

**MINUTES**

**Members Present:** Drue Farmer (arrived 5:30 p.m.), Hattie Gipson, Wayne Hollinshead, Robert Kaze, Harvey Morton, Lois Shields, Tina Thompson

**Members Absent:** Carlos Morales, Brian Shannon

**Staff Present:** Marle Antu, Tim Carroll, Eileen Coonrod, Angelo Garcia, Mary Gerlach, Jean Hardwell, Brandi Ivey, Robyn Johnston, Roger Karr, Beth Lawson, Cindy Lucas, Terry McBrewer, Terry McEldowney, Kim Pavlik, Cathy Pope, Molly Rogers, Carson Scott, Debra Shepherd, Karen Smart, Nigel Torres, Rebeca Wallace, Leonard Valderaz

**Others Present:** Monti Booth, Adam Andrews, Eugene Urrutia, Jr.

**I. Call to Order**

Ms. Shields called the meeting to order at 4:05 p.m.

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

Ms. Shields declared a quorum with six (6) members present.

**B. Public Comment**

Ms. Smart reported no one registered to provide public comment.

**C. Minutes**

The minutes from the Board meeting held August 26, 2008, were presented to the members for approval. Ms. Smart stated Mr. Shannon had one correction and one clarification. The word “addition” on page 4 was changed to “addiction,” and the sentence wherein the meeting was called to order on page 1 was restated to read, “Ms. Shields called the meeting to order at 4:05 p.m., as Mr. Shannon was delayed.” Harvey Morton made the motion to approve the minutes as corrected and Hattie Gipson seconded the motion. The motion carried unanimously.

**D. Board of Trustees’ Reappointments**

Ms. Shields announced the three Board appointees from the City of Lubbock—Bobby Kaze, Harvey Morton, and Brian Shannon--were reappointed for another two-year term at the City Council meeting on August 28, 2008.

**E. Appointment of Nominating Committee**

Ms. Gipson made a motion on behalf of the Nominating Committee, consisting of Harvey Morton, Tina Thompson and herself, to appoint Lois Shields as Chairperson, Tina Thompson as Vice-Chairperson, and Bobby Kazee as Secretary. No second is required on a committee recommendation, and the motion carried unanimously.

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

In the absence of Helga Gongaware, Molly Rogers presented the Customer Service Star Award for the 4<sup>th</sup> Quarter 2008 to Terry McBrewer. Terry is one of the head cooks at Sunrise Canyon Hospital. Terry goes out of his way every day to make sure his customers as well as co-workers are treated special. He knows each consumer who goes through the serving line by name and makes it a point to know their likes and preferences. He is always willing to help and does so with a smile on his face.

## **III. Texans Caring for Texans**

Ms. Pope recognized Brandi Ivey as the Center's recipient of the Texans Caring for Texans Award. Brandi was nominated by the staff and was selected as our Texans Caring for Texans Employee of the Year Award. Senator Duncan will present these awards at a reception to be held later in October. Brandi has been a Customer Service Star Award recipient previously, and she was our lead person in coordinating the Support Your Troops picnic held recently at the Civic Center for troops returning to Iraq. Ms. Pope stated Brandi Ivey represents how she wants everyone to view our agency—going above and beyond and full of excitement.

## **IV. Texas Council of Community MHMR Centers Board of Director's Report**

Mr. Hollinshead stated it had been a quiet month and there was nothing new to report from his perspective.

## **IV. CEO Report**

Ms. Pope directed the Board's attention to Tab 3 in the Board notebooks.

- Department of State Health Services (DSHS) Legislative Appropriation Request (LAR) The second document in the Board Packet behind Tab 3 is the "Mental Health Exceptional Item Refocus on Transition and Engagement." This is the request for exceptional items from DSHS: (1) Psychiatric Emergency Service Center/Diversion Projects, wherein several centers received funds for emergency psychiatric services last year, and they are asking for the same for the other centers, LRMHMRC being one of those centers; (2) Transitional Services, which is an intense service package for people coming into services and there are no slots available; (3) Intensive Services, which is for people coming into services and there are no slots available. Cathy stated she is on a statewide behavioral health committee wherein this committee had a chance to review these legislative requests and have submitted a letter of support to DSHS. This committee has requested that they be involved in the new policies related to this new money.
- Department of Aging and Disability Services (DADS) LAR Included in the Board Packet behind Tab 3 is the Joint Budget Hearing testimony submitted by Texas Council of Community MHMR Centers. This testimony specifically supports the idea of additional dollars in Community Mental Health Centers for safety net services, which are people who do not have a slot for services in mental

retardation. They are asking to increase the amount of general revenue to provide support until those individuals receive an available slot.

- Community Activities
  1. Very involved with DADS and AAA.
  2. We recently had a meeting with Big Spring State Hospital reviewing how we will work together this year
  3. Staff were at the Fiesta Luncheon
  4. Rebeca Wallace attended the Red Cross Breakfast of Champions
  5. Joe Phea went to the Marion Moss Annual Luncheon
  6. Met with Nicky Sue who is the Health Coordinator for LISD
  7. Cathy Pope was a guest on Randy Sanders 7:00 a.m. morning show for 30 minutes talking about the Center, in general, and the PACE program
  8. Lead story in the *Lubbock Avalanche-Journal* "MHMR says Land Deal Healthy"
  9. Hurricane Ike – 9,000 people evacuated to San Antonio and a large number had mental health issues. Those mental health providers were exhausted. We sent four employees of LRMHMRC to San Antonio to assist with the Hurricane Ike evacuees. Ms. Pope recognized Terry McEldowney, Angelo Garcia, Nigel Torres, and Carson Scott, who spent a week in San Antonio helping assisting with the Hurricane Ike evacuees
  10. United Way – Ms. Pope recognized Jenni Jesko-Vellavia for her outstanding work as Chair of this year's United Way campaign. With figures just in, we exceeded our United Way goal with \$26,121, with several forms still outstanding

## V. Goal 1 – Individual and Organizational Outcomes

### A. Sunrise Canyon Hospital

#### 1. Hospital Statistics

Leonard Valderaz provided the Board with information regarding August hospital statistics. He noted in August, Sunrise Canyon had a 69% occupancy rate as compared to 64.9% in July. The average length of stay was 9.4 days in July, and went slightly up to 9.5 days in August. The highlight is the 30-day readmissions. We had 0% readmissions for August, compared to 8.9% in July. Mr. Valderaz also reviewed August admissions by Service Package. He noted in SP4, we had 4 admissions with only 0 readmitted within 30 days of discharge, which is very good. In SP3, there were 6 admissions with 0 readmissions within 30 days, and in SP1, there were 22 admissions with 0 readmissions within 30 days. When asked by Mr. Hollinshead what we attributed this to, Mr. Valderaz stated he felt like it is a combination of work between hospital physicians, Triage front door crisis, outpatient services, SP3 and SP4 working well together, plus the physicians are looking very closely at people when they are admitted at previous records, what worked and what didn't work, and so forth.

#### 2. Hospital Incidents

Mr. Valderaz provided the Board with a brief review of the incidents which occurred during the month of August. We had 2 medication errors: (1) a nurse became ill while

preparing the evening medications and another nurse discovered several medications had been omitted by the previous nurse. The situation was corrected, and medication was administered as ordered; and (2) the same nurse made some errors in transcription and inadvertently discontinued an injection that was still ordered for a patient and transcribed an oral medication on the medication administration record. The Charge Nurse brought these issues to the attention of the nurse and provided performance counseling. We had 2 falls, one that was witnessed and one that was not witnessed. A patient was outside playing ball with AT staff and fell while playing. He had a history of back problems and complained of some pain. The physician was notified and no treatment was required. The patient had no further complaints. Another patient stated she had fallen outside in the recreation area but was unable to provide the location of the incident or describe how it had occurred. There were no witnesses to this fall and there was no apparent injury. There was also a newly admitted patient who became aggressive with the admission procedures. Staff members were unable to redirect the patient, and the police were called. It was discovered the patient had an outstanding warrant and was taken to jail by the police.

## **B. Access to Services**

Eileen Coonrod provided a brief update to the Waiting List and Medications.

### **1. Waiting List**

Since beginning our adult mental health waiting list in June, we have added, to date, 62 individuals to the waiting list. We have also added 43 child and adolescent consumers to the waiting list for C&A services. The majority of these individuals are waiting for our least intensive service packages.

### **2. Medications**

Ms. Coonrod stated that with our new fiscal year budget, we have a target amount per invoice of \$39,611.58. This is our targeted amount per two-week period. When looking at the two most recent invoices, we are heading in the right direction. The last two weeks in August invoice was \$49,329.60, and the first two weeks in September invoice was \$42,350.65. We are slowly bringing the amount down and hope to be at the \$39,611.58 target amount very soon. Ms. Coonrod stated what she has found in reviewing the detail associated with this is that it appears we are meeting our target with our new generation medication budget, which has occurred as a result of adding a waiting list. With the non-new generation medications, we have a little ways to go, but we are getting there.

### **3. Patient Assistance Program**

Ms. Coonrod stated that Patient Assistance is a program that enables people to receive free medications. Our monthly amount earned in August was \$49,078.83 in free medication. To give the Board an idea of where that falls over FY08, we had a monthly average of \$46,095.88 for August. Over the course of the entire year, we earned a total of \$553,000 in free medications.

Ms. Pope stated we would be reviewing the Medications and Waiting List every month in order to keep the Board abreast of the situation.

**C. PACE Update**

Carson Scott presented a brief update regarding the status of the land. Currently, the City is trying to rezone the property which is currently residential. On October 23, 2008, if everything goes as planned, we should take ownership of the property. The zoning should be finalized in December. Mr. Scott mentioned that Monti Booth and Beth Lawson are working very closely with the City to push this conveyance through.

**D. Expansion of Assisted Living Unit Services**

Kim Pavlik brought to the Board's attention the 66<sup>th</sup> Street property that we have been trying to sell. With the changes in the HCS budgeting process and the rate structure associated with that, Ms. Pavlik feels we should reopen that home. HCS has also established a rule that we cannot refuse services to anyone who wants a residential home. Currently, the people coming out of the State School generally choose a structured residential environment. So instead of buying a new facility, it is Ms. Pavlik's recommendation that we retain the property and reopen it.

Ms. Pope interjected that we put in this year's budget \$80,000 projected revenue from the sale of the 66<sup>th</sup> Street property, and we will be doing some more analysis. We do know the HCS rates are changing, and we will pick up part of those dollars by that change of rate. We will be looking at the budget to offset the \$80,000 projected revenue. It does seem to make sense. The home already has a required in-house sprinkler system, which will save us about \$15,000 or so. We are in the process of meeting on the cost of renovations with Chris Harwood, our Facilities Director.

**VI. Goal 2-Financial Planning, Asset Utilization and Risk Management**

**A. External Review Report**

Robyn Johnston presented a little different approach to the External Summary Report, wherein Updates will be listed first on the presentation. This is information previously presented but an update has occurred during the month. A column has also been added indicating with a check mark whether a copy related to the topic is in the Board Packet.

From the Department of Aging and Disability Services for the 3<sup>rd</sup> Quarter Percentage of Validated Assignments, our Plan of Correction was submitted and accepted.

Also from the Department of Aging and Disability Services Quality Assurance Authority Review, we were asked to "tweak it," and it was resubmitted on September 29, 2008. We are awaiting a decision on that.

With regard to the Department of Aging and Disability Services Texas Home Living Program Annual Authority Review, the Corrective Action Plan was accepted. This item is closed and we are waiting on DADS to accept the authority review.

Our request for transfer of General Revenue Funds from C&A to Adult services from the Department of State Health Services was denied, and we appealed that decision. As a recap, Ms. Johnston stated that Ms. Pope had traveled to Austin to meet with DSHS and was able to discuss not only the transfer but also reconsideration on our penalties received in FY08. She also spoke with them about revising the targets and funding for FY09.

Ms. Pope directed the Board's attention to the letters in the Board Packet behind Tab 7. We received a decision wherein we have been suspended from having to pay our 3<sup>rd</sup> and 4<sup>th</sup> quarter penalties, which is approximately \$20,000. They would not do anything about 1<sup>st</sup> and 2<sup>nd</sup> quarter penalties that we have already paid, so we reappealed for the 1<sup>st</sup> and 2<sup>nd</sup> quarters. We also asked for the targets to be corrected and our targets to be based on the average dollar paid for target in the state, and DSHS has agreed to that. Our targets were changed for C&A from 148 to 215, and for adults from 1,118 to 874. This aligns our funding today at the state average paid per target. We have further asked DSHS to have our funding structure mirror the state so that 75% of the money is for adults and 25% is for kids. Currently, our adults only get 63% of the money, which puts us at a big disadvantage in serving adults. DSHS declined on this request but told us they would reconsider it during this year. We have appealed this for the fourth or fifth time. If we receive this request, our targets will change—our adults will go up a little and kids will come down a little if the money is actually moved 75% to adults, 25% to kids.

Ms. Pope stated she has done an analysis related to funding for Sunrise Canyon Hospital, as well. Since the hospital was opened 12 years ago, we have not had any additional funding. We are still operating on the same amount of money we received when we opened the hospital. The state hospitals have received increases over time, and they are asking the legislature for an emergency appropriation in January to increase their bed day rate from \$325 to \$380. We are at \$300. Ms. Pope has previously asked DSHS minimally for funding equal to the state hospitals. Basically what DSHS said is they cannot help us. We were formed by legislation and if we want any more money, we will need to go back through the legislature. We are in the process of asking that we be a part of that emergency appropriation, and we are also asking for some capital improvement money since we have not had any new money in 12 years.

Ms. Johnston directed the Board's attention back to the External Review Summary New Reviews, the first one being from the Department of State Health Services, Methadone Clinic Annual Customer Satisfaction Survey. We had an outstanding review. Secondly, the Department of State Health Services performed their FY08 Quarterly Assessment Provider Review, Access to Recovery (ATR) Program, and had no findings. Lastly, just today, we received from the Department of Aging and Disability Services our FY08 4<sup>th</sup> Quarter Performance Measures and Outcome Targets, and we met every one with 100% compliance.

#### **B. Local Planning Network Development (LPND)**

Ms. Johnston provided a brief update on the Local Planning Network Development Program. Several months ago, we talked about this LPND initiative through the Department of State Health Services, where all the Community Mental Health Centers are working on this initiative together. Currently, we are collecting stakeholder, consumer and family input by providing public forums throughout the area. We are also distributing surveys in an effort to gather input. We have delivered stakeholder surveys to 34 different area agencies to be distributed to staff for input. We have also made surveys available for consumers and families through 13 different community groups, as well as mailing to our consumers. Surveys are also available on our website. October 17, 2008, is the date we have asked for the surveys to be in, so we still have a couple of weeks to get this information in. Once we have gathered all the information, we will take to our PNAC for

review. We will be e-mailing a draft plan to each of you for review, and we will bring the final plan for submission at the next Board meeting. The draft plan will also be posted on our website because it has to be posted for two weeks for public comment.

Mr. Morton stated he would be interested in the San Angelo LPND since this is where "it all started." Ms. Pope stated everyone's plan goes up on the website, so we will look at San Angelo's again.

**C. SMHF Utilization Report**

Ms. Johnston commended JoAnne Harwood and her group for such a good job in terms of keeping people out of the state hospitals and not expending all our funds. We only expended 57.94% of our trust fund allocation, which was \$564,278. In reviewing the State Mental Health Facility Utilization Analysis slide, Ms. Johnston listed the low utilizers, wherein we were 6<sup>th</sup> on that list. She also listed the six high-end users, with the leading one being Center for Health Care Services exceeding its allocation by 16.59%. Ms. Pope interjected that we have only 5 beds in the state hospital system. Back in September, we started referring forensic referrals, and we have no control over that until they get there. We then immediately begin working on getting them out.

**D. Aging & Disability Resource Center (ADRC)**

Ms. Johnston announced that Lubbock Regional MHMR Center was awarded the Aging and Disability Resource Center (ADRC) for our area. This is a collaboration between the U. S. Administration on Aging and the Centers for Medicaid and Medicare, basically a one-stop shop for older citizens who have a disability. This will provide a single point access to help older people with disabilities plan out long-term treatment and use of facilities. There were five new agencies in Texas, LRMHMRC being one of them, to be awarded this program. To date, 43 states have received grants to operate ADRCs in one or more areas within their state. We will rent space in the old Presbyterian Church for this office.

*Board members took a break from 5:07 p.m. to 5:24 p.m.*

**E. Board Training**

Ms. Smart mentioned that she had sent electronically to all Board members the new Department of State Health Service (DSHS) Board Attestation for 2009, which incorporates the responsibilities of a Board member with the required video training. She asked each Board member present to sign the document that was currently being passed around the table. She also directed the Board members to their packets wherein they would find two affidavits, one for the Department of State Health Services, and one for the Department of Aging and Disability Services which is required to be signed each year regarding conflicts of interest of Board members. These affidavits and supporting documentation were sent home last Board meeting for review, and Ms. Smart asked each to sign both forms tonight if they were in agreement, and she would notarize.

**F. City Memorandum of Agreement**

Ms. Wallace informed the Board that on August 28, 2008, a Memorandum of Agreement (MOA) was signed between the City of Lubbock and Lubbock Regional MHMR Center. That MOA briefly asks us that, in the event of a public health emergency, we will be doing two things: (1) providing disaster mental health services, which consists of psychological

first aid and crisis counseling; and (2) in the event of needing to dispense medications to a mass group of individuals, that we would create a point of dispensing site. Therefore, clients who reside in our residential facilities and people who receive our services, as well as staff and family members, would be able to get those medications that were provided to us by the City. This POD helps the City in making sure that those medications get out in a quick and expeditious fashion. A POD is important because we would be one of the first to receive the medication, not only for the people we serve but for ourselves and families as well. We are in the process, with Exec management, of determining how to best establish a POD.

#### **G. SPAG RAC B Report**

Ms. Wallace directed the Board's attention to Tab 8 in the Board Packet, wherein a cover page showing the Hospital Participants in the South Plains Association of Governments Regional Communications Interoperability Exercise for Regional Advisory Council B is located and shows Sunrise Canyon Hospital as one of those hospitals. There are several pages behind this document that reports to you the findings that relate to Sunrise Canyon Hospital that were brought together by these organizations. Ms. Wallace has reported on this exercise before, and this is the formal document originating from that exercise. She stated that in March of this year, we and 19 other hospitals, participated in an exercise to make sure that the communication between our hospital, other hospitals, and the Emergency Operations Center of our community and other communities in the region could indeed communicate in the event of an emergency. Listed in this report were items that they found to be sustainable, things that we did very well, things we felt like we needed to improve upon, and things that required further investigation to put into place. Many of these things, if not all, have already been put into place. This group was very impressed with our hospital and resources.

Mr. Hollinshead stated he would like a report on the Emergency Response chain of communication between the City and us when something of an emergency like Ike is going on. Ms. Wallace said she would be happy to present this at the next Board meeting.

#### **H. Financial Report – May FY08**

Ms. Lawson began her presentation with the Asset side of the August Balance Sheet, which reflects Cash and Investments totaling \$2,763,638. Included in Total Assets are Investments in the amount of \$117,382, Receivables in the amount of \$2,693,570 and Other Assets in the amount of \$733,209. Total Assets for August are \$6,307,799.

The Liabilities side of the August Balance Sheet totaled \$1,444,690 with the Center's health insurance plan showing a positive balance in the amount of \$49,375, and we should end the year with a positive margin. There is also \$1,396,183 in Total Deferred Items. The undesignated fund balance as of 9/1/07 was \$3,523,957, with a decrease of \$307,031 since that time, resulting in an undesignated fund balance of \$3,216,926. The designated fund balance as of 9/1/07 was \$350,000 (primarily our PACE program), with a decrease of \$100,000 since that time, resulting in a designated fund balance of \$250,000. Total Fund balance is \$3,466,966; total Liabilities and Fund Balance in August was \$6,307,799.

Ms. Lawson reminded the Board that as we look at the August financials, she refers to this as August #1 financials. August #1 is the first close of the fiscal year. We have 30 days for some grants, 60 and 90 days for other grants, to close our books from the fiscal year. All

through December when we work with the external auditor, we will be reviewing and fine tuning and will close August for a second and final time. Today is the first time you will see August, and you will see August #2 in January at the Board meeting when the auditor gives his report.

Overall Revenues are below projections by 1.95% or \$478,249. Local Income is under projections by .8% or \$149,509. Earned Income is under projection by 5.14% or \$689,899. General Revenue reflects being over projection by 3.9% or \$361,159.

Overall Expenses are below projections by .29% or \$71,218. Expense reflects that we are under budget in the areas of Salaries and Fringe and Capital Outlay. Salaries & Fringe are under budget by 5.7% or \$876,493, and Capital Outlay is under by 49.4% or \$148,520. Travel is over budget by 6.6% or \$33,133, Consumables is over budget by 25% or \$556,565, Building is over budget by 8.2% or \$33,660, Contracts and Consultants is over budget by 6.5% or \$271,399, and All Other Expenses is over budget by 3.5% or \$59,040. Again our main challenge this year was in the cost of medications as reflected in the Consumables expense.

Mr. Hollinshead asked if there was any hope regarding medication expenses in the future. Ms. Lawson stated that this is something Ms. Coonrod will be reporting on at every Board meeting and of which we will be tracking very closely. By not over serving and by closing the access point to our service delivery system and starting a waiting list, we are more likely to hit our targets toward medication. As related to the expense of medication, we are looking at some creative buying programs that could bring our cost down further. Coupled with the Patient Assistance Program (free medications), we hope to at least catch inflation.

Ms. Lawson directed attention to the Program Financials for August. Essential Services had a positive variance in the amount of \$75,510. Adult Mental Health Services indicate that expenses are over income by \$603,094. Child and Adolescent Services had \$19,690 expenses over revenues, Mental Retardation Services had \$267,910 revenue over expenditures and Substance Abuse Services has \$13,922 revenue over expenditures. In total, Provider Services has \$340,952 expenses over revenues. Fiscal Agent Grants had \$141,590 expenditures over revenues. Overall, in August, the Center had \$407,032 expenditures over revenues.

Bobby Kazee made a motion to approve the August Financial Report as presented. Wayne Hollinshead seconded the motion. The motion carried unanimously.

## **VI. Goal 3 – Human Resources**

### **A. Fourth Quarter Turnover Rates**

Ms. Lucas talked briefly about our turnover data in human resources. Throughout the year, our turnover has gone downhill—the first two quarters, we were looking pretty good, but we had greater turnover in the 3<sup>rd</sup> and 4<sup>th</sup> quarters. Looking at 2008 annualized, there were 134 people who left the agency out of 451 positions. Center-wide, this is about a 30% turnover. It has been since 2002 and 2003 that we had that level of turnover. Our human service techs had a 38% turnover rate or 68 out of 179. Again, it was 2002 and 2003 that we had that much turnover in human service techs. And the same holds true with the nursing staff at a 39% turnover rate or 7/22. With the

nursing staff, of the 7 nurses we lost, 6 of those were on-call staff who don't have scheduled hours, so there was really only 1 full-time staff that left and this person left due to health reasons and not pay issues. Of the 38% human service techs, about half of those were hourly staff. Where we can, we have put full-time positions back into the budget. Overall, out of 134 people who left the agency, half of those were hourly staff. Out of the hourly human service techs that left the agency, about one-third were not available to work the hours we needed. They did not have fixed shifts and we needed them to work a variety of hours. Any of those we could convert to full-time would make an impact on overall retention.

**B. Reclasses/Promotions**

Ms. Lucas stated the staff who worked on the budgeting process worked very hard to put increases in the budget, especially for Human Service Techs and Case Managers, who all received reclassifications. We compete with the State School for Human Service Techs, and we are still slightly less than the State School and their benefit package is richer than ours, but a 6% increase for 153 people was huge in terms of being able to put in the budget this year. Seventy-eight bachelor's level staff or Case Managers were also reclassified. Last year, over half of the Case Managers who left the agency left for better pay and benefits. Center-wide, over 58% or 262 out of 451 of the positions that we have this year were reclassified.

Ms. Lucas compared FY08 to FY09: For FY08 we had 451 positions as compared to 461 projected for the FY09 budget; 250 other positions this year as compared to 255 projected for FY09; 179 Human Service Tech positions this year as compared to 181 projected for FY09; and 22 Nursing positions this year as compared to 25 projected for FY09. We will continue to report on the two areas of Human Service Tech and Nurses, even though we will continue to look at the bachelor-level positions to determine if the change in pay makes a difference there. They were the largest group who left for better pay or better benefits.

**VI. Goal 4 – Public Accountability**

**A. Community Relations Update**

1. Art Walk

Mr. Karr reminded the group that this Friday, October 3, we are having our Art Walk in conjunction with the Louise Underwood Center. On the last Friday of the month, art galleries open their doors for people to come and view the art. We have had a lot of interest in this event. Lots of schools have contacted us wanting to participate; 13 galleries have offered for us to come and draw in front of their galleries at the Art Walk. October is Mental Health Awareness month and the campaign is called "The Faces of Mental Illness." We are trying to "draw" attention to Mental Health Awareness Month and the stigma associated with mental illness.

2. Destination Dignity

Our yearly event, Destination Dignity, is scheduled for Thursday, October 16, at 4:30 p.m. at the gazebo at the Courthouse. This is where we honor a business, a person in the community, and a consumer who we really feel has done something very outstanding in the community. This is in conjunction with Advocacy, Inc.

Mr. Karr also mentioned speaking with Karin McCay this date, who has agreed to do a segment on Healthwise in October to highlight Mental Health Awareness.

Mr. Karr also reported that we nominated Mark Hartsfield for a Volunteer Center of Lubbock award, and he won in the small business category. Mark has been working with us on redoing our image and our logos pro bono, and we felt this might be one way to pay it forward. He was very surprised that he won this award.

**B. Fall Festival**

Marle Antu reported that the C&A group is sponsoring a Fall Festival to involve the Center and the kids. "Got Treats" is the tag line, and they will be selling t-shirts from Screen Print to help pay for the festival. They plan to have a trunk-or-treat, which is a safe alternative to going door-to-door, where you fill your trunk with candy, and the kids go from trunk to trunk. We also plan to have carnival games such as pie-in-the-face, etc. Ms. Antu encouraged everyone to come out to the Fall Festival on October 30, 4:30 to 6:30 p.m. at our parking lot at 10<sup>th</sup> Street.

Ms. Shields stated that the next meeting will be held October 28, 2008.

**VIII. Adjourn**

Ms. Shields adjourned the meeting at 6:15 p.m.

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Approved by

\_\_\_\_\_  
Date