

**BEXAR COUNTY BOARD OF TRUSTEES FOR  
MENTAL HEALTH MENTAL RETARDATION SERVICES dba**

**THE CENTER FOR HEALTH CARE SERVICES**

Board Retreat

December 10-11, 2010  
Tapatio Springs Resort  
314 Blue Heron Blvd.  
Boerne, Texas 78006

**TRUSTEES PRESENT:** Margaret M. Vera, Chairman  
Sam Williams, Jr., Secretary  
Dianna M. Burns-Banks, M.D.  
Mary Rose Brown  
Richard P. Usatine, M.D.  
Ruben D. Zamora

**TRUSTEES ABSENT:** Rebecca G. Brown, Vice-Chair  
Harry Griffin, Treasurer  
Ted Terrazas

**STAFF PRESENT:** Leon Evans, President/Chief Executive Officer  
Mark A. Carmona, Chief Administrative Officer  
Charles H. Boone, Chief Operating Officer  
John A. Smith, General Counsel  
Dr. Sarah Rasco, AMH Medical Director  
Dr. Thomas Hardaway, CMH Medical Director  
Dr. Rose Rodriguez, Crisis Services Medical Director  
Janice Bunch, Director, Human Resources  
Robert C. Guevara, Controller  
Cynthia A. Martinez, Director, Program/Business Services  
Gilbert Gonzales, Director, Communication & PR  
Paul Sisler, Director, Information Services  
Sherry Bailey, Director, Intake & Eligibility Services  
Linda Lopez, Director, Research & Innovative Services  
Linda Rodriguez, Executive Assistant/Board Liaison  
Teresa Smith, Executive Administrative Technician

**GUEST(S) PRESENT:** Mary Repole, Epiphany Research & Marketing  
Spencer McClure, Facilitator

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, December 10, 2010 and Saturday, December 11, 2010 at Tapatio Springs Resort, 314 Blue Heron Blvd, Boerne, Texas.

**FRIDAY, DECEMBER 10, 2010**

**WELCOME** – *Margaret M. Vera, Board Chair*

Ms. Vera started the meeting at 9:13 a.m. with the following trustees in attendance: Ms. Mary Rose Brown, Drs. Burns Banks and Usatine, and Messrs. Williams and Zamora, thereby establishing a quorum.

Ms. Vera thanked everyone for coming and expressed her appreciation to her fellow Board members noting their dedication and willingness to serve the Center and ultimately the community. Ms. Vera also thanked Mr. Evans for his diligence and leadership.

### **BRANDING RESEARCH UPDATE – Mary Repole, Epiphany Research & Marketing**

Ms. Vera introduced Ms. Mary Repole and briefly reported on her work experience, specifically in the area of branding. She then asked Ms. Brown to report further on the work that Ms. Repole is doing with the Center.

*Dr. Sarah Rasco arrived at this time and was introduced to the group.*

Ms. Repole briefly reported that she had met and interviewed with board members, management, staff and consumers and proceeded to provide the group with a detailed summary of her findings.

#### Interviews with the board:

- Very positive about the Center; no negativity.
- Defining who we are and what we want to accomplish - Mission
- Passion for the people we serve
- Appeared united/work together to tackle the challenges
- Much discussion about the community
- Changes in the Center, mostly the budget cuts
- Sense of nobleness, triumph
- Incredible respect for the top leadership
- Center's innovation, creativity, collaboration

#### Interviews with management:

- Excellence in the delivery of care was not mentioned
- Delivery of Services not where it needs to be – recovery a major topic.
- Overwhelmed; frustrated
- Lack of communication/respect in the community
- Branding issues – most people can't find us because they do not know who we are
- Unsure of the future in general – integration of primary care/behavioral health
- Provide good care but too many restrictions/requirements.
- Comfortable talking more about the success of the consumer than what we do for them.
- Should the Center pursue health care reform?

#### Interviews with staff:

- Vital to the community
- Respect for leadership
- Proud to be a part of who we are
- Front line staff very passionate about what the Center does
- Work challenging/rewarding; however frustrated that they are limited to help others.
- Management needs to consider the mental health of the staff; overwhelmed.
- Communication from the top to the bottom could improve, be more consistent.
- Staff only familiar with their own area; feel disconnected from each other.
- Patient education/expectations from the Center.

- Major issues with service delivery; consumer wait time
- Where management talked a lot about collaboration; employees did not.
- However, they did talk about innovation, more specifically jail diversion.
- Uneasiness about budget cuts.

In regards to her interviews with consumers, Ms. Repole reported on some of the following:

- CHCS staff seen as progressive, astute business people.
- CHCS staff valued and supportive.
- Frustration with the delivery of services – stabilization vs. recovery
- Want CHCS input; Center-set expectations
- Want CHCS to change the manner in which mental health is seen in the community
- Lots of questions about CHCS/UHS affiliation

*At this time, Dr. Hardaway arrived and was introduced to the board.*

Discussion ensued regarding the identification of other consumers to be interviewed and Dr. Usatine requested to receive the percentile data on consumers that are competitively employed.

In conclusion, Mr. Evans reported that the Center's leadership was already working on preparing for the upcoming budget cuts and proceeded to report on some of the things that the Center is also doing to alleviate and improve the system of care, i.e., development of a walk-in clinic, etc. He also stated that was the reason for the need of a Flexibility Rider (in the way fees are accessed) and indicated that the Center's leadership was already in discussions with legislators.

Ms. Brown added that as we continue to develop our strategic plan, we also need to consider these concerns/expectations and realize the importance of branding/signage, noting that Center facilities are not up to par and in a deteriorating mode.

Mr. Evans stated that the board will need to help CHCS leadership in developing priorities – do we upgrade facilities or do we want to provide more services to our consumers?

The following is a summation of the branding discussion/outcomes:

#### Redesign Service Delivery

- State and Funding Requirements
- Changing the Culture/Practice – Focusing on how we approach the consumer in the support process
- Development of a walk-in clinic
  - No-shows for regular appointments; presenting at Crisis Care Center only when in crisis.
- Educating the family; better understanding – Important for the recovery process.
- System needs to be the same across the board.
- Possibility of training front-desk staff
  - Separation of multiple duties
  - Budget cuts/Lack of resources

#### Intake process

- Setting goals for the consumer
  - Prosumer involvement
  - Participation of the consumer in the recovery process (process already in place)

#### Over-serving the community

- Will we continue?
- Prioritization – the need for flexibility to utilize those dollars in the best possible way

- Look for other resources to cover the \$10 million cut
- Focus on the back door – part of changing the culture
- Identify follow/up resources to avoid revolving door activity
- Morality issues with staff in having to turn folks away

#### Education/Awareness

- Key leaders willing to support the Center
- Identify services that can not be turned down for funding (i.e., children's services)

Ms. Vera thanked Ms Repole for her work and thorough report.

#### **BOARD TEAM BUILDING EXERCISE – Janice Bunch, HR Director**

With the staff being excused, the Board members completed a team building exercise facilitated by Ms. Bunch. Following the exercise, Ms. Bunch debriefed Mr. Evans on the outcome of the team building. Upon the return of staff, Mr. Evans briefly reviewed some of the information discussed and noted that all areas discussed by the Board of Trustees were critical and needed to be addressed.

#### **THE STATE OF THE CENTER FOR HEALTH CARE SERVICES – Leon Evans, President/CEO**

*Ms. Vera introduced Spencer McClure, facilitator for the discussion on strategic direction and business planning, and also Dr. Rose Rodriguez, Medical Director for the Crisis Care Center.*

At this time, Mr. Evans proceeded to inform the board on the challenges facing the Center due to the upcoming budget cuts at the State level, noting that the same thing is going to appear at the federal level as well. He briefly reported on the \$10 billion budget cut in 2003 (\$6 million to the Center) and stated that staff worked diligently to get ahead of the cuts by attrition. Staff will again work to get ahead of the game and work by attrition. This fiscal year's budget shortfall is estimated at \$24 billion with a potential cut to the Center of \$12 million. The Center currently receives \$20,013,068 in General Revenue to support various programs/services. Proposed budget reductions submitted by the Department of State Health Services (DSHS) to the Mental Health System are at \$138 million which includes community mental health services, the state hospital system, and substance abuse services. Proposed reductions submitted by the Department of Aging and Disability Services (DADS) include a \$25 million HCS (GR) reduction; a 1.5% reduction in the ICF-MR rate which includes a 1% reduction effective September 1, 2010; and a \$2 million (GR) reduction through fewer authorization of HCS services. He also reported that reductions in GR could lead to restrictions in Medicaid enrollments and/or changes in rates paid by Medicaid. Currently, the Center's FY2011 budget for Medicaid is \$13,074,496. He continued to report on the impact of the cuts to the Center and the people we serve based on research conducted by the Texas Council of Community MHMR Centers.

Mr. Evans summarized what the Center is doing in preparation for the future to include redesign of the administrative and clinical programs, the development of new lines of business, management of personnel through attrition, and continuous quality improvement practices. He reported that if we lose state and local funding, the community will feel the impact. One of the things that we want to ask our legislators is to give us flexibility through a Rider. If we can get this flexibility we can then reach out to our local funders and let them know what our cuts from the State are and see if they want to increase our funding. There are also opportunities out there that can help us make up what we are losing, such as rehab services and transportation.

#### **DISCUSSION ON STRATEGIC DIRECTION AND BUSINESS PLANNING**

*– Spencer McClure, Facilitator*

##### 1. Review of Operational Divisions

2. Discussion of Short and Long Term Goals
3. Review of CEO Goals and Alignment with Strategic Directions
4. Development of Strategic Plan

Ms. Vera thanked Mr. McClure for volunteering to facilitate today and briefly reviewed some of his previous work experience in the healthcare field. Mr. McClure stated that the Center was being proactive in discussing healthcare reform and in positioning itself so as to maximize and align its systems for the future. He presented a brief overview of his experience in the healthcare field and noted how the Center has evolved into the exceptional Center that it is today. He noted that Mr. Boone would be reviewing the information on operational divisions.

Mr. Boone stated that the expectation with healthcare reform was that services would be controlled by managed care companies with defined benefit packages utilizing federal funds, but that the Safety-Net Services would have to be handled somewhat differently, possibly with funds set aside by the State. He noted that the benefit card for individuals could possibly be easier for routine services but serving the individuals with more severe needs might be more difficult. Mr. Boone briefly reviewed the information contained in the Summary of Services by Division describing what each column represented, to include the development of benchmarks and also briefly covered the Budget & Financial attachment documents.

Mr. Boone reported that an essential issue identified in 2004 was the need to increase services and billable hours and therefore since that point in time the Center has worked to ensure requirements are met. He noted that in the last year and a half extensive work on clinical supervision and clinical focused training has taken place so that employees can have clear expectations as to their work, accurate documentation, etc.

Discussion followed on the affect the expected funding cuts would have on Center programs and staff. Mr. Boone noted that all programs are being reviewed routinely and those not operating efficiently are being reviewed in detail and deleted as necessary, adding that the hiring of clinical staff is now being reviewed by his office to ensure that only essential positions are being filled. He reported that budget-wise mental health services equals 69% of the clinical services and addiction recovery is 11%, a combined total of 80%. He noted that the remaining 20% covers all other Center service areas to include ECI, Long Term Care Services, etc. Mr. Boone reviewed a diagram indicating the overlap of core services and an additional pie chart denoting FY 2011 budget and the projected increase in revenue – estimated \$1.3 million for Home Health Care and \$857,000 for OATS. A brief discussion followed on the opportunity for some of the reduction in services at ECI (due to the funding cuts) to be picked up by the pediatric piece of Home Health Care. Mr. Carmona stated that each of the new programs have business plans in place and management continue to work on plans and routinely review to ensure they are trending in the right direction. Ms. Vera asked what services are being marketed. Mr. Boone responded that marketing is taking place for staff for Home Health to include nurses and marketing staff. He noted that the marketing focus is specifically in the area of psychiatric and developmental disabilities (pediatrics) and that presentations have taken place with UHS and the San Antonio State Hospital regarding the changes and new services being offered and that there is a Marketing Plan in place.

Mr. McClure reported that the Center is probably the best prepared Community Center in the State for the future which includes the essential element of the integration of behavioral and primary healthcare which is very important as health care reform comes into play. He stated that having short and long term goals is important especially with the challenges ahead. Mr. McClure noted that although the Center is working diligently to prepare for the near future he asked if the Board knew if clinical practices at the Center were “up to snuff” and if they have a clear understanding on the quality of service delivery. The following was noted in response to the question posed:

- Mr. Zamora responded that since he serves on the Finance Committee he knows that the finance information presented has evolved into something more understandable and useful but that he does not know about clinical service delivery.
- Dr. Usatine stated that he would like to hear from the Medical Directors on clinical service delivery, feedback from consumers etc.
- Dr. Rasco stated that in the area she works, Adult Mental Health, the wait times to be seen are a concern and that intake for services is also often a problem. She added that once a consumer is in the system everything then works well. Dr. Rasco stated that the Center does provide excellent comprehensive services but there is sometimes a disconnect or lack of formal process in place from intake to the provision of services.
- Dr. Burns noted that patient data is reviewed at the Planning & Operations Committee and the issue of wait times has been addressed but more information on trends is needed. Board members discussed the sharing of Committee meeting information across Committees.
- **Clinical Services Wait Times** - The various entry points to Intake and the estimated wait times was discussed with Ms. Bailey noting that referrals come from the jail, hospital, probation or crisis and that they have set requirements for when the patient has to be seen and other referrals received (self referral etc.) are all handled on a case by case basis with the initial point being a phone screening to determine service needs. Mr. Zamora recommended staff develop success measures/metrics to work from for wait times and that the Board would like to have this information shared with them at Board meetings.
- **Integration of Behavioral Health with Primary Health care** - Mr. Boone and Mr. Carmona briefed the Board on the meetings that have taken place with UHS staff specifically on this issue. The importance of having a strategic alliance with UHS was discussed with the emphasis being on the essential relationship between the Center and UHS, one of the Center's Sponsoring Agencies. Discussion ensued on the need to have Board to Board dialogue between the Center and UHS and the previous attempts to accomplish this. Dr. Usatine asked staff to re-connect with UHS and try one more time to coordinate a meeting between Boards and that if it did not materialize that he would follow-up on this issue. Mr. Carmona noted that it is essential to do joint planning to align the mental health services in the community.
- **Branding** – Mr. Carmona stated that the Branding planning work needs to be completed and then executed.
- **Flexibility Rider** - reviewed the potential of having a Flexibility Rider and how to get it into the legislative policy arena to be considered. Rider would remove bureaucracy, allow for flexible use of funds, and local planning/local system of care.
- **Community Relationships** – Need to continue to collaborate with community agencies and share successes with the community (e.g. CIT training with law enforcement & the desire by SAPD to get all officers trained).

**Short Term Goals identified:**

- Provision to the Board of a report from Medical Directors to include data/trends on wait times (POC: Medical Directors)
- Development of Success Measures/Metrics from Intake to Service – need to share with Board (POC: Charlie Boone)
- Development of process for Board Committee info to be shared with other Committees – cross pollinating. (POC: Management Team)
- Integration of Behavioral Health and Primary Health care (POC: Management Team & Dr. Usatine)
- Branding initiative – research, planning & execution (POC: Ms. Mary Rose Brown & Mark Carmona)
- Flexibility Rider (POC: Mark Carmona)
- Continue to build on on-going work with Criminal Justice System, Law Enforcement etc.

**Long Term Goals identified:**

- Integration of Behavioral Health and Primary Health care (POC: Management Team & Dr. Usatine)

**ADJOURNMENT**

Dr. Usatine moved for the temporary adjournment of the meeting; Mr. Zamora seconded the motion. Motion carried. Meeting temporarily adjourned until 9:00 a.m. on Saturday, December 11, 2010.

**SATURDAY, DECEMBER 11, 2010**

The meeting was reconvened at 9:16 a.m. on Saturday, December 11, 2010 with the following trustees present: Ms. Vera, Ms. Mary Rose Brown, Messrs. Williams and Zamora, and Drs. Burns-Banks and Usatine.

**RECAP OF FRIDAY OUTCOMES**

Ms. Vera proceeded to recap the outcomes from yesterday's session, noting that it was the general consensus of the board that the Center continues to have great leadership. The board expressed great respect for and confidence in Leon Evans in that he and his team continue to move the Center forward in the right direction.

Ms. Vera briefly commented that the report on branding from Mary Repole gave the board a lot of insight on what the Center is doing well and what needs to improve, summarizing the following:

- We fail to get the respect we deserve in the community.
- We need to work on our name/logo.
- Need to invest more in our employees.
- Need to invest in upgrading our facilities.
- More attention to service delivery.
- Work on the disconnection between the leadership and staff, and staff and the consumers.
- Unify the different locations and educate the staff on what the Center does as a whole.
- Look at public awareness – let the community know what we do.
- Work on our marketing

She also reported briefly on Mr. Evans' presentation on the State of the Center and what staff is doing to prepare the organization, i.e., redesigning of the administrative and clinical areas, developing new lines of business, etc. In regards to the strategic direction and business planning, she noted that staff had presented on the development of short and long term goals.

In conclusion, she reported that the board and the CEO would continue to dialogue and work on building a closer collaborative relationship with the University Health System and the San Antonio Police Department, and Mr. Evans would continue to pursue the flexibility rider. Mr. Williams added that he wanted Mr. Evans and the staff to know that they were doing a great job and that they were very well appreciated.

**SUCCESSION PLANNING**

Staff was excused at this time and the board was presented with a CHCS Leadership Talent Assessment, Gap Analysis, Leadership Development and Succession Planning Process for review. It was noted that each Chief of Staff had identified four potential candidates for leadership roles.

At this time, Ms. Bunch presented a detailed report on the benefits offered to employees: Paid Time Off (PTO), Holidays, 457 and 401(a) Retirement Plans, Wellness Programs, Long and Short Term Disability, Educational Leave, Basic Term Life as well as other supplements such as Accident, Cancer, and Critical Care.

Mr. Carmona reported that staff was currently looking at developing an RFP for a self-insured health plan which would probably provide for a big savings in cost. A recommendation will be forthcoming to the board through the Finance Committee.

## **CURRENT UPDATE ON OUR LEGISLATIVE ACTIVITIES**

Mr. Carmona reported that the Center was gearing up for a very challenging and complex Legislative Session and that it is definitely a group effort that is preparing for the January 11, 2011 kick off. He noted that the expectation was that there would be a couple of special sessions due to the complexity of issues, especially for people in the healthcare profession. Mr. Carmona stated that it was essential that part of the Center's strategy be to link arms with community agencies to include law enforcement, the hospital system, criminal justice system, etc. He noted that there definitely would be cuts across all state systems and that the Center was trying to be as strategic as possible so as not to lose the local level investment but also looking for flexibility in funding and the requirements at the local level. Mr. Carmona briefly reported on the meetings being held with legislators and the plan to meet with others in the near future.

Mr. Carmona stated that a precedence was set in 2003 when two Riders were implemented (copies of information in the packet) that allowed for flexibility in funding at the local level. He noted that reverse equity was also something that the Center was considering pursuing and that other Community Centers could possibly join us on this issue as we go through the session. Mr. Boone reported that he had recently informed the Texas Council of Community MHMR Centers of the Center's intent to pursue reverse equity and that it was made clear that they would not support an equity change. Mr. Evans briefly defined reverse equity and the clear inequity currently in place for Bexar County.

Mr. Carmona reviewed the items that the Center will be following during the upcoming Legislative Session:

- A Secured Residential Treatment Facility(ies) in Bexar County – due to the possibility of beds being cut at SASH and them not having the capacity to manage all civil and forensic commitments, a proposal was submitted previously by the Center to the Speaker's office to create a Secured Residential Treatment Facility (or Facilities) that would be a way to mitigate the loss of beds. Following the submission of the proposal to the Speaker's office, DSHS contacted the Center to discuss the idea and budget details. This step-down facility would free up beds at SASH and will also keep individuals out of the hospital and/or jail.
- Legislative Priorities – as determined by attendees of the Legislative Symposium. The approach taken for the upcoming session was to push items that have no fiscal note but that would still have a big impact on the community (details on the following included in the packet).
  - 60 Day Rule – attempted during the last session but failed at the last moment.
  - Medicaid Suspension versus Termination – request for individual's Medicaid to be suspended versus terminated when individual is in the criminal justice system. Due to the time it takes to reinstate the benefit upon their release, individuals often spiral and end up back in jail. Mr. Carmona reported that Representative Menendez is sponsoring this item.
  - Jail Time Credit & Maximum Period of Restoration – trying to get credit for time served in a residential treatment facility.
  - Consent to Medical Treatment – addition avenue for individuals in crisis – compassionate care item

- HB 1232 (pre filed - HB 35 for new session) – Request to extend the pilot in Bexar County for two more years to continue and strengthen the collaborative work in the community to include more involvement with school districts.
- Serious Emotional Disturbance (SED) – specific to treatment for children with an emotional or behavioral disorder or neuropsychiatric condition and based upon functionality rather than medical necessity.

Mr. Zamora stated that there are a lot of items and recommended consideration be given to only pursuing some. Mr. Evans stated that the majority of other Centers are not as prepared as the Center and that work began very early on with legislators and their staff. He noted that he believes legislators will only consider items with no fiscal impact. Mr. Carmona noted that success could also depend upon who is on the committees and reviewing the information and noted that some items have already been pre-filed. He stated that he is quite confident that some will make it through the session but not quite as confident on the SED item and that information on the return on investment is also very important to have.

A brief discussion followed on the efforts made by the Center and the local community and also on the continued recognition by agencies throughout the state and nation of the Center's initiatives.

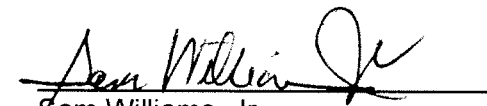
#### ADJOURNMENT

There being no further business to discuss, Mr. Williams moved for adjournment of the meeting at 11:44 a.m.; Dr. Usatine seconded the motion, and the motion carried unanimously.

Passed and approved this 24<sup>th</sup> day of January, 2010.



Margaret M. Vera  
Chair, Board of Trustees

  
Sam Williams, Jr.  
Secretary