

BOARD OF TRUSTEES:

R. JACOB CINTRON

Chair

DAVID STOUT

Vice-Chair

David Driscoll

Secretary

DR. PETER THOMPSON

Trustee

KATHLEEN PEYTON

Trustee

JOYCE WILSON

Trustee

RICK MYER

Trustee



Emergence Health Network

El Paso Center for Mental Health/Intellectual Disabilities

EMERGENCE HEALTH NETWORK BOARD OF TRUSTEES

MINUTES

(Audio copy of the meeting is available upon request)

Emergence Health Network Board of Trustees (“EHNBOT”) Meeting
Wednesday, May 31, 2017 at 3:35 PM
Central Administration, Boardroom, 201 E. Main St. Ste. 600, El Paso, Texas
PRESENT: CINTRON, WILSON, PEYTON, STOUT and THOMPSON
ABSENT: DRISCOLL and MYER

1. INTRODUCTORY ITEMS

A. **Call to Order and Certification of a Quorum**

Quorum was certified.

B. **Public Comment**

No members of the public spoke during public comment.

2. CONSENT AGENDA

A. Approval of the minutes of the Board of Trustees meeting held March 30, 2017.

B. Approve and authorize CEO to execute an amended and restated interlocal agreement with Tejas Behavioral Health Management Association (“Tejas”) and to approve and authorize CEO to execute first amendment to the amended and restated interlocal agreement with Tejas to join Tropical Texas Center for MH/MR d/b/a Tropical Texas Behavioral Health as a member of Tejas.

C. Approve and authorize CEO to market for sale EHN property located at 8281 North Loop, El Paso.

EHNBOT Action: Wilson moved/Peyton seconded to approve Consent Agenda. Motion Carried (5/0)

3. REPORTS and PRESENTATIONS

A. **Planning and Network Advisory Committee (PNAC) report.**

Mr. Rene Hurtado reported the following points for the meeting held May 9, 2017:

- Telephone System – consumers will be able to call in and listen to a menu of choices that will get them to the person or clinic they are requesting. The consumer will have the option to press zero if requesting a live operator. The phone system has the ability to track unanswered calls.
- Interest List – Capacity Discussion & Policy Review – committee received a briefing on the implications of the waitlist process; will keep the committee updated as the process moves forward.
- Customer Service Surveys – reviewed automated customer service surveys; 12 locations currently have the customer service iPad.
- Mental Health First Aid Instructor Training – 30 members were trained and are now certified to become Mental Health First Aid ambassadors across the community.

B. Chief Financial Officer's report on Emergence Health Network financials.

Ms. Roxie Samaniego reported the following:

- EHN's Financial Position on Current Assets as of March total \$26.8 million compared to total liabilities of \$12 million. EHN is at a current ratio of 2.19 to 1.
- MTD & YTD Actual vs Budget ending March 31st – actual decrease of \$320k without the waiver; budget decrease of \$836k with a positive variance of \$516k. Differences are made up of higher net fee for service, lower capital expenditure, lower salaries and benefits and lower travel expenditures. Seven Months Ended March 31st, actual decrease of \$2.3 million; budget decrease of \$3.6 million with a positive variance of \$1.3 million. Primarily due to lower salaries and benefits, 15 GNA positions that have not been filed, lower travel expenditures, occupancy cost and lower medication due to in-kind and PAP Program.
- MTD & YTD Actuals FY17 vs FY16 ending in March 31st – normalized decrease without the Waiver of \$320k compared to a positive of \$125k for FY16 with a decrease variance of \$445k. This is due to the MAC revenue and lower ECI revenue. Seven Months Ended March 31st, normalized without the waiver with a decrease of \$2.3 million compared to a decrease of \$126k in FY16 with a decrease variance of \$2.1 million. This is primarily due to the ECI program, lower MAC revenue and higher bad debt expense.
- Health Fund – net expenses over revenues of \$116k for FY17; EHN is down \$125k.
- EHN's Financial Position on Current Assets as of April total \$24.5 million compared to total liabilities of \$10 million. EHN is at a current ratio of 2.33 to 1.
- MTD & YTD Actual vs Budget ending April 30th – actual decrease of \$330k without the waiver; budget decrease of \$666k with a positive variance of \$336k. Primarily made up of higher net fee for service revenue and lower salaries and benefits. Eight Months Ended April 30th actual normalized decrease of \$2.6 million; budget decrease of \$4.3 million with a positive variance of \$1.6 million. Primarily made up to lower capital expenditures, lower salaries and benefits, lower travel expenditures, occupancy cost and lower medication due to in-kind and PAP medications.
- MTD & YTD Actuals FY17 vs FY16 ending in April 30th – normalized decrease without the Waiver of \$330k compared to a decrease of \$167k for FY16 with a decrease variance of \$163k. Primarily due to lower net fee for service and higher salaries and benefits. Eight Months Ended April 30th, normalized without the waiver with a decrease of \$2.6 million compared to a decrease of \$293k in FY16 with a decrease variance of \$2.3 million. This is primarily due to the ECI program, MAC revenue, higher salaries and benefits, higher IT fees and Tejas membership.
- Health Fund – net expenses over revenue with a decrease of \$40k for FY17; EHN is down \$166k.

C. Chief Executive Officer's report regarding current EHN program operations.

Ms. Kristi Daugherty reported the following:

- Strategic Plan Executive Summary highlights – mission/vision is the one all board members worked on at the all-day/half day strategic planning.
- Key Environmental Issues Affecting EHN – EHN is in agreement and would like to seek the board members thoughts. EHN needs to be ready on the payers concept and health care costs. EHN is moving forward with technology; currently working on an electronic

health record system to include a dashboard with all information needed. 1115 Waiver Program, HHSC is still ongoing negotiations with CMS for a 21 month extension. The biggest challenge that EHN foresees is the evaluations of the project switching from project level assessment to system level assessment. A new evaluation system is being proposed that sets a state wide criteria and health indicators from which each entity is able to select. A standardized numerical system for every bundle is being proposed; EHN is very involved with the behavioral health discussions. The state wide advisory team continues to work on the measurement in Methodology Texas and Texas Council is very active as well.

- Key Findings & Strategic Objectives – a chart referencing a 5 year look of the organization was presented that shows EHN is at a good financial position. Workforce is a constant focus for the organization. EHN has done a good job of positioning the organization as the authority. Objective #1 – Service Excellence is one that EHN will always strive on. Advocacy, EHN’s role and impact as a leader is to advocate for consumer-centered. Integration, EHN will enhance and implement existing and innovative clinical programs which integrate mental health. Human Resources, invest in human capital resources to recruit, develop, and retain a skilled and diverse workforce. Financial Stability, EHN is in a very good financial position however it will use the next two budget years to plan accordingly with right sizing programs. The strategic work plan is currently being worked on and will have a working document for the board to follow for the next few months. A more detailed version of the plan will be ready by next fiscal year. Ms. Daugherty would like comments from the board members by next board meeting; comments are to be emailed to Rene H. and Ms. Daugherty.
- Center Wins - EHN Crisis Services now has access to the Regional Trauma Council’s Emergency Management System in order to conduct real time monitoring of all EDO patients in area EDs.
- CFO was selected to serve on the Texas Society of CPA’s Advanced Healthcare Conference Committee.
- EHN Homeless Unit staff participated in the El Paso Homeless Coalition Strategic Workshop, along with area stakeholders to look at long term solutions to homelessness in the region.
- Chief Clinical Officer was appointed to the Advisory Council for the UTEP Counseling Program.
- Thirty-five new Mental Health First Aid instructors were trained and certified during a National Council Training hosted by EHN.
- KTSM’s Special Assignment Report on psychiatry shortages featured interviews from Kristi Daugherty, Marcelo Rodriguez and Commissioner David Stout.
- EHN’s challenge consists of both the Senate and the House versions of the State Budget have reductions ICF/IDD Programs. At this point, rate cuts appear likely with the worst case scenario assuming a 21% cut for HSC waiver participants. EHN continues to work with Texas Council and local delegation to reduce the risks.

D. Update on legislation impacting EHN from the 85th Texas legislative session.

Mr. Rene Hurtado reported the following:

85th Legislative Session Wrap-up relating to the major bills that could affect operations:

- HB 10 (Price) – expands TDI’s parity authority over additional insurance plans.
- HB 1486 (Price) – establishes the process to define peer services.

- HB 13 (Price) – establishes matching grant program to support community MH services.
- SB 1849 (Whitmire) – reduces the amount of time an individual goes through the 16.22 assessment.
- SB 292 (Huffman) – establishes community collaborative grants for jail diversion programming.
- Bills that didn't make it through the process consists of HB 13 (Price's big school/MH bill), HB 2864 (Moody's LMHA/ISD Medicaid bill) and HB 2801.
- Budget impact - \$62 million for waiting list reduction, \$30 million for MH community grants, \$20 million for MH for vets grant, 10-percent withhold "at risk" if measures are not met has gone away, calls upon HHSC to find \$350 million in savings and to report to LBB with cost savings plan by Dec. 1st and HHS has proposed a 21 percent cut for the IDD division.
- EHN's Bills – SB 1533 (Rodriguez/Moody) – relating to MHFA funding and SB 2027 (Rodriguez/Moody) – calls upon the TWC and HHSC to study vocational training opportunities for IDD consumers.
- Conclusion – tension between the Speaker of the House and Lt. Gov. dominated most of the session. Far-right conservatives largely dominated more moderate, business-minded Republicans prevailing on sanctuary cities (LMHAs/CCs were carved out).

E. EHN departmental recognition.

Dr. Jorge Avila received recognition this month for winning Best Psychiatrist in the El Paso Times Best of the Border Readers Poll. Dr. Avila has been a tremendous asset ever since he joined CHAMHS Clinic.

4. REGULAR AGENDA

A. Discuss and take appropriate action regarding modification of the wait list policy for EHN consumers seeking mental health services.

Ms. Ashley Sandoval reported the following:

- EHN would like to amend the current Waitlist Policy to insert language of initiating the Waitlist at 110%. EHN is currently overserving patient population of about 33%. Currently opening with a rate of about 130 to 160 individuals per month. Three outpatient clinics will be directly impacted. Individuals will be able to access the Crisis services 24/7. Individuals will be assessed and monitored and will be given community resources in the event they want to obtain services elsewhere. BAP services will also be provided to begin the process of obtaining benefits if they are uninsured.
- EHN has implemented a triage tool to identify other available programs within EHN for clients to benefit from. This will allow a potential client to receive different services within EHN while on the Mental Health Waitlist. The triage tool is web-based and has the ability to edit and gather needed data.

EHNBOT Action: Motion to authorize CEO to approve and authorize amendment modification of the wait list policy for EHN consumers seeking mental health services. Thompson moved/Stout seconded. Motion Carried (5/0)

B. Discuss and take appropriate action regarding policy for public accountability and partial day deduction for exempt employees.

Mr. Omar Villa reported the following:

- This is to ensure compliance with the Fair Labor Standards Act (FLSA) requirement for EHN to have a policy in place to allow the deduction of time for exempt employees.

Without a policy in place an employee could show up for one hour and leave for the rest of the day and be entitled to a full day pay. This policy ensures that EHN can deduct the employees pay for a partial day in the event the employee is out.

EHNBOT Action: Motion to adopt policy for public accountability and partial day deduction for exempt employees. Wilson moved/Peyton seconded. Motion Carried (5/0)

C. Discuss and take appropriate action regarding privacy policy in accordance with state and federal privacy laws and regulations.

Mr. Juan Gonzalez reported the following:

- The Office of Civil Rights suggested strengthening the Privacy Policy to help safeguard protective information of the consumer due to the data breach in 2015.

EHNBOT Action: Motion to adopt privacy policy in accordance with state and federal privacy laws and regulations. Stout moved/Wilson seconded. Motion Carried (5/0)

D. Discuss and take appropriate action regarding award of contract for HIPAA security risk analysis (EHN Request for Proposal No. 17.009) to ecfirst, Inc. and to approve and authorize CEO to execute contract with ecfirst, Inc. for HIPAA security risk analysis services.

- The Office of Civil Rights is requesting for EHN to perform a HIPAA Security Risk Analysis to be in compliance.
- EHN published and RFP for a firm to conduct the analysis and received 15 bid responses.
- The scoring committee has recommended awarding the bid to ecfirst, Inc.

EHNBOT Action: Motion to authorize CEO to execute contract for HIPAA security risk analysis (EHN Request for Proposal No. 17.009) to ecfirst, Inc. Wilson moved/Peyton seconded. Motion Carried (5/0)

E. Discuss and take appropriate action regarding an increase to the administration fee charged to participants in the Social Security Representative Payee Program.

- EHN currently has 270 individuals in the program. The board approved an administrative rate of 2.1% in 2011.
- The recommendation is to increase the fee to 6%. The center is currently allowed to charge up to 10% or \$41 of the client's total SSI payment.
- This rate will allow the organization to capture a large portion of the allowable funds without maxing out at 10%.
- Dr. Thompson suggests that this program helps keep consumers out of hospitals. A recommendation was made to conduct an analysis on the program and present at P&D Committee.

EHNBOT Action: Item tabled. Thompson moved/Peyton seconded. Motion Carried (5/0)

5. ADJOURNMENT

THE MEETING ADJOURNED AT 4:55 PM.

Approval Date: 10-20-17

By: David Driscoll

David Driscoll, Board Secretary