordination and access to resources.
- Can we move into the area of training for school nurses
  - Expand our CCIT model
  - School nurses and counselors are on the front line with children
  - How can we supplement their knowledge and resources?
- We should have mental health assessments in our Children's Crisis Center. An opportunity exists: become a preferred provider that offers assessment, counseling for children and families. (Dr. Burns – idea resource)
- Access a resource guide for children and families. Identify system navigators that can help children and families accessing the matrix of multiple systems.
- A possible starting population for children could be the foster care population; an innovative program that includes payment for assessment.

## **Board Functions and Responsibilities**

- Value and Strength
- Develop board member job descriptions clarifying and outlining responsibilities. What are board responsibilities? Are responsibilities of today's board the same as they were ten years ago?
- Public boards and similarity to CHCS board
- Fiduciary responsibility where best used; thus more board participation. A more visionary board.
- Stakeholder representation
- Do Board members understand their roles and what they need to do?
- Clear sense of purpose and role as a board member.
- Obscene risks and challenges.
- Board of Directors role is to set broad policies and direction for CHCS.
- Set general mission and collaborate with community
- Collaborations...how do you keep score? Outcomes?
- Identify other aspects that are critical and dedicate resources/time and engage stakeholders/players.
- Help identify new areas of involvement that are in concert with the mission. Stick to services, programs and establish priorities that are important to the community and allow staff to carry out and manage.
- Operate board community needs without micromanaging.
- Foster collaborations "show me the money"
- Relationship building

## **What can our board do?**

- Show Commissioner's Court and local government the value we bring: outcomes and dollar savings
- Board should engage and inform Commissioner's Court of our services
- Build the relationship with Commissioner's Court and provide bite size information without information overload
- Educate community on mental illness
- Balance information with what we want as an outcome, there is a communication and branding issue out there
- Work more with COSA to develop grade card to show return on investment; establish ongoing relationship

The meeting was temporarily adjourned at 5:00 p.m., to be reconvened at 8:30 a.m. on Saturday, October 11, 2008.

The meeting was reconvened at 8:30 a.m. on Saturday, October 11, 2008, with the following board members present: Drs. Jimenez, Burns-Banks, and Orozco; Messrs. Williams, Pitts; and Ms. Vera. Board members not present: Messrs. Hernandez and Griffin.

## **Day Two: Saturday, October 11, 2008**

### **I. Values**

- Compassion

- Transparency
- Integration
- Heart
- Quality

## **II. Issues (GE Plan)**

- Revenue generation
- Ability to meet community needs
- Haven for Hope: opportunities for greater coordination

## **III. Integration**

- What should it look like?
- How do we measure it?

## **Next Steps**

### **I. Transition Planning**

- Measurement – joint oversight in 1<sup>st</sup> year (thought)
- Principles

### **II. Board Growth**

- Reporting mechanisms
- Job descriptions
- Board evaluations
- Training
- Confidentiality & leaks handled through communication policy (guidelines)

### **III. Funding Request**

- With or without other communities

### **IV. Governmental Entity & HCS**

- 501 (c)(3)
- How would it work?

### **V. What direction to staff in the areas of (signature services)**

- Children's Services
- Haven for Hope
- Veterans

### **VI. Process for CEO Evaluation**


- Clarifying the governance role
- Values with respect to the operations of organization (mechanisms to report)
- Evaluating investment in the culture and employees

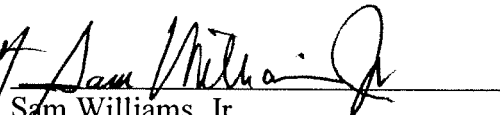
There was no official action taken by vote of the Board of Trustees on any matters presented by staff or discussed by the board during the Board Retreat.

**ADJOURNMENT**

On behalf of the Board of Trustees, Dr. Jimenez expressed his appreciation to the staff. There being no further business to discuss, this meeting was adjourned at 12:35 p.m.

Passed and approved this 11<sup>th</sup> day of December, 2008.

  
Robert L. Jimenez, M.D., F.A.P.A.  
Board Chairman

  
Sam Williams, Jr.  
Secretary