

**Lubbock Regional MHMR Center  
Board of Trustees Regular Meeting  
October 30, 2006- 4:00 p.m.  
1602 10<sup>th</sup> Street – Staff Development Room**

**MINUTES**

**Members Present:** Mike Arismendez, Byron Edwards, Hattie Gipson Wayne Hollinshead, Bobby Kazee Harvey Morton, Brian Shannon, Lois Shields (arrived at 4:13 pm), Tina Thompson

**Members Absent:** Lois Shields (arrived at 4:13)

**Staff Present:** Danette Castle, Cindy Lucas, Cathy Pope, David Allen, Elizabeth Davidson, Kent Beistle, Sharon Boles, Tim Carroll, Darla Carrasco, Eileen Coonrod, Laura Ford, Mary Gerlach, Helga Gongaware, Chris Harwood, Robyn Johnston, Becky Lusk, Debie Martin, Beth Moore, Kay Pippin, Debra Shepherd, Marle Stahl, Leonard Valderaz, Rebeca Wallace, Mary Watson, Allen Yeadon

**Others Present:** Eugene Urrutia, Monti Booth

**I. Call to Order**

Mr. Shannon called the meeting to order at 4:09 p.m.

**A. Chair Rule on Presence of a Quorum**

Mr. Shannon declared a quorum with eight (8) members present. Ms. Wallace stated that she had talked with Ms. Shields and was not sure whether she would be in attendance at today's meeting but that she would try to make it. Ms. Shields arrived at 4:13 pm.

Mr. Shannon welcomed Mike Arismendez to the Center's Board of Trustees. Ms. Wallace noted that Mr. Arismendez's board orientation had to be rescheduled for November 6<sup>th</sup> from 1 – 5 pm. Any board member who is wishing to attend is welcome. Until that training is complete Mr. Arismendez is unable to vote.

It was noted that both Mr. Arismendez and Ms. Thompson would be staying after the meeting to complete the DSHS required training on video.

**B. Minutes**

The minutes from the board meeting held September 25, 2006 was presented to the members for approval. Mr. Morton made the motion to approve the minutes as presented. Mr. Kazee seconded the motion. The motion carried unanimously (Mr. Arismendez did not vote).

## **II. Customer Service “Star” Award**

Ms. Helga Gongaware presented Mr. Allen Yeadon as the Center’s first recipient of the Customer Service Star Award. She described Mr. Yeadon as one who very professionally deals with the many challenges faced by those who he serves, and is a resource for other staff needing assistance with housing issues. Everyone present congratulated and thanked Mr. Yeadon for his exemplary service.

## **III. Public Comment**

Ms. Wallace reported that no one had registered to provide public comment.

## **IV. CEO Report**

Ms. Castle reported that we are participating, along with other centers in a SAMSA grant that would create a National Suicide Prevention TalkLine system in the state of Texas. The grant application is currently being completed. The training that would be available through this grant would enhance the skill set of those providing these services.

Ms. Castle noted that both DADS and DSHS participated in the Senate hearings regarding their appropriations request. The Senate is wanting more detail particularly around the crisis system.

Ms. Castle reminded the board that she is serving in an advisory capacity regarding negotiated rule making. She pointed out that they have established a very rigorous meeting schedule between now and mid-December. There has been good discussion about the ground rules involving the definition of consensus and the issue related to legislative action until the final recommendations are completed. She drew their attention to a document in their packets on the Ground Rules for Negotiated Rule Making dated 10-12-06.

## **IV. Network Management**

### **A. Sunrise Canyon Hospital**

#### **1. Hospital Statistics**

Mr. Leonard Valderaz, the Chief Operations Officer of Sunrise Canyon Hospital, provided the Sunrise Canyon Hospital Report. He informed the Board that their packets contained the following:

- August/September 2006 Statistics
- Comparative Discharge Diagnoses
- Readmission Tracking
- September Incidents
- Medical Executive Committee Reports

Mr. Valderaz noted that the hospital occupancy rate for September was 78%, up from 62% the month before. There were 48 admissions in September compared to 51 in August. The average length of stay for September was 11.2 days compared to 13.6 day in August. Of significance is the fact that there were no 30 day re-admissions in September. He indicated that he not recalled a time when this had ever occurred. He stated that factors contributing to this are the fact that we now have a full time physician and that Dr. Anderson was completing case reviews on all consumers with 30 day re-

admissions. In addition, Dr. Davidson, Medical Director, was reviewing our re-admission statistics and assisting the staff in better analyzing the data in FY 07.

Mr. Valderaz noted that there were nine incidents for the month of September. There was one medication error, two incidents of patient aggression with no injuries. There were two falls, one witnessed and one not. Two patients were transferred to UMC for medical conditions: chest pain and recurring cysts.

**2. JCAHO Update**

Mr. Valderaz reminded the board that Sunrise Canyon continues to expect surveyors between now and November 13<sup>th</sup>. He has learned however that JCAHO is behind their own schedule and timelines. It is unsure when this survey will occur.

**B. Goal 2-Financial Resources and Risk Management**

**Focus Area 1-Resources and Risk Management**

**1. Request to DSHS for Changes in Behavioral Health Targets and Allocations**

Ms. Pope reminded the board that in previous meeting she had discussed requesting the budget reallocations of \$183,000 from Child and Adolescent General Revenue to Adult General Revenue. Today she presented them with the recommendation for changing service targets as well. The table below depicts the recommended budget and target changes in comparison to state averages.

Adult General Revenue		C&A General Revenue	
Current Funding	Proposed Funding	Current Funding	Proposed Funding
\$1,262,817	\$1,445,817 ↑ \$183,000	\$838,265	\$655,265 ↓ \$183,000
Current Service Target	Proposed Target	Current Service Target	Proposed Target
1118	852 ↓266	148	151 ↑ 3
Current Funding Level Per Service Target	Resulting Funding Level Per Service Target	Current Funding Level Per Service Target	Resulting Funding Level Per Service Target
\$1,129.53	\$1,696.96 ↑ \$567.73	\$5,663.95	\$4,339.50 ↓ \$1,324.45
	<b>State Average: \$2,635.22</b>		<b>State Average: \$4,329.72</b>

Discussion included the desire to approximate the state averages both in funding levels and in targets. Ms. Castle explained efforts to change this historical anomaly as far back as when TDMHMR was still in existence.

Mr. Morton made the motion that the board support the recommendation to request changes in general revenue funding and modifying service targets. Ms. Gipson seconded the motion. The motion carried unanimously (Mr. Arismendez did not vote).

**2. PACE Report**

Ms. Mary Watson informed the board that DADS is in the process of completing the review of the PACE grant application. The next step will involve Health and Human Services commission and their final approval. She summarized our continuing fund raising efforts through the Meadows Foundation and Abell-Hanger Foundation.

**C. Goal 2-Financial Resources and Risk Management**

**Focus Area 1-Compliance**

**1. Audit Report**

Ms. Johnston indicated that the Plan of Correction for the Annual Financial Compliance review of the Billy Meeks facility held August 10<sup>th</sup> has been approved. They are awaiting a return visit.

She summarized the annual recertification surveys for the facilities at 19<sup>th</sup> St. and 34<sup>th</sup> St.

The table below provides the details for the surveys.

Date	Reviewer	Type	Summary	Status
September 11-13, 2006	Department of Health & Human Services Centers for Medicare & Medicaid Services	Annual Recertification Survey and Complaint Investigation  6306 34th St. ICF/MR	Facility failed to: <ul style="list-style-type: none"> <li>• ensure the facility’s kitchen floor covering was intact to be able to be cleaned; and</li> <li>• ensure the emergency and disaster plan included procedures to follow in the event of a disaster.</li> </ul> Life Safety Code Violations Facility failed to: <ul style="list-style-type: none"> <li>• ensure doors to resident bedrooms being self-closing and smoke tight in their frames;</li> <li>• maintain doors to permit the opening of locked doors from the outside; and</li> <li>• ensure newly purchased upholstered chairs were treated with flame retardant.</li> </ul>	POC Submitted 10/06/2006

Date	Reviewer	Type	Summary	Status
October 3- 5, 2006	Department of Health & Human Services  Centers for Medicare & Medicaid Services	Annual Recertification Survey  8405 19th St. ICF/MR	Facility failed to: <ul style="list-style-type: none"> <li>• ensure informed consent was obtained for medications to control behavior;</li> <li>• follow-up on a recommendation to obtain a surrogate decision maker;</li> <li>• ensure a new self-administration of medication assessment was completed as agreed upon by the IDT;</li> <li>• ensure the Human Rights Committee reviewed and approved restrictive measures;</li> <li>• ensure the nurses quarterly assessments were conducted quarterly; and</li> <li>• ensure the emergency and disaster plan included procedures to follow in the event of a disaster.</li> </ul> <p style="text-align: center;">No Life Safety Code Violations.</p>	POC Submitted 10/26/2006

Ms. Johnston is awaiting recertification and the results from the Plan of Correction that was submitted. Although not we are not pleased with the number of findings, they have to be put in the context of the more than 600 ICF standards that are reviewed. We are expecting to make significant improvements and renovations to our ICF facilities.

## 2. 4<sup>th</sup> Quarter Service Targets

Ms. Pope summarized the achievement of the behavioral health targets for the 4<sup>th</sup> quarter. Regarding the service target of **Client Percentage Meeting Minimum Hour Requirement**, both adult and child/adolescent services exceeded the 85% target with 89% and 90% respectively.

For the service target of **Appropriateness of Service Authorized**, Adult and child/adolescent services exceeded the 85% target with 91% and 91% respectively.

For the service target of **Uniform Assessment Completion Rate**, both adult and child/adolescent services exceeded the 95% target with 99.52% and 99.61% respectively.

Ms. Pope reported that we would not be receiving any sanctions related to service targets and that we now have a better grasp on the target requirements.

## 3. FY 06 State Hospitalization Utilization

Ms. Castle introduced the next agenda item by describing the controversy that has stemmed from an article in Austin American Statesmen. The article reports that a number of centers have been over using state hospital beds. Because we have Sunrise Canyon Hospital we do not have any beds allocated to us any state hospital, such as Big Spring State Hospital. In the event an individual from our service area is admitted there, it will show up as an outlier.

Ms. Pope provided the board with a graph depicting our state hospital utilization for FY 06.

	<b>Admissions</b>	<b>GR Adult Acute Bed Days</b>	<b>GR Adult Sub-acute Bed Days</b>	<b>Exemptions Adult Sub-acute Bed Days</b>	<b>Exemptions Child Adolescent Bed Days</b>	<b>Cost</b>
<b>656</b>	5	54	69	20	134	\$50,210
<b>674</b>	1	22	0	0	0	\$9,015
<b>686</b>	8	233	0	73	0	\$94,635
	14	309	69	93	134	\$153,860
	565	vs.	605			
	<b>Admissions</b>	<b>GR Adult Acute Bed Days</b>	<b>GR Adult Sub-acute Bed Days</b>	<b>Exemptions Adult Sub-acute Bed Days</b>	<b>Exemptions Child Adolescent Bed Days</b>	<b>Cost</b>
<b>656</b>	5	39	4	96	125	\$18,610
<b>674</b>	1	22	0	0	0	\$9,015
<b>686</b>	8	91	0	188	0	\$38,545
	14	152	4	284	125	\$66,170

She explained that data from the state showing our admissions to three state facilities reflects that we had 14 admissions utilizing 605 bed days costing us \$153,860. However, when our staff aggressively analyzed the data for the same 14 admissions we only owe \$66,170 for the use of 565 bed days. In addition, we have no contracts with other state hospitals for inpatient services and are to be notified if a consumer is to be admitted. We believe we will come to an agreement with the state as to the amount owed.

Ms. Pope also summarized the admissions to SRC from other Centers outside our catchment area.

	<b>Admissions</b>	<b>Bed Days</b>		
<b>Central Plains</b>	27	171		
<b>Texas Panhandle</b>	1	14		
<b>West Texas</b>	0	19		
	28	204		
	\$325	\$375		
	\$9,100	\$76,500	<b>85,600</b>	<b>Total</b>

She indicated there were 28 admissions from outside the catchment area for a total of \$85,600. We believe this is a good use of resources. Had these beds not been used for these particular admissions, they would have remained vacant.

## **Focus Area 2-Fiscal Accountability**

### **1. Financial Report-August 2006**

Ms. Moore briefly reviewed the September 2006 financial report. The September Balance sheet reflects Cash and Investments totaling \$4,882,601. Included in Total Assets are Investments in the amount of \$112,127, Receivables in the amount of

\$2,430,525 and Other Assets in the amount of \$858,758. Total Assets for September are \$8,284,011.

Liabilities totaled \$1,649,676 with the center's health insurance plan showing a positive balance in the amount of \$35,128 at this time. We are pleased with this as we had ended the fiscal year 06 in a deficit. Ms. Moore indicated that we are in the process of reviewing renewal rates with First Care at this time and anticipate that health care rates will go up and that our margin may not continue to build in this account. She also noted that we had a positive margin of \$30,605 in the fund balance. She did not ever recall seeing a positive margin in the fund balance in the month of September. There is also \$2,659,042 in Deferred Revenues.

Overall revenues are below projections by 4.9%. Local Income is over projections by .48%, or \$534. Earned Income is under projection by 9.9% or \$108,177. General Revenue reflects being under projection by .143% or \$11,036.

The Statement of Expense reflects that we are under budget in all areas except in Building expenses. Salaries & Fringe are under budget by \$44,946, Travel is under by \$3,340, Consumables is under budget by \$8,958, Capital Outlay is under budget by \$30,556, Contracts/consultants are under budget by \$33,332 and All Other Expenses is under by \$8,549. Building Expenses are over budget by \$2,469.

Ms. Moore explained that normally at this point of the financial review we discuss the program financials; however, we are in the process of developing a new methodology for evaluating this data and do not have this information at present.

Mr. Shields made a motion to approve the September Financial Report. Mr. Hollinshead seconded the motion. The motion carried unanimously (Mr. Arismendez did not vote).

## **2. Investment Report**

Ms. Moore provided a summary of interest earned as of September 30, 2006 for the Elite Savings Account and the Premier Savings Account.

The interest earned for the Elite account (at 4.65%) was \$23,125, for a total account balance of \$2,700,721. The Premier account earned \$2,725 (at 3.40%) for an account balance of \$529,212 and the Lubbock Area Foundation account earned \$1,182 for an account balance of \$112,127 (the figures in the graph representing this account was in error and corrected during the verbal discussion).

The Certificates of Deposit at the Lubbock National Bank earned \$16,007 in interest at a rate of 5.5% for an account balance of \$1,162,197. This account will mature in January and we will be again soliciting bids for certificates of deposits, probably for a longer maturity time period, and will be keeping the Board informed.

In summary, the investment earnings for the 4<sup>th</sup> quarter of FY 06 were \$46,480.

Mr. Hollinshead made the motion to approve the investment report. Ms. Shields seconded the motion. The motion carried unanimously (Mr. Arismendez did not vote).

**3. Annual Review of the Investment Policy**

Ms. Moore provided the board members with a copy of the Center’s Investment Policy. We are required to review it on an annual basis. She reminded them that we had three investment officers: Cindy Lucas, Becky Lusk and herself. She summarized the policy and indicated that there were no changes since the last time they had reviewed and approved it.

Ms. Thompson made the motion to approve the policy as it is currently written. Ms. Shields seconded the motion. The motion carried unanimously (Mr. Arismendez did not vote).

**4. Lonnie Gary Facility**

Ms. Moore was pleased to report that Ms. Booth was assisting the Center in entering into a contract with CARE (a non-profit agency that provides ambulatory care for senior citizens) for the lease with an option to buy the Lonnie Gary facility. We have already signed a letter of intent and have already received the first rent check and will soon finalize the lease-purchase agreement. We are working with the City to support the transfer the property to the new tenant at the time of purchase.

**D. Goal 3-Human Resources**

**Focus Area 1-**

**1. Annual Turnover Data FY 06**

Ms. Lucas provided a comparative overview of the FY 06 turnover data with respect to previous years.

	Total Center-wide Positions	Total Center-wide Separations	Center-wide Turnover	Human Service Tech Turnover	Nursing Staff Turnover
FY 2006	459	113	113/459 25%	68/198 34%	5/18 28%
FY 2005	453	94	21%	28%	29%
FY 2004	482	102	21%	25%	39%
FY 2003	590	169	29%	33%	44%
FY 2002	606	207	34%	43%	55%
FY 2001	641	209	33%	54%	39%

Ms. Lucas reported that there was a 25% staff turnover rate compared to 21% in FY 05. There was a 34% turnover rate of staff in the Human Service Tech area, up from 28% in FY 05. Of the 68 individuals who left the agency 13 were full time staff and 55 were hourly staff. Only four of the full time staff left for better pay. Ms. Pope indicated that one of the factors contributing to the turnover could be the doing away with the career ladder, and that we anticipate the turnover increasing in the future due to this.

Ms. Lucas indicated that the Executive Committee has been meeting with staff and getting their feedback relative to benefits.

Ms. Lucas stated that she would like the board members to consider holding a board meeting on November 13<sup>th</sup> (not currently scheduled) so that we could present recommended changes to staff benefits and conduct the annual board training. Board members agreed to this recommendation.

They also agreed that there would not be a December board meeting. Instead, the audit committee would meet with the external auditors during the week of December 11-14.

**VI. Adjourn**

The meeting adjourned at 6:04 p.m.

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Approved by

\_\_\_\_\_  
Date