

**Texana Center  
Board of Trustees  
Minutes  
Date: May 25, 2016**

On the above date the regular meeting of the Texana Center Board of Trustees was held in the Auditorium in Building G at 4910 Airport Avenue in Rosenberg, Texas.

**MEMBERS PRESENT:**

Dennis W. Young, Vice Chair  
Anita Christensen, Secretary  
Sue Fagan  
J.C. Whitten  
Willie Greer, arrived 9:15  
May Tape  
Mary Rose Zdunkewicz  
Randy Reichardt

**MEMBERS ABSENT:**

Dianne Wilson, Board Chair

**STAFF PRESENT:**

George Patterson, Chief Executive Officer  
Amanda Darr, Chief Financial Officer  
Shena Timberlake, Director, Behavioral Healthcare  
Dot Preisler, Director, Human Resources  
Tracey Shaw, Director, Development & Community Relations  
Kevin Barker, Director, Provider Services  
Kate Johnson-Patagoe, Director, IDD Specialized Services  
Lori Marcus, Compliance Officer  
Larry Frame, BH Crisis Services Manager  
Rhonda Hodges, Recording Secretary

**STAFF ABSENT:**

Sheri Talbot, Director, Authority and Admissions

**GUESTS:**

Commissioner Richard Morrison, Fort Bend Co., Precinct One  
Wayne Allen, Wharton County Resident  
Clifford Gay, Fort Bend and National NAMI  
Larry Davis, Fort Bend NAMI

Bev Davis, Fort Bend NAMI  
Melody Lin, Fort Bend NAMI  
Pat Sumner, Fort Bend NAMI  
Carol Harris, Fort Bend NAMI

I. CALL TO ORDER, INVOCATION, DETERMINATION OF QUORUM,  
RECOGNITION OF GUESTS, AND CORRESPONDENCE

The meeting was called to order at 9:05 A.M. by Dennis Young, Vice Chair. Kevin Barker said the invocation. The Board Chair determined there was a quorum present to conduct the meeting. Dennis welcomed guests who were in attendance. There was no correspondence to discuss.

II. RECOGNITION OF ABSENCES

Dennis recognized Dianne Wilson as being absent from the meeting.

III. PUBLIC COMMENT

Public comments were made by Wayne Allen, Larry Davis, Melody Lin, Pat Sumner, and Carol Harris. Dennis thanked them for their comments.

IV. APPROVAL OF MINUTES

- March 23, 2016 – Board of Trustees Meeting

Dennis questioned whether the Board had any additions or corrections to the minutes being submitted from the March 23, 2016 Board of Trustees meeting.

*A motion was made by J. C. Whitten to approve the minutes as submitted. Mary Zdzunikiewicz seconded the motion. **Motion Carried.***

V. THE BOARD WILL CONSIDER AND TAKE ACTION ON THE FOLLOWING  
ITEMS:

1. Review and Consider Approval of April 2016 Financial Reports

Dennis asked Amanda to present the April 2016 Financial Reports to the Board.

Amanda reviewed the following financial information with the Board:

The **BH Division** contract amendment with the Department of State Health Services (DSHS) for new funding for crisis stabilization beds continues to be below target due to the delayed 11/1/15 start date. Through April we have served 100 patients totaling 948 bed days of our annual contract target of 365 patients and 1,825 bed days. This achievement level of 52% of the bed day target through 66% of the fiscal

year is resulting in an unfavorable variance on DSIS General Revenue earned. As this is our first year of funding from the Psychiatric Emergency Services Center (PESC) bucket of funds, we are not certain how unspent fund will be handled at the conclusion of the contract period and whether we will have to return funds or retain them for another use.

Across all types of Medicaid, both paid through TMHP and the MCOS's, the BIJ Division is **(9.3%)** under budget projections resulting in an unfavorable variance of **(\$194,595)** for Medicaid services. The Adult Mental Health contract target of 2,466 served per month continues to be a challenge to achieve and for the month of April was at 2,351 individuals served.

#### Service Target Count by Component

2016

AMH

	Target	201500	201510	201521	201517	201601	201602	201603	201604	201605	201606
430 - TEXANA	2,466	2,351	2,347	2,336	2,334	2,329	2,384	2,378	2,351	2,251	2,844
	Sum:	2,315	2,347	2,336	2,330	2,350	2,384	2,378	2,351	2,251	2,844

**IDD Provider Services Division** transitioned the service delivery system infrastructure to support the burgeoning delivery of CFC services such that in the last two months we have seen two consecutive months of favorable budget performance. YTD the Division reflects an excess of revenues over expenditures of \$295,247. The process to review service documentation provided by contract providers was overhauled to provide more vigorous quality oversight and timely data entry of services both for billing and reporting to the state.

**IDD Authority Services Division** continues to battle with staff turnover as the difficulty/complexity of the job coupled with the salary level that the rates will support continue to exert pressure. Lower than anticipated Medicaid billing continues to be partially offset by reduced employee salary and benefit expenses. The DADS performance monthly contract target for individuals served under general revenue is 181 and all three IDD Divisions have combined to exceed target expectations by over 20% each quarter serving on average over 220 each month. There are excess revenues over expenditures of \$86,862 year to date.

#### 430 - TEXANA

	Target	Avg Served	Variance from Tgt	Percent of Tgt	Recompment	
430 - TEXANA	2016 Q1	181	227	45.7	125.23%	\$0
	2016 Q2	181	222	45.0	122.65%	\$0

**IDD Specialized Services** has an excess of revenues over expenditures of \$109,836 year to date. The Early Childhood Intervention (ECI) program was one that we highlighted during our budget discussions last September that had significant

challenges. There was a misalignment between legislative intent and ECI contract expectations in 2014/2015 which resulted in a significant reduction of funding for ECI providers across the state. ECI was funded based on an average of 2.9 delivered hours per child/month. ECI leadership at the state agency set the contractual requirement at 2.6 average hours. Thus, when ECI contractors achieved 2.68 average hours, the Legislature perceived this as not meeting legislative target and reduced FY 2016/2017 funding level. The Texas ECI program had been underperforming on this metric achieving 2.23 average hours in 2014 and 2.28 average hours in 2015. Through significant effort and leadership of the ECI management and direct care staff, in April they exceeded the contract target of 2.75 average hours by performing at 2.82 average hours. The number of children served continues to be above 460 each month, exceeding the contract target of 409. This positive performance in average hours and number of children served is beneficial in positive budget performance YTD, but the rate cuts in therapy services mandated by the last legislative session continue to loom. The law suit against HHSO that had any rate cuts on hold was thrown out by the courts in early May and much uncertainty remains. Potential impact to our ECI program is an annual loss in revenue of approximately \$50,000.

### *Emerging Issues – Environmental Scan*

#### **STAR Kids**

- Rolls out 11/1/16 – 180,000 estimated children
- Eligibility – Age 20 and younger with either SSI and SSI Medicaid, SSI and Medicare or MDCP.
- Mandatory for HCS, T111, ICF and YFS – acute care through MCOs and T11S through waiver
- Workload estimate – 10% or 18,000 children may be referred to T111DAs for ID/RCs for LOC determinations
- Business as usual for IDD TCM, ECI TCM and ECI SST – continue to bill to TMHP as these are non-capitated services

#### **Certified Community Behavioral Health Clinics – CCBHCs**

- Excellence in Mental Health Act created CCBHCs – equivalent to FQHC enhanced cost based funding for Medicaid clients.
- Texas 1 of 24 states awarded SAMSHA planning grant.
- 2 year demonstration – initially 8 – legislation introduced to expand to all 24 states
- 7 community centers in Texas + 1 private entity selected to go through certification process.

- Being described as a transformational change the scope of which has not been seen since the *1963 Community Mental Health Act* which was the genesis of the current community centers in Texas.
- Not incremental change – but **TRANSFORMATIONAL**. This is not business as usual.
- It is being said that **In** 50 years history will look back to today as the *beginning point of a new trajectory* for community MH services
- Texas has said they plan to proceed with the new model even if **NOT** selected as a demonstration state. This is significant as HHSC views this as a potential model for Texas moving forward.

### **1115 Waiver**

- DY 6 Transition Year Proposal Approved by CMS – 15 months - 10/1/16 - 12/31/17
- To maintain DY 5 funding levels
- No bonus pool during DY 6
- HHSC rules still includes provision to recoup FY 6 funds if decision is made in DY 7 to discontinue projects
- Texas must figure out a path to cover the uninsured – or we are in for a rough path as CMS has reiterated they will not continue to fund DSRIP and Uncompensated Care (U.C.) in Texas to cover healthcare that would be covered under Medicaid expansion

### **Medicaid Waiver for the Seriously Mentally Ill (SMI) Population**

- Texas is looking at the state of Virginia's GAP Plan – Governor's Access Plan for the Seriously Mentally Ill
- Essentially a carve out for Medicaid eligibility for a diagnosis specific target population – Adult SMI population
- NOT Medicaid expansion, which is politically charged in Texas, but rather target a specific population (like the YES waiver)
- This is essentially the indigent population that is currently served through our DSHS performance contract
- In order to inform the process, the Texas Council has distributed a survey to collect data on our current MH populations served in order to evaluate the impact on our system of care and inform the strategy for the next legislative session. Survey is due May 31<sup>st</sup>.

### **Leading indicators – what direction are we headed – reading the tea leaves?**

- CCBHC's is creating enhanced reimbursement for Medicaid eligible for a more comprehensive service array (MIL, Primary Care, SUD)

- **Potential Medicaid waiver for the SMF population** – which will move large numbers of our current patients into Medicaid managed care. If approved, IHSC can move quickly on implementation as contracts already exist with MCO's across the state and it is a simple contract amendment to add in an additional covered population.
- Both will have an impact on the MHF performance contract – potentially a more scaled back contract that focuses on critical safety net functions and remaining uncovered population.
- Sustainability of DSRIP programs – 25% valuation tied to sustainability planning

This completed Amanda's review of the Financials. Following a brief discussion, Dennis called for a motion.

*A motion was made by J. C. Whitten to approve the April 2016 Financial Report as submitted. May Tape seconded the motion. **Motion Carried.***

## 2. Review and Consider Approval of FY 2017 Employee Benefit Renewal

Dennis asked Amanda to present the information for the FY 2017 employee benefit renewal to the Board.

Amanda briefly discussed the following background information regarding the plans being considered for FY 2017.

### **Medical**

The desired medical loss ratio for our health plan with Blue Cross Blue Shield (BCBS) is 89.9%. Over the 12 month period through March, 2016 the center incurred an **actual loss ratio of 109.9%**. This means that the actual claims paid out by BCBS was 109.9% of the premiums paid in over the year. This 20% overage of the desired medical loss ratio paired with a 7% medical trend resulted in a **renewal increase from BCBS of 27.7%**. 7 of the 12 months used in rating the plan renewal exceeded the desired ratio, with 6 months exceeding a 100% loss ratio.

Anticipating an unfavorable renewal based on the review of medical loss trend, we conducted a Request for Proposal (RFP) to evaluate other potential market solutions. United Healthcare responded with a 29.9 % increase and Aetna with a 31.6% increase. CIGNA declined to provide a response.

Based on the current enrolled census of 614 individuals, this 27.7% represents an annual increase to the Texana Center contribution of 5938,544.

Currently, Texana Center pays 100% of the premium cost for employee only coverage with no cost to the employee. The SLT reviewed benchmarking data

regarding employee contributions for health insurance for all the Texas Centers as well as a survey of over 677 employers conducted by Aon-Hewitt. Of the 35 centers in Texas responding to a benefits survey, 72% have an employee contribution and the average employee contribution is 9% of premium cost (\$54,46/month). The broader survey of employers shows that **99% of employers have an employee contribution that averages 17% of premium cost.** The S.I.T. recommends that Texas implement a 5% cost sharing of the employee only premium cost to begin to align with the current employer benefit landscape. This will result in an **employee contribution of \$30.32/month and will offset \$223,398 of the premium cost.**

Added to the health coverage provided for the base plan through Blue Cross Blue Shield, Texas Center contributes an additional \$500/year for each employee to a Health Reimbursement Account (\$1,000/year for dependent coverage). This provides first dollar reimbursement for health expenses, providing additional benefit until the deductible is met. The S.I.T. recommends that we **discontinue the HRA contribution which will result in an annual savings of \$320,000.** The buy up PPO plan that was offered for the first time last year does not contain an HRA and this action would provide a consistent approach to both plans.

In summary, the recommendation is:

- *to continue with Blue Cross Blue Shield*
- *implement a 5% employee cost share of employee only coverage*
- *discontinue the contribution for the Health Reimbursement Account (HRA)*
- *include net additional cost of \$395,146 in the development of the FY 2017 operating budget*

#### ***Dental***

Delta Dental has agreed to continue with the current rates with a two year rate guarantee through 8/31/18. The recommendation is to continue with Delta Dental.

#### ***Short-Term Disability***

CIGNA has agreed to continue the current rates with a two year rate guarantee through 8/31/18. The recommendation is to continue with CIGNA.

#### ***Long-Term Disability***

CIGNA has agreed to continue the current rates with a two year rate guarantee through 8/31/18. The recommendation is to continue with CIGNA.

#### ***Basic Life / AD&D (Employer Paid)***

Group Life & Health/Ft. Dearborn has agreed to continue the current rates with a three year rate guarantee through 8/31/19. The recommendation is to continue with Group Life & Health/Ft. Dearborn.

### ***Voluntary Life***

Group Life & Health/Lt. Dearborn has agreed to continue the current rates with a three year rate guarantee through 8/31/19. The recommendation is to continue with Group Life & Health/Lt. Dearborn.

### ***Voluntary AD&D***

Group Life & Health/Lt. Dearborn has agreed to continue the current rates with a three year rate guarantee through 8/31/19. The recommendation is to continue with Group Life & Health/Lt. Dearborn.

### ***Vision***

National Vision Administrators is in the second year of a four year rate guarantee through 8/31/19. The recommendation is to continue with National Vision Administrators.

### ***Section 125 Administration***

Blue Cross Blue Shield/ Pay Flex has agreed to continue with the current rates with no increase with a three year rate guarantee through 8/31/19. The recommendation is to continue with Blue Cross Blue Shield/Pay Flex.

### ***COBRA Administration***

The recommendation is to continue with Benefit Management Administrators, Inc. The costs vary depending upon how many COBRA events occur at Texana and how many employees actually elect COBRA coverage when they leave.

### ***Employee Assistance Program***

Actna Resources for Living is in the second year of a three year rate guarantee through 8/31/18. The recommendation is to continue with Actna.

Following Amanda's review, there was a brief discussion by the Board and SLT. Dennis asked if the Board had any further questions for Amanda, hearing none, he called for a motion.

*A motion was made by Mary Zdzunkewicz to approve the following:*

- *The continuation with Blue Cross Blue Shield for the medical coverage which includes implementing a 5 % employee cost share of employee only coverage, discontinuing the contribution for the Health Reimbursement Account (HRA), and including a net additional cost of \$395,146 in the development of the FY 2017 operating budget.*
- *Approval of all other benefit plans as presented*
- *Authorization for the Chief Financial Officer to execute necessary agreements with vendors for coverage effective 9/1/16.*

*J. C. Whitten seconded the motion. Motion Carried.*



3. Review and Consider Approval of the construction for the expansion of the parking area for the Texana Behavior Stabilization Center located at 4706 Airport Avenue, Rosenberg, TX.

Amanda discussed the need for the construction of the parking area expansion at 4706-C Airport Avenue, Rosenberg, TX. She provided the following background information to the Board regarding this project:

Funding for the project will be made, upon approval, from the Department of Aging and Disability Services. The source of funds will be the Medical, Behavioral and Psychiatric Support Program which funds the HUB that Texana operates serving a 12 county regional area. This program is known in Texana nomenclature as the **Hub for Effective Local Providers (HEL.P)**.

This construction is for the expansion of the parking area at 4706-C Airport Avenue, Rosenberg from the current 14 spots to approximately 58 spots around the building. The Behavior Stabilization Center houses the HEL.P team whose activities include: developing, coordinating and presenting training through multiple formats such as webinars, videos and symposia which focus on increasing the expertise of providers. They also perform trans-disciplinary case reviews in order to assist treatment teams in developing best services for individuals with significant medical, behavioral and psychiatric challenges.

This expansion would allow for convenient parking for visitors, clients, program staff and other IDD providers attending training. The company vehicles used by the programs would be parked in the area and would be more secure from theft and vandalism. Clients and visitors would not have to walk through other parking lots, apartment complexes, or adjacent businesses to reach their destination. The expansion would also include two additional accessible parking places for those in need.

The construction will consist of two parking lots, one on the east and one of the west side of an existing building. Architectural drawings were completed by Alharam Architects and Engineering drawings were completed by Rehka Engineering.

This completed Amanda's review of the parking lot expansion. Following a brief discussion by the Board, Dennis called for a motion.

A motion was made by May Tape to approve the Construction of Parking Area Expansion at 4706-C, Airport Avenue, Rosenberg, Texas as submitted. Mary Zlunkewicz seconded the motion. **Motion Carried.**

4. Review and Consider Approval of Minimum Unassigned Fund Balance for 2017 Budget Development and update to Criteria contained in Board Policy

Amanda presented the following fund balance information to the Board:

Current Board policies define the Center's goal to achieve and maintain an unassigned fund balance in the general fund equal to 16.67% of expenditures or 60 days of operation. As has been discussed with the Board on many occasions, the changes in reimbursement associated with a healthcare system that is undergoing a period of transformation. These changes are placing extreme pressures on the cash flow of Center operations, impacting the ability of the Center to be proactive in taking advantage of opportunities to better serve our community.

Recent discussions at the Financial Management Consortium around this issue were able to leverage the distribution of information for all centers in Texas on this important financial metric. This benchmarking data is intended to provide greater transparency and understanding across local communities of the importance of the financial health of safety net providers to operate in an evolving healthcare landscape.

A review of the Unassigned Operating Reserve of Texas Centers supports the growing reality that Centers are leaving behind the outdated standard of the adequacy of 60 days reserve and moving to be in line with other healthcare providers, such as hospitals, which maintain much larger reserves in order to compete in today's healthcare market.

#### **Key Points from Statewide Data on Unassigned Fund Balance**

- Range across all centers – 8.3 to 171 days
- **Community Center Median – 85 days**
- Greater than 90 Days = 36% of centers
- 60 – 90 Days – 31% of centers
- < 60 days – 33% of centers

#### **Texana Center Unassigned Fund Balance**

The chart below shows the changes in Texana's unassigned fund balance over the last five years. Our financial audit for FY 2015 shows that Texana Center has 57.5 days of unassigned fund balance which is *27.5 days below the state-wide median of 85 days.*



The recommendation of the SLT is to update the Board policies to increase the goal to achieve and maintain an unassigned fund balance from 16.67% of expenditures to 25% of expenditures which increases the expectation from 60 to 90 days.

The SLT recognizes this as a priority for the continued sustainability of the Center and that it will take considerable attention to make this happen. Step one is to garner the understanding and support of the Board of Trustees and other community stakeholders that this is a necessary action. Step two is to build expectations into the budget development process to address this issue. In order to build these unassigned reserves we must plan for them in our budgeting process such that we do not expend 100% of the expected resources in the coming year, but only expend some percentage of expected revenues with the intention of directing funds to the unassigned fund balance each year.

We have developed various scenarios for achieving this goal over a 3 to 5 year period. Assuming a base budget of \$50 million, we need to add \$4.7 million to achieve a 90 day unassigned reserve. A detailed plan will be submitted to the Board of Trustees at the July Board meeting.

	2017	2018	2019	2020	2021	Total
Percentage of Revenues	3%	4%	1%			
Scenario 1	\$ 1,500,000	\$ 1,500,000	\$ 1,500,000			\$ 4,500,000
Percentage of Revenues	1%	2%	3%	4%		
Scenario 2	\$ 500,000	\$ 1,000,000	\$ 1,500,000	\$ 1,500,000		\$ 4,500,000
Percentage of Revenues	1%	2%	2%	2%	2%	
Scenario 3	\$ 500,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 5,000,000

This completed Amanda's review of the Unassigned Fund Balance. She asked if the Board members had any questions. Hearing no questions, Dennis called for a motion.

*A motion was made by Randy Reichardt to approve updating the Board policies to increase the goal to achieve and maintain an unassigned fund balance from 16.67% of expenditures to 25% of expenditures which increases the expectation from 60 to 90 days and to receive a plan from the Senior Leadership Team at the July 27, 2016 Board meeting to achieve this minimum required unassigned fund balance including necessary steps and an estimated timeline. J. C. Whitten seconded the motion. **Motion Carried.***

Dennis thanked the SLT leaders within the organization for their knowledge, passion, dedication and leadership.

**VI. THE BOARD WILL DISCUSS THE FOLLOWING ITEMS WITH NO ACTION REQUIRED:**

a) Fort Bend County Update from Precinct One Commissioner Richard Morrison

Commissioner Morrison provided an update of what was going on in Fort Bend County. He discussed the Mental Health Public Defenders office and the problems associated with arrests due to mental health issues in which the individuals average approximately 38 days in jail at a cost to tax payers in the amount of \$10,000 per event. Next, he discussed the possibility of assistance from the State through a Medicaid Expansion program "1915 f Waiver" where those with serious mental illness who have had multiple arrests can receive assistance through this program. The County found a company called "Generations" out of Tennessee who is familiar with this program. This company would like to work with Fort Bend County in purchasing 7 acres in Beasley to build three houses which would hold 10 individuals each. Fort Bend County would build the homes and Generations would pay the County back over a certain number of years. The County officials agree there is a need for this service in the community and if the State agrees to fund the County for our specific needs, we should move forward with it and they would like Texana to agree to work with them on it.

May Tape questioned if the State agrees to fund the project, what Texana's involvement would be. Commissioner Morrison stated Texana would be involved in working with Generations to ensure patients are making it to their appointments.

Anita questions if this would be like a group home setting. Commissioner Morrison stated it would be like a group home setting, which will include nurses.

b) Update on PNAC Committee

George Patterson provided a brief update on the development of a new PNAC Committee which was needed to ensure Texana was following the requirements of the DADS and DSHS contract. He mentioned to date, Texana had received two applications. He mentioned he wasn't sure who was all included in the email which was sent which contained the applications, but he would look into it and make sure

those who were interested would be sent the information. Sherri and Kate reminded the Board that to be eligible for consideration, 50% of the members have to be BI and 50% have to be IDD, then a person must reside in one of our six Counties, be a patient or have a family member who is currently receiving Texana Services, or be a Community member interested in these services in the local service area. They also mentioned that if it was for a family member, the family member must complete a patient consent form along with the application which would give them authority to be involved on behalf of the patient. George ended his discussion by stating the SLT would be looking into the concerns addressed by Melody Lin. He also stated the SLT would never use a person's race or organization as a reason for a person to not be selected to serve on the PNAC. May Tape asked the SLT to put forth effort to address the concerns which were brought up by Melody Lin. This concluded the PNAC update.

c) Update on Fulshear Development Project - Phased Approach

Tracey Shaw provided a brief update on the Fulshear project. She discussed that the project which initially was thought to cost approximately \$ 8,000,000 was now estimated to cost \$10,000,000. Due to the difficulty of raising this amount of money, it was decided to approach the project in a phased approach which would allow Texana to move forward in getting a presence in the community more quickly. Phase I of the project would include raising approximately 1 million dollars to build Décor & More along with two classrooms (Autism and Adult Center for Learning). Phase II would be to raise approximately \$5.2 million dollars to build the Center for Autism. Phase III would include raising approximately 4 million to build the Center for Learning.

Following a brief discussion on the various projects, the Board asked if Tracey could send them an executive summary listing various phases of the project. Tracey agreed to do this.

d) Update on DADS Crisis Need and Capacity Assessment Contract Amendment

Kate provided a brief update that DADS is planning on funding a Crisis Intervention Specialist for clients who are in Crisis. She also discussed the plans to contract with Lifetime Homecare Services for assistance with IDD individuals who are in Crisis.

e) Update on plans to host visit of the new HHSC Executive Commissioner Charles Smith at the 4910 Airport Location on July 25<sup>th</sup> at 9:00 A.M.

George mentioned the new HHSC Executive Commissioner Charles Smith would be visiting Texana on July 25<sup>th</sup> at 9:00 A.M. and invited the Board members to come and meet him. The Board asked if the meeting could be moved to the 27<sup>th</sup> since that is when the next Board meeting would take place which would limit the travel for many of the Board members during that week. George agreed to check

and see if this date could be changed and agreed to let the Board know of the outcome.

VII. AN EXECUTIVE (CLOSED) SESSION WILL BE HELD FOR THE FOLLOWING PURPOSES:

*The Board went into Executive Session at 11:05 A.M. to discuss the following:*

- Deliberation Regarding Current, Pending, or Anticipated Litigation
  - Madhu Rao v. Texana Center
  - Puleo v. Texana Center

VIII. EXECUTIVE SESSION RETURN TO OPEN SESSION AND CONSIDER TAKING ACTION ON THE FOLLOWING:

*The Board returned from executive session at 11:15.*

- Deliberation Regarding Current, Pending, or Anticipated Litigation

There was no action taken by the Board following Executive Session.

IX. OTHER BUSINESS

Anita mentioned the Board was sent the CEO Evaluation and asked that the Board complete the Evaluation and submit them to her no later than June 17<sup>th</sup> so she could bring it to the July Board meeting.

X. NEXT BOARD OF TRUSTEES MEETING

Dennis reminded the Board that the next Board meeting would be held on July 27, 2016.

XI. ANNOUNCEMENTS

Dennis reminded the Board that the Annual Texas Council Conference was being held at the Grand Hyatt in San Antonio on June 22-24, 2016 and that the Board/SLT dinner would be held on Thursday the 23<sup>rd</sup>. J. C. Whitten reminded the Board that there is also the Trustee's breakfast which is held on Friday the 24<sup>th</sup>.

XII. ADJOURN

The meeting adjourned at 11:18 A.M.

Respectfully submitted,

  
Rhonda Hodges  
Recording Secretary

Approved:



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Dianne Wilson      Date  
Board Chair