

CENTRAL COUNTIES SERVICES
Board of Trustees
Minutes of Meeting
February 28, 2017

The February meeting of the Board of Trustees for Central Counties Services (CCS) was held at the Temple Main facility on February 28, Temple, Texas @6:30 PM.

The following members of the Board, CCS Staff and Guests were present:

Board of Trustees

Mr. Joe Carroll	Ms. Ann King
Dr. Louella Tate	Ms. Alison Esparza
Mr. Steven Wick	Mr. Ray Ashby

Teleconference:

None.

Absent:

Ms. Nancy Holle
Ms. Sue Faulkner
Judge James Lively

Center Attorney:

Mr. Jack Tarver

Staff:

Ms. Andrea Erskine	Ms. Julie Fielder	Dr. Ray Helmcamp
Ms. Monica Silcott	Ms. Kelli Sames	Ms. Johnnie Wardell
Ms. Darla Hogan	Ms. Kristen Jefferson	Mr. Eddie Greenfield
Dr. Cheryl Paulhus	Mr. Keith Maxwell	

Guests: Lana Ashby, Dakota Ashby

A. CALL TO ORDER

A quorum being present, the meeting was called to order by Steve Wick, Chair of the Board of Trustees, at 6:28 p.m.

1. Introduction of Guests.

Steve Wick introduced staff and guests listed above.
Steve Wick welcomed County Commissioner Ray Ashby to the Board Meeting.

2. Review of Board Calendar

The Board calendar was reviewed and updated.

3. Approval of January 24, 2017 Finance & Regular Session Board Minutes.

a. Finance Board Meeting Minutes

Alison Esparza motioned for approval of the Finance Board Meeting minutes as submitted. Ann King seconded. The motion carried.

b. Regular Session Board Meeting Minutes

Alison Esparza motioned for approval of the Regular Board of Trustees Meeting minutes as submitted. Ann King seconded. The motion carried.

Jack Tarver swore in Commissioner Ray Ashby to the Board of Trustees as a new Board Member and welcomed him to CCS.

Future of Medicaid in Texas Board Training

Ray Helmcamp spoke about Medicaid, he referenced in 2015 Medicaid spending was \$35.8 billion dollars, most beneficiaries were children and adults, but most spending was for the elderly and the disabled. Medicaid has new administrative members that are highly conservatives, new Health and Human Services Secretary that used to be Chair of the house budget committee and the House of Representatives who are versed in advocacy for change in Medicaid. We have a conservative federal level, conservative legislature, conservative executive branch, with the same at the state level, and a highly conservative Lieutenant Governor Dan Patrick, who has historically a lot of power. There are 3 things that the new administration is charged with 1) ACA –repeal and replace, 2) Medicaid in general, 3) 1115 Medicaid Demonstrator Grant. (pink papers) This shows the current status of 57% federal, 43 % state funds with no preset limit. The more people become lower income or disabled, the state expenditures of Medicaid increases and the Federal expenditures do as well because of the no preset limit. For Texas, in the case of a natural disaster increased population amount of Federal dollars will increase as the number of Medicaid recipients' increases. Texas is the number one state that has the number of individuals coming in on an annual basis moving into Texas, 430,000 annually, which means 1200 new people a day. If you take the prevalence of the general population in terms of MH which is 4.2%, every year there is an increase of 18,060 of individuals with MH issues. If you take the prevalence of IDD which is at 2.5%, that makes an annual increase of about 10,750 of new IDD individuals yearly, if you take the prevalence of toddlers 0-3 with IDD in Texas is 12.7% of new people moving in. The current system allows for an increase of state spending by federal law. What has been proposed on a state level is a Block Grant. Current Medicaid Coverage is guaranteed coverage with no waiting lists of caps, with a block grant, no guarantee, it is set amount of money given to the state to administrate Medicaid. The amount of money the Feds will give the state is going to be less than what is current, because there is federal limits placed on those dollars in order for the administration to save federal dollars. Per Capita Cap is the number of people receiving Medicaid in the state of Texas now, with a Per Capita Cap per enrollee, which will be less money for each individual. If we continue with funding you can see that it terms of general population we are 3rd from the last. If we continued, we show Current Medicaid Coverage for federal funding is guaranteed, no caps; and the response to the program needs, can fluctuate, with the Block Grant, finally is capped and not based on enrollment or program needs, in fact it is fixed with a preset growth and with the Per Capital Cap, it is capped per enrollee and not based on healthcare costs or needs. Moving to state matching our current Medicaid coverage requires drawing down federal dollars and federal spending, which is tied to state funding, beyond the cap. With the Per Capita Cap, State matching is unclear, and Federal dollars are not tied to the State spending beyond enroll cap. Lastly Core Federal Stds are set in law with State flexibility to expand current Medicaid Coverage; however Block Grant and the Per Capita Cap both are uncertain what the requirements would be to obtain Federal funds.

If we have a block grant, in order to make up the difference for the number of people they are currently receiving services from Medicaid the state has to increase the funding level which means they are going to have to decrease the rates, or decrease the eligibility meaning we will serve less people. We will see some legislation impact to State of Texas, community centers, medical clinics, hospitals, etc. As more information is sent to me I will forward out to BOT for review.

B. CITIZENS' COMMENTS

- a. None.

C. BOARD COMMITTEE REPORTS

1. Medical Committee- Alison Esparza- No Report
2. Personnel Committee- Judge James Lively- Not Present
3. Finance Committee- Ann King – No Report
4. Long Range Planning & Facility Committee- Steve Wick went by the new IDD building (Crestview Center). He stated he made a few temporary repairs to the gate that was falling down and he stated that the overall building is in remarkably good shape. He has heard that the neighbors are pleased that this is going to be taken over by the Center. He believes it will be a wonderful asset.

D. PERSONNEL MATTERS

1. ACTION ITEMS:
 - a. None
2. NON-ACTION ITEMS:
 - a. None

E. FISCAL MATTERS

1. ACTION ITEMS
 - a. Approval of FY 17 Budget Adjustments (none)

NON-ACTION ITEMS

- a. Financial Statement. (pink copy)
Kristen advised the Board that this is the first report out of ABM software, and encompasses 9-1-16 through 1-30-17. She also explained that it shows a net surplus of \$1,707,099. This is mainly due in part to the 1115 Waiver payment. The next few pages reviewed were the income statement, the balance sheet and finally the authorization signature. Kristen also wanted to give thanks to Joan Cosper and Lisa Stewart for their commitment and hard work.

Dr. Louella Tate asked Kristen Jefferson if she found these reports very useful compared to the previous reporting tools, Kristen agreed yes. She advised the Board that there were no budget adjustments at this time. Dr. Tate also asked what information the departments receive about their revenue and what budgeting access do they have. Joanne Cosper has set up all Directors to have access to their own departments and can drill down to the detail. Access can be designated to personnel if needed. Directors can now track their own departmental budgets. The Board commented that the reports look very good and clean.

F. SPECIAL REPORTS

1. Mental Health (MH) – Dr. Cheryl Paulhus
Dr. Paulhus' primary focus this month has been the QM audit, a comprehensive review that occurs every 3 years. This audit was a collective review of all aspects of the programs, client records, environment, program details, quality management, interviews, personnel, operations, etc. We worked close with our Quality Director, Keith Maxwell to be prepared. Their initial impressions are quite positive and they have had multiple interviews today, and

will be here till Friday. We are looking forward to their report and how we can improve moving forward. The second focus is looking at the reporting requirements in September so that we can target an integrated care CCCBH model. We will want start to identify and capture new data and other aspects of MH in that model.

2. Intellectual and Developmental Disabilities (IDD) – Andrea Erskine

Andrea Erskine informed the Board that IDD is meeting all targets. She also made them aware of the proposed rate cut of 21% that will affect her department. Andrea told the Board that they had a parent of a client attend a hearing on the effects of the cut to create awareness of the significance and how the services we provide would be impacted. Tommi Aleman and two of her direct care staff drove to Austin to speak with the Representative and share with them the work and impact that our services provide to these families and its importance. Steve Wick asked if legislature was receptive, Andrea stated some were and some were not.

Louella Tate, asked about the rate cut. Andrea stated the current rate is \$21.44 per hour with the rate cut it would be \$17.41. For our HCS service at this point in time, we would have a 61k increase. This is a lifestyle service. John Tarver asked when this change would take effect. Ray Helmcamp stated it would be September 1, 2017. Louella Tate asked if they were going to downsize the program or adjust the charges. Andrea stated it's a zero reject program. Louella Tate asked if the Texas Council has taken a stand and if they were involved? Ann King stated she spoke with her Representative and was advised that the community needs to stand up and take responsibility. Andrea also stated that the home and community based are having annual audit, a client and staff, chart interview and yearly certification audit, so her department is very busy. She advised the Board that they will take it a day at a time; results should be available for next board's meeting. Louella Tate spoke of her sister, and they were pursuing assistant living with an autistic child in Baltimore, and stated that other states have more robust services available then we do and she was amazed at the difference.

3. Early Childhood Interventions (ECI) – Julie Fielder

Julie stated that legislature is discussing narrowing the eligibility, which would impact her department and impact the number of children they would serve.

G. OLD BUSINESS

H. EXECUTIVE DIRECTOR COMMENTS.

We are realistic about state affairs and we know that there services are growing pains. For those that have been on the Board for a long time, a change in case mgmt caused us to lose \$450,000 in revenue several years ago, but my staff is highly creative and innovative, we know our purpose. Ray stated he feels confident and we will always keep in mind who we serve. We will absolutely have changes, parent and consumers adapt to changes, but we have the staff to support this and we will keep the BOT involved.

1115 Waiver-Demonstration year January 1, 2018. We are in DY6. We have a variety of projects. Central Counties will now be a provider system. We will have measurable bundles with outcome measures within each bundle. The provider system (us) will chose a bundle that is relevant to the outcome measure for our consumers. We will have core activities locally to achieve the bundle outcomes. Those are the new parameters put in place. We have to get our mindset around becoming a quality provider system. This will need a lot of planning for integrated health, more to come.

Texas Council – Data Evaluation Work Group is working to develop these measures for the community centers.

Board Training Manual has been updated. A new updated manual will be given to each BOT member at the March Board meeting, training will be available for anyone needing or wanting it.

ELT Retreat was on Feb 7, 2017 @ Peaceable Kingdom and it was very successful. We ended with a succession planning that comprised of 3 different tracks; an Executive Track, Director Track, Supervisor Track. Staff will be identified to participate in this leadership development program. Modules will be developed to facilitate this effort.

Eddie has expressed his desire to retire, he has been here for 2 years and he will be much missed. We hope to have a 90 day transition period when we hire his replacement.

Mr. Wick stated that the numbers reflect Eddies' work. Eddie expressed that the infrastructure and our competencies have improved as well as our culture. We have achieved positive gains. Results are in the quality of care and safety and in getting paid for what we do throughout a managed care model. Eddie expressed that our leadership and staff are focused on quality care.

Ray Helmcamp thanked Commission Ashby's family for joining the meeting and being here for Commissioner Ashby's swearing in to the Board of Directors of Central Counties Services.

I. BOARD OF TRUSTEE/STAFF COMMENTS/MEETING EFFECTIVENESS FEEDBACK

Louella Tate - Welcome Ray Ashby and family. She stated that she continues to be in awe of the work. She commended CCS for the advocacy to the legislature. She reminded us to be mindful that we teach our consumers and families how to self advocate. She commended Ray Helmcamp on his development of a leadership track, and assignment of mentors, etc. She also stated she would send leadership academy information to Ray Helmcamp.

Judge Carroll stated he was proud of dept heads for taking the initiative of taking care of their staff

Alison Esparza seconded Judge Carroll's comments

Steve Wick stated that the BOT and PNAC committees and all staff should do all that we can to educate the decision makers. He reminded us that it takes a village to serve a child and we need to partner and make our voices heard. He also welcomed Commission Ray Ashby to the Board.

Ray Ashby – He stated that he is looking forward to getting to know all of us. He also stated that when he knew Judge Firth was leaving he approached him and asked him if he could take his place on the Board because he wanted to volunteer his services.

Ann King stated for Nancy Holle that the Wilson Parks and Wreck facility is completed. She also reminded the team that we have been here before, and she knows how hard Ray's team works and feels confident that we will come through.

Jack Tarver- stated that short board meetings such as tonight will not be the norm as we begin to deal with the upcoming legislature changes.

J. ADJOURNMENT

There being no further official business, Dr. Tate adjourned the meeting at 7:15 p.m.

S U B M I T T E D B Y :

Ms. Sue Faulkner
Secretary

Board of Trustees
CCCMHMRS
Recorded by:
Monica Silcott
Executive Assistant

NOTE: The reference material disseminated during the meeting will be archived with the official Minutes.