**Minutes June 14, 2016**

**Ouachita Parish Health Unit – Community Room**

**1650 DeSiard Street, Monroe, LA 71202**

**5:30PM**

**Call to Order**Meeting called to order and continued with a quorum. Prayer led by Lorraine Reed.

**Adopt Agenda***:* AMotion by Kathy Waxman and seconded by Mike Shipp to approve /accept the Agenda. Motion passed unanimously.

**Adopt Minutes of May 10:**AMotion by Lorraine Reed and seconded by Kathy Waxman to approve/accept the April Minutes with corrections. Motion passed unanimously.

**Board Members present:**

***Welcome new Board Member, Gina Jones, Lincoln Parish.***

Lorraine Reed, Mike Shipp, Gina Jones, Lakeisha Powell, Kathy Waxman, Alisa Lear and Terri Spence.

**Absent Board Members:** Dr. E. H. Baker, Thelma Merrells, Yvonne Harris and Melba Sandifer.

**Ownership Linkage-Recognition of Guests**: Laura Nettles with Families Helping Families, and KarVan Powell.

**Northeast Delta HSA staff members**: Dr. Monteic Sizer and Delores Harris.

**BOARD EDUCATION/ ENDS Items for DISCUSSION-**

**Upcoming Events/Community Action:** Dr. Sizer reported the Regional Advisory Committee will have their Annual Conference at the West Monroe Convention Center, Friday, June 17, 2016. Also, a meeting Introducing the New Medicaid Expansion will be at the School of Pharmacy Building on June 22, 2016.

Laura Nettles reported Families Helping Families will have Family Fun Day at the Zoo on Friday, June 17, 2016, and they are expecting close to 300 to attend.

The FEMA contract with NEDHSA, to administer counseling to flood victims, is scheduled to be renewed for another 9 months.

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**GOVERNANCE PROCESS/EXECUTIVE LIMITATIONS for DECISIONS –**

**ED**

**ED Monthly Report Submitted 06/07/16 -**

**Financial Condition and Activities -**

*With respect to actual, ongoing financial condition and activities, the ED shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in ENDS policies*. A Motion was made by Kathy Waxman and seconded by Lorraine Reed to accept the ED report that this authority has not been exceeded. Also noting, noting FY17 budget presented to board. Motion passed unanimously.

**Financial Planning -**

*Financial planning for any fiscal year or the remaining part of any fiscal year shall not deviate materially from the board’s Ends priorities, risk fiscal jeopardy, or fail to be derived from a multiyear plan.* Motion by Mike Shipp and seconded by Lorraine Reed to accept report that this authority has not been exceeded. Motion passed unanimously.

**BOARD**

**Agenda Planning** - Motion by Lorraine Reed and seconded by Mike Shipp to accept no change in the method currently used. Motion passed unanimously.

**Cost of Governance** - Motion by Terri Spence and seconded by Mike Shipp to ask for the same amount of funds as requested in FY16 for the cost of governance. Motion passed unanimously.

***Board Management DELEGATION*** (*ongoing*) Board members were advised of a mandatory training retreat at the Ouachita Parish Public Library in West Monroe, Louisiana, scheduled for Saturday, September 17 from 9AM – 1PM (Breakfast and Lunch provided)

***Action on Renewal of Terms for Board Members*** – Still waiting on appointment for Ouachita Parish board member. Alisa and Kathy will follow with OCOG re status.

**MONITORING -**

Final Travel Forms for 2015-2016 due.

Adjourn - *Next Meeting July 12, 2016* ***-*** *Ouachita Parish Health Unit – Community Room*

*ED’S Monthly Report attached*

**ED’s Monthly Report for June 2016 Meeting**

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| This report is in fulfillment of the Executive Limitations/ED Communication and Support to the Board. This report does not reflect all the day-to-day responsibilities of the Executive Director. But rather, it is an attempt to put before the Board those things most relevant for policy setting and strategic planning.  |

**A. Financial Condition and Activities:**

Accordingly, the ED shall not:

1. Use any Non-Appropriated Funds in a manner that does not comply with Non-Appropriate Funds Policy.

a. Funds are handled according to internal NEDHSA policy, established accounting standards, and according to intended purposes.

2. Fail to maintain integrity in expenditures of categorical funding services.

a. The Executive Directors maintains integrity in categorical funding services. Financial staff examines monthly categorical expenditures and provides the Executive Director monthly reconciliation reports. These reports are also provided to the Board.

3. Acquire, encumber, or dispose of real property in violation of state and federal law.

a. All property is handled according to state, federal law, and agency policy. Asset reports will be provided to the Board.

4. Fail to aggressively pursue receivables after a reasonable grace period.

a. All receivables are actively pursued within allowable time periods. Additionally, the finance team evaluates monthly receivables and determines appropriate strategies for maximizing collections. The Executive Director also receives a monthly report of receivable activity and tactics to ensure concentrated receivable collection efforts.

**B. Financial Planning and Budgeting:**

Accordingly, the ED shall not allow budgeting which:

1. Contains too little information to enable credible projection or revenues, separation of capital and operational items, cash flow, and disclosure of planning assumptions.

a. Northeast Delta Human Services Authority returned to a 5-day workweek on June 1, 2016. We will continue to work a 5-day work week through the end of FY 16-17 or the entire upcoming fiscal year.

b. The Executive Director and Finance team members receive and monitor an independent monthly appropriations report (income vs. expenditure reports) that’s sent from the Louisiana Office of Management and Finance.

c. The CFO and Finance team keeps a running total of all income and agency expenses by category and type. The Executive Director receives weekly reports and a monthly report from NEDHSA staff. At the end of each month, Finance team members conduct monthly account reconciliations and overall agency financial reviews. The Executive Director is provided a report and is briefed by the CFO.

d. The CFO produces a monthly income vs. expense report and provides a copy to the Executive Director and the NEDHSA Board of Directors.

2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period. All budget expenditures are projected based on revenue projections.

a. At no time are expenditures projected to exceed expected appropriated funding levels. A modified FY15-16 budget plan was developed to ensure revenues are more than expenses. For FY16-17, a similar budget plan will be developed and based on more revenue than expenditures. The proposed budget will also take into consideration potential FY16-17 mid-year budget cuts. And as before, NEDHSA’s CFO and members of the finance team conducts monthly reviews and reconciliations to ensure income remains higher than agency expenses. The CFO briefs the Executive Director of NEDHSA’s finical position weekly and provides the Executive Director a monthly financial report. The CFO will also continue presenting current budget data to members of the Board.

b. NEDHSA’s FY16-17 appropriated budget is $15,149,236. Our SGF = $9,151,140. Our IAT = $3,285,507. Self-generated = $2,664,300. Federal = $48,289. We were able to get restored all but $100,000. This is great news for our agency and the people living in our region.

3. Provides less for board development, training and monitoring during the year than is annually set forth by the Board and is in compliance with the Cost of Governance policy and the operational plan.

a. All applicable governance policies/plans are followed to ensure compliance.

**C’est Bon Survey Results**

**Ruston Behavioral Health Clinic**

**April/May 2016**

A program of the **Louisiana Office of Behavioral Health** through the State Behavioral Health Advisory Council. The purpose of the *C’est Bon* survey is continuous quality improvement of both services and facilities. Our greatest goal is to help the behavioral health system work for all by encouraging those involved to work together. These surveys are conducted by specially trained consumers who are not part of this clinic who interview consumers here to get their opinion about the services they receive from this clinic. This is how you, the consumer graded the services you have received using the following grading scale:

**A** – Excellent (4.0 – 3.5), **B** - Very Good (3.4 – 2.5), **C** – OK (2.4 – 1.5),

**D** – Poor (1.4 – 0.5), **F** – Failing (0.0 - 0.4)

**Areas of Clinic Performance Grade Score**

**ACCESS to services: A 3.57**

The degree to which services are quickly and readily obtainable. This includes the responsiveness of the system to individual and cultural needs and the availability of a wide array of relevant services.

**APPROPRIATENESS of services: A 3.60**

Services are individualized to address a consumer’s strengths and weaknesses, cultural context, service preferences and recovery goals.

**OUTCOME from receiving services: B 3.48**

The extent to which services provided have a positive or negative effect on well-being, life circumstances and capacity for self-management and recovery based grading of these issues:

**Help me deal with daily problems A 3.56**

**Help me cope with crisis A 3.54**

**Help me get along with family A 3.50**

**Help me do better in being able to work A 3.50**

**Help me do better in my leisure time B 3.44**

**Help me improve my housing situation B 3.31**

**Do better at being able to control my life B 3.46**

**PARTICIPATION in treatment: A 3.71**

An indicator of the degree to which consumers (or, for children, family members) participate in treatment decision-making.

**GENERAL satisfaction with the services:**

Measures the overall perception of the clinic and its services.

**Would I continue to come here? Yes 100%**

**Would I recommend this clinic to a friend? Yes 100%**

**(COMPLETE REPORT AVAILABLE ON REQUEST)**