

CEO Report



February 26, 2025



89th Legislative Session

Senate Finance Committee

The Senate Finance Committee met on **February 3 - 4, 2025** to consider Article II (Health and Human Services Agencies) of SB 1, the state budget bill. Day 1 the Committee took invited testimony from State Agencies including HHSC followed by public testimony on day 2. The value of community-based care was a focus on day 2 with many personal testimonies from advocacy agencies (including the TX Council), providers, families/ caregivers, & individuals in services. Erin Lawler, Chief of System Policy for Texas Council, stated that having individuals with IDD providing testimony was impactful.

Some progress is being made, but more work is needed, especially for Direct Support Wages as well as IDD Targeted Case Management (IDD Service Coordination). IDD Service Coordination rates have not been adjusted since the service began in 2010. HHSC did not identify this as a priority in their Legislative Appropriations Request making our case for the need for revised rates even more challenging.

Time to Care Texas produced a spotlight video of testimony delivered at the Senate Finance Committee hearings. The video spotlights clips of testimony from individuals with IDD & providers affected by the DSP wage crisis, as well as other stakeholders, including the TX Council. It can be accessed via the following link: <https://www.youtube.com/watch?v=v6spzMoggiY>

Time to Care is a coalition of community organizations & advocates committed to securing competitive wages for Direct Support Professionals in Texas who are caregivers for Texans with IDD.



EXECUTIVE

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GANNA BRAZEAL-HUFF, Chief IDD Services

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INSIDE THE REPORT

Bills of Interest 2

Capital Visit 2

MH QM..... 3

Financials 4

Financials..... 5

CCBHC Recertification 6

Center Staffing Plan.....7

Supervisor Training.... 7

SUD Contract Review.8

Clubhouse Update.....9

89TH LEGISLATIVE SESSION CONT...



Bills of Interest

HB 2807, Toni Rose

Would establish a statewide intellectual & developmental disability council to ensure the state develops a strategic approach for the provision of IDD services. Composition of the council requires at least 1 representative of a Local IDD Authority & of a provider of Medicaid long-term services & supports, among others. Requires development of a 5-year strategic plan & related implementation plans.

HB 1205, Bob Hall

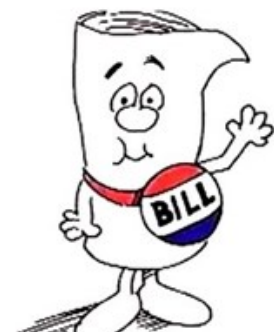
States that to the extent allowable under federal law, prohibits a governmental entity from providing public benefits or assistance to a person who is not lawfully present in the United States. Includes an exception for emergency Medicaid.



SB 239 by Mayes Middleton has been incorporated into **SB 19**, which prohibits political subdivisions from using public funds to hire lobbyists or pay nonprofit state associations that represent political subdivisions and hire lobbyists. However, the bill allows officers and employees to provide information to legislators, testify, and advocate if lobbying registration is not required. It also permits reimbursement for authorized travel expenses and allows nonprofit state association employees to provide bill tracking and analysis.

A similar bill, **SB 1420 by Robert Nichols**, extends these prohibitions to counties, municipalities, and school districts. It allows information sharing, testimony, advocacy without required lobbyist registration, and compensation to nonprofit state associations that do not employ lobbyists (except full-time employees). It also restricts the establishment of nonprofits that hire lobbyists. Both bills provide injunctive relief for taxpayers or residents if violations occur.

These bills, if approved into law, will affect how the TX Council advocates for Centers.



MH QUALITY MANAGEMENT

FY 2025, Quarter I Rural Assertive Community Treatment (RACT) Team Review

QM completed a Mental Health RACT Team chart review for FY 2025, Q1 on **2/13/2025**. The review spanned 32 RACT Team patients. The QM MH chart review tool evaluates the patient chart contents in accordance with the Texas Administrative Code (TAC) guidelines, Center P&Ps, & the HHSC required progress note & recovery plan elements.

TAC score = **99%**; Medical notes score = **91%**; Progress notes score = **82%**; Recovery plans = **67%**; Overall Score = **84%**. A Corrective Action Plan requested by the QM Department.

FY20'25 Semi-Annual Crisis Respite Site Assessment Review

On **February 10, 2025**, QM conducted an onsite assessment of the Crisis Respite Facility. The HHSC review tool was used to complete this assessment. The total number of Crisis Respite Facility standards reviewed was 95. There were **four findings** including the kitchen faucet temperature, repair to a wall & painting, & expired bread in the kitchen. The overall compliance score is **96.84%**.



FY2025 Crisis Respite Environmental Safety Checklist

QM completed a semi-annual Crisis Respite Environmental Safety Checklist on **02/10/25**. This checklist is used to identify & eliminate any environmental risk factors that could contribute to attempted suicide, or suicide of an individual, or harm to a staff member. Environmental factors in the following categories were reviewed: construction, fixtures, clothing, furniture, & “other.” **Three recommendations were made** regarding construction (pull handles, A/C vent covers, bedroom doors). One recommendation for improvement was made regarding lighting fixtures. One clothing recommendation was made for improvement in relation to the possession of shoelaces while staying at Respite. One suggestion to promote safety in the “other” category was in relation to the length of telephone cords.

FY2025 HHSC QM Comprehensive Review

January 6 – 10, 2025, the **HHSC, BH Contract Operations**, QM staff conducted a formal desk & onsite review of the Center’s Local Mental Health Authority services in accordance with the HHSC Performance Contract. The review included the following categories: Operations; Medical; Quality Management; Environment; Personnel; Clinical Record Review; Crisis Respite Facility; Crisis Respite Records; Mystery Caller. There were **four findings**: three regarding PASRR MI services & one related to Mystery Caller. The PASRR findings included a missing form, documentation of follow-up meetings, & a description of strategies to be implemented. In-service training was provided to PASRR staff on **2/14/2025**. The HHSC mystery caller did not gain access to services via calling the main MHMR phone number. Newer reception staff did not fully understand what information is required & what information is not required for a person to access routine MH care. In-service training was completed with reception staff on **2/20/2025**. A corrective action plan was submitted to HHSC on **2/20/2025**.



JANUARY 2025 FINANCIALS

Financial Highlights

The Center experienced a positive margin of \$2,781 for the month of January. The year-to-date margin is a negative \$70,039. We are working to bring the Board a mid-year budget revision in March that we hope will address the large variances & unanticipated expenses we have experienced this fiscal year.

Month	Revenue	Expenses	Margin-Actual	Margin-Budget
January	\$1,325,760	\$1,328,541	\$2,781	\$15,236

Division Breakdown	January
Mental Health	\$73,075
IDD	\$(26,172)



Financial Recap

Variances

Revenues

Local & Fees: \$30,095 under budget.

- SAMHSA grant for Mental Health Awareness Training (MHAT) revenue of \$7,186 lacks a budgeted offset. This will be added to the upcoming budget amendment.
- Clubhouse donations exceeded expectations by \$33,877 due to a Texas Clubhouse grant.
- Miscellaneous MH revenue includes a corrected reclassification of \$8,568 for several programs.

CCP/DPP Income: \$10,675 under budget due to fixed amortization, with a year-end true-up expected.

HHSC Allocations: \$56,794 under budget.

- Clubhouse funding increased by \$17,588. Utilizing more than anticipated HHSC revenues to cover expenses.
- Inpatient hospitalizations were under budget by \$44,408 due to increased Private Psychiatric Bed (PPB) funding. PPB funding was increased in FY2024 & carried over to FY2025. We do not anticipate utilizing all of the funding.
- Crisis Diversion Center \$24,024 underspent; efforts are underway to utilize FY2024 carryover funds.
- HB13 Community MH Grant and Jail-Based Competency programs exceeded revenues budget due to higher than anticipated use of telehealth & competency restoration services.

Other Federal: \$8,659 over budget, primarily from higher-than-anticipated use of City of San Angelo HOME grant revenues.

Expenses continued on page 5



JANUARY 2025 FINANCIALS CONTINUED...



Variances

Expenses

Salaries: \$29,044 over budget.

- Administration is over by \$12,363; this will need to be addressed in the budget revision.
- Jail Continuity of Care was under by \$6,378. Currently have the program director's salary. We have just hired the 2 additional staff for the program.
- Crisis Diversion \$12,179 over budget due to employing a Psychiatric Nurse Practitioner instead of contracting.
- Mobile Crisis Outreach over by \$5,264. Making adjustments with funds with the recent Governor's grant. Will reflect in upcoming budget amendment.

Benefits: \$10,893 over budget, mostly from Administration. This too will be revised in the upcoming budget amendment.

Consumables: \$6,143 over budget due to supplies across multiple programs, including training materials for MHAT, food for group homes, and office supplies.

Facility Costs: \$9,074 over budget due to unanticipated maintenance & repairs in multiple programs, particularly for HVAC systems & additional cleaning services at the CDC.

Vehicle Operating Expense: \$8,126 under budget due to equity savings from 2 vehicles turned into Enterprise Fleet Management as well as the sale of 3 older vehicles.

Contracted Services: \$64,625 under budget.

- Inpatient Hospitalizations underspent by \$44,669 due to additional HHSC funding for PPB.
- Crisis Diversion Center underspent by \$30,092. A large part of this is the Psychiatric Nurse Practitioner who is employed rather than contracted as initially planned.
- HB13 Community MH Grant & Jail-Based Competency programs overspent due to telehealth costs.
- HCS - \$4,562 under budget.

Insurance: \$7,952 over budget due to a \$7,500 cybersecurity network audit following the breach.

Client Support: \$5,397 under budget.

- Crisis Diversion Center underspent by \$6,503.
- MH Supported Living \$5,814 over budget (associated with the HOME Grant).
- HHSC Supported Housing – under by \$2,799. Zero expenses for January as utilized all funding from this program. Will be addressed in the budget amendment.
- Office of the Governor Grant – \$3,193 overspent. This will be part of the budget amendment.
- Vocational Apprenticeship Program \$5,000 under budget as the program ended in December.

Computer Services/Maintenance: \$7,408 over budget, mainly from Administration & Crisis Diversion for equipment & processing fees.

Other Expenses: \$11,294 under budget due to savings in Administration & Clubhouse.





CCBHC
Certified Community Behavioral Health Clinic



CCBHC Recertification

The Center was contacted by **HHSC Texas CCBHC Team** on **2/10/2025** notifying us that it is time for our Certified Community Behavioral Health Clinic (CCBHC) recertification. The recertification is a 6-month process & designed to assess changes incorporated through the implementation of the CCBHC model. Desired outcomes include:

- Improvement of initial certification scores
- Demonstrated adoption of CCBHC philosophy
- Successful operationalization of any components that were not fully operational at time of initial certification

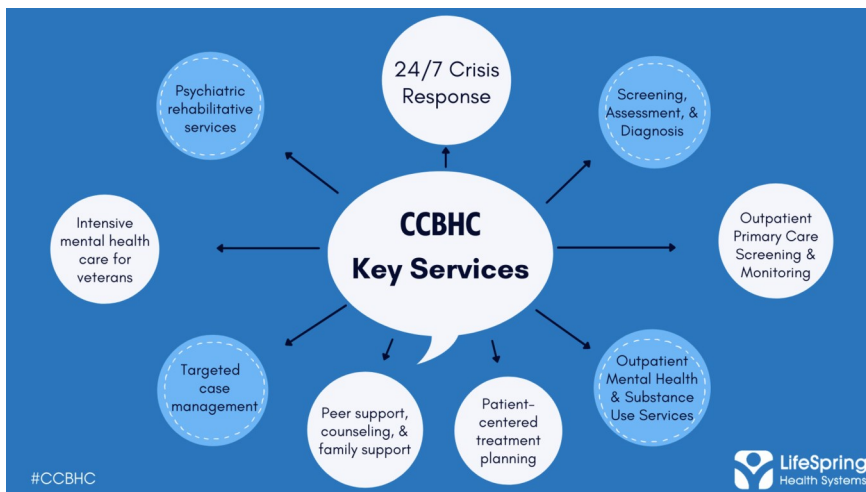
Centers are expected to meet CCBHC criteria as laid out in the 92-page Texas **Certified Community Behavioral Health Clinics (T-CCBHC) Provider Manual** that includes 149 expected requirements. The manual includes program requirements in specific areas that includes Needs Assessment & Staffing, Availability & Accessibility of Services, Care Coordination, Scope of Services, Quality & Reporting, Organizational Authority – Governance & Accreditation.

Melinda, Eddie & I will be taking point in this process where we will be responsible for gathering & submitting required information with the expectation maintaining all criteria for certification & moving all scores from our initial certification up from their original scores (e.g., a score of a 3 on the initial certification should be moved up to a 2, at minimum). The CCBHC team will review & provide feedback on submitted documents. The rating scale for recertification will be based primarily on level of operationalization (1 – Fully Operational, 2 – Mostly Operational, 3 – Requires Remediation, 4 – Not Operational). We will have 3 opportunities to submit required information with a passing score between March and August.

If, after the 6-month period, we meet the identified CCBHC criteria, certification will once again be awarded. However, if certification standards are still not met, the center loses certification & must wait 6 months before we are eligible to re-apply.

In 2022 our final overall score was 95%. Under Needs Assessment & Staffing we had 2 items not meeting certification (95%), Availability & accessibility of Services we had 3 items not meeting certification (92%), Care Coordination we had 1 item out (96%), Scope of Services – 3 items out (95%), Quality & Reporting – (100%), Organizational Authority – Governance & Accreditation – (100%).

Our renewal application was submitted on **2/21/2025**. The intake meeting will occur on **March 4th**.



CENTER STAFFING PLAN

Part of the CCBHC re-certification process is to update several required documents, most of which are on a **3-year renewal schedule**; as with CCBHC re-certification. Last summer we completed the **Community Behavioral Health Needs Assessment**. I reported the outcome of this assessment in my **September 2024 CEO Report**. In short, the Needs Assessment develops a comprehensive view of Concho Valley's behavioral health, physical health, & the prevalence of health issues. It identifies barriers & accessibility concerns within the Concho Valley community. Findings from the Needs Assessment serve as a catalyst for developing the MHMRCV Strategic Plan & the Staffing Plan.

The Center Staffing Plan was completed last December. It addresses all areas of services & programs but has a focus on CCBHC requirements. It is designed to assist the Center with understanding the number & types of employees it needs to accomplish its goals.

The goals of the Staffing Plan are to:

- Meet requirements of the state behavioral health authority & any accreditation or other standards required by the state.
- Identify specific staff disciplines that are required for the provision of services.
- Provide integrated & high-quality care to the standards of CCBHC certification.
- Establish the required medically trained behavioral health care provider.
- Establish the staffing of required credentialed substance abuse specialists.
- Establish the staffing of required individuals with expertise in addressing trauma & promoting the recovery of children & adolescents with serious emotional disturbance (SED) & adults with serious mental illness (SMI).
- Establish other disciplines that can address needs identified by the Needs Assessment.
- Alleviate workforce shortages where they exist.

Attached to this report is the full Staffing Plan for your review.

Leadership Development Institute

The Center's quarterly supervisor's training that we call Leadership Development Institute (LDI) is planned for Friday, **February 28th** at the West TX Training Center. As with all of our LDIs we have a theme; this time it is, **"Great Leaders In History"**. We have a full agenda that includes topics on Cybersecurity, Human Resources, and Creating a Training & Development System that Motivates Employees to Learn & Be A Positive Ambassador of Your Organization. We also have a guest speaker from Shannon Health System, Rebecca Hartley, Assistant VP of Surgery, who will present, "Stopping the Staffing Bleed: Strategies to Retain and Bring Home Our Staff".





SUBSTANCE USE CONTRACT REVIEW

The Center was contacted by **HHSC, Behavioral Health Services, Contract Operations, Quality Management** on **2/11/2025** notifying that they plan to conduct a desk and onsite review of MHMRCV's 2 SUD contracts. The entrance conference occurred on **2/19**; the exit is planned for **3/27**. The on-site visit is tentatively planned for **3/20**. Areas that will be reviewed include:

- Quality Management Plan & P&Ps
- Quality Management activities that support continuous quality improvement with self-reviews, data verification, and documentation.
- Continuous Quality Improvement activities that support performance & outcomes improvement.
- Personnel record information
- Participant Records
- MOU's
- Environmental checks



CLUBHOUSE UPDATE

On **2/10/2025** the **United Way Community Investment Panel** visited the Clubhouse in preparation for 2025 funding that would begin **April 1**. The visit went very well. Ami Flint shared a recent Clubhouse member survey, as required by HHSC, with the panel.

The Clubhouse has provided the following (Agree/Strongly Agree):

- Skills learned can be transferred to a workplace – 91%
- Skills learned will help me be better prepared to go back to work – 68%
- Need of fewer less frequent or not at all hospitalizations in the past year – 77%
- Need of fewer ER services for psychiatric reasons in the past year – 70%
- Need of fewer use of crisis hotlines in the past year – 77%
- Had fewer encounters with law enforcement over the last year – 82%
- Had fewer psychiatric interventions in the past year – 88%

Ami is working on several grant opportunities:

- Methodist Healthcare Ministries – previously funded for \$52,000. Received notice on 1/29 that her grant increase to \$100,000 was approved, beginning 1/1/2025.
- United Way – Currently funded for \$30,000, requested \$40,000.
- HEB Grant/Sponsorship - \$50,000 to cover food & supplies related to food service activities.
- Tucker Foundation - \$35,000 for general operating expenses. Decision date April 1.
- San Angelo Health Foundation - \$25,000 for staff/members required training/travel.
- King Foundation – Accepting grant applications in March, will apply for \$50,000. Funding for next fiscal year.
- FMH Foundation – Grant due in April, applying for \$50,000. Grant decision in late August, funding for next fiscal year.
- Moody Foundation – Accepting grant applications in April, will apply for \$40,000. Funding for next fiscal year.
- HHSC – Recovery Focused Grant Programs – submitted 2/12/2025. This grant is for funding for FY2026 that would begin September 1, 2025. Currently funded for \$147,000. New grant request for \$399,846.



United Way Concho Valley