

Tri-County Services Board of Trustees Meeting

April 24, 2014



*Serving individuals with mental illness
and developmental disabilities*

AGENDA

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, April 24, 2014. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 1506 FM 2854, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:15 a.m.

I. Organizational Items

- A. Chairman Calls Meeting to Order
- B. Public Comment
- C. Quorum
- D. Review & Act on Requests for Excused Absence

II. Approve Minutes - March 27, 2014

III. Executive Director's Report - Evan Roberson

- A. DSHS
 - 1. Quality Management Audit
 - 2. Rapid Crisis Stabilization Contract Funding
 - 3. William E. Hall, Jr. Facility
- B. DADS
 - 1. Provider Services Audits
 - 2. HCS Grand Champion
- C. Cleveland Supported Housing, Inc.
- D. Legislative Visit to CSU
- E. Montgomery County Health Information Exchange

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2014 Midyear Budget Revision
- B. FY 2013 Cost Reports - MEI, HCS & TxHmL
- C. FY 2012 HCS/TxHmL Cost Report
- D. FY 2011 Rehabilitation, Case Management & Service Coordination Settle-up
- E. CFO Consortium
- F. Cleveland Property Update
- G. County Annual Funding Request
- H. Fixed Asset Inventory

V. Program Committee

Information Items

- A. Community Resources Report..... Pages 8-9
- B. Consumer Services Report for March 2014..... Pages 10-11
- C. Program Updates..... Pages 12-14
- D. Program Presentation - Annual Board & Management Team Training

VI. Executive Committee

Information Items

- A. Personnel Report for March 2014..... Pages 15-16
- B. Texas Council Quarterly Board Meeting Update..... Pages 17-64

VII. Business Committee

Action Items

- A. Approve March 2014 Financial Statements..... *Pages 65-78*
- B. Consider Selection of FY 2014 Auditor..... *Page 79*
- C. Select Doing Business As Name for Tri-County Mental Health & Mental
Retardation Services..... *Page 80*
- D. Approve Request to the TDHCA for Re-certification of the Reservation
System Participation..... *Pages 81-82*
- E. Approve Request of TDHCA for Primary Authorization in the Reservation System
Participation Program..... *Pages 83-84*
- F. Approve Request of TDHCA for Secondary Authorization in the Reservation System
Participation Program..... *Pages 85-86*
- G. Approve DSHS Amendment to the Mental Health Performance Contract
#2014-044767-001A..... *Page 87*

Information Items

- H. Board of Trustees Unit Financial Statement for March 2014..... *Pages 88-89*
- I. Montgomery Supported Housing, Inc. Update..... *Page 90*

VIII. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney

Posted By:

Stephanie Eveland
Executive Assistant

Tri-County Services

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

March 27, 2014

Board Members Present:

David Walker
Brad Browder
Patti Atkins
Morris Johnson
Cecil McKnight
Janet Qureshi
Sharon Walker

Board Members Absent:

Tracy Sorensen

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management & Support
Amy Foerster, Director of Human Resources
Kathy Foster, Director of Provider Services
Catherine Prestigiovanni, Behavioral Health Director
Stephanie Eveland, Executive Assistant
Sandy Kelly, Public Information Coordinator
Stella Montemayor, Administrative Assistant
Mary Lou Flynn-DuPart, Legal Counsel
Tabatha Abbott, Staff
Brian Burney, Staff

Guests:

None

Call to Order: Chairman, David Walker, called the meeting to order at 10:02 a.m. at 1506 FM 2854, Conroe, Texas.

Public Comment: There were no public comments.

Quorum: There being seven (7) members present, a quorum was established.

Resolution #03-14-01

Motion Made By: Morris Johnson

Seconded By: Brad Browder, with affirmative votes by David Walker, Patti Atkins, Cecil McKnight, Janet Qureshi and Sharon Walker that it be...

Resolved:

That the Board excuse the absence of Tracy Sorensen.

Resolution #03-14-02

Motion Made By: Morris Johnson

Seconded By: Janet Qureshi, with affirmative votes by David Walker, Brad Browder, Patti Atkins, Cecil McKnight and Sharon Walker that it be...

Resolved:

That the Board approve the minutes of the February 27, 2014 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

Resolution #03 -14-03

Motion Made By: Sharon Walker

Seconded By: Cecil McKnight, with affirmative votes by David Walker, Brad Browder, Patti Atkins, Morris Johnson and Janet Qureshi that it be...

Resolved:

That the Board approve the submission of the 2014 Montgomery County United Way FY 2014-2017 Strategic Investment Application.

Resolution #03-14-04

Motion Made By: Sharon Walker

Seconded By: Morris Johnson, with affirmative votes by David Walker, Brad Browder, Patti Atkins, Cecil McKnight and Sharon Walker that it be...

Resolved:

That the Board approve the funding award from United Way of the Piney Woods.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for February 2014 was reviewed for information purposes only.

The Program Updates were reviewed for information purposes only.

The Year-to-Date FY 2014 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2014 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 3rd Quarter FY 2014 Corporate Compliance Training was reviewed for information purposes only.

Program Presentation – Brian Burney presented information regarding the Supported Housing Program.

EXECUTIVE COMMITTEE:

The Personnel Report for February 2014 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #03-14-05

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by David Walker, Brad Browder, Cecil McKnight, Janet Qureshi and Sharon Walker that it be...

Resolved:

That the Board approve the February 2014 Financial Statements.

Resolution #03-14-06

Motion Made By: Morris Johnson

Seconded By: Brad Browder, with affirmative votes by David Walker, Patti Atkins, Cecil McKnight, Janet Qureshi and Sharon Walker that it be...

Resolved:

That the Board approve the recommendation to declare the 1999 Chevrolet Astro Van as surplus and dispose of the vehicle at the discretion of the Executive Director and Chief Financial Officer.

Resolution #03-14-07

Motion Made By: Morris Johnson

Seconded By: Cecil McKnight, with affirmative votes by David Walker, Brad Browder, Patti Atkins, Janet Qureshi and Sharon Walker that it be...

Resolved:

That the Board approve the 8th payment of non-refundable Option money to the property owner of the Independence Oaks project site in Cleveland, Texas.

Resolution #03-14-08

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by David Walker, Brad Browder, Cecil McKnight, Janet Qureshi and Sharon Walker that it be...

Resolved:

That the Board approve the forgiving of accounts receivable for Independence Communities, Inc. in the amount of \$33,236 and Montgomery Supported Housing, Inc. in the amount of \$38,639.

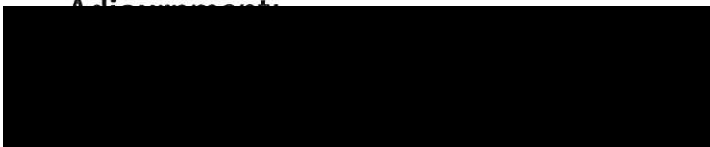
The 2nd Quarter FY 2014 Investment Report was reviewed for information purposes only.

The Board of Trustees' Unit Financial Statement for February 2014 was reviewed for information purposes only.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:28 a.m.

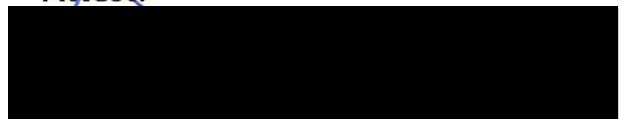
Attest:



David Walker
Chairman

Date

Attest:



Tracy Sorensen
Secretary

Date



Executive Director's Report

April 24, 2014

Announcements

- The next regularly scheduled Board meeting is May 22, 2014.
- We are joined today by Mr. Jacob Paschal, a candidate for the vacant Walker County Board Trustee position. Mr. Paschal is a partner at Haney.Moorman.Paschal, P.C. in Huntsville and is a Walker County native. You may remember that this is the same law firm that Judge Kraemer worked at prior to being elected as district judge. Mr. Paschal has yet to be appointed by the Walker County Commissioners Court, but we anticipate that he will be appointed, trained and ready to take his oath of office in May.
- The Annual Conference will be held on June 18-20th in San Antonio. We have four Trustees planning to attend the conference, but we can still get more of you into the hotel if you'd like. Stephanie plans to firm up reservations tomorrow, so please let one of us know after the meeting today if you would like to attend.
 - The Center for Healthcare Services, the host center, will be hosting a golf tournament at the Breckenridge golf course in San Antonio on Friday afternoon. The cost to play was reduced to \$40 as a result of several sponsorships that they were able to obtain. Players will be divided into three flights. Players participating in the flights with the first and second best scores will receive a cash prize. In addition to competing for cash prizes and well-deserved bragging rights, players can expect a box lunch at 12:00 p.m. and goodie bags with an "official" Texas Council golf hat.

If you would like to be registered for the golf tournament, please let Stephanie know.

- We received notice from the Texas Council that Anadarko Petroleum was not selected for the Frank M. Adams Community Award this year again. I have attached the letter from Texas Council to this update.

- I would like to welcome our new Director of Crisis Services, Breanna Robertson, to the Board meeting today. Breanna started a couple of weeks ago and has already used her knowledge of managed care organizations and private psychiatric hospitals to make several small changes to our crisis services and the PETC. I look forward to her contributions to our crisis services and the Management Team.
- The birthday cake this month is in honor of Mr. Cecil McKnight.

Department of State Health Services (DSHS)

- DSHS staff were on site from April 8-11th to complete a comprehensive mental health and substance abuse **Quality Management (QM) audit**. This is the first comprehensive DSHS QM audit in about ten years and staff were uncertain what to expect. In addition to documents that were requested in advance, DSHS provided a staff with a large list of additional items to be collected upon arrival and interviewed many staff from Administration, QM and clinical services.

I have attached the preliminary Findings Summary for the mental health component of the audit to this update. We did not receive a preliminary Findings Summary for substance abuse services.

The DSHS staff indicated that this was a small findings list for the audit and were complementary about many of the QM processes we have in place. There were a few findings that will need to be addressed and others that DSHS staff will seek clarification on before providing the final finding summaries.

Preliminary findings include:

- The DSHS contract began requiring a toll-free number for routine services in the FY 2014 contract. Staff have this number on order from the local telecom provider.
- DSHS staff requested a lot of documents associated with individual trainings for the Texas Resilience and Recovery (TRR) evidence-based practices. Historically, these training certificates were kept by supervisors, but with supervisor turnover in the last year, we weren't able to find all of them. DSHS is requesting a system change to ensure these trainings are available upon request.
- DSHS staff had a series of recommendations on Treatment Planning changes that they would like to see in the charts. However, it was acknowledged by DSHS staff that some of their concerns were directly related to Anasazi system functionality that could not be addressed by Tri-County staff.

- DSHS staff requested that a few of our Medication Room desk procedures be updated and that we add a couple to clarify how medication is destroyed and how samples are labeled.
- DSHS staff indicated that all staff should be participating in county disaster drills based on a new clause in the General Provisions of the performance contract. They agreed to seek further clarification on this item before including it in the final report.
- As you will remember from last month's updates, we received word that \$9,952 in new supported housing funds would be recouped. This month, we received word that there would be recouped **Rapid Crisis Stabilization Contract Funding** from other centers which would be offered to Tri-County. Rapid Crisis Stabilization Funding is used to pay for hospitalization services at local inpatient facilities and, unfortunately, Tri-County always seems to be in need of additional hospitalization funding. Preliminarily, DSHS has indicated that we may be able to get up to \$100,000 in additional funding.
- Our **William E. Hall, Jr. Medication Clinic Facility** opened on April 1st, as planned. In addition to adding 6,000 square feet of space to our medication clinic, we used new FY 2014 DSHS funding to ensure that correct supports were in place to maximize doctor efficiency. These supports were identified as needs while we participated in the Texas Council's 'Project Access' two years ago. We have also redesigned our clinical teams so that staff are working together with a consistent prescriber and clients. The conversion of this facility to a medication clinic was a significant system design change, and we are hopeful that the new design will allow staff to be more effective and efficient.

I would direct you to the newsletter for some pictures of the completed facility.

Our 1115 Integrated Healthcare program will begin providing services at the clinic by Thursday, May 1st.

Department of Aging and Disability Services (DADS)

- Provider services received word that the **Home and Community-based Services Provider audit** will begin on Tuesday, May 13th and the **Texas Home Living Provider audit** will begin on Wednesday, May 14th.

As you will remember, the Center serves as both an overseer of services (Authority) and Provider of services. The Texas Home Living Authority audit was completed in January of this year with very minor findings. Kelly Shropshire is responsible for Authority services. Kathy Foster is responsible for Provider services.

Kathy and her staff had an outstanding record of seven years in a row without a single finding, but these audits get more intense each year and we had a few small findings last year. We will provide a summary of these audits at our May Board meeting.

- I have attached a picture from our newsletter of Shane, an HCS client in the Willis area, who won **Grand Champion** for his Willis High School wood working project. Shane received a \$235 check from the buyer. He was also presented a "Grand Champion" plaque.



Cleveland Supported Housing, Inc. (CSHI)

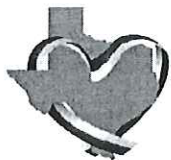
- I am very pleased to announce that we have received the Firm Commitment from HUD for our third HUD-811 housing project in Cleveland, Texas. The Firm Commitment, which includes \$447,489 dollars in amendment funds, will allow the CSHI Board to move toward Initial Closing in late May. Tanya Bryant and her staff will be working on the Initial Closing and I will be providing assistance as needed.

Legislative Visit to CSU

- Representative Cecil Bell, who represents portions of Waller and Montgomery Counties and is now the most senior Representative in Montgomery County, will be visiting the PETC on Thursday, May 15th. Ms. Walker and I had several visits with Representative Bell's Chief of Staff in Austin and are pleased that they took us up on a visit. In addition to a tour of the PETC, we also hope to visit with them about mental health and intellectual disability services while they are in town.

Montgomery County Health Information Exchange (HIE)

- The Montgomery County HIE has finalized arrangements to cease operations effective February 18, 2014. Health Information Exchanges, though required by the Affordable Care Act, have not flourished in much of the nation and, like the Montgomery County version, have been unable to continue operations after state/federal grant funding runs out. I served on this board for the last few years and participated in the final meeting. Remaining assets will be distributed to the Montgomery County United Way and the Lone Star Family Health Center in Conroe who use the funding to expand access to care.



Texas Council
of Community Centers

RECEIVED

MAR 20 2014



March 17, 2014

Ms. Cheryl Gordon
Anadarko Petroleum Corporation
1201 Lake Woodlands Drive
The Woodlands, TX 77390

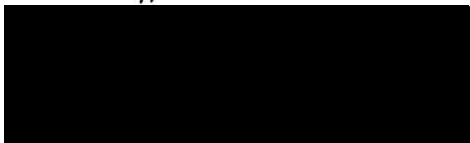
Dear Ms. Gordon:

As you may know, Tri-County Services nominated Anadarko Petroleum Corporation for the 2014 Frank M. Adams Award for Outstanding Volunteer Service in the Community category. This award is our recognition of individuals and organizations who exemplify the remarkable spirit and accomplishments of Mr. Frank M. Adams.

The Awards Selection Panel has completed its process. Although your organization was not selected for the award this year, we want to acknowledge the exceptional work which earned this nomination.

On behalf of the Texas Council Board of Directors, I wish to express our appreciation for the outstanding volunteer work on behalf of Tri-County Services and Texas citizens with mental illness, intellectual disabilities and substance abuse disorders.

Sincerely,



Elizabeth Lawrence
Board Chair, Texas Council of Community Centers

cc: Margaret Jones, Co-Chair, Texas Council Public Information, Education and Training Committee
Gladdie Fowler, Co-Chair, Texas Council Public Information, Education and Training Committee
✓ Evan Roberson, Executive Director, Tri-County Services
Danette Castle, Chief Executive Officer, Texas Council of Community Centers



Department of State Health Services

Division for Mental Health and Substance Abuse Services (MHSA)

Community MHSA, Contractor Services Section

Quality Management and Compliance Unit

Findings Summary

Tri-County Services

April 11, 2014

Table 1 Administrative Findings

Finding	Citation
Telephone access There is no toll-free number for non-crisis services	§412.314(c)
Leadership LMHA does not ensure their management information systems provide timely, accurate, and accessible information that supports clinical, administrative, and fiscal decision-making.	§412.311(c)
Organizational planning and communication <ul style="list-style-type: none">• Policies and procedures do not reflect current information and services. For example, provider currently operates a Crisis Stabilization Unit but policies outline information that pertains to Crisis Residential Services.• Center policies and procedures are not centrally located• Management and direct care staff were not aware that there was a center Quality Management Plan.• Direct care staff were not familiar with the Statement of Work requirements.	§412.311 (a)

Table 2 Service Delivery Findings

Finding	Citation
Treatment plans <ul style="list-style-type: none">• There are no target dates for objectives in all records reviewed.• There are few individualized goals and objectives.• A CSSP completed a treatment plan and rule states that a QMHP-CS is responsible for completing and signing the treatment plan.	§412.322
Progress notes Progress notes are not written and entered within 48 hours.	§412.326

Finding	Citation
Medication Services There is no procedure for medication handling that addresses: <ul style="list-style-type: none"> • Patient assistance/indigent medication program • Disposal/destruction of medication • Prescribers cannot delegate labeling to RNs or LVNs 	§412.323

Table 3 Training and Credentialing Findings

Finding	Citation
Compliance with Laws and Regulations Staff has not participated in necessary programs such as exercises, drills, and training relating to the provision of public health services in disasters that focus on mental health and substance abuse education and preparedness.	PCN GP 13.02
Staff Training <ul style="list-style-type: none"> • Personnel files do not contain credentialing and training. • Documentation for credentialing decisions is not available • Direct care staff receive training and demonstrate competency to perform supervision in self-administration of medication • Personnel record did not include annual performance evaluation • Staff member(s) who are operating within the scope of their license, job description, or contract specifications been trained recognition, reporting, and recording of side effects, contraindications, and drug interactions of psychoactive medication • Age appropriate engagement techniques (e.g., motivational interviewing) 	§412.316

CHIEF FINANCIAL OFFICER'S REPORT

April 24, 2014

FY 2013 Cost Reports – We submitted the MEI, ICF and HCS & Texas Home Living cost reports prior to the due date of April 15th. This is the first year for the MEI cost report that is used for rate setting for the Rehabilitative and Case Management services on the MH side and the Service Coordination services on the IDD side. We anticipate some sort of follow up work to be done on this cost report due to many bugs being found during this first year report preparation.

FY 2014 Mid Year Budget Revision - We are in the process of preparing the mid-year budget revision. This has been an unusual year with receiving the new DSHS funding that was on the first budget revision approved at the December meeting as well as the actual ramp up of the 1115 projects. This revision will adjust for delay in hiring of key staff as a part of the above mentioned funding as well as projections through year end based on the current year to date trends.

Another area to be adjusted is the cost of the William E. Hall renovation project. This amount was in the first budget revision that was approved at the December board meeting with the new DSHS funding, \$35,000. Most of the costs associated with the WEH building with basically repairs and maintenance in order for the building to be reoccupied, such as refreshing paint, flooring, ceiling tiles, etc. When the City of Conroe got involved, we were required to contract out all the electrical and plumbing work. This happened in the middle of the process, so therefore the cost of the project increased significantly. These costs can be covered by the lapse from the delay in hiring new staff with the DSHS funds.

FY 2012 HCS/TxHmL Cost Report – A desk review of our 2012 HCS/TxHmL Cost Report showed a few areas outside of the normal operating cost. We were given 3 business days to respond to their questions. These are the areas with questions and our response is in green below:

- 1) You are reporting Non-Attendant wages for the named staff type in excess of the 90th percentile of costs for that staff type as reported by all providers. Review your data and provide an explanation of why the hourly rate is correct or provide the corrected figures for hours and/or wages.

- a. Employment Assistance Non-Attendant **\$29.00** per hour
 - b. Supported Employment Non-Attendant **\$28.00** per hour

The Supported Employment/Employment Assistant staff member is an Administrator and their job responsibilities cover many areas. The \$28/\$29 is the rate of pay for these persons.

- 2) You are reporting residential facility and operations costs per day of less than \$10/day or greater than \$60/day, which is greater than the 90th percentile of all SL/RSS providers. Residential facility and operations costs include all items in the SL/RSS cost area of Step 8f, with the exception of Transportation and Staff Training costs. These costs are divided by the total SL/RSS days of service in Step 5. Start-up costs are not allowable as a lump-sum, but must be amortized over 60 months. SL/RSS facility and operations should only include Shelter costs (housing, utilities,

basic furniture and appliances, security and fire alarm systems/monitoring, etc.) and food (including basic joint household necessities). Personal items and clothing for individuals is not allowable as Medicaid cost. Your cost per day is calculated as **\$6.67**. Please explain why your costs are out of range or submit corrected expense line items.

The cost per day of \$6.67 is correct based on the fact that the "Room and Board" agreement did not go into effect until June 2013. Our SL/RSS Consumers were paying for their actual costs of rent, utilities, lawn maintenance of the facility and all of their food costs. This was the acceptable policy for the FY 2012 Cost report.

CFO Consortium – The CFO meeting is happening today and tomorrow which conflicts with our Board meetings so I am here and have sent our Accounting Manager and Cost Accountant to take notes. The topics to be covered are as follows: HCS Waiver Best Practices, Managed Care Activities, Use of GR for IGT, Statewide Initiatives related to MHFA, Sunset Review and Legislative Appropriation Requests, Updates from DADS and DSHS, also an update from HHSC & CMS on the 1115 Waiver Activity.

Cleveland Property Update – We had a call from our realtor in regards to a possible lease purchase offer on one of our Cleveland properties. We have not seen anything formal in writing, but we were told that it was a possible Pawn Shop business. We told the realtor to bring all offers for the board to make the final decision regarding if the offer is going to be considered.

FY 2011 Rehabilitation, Case Management and Service Coordination Settle-up – We have received the notification from HHSC in regards to the final year for Settle-up. The settle-up process is where a center will receive more money if the cost of the above services were between 105% to 125% of the rate and the center would have to pay back money if the cost was less than 95% of the rate. This process has been changed from FY 2012 forward and the costs associated with these services will be reported on the new MEI Cost Report. So the good news is we were between 105% to 125% of the rate and will receive a payment in the amount of \$164,407.

County Annual Funding Request – The Annual Funding Request has been submitted to Montgomery County. As we have done in the past, we asked for an increase of \$20,000 to help offset the increased use of the contract inpatient services. We will request increases for the same purpose from both Walker and Liberty County when we submit their funding requests over the next couple of months.

Fixed Asset Inventory – We are in the planning stages for the FY 2014 fixed asset inventory count. Every two years we are required to do a complete count of all fixed assets. This is that year. So we are getting emails and instructions ready to send out to staff for the complete count. Staff will be required to complete the inventory forms for the offices that they are responsible for and submit back to accounting. After the initial forms have been received, we will then identify any problem areas that have discrepancies from the last complete count and make visits to locations as needed. This will all be completed prior to the end of the fiscal year.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

March 28, 2014 – April 24, 2014

Volunteer Hours:

Location	March
Conroe	139.5
Cleveland	7.00
Liberty	17.00
Huntsville	13.50
Total	177.0

COMMUNITY ACTIVITIES:

4/1/14	Adolescent Health Coalition Strategic Planning – Up2YOUth	Huntsville
4/2/14	Texas State Job Fair	San Marcos
4/2/14	Montgomery County Hospital District Annual Provider Banquet	The Woodlands
4/3/14	East Montgomery County Chamber	New Caney
4/3/14	Cleveland Chamber of Commerce Luncheon	Cleveland
4/3/14	Walker County Community Resource Coordination Group	Huntsville
4/10/14	The Woodlands Community Chamber of Commerce Job Fair	The Woodlands
4/10/14	Liberty/Dayton Chamber of Commerce Job Fair	Liberty
4/10/14	Sam Houston State University Job Fair	The Woodlands
4/11/14	Managed Assigned Council Meeting	Conroe
4/15/14	Montgomery County Community Resource Coordination Group	Conroe
4/16/14	IDD Local Planning Meeting	Huntsville
4/16/14	IDD Local Planning Meeting	Conroe
4/16/14	The Woodlands Chamber Networking Breakfast	New Caney
4/17/14	IDD Local Planning Meeting	Conroe
4/18/14	IDD Local Planning Meeting	Conroe
4/18/14	IDD Local Planning Meeting	Cleveland
4/22/14	IDD Local Planning Meeting	Liberty
4/23/14	Liberty/Dayton Chamber of Commerce Luncheon	Liberty

UPCOMING ACTIVITIES:

5/8/14	Cleveland Chamber of Commerce Luncheon	Cleveland
5/8/14	Walker County Community Resource Coordination Group	Huntsville
5/15/14	Huntsville Chamber of Commerce Breakfast	Huntsville
5/20/14	Montgomery County Community Resource Coordination Group	Conroe
5/20/14	Jail Diversion Working Group	Conroe
5/22/14	Woodlands Church Career Fair	The Woodlands
5/23/14	Women of Distinction Luncheon	The Woodlands

Agenda Item: Consumer Services Report for March 2014 Committee: Program	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: Consumer Services Report for March 2014	
Recommended Action: For Information Only	

Consumer Services Report

March 2014

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	446	28	41	46	561
Crisis and Transitional Services (Loc 0, Loc5)	43	1	5	0	49
Psychiatric Emergency Treatment Center (PETC) Served	54	3	1	4	62
Psychiatric Emergency Treatment Center (PETC) Bed Days	267	14	17	24	322
Contract Hospital Admissions	5	0	2	0	7
Diversion Admits	15	1	0	2	18
Total State Hospital Admissions	5	1	1	1	8
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	761	117	96	130	1104
Adult Medication Services	524	70	56	82	732
Child Service Packages (LOC 1-4 and YC)	293	22	12	38	365
Child Medication Services	169	11	8	14	202
TCOOMMI (Adult Only)	98	8	5	9	120
Adult Jail Diversions	8	0	0	0	8
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	2	0	0	0	2
Service Coordination	507	23	48	6	584
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	48	5	23	27	103
Contractor Provided ICF-MR	17	12	11	6	46
Substance Abuse Services					
Children and Youth Prevention Services	167	156	0	13	336
Youth Substance Abuse Treatment Services/COPSD	15	0	0	1	16
Adult Substance Abuse Treatment Services/COPSD	25	0	0	0	25
Waiting/Interest Lists as of Month End					
Department of State Health Services-Adults	28	1	5	1	35
Department of State Health Services-Children	0	0	0	0	0
Home and Community Based Services Interest List	1366	112	123	129	1730
March Served by County					
Adult Mental Health Services	1221	134	124	173	1652
Child Mental Health Services	323	22	14	39	398
Intellectual and Developmental Disabilities Services	516	44	62	64	686
Total Served by County	2060	200	200	276	2736
February Served by County					
Adult Mental Health Services	1246	125	117	169	1657
Child Mental Health Services	318	20	14	38	390
Intellectual and Developmental Disabilities Services	508	47	55	66	676
Total Served by County	2072	192	186	273	2723
January Served by County					
Adult Mental Health Services	1189	117	118	169	1593
Child Mental Health Services	290	22	13	44	369
Intellectual and Developmental Disabilities Services	501	50	57	58	666
Total Served by County	1980	189	188	271	2628

Agenda Item: Program Updates Committee: Program	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

March 28, 2014 – April 24, 2014

MH Crisis and Admission Services

1. The PETC has remained at or near capacity for much of the month of April.
2. DSHS has indicated that additional Rapid Crisis Stabilization funds may be available for FY 2014. These funds would be used to pay for hospital bed days at local psychiatric hospitals. The expenses for hospitalization of persons in crisis have continued to run ahead of budget so far this year.
3. Representative Cecil Bell and his staff are scheduled to visit the PETC on May 15th.

MH Adult Services

1. The Routine Assessment/Intake Team is currently in the process of eliminating our MH wait list, and we expect to have that completed by the end of April.
2. The Routine Counseling Team has expanded our LOC2 services to include weekly group therapy along with our individual Cognitive Behavioral Therapy schedules. We are pleased that our Cognitive Processing Therapy Program for clients with Post Traumatic Stress Disorder has been met with strong client interest.
3. The William E. Hall, Jr. Facility opened its doors as of April 1st.

MH Child Services

1. We were one of ten LMHA's to meet the Family Partner targets for the first half of FY 2014. The new targets are very challenging, but our Family Partner Specialists are dedicated.

Criminal Justice Services

1. The OCR Program admitted one person so far in April to make a total of eight served for FY 2014.
2. There were two people diverted from jail in the Jail Diversion Program in March.
3. TCOOMMI has increased the allowed percentage of persons with misdemeanors who can be served on the TCOOMMI caseloads from 10% to 20%. Typically, caseloads are primarily made up of persons with felonies, but we will be allowed to fill the caseloads in with more misdemeanants as needed.

Substance Abuse Services

1. We have successfully recruited a second LCDC for the Youth Substance Abuse Treatment Program that will enable us to increase outreach and substance abuse treatment services which is so badly needed in our community.
2. The Substance Abuse Prevention Program's new alternate activities targets for FY 2014 are considerably higher and more difficult to reach than those in the previous years; however, the team is working hard and coming up with new ways to serve more

community members. They are serving more individuals than ever and are in more schools.

IDD Services

1. IDD Provider Services is preparing for the upcoming HCS and TxHmL audits. The date for the TxHmL audit has been set for May 14th and we expect that the HCS audit will be set during the same week (although there may be two audit teams).
2. IDD Provider Services hired a full-time RN to serve HCS, TxHmL and the 1115 IDD ACT Program.
3. Staff attended a Medicaid Managed Care Initiatives presentation on April 8th. Health and Human Services Commission is planning a number of additional meetings across Texas in preparation for the transition to IDD Managed Care.

Support Information

1. **Quality Management (QM):** QM staff spent time preparing for the DSHS Mental Health and Substance Abuse Audit which took place on April 8th – 11th. During the site visit, DSHS QM staff reviewed Center QM processes. The audit also included interviews with staff, review of clinical documentation, Human Resource files, and Center procedures.
2. **Utilization Management (UM):** Staff continue to monitor the new contract measures as we move through the second half of the fiscal year. At this time, the Center continues to do well on the 10% withhold measures.
3. **Intellectual/Developmental Disabilities Planning Network Advisory Committee (IDDPNAC):** At the last IDDPNAC meeting on March 19th, the committee provided feedback on this year's Local Planning process. Although the timeline was delayed due to the DSHS audit, the public local planning meetings are scheduled to begin on April 16th. The next IDDPNAC meeting is scheduled for April 30th, where the committee will discuss the local planning results to date.
4. **Housing:** We are happy to report that the Firm Commitment for Independence Oaks Apartments was issued on March 31st. Staff are now working quickly to complete the groundwork needed to get the project to initial closing.

Community Activities

1. Staff participated in the Lone Star College Career Fair in Kingwood on March 26th.
2. Staff attended the Texas State University Job Fair in San Marcos, TX on April 2nd.
3. Staff participated in the Sam Houston State University Job Fair in the Woodlands and the Liberty Dayton Area Chamber of Commerce Business Expo in Liberty on April 10th.

Agenda Item: Personnel Report for March 2014 Committee: Executive	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: Personnel Report for March 2014	
Recommended Action: For Information Only	

TRI-COUNTY SERVICES PERSONNEL BOARD REPORT MARCH 2014

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professionals	4	25	2	16	1	13	1	3	94	85	2%	17%
Qualified Developmental Disability Professionals (State Title)		4		1		1			21	19	0%	5%
Licensed Staff		4		1		1			18	14	0%	6%
Medical												
Physicians		1		1		1			9	6	0%	11%
Advanced Practice Nurses		3		1				1	4	3	0%	25%
RN's		1		1		1			14	11	0%	7%
LVN's		2							12	11	0%	0%
Techs/Aides												
MH	1	1		1		1			19	14	0%	5%
IDD		4		2				2	32	30	0%	6%
Supervisor/Manager												
MH	1	1		3		3			16	16	0%	19%
IDD									8	8	0%	0%
Program Support	1	11		6		3		3	50	41	0%	12%
Central Administration		1		2		1		1	21	20	0%	10%
Business Services									14	14	0%	0%
Maintenance/Janitorial/Lawn	1	1		1				1	23	20	0%	4%
GRAND TOTALS	8	59	2	36	1	25	1	11	355	312	1%	10%

Agenda Item: Texas Council Quarterly Board Meeting Update Committee: Executive	Board Meeting Date April 24, 2014
Background Information: The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation: Texas Council Staff Report	
Recommended Action: For Information Only	



Texas Council
of Community Centers

**Texas Council Report
Quarterly Meeting
April 2014**

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Chief Executive Officer Report

Engagement Highlights

Since the January 18, 2014 board meeting, the Texas Council engaged in a number of key initiatives and priorities:

- Negotiations and meetings with state officials and legislative offices on: MH Performance Contract Targets; LBB review of Medicaid Substance Use Disorder benefit; 1115 Transformation Waiver; Managed Care; Local Authority IDD Service Coordination; Local Authority/SSLC Pilot; PASRR and related Local Authority responsibilities (Attachment G); SB7 (Community First Choice - IDD Future Service System); SB58 (MH Future Service System); HB3793 provisions related to Mental Health First Aid initiative and MH Advisory Panel; Sunset Review; and Interim Charges;
- Meetings with advocacy organizations and other associations for discussions related to future service delivery design for both MH and IDD systems related to the 83rd Legislative Session, Interim Charges (and looking ahead to the 84th Legislative Session);
- 2014 Texas Council Annual Conference

MH Performance Targets 2014

As you are aware, DSHS verbally informed the ED Performance Contracts Committee on July 24, 2013 of its intent to rebase FY14 service targets using current numbers served by each LMHA as the target base and adding new targets commensurate with waiting list and surge funds.

The Texas Council immediately notified DSHS that the proposed rebasing methodology would not be acceptable to our membership.

The alternate methodology proposed by the Texas Council adheres to long-held principles to align state target expectations with state funds, increasing service targets commensurate with new funds and establishing a reasonable methodology to better align funding and target levels without negatively impacting current services. However, extensive discussions with DSHS did not yield a mutually acceptable methodology.

As a result, the Texas Council initiated meetings with key legislative offices to ensure decision makers fully understood the local implications of the proposed methodology. DSHS was ultimately directed to immediately reconvene negotiations with the Texas Council for purpose of reaching a mutually agreed upon target methodology.

Negotiating Team Composition

Texas Council

Danette Castle
Roddy Atkins
Terry Crocker
Susan Garnett
Lynn Rutland
Linda Werlein

DSHS

Ross Robinson
Tamara Allen
Suzanne Alston
Lauren Lacefield-Lewis
Dean Ortega
Rod Swan

Negotiations

The first meeting between the Texas Council and DSHS negotiating team was held October 9, 2014. Both parties came to the table committed to achieve a mutually agreed upon target methodology. The first order of business was to agree upon a set of principles to guide the negotiations and ensure we reach the desired outcome.

After several meetings/follow-up conversations the negotiating teams reached agreement on a set of guiding principles.

Performance Target Methodology: Guiding Principles

1. Methodology should provide best value to taxpayers and service recipients;
2. Targets should relate directly to funding and any target requirement above the state funded target should be reasonable and equitable across the LMHA system;
3. Reporting requirements should be clear and consistently applied;
4. Targets should be based on a cost per person that provides adequate compensation to promote client health and recovery;
5. Model used to establish methodology should be cost effective and achieve measurable outcomes.

We were hopeful negotiations would be successfully completed within the six (6) month 'Hold Harmless' timeframe for AMH and CMH average monthly service targets. However, agreement was not reached and we continue to negotiate. Prior to February 28, 2014 (the end of the official hold harmless date) the Texas Council secured verbal agreement from DSHS that they do not intend to impose sanctions, penalties or recoupments on a Center that does not meet an individual DSHS average monthly served target based on the new FY 2014 target methodology. DSHS was unwilling to extend the official hold harmless for the entire system on premise they needed to retain the right to take action if necessary.

FY 2014 Target Methodology: Actuarial Services

Texas Council FY 2014 budget includes funds to secure consultative services we anticipated needing this coming year to support our negotiations with state leadership on future rates and performance expectations, particularly as MH Rehabilitative Services and TCM are shifted into managed care.

As a result of the FY 2014 DSHS Target Methodology we encompassed this issue in the immediate scope of work and secured the services of recently retired HHSC Chief Actuary, David Palmer, Ph.D. In late October, Dr. Palmer initiated work on a fiscal analysis of funding levels across the system and the system-wide implications of the FY 2014 DSHS Target Methodology. The analysis is important in negotiations now underway between the Texas Council and DSHS to align funding levels with performance target expectations—a long held policy premise that to date has never been realized in the Texas mental health system.

Although securing the services of a professional statistician with actuarial expertise is new territory for the Texas Council, actuarial services have long been central to the risk-bearing environment of insurance. Actuaries are experts in measuring and managing risk using fiscal and programmatic data as well as consideration of other factors that impact the financial well-being of organizations (such as circumstances in frontier, rural, suburban, and urban areas of Texas).

Dr. Palmer completed his work in January and provided a summary of the analysis at the January quarterly meeting of the ED Consortium. Texas Council staff provided a summary to the Board of Directors. The outcome of Dr. Palmer's work affirmed the position of the Texas Council: that the current DSHS Target Methodology does not have a rational basis and targets should be realigned using reasonable cost and funding levels to determine LMHA average monthly targets.

Incentive Based Payment Withhold (10%)

The Texas Council is also aware there are significant implementation challenges [requiring our continued attention] related to the legislatively directed 10% Incentive Based Payment Withhold and associated performance measures.

The following factors raised significant concerns regarding the performance based incentive payment initiative:

- Impact of September 1, 2013 transition of people into revised TRR levels of care;
- Use of new CANS/ANSA assessment tools;
- Changes in data protocols related to CMBHS; and
- Centers unable to access necessary reports from MBOW Data Warehouse.

As a result of ongoing discussions with the Texas Council, DSHS agreed to several adjustments for year one of the performance based incentive payments initiative (10% withhold).

Proposed Adjustment Highlights

- Exclusion of 1st quarter (Q1) data for 11 Outcome Measures
- Maintain Q1 measures for two (2) Outcome Measures (JJ, CANS RCI)
- Waiving Q1-2 sanctions for one (1) Outcome Measure (ANSA RCI)
- Adjusting five (5) Q3-4 outcome measure to accommodate refined baseline data

Additionally, DSHS released an Outcome Manual that reflects underlying assumptions & data sources for evaluating performance and started posting related reports in MBOW on Wednesday, November 27, 2013.

DSHS also agreed to join the Texas Council for a system-wide conference call held **Tuesday, December 3, 2013**. During the conference call, DSHS provided an overview of the proposed performance measure adjustments and engaged with the field in a Q & A session.

In February and March, DSHS delayed certain CMBHS actions at the request of the Texas Council to allow more time for the LMHAs to enter assessments and correct data errors resulting from CMBHS implementation. At this time, reports for the first six months have not been finalized.

The Texas Council anticipated continued dialogue regarding the 10% withhold measures and associated formulas for evaluating performance. DSHS acknowledges the intensity of change over the past six (6) months and recognizes continued adjustment of the measures will be necessary.

HB 3793 Advisory Panel Update

As you are aware, House Bill 3793 requires the Department of State Health Services, to develop a plan to ensure the appropriate and timely provision of mental health services and to allocate mental health outpatient and hospital resources for the forensic and civil/voluntary populations.

Since the quarterly meeting in January, the Advisory Panel met January 22, 2014, February 20, 2014 and on March 20, 2014 to continue identifying implementation issues for inclusion in the plan.

The following table depicts the plan development timeline required by HB 3793:

Date	Objective
December 31, 2013	Develop initial version of the plan
August 31, 2014	Identify standards and methodologies to implement the plan
December 1, 2014	Report to legislature and governor, includes initial version of plan, status of plan's implementation, impact of plan on service delivery

On December 19, 2013, Resource Groups were formed to focus on specific policy areas. These Resource Groups will focus on the following areas:

- Service and Capacity Needs Assessment
- Allocation and Utilization Management
- Forensic
- Key Activities
- Legislative and Regulatory
- Workforce Related Issues

As you are aware, DSHS released the HB 3793 Initial Plan on January 10, 2014. The document incorporates elements required by legislation: needs, access and availability of services, and allocation of resources, with a separate section addressing issues related to the forensic population. It also reflects input and priorities identified by the HB 3793 Advisory Panel.

The HB 3793 Initial Plan is available here: <http://www.dshs.state.tx.us/mhsa/hb3793/>

No later than August 31, 2014, DSHS intends to begin implementing the plan.

Advisory Panel members and DSHS continue their efforts working to develop standards and methodologies for implementation, completing a needs assessment and developing recommendations to address identified needs and barriers, including potential statutory changes.

Along with the Texas Association of Counties, Conference of Urban Counties and the Texas Hospital Association, the Texas Council has been asked by DSHS to assist collecting data from the LMHAs to inform the working of the HB 3793 Advisory Panel. The Texas Council is currently developing survey questions focused on the mental health and criminal justice systems, as well as capturing data to quantify demand for inpatient capacity across urban, rural and frontier areas of the state.

The next Advisory Panel meeting is scheduled for April 17, 2014. We will continue to keep you informed as this process unfolds.

Community Center Connections

On February 3, 2014 the CEO participated in a DADS site visit at Tarrant County MHMR that included the Assistant Commissioner of Access & Intake, Director of Local Authority Section and other DADS leadership staff.

Tarrant leadership provided an overview of their IDD services (highlighted new 1115 Transformation Waiver initiatives) and conducted a tour of select service areas. From the dialogue and subsequent feedback from DADS leadership, the site visit was highly informative—providing helpful input for the Legislative Appropriation Request for the 84th Legislative Session.

The Teas Council has also participated in Sunset Review site visits at Brazos Valley, Tropical Texas Behavioral Health, Starcare (Lubbock) and Austin Travis County Integral Care.

State Budget Update

As you know, the state economic outlook remains central to our planning efforts for the 84th legislative session.

On December 12, 2013, in accordance with Texas Government Code, Section 403.0131, the Comptroller released the Certification Revenue Estimate (CRE) used to certify the General Appropriations Act for the 2014-15 biennium and other appropriations bills approved by the 83rd Legislature. The CRE includes actual state revenue collections and disbursements through Aug. 31, 2013 (end of fiscal 2013), as well as the estimated fiscal impacts from all legislation passed by the 83rd Legislature.

The CRE is available here:

[http://www.texas transparency.org/State_Finance/Budget_Finance/Reports/Certification Revenue Estimate/cre1415/index.php](http://www.texas transparency.org/State_Finance/Budget_Finance/Reports/Certification_Revenue_Estimate/cre1415/index.php)

According to an analysis in March by Dr. Stuart Greenfield, former official in the Comptroller's office:

- Both state tax collections and total revenue continue to increase at a rate substantially greater than in the [Certification Revenue Estimate \(CRE\)](#) released by the Comptroller's Office on December 12, 2013.
- The growth rate in total state tax collections is over three times more than predicted in the CRE. If this growth continues, Texans should expect that tax collections in FY14 will bring in \$1.5 billion more than the current estimate. Over 60 percent of the increase in tax collections comes from severance tax collections, which will increase transfers to the Rainy Day Fund and State Highway Fund.
- Texans can expect that around \$1.8 billion will be transferred to each of these funds in FY15, with the total balance in the Rainy Day Fund expected to be \$8.4 billion in FY15.
- The growth in total net revenue is 7.8 percent, a rate over twice the 3.5 percent increase forecasted in the CRE (Table 2). The year-to-date increase in total revenue has already reached the increase (\$3.5 billion) forecast in the CRE.
- Should this growth rate continue for the remainder of the year, we should expect that total state revenue to exceed \$105 billion, an increase of over \$3 billion from the current estimate. The primary reason for the increase in total revenue is the increase in tax collections (\$1.5 billion), along with increases in federal income (\$1.2 billion) from FY13. Also underlying this increase is that three major revenue sources, taxes (7.7 percent), licenses and fees (22.0 percent), and land income (55.1 percent), are increasing at a rate markedly higher than estimated in the CRE.

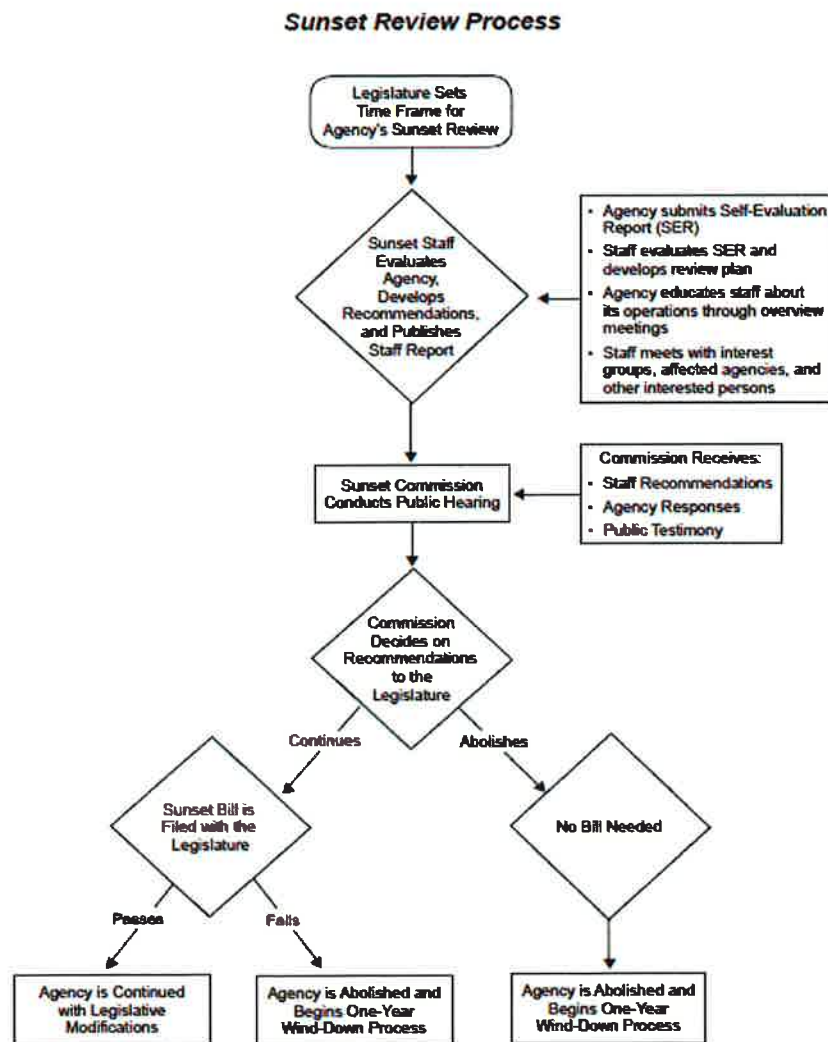
Dr. Greenfield's complete analysis is available at: <http://www.texasfiscal.info>

The economic health of our state remains to be in good shape. If these trends continue, the 84th Legislature will have more than enough to write a state budget that funds healthcare, public education and transportation priorities.

We will continue to monitor the state budget and keep you informed as new developments emerge.

Sunset Advisory Commission Update

As you know, the Sunset Review of Health and Human Services Agencies is underway. The following graphic depicts the steps of the review process:



As you know, each agency has submitted a Self-Evaluation Report (SER), which identifies problems, opportunities, and issues that the agency feels should be considered during the review.

The SER for HHS Agencies is available at: <http://www.sunset.state.tx.us/84.htm>

Sunset Review Time Frames

September 2013	Agencies submit Self-Evaluation Reports.
October 2013 to January 2015	Sunset staff conducts evaluations and prepares reports; Sunset Commission holds public hearings and makes decisions.
February 2015	Sunset Commission submits its Report to the 84th Legislature with recommendations on each of the agencies under review.
January 2015 to May 2015	84th Legislature considers Sunset bills on agencies under review.

As you know, the Sunset process is guided by a 12-member body appointed by the Lieutenant Governor and the Speaker of the House of Representatives. On September 20, 2013, the Lt. Governor appointed the following Senators to the Sunset Advisory Commission:

- Senator Jane Nelson, Chair Senate District 12
- Senator Charles Schwertner Senate District 5
- Senator Juan “Chuy” Hinojosa Senate District 20

On January 17, 2014, Speaker Joe Straus named the following House appointments to the Sunset Advisory Commission:

- Representative Cindy Burkett, House District 113
- Representative Larry Gonzales, House District 52
- Representative Richard Raymond, House District 42

In addition to the elected officials appointed by Speaker Straus, Mr. Tom Luce, President of the Meadows Mental Health Institute, was appointed as the public member for the Texas House of Representatives.

The complete membership of the Sunset Advisory Commission follows:

Sunset Advisory Commission
Senate Appointments

Position	Member	Community Center
Chair:	Sen. Jane Nelson	Denton, Tarrant
Members:	Sen. Juan Hinojosa	Coastal Plains, Nueces, Tropical TX
	Sen. Dan Patrick	Harris Co.
	Sen. Brian Birdwell	Central Co., Heart of TX, Lakes, Pecan Valley, Tarrant
	Sen. Charles Schwertner	Bluebonnet, Brazos Valley, Central Co., Heart of TX, Tri-County
Public Member	Dr. Dawn Buckingham	N/A

Sunset Advisory Commission
House Appointments

Position	Member	Community Center
Vice Chair:	Rep. Walker "Four" Price	Texas Panhandle
Members:	Harold Dutton	Harris County
	Cindy Burkett	Dallas Metrocare
	Larry Gonzales	Bluebonnet Trails
	Rep. Richard Pena Raymond	Border Region
Public Member	Tom Luce	N/A

UPDATE

Over the last few months, Sunset Commission staff participated in multiple Community Center site visits across the state. These visits were held at:

- MHMRA of Brazos Valley
- Denton County MHMR
- Heart of Texas
- StarCare (Lubbock)
- Tropical Texas
- MHMRA of Harris County
- Austin Travis County Integral Care (ATCIC)

The first Sunset Commission organizational meeting was held on February 19, 2014. Based on discussions at this meeting and direct conversation with Sunset staff, we understand:

- Recommendations for DSHS, DADS, DARS and DFPS will be released mid to late May
- Sunset Commission will hold its first public hearing in June
- Another formal meeting will follow in August to adopt recommendations
- Health and Human Services Commission (HHSC) agency report will be released in November and may include recommendations for system change or re-organization

Legislative Process

As you are aware, recommendations adopted by the Sunset Commission will become legislation filed during the 84th Session, which begins Tuesday, January 14, 2015.

Also, Sunset Commission leadership directed staff to complete a review of all Health and Human Services statutes to identify conflicts in law, duplication, references to legacy agencies and other areas that are no longer needed or create confusion. The stated goal is to clean up HHS statute so that adopted recommendations can be built on a cleaner code.

We understand the “statutory cleanup” bill will become a stand-alone piece of legislation filed at the beginning of the legislative session. Legislative leaders will move to pass the “statutory cleanup” bill first, then move on to legislation for the other agencies.

Preliminary Guiding Principles

The Texas Council has had discussions with Community Center Chief Executive Officer/Executive Director Leadership and will continue to seek input as the Sunset process unfolds.

We will continue to keep you informed as this process unfolds.

Key Legislative Races 2014

Important Election Dates

March 4, 2014 - Primary Election	
Filing deadline for candidates; filing deadline for independent candidates to file intent declaration.	December 9, 2013
Early voting period for the primary election.	February 18* thru 28, 2014 <i>*First business day after Presidents' Day</i>
Primary election.	March 4, 2014
Primary run-off election.	May 27, 2014
General Election	November 5, 2014

Primary Election Results

House Summary:

Eight (8) House members decided not to seek re-election:

1. John Davis
2. Bill Callegari
3. Rob Orr
4. Jim Pitts
5. Alan Ritter
6. Craig Eiland
7. Mark Strama
8. Tryon Lewis

Five (5) House members gave up their seats to run for higher office:

1. Steve Toth
2. Brandon Creighton
3. Harvey Hilderbran
4. Dan Branch
5. Van Taylor

Eight (8) House incumbents lost their bids for re-election on March 4, 2014:

1. George Lavender
2. Lance Gooden
3. Ralph Sheffield
4. Linda Harper Brown
5. Diane Patrick
6. Lon Burnam
7. Naomi Gonzalez
8. Bennett Ratliff

NOTE: Complete election information is available via the Texas Tribune website:

<http://www.texastribune.org/2014/elections/brackets/#tab-tx-house>

Senate Summary:

One (1) Senator decided not to seek re-election:

1. Tommy Williams *Special Election: will be held May 10, 2014

Four (4) Senators decided to seek higher office:

1. Ken Paxton (Attorney General)
2. Wendy Davis (Governor)
3. Dan Patrick (Lt. Governor)
4. Glenn Hegar (Comptroller) *Special Election: date not yet announced

One (1) Senate incumbent lost re-election on March 4, 2014:

1. John Corona

NOTE: Complete election information is available via the Texas Tribune website:

<http://www.texastribune.org/2014/elections/brackets/#tab-tx-senate>

NOTE: A complete list of primary election outcomes and other notable political contests by Community Center is available under the April 2014 Board Book heading on the Texas Council member site: <http://www.txcouncil-intranet.com/index.php/board-of-directors/board-minutes/>

Interim Legislative Charges

On Monday, March 10, 2014 the House County Affairs Committee met in Livingston, Texas to hear invited and public testimony on the following select interim charges:

- **Charge #2:** Continue oversight of the Texas Commission on Jail Standards and issues jails currently face, including the mental health of those in jail, and make recommendations for refinement or improvement of processes and programs.
- **Charge #3:** Monitor the health advisory panel stemming from HB 3793 (83R).
- **Charge #5:** Study the implementation of SB 462 (83R). Examine which counties currently have veterans' courts, as well as veterans' courts in other states, and determine how those programs are working and whether these courts provide additional services or resources for veterans. Make appropriate recommendations. (Joint charge with the House Committee on Defense and Veterans' Affairs).

The Texas Council provided invited testimony on 1115 Transformation Waiver efforts. As well, Susan Rushing, CEO of the Burke Center, provided invited testimony on Charge #3. On behalf of the Texas Association of Counties and the Sheriffs Association of Texas, Sheriff Dennis Wilson, Trustee at Heart of Texas and Texas Council Board Member provided invited testimony on multiple interim charges.

The House County Affairs Committee has tentatively scheduled additional interim hearings on April 23rd and April 24th in Austin.

House Committee on County Affairs
Legislature: 83(R) - 2013
Appointment Date: 1/8/2013

Position	Member	Center
Chair:	Rep. Garnet Coleman	Harris County
Vice Chair:	Rep. Joe Farias	CHCS
Members:	Rep. Mary E. Gonzalez	Emergence
	Rep. Ana Hernandez Luna	Harris County
	Rep. Todd Hunter	Nueces County
	Rep. Lois W. Kolkhorst	Bluebonnet, Brazos Valley, Gulf Bend
	Rep. Matt Krause	Tarrant County
	Rep. David Simpson	Community Healthcore
	Rep. Jonathan Stickland	Tarrant County

On Monday, March 24, 2014 the House Human Services Committee held a public hearing on the following interim charge:

- **Charge #3:** Monitor and evaluate implementation of SB 7 (83R), including agency preparations for the statewide rollout of STAR+PLUS.

The hearing focused primarily on the timetable for the Nursing Facility carve-in to managed care and the status of implementing the Community First Choice (CFC) benefit as per SB 7 (83R).

We understand the committee will meet again on April 15, 2014 to hear public and invited testimony on the following charge:

- **Charge #2.** Monitor the implementation of Foster Care Redesign. Evaluate its impact on the child welfare system in areas of the state where redesign is underway, including transition from the legacy system, foster family retention and recruitment, placement stability, permanency and child safety.

As well, an additional hearing will be scheduled in May on:

- **Charge #1:** Examine crisis resources for individuals with co-occurring mental illness and intellectual/developmental disabilities. Identify strategies to serve individuals with complex behavioral and medical needs in the community.

House Committee on Human Services (C310)
Legislature: 83(R) - 2013
Appointment Date: 1/8/2013

Position	Member	Center
Chair:	Rep. Richard Pena Raymond	Border Region
Vice Chair:	Rep. Naomi Gonzalez	El Paso
Members:	Rep. Pat Fallon	Denton County
	Rep. Stephanie Klick	Tarrant County
	Rep. Elliott Naishtat	ATCIC
	Rep. Toni Rose	Metrocare
	Rep. Scott Sanford	LifePath
	Rep. Scott Turner	Lakes Regional, LifePath
	Rep. John Zerwas	Texana

Federal Update

The Excellence in Mental Health Act

On March 27, 2014, the U.S. House passed a compromise Medicare physician payment bill (H.R. 4302) that includes an 8-state demonstration program based on the bipartisan Excellence in Mental Health Act. The bill now moves to the Senate for consideration.

The Excellence Act, sponsored by Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO) along with Representatives Doris Matsui (D-CA) and Leonard Lance (R-NJ), would improve quality and expand access to mental health care and substance use treatment through community behavioral health clinics. The legislation would establish a two year demonstration program in eight states to offer a broad range of mental health and substance abuse services like 24-hour crisis psychiatric services while setting new high standards for providers. The eight states would be identified through a selection process to be defined in future rulemaking.

A demonstration program based on the Excellence in Mental Health Act has also become part of legislation recently introduced by Senator Ron Wyden (D-OR), chairman of the influential Senate Finance Committee. Chairman Wyden's bill seeks to permanently repeal the unpopular Medicare physician payment formula, while enacting a Medicaid demonstration program based on the Excellence Act.

The Medicare SGR Repeal and Beneficiary Access Improvement Act of 2014 (S. 2110) would establish a four year, 8-state demonstration program based on the Excellence in Mental Health Act.

Wyden's bill is the latest development in a congressional skirmish over the Medicare payment formula, also known as the "doc fix." Key Republican and Democratic committee leaders have reached an agreement on the framework for permanently repealing the troubled Sustainable Growth Rate formula, but they remain stymied over how to pay for it. Wyden's bill includes both the SGR repeal as well as a package of "extenders" – an assortment of Medicare, Medicaid, and tax-related policies that are typically approved by Congress as a temporary patch each year. The Congressional Budget Office estimates that Wyden's bill would cost \$180 billion over 11 years. The bill does not include a cost offset at this time.

The legislative patch that is currently holding off scheduled cuts to Medicare physician pay is set to expire on March 31, 2014. Congress must either enact a permanent fix or pass another temporary delay before the end of the month to ensure the cuts do not go into effect.

Hill Day 2014

REGISTER FOR THE NATIONAL COUNCIL CONFERENCE AND HILL DAY

The National Council will host Conference '14 — and Hill Day — in Washington, D.C., May 5-7, 2014. On the final day of the conference, we'll feature sessions on federal behavioral healthcare policy, followed by visits with elected officials on Capitol Hill to advocate for better resources for mental health and addictions treatment. There is no additional fee — however you do need to register for Hill Day.

Tentative Hill Day 2014 Schedule:

Wednesday, May 7, 2014

8:30 a.m. to Noon – Workshops and General Session

1:00 p.m. to 5:00 p.m. – Visits with Members of Congress

You will find more information in the Early Bird Conference Brochure:

http://www.thenationalcouncil.org/wp-content/uploads/2013/01/early_bird_conference14_brochure_web.pdf

Stay tuned for further updates from the Texas Council about Hill Day 2014!

Health Care Policy Update

Healthcare Opportunities Workgroup (HOW)

The Healthcare Opportunities Workgroup was established by leadership of the ED Consortium to assist Centers in preparation for significant opportunities and challenges presented by the changing healthcare landscape. The workgroup began meeting in February 2011.

Changes in the Texas Medicaid program (specifically managed care expansion), along with changes directed by the Affordable Care Act (ACA), require new and innovative strategies for service delivery by Centers. The HOW created a *Community Center Readiness Guide* to provide a framework for discussion on how to move the Texas Community Center system forward as the healthcare landscape changes.

This guide is available at: http://www.txcouncil.com/healthcare_opportunities.aspx

System Design for Persons with Intellectual and Developmental Disabilities

The Healthcare Opportunity Workgroup has developed a draft policy document addressing the future service delivery system design for persons with intellectual and developmental disabilities. In addition to HOW members, other Center representatives with specific expertise in the current system design are included in the workgroup meetings. The goal of the policy document is to outline the Council's priorities and vision for a service delivery design for person with IDD in Texas. The Executive Directors Consortium and the Board will receive a copy of the draft paper at the April 2014 meetings. Council staff will take comments, make any necessary revisions and then move forward with publishing the document and sharing it with state leadership.

The Healthcare Opportunities Workgroup led a discussion with the Executive Directors Consortium in January 2013 and April 2013 outlining key guiding principles and core elements of any service delivery model for persons with intellectual disabilities. These principles and core elements provided direction for Texas Council staff working with legislative leadership on Senate Bill 7 filed by Senator Jane Nelson. They also serve as the foundation of the draft policy document.

This discussion becomes even more important as we look to September 1, 2014, and find all acute care services for persons with IDD are managed by MCOs. This is the first of contemplated changes in Medicaid service delivery for persons with IDD, as envisioned in SB 7.

System Redesign for Mental Health

The HOW created and presented a set of recommendations to the Executive Directors Consortium at the August 2, 2012 meeting and to the Board of Directors on August 3, 2012. The Texas Council posted a policy paper on the public website for review and comment throughout September and October 2012. In addition, a stakeholder meeting was held at the Hogg Foundation for Mental Health to discuss the proposal. The Texas Council Board

unanimously adopted the recommendations at the November 2012 Board Meeting. In December 2012, Senator Nelson pre-filed Senate Bill 58 to integrate physical and behavioral health services in Medicaid through STAR and STAR+PLUS.

Throughout the legislative session, the HOW provided additional feedback to the Texas Council Staff on Senate Bill 58 with the goal of including additional elements from the Texas Council's policy paper in the bill. At the July 2013 HOW meeting, the workgroup began discussing operational details that will be impacted by SB 58. This discussion of the implementation of SB 58 is a regular agenda item for discussion at HOW meetings.

In September 2013, the HOW released a Texas Council document titled *Framework for the Future*. The policy paper represents our approach to framing the component of the system that need to be addressed in rethinking how the current system is structured. It is a high-level discussion of policy and practice in a changing health care world. The Framework centers around seven key components:

Access to Care. Implementing strategies to maximize access to quality care.

Managed Care. Understanding changes to long-standing roles in mental health.

Technology. Focusing on appropriate tools in an integrated service and finance world.

Clinical Integrity and Outcomes. Streamlining multi-payer approaches to drive system performance and clinical practice.

Quality Assurance and Accountability. Holding systems accountable in a new world.

Mental Health as a Public Health Strategy. Eliminating mental health stigma as a public health achievement.

Sustainable Financing. Finding a path to sustainable financing for community behavioral health.

The Texas Council has presented the Framework document to multiple stakeholders including leadership at the Department of State Health Services and the Meadows Mental Health Policy Institute staff and consultants and has published the document on the Texas Council website.

The Framework document can be found at:

<http://www.txcouncil.com/userfiles/file/HOW/Framework%20for%20the%20Future%20Final%209%205%202013.pdf>

Technology

The HOW continues to discuss how Centers can use technology to be efficient and effective organizations in the changing healthcare environment. The *Community Center Readiness Guide* identified Technology as a key for future success.

In order to provide a recommendation to the Executive Directors Consortium on moving this important strategy forward, the HOW determined the need for outside expertise in facilitating a work session to better organize the groups thinking on technology and to begin to define a

path forward. The Information Management Consortium funded the work session for the HOW. According to the IMC Executive Committee, “The IMC enthusiastically embraces a unified strategy and vision for IT among Centers.”

In January 2013, the Executive Directors Consortium unanimously supported moving forward to engage Healthcare Intelligence Partners to lead the Texas Council’s Learning Collaborative on Technology, Informatics and Accelerated Innovation. Each Center participated in funding the project by contributing \$3,000.

The Behavioral Health Data Workgroup was appointed in February 2013 and leads Texas Council efforts on this initiative. Ongoing meetings are focused on each component of the project. In June 2013, the Council responded to a request from the Texas Health and Human Services Commission for a recommended set of additional outcome measures for the 1115 waiver. The workgroup created a set of recommendations based on nationally recognized quality measures. This process led to a set of recommendations from HHSC to the federal government (CMS) for an expansion of behavioral health measures in Category 3 of the 1115 Transformation Waiver, which CMS approved.

In January 2014, Executive Directors Consortium adopted three strategy documents related to an endorsed set of outcome measures, interoperability standards and an approach to privacy and consent in a health information exchange environment. The strategies adopted show Council leadership and innovation in the development and operations of exchange of behavioral health data in Texas. The strategy documents can be found on our website at http://www.txcouncil.com/healthcare_opportunities.aspx

The HOW will be recommending to the Executive Directors Consortium that the Texas Council renew our contract with Healthcare Intelligence Partners for a new set of work products that will continue our important efforts in this area.

Quality Improvement Project: Access to Care

As part of the imperatives for success identified in the *Readiness Guide*, the HOW acknowledged the need for a Quality Improvement Project related to access. On behalf of participating Centers, the Texas Council contracted with MTM Services, a national consulting group that regularly consults with public behavioral health organizations across the country on improving access to care. Overall, the goals of the project were to increase Center efficiencies to bring down wait times, increase quality and customer satisfaction.

MTM Services provided a final report documenting the results of the efforts of 32 Community Centers participating in the project and consultant findings on the Texas system design that creates barriers to access. The second phase of the MTM project has now started. The second phase is a deeper dive into the differences among Centers in completing an intake; a review of state requirements; and a comparison of Texas requirements to national best practices. The goal is to better understand if there are Centers requiring elements beyond the state requirements and to determine if state requirements meet best practice standards.

Healthcare Transformation and Quality Improvement Program: 1115 Waiver

Welcome to Demonstration Year 3! On October 1, 2013, the state's 1115 Transformation Waiver moved into the third demonstration year. At this time, Centers continue to implement and report and receive payment on projects approved for Demonstration Years 1-3. In addition, Regions submitted additional 3-year projects to HHSC on October 31, 2013.

As part of the waiver, communities have developed Regional Healthcare Partnership Plans designed to improve quality of care while reducing costs. Thirty-eight (38) Community Centers have projects in Regional Plans to include increasing capacity and innovation and redesign of mental health, substance use disorders and IDD services. As a system, Centers received approval for 295 projects with a value of DY 2-3 of federal and local funds of \$579,511,289.

At this time, regions have submitted new projects that will receive funding in last three years of the waiver. HHSC submits New 3-Year Projects to CMS by March 28, 2014 and anticipates final approval by June. If the projects are approved, all 39 Centers will be participating in the waiver starting in mid-Demonstration Year 3.

All Regional Plans are posted on the HHSC website: <http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml>

The opportunity the state of Texas has given to communities in this waiver cannot be understated. Regional Health Partnership Plans provide an opportunity for new federal dollars to fund expansion of needed services, reduction in high-cost services and increased health outcomes for members of the community. The Texas Council continues to actively engage with HHSC on implementation issues related to the 1115, along with other state agencies which allocate General Revenue to Community Centers.

HHSC has established a website to inform the public about the 1115 Transformation Waiver: <http://www.hhsc.state.tx.us/1115-waiver.shtml>

The Texas Council created a one-page document highlighting the Community Centers role in the 1115 Transformation Waiver and a more extensive document describing the interacting role of a Community Center as a Local Mental Health Authority: [http://www.txcouncil.com/userfiles/file/HOW/1115%20Transformation%20Waiver%20One%20Pager FINAL.pdf](http://www.txcouncil.com/userfiles/file/HOW/1115%20Transformation%20Waiver%20One%20Pager%20FINAL.pdf)

Meadows Mental Health Policy Institute

The Meadows Foundation has launched The Meadows Mental Health Policy Institute for Texas. Tom Luce has been named the Institute's President and Andrew Keller has been named the Chief Operating Officer. Both Mr. Luce and Mr. Keller spoke with the Executive Directors at the January Consortium meeting. The official launch of the institute will be April 16, 2014.



Centers have been active participants in the launch of the Institute, with many serving as the lead for conducting stakeholder meetings in local communities. In addition, the Texas Council and Centers have been active in educating the Institute's staff and consultants on best practices at Centers, challenges in mental health in communities and our vision for a future service delivery design for mental health services in Texas. Melissa Rowan was a member of the Institute's Planning Committee prior to the launch and will be a member of the ongoing Collaborative Council.

In October 2013, the Texas Council entered into an agreement with the Meadows Foundation and St. David's Foundation to plan and execute a mental health conference in Austin. The conference, *Maximizing the Benefits of Health Reform to Support your Mental Health Mission*, was held in Austin on December 3 and 4, 2013. The goal of the conference was to help nonprofit mental health and substance use disorder providers succeed in the health care reform environment. The conference highlighted emerging opportunities for agencies to marry their clinical and administrative strategies to achieve their mission.

There were 153 attendees from Austin and other parts of Texas including a wide variety of organizations and interested parties.

Conference Snapshot	
ATTENDEES	
Total	153
Austin	87
Regional	66
Community Center	54
Nonprofit	99

The Texas Council has received positive feedback from the Meadows Foundation, St. David's Foundation and attendees. One-hundred percent (100%) of attendees completing the conference survey strongly agreed or agreed that the information at the conference was "interesting, engaging and relevant to their organization." On a 5-point scale, "interesting and engaging" content rated 4.67 while "relevant to the organization" rated 4.62.

The conference agenda and speaker presentations can be found on the Texas Council webpage: <http://txcouncil.com/december2013conferenceopportunity.aspx>

Transition Medicine

In October 2013, the Texas Council attended the Chronic Illness and Disability Conference: Transition from Pediatric to Adult-based Care in Houston and participated in a dinner hosted by Texas Children's Hospital in which Board Member Jamie Travis spoke about her commitment to Transition Medicine. This conference included several sessions on the special transition needs of youth and young adults with intellectual and developmental disabilities.

This conference represents continued engagement with organizations that are promoting the development of an adult system of health care for persons with IDD. This engagement began in September of 2012, when the Texas Council organized a meeting with the University of Texas' Office of Health Affairs, UTMB Health, Texas Children's Hospital, Transition Medicine Clinic at Baylor College of Medicine and Gulf Coast Center to discuss the potential for an 1115 DSRIP project related to issues encountered by youth with special needs transitioning into the adult health care arena.

The HOW has included the issue of Transition Medicine in the policy document currently in process.

Operating in a Managed Care Environment

The Texas Council continues to support Community Centers as they develop and maintain relationships with Medicaid MCOs. The Council provides technical assistance on contractual issues, provides information to HHSC on provider issues, participates in strategic planning on future relationships with MCOs and facilitates meetings between MCOs and Centers. In addition, the Council is working with Centers to better understand the new federal Marketplace plans and look for partnership opportunities when appropriate.

The Texas Council continues to facilitate a Managed Care Workgroup, which now includes a Steering Committee. The workgroup provides a forum for updates regarding the Medicaid managed care program and discussion of systemic issues occurring across Centers. From this meeting, Council staff conducts further analysis and/or leads discussions with HHSC on issues that are identified as needing further attention. In addition, the Council is providing staff support to the Reimbursement Consortium-Special Interest Group on managed care issues. Both groups had significant issues related to the MCO credentialing process and as a result of analysis and discussion with HHSC, the HHSC-MCO contract language has been amended to directly address the issue.

In addition, the Texas Council meets with MCOs to discuss opportunities for better clinical care integration, inpatient hospital admission and discharge planning and administrative simplification strategies. At this time, the implementation of SB 58 is a prominent discussion with the Medicaid MCOs.

Information on Managed Care and the monthly workgroup call, can be found at <http://www.txcouncil-intranet.com/texas-council-initiatives/managed-care-page/>

Mental Health Update

Request for Proposals (RFP) /Grants

Benefit of Homeless Individuals – Services in Supportive Housing is a program which offers treatment and services for veterans, individuals (non-veterans) and families who experience chronic homelessness.

SAMHSA funds will support three primary activities:

1. Behavioral health treatment and other recovery-oriented services
2. Coordination of housing and services which support implementation and/or enhance long-term sustainability of integrated community systems that provide permanent housing and supportive services;
3. Efforts to engage and connect clients who experience substance use or co-occurring substance use and mental disorders to enrollment resources for health insurance, Medicaid, and other benefit programs (e.g., SSI/SSDI, TANF, SNAP, etc.).

SAMHSA anticipates awarding up to 25 projects, with award amounts up to \$400,000 per year (up to 3 years). RFP closes Friday, April 25, 2014.

Rules and Comments Review

Provider Network Development (Chapter 412 Subchapter P) rule was broadcast for informal comments on changes to the rule.

Significant added changes include but not limited:

- Minimum planning period for LMHAs has been reduced from 180 days to 120 days
- LMHAs are required to explain the basis for the volume of services they will continue to provide rather than the volume of services necessary to ensure financial viability
- The requirement for LMHAs to amend their plans if procurement is not successful has been replaced by a requirement for LMHAs to submit a report describing the results of procurement
- An LMHA may not apply more rigorous standards to contractors than it applies internally
- LMHAs are required to pay contractors a fair and reasonable rate
- Language has been added to clarify that the plan is not intended to limit procurement and contracting and that LMHAs must consider all opportunities for network development that occur between planning periods
- Consumer choice and access has been added to the list of key factors considered during evaluation of a proposed plan

Texas Council gathered comments from the Centers and submitted a coordinated response.

The Mental Health Workforce Shortage in Texas

As directed by HB 1023 (83rd Legislature Regular Session), DSHS prepared a report for the Legislature providing policy recommendations for addressing the mental health workforce shortage in Texas.

The report is intended to inform stakeholders of the current state of mental health workforce shortages and solicit input on potential policy recommendations to address shortages. Recommendations were to be specific, reference evidence based work and include feasibility/cost information as possible.

Notable Points

- A population to psychiatrist ratio of greater than 4000:1 would likely impact the availability of mental health care. Only four small areas of Texas have a ratio of less than 4000:1.
- National shortage of pediatric and geriatric psychiatrists
- 24.6% of psychiatrists are 65 years or older
- 21% of clinical psychologists are 65 years or older with 27.2% being between 55-64
- 48.6% of social workers will be in retirement age within next ten years

Texas Council gathered comments from the Centers and submitted a coordinated response.

The 1915(i) Program, Home and Community-Based Services-Adult Mental Health Program (HCBS-AMH) proposed rates for intensive home and community-based services for adults with extended tenure in state mental health facilities in lieu of them remaining long term residents of those facilities. DSHS anticipates initiating provider enrollment within the next few months.

Proposed Rates

Transition Assistance Services - one time	\$ 158.28	
Rehab Services		
Psychosocial Rehabilitative Services, Individual - per 15 minutes	\$ 26.93	*
Psychosocial Rehabilitative Services, Group - per 15 minutes	\$ 5.39	*
Employment Services		
Supported Employment - per hour	\$ 26.07	
Employment Assistance - per hour	\$ 26.07	
Non- Medical Transportation - per mile	\$ 0.55	
Community Psychiatric Supports and Treatment - per hour	\$ 79.53	
Peer Support - per hour	\$ 12.00	
Community-based Residential Assistance Services		
Host Home/Companion Care - per day	\$ 82.40	
Supervised Living Services - per day	\$ 147.12	
Assisted Living services - per day	\$ 31.47	

Supported Home Living - per hour	\$ 22.41	
Respite Care		
In-home- per day	\$ 238.60	
Out-of-home		
24-hour residential habilitation home - per day	\$ 147.12	
Adult foster care (AFC) home - per day	See AFC Out-of-Home Respite rates	
Nursing facility - per day	See NF RUG rates	
Licensed assisted living facilities - per day	See CBA AL Out-of-Home Respite rates	
Home Delivered Meals - per meal		
Medicaid	\$ 6.93	
NonMedicaid	\$ 5.61	
Nursing		
Registered Nurse (RN) - per hour	\$ 43.39	
Licensed Vocational Nurse (LVN) - per hour	\$ 29.69	
Substance Use Disorder (SUD) Services (abuse & dependence)		
Assessment - per assessment	\$ 41.35	*
Individual - per 15 minutes	\$ 11.75	*
Group - per hour	\$ 16.00	*
HCBS – AMH Recovery Management - per 15 minutes	\$ 31.69	*
* Tied to the Acute Care code in the applicable Texas Medicaid Fee Schedule located on the Texas Medicaid & Healthcare Partnership (TMHP) website (see Fee Schedules).		

The Jail-based Competency Restoration program and the rights of people within the program to provide jail-based competency restoration services including mental health or COPSD treatment services, with competency education for individuals found incompetent to Stand Trial (IST), consistent with competency restoration services provided in state mental health facilities.

JBCR program goals include the following:

- Reduce the number of maximum security and non-maximum security defendants on the State Mental Health Program clearinghouse waiting list determined to be IST due to mental illness and/or COPSD issues.
- Provide prompt access to clinically appropriate JBCR services for individuals determined IST who do not qualify for the Outpatient Competency Restoration (OCR) program.
- Services shall include treatment of the underlying mental illness, and the provision of education and skills training.
- Provide a cost-effective alternative to restoration in a state hospital.
- Reduce the demand for forensic state hospital bed days in the area served by the pilot.
- Minimize or ameliorate the stress of incarceration, to the extent possible, for participants in the JBCR program.
- Collect data to support the effectiveness and cost savings of the pilot.

The Restraint and Seclusion rule is to reduce, and to ensure the safe use of, restraint and seclusion occurring within facilities subject to the department's jurisdiction.

Select Revisions

- Authorize registered nurses to conduct the one hour face-to-face following a restraint or seclusion;
- Require a physician to evaluate the individual face-to-face when an order for restraint or seclusion is renewed
- Require facilities to file with the department a quarterly report regarding hospital-based inpatient psychiatric services measures related to the use of restraint and seclusion
- General prohibition that restraint or seclusion may not be used, except as identified in the circumstances in which personal or mechanical restraint or seclusion are permissible
- Further prohibits the use of restraint or seclusion unless a facility develops, implements, and enforces written policies and procedures, as well as a staff training program
- Lists the elements of a facility's training program, including:
 - Standardized throughout the facility
 - Emphasize reducing and preventing the use of restraint or seclusion
 - Evaluated annually
 - Incorporate evidence-based and best practices
 - Provide information about declarations for mental health treatment.
- New required elements that must be included in training for all staff members
- Require that the CEO or CEO's designee notify the individual's LAR or an authorized family member of each episode of restraint or seclusion.

After adoption of this subchapter the department intends to resume its broader review of rules contained in this subchapter, to address input previously from stakeholders regarding certain aspects of the rules that are not being changed at this time(due to the legislative requirement that the current rule revisions be made effective no later than January 2014).

Texas Council gathered comments from the Centers and submitted a coordinated response.

The Mental Health First Aid (MHFA) rule relates to training employees and contractors in MHFA to maximize the number of youth exposed to people trained in this protocol.

Provisions of the rule include:

- LMHAs to provide MHFA training to at least 2 employees and/or their contractors to become MHFA certified trainers.
- MHFA trainers will train educators within their catchment area
- Training to be used as preventive measure to assist children who are in distress
- Assist children to receive the most appropriate intervention.

Texas Council gathered comments from the Centers and turned in a coordinated response.

DSHS and DARS Fee Schedule Change

DSHS and DARS revised the Monthly Ability-to-Pay Fee Schedule based on the 2014 Federal Poverty Guidelines. The revised fee schedule is effective April 1, 2014.

The calculation of the person's maximum monthly fee (MMF) takes into consideration the number of family members and annual gross income reduced by extraordinary expenses paid during the previous 12 months or projected for the next 12 months. The fee schedule is also available on the DSHS website at <http://www.dshs.state.tx.us/mhsa-rights/>.

Community Partner Program

HHSC is offering the opportunity for community-based organizations to form a statewide network called the Community Partner Program to better serve people applying for and using state benefits including food, cash, and medical assistance.

Participating organizations will

- Have their organization listed on HHSC website
- Receive online certification training for Community Partner staff and volunteers
- Receive reports showing how many are being assisted

More information available at:

<https://www.texascommunitypartnerprogram.com/UI/UI/HomePage.aspx>

Veterans Advisory Committee

The [Texas Veterans Portal](#) website is a great resource for veterans and their families. The portal includes helpful information related to:

- Military benefits
- Employment resources
- Education
- Health Care

All thirty-nine (39) Centers reported adding the portal to their websites. Additionally, five other organizations added it to their website, including: Hogg Foundation, Prosumer group, ETBHN, Texas Council and a contractor for Central Counties.

Disaster Behavioral Health

Emergency response is a DSHS contract requirement. Many LMHA's have actively engaged in disaster response over the years. All LMHA's have a person designated to lead in a situation requiring an emergency response. There are efforts currently underway to establish more formal approaches to disaster responses and better coordinate efforts, resources and management of each situation.

Texas Council attended the state Disaster Behavioral Health (DBH) meeting held March 4, 2014. At this meeting were other state employees from DSHS, a representative from Red Cross, Texas Department of Public Safety (TDPS) Victims Services Division and a Voluntary Organizations Active in Disaster (VOAD) Representative. There was discussion about training requirements, conferences and preparing organizations and people for the event of a disaster.

Some of the training identified as critical for people in this area were:

- Critical Incident Command Training (ICS)100 & 200
- Psychological First Aid
- Critical Incident Stress Management Training (CISM) Network

The eight Texas regions will meet for approximately 1 ½ days. These meetings will be held before June 2014 to receive feedback. The regional meetings offer opportunity for LMHA's to give input and prepare for their role in Disaster Behavioral Health. Upon request, at least four LMHA's responded to host regional meetings with the Texas Department of Emergency Management (TDEM).

Meeting Schedule

Day	Date	City	DSHS Health Service Region
Thursday	May 1, 2014	San Antonio	8
Friday	May 2, 2014	Austin	7
Tuesday	May 6, 2014	Midland / Odessa	9/10
Friday	May 9, 2014	Harlingen	11
Monday	May 19, 2014	Tyler	4/5N
Thursday	May 22, 2014	Lubbock	1
Tuesday	June 3, 2014	Fort Worth	2/3
Thursday	June 5, 2014	Houston	6/5S

Additionally, DSHS will deliver four disaster preparedness presentations in the coming months:

1. April – not scheduled yet
2. May 12-15, 2014 in San Antonio Texas Department of Emergency Management Conference. Website:
<https://www.txdps.state.tx.us/dem/conference/txEmerMgmtConf.htm>

3. June 2014 in San Antonio during the Texas Council Conference. Website: <http://www.txcouncil.com/conference.aspx>
4. July 14-17 in Austin 2014 Texas Behavioral Health Institute. Website: <http://www.texinstitute.com/>

Issues Identified

- Local emergency personnel often did not know which LMHA to contact or who to contact.
- LMHAs are identified in local County Emergency Response Plan, but do not always have the plan details.
- People on the ground are not always certain who in command, who deploys resources and when
- Most local agencies deploy assets without DSHS ever being involved.
- Local Volunteer groups do not always fit into the Incident Command structure
- Local Emergency Response Plan may have Red Cross in lead role for Victims Assistance and DBH.
- Local uncertainty about protocol for a responder in the community to access Emergency Response Resources?
- Overall need to better integrate Community Center professional staff within Emergency Management Critical Incident Response.

Peer Opportunities

The Texas Council is taking a closer look at the work of peers in Community Centers to prepare for the next legislative session. The Texas Council will spend the next several months touring Centers and looking at the various peer programs to generate policy recommendations practices involving peers, including:

- Current peer involvement
- Training needs, and
- Future utilization of peers within programs.

Local Area Network Advisory Committee (LANAC)

LANAC is responsible for examining Community Centers Plans to assess opportunities are available for private providers to contract for services. This committee met and reviewed the rule about revisions to 25 TAC, Chapter 412, Subchapter P (relating to Provider Network Development), and the DSHS Behavioral health public awareness campaign.

The committee had a robust discussion on the Contract Performance Outcome Measures, including:

- Extending focus beyond employment—consider meaningful involvement with community, volunteer work, etc.
- Change measure re: strengths
- Wellness check-up and linkages to appropriate primary care
- Peer services, sponsorship of consumer support groups, etc.

- Self descriptors (similar to drug courts that ask for 3 adjectives on admission and three on discharge)

Discussion included the Reliable change index, and how it would measure improvement in multiple domains. Existing measures only require improvement in one domain and there was interest in seeing this measure strengthened.

Council for Planning and Advising (CAP)

CAP is the joint committee formed by bringing Mental Health Advisory Committee and Substance Use Advisory Committee together to advise on Block Grant expenditures. The CAP advises on implementation of services-both mental health and substance use; rules and other areas of interest. The CAP will closely examine the Sunset process and plans to make recommendations to the Sunset Committee. Next meeting is April 25, 2014.

Via Hope Advisory Committee

Via Hope Advisory Committee includes a diverse group of stakeholders including members from LMHA's, consumers, veterans, family members and others. The group advises Via Hope (funded by DSHS and the Hogg Foundation) on recovery initiatives and training for Peer Specialists and Family Partners. Via Hope is under the purview of The University of Texas School of Social Work Research. They are seeking 501(c)(3) status.

Via Hope has been developing new endorsements for Certified Peer Specialist Training, including "Whole Health", "Trauma Informed Care", "Substance Use Disorders". The "Whole Health" endorsement is available now and the newly developed "Trauma Informed Care" will be available soon.

Via Hope developed a Peer Specialist Council which met twice to facilitate input into the development of Peer Specialists. The Chair of the council is Flora Releford, a certified peer specialist from MHMR of Tarrant County.

Protection and Advocacy of Individuals with Mental Illness (PAIMI) Council

The PAIMI Council is an advisory group of consumers, family members and professionals in the mental health field for Disability Rights Texas. The Outreach Committee for the PAIMI Council will be developing a video on consumer rights that are often abused. The Council will focus first on hospitals and then a second video on Community Centers. PAIMI members will recount their experiences involving violations to each of the five rules in both settings. The video will go into production in June 2014.

Mental Health First Aid

The Council continues to actively engage with members, legislative members, state staff, SAMSHA and the National Council on increasing awareness of mental health issues in our community through Mental Health First Aid.

The Texas Council MHFA strategy is to:

- 1) Educate;
- 2) Raise awareness; and
- 3) Promote the role of the Center in prevention/early intervention.

Information on the ATCIC 2013 National Council Impact Award for MHFA can be found at:

http://www.thenationalcouncil.org/cs/awards_of_excellence/impact_awards

The Texas Council created a brief highlighting the Community Center role in the program:

http://www.txcouncil.com/userfiles/file/Mental%20Health%20First%20Aid_Promotional_5%2015%202012.pdf

Leadership of the ED Consortium appointed a MHFA Steering Committee to provide expertise as this initiative rolls in:

- Technical Assistance
- Identifying Best Practices
- Agency Implementation Issues

Mental Health First Aid Steering Committee Membership

Andrea Richardson – Co -Chair	Bluebonnet Trails
Ron Trusler - Co-Chair	Central Plains Center
Suzette Sova Shaikh	Harris County MHMRA
Catherine Carlton	MHMR Tarrant County
Susan Holt	Spindletop Center
Megan Cermak	Austin Travis Integral Care
Rene Hurtado	Emergence Health Network

HB 3793 Mental Health First Aid Initiative

Mental Health First Aid grant application for the statewide Mental Health First Aid (MHFA) initiative as created by HB 3793 (83rd Regular Session) was due to DSHS by October 1, 2013. LMHAs had access up to \$30,000 [for each local service area] to train a minimum of two (2) but not more than thirty (30) LMHA employees and/or contractors to become certified MHFA instructors. DSHS will also pay LMHAs \$100 per educator trained in MHFA, not to exceed \$40,000 per local service area. All LMHAs submitted plans. Collectively with amended plans, LMHAs proposed to train 467 new certified instructors and provide training to over 11,118 educators.

Texas Council added an instructor training chart to the Mental Health First Aid page on the Texas Council Website: <http://www.txcouncil.com/updatementalhealthfirstaid.aspx>. The chart contains scheduled MHFA trainings, including capacity and type of training. An "RSS" feed allows email updates every time changes are made to the chart.

Thirteen (13) certified instructor trainings were or are being held in FY2014:

- November 11-15, 2013 Emergence Health Care
- January 20-24, 2014 Center for Health Care Services
- January 20-24, 2014 Spindletop Center
- February 3-7, 2014 East Texas Behavioral Health Network in Conroe
- February 10-14, 2014 NAMI Brazos Valley
- February 17-21, 2014 Tropical Texas
- February 17-21, 2014 Betty Hardwick Center
- February 24-28, 2014 East Texas Behavioral Health Network at Bluebonnet
- March 17-21, 2014 Starcare
- March 17-21, 2014 MHMRA of Harris County
- March 24-28, 2014 Austin Travis Integral Care
- June 23-27, 2014 Texana Center
- July 21- 25, 2014 Tarrant County Center

Additionally, Community Health Core is considering hosting a training on May 19-23, 2014.

The Texas Council received clarification from DSHS on who qualifies as an "educator" for purpose of fulfilling the LMHA contract. An educator includes the following school personnel (holding an appropriate certificate or permit):

- teachers,
- teacher interns or teacher trainees,
- librarians,
- educational aides,
- administrators, educational diagnosticians, and/or
- counselors
- full-time school nurses

Texas Council presented to the Educational Service Centers (ESC) Executive Directors in November 2013 on Mental Health First Aid and the HB 3793. This resulted in several contacts from various schools.

Additionally, the Texas Council presented on January 21, 2014 for a Children's Mental Health Forum hosted by Texans Care for Children.

Sunset Review of the Texas Department of State Health Services

The mission and performance of the Texas state agencies are under review by the Legislature as required under the Texas Sunset Act. The Act provides that the Sunset Commission, composed of legislators and public members, periodically evaluate a state agency to determine if the agency is still needed and to explore ways to ensure that the agency's funds are well spent. Based on the recommendations of the Sunset Commission, the Texas Legislature ultimately decides whether an agency continues to operate into the future.

The Sunset review involves three steps: First, Sunset Commission staff will evaluate the Department of State Health Services and issue a report in May 2014 recommending solutions to problems found. A month or so later, the Sunset Commission will meet to hear public testimony on the Department and the recommendations of the Sunset staff. Based on public input and the Sunset staff report, the Sunset Commission will adopt recommendations for the full Legislature to consider when it convenes in January 2015.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Chapter 577, Texas Health and Safety Code This statute sets forth the requirements for psychiatric hospital licensure and crisis stabilization units. Additionally, Chapter 448, Texas Health and Safety Code sets forth substance abuse licensure parameters. DSHS has identified the need for new licensure types; however, the agency does not have the authority to do so under current statute. As the State Mental Health Authority and State Substance Abuse Authority, DSHS sets operational and clinical policy for a variety of community-based and facility-based behavioral health services. To ensure appropriate and cost effective treatment, DSHS believes that licensure types need to evolve as services and evidence-based practices evolve. In some instances, the current limit of two mental health facility licensure types leads to operational issues.

Chapter 574, Texas Health and Safety Code and Article 46B Code of Criminal Procedure DSHS recommends expanding the allowable circumstances for court-ordered medication for patients in jail determined incompetent to stand trial. Some patients considered for outpatient competency restoration could benefit from court-ordered medications when refusing to take medication. Currently the statute requires that they lack the capacity to make the decision to take medication and are in imminent risk of harming themselves or others before a judge can court-order medication.

Chapter 81, Texas Health and Safety Code DSHS recommends revision of this code to define health information exchange (HIE) as organizations that facilitate the transmission and exchange of electronic health records and to provide explicit authority for DSHS programs to exchange data with HIEs. Healthcare providers, facilities, and medical groups may form HIEs or establish business associations with HIEs.

Intellectual and Developmental Disabilities

Redesign of IDD Services and Supports: FY2014-15

Following FY2014-15 timeline includes redesign activities directed by SB 7. Certain implementation deadlines are directed in SB 7 while others are not* but are projected by HHSC and/or are reflected in FY2014-15 state appropriations:

Timeline	IDD Redesign Requirements and Related Activities	Status as of 3.25.14
October 1, 2013	SB 7 deadline to appoint IDD System Redesign Advisory Committee members	First meeting held January 7, 2014. Next meeting April, 2014 TBD
Fall, 2013*	HHSC and DADS prepares Community First Choice (CFC) Medicaid state plan amendment for submission to CMS (CFC option implements SB 7 basic attendant and habilitation services provided through STAR + PLUS)	DADS recently submitted CFC "concept paper" to CMS, shared with stakeholders March, 2014
Fall, 2013*	Informal consideration of pilot(s) to test managed care strategies based on capitation to be implemented "no later than September 1, 2016" per SB 7	No pilot RFP has been issued
September 1, 2014*	First possible date STAR + PLUS managed care can expand statewide	On track for September 1, 2014
September 1, 2014*	Estimated start date for CFC basic attendant and habilitation services through STAR + PLUS	Now estimated for March, 2015 at earliest
September 1, 2014*	First possible date to begin providing IDD acute care services through STAR + PLUS or other integrated capitated managed care model	September 1, 2014 still implementation target
September 1, 2014	Nursing Facility carve-in to STAR + PLUS	Delayed to March 1, 2015
September 30, 2014	SB 7 deadline for annual IDD System Redesign report to legislature	
December 1, 2014	SB 7 deadline for report to legislature on role of Local Authority as service provider	
September 1, 2015	IDD Comprehensive Assessment Evaluation	Stakeholder input requested by DADS via survey
September 30, 2015	SB 7 deadline for annual IDD System Redesign report to legislature	

For frequently asked questions about managed care initiatives please see:

<http://www.hhsc.state.tx.us/medicaid/mmc.shtml#managed-care>

Details of current SB 7 implementation activities:

- House Committee on Human Services.** Hearing held March 24, 2014. The committee heard invited testimony from HHSC and DADS, and public testimony in response to the committee's interim charge to oversee implementation of SB 7. Much concern was expressed about the state's readiness and capacity (e.g., physicians and specialists with IDD expertise in managed care networks) to provide acute care services through STAR + PLUS to people in IDD waiver and ICF/IID programs beginning September 1, 2014.

To view the archived hearing:

http://tlchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=8214

To view HHSC and DADS committee presentation:

<http://www.hhsc.state.tx.us/news/presentations/2014/Managed-Care-Initiatives.pdf>

- **IDD System Redesign Advisory Committee.** Committee held first scheduled meeting January 7, 2014. Next quarterly meeting tentatively set for April 29, 2014.

Committee information is located at:

http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/iddsrac.shtml

- **Pilot to test managed care strategies.** The Texas Council and other IDD stakeholder groups continue meeting with representatives of a company that operates in multiple states and is structuring a SB 7 pilot proposal to implement on a regional basis in Texas. The company is in dialogue with HHSC and DADS to determine agency parameters for a proposed pilot. Their pilot model focuses on provider partnerships and intensive coordination of long-term and acute care services. A Local Authority/Service Coordination role is included in the pilot concept under discussion.

To date HHSC and DADS have not announced implementation steps for establishing a SB 7 pilot program, including development of a request for proposals. Pilot implementation must be no later than September 2016.

- **Community First Choice Option (CFC).** SB 7 directs HHSC to implement the most cost-effective option for the delivery of basic attendant and habilitation services, i.e., through the STAR+PLUS managed care program. CFC provides a 6% increase in federal matching funds for qualifying Medicaid attendant and habilitation services, including services now provided and those that would be added in the future.

Habilitation services currently are available in IDD waiver programs (such as HCS and TXHmLiving), which have interest lists. Various attendant services are provided through STAR + PLUS (statewide as of September 1, 2014) to persons who are aging or have physical disabilities. CFC would add attendant and habilitation services for approximately 12,000 additional people who are on IDD waiver program waiting lists.

In order to gain technical assistance on how federal CFC regulations would apply to Texas' proposed CFC design, HHSC submitted a concept paper to CMS. The concept paper allows dialogue on feasibility to begin and potentially result in federal approval. Texas proposes to deliver attendant and habilitation services to populations in 1115 and 1915(c) community waiver programs by utilizing existing service delivery structures and reimbursement models at the enhanced federal rate.

Agency leadership has publicly stated the September 2014 targeted implementation date for basic attendant and habilitation services will not be met.

- **IDD acute care services carve-in to STAR PLUS. Effective September 1, 2014** Medicaid acute care services for persons served in the four IDD waiver programs, including HCS and Texas Home Living, and ICFs/IID are scheduled to be managed through STAR PLUS as directed by SB 7.. Examples of acute care services include physician visits, short term hospital stays, urgent care and preventive care.

Individuals who live in state supported living centers and those who receive both Medicaid and Medicare benefits (“dual eligibles”) are not included in this initiative. Children and young adults under age 21 receiving SSI or SSI-related benefits will be allowed choice of whether to receive Medicaid acute care services through STAR + PLUS or fee-for-service.

The Texas Council is working with HHSC and DADS to prepare for the transition of acute care services to managed care. Many people with IDD have long-standing relationships with physicians and specialists with expertise regarding their health care needs—preserving these relationships will be difficult if their healthcare providers do not have contracts to be in STAR PLUS MCO networks.

The Texas Council has urged HHSC to develop protocols allowing Local Authorities and IDD service providers to communicate and coordinate with STAR PLUS MCOs and MAXIMUS (the enrollment broker) to assist people with IDD in accessing necessary and timely acute care services through STAR PLUS. At this time, MCOs and the enrollment broker often will not communicate with Local Authorities on behalf based on interpretation of limitations posed by federal privacy requirements.

The Texas Council is sponsoring a one-day Leadership Summit on April 10, 2014 in Austin to support Local Authority/Service Coordination leaders in preparing for this managed care initiative, among other future changes resulting from redesign of the IDD system. HHSC and DADS presenters will provide current information and direction to summit participants.

HHSC STAR PLUS Enrollment Schedule for people in IDD waivers and ICFs:

- May 2014—Individuals will be sent introduction information, including introduction letter, MCO comparison chart, and links to provider directories.
- June 2014--Individuals will be sent enrollment packets with provider directory, MCO comparison chart, enrollment form, and frequently asked questions.
- August 15, 2014--Mandatory managed care clients must choose an MCO or the State will auto-assign the client to an MCO. Clients may choose MCO by phone or mail, and may change at any time.
- September 1, 2014—MCO enrollment takes effect.

PASRR and Related Local IDD Authority Responsibilities

Since May 2013 Local Authorities have undertaken complex responsibilities to support people with IDD in or at risk of admission to nursing facilities in Texas. Civil rights requirements to services provided in the most integrated setting form the foundation of Pre-Admission Screening and Resident Reviews (PASRR) and additional related responsibilities delegated to Local Authorities on behalf of the state (per Performance Contract Attachment G).

The additional functions are in response to the two-year *Steward v. Perry* interim settlement agreement. As the statutorily directed entities responsible for access and intake, eligibility and enrollment, safety net/crisis intervention, service coordination and local planning functions the Local Authority network is identified as the statewide system to support civil rights related to nursing facility diversion and community alternatives for this population.

To view the Steward Interim Settlement Agreement:

<http://www.ada.gov/olmstead/documents/steward-settlement.pdf>

As previously reported, the 83rd Legislature appropriated funds for community waiver program services to support integrated community outcomes for people with IDD as follows:

- Nursing Facility Diversion (remain in community): HCS for 150 people, TxHomeLiving for 125 people
- Nursing Facility Transition (move to community): HCS for 360 people

Local Authorities submitted plans to DADS in January, 2014 describing how they would contact, offer and assign service coordinators to individuals in nursing facilities identified as having IDD through a PASRR Evaluation conducted by the Local Authority. The plans are intended to ensure service coordination is initiated for eligible people and to gauge related costs and necessary funding of Local Authority activities.

Due to an expedited need to identify individuals with IDD in the nursing facilities, DADS directed on March 18, 2014 that Local Authorities prioritize the completion of outstanding (not yet completed) PASRR Evaluations (PEs) for individuals with IDD ahead of completing these evaluations for individuals with mental illness alone. DADS must prioritize the completion of IDD PEs by July 31, 2014 in order to support the state's compliance with the *Steward* interim settlement. However, once evaluations for individuals with IDD and dual IDD/MH diagnoses are completed, it is expected that evaluations for individuals with MI will be completed expeditiously.

The Texas Council and Local Authority representatives continue working with DADS to identify costs related to conducting PASRR evaluation as well as service coordination provided to nursing facility residents with IDD and Local Authority and services required by the interim settlement agreement. This analysis will inform DADS Legislative Appropriations Request (LAR) for FY 2016-2017.

Sunset Review: DADS and Related HHSC Self – Evaluation Reports

Texas health and human services agencies are scheduled for Sunset review during the current biennium, culminating in recommendations for action by the 84th Legislature.

In September 2013 agencies completed the first step in the process by providing a Self-Evaluation Report (SER) to the Sunset Advisory Commission. The SER is followed by Sunset staff reports, scheduled to be published in May 2014.

The SER is designed to provide Sunset Commission members and staff with a general background description of each agency being reviewed. The SER also gives each agency an opportunity to provide the Commission with a preview of issues and suggested improvements regarding the agency and its functions.

Following are selected major issues related to services for people with IDD as outlined in the DADS, HHSC, and DARS SERs:

A. Major IDD issues identified by DADS:

http://www.sunset.state.tx.us/84th/dads/ser_dads.pdf

Coordination of Autism Services (Issue 2, p. 266): Are the State's efforts to support individuals with autism spectrum disorders well-coordinated between DADS and DARS? Possible solution is to locate autism-specific service delivery, advisory and research functions in one agency, i.e., consolidate into newly created Office of Autism Services at DARS to include current DARS autism program plus TX Council on Autism and TX Autism Research and Resource Center now administered by DADS.

Role of Aging and Disability Resource Centers (Issue 3, p. 270): As DADS moves toward establishing ADRCs as the foundation for statewide "No Wrong Door" structure under the Balancing Incentive Program, what are the appropriate roles and responsibilities of ADRCs in providing access to long-term services and supports in the community? Six existing ADRCs will be expanded FY2014 to serve their entire state planning region. Via RFP DADS will establish 6-9) new ADRCs in the 12 state planning regions not currently with an ADRC.

Solutions to secure the permanency of ADRCs as an entry point for LTSS include: establish ADRC program as a stand-alone program within DAD; submit exceptional item in DADS LAR for funding to ensure ongoing sustainability; establish statutory foundation for the ADRC; legislatively require formal partnerships between ADRCs and managed care organizations; legislatively require formal partnerships and protocols with Medicaid eligibility, either local or state level, to streamline access to services offered through ADRCs.

State Supported Living Center Census (Issue 5, p. 275): Does the State have a continuing need to operate all existing State Supported Living Centers? Census continues to decline as more individuals seek community based services. Consistent with DADS Rider 39, DADS should

develop a long-range plan for the SSLCs, including number of persons to be service, number and location of facilities, and any plans for specialized services in those facilities.

B. Major IDD issues identified by HHSC: http://www.sunset.state.tx.us/84th/hhs/ser_hhs.pdf

Administration of IDD Services (Issue 3, p. 416): Should programs supporting individuals with IDD be administered by one department within the HHS system?

Discussion: People with IDD who also have behavioral health needs experience challenges accessing behavioral health services because the IDD system and mental health system are located in different agencies. DSHS administers mental health and substance abuse services through local mental health authorities (LMHAs) for all persons regardless of Medicaid eligibility. DADS administers the waiver programs that provide long-term services and supports (LTSS) to Medicaid-eligible persons. While overseen by HHSC, these agencies operate these systems independently from each other and people must qualify separately for these services from each agency.

Possible Solutions: SB 7 requires HHSC to provide LTSS to persons enrolled in Medicaid through managed care plans beginning September 1, 2015 and going through September 2020 (*Texas Council note: language in the HHS SER does not reflect the required stakeholder and legislative deliberation require prior to movement of IDD services to managed care*). With the carve-in of both behavioral health services (per SB 58) and LTSS into managed care, these programs will be administered under HHSC and managed care contract requirements can be put in place to require better coordination of the provision of these services when an individual is eligible for both.

Separate agency oversight of State Hospitals and State Supported Living Centers (Issue 5, p.419) HB 2292 (78th) authorized reorganization of the Texas health and human services agencies by reducing the number of agencies to five. Before this reorganization TDMHMR oversaw both facility types. HB 2292 moved operations of State Hospitals to DSHS and State Supported Living Centers to DADS.

Both types of facilities employ many types of healthcare providers, including physicians, psychiatrists, nurses, psychologists, social workers, nutritionists, chaplains, pharmacists, direct support staff, food services workers, maintenance staff, and habilitation therapists. Both types also maintain large campuses, manage fleet operations, construction, risk management, computer systems, and other support services.

Also, each agency operates forensic facilities, and as a result local judges and courts don't always understand the differences in the nature of commitments and which department oversees the commitment.

There are many instances when the two departments work together to increase efficiency and operational expertise. Currently the HHS Facility Support Services (FFS) division provides central management and administrative support to the 24 DADS SSLCs and DSHS state hospitals across Texas.

Identified inefficiencies:

- Duplicative administrative functions
- Recruitment and retention of professional services providers, e.g., physicians, psychiatrists, often lead to DADS and DSHS competing for limited professional staff
- Delayed transfer process of individuals between SSLCS and State Hospitals
- Ineffective exchange of health information
- Cross agency coordination is required for certain facilities management functions

Possible solutions:

Consolidated facility operations into one agency would streamline facility management and increase efficiencies, including inefficiencies noted above. Strategic decisions regarding facility properties, capital construction legislative requests and prioritization of those requests, and potential repurposing of facilities as SSLCs continue to downsize in population will be improved.

However, stakeholders may object to the alignment of facilities into one agency due to the functional alignment of current HHS agencies

DARS—Early Childhood Intervention

Major ECI Sunset Issues Identified by DARS

Addressing challenges in the ECI Program (Issue 2, p. 267). ECI continues to experience challenges in operating the program within available appropriations and other available payer sources while remaining in compliance with federal regulations. The program is working to mitigate these challenges and maintain a strong state-wide provider base within the current operating model

Major changes in the contract structure and payment process were completed in FY2012. Services are currently paid through both a cost reimbursement mechanism and through a fee for service mechanism.

SB 1060 (83rd) requires DARS to conduct a cost effectiveness evaluation of the family cost share system and must produce a legislative report by December 1, 2014. Based on information gathered, the family cost share rules will be modified and technical assistance provided to contractors to support implementation of changes.

The fiscal impact will vary based on changes implemented. As stated above. Of the funds the contractor projects to earn from the third party sources are not actually reimbursed from the third party payers, the contractor is financially at risk and must secure funds elsewhere or cease operations.

ECI Family Cost Share

A significant change in ECI Family Cost Share requirements became effective January 1, 2014 based on FY 2014-2015 state budget direction (DARS Rider 31). The \$63 million General Revenue appropriation for ECI is contingent upon DARS modifying rules to require the monthly family cost share amount for ECI services by families with adjusted gross income greater than 400% of the Federal Poverty Level to be equal to the cost of services, but not to exceed 5% of the family's adjusted gross monthly income.

The new Family Cost Share Fee Scale can be found at:

<http://www.dars.state.tx.us/ecis/FCSFeeScale.pdf>

Details of the new Family Cost Share can be found at:

http://www.dars.state.tx.us/ecis/FCS_booklet_Jan%201.pdf



TEXAS COUNCIL OF COMMUNITY CENTERS
Board of Trustees Meeting
(April 5, 2014)

Board Report on
Texas Council Risk Management Fund

26th Year of Operations

September 1, 2013 marked the beginning of the Fund's 26th year of operations.

February Meeting Update

The Fund's Board of Trustees and Advisory Committee conducted an annual training session and a regular Board meeting on February 20 and 21, 2014. Following are some highlights of those meetings:

- The training sessions covered an explanation of typical commercial crime coverage and reviewed a proposal to offer similar coverage through the Fund; a review of the Fund's historical use of surplus and the calculation of the estimation of surplus; a review of the Fund's underwriting process; an analysis of the Fund's E&O claims and costs; a presentation on considerations for arbitration agreements in all contractual relationships, including employment agreements; a review of contents in the Board's policy manual; and, an overview of the different methodologies in place to monitor the pool's performance.
- The Board received a legal opinion regarding the applicability of the Texas Public Funds Investment Act to the Fund.
- The Board received a draft legal opinion regarding the applicability of the Texas Open Meetings and Open Records Acts and directed the administrator to coordinate with Carvan Adkins to finalize the opinions.
- The Board selected Insurance Buyers Council for the 2014 independent performance audit which is planned for every five years. A final report from the performance auditor is expected at the May 9 meeting.
- The Board reviewed a draft of coverage language for expanded coverage for five types of crime coverage options along with a timeline for implementing the coverage.
- The Board approved the use of approximately \$37,000 to offset additional monies owed for members under the minimum contribution plans. To assist members with the balance sheet reserve, the members will pay the amount owed, but receive an equal credit on next year's contribution calculation.
- The Board modified the Underwriting Guidelines as to the determination of a "poor driver."



Staff and Trustee Training Conference

The Fund will again sponsor a breakfast for trustees and executive directors at the 2014 Texas Council Staff and Trustee Training Conference. The breakfast will be held on Friday, June 20. Awards will be presented to centers that have demonstrated exceptional records in safety and risk management.

Employment Liability Workshop

The next liability workshop is scheduled for April 11 in Austin and will focus on employment issues for centers.

Next Fund Board Planning and Meeting

The Fund Board has scheduled a planning session on Thursday, May 8, and a Board meeting for Friday, May 9. The meetings will be held at the Lone Star Court in Austin (in the Domain).

Agenda Item: Approve March 2014 Financial Statements Committee: Business	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: March 2014 Financial Statements	
Recommended Action: Approve March 2014 Financial Statements	

March 2014 Financial Summary

Revenues for March 2014 were \$2,141,284 and operating expenses were \$2,052,314 resulting in a gain in operation of \$88,971. Capital Expenditures and Extraordinary Expenses for March were \$51,726 resulting in a gain of \$37,245. Total revenues were 96.42% of the monthly budgeted revenues and total expenses were 95.71% of the monthly budgeted expenses.

Year to date revenues are \$14,368,037 and operating expenses are \$13,921,814 leaving excess operating revenues of \$446,223. YTD Capital Expenditures and Extraordinary Expenses are \$133,665 resulting in a gain YTD of \$312,558. Total revenues are 95.67% of the YTD budgeted revenues and total expenses are 93.67% of the YTD budgeted expenses

REVENUES

YTD Revenue items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
HCS Program – Title XIX	1,043,969	1,095,540	95.29%	51,571
ICF Program – Title XIX	1,339,955	1,481,150	90.46%	141,195
Texas Home Living – Title XIX	118,000	146,015	80.81%	28,015
Rehab – Title XIX	656,719	732,908	89.60%	76,189
DSHS – Gen Rev - NGM	387,400	437,924	88.46%	50,524
DSHS – Outpatient Competency Restoration	66,434	122,585	54.19%	56,151

HCS Program – Title XIX – As reported last month, this item remains under budget due to the loss of Medicaid eligibility for a client and multiple hospitalizations. A budget revision will be submitted to correct the projection for this revenue line.

ICF Program – Title XIX – This line item is still under budget due to hospital stays as well as vacancies in this program. We also have some back billing for new consumers that have not received their ICF Medicaid coverage yet, but will receive back billing when approved coverage is received. This is a cost reimbursement program so the financials also show a reduction on the expense side to offset this decrease in revenue.

Texas Home Living – Title XIX – A budget revision will be necessary as this program has been affected by a large number of services not being utilized by consumers. On the expense side for this program, we have employee vacancies that offset the decrease in revenue.

Rehab – Title XIX – As we have reported the last couple of months, this line item continues to be under budget due mainly due to the implementation of the TRR effective September 1st as required by our DSHS Contract. We continue to have weekly revenue improvement meetings with all the department managers to ensure that there is a major focus of how this is impacting the agency budget. Again this month, we have a slight improvement over the last month so we continue to climb a little higher each month. This trend is a shared problem with other Community Centers in the state.

DSHS – Gen Rev – NGM – This line item is under budget due to positions that are funded by NGM have been vacant for the entire year. We have filled one of the positions so this variance should not be growing for the remainder of the fiscal year. We anticipate using the lapsed funds for the Children’s Summer Camp program as we have done in previous years.

DSHS – Outpatient Competency Restoration – We continue to have issues with no referrals to this program and we have had a vacant position in this program for the past four months. We have filled the vacant position but still anticipate having a lapse. DSHS have sent us a request to determine if they will de-obligate funds for this program. This is a cost reimbursement program so we also have a decrease in expenses associated with this program.

EXPENSES

YTD Individual line expense items that exceed the YTD budget by more than \$10,000:

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Medication	224,192	201,560	111%	22,632

Medication – Expenses are trending higher for medications over the last couple of months in part due to the increase of consumers receiving these services. We will continue to monitor to determine if a budget revision is necessary prior to year end.

TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
As of March 31, 2014

	TOTALS COMBINED FUNDS March 2014	TOTALS COMBINED FUNDS February 2014	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	4,275	3,375	900
Cash on Deposit-General Fund	10,858,690	10,314,530	544,161
Cash on Deposit-Debt Fund	3,274	3,274	-
Accounts Receivable	1,535,843	1,493,368	42,475
Inventory	8,642	7,661	981
TOTAL CURRENT ASSETS	12,410,725	11,822,208	588,516
FIXED ASSETS	5,730,985	5,730,985	-
OTHER ASSETS	50,841	58,787	(7,946)
TOTAL ASSETS	18,192,551	17,611,983	580,570
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	917,962	815,415	102,547
NOTES PAYABLE	473,777	473,777	-
DEFERRED REVENUE	3,079,492	2,644,882	434,610
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	1,002,085	1,021,411	(19,326)
Bond Series 2004	-	-	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	312,558	1,383,736	(1,071,178)
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(1,475,862)	(1,495,188)	19,326
Reserved for Debt Retirement	1,230,000	1,230,000	-
Reserved for Debt Service	-	-	-
COMMITTED			
Net Assets-Property and Equipment	5,730,985	5,730,985	-
Reserved for Board Policy Requirements	879,405	879,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,046,849	2,046,849	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	43,165	36,998	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
UNASSIGNED			
Unrestricted and Undesignated	3,190,463	2,082,041	1,108,422
TOTAL LIABILITIES/FUND BALANCE	18,192,551	17,611,983	580,568

TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
As of March 31, 2014

	General Operating Funds	TOTALS	
		Memorandum Only	
		March 2014	Final August 2013
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	4,275	4,275	5,325
Cash on Deposit-General Fund	10,858,690	10,858,690	7,747,392
Cash on Deposit-Debt Fund	3,274	3,274	421,561
Accounts Receivable	1,535,843	1,535,843	1,657,784
Inventory	8,642	8,642	6,661
TOTAL CURRENT ASSETS	12,410,725	12,410,725	9,838,723
FIXED ASSETS	5,730,985	5,730,985	5,730,985
OTHER ASSETS	50,841	50,841	36,317
	18,192,551	18,192,551	15,606,026
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	917,962	917,962	1,340,397
NOTES PAYABLE	473,777	473,777	473,777
DEFERRED REVENUE	3,079,492	3,079,492	426,256
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	1,002,085	1,002,085	1,135,612
Bond Series 2004	-	-	410,000
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	312,558	312,558	1,108,422
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt service-Restricted	(1,475,862)	(1,475,862)	(2,019,389)
Reserved for Debt Retirement	1,230,000	1,230,000	1,230,000
Reserved for Debt Service	-	-	-
COMMITTED			
Net Assets-Property and Equipment-Committed	5,730,985	5,730,985	5,730,985
Reserved for Board Policy Requirements-Committed	879,405	879,405	879,405
Reserved for Equipment Reserve-Committed	354,290	354,290	354,290
Reserved for Inventory Reserve-Committed	32,973	32,973	32,973
Reserved for Operations and Programs -Committed	2,046,849	2,046,849	2,046,849
ASSIGNED			
Reserved for Workers' Compensation-Assigned	274,409	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	43,165	43,165	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000	100,000
UNASSIGNED			
Unrestricted and Undesignated	3,190,463	3,190,463	2,082,041
TOTAL LIABILITIES/FUND BALANCE	18,192,551	18,192,551	15,606,026

TRI-COUNTY SERVICES
Revenue and Expense Summary
For the Month Ended March 2014
and YTD as of March 2014

INCOME:	MONTH OF March 2014	YTD March 2014
Local Revenue Sources	148,776	851,449
Earned Income	785,474	5,308,477
General Revenue-Contract	1,207,034	8,208,111
TOTAL INCOME	2,141,284	14,368,037
EXPENSES:		
Salaries	1,057,098	7,269,042
Employee Benefits	201,894	1,373,366
Medication Expense	31,117	226,804
Travel-Board/Staff	33,775	229,341
Building Rent/Maintenance	67,730	195,010
Consultants/Contracts	435,373	3,147,625
Other Operating Expenses	225,326	1,480,626
TOTAL EXPENSES	2,052,314	13,921,814
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	88,971	446,223
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	51,726	133,665
Capital Outlay-Debt Service Bonds	-	
TOTAL CAPITAL EXPENDITURES	51,726	133,665
GRAND TOTAL EXPENDITURES	2,104,040	14,055,479
Excess (Deficiency) of Revenues and Expenses	37,245	312,558

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budgeted
Year to Date as of March 2014

	YTD March 2014	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	851,449	1,106,118	(254,669)
Earned Income	5,308,477	5,666,599	(358,122)
General Revenue-Contract	8,208,111	8,245,703	(37,592)
TOTAL INCOME	14,368,037	15,018,420	(650,383)
EXPENSES:			
Salaries	7,269,042	7,671,201	(402,159)
Employee Benefits	1,373,366	1,481,543	(108,177)
Medication Expense	226,804	201,560	25,244
Travel-Board/Staff	229,341	255,777	(26,436)
Building Rent/Maintenance	195,010	189,833	5,177
Consultants/Contracts	3,147,625	3,394,447	(246,822)
Other Operating Expenses	1,480,626	1,542,411	(61,785)
TOTAL EXPENSES	13,921,814	14,736,772	(814,958)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	446,223	281,648	164,575
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	133,665	268,166	(134,501)
Capital Outlay-Debt Service Bonds			-
TOTAL CAPITAL EXPENDITURES	133,665	268,166	(134,501)
GRAND TOTAL EXPENDITURES	14,055,479	15,004,938	(949,459)
Excess (Deficiency) of Revenues and Expenses	312,558	13,482	299,076

Debt Service and Fixed Asset Fund:

Bond Payments Receipts	-	-	-
Bond Payments Disbursements		-	-
Interest Income			
Excess(Deficiency) of revenues over Expense:	-	-	-

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budget
For the Month Ended March 2014

INCOME:	MONTH OF March 2014	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	148,776	150,490	(1,714)
Earned Income	785,474	854,169	(68,695)
General Revenue-Contract	1,207,034	1,216,125	(9,091)
TOTAL INCOME	2,141,284	2,220,784	(79,500)
EXPENSES:			
Salaries	1,057,098	1,179,722	(122,624)
Employee Benefits	201,894	217,569	(15,675)
Medication Expense	31,117	29,238	1,879
Travel-Board/Staff	33,775	37,564	(3,789)
Building Rent/Maintenance	67,730	24,940	42,790
Consultants/Contracts	435,373	442,254	(6,881)
Other Operating Expenses	225,326	219,179	6,147
TOTAL EXPENSES	2,052,314	2,150,466	(98,152)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	88,971	70,318	18,653
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	51,726	47,823	3,903
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	51,726	47,823	3,903
GRAND TOTAL EXPENDITURES	2,104,040	2,198,289	(94,249)
Excess (Deficiency) of Revenues and Expenses	37,245	22,495	14,750

Debt Service and Fixed Asset Fund:

Bond Payments Receipts	-	-	-
Bond Payments Disbursements	-	-	-
Interest Income	-	-	-
Excess(Deficiency) of revenues over Expenses	-	-	-

TRI-COUNTY SERVICES
Revenue and Expense Summary
With March 2013 Comparative Data
Year to Date as of March 2014

INCOME:	YTD March 2014	YTD March 2013	Increase (Decrease)
Local Revenue Sources	851,449	899,038	(47,589)
Earned Income	5,308,477	6,127,943	(819,466)
General Revenue-Contract	8,208,111	7,299,107	909,004
TOTAL INCOME	14,368,037	14,326,088	41,949
EXPENSES:			
Salaries	7,269,042	6,844,609	424,433
Employee Benefits	1,373,366	1,290,535	82,831
Medication Expense	226,804	169,702	57,102
Travel-Board/Staff	229,341	221,959	7,382
Building Rent/Maintenance	195,010	158,404	36,606
Consultants/Contracts	3,147,625	3,119,905	27,720
Other Operating Expenses	1,480,626	1,348,174	132,452
TOTAL EXPENSES	13,921,814	13,153,288	768,526
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	446,223	1,172,800	(726,577)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	133,665	100,900	32,765
Capital Outlay-Debt Service Bonds		248,375	(248,375)
TOTAL CAPITAL EXPENDITURES	133,665	349,275	(215,610)
GRAND TOTAL EXPENDITURES	14,055,479	13,502,563	552,916
Excess (Deficiency) of Revenues and Expenses	312,558	823,525	(510,967)

Debt Service and Fixed Asset Fund:

Bond Payments Receipts	-	248,375	(248,375)
Bond Payments Disbursements			-
Interest Income			-
Excess(Deficiency) of revenues over Expenses	-	248,375	(248,375)

TRI-COUNTY SERVICES
Revenue and Expense Summary
With March 2013 Comparative Data
Year to Date as of March 2014

INCOME:	MONTH OF March 2014	MONTH OF March 2013	Increase (Decrease)
Local Revenue Sources	148,776	118,754	30,022
Earned Income	785,474	882,268	(96,794)
General Revenue-Contract	1,207,034	1,063,685	143,349
TOTAL INCOME	2,141,284	2,064,707	76,577
EXPENSES:			
Salaries	1,057,098	944,178	112,920
Employee Benefits	201,894	136,147	65,747
Medication Expense	31,117	19,915	11,202
Travel-Board/Staff	33,775	35,590	(1,815)
Building Rent/Maintenance	67,730	56,289	11,441
Consultants/Contracts	435,373	451,226	(15,853)
Other Operating Expenses	225,326	207,667	17,659
TOTAL EXPENSES	2,052,314	1,851,012	201,302
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	88,971	213,695	(124,724)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	51,726	77,933	(26,207)
Capital Outlay-Debt Service Bonds	-	35,482	(35,482)
TOTAL CAPITAL EXPENDITURES	51,726	113,415	(61,689)
GRAND TOTAL EXPENDITURES	2,104,040	1,964,427	139,613
Excess (Deficiency) of Revenues and Expenses	37,245	100,280	(63,035)

Debt Service and Fixed Asset Fund:

Bond Payments Receipts	-	35,482	(35,482)
Bond Payments Disbursements			-
Interest Income			-
Excess(Deficiency) of revenues over Expenses	-	35,482	(35,482)

TRI-COUNTY SERVICES
Revenue and Expense Summary
With February 2014 Comparative Data
As of March 2014

INCOME:	MONTH OF March 2014	MONTH OF February 2014	Increase (Decrease)
Local Revenue Sources	148,776	108,393	40,383
Earned Income	785,474	776,384	9,090
General Revenue-Contract	1,207,034	1,286,815	(79,781)
TOTAL INCOME	2,141,284	2,171,592	(30,308)
EXPENSES:			
Salaries	1,057,098	1,080,102	(23,004)
Employee Benefits	201,894	205,528	(3,635)
Medication Expense	31,117	35,969	(4,852)
Travel-Board/Staff	33,775	35,864	(2,089)
Building Rent/Maintenance	67,730	23,711	44,019
Consultants/Contracts	435,373	449,074	(13,701)
Other Operating Expenses	225,326	273,455	(48,129)
TOTAL EXPENSES	2,052,314	2,103,704	(51,390)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	88,971	67,888	21,083
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	51,726	36,641	15,085
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	51,726	36,641	15,085
GRAND TOTAL EXPENDITURES	2,104,040	2,140,344	(36,305)
Excess (Deficiency) of Revenues and Expenses	37,245	31,247	5,997

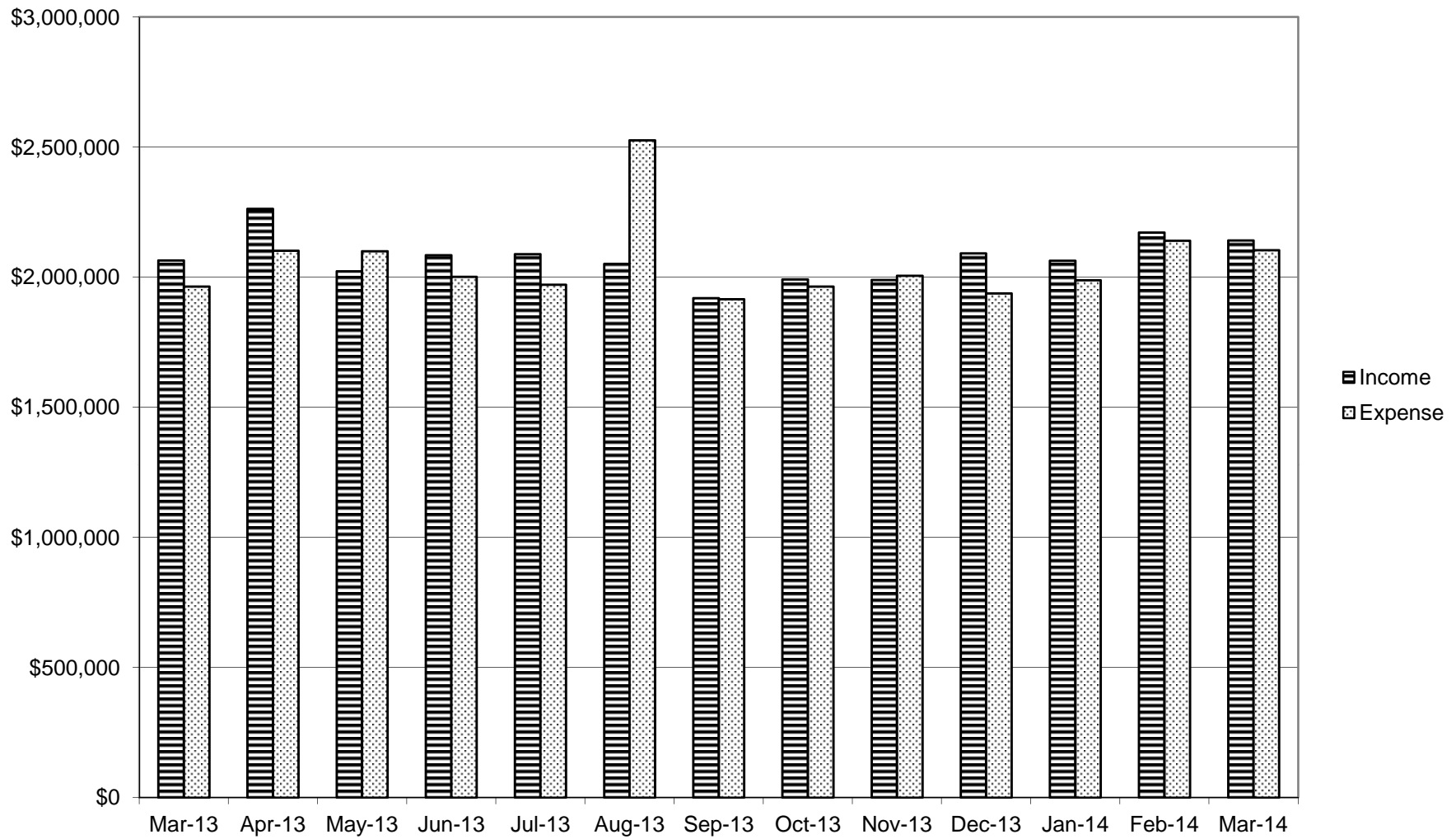
Debt Service and Fixed Asset Fund:			
Bond Payments Receipts	-	-	-
Bond Payments Disbursements			-
Interest Income			
Excess(Deficiency) of revenues over Expenses	-	-	-

TRI-COUNTY SERVICES
Revenue and Expense Summary by Service Type
Compared to Budget
As of YTD Ended March 2014

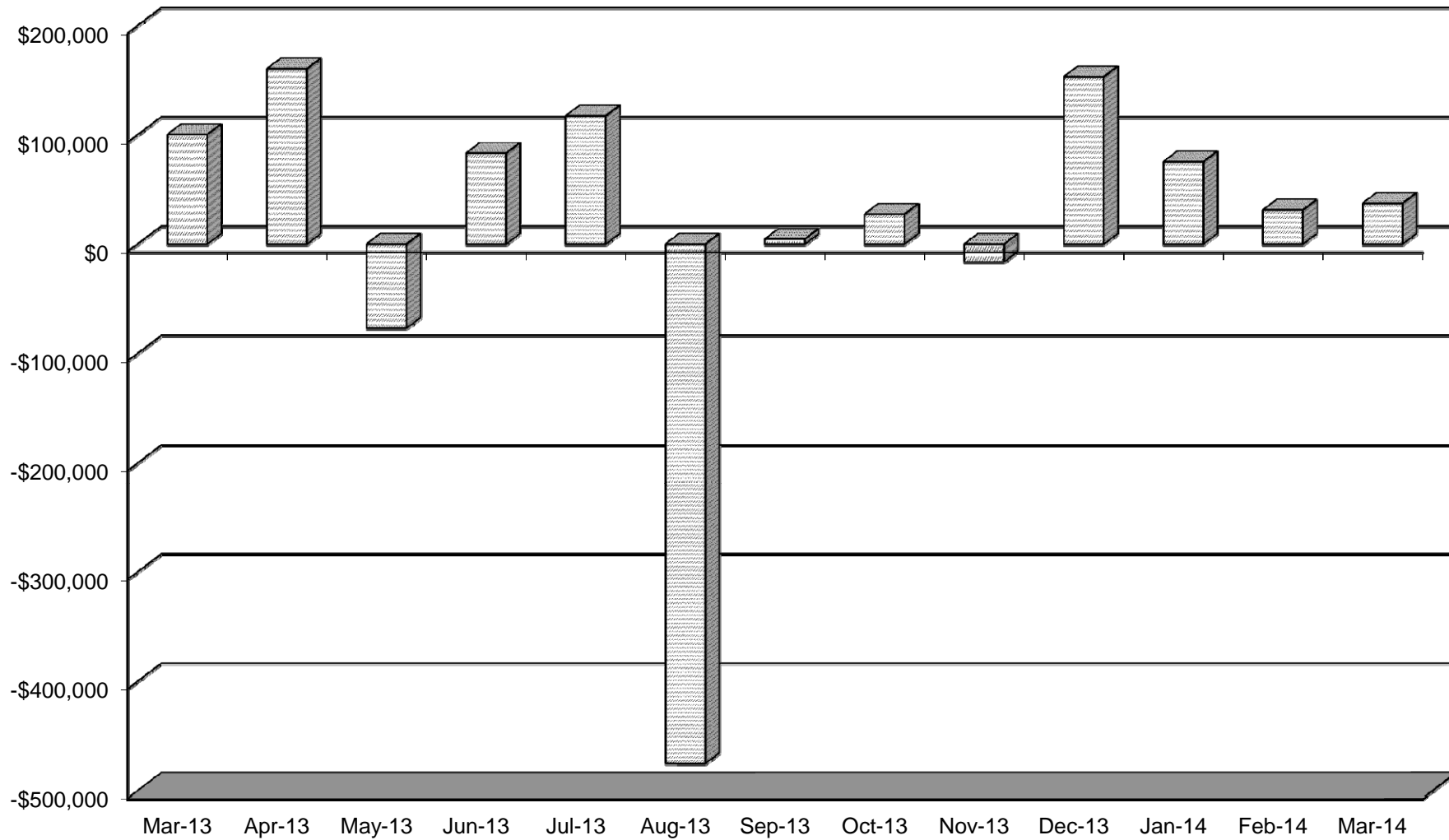
	YTD Mental Health March 2014	YTD IDD March 2014	YTD Other Services March 2014	YTD Agency Total March 2014	YTD Approved Budget March 2014	Increase (Decrease)
INCOME:						
Local Revenue Sources	646,339	98,814	106,295	851,449	1,106,118	(254,669)
Earned Income	1,158,619	3,276,707	873,151	5,308,477	5,666,599	(358,122)
General Revenue-Contract	7,322,299	885,811		8,208,111	8,245,703	(37,592)
TOTAL INCOME	9,127,257	4,261,332	979,446	14,368,037	15,018,420	(650,383)
EXPENSES:						
Salaries	5,088,186	1,507,042	673,814	7,269,042	7,671,201	(402,159)
Employee Benefits	936,423	306,161	130,783	1,373,366	1,481,543	(108,177)
Medication Expense	212,310		14,494	226,804	201,560	25,244
Travel-Board/Staff	139,030	59,812	30,499	229,341	255,777	(26,436)
Building Rent/Maintenance	131,366	51,916	11,728	195,010	189,833	5,177
Consultants/Contracts	1,114,468	1,983,998	49,159	3,147,625	3,394,447	(246,822)
Other Operating Expenses	965,050	351,567	164,010	1,480,626	1,542,411	(61,785)
TOTAL EXPENSES	8,586,833	4,260,496	1,074,487	13,921,814	14,736,772	(814,958)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	540,424	836	(95,041)	446,223	281,648	164,575
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	85,270	10,074	38,320	133,665	268,166	(134,501)
Capital Outlay-Debt Service Bonds				-		-
TOTAL CAPITAL EXPENDITURES	85,270	10,074	38,320	133,665	268,166	(134,501)
GRAND TOTAL EXPENDITURES	8,672,103	4,270,570	1,112,807	14,055,479	15,004,938	(949,459)
Excess (Deficiency) of Revenues and Expenses	455,154	(9,238)	(133,361)	312,558	13,482	299,076

Debt Service and Fixed Asset Fund:						
Bond Payments Receipts	-	-	-	-	-	-
Bond Payments Disbursements		-	-	-	-	-
Interest Income		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	-	-	-	-	-	-

TRI-COUNTY SERVICES Income and Expense



TRI-COUNTY SERVICES Income after Expense



Agenda Item: Consider Selection of FY 2014 Auditor

Board Meeting Date

April 24, 2014

Committee: Business

Background Information:

Each year, Tri-County Services is required to select an outside auditor for our financial audit. We have previously used the following auditors:

FY 1992	Pircher and Co.
FY 1988 - 1993	Kenneth Davis
FY 1999	Vetter & Taboada, PC
FY 2000 - 2003	David N. Miller, LLP
FY 2004 - 2006	McConnell & Jones, LLP
FY 2007 - 2010	David N. Miller, LLP
FY 2011 - 2012	Carlos Taboada & Company, PC (Carlos Taboada previously worked for David N. Miller, LLP and opened his own business 7/11.)
FY 2013	Scott, Singleton, Fincher and Company, PC

The FY 2014 DSHS and DADS Performance Contracts state that the Center shall "engage the same audit firm no more than six (6) consecutive years from the initial date of engagement".

Supporting Documentation:

None

Recommended Action:

Direct Staff to Solicit an Audit Engagement Letter from Scott, Singleton, Fincher and Company, PC or Solicit Proposals for FY 2014 Independent Financial Audit

Agenda Item: Select 'Doing Business As Name' for Tri-County Mental Health Mental Retardation Services Committee: Business	Board Meeting Date April 24, 2014
Background Information: <p>The Tri-County Board of Trustees voted on December 10, 2009 to adopt the doing business as (d.b.a.) name of Tri-County Services. The Center's legal name, Tri-County Mental Health Mental Retardation Services, needed to be changed because the word 'retardation' was stigmatized and considered offensive to many clients, families and stakeholders.</p> <p>At the Board Strategic Planning meeting in July of 2013, the Board of Trustees and staff agreed that the d.b.a. name was confusing for our stakeholders and needed to be changed. The consensus was the name did not identify what we do and therefore, was frequently explained with the statement, "We were formerly known as Tri-County MHMR Services."</p> <p>Evan Roberson has solicited feedback from Tri-County staff and several of the Board Trustees over the past few months and several possible names were discussed. There has been some narrowing of the choices, but a consensus around a particular name has not been reached, although the Board has indicated that they would like to keep Tri-County in the name. The names below were reviewed and recommended by staff to the Board for consideration:</p> <p>Tri-County Behavioral Health(care) (Services) Tri-County Mental Health Intellectual Disability Services Tri-County Mental Health Developmental Disability Services Tri-County Cognitive Health Care</p> <p>Of these names, Tri-County Behavioral Health has received the most support from staff. Staff are requesting guidance on name choices from the Board.</p> <p>Once a name is selected by the Board, staff will have to investigate the d.b.a. name to ensure that no other organization has registered the chosen d.b.a. with the Texas Secretary of State.</p>	
Supporting Documentation: None	
Recommended Action: Select Doing Business As Name for Tri-County Mental Health Mental Retardation Services	

<p>Agenda Item: Approve Request to the Texas Department of Housing and Community Affairs (TDHCA) for Re-certification of the Reservation System Participation</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 24, 2014</p>
<p>Background Information:</p> <p>In March of 2012, the Board of Trustees voted on a resolution to opt-in to the TDHCA Reservation System Program (RSP) which replaced the Tenant Based Rental Assistance (TBRA) contract system.</p> <p>TBRA funds are used to provide rental vouchers to persons with disabilities (in our case, persons with mental illness) for up to 24 months while the recipient works on a plan to function independently after the voucher ends. Tri-County has been a TBRA provider since 2000. Prior to 2012, Tri-County applied for funding from TDHCA and received a 30 month award for TBRA vouchers. In 2012, TDHCA changed the system to require the individual recipient to receive the funding via the RSP.</p> <p>The RSP allows participants to reserve funding for eligible households individually, at any given time. There is no contractual requirement to assist a minimum number of households. Performance benchmarks are not necessary and there is no match requirement.</p> <p>TDHCA requires that each TBRA RSP Provider complete the re-certification process 6 months prior the end of their contract in order to continue to provide this service. Re-certification involves Board approval of the application process and identifying roles of involved staff.</p> <p>A resolution for re-certification must be approved by the Board of Trustees and signed by the Board Chairman stating that:</p> <ol style="list-style-type: none"> 1. Approval be given to the TDHCA to re-certify Tri-County Services as a Reservation System Participant in order to access HOME funds from the Tenant Based Rental Assistance for Person With Disabilities (TBRA PWD) Reservation Project; 2. An amount of \$15,000 be made available in cash reserves from existing undesignated reserves to operate the program pending reimbursement from the TDHCA; and 3. Evan Roberson, Executive Director of Tri-County Services, be authorized to execute the HOME agreement upon award. 	
<p>Supporting Documentation:</p> <p>TBRA Board Resolution</p>	
<p>Recommended Action:</p> <p>Approve Re-certification Request to Participate in the Texas Department of Housing and Community Affairs HOME Reservation System, Approve Resolution Regarding Available Cash Reserves for the Project, and Authorize the Executive Director to Execute Any Necessary Forms</p>	

TBRA PWD BOARD RESOLUTION

On the 24th of April 2014, the Board of Trustees of Tri-County Mental Health Mental Retardation Services dba Tri-County Services passed the following Motion:

NOW BE IT RESOLVED, by the Board of Trustees, that

- Approval be given to the Texas Department of Housing and Community Affairs for Tri-County Services to re-certify as a Reservation System Participant (RSP) in order to access HOME funds from the Tenant Based Rental Assistance for Person With Disabilities (TBRA PWD) Reservation Project.
- An amount of \$15,000 be made available in cash reserves from existing undesignated reserves to operate the program for one month pending reimbursement from the Texas Department of Housing and Community Affairs; and
- Evan Roberson, Executive Director of Tri-County Services, be authorized to execute the HOME agreements upon award.

David Walker, Chair

<p>Agenda Item: Approve Request of Texas Department of Housing and Community Affairs (TDHCA) for Primary Authorizer in the Reservation System Participation Program</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 24, 2014</p>
<p>Background Information:</p> <p>In March 2012, the Board of Trustees voted on a resolution to opt-in to the TDHCA Reservation System Program (RSP) which replaced the Tenant Based Rental Assistance (TBRA) contract system. A letter requesting to opt-in was submitted by the Executive Director as required by TDHCA.</p> <p>As a part of the RSP renewal, TDHCA requires that the Board of Trustees re-authorize Sean McElroy, Psychiatric Clinic Administrator, to enter and approve project set-ups and draw requests. TDHCA only allows two persons to sign for the RSP. Sean McElroy serves as the primary authorizer for the RSP account with TDHCA.</p> <p>A resolution must be approved by the Board of Trustees and signed by the Board Chairman stating that:</p> <ol style="list-style-type: none"> 1. Sean McElroy, Psychiatric Clinic Administrator for Tri-County Services, be authorized to enter and approve project set-ups and draw requests for the TBRA Persons with Disabilities Reservation System Project. 	
<p>Supporting Documentation:</p> <p>TBRA Board Resolution</p>	
<p>Recommended Action:</p> <p>Authorize Sean McElroy, Psychiatric Clinic Administrator, Enter and Approve Project Set-ups and Draw Requests for the TBRA Persons with Disabilities Reservation System Project</p>	

TBRA PWD BOARD RESOLUTION

On the 24th of April 2014, the Board of Trustees of Tri-County Mental Health Mental Retardation Services d.b.a. Tri-County Services passed the following Motion:

NOW BE IT RESOLVED, by the Board of Trustees, that

- Sean McElroy, Psychiatric Clinic Administrator, be authorized to enter and approve project set-ups and draw requests for the TBRA Persons with Disabilities Reservation System Project.

David Walker, Chair

<p>Agenda Item: Approve Request of Texas Department of Housing and Community Affairs (TDHCA) for Secondary Authorizer in the Reservation System Participation Program</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 24, 2014</p>
<p>Background Information:</p> <p>In March 2012, the Board of Trustees voted on a resolution to opt-in to the TDHCA Reservation System Program (RSP) which replaced the Tenant Based Rental Assistance (TBRA) contract system. A letter requesting to opt-in was submitted by the Executive Director as required by TDHCA.</p> <p>As a part of the RSP renewal, TDHCA requires that the Board of Trustees re-authorize the Executive Director, Evan Roberson, to sign RSP system documents. TDHCA only allows two persons to sign for the RSP. Evan Roberson serves as the back-up authorizer for the RSP account with TDHCA.</p> <p>A resolution must be approved by the Board of Trustees and signed by the Board Chairman stating that:</p> <ol style="list-style-type: none"> 1. Evan Roberson, Executive Director of Tri-County Services, be authorized to enter and approve project set-ups and draw requests for the TBRA Persons with Disabilities Reservation System Project. 	
<p>Supporting Documentation:</p> <p>TBRA Board Resolution</p>	
<p>Recommended Action:</p> <p>Authorize the Executive Director, Evan Roberson, to Execute, Enter and Approve Project Set-ups and Draw Requests for the TBRA Persons with Disabilities Reservation System Project</p>	

TBRA PWD BOARD RESOLUTION

On the 24th of April 2014, the Board of Trustees of Tri-County Mental Health Mental Retardation Services d.b.a. Tri-County Services passed the following Motion:

NOW BE IT RESOLVED, by the Board of Trustees, that

- Evan Roberson, Executive Director of Tri-County Services, be authorized to enter and approve project set-ups and draw requests for the TBRA Persons with Disabilities Reservation System Project.

David Walker, Chair

<p>Agenda Item: Approve Department of State Health Services Amendment to the Mental Health Performance Contract #2014-044767-001A</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 24, 2014</p>
<p>Background Information:</p> <p>The Department of State Health Services (DSHS) has issued a mental health contract amendment for FY 2014 effective December 1, 2013. There is no change in contract funding. Program changes in the contract include:</p> <ul style="list-style-type: none"> • A change in policy regarding cost sharing for non-Medicare third party insurance coverage intended to allow us to use General Revenue to cover coinsurance and deductibles for Affordable Care Act Marketplace insurance plans (which have large front-end loaded deductibles); • A requirement to identify and track clients who have been court-ordered to receive outpatient mental health treatment until DSHS determines how to track it in their own IT system; • A requirement to begin annual continuous quality improvement to fidelity of the Texas Resilience and Recovery (TRR) evidence-based practices; • Addition of persons with post-traumatic stress disorder and anxiety disorders to jail diversion strategies; • Changes to the measurement of our Service Target performance from an average number of persons served for the first 6 months of the year to an average of the month of February; and, • Changes to the measurements for performance outcomes in the first half of FY 2014. <p>Notably missing is any adjustment to the target methodology or adjustments to the performance incentive payment (10% withhold) methodology. The Texas Council continues to engage DSHS on these items.</p> <p>Staff have reviewed the contract amendment and do not believe that the changes will significantly impact operations. There is still some discussion about cost-sharing for ACA related plans and other guidelines (Texas Administrative Code) which may need to be modified prior to implementing this change.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review at the Board Meeting</p>	
<p>Recommended Action:</p> <p>Approve Department of State Health Services Amendment to the Mental Health Performance Contract #2014-044767-001A</p>	

Agenda Item: Board of Trustees' Unit Financial Statement for March 2014 Committee: Business	Board Meeting Date April 24, 2014
Background Information: None	
Supporting Documentation: March 2014 Board of Trustees' Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2014

	March 14 Actuals	March 14 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 2,858.00	\$ 2,858.00	\$ -	\$ 20,010.00	\$ 20,010.00	\$ -	100.00%	\$ 34,300.00
Total Revenue	\$ 2,858.00	\$ 2,858.00	\$ -	\$ 20,010.00	\$ 20,010.00	\$ -	100.00%	\$ 34,300.00
Expenses								
80105275 Food Items	\$ 203.97	\$ 167.00	\$ 36.97	\$ 1,109.77	\$ 1,165.00	\$ (55.23)	95.26%	\$ 2,000.00
80105320 Insurance-Worker Compensation	\$ 9.13	\$ 19.00	\$ (9.87)	\$ 71.37	\$ 135.00	\$ (63.63)	52.87%	\$ 230.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 10,500.00	\$ 10,500.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ 21.10	\$ -	\$ 21.10	0.00%	\$ -
80105715 Supplies-Office	\$ -	\$ -	\$ -	\$ 20.17	\$ -	\$ 20.17	0.00%	\$ -
80105736 Telephone - Air cards	\$ -	\$ 13.00	\$ (13.00)	\$ (12.77)	\$ 95.00	\$ (107.77)	0.00%	\$ 160.00
80105738 Telephone - Mobile Service	\$ -	\$ 47.00	\$ (47.00)	\$ -	\$ 325.00	\$ (325.00)	0.00%	\$ 560.00
80105750 Training	\$ -	\$ 300.00	\$ (300.00)	\$ 675.00	\$ 2,100.00	\$ (1,425.00)	32.14%	\$ 3,600.00
80105755 Travel - Local	\$ 157.04	\$ 63.00	\$ 94.04	\$ 394.88	\$ 435.00	\$ (40.12)	90.78%	\$ 750.00
80105757 Travel - Non-local Mileage/Air	\$ 352.00	\$ 350.00	\$ 2.00	\$ 1,077.40	\$ 2,450.00	\$ (1,372.60)	43.98%	\$ 4,200.00
80105758 Travel - Non-local Hotel	\$ -	\$ 300.00	\$ (300.00)	\$ 438.53	\$ 2,100.00	\$ (1,661.47)	20.88%	\$ 3,600.00
80105759 Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 34.55	\$ 700.00	\$ (665.45)	4.94%	\$ 1,200.00
Total Expenses	\$ 2,222.14	\$ 2,859.00	\$ (636.86)	\$ 14,330.00	\$ 20,005.00	\$ (5,675.00)	71.63%	\$ 34,300.00
Total Revenue minus Expenses	\$ 635.86	\$ (1.00)	\$ 636.86	\$ 5,680.00	\$ 5.00	\$ 5,675.00	28.37%	\$ -

Agenda Item: Montgomery Supported Housing, Inc. Update Committee: Business	Board Meeting Date April 24, 2014
Background Information: <p>The Montgomery Supported Housing, Inc. (MSHI) Board met on March 25, 2014 for their annual meeting. The agenda included election of officers and the approval of the Electronic Filing of the FY 2013 Audit with HUD REAC. The audit yielded an unqualified opinion and was reviewed with the Board by independent auditor, Carlos Taboada.</p> <p>After a lengthy wait, the funds for the rent increase effective December 1, 2012 were deposited in the IPA bank account on March 13, 2014. McDougal is already in the process of distributing the funds as planned.</p> <p>On March 6th, HUD notified staff of an error in the HOME rent calculation which may affect one of the units at the Montgomery property. As most of you will remember, the project was awarded \$50,000 in HOME funding from Montgomery County and subsequently designated one apartment unit as HOME funded. The rent for the designated unit has been adjusted with the new Fair Market Rent.</p> <p>Following a series of resident turnovers over the past few months, for various reasons, Independence Place is again at capacity. Individuals who meet eligibility criteria are encouraged to apply and approved candidates will be added to the waiting list until a unit becomes available. Tri-County staff were provided with the McDougal Property Managers contact information and continue to assist potential candidates' complete applications.</p> <p>The next MSHI Board meeting is scheduled for Tuesday, June 24, 2014.</p>	
Supporting Documentation: None	
Recommended Action: For Information Only	

UPCOMING MEETINGS

May 22nd, 2014 – Board Meeting

- Longevity Recognition Presentations – February through April
- Approve Minutes from April 24, 2014 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2014
- Program Updates
- Program Presentation – Pre-Admission, Screening and Resident Review
- Personnel Report for April 2014
- Approve April 2014 Financial Statements
- Approve Midyear Operating Budget Revision
- Select Auditor for FY 2014 Independent Financial Audit
- Board of Trustees' Unit Financial Statement for April 2014
- Cleveland Supported Housing, Inc. Update
- Other Business Committee Issues

June – No Board Meeting

July 24th, 2014 – Board Meeting

- Longevity Recognition Presentations – May through July
- Approve Minutes from May 22, 2014 Board Meeting
- Community Resources Report
- Consumer Services Reports for May & June 2014
- Program Updates
- Year-to-Date FY 2014 Goals & Objectives Progress Report
- 3rd Quarter FY 2014 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2014 Corporate Compliance Training
- Program Presentation – 1115 Waiver Program
- Appoint Nominating Committee for FY 2015 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Reports for May & June 2014
- Approve May 2014 Financial Statements
- Approve June 2014 Financial Statements
- Approve FY 2014 Audit Engagement Letter
- 3rd Quarter FY 2014 Investment Report
- Board of Trustees' Unit Financial Statements for May & June 2014
- Montgomery Supported Housing, Inc. Update
- Cleveland Supported Housing, Inc. Update
- Other Business Committee Issues