

MINUTES

Members Present: Mary Collier, Drue Farmer, Suzanna Cisneros Martinez, Carlos Morales (arrived 4:10 p.m.); Harvey Morton, Brian Shannon, Tina Thompson (left 5:40 p.m.)

Members Absent: Robert (Bobby) B. Kazee, Jr., Lois Shields

Staff Present: Tim Carroll, Branetta Cooper, Marcella Ford, Annette Gary, Helga Gongaware, Jean Hardwell, Robyn Johnston, Romie Juarez, Roger Karr, Beth Lawson, Barbara McCann, Kim Pavlik, Cathy Pope, Carson Scott, Karen Smart, Leonard Valderaz, Rebeca Wallace

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

I. Call to Order

In the absence of Chair Lois Shields and Vice Chair Robert B. Kazee, Jr., Secretary Drue Farmer called the meeting to order at 4:04 p.m.

A. Chair Rule on Presence of a Quorum

Judge Farmer declared there was a quorum of Board Members present.

B. Public Comment

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

C. Minutes

The minutes from the regular Board meeting held April 27, 2010, were presented to the members for approval.

MOTION: Harvey Morton made the motion to approve the April 27, 2010, Board Minutes, seconded by Tina Thompson, and unanimously carried.

II. Chairman of the Board of Trustees' Report

In the absence of Board Chair, Lois Shields, Cathy Pope briefly discussed the upcoming committee appointments.

A. Committee Appointments

1. Center Name – Ms. Shields has asked Carlos Morales, and he has agreed, to chair this Center Name Committee, which is “banning the R word” and rebranding of the Center. Suzanna Martinez has agreed to serve on this committee, and Tina Thompson is considering this appointment.
2. Center Pillars – Ms. Shields has asked Harvey Morton, and he has agreed, to chair the Center Pillars Committee. Brian Shannon has agreed to serve on this committee, and Bobby Kazee is considering this appointment. In changing to the Studer model of management, we will need to change the Center’s Operational Plan. The Center Pillars are the six pillars (goals) for the Center under the Studer model. This will be the basis for the evaluation of the Center, as well as the CEO evaluation, and trickling on down.

Ms. Pope will be appointing three staff members to work on each of these committees, for a total of six members on each committee.

B. July Meeting Change

Because both Ms. Pope and Ms. Lawson will be on PTO during the scheduled July meeting, we are proposing to move the meeting up one week to July 20, 2010.

MOTION: Brian Shannon made a motion to change the July 27, 2010 meeting date to July 20, 2010, seconded by Suzanna Martinez. Motion unanimously carried.

III. Texas Council Risk Management Fund Report

Mr. Morton was unable to attend the May, 2010, Texas Council Risk Management Fund meeting, but directed the Board's attention to Tab 2, for a summary of this meeting. Of note is a 2% average overall increase to contribution rates for the 2010-2011 Fund year.

IV. CEO Report

A. State Budget Deficit

Ms. Pope stated the Governor has asked for state agencies to provide plans for a reduction in the state budget. Provider state health services is recommending a 1% provider rate reduction in ICF/MR, targeted case management, and mental health rehab, effective September 1, 2010. Using our FY10 budgeted revenues, the 1% reduction will save the state approximately \$32,805, but it will cost in federal match approximately \$64,000. The Center will lose \$32,805, and the state will save about \$10,000 from the budget cut from Lubbock. The remainder is federal dollars that will not come in. There will be more cuts, but Texas Council is doing all it can in our interest. Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) and treatment centers such as Billy Meeks Center were exempted from the reductions. We will be making the alterations in next year's budget.

B. National Council Hill Day

Ms. Pope and Ms. Lawson are scheduled to go to National Council Hill Day on June 29-30, 2010, in Washington DC.

C. Employee Survey

Ms. Pope discussed the results of the recent employee survey with the Board. Reoccurring issues continue to be income (HR continually looks at the area salaries), benefits (we did not have an increase in premiums this year), communication (probably biggest issue) and dress code.

D. WorkSource of the South Plains Award

At a luncheon on April 24, 2010, WorkSource of the South Plains presented the Center an award for the WorkForce Solutions 2010 Transitional Workforce Award which went to the Billy Meeks Center. This award recognizes the effort of Billy Meeks in finding transitional employment for those people coming out of the criminal justice system.

E. Continuity of Care Public Forum

On Friday, May 21, 2010, several of our staff, along with Deputy Victor Lugo from the Lubbock Sheriff's Office, attended a continuity of care public forum at Big Springs State Hospital campus. There is a workgroup at the state level looking at continuity of care and how that has been impacted around the decisions regarding medical emergencies and other issues of how people get from one place to another in terms of service. Both Deputy Lugo and Mary Gerlach gave testimony.

F. Recognition Ceremony

Ms. Pope encouraged all Board members to attend the Volunteer and Employee Recognition event on June 8, 2010, 6:30 p.m. to 8:30 p.m., at the McInturff Center. Invitations to the Board went out today.

V. Goal 1 – Individual and Organizational Outcomes

A. Sunrise Canyon Hospital

1. Hospital Statistics FY10

Mr. Valderaz referred the Board to Tab 4 of the Board packet for the hospital statistics for the month of April. We had 94.2% occupancy rate for April. The average length of stay is 28.5, which is an increase from March at 15.2. A patient was discharged that had been in the hospital for 181. We had a 30-day readmission of 3.2%, which is down from previous month of 9.8%. Of note for Admissions by Service Package is SP4 where there were two admissions out of 48 or a 4% admission rate (the goal for SP4 is zero admissions). The majority of admissions came out of SP1, which is the service package with the least amount of services. Basically, all you get is a doctor.

2. Incident Reporting FY10

Mr. Valderaz directed the Board to Tab 5 for the Incident Report for April, 2010. We have one serious staff injury, eight medication errors and one fall. We are above the threshold in medication errors, with the majority of these errors being omission errors. Annette Gary stated a performance improvement activity on med errors is planned. There are problems in the process, which is being done manually, and we are looking at ways to perform these processes electronically.

B. La Paloma (PACE) Implementation Update

Carson Scott updated the Board on La Paloma and referred them to Tab 6 for recent media coverage.

1. Enrollments

We are serving our first person in the program, and enrollments are moving right along. We have quite a few people on our “working list,” which is a list of people who have started the process or are interested in learning more. We have several people who have completed the process, and we are waiting on Medicaid to approve their funding. Hopefully, we will have six to eight starting in June.

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

A. External Review Summary - Robyn Johnston referred the Board to Tab 7 of the Board packet.

1. Department of Aging & Disability Services (DADS) Data Verification Results – January 2010

DADS conducted its Performance Contract Data Verification for the second quarter 2010. We received a 79% with our performance contract target being 90%. We also received 79% in the first quarter as well. Because we have had two reviews under 90%, we are at risk for receiving a sanction. We have submitted a reconsideration for second quarter and are awaiting a response. If second quarter were to be overturned, we would not be at risk for a sanction. This review looks for any inaccuracies in documentation. We do have a Quality Improvement Plan in place.

2. – Health & Human Services Commission (HHSC) Life Safety Code Inspection Results – ALU Homes

Robyn Johnston stated we have five ALU (Assisted Living Units) residential facilities, and they were inspected for their Annual Life Safety Inspections. All five homes passed with zero deficiencies.

Board members took a break from 4:51 p.m. to 5:04 p.m. (food had not arrived)

B. Financial Report

1. April FY10

Ms. Lawson presented the financials for April and directed the Board's attention to Tab 8. With regard to the Asset side of the Balance Sheet, cash is down from \$4 million last month to \$3.5 million this month. This is primarily general revenue that we use throughout the year. Investments (Lubbock Area Foundation) are \$124,616. Receivables are at \$2.8 million; we would like to see that number around \$2 million. Other Assets are \$809,231, for Total Assets of \$7.3 million.

Total Liabilities for April are \$1.8 million. Beginning next fiscal year, we will change the presentation of the Balance Sheet and will reflect the internal service funds that we have created this year. Total Deferred Items are \$2.4 million. Total Fund Balance is \$3 million. Of that amount, \$2.9 million is undesignated and \$41,000 is designated. We are less than 1% away from our budgeted amount and feel we are in pretty good shape. Total Liabilities & Fund Balance is \$7.3 million.

We are about 10% under budget in our projected revenues. We are over our projected revenues in Local Income by 4%. This is where we are drawing down our funding a little faster than we would have expected year to date mainly due to La Paloma. We are 13% under budget in Earned Income, and this probably will not be made up before year end. We did not deliver the number of services to the individuals that had a payer source that we expected. We are 8% under budget in General Revenue Income. Ms. Pope interjected that we need to more accurately predict what our income will be, and we will be working on that prior to preparing next year's budget.

Expenses are 10% under budget for April. We are under budget in all areas except Capital and Building. This is our La Paloma implementation.

The Program Financial Summary for April YTD reflects a Center-wide Total of Expenses over Revenue of \$23,096. This does include the proceeds from the Lonnie Gary house of \$70,000. Since the revenue is not coming in, managers and directors will need to manage expenses this last quarter in order to avoid a deficit at the end of the year. If we continue on our current path, Ms. Lawson predicts a deficit of \$100,000 to \$150,000.

MOTION: Harvey Morton made a motion to approve the April Financial Report as presented. Carlos Morales seconded the motion. The motion carried unanimously.

C. Quality Management Report & Training

Jean Hardwell gave a report on the 2nd Quarter Mystery Caller Results (State Quality Management did not do a 1st quarter report) and referred the Board to Tab 9 in the Board packet. The purpose of the Mystery Calls is to review access to front door services. Every quarter, Quality Management does samplings of mystery callers throughout the state. We interview staff at another center, and someone else interviews our staff. Three calls are placed to each Center and each call is scored in 13 different categories (0 – 10 points per category). Of the three calls to our Center, 1st call received 90 points, 2nd call received 93 points, and the 3rd call received zero points (the call was never picked up) for an average of

61 for the Center. Several steps have been taken to improve our processes in Triage: 1) all staff positions have been filled; 2) volunteers are being utilized to answer phones; 3) voice messaging has been set up to inform callers they have reached the appropriate number; 4) PNAC has recommended that a fourth position be added to Triage; 5) 3rd quarter Mystery Calls have been made but data has not been received; 6) Quality Management will measure improvement following results of 3rd quarter data.

In order to ensure that the Center adheres to the approved Corrective Action Plans (CAP) and Plans of Improvement (POI) it has submitted and to avoid fines and penalties associated with the non-compliance of approved plans, the Quality Management Unit currently monitors seven CAP/POI for the Billy Meeks Center; Access to Recovery (ATR); Methadone Clinic; Texas Home Living Waiver Authority; TCOOMMI – Adults; Outreach, Screening, Assessment Resources (OSAR); and Quality Assurance Authority Review.

VIII. Goal 4 – Public Accountability

A. Community Activities Update

Roger Karr presented the community activities of the Center from April 28, 2010 to May 24, 2010.

*Judge Farmer recessed the regular meeting at 5:47 p.m.
The Executive Session was convened by Judge Farmer at 5:56 p.m.*

IX. Executive Session


Executive Session concluded at 6:16 p.m. The regular session reconvened at 6:17 p.m.

X. Adjourn

Judge Farmer stated the next regularly scheduled meeting of the Board is July 20, 2010. With no further business to come before the meeting, Judge Farmer adjourned the meeting at 6:18 p.m.



Approved by



Date