

Tri-County Services Board of Trustees Meeting

April 23, 2015



*Serving individuals with mental illness
and developmental disabilities*

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, April 23, 2015. The Business Committee will convene at 8:30 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.

AGENDA

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 26, 2015

III. Executive Director's Report - Evan Roberson

- A. DSHS
 - 1. Contracts
- B. DADS
- C. Texas Council Risk Management Fund
- D. Legislative Updates

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2016 Budget Process
- B. FY 2014 HCS, ICF, TxHmL & MEI Cost Reports
- C. DSHS FY 2014 2nd Half Incentive Payment
- D. CFO Consortium
- E. DADS Fiscal Monitoring Review Follow-up
- F. County Annual Funding Request
- G. Fixed Asset Inventory

V. Program Committee

Information Items

- A. Community Resources Report.....Pages 8-10
- B. Consumer Services Report for March 2015.....Pages 11-12
- C. Program Updates.....Pages 13-15
- D. Program Presentation - Annual Board & Management Team Training

VI. Executive Committee

Action Items

- A. Approve Revision to Board Policy F.3 - Leave.....Pages 16-24
- B. Approve Board Policy F.19 - Nondiscrimination.....Pages 25-29
- C. Approve Board Policy F.20 - Workplace Requirements.....Pages 30-34

Information Items

- D. Personnel Report for March 2015.....Pages 35-38
- E. Texas Council Risk Management Fund Claim Summary for March 2015.....Pages 39-40
- F. Texas Council Board Meeting Update.....Pages 41-90

VII. Business Committee

Action Items

- | | |
|--|---------------|
| A. Approve March 2015 Financial Statements..... | Pages 91-104 |
| B. Approve FY 2015 Budget Revision..... | Pages 105-107 |
| C. Consider Selection of FY 2015 Auditor..... | Page 108 |
| D. Approve Construction Costs for 2000 Panther Lane, Liberty, Texas..... | Pages 109-118 |
| E. Approve Architectural & Engineering Proposal for Montgomery County Facility..... | Pages 119-130 |
| F. Discuss Direction for Intermediate Care Facilities for Individuals with Intellectual Disabilities Facilities..... | Page 131 |
| G. Review & Approve New Tri-County Logo & Tagline..... | Pages 132-133 |
| H. Approve Acceptable Uses of Social Media for Tri-County Behavioral Healthcare..... | Pages 134-139 |

Information Items

- | | |
|---|---------------|
| I. Board of Trustees Unit Financial Statement for March 2015..... | Pages 140-141 |
| J. Montgomery Supported Housing, Inc. Update..... | Page 142 |
| K. Cleveland Supported Housing, Inc. Monthly Update..... | Pages 143-147 |

VIII. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney & Section 551.072, Real Property: 2000 Panther Lane, Liberty, Texas and Sgt. Ed Holcomb Boulevard South, Conroe, Texas

Posted By:

Stephanie Eveland
Executive Assistant

Tri-County Services

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

March 26, 2015

Board Members Present:

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

Board Members Absent:

Tracy Sorensen
Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kenneth Barfield, Director of Management Information Services
Amy Foerster, Director of Human Resources
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Behavioral Health Director
Breanna Robertson, Director of Crisis Services
Stephanie Eveland, Executive Assistant
Tabatha Abbott, Cost Accountant
Melis Papila, Public Information Coordinator
David Deaton, Legal Counsel
Melissa Zemencsik, Administrator of MH Children's Services

Guests:

None

Call to Order: Chairman, Brad Browder, called the meeting to order at 10:00 a.m. at 1506 FM 2854, Conroe, Texas.

Public Comment: There were no public comments.

Quorum: There being six (6) members present, a quorum was established.

Resolution #03-15-01

Motion Made By: Patti Atkins

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

Resolved:

That the Board excuse the absences of Tracy Sorensen and Jacob Paschal.

Resolution #03-15-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the February 26, 2015 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:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for February 2015 was reviewed for information purposes only.

The Program Updates were reviewed for information purposes only.

The Year-to-Date FY 2015 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2015 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 3rd Quarter FY 2015 Corporate Compliance Training was reviewed for information purposes only.

The Medicaid 1115 Transformation Waiver Project Status Report was reviewed for information purposes only.

Program Presentation – Melissa Zemencsik presented information regarding Child and Adolescent Services.

EXECUTIVE COMMITTEE:

The Personnel Report for February 2015 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claim Summary for February 2015 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #03-15-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the February 2015 Financial Statements.

Resolution #03-15-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the transfer of funds from "Reserved for Workers' Compensation" to the general account in the amount of \$90,789 to pay for the additional 20% of premiums for claims in FY 2011, FY 2012 and FY 2014 based on the Minimum Contribution Plan.

Resolution #03-15-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the design of the Tri-County Consumer Foundation Board to consist of a total of five members with at least one Tri-County Board Trustee serving on the Foundation Board; and, approve Patti Atkins to serve on the Foundation Board.

Resolution #03-15-06

Motion Made By: Janet Qureshi

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

Resolved:

That the Board approve the DADS Amendment Packet #2.

Resolution #03-15-07

Motion Made By: Patti Atkins

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

Resolved:

That the Board approve Rodriquez House Leveling to repair the foundation at 63 Highway 75 North, Huntsville, Texas at a price of \$21,830.

The 2nd Quarter FY 2015 Investment Report was reviewed for information purposes only.

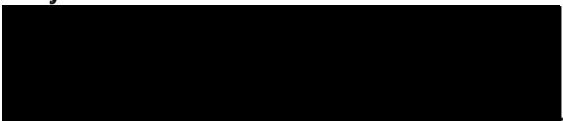
The Board of Trustees' Unit Financial Statement for February 2015 was reviewed for information purposes only.

The Cleveland Supported Housing, Inc. Monthly Update was reviewed for information purposes only.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:44 a.m.

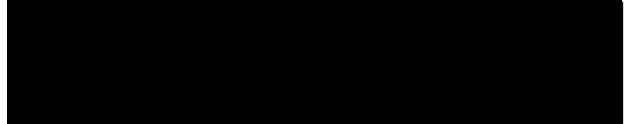
Adjournment:



Brad Browder
Chairman

Date

Attest:



Tracy Sorensen
Secretary

Date



Executive Director's Report

April 23, 2015

Announcements

- The next regularly scheduled Board meeting is Thursday, May 28, 2015. There will not be a Board meeting in June.
- Just a reminder that the Annual Texas Council Community Center Conference is scheduled June 17-19th and will be held at the Westin Galleria in Houston. There is still time to register for the meeting if you are interested in attending.
- We are tentatively considering July 11th or 18th for the Annual Board Strategic Planning meeting. The Management Team and I are considering several items to discuss at this meeting. Stephanie Eveland will be in contact to poll the Board about which of these two dates will work best.
- Huntsville Life Skills was recently renovated, and I have attached before and after pictures to this report for your reference.
- The cake today is in honor of Cecil McKnight who celebrated a birthday on April 9th.

Department of State Health Services

- We have begun receiving a variety of **draft 2016 ancillary services contracts** (Supported Housing, Project for Assistance from the Transition from Homelessness, etc.) from the Department of State Health Services (DSHS) to review. Reportedly, the terms of these contracts need to be agreed upon by the end of April if DSHS is going to be able to process them through the new Health and Human Services Commission's (HHSC) centralized contracting department.

Most of the contracts have fairly minor changes and have not concerned me. However, one of the contracts, the Mental Health Private Psychiatric Bed (MH/PBB) Program (internally referred to as our Rusk Diversion contract) has significant changes which could put the contract in jeopardy. The proposed changes of concern include: 1) the utilization of the beds under contract between Tri-County and Kingwood Pines/Cypress Creek Hospitals by the Department if we are not utilizing all of the beds on a given day;

and, 2) a series of specific medical conditions for which the hospital must arrange treatment. In addition, there are other changes to the contract which would potentially make the contract more expensive to administer.

Although I was not directly involved in the negotiations with these hospitals for this contract a few years ago, I know that the negotiation was challenging and that the hospitals were especially concerned about their liability related to medical treatment. This MH/PPB program represents over one million dollars in local hospitalization funding and we have used all of the money each year. I have expressed my concerns about the contract changes to the Department and they have agreed to visit further with us about these changes in the coming weeks.

Department of Aging and Disability Services

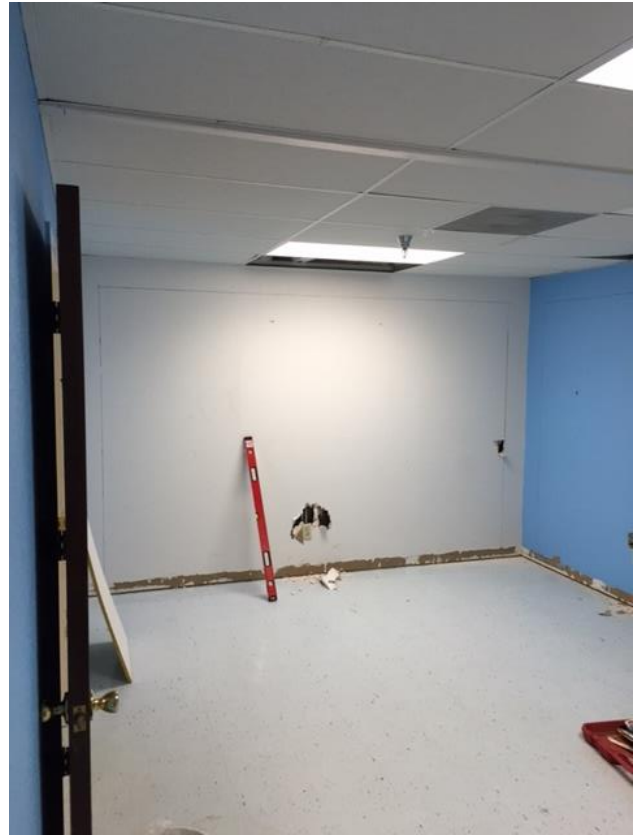
- We have received word from the Department of Aging and Disability Services (DADS) that the Community First Choice Waiver has been approved by the Center for Medicare and Medicaid Services (CMS). The waiver will begin on June 1st. Kelly Shropshire and his staff have been working to learn all they can about the waiver and are preparing for the implementation. It should be noted, however, that we are unsure about our ability to complete psychological assessments as required for the waiver. We have a full-time psychologist position posted because our current contract psychologist is having a hard time keeping up with current demand. In addition, it should be noted that we will not apparently receive any new general revenue to pay for the new responsibilities and some difficult decisions may have to be made next year about IDD general revenue service provision.
- DADS has approved eight regional support teams for FY 2016 which will provide consultation services for intellectual and developmental disability providers who have challenging clients. The teams, which include a psychiatrist, psychologist, behavioral specialist, registered nurse and a few other staff, will not provide clinical care, but will instead provide technical assistance and training to any provider that needs assistance in a multi-center area. DADS believes that these teams will make it possible for providers to handle complex clients in the community.

Tri-County is currently included in a region which includes most of the ETBHN Centers and Dallas Metrocare. Each region must select a lead agency that will hire the staff and run the team. Dallas Metrocare has indicated that they do not necessarily want to be the lead. I expect that there will be a conversation between ETBHN Centers and one of us will take the lead. I would note that the salaries are based on Tri-County salaries (because I was on the team) and we could afford to hire the staff. However, as mentioned, we are having problems finding a psychologist and might not be able to hire this team as fast as would be needed.

Legislative Updates

- I have attached the latest budget appropriations summaries for DADS and DSHS from the Texas Council. As you will see, there is still disagreement between the House Appropriations Committee and the Senate Finance Committee which will need to be worked out in the conference committee. We are likely to have two members on the conference committee (Otto-House, Schwertner-Senate), so Board members may be called upon to make calls on behalf of the Center system.
- Although there has been some slowdown of the Sunset process as it relates to HHSC, the portions of the bill that is related to Community Centers is still on track as previously planned. DADS and most of DSHS will be absorbed into HHSC at the beginning of FY 2017 if the current Senate bill is approved. I would note that there are lots of differences between the Senate and House bills and final impact of Sunset will not be fully known until the end of the session.
- Currently, most Capitol insiders believe there will be at least one special session this year.

Huntsville Life Skills Before Pictures



Huntsville Life Skills After Pictures





Status of Appropriations - DSHS (as of 4/14/15)

Items of Appropriations
Outpatient Treatment (Adult B.2.1 & Children B.2.2)
Alternatives to Inpatient (MH Crisis B.2.3)
Inpatient Psychiatric Service (State Hospitals C.2.1)

Coalition Proposal	House	Senate	Recommendations for Conference Committee
	FY 2016-17 (GR)	FY 2016-17 (GR)	

\$65,000,000	\$30,000,000	\$14,500,000	\$65,000,000
\$37,000,000	\$31,300,000	\$31,300,000	\$31,300,000
\$289,000,000	\$60,000,000	\$50,000,000	\$60,000,000

Talking Points

We really appreciate your continued attention to mental health services. Thank you to both the House and the Senate for investing new funds in all three of our highest priorities for mental health services. We ask the conference committee to:

- Fully fund \$65 million for outpatient treatment** so we can
 - Clear the waiting list for adults and children mental health treatment;
 - Bring every local service area, including NorthSTAR, substantially closer to equity funding; and, most importantly,
 - Increase our capacity to provide mental health treatment across all of Texas.
- Hold steady on the \$31.3 million for alternative to hospitalization.** We understand the state intends to allow local flexibility in how these funds can be put to best use and believe this will allow us to tailor local services that will reduce pressures on local hospitals and law enforcement.
- Fund inpatient psychiatric services at \$60 million.** As recommended by the HB 3793 Advisory Panel, our original request was \$289 million to address a substantial shortage of inpatient capacity. However, we believe strongly in achieving a balance in treatment access. Along with the \$31.3 million investment in alternatives to inpatient treatment and a \$65 million investment in outpatient treatment we can immediately put these inpatient funds to work for a better Texas.

Agency Items - DADS	Agency Requests	CSHB 1 (House) (FY2016-17)	CSHB 1 (Senate) (FY2016-17)	Notes	Recommendations for Conference Committee
Restore Baseline Funding: Targeted Case Management	\$ 14.9m	\$ 14.9m	\$ 14.9m		\$ 14.9m
Reduce Waiver Program Interest Lists: HCS, TXHML, STAR+PLUS CBA, MDCP, CLASS, DBMD, Non-Medicaid Services, IDD Community Services, and In-Home and Family Support		\$ 71.5m	\$ 71.5m	Increases 10% above the FY 2014 – FY 2015 level. Rider (Senate): HCS (adopted): 6,792 TxHmL (adopted): 1,040 Non-Medicaid Services (art. XI): 1,303 IDD Community Slots (art. XI): 591 In-Home and Family Support (art. XI): 600	\$ 71.5m
Crisis Respite and Behavioral Intervention Programs	\$ 27.5m	\$ 36.9m	\$ 9.2m		\$ 36.9m
Increased Rate Add-on for ICF and HCS Providers	\$ 6m		\$ 5.9m		
Intensive Service Coordination for SSLC Residents Transitioning to Community	\$ 3.5m		\$ 3.5m		
Increase Annual Cost Cap on HCS Dental Devices	\$ 8.3m	\$ 8.3m	\$ 4.1m		\$ 8.3m
HHSC ITEM Goal B. Medicaid					
Respite care and non-medical transportation for people with IDD in STAR+PLUS	\$19.7m		\$19.7m		\$19.7m

Talking Points

- Restore provider rates for IDD services to pre-2010 levels
- Continue investing in waiver services and reduce interest list
- Expand crisis/behavioral support services for people with IDD

CHIEF FINANCIAL OFFICER'S REPORT

April 23, 2015

FY 2016 Budget Process – We are getting ready for the FY 2016 budget process. Starting in May, we will be having budget meetings and trainings with all cost center managers. This will be when we give each manager their budget worksheets and historical trending data to plan for the next fiscal year. The first draft of the manager budgets will be due back to me by the middle of June. We will then consolidate all the cost centers into one master budget and compare to the current year trends. We should be close to final budget numbers by the July Board meeting depending on when the new allocations will be received from both DADS and DSHS.

FY 2014 HCS, ICF and Texas Home Living and MEI Cost Reports – Cost Reports for ICF, HCS, Texas Home Living programs and MEI were submitted on April 9th for FY 2014. It should take HHSC sometime to get through all the reports and start their desk reviews.

DSHS FY 2014 2nd Half Incentive Payment – We received a letter from DSHS on April 14th that we are going to receive \$95,809 for FY 2014 2nd Half Incentive Payment. This is based on successful outcome measures being achieved for the following Strategies during FY 14, second six months:

- | | |
|---|----------|
| • B.2.1 Mental Health Services for Adults | \$71,085 |
| • B.2.2 Mental Health Services for Children | \$ 9,675 |
| • B.2.3 Mental Health Crisis Services | \$15,049 |

CFO Consortium – The CFO meeting is scheduled for April 30th and May 1st in Austin. We do not have an agenda yet but I am sure we will have the normal Texas Council, DADS and DSHS updates. And another active topic has been Accounting and HR Software since the centers that are on Anasazi are gearing up for the notification that they will no longer maintain these products. Most centers are actively looking for replacement software.

DADS Fiscal Monitoring Review – Follow up – We received a follow up letter from DADS regarding our fiscal monitoring review that took place last

July 15th through 18th. The letter is inquiring about the status of the following corrective action noted in the report:

- **Corrective Actions to Finding 1 (Personnel Files)** – We currently monitor the performance evaluation due dates and will continue to do so and ensure that evaluations are completed on time. During this time period, we had a key management staff that was injured in a serious car accident and was out for a prolonged period of time and fell behind on the performance evaluations of his staff.
- **Management Response** – The above mentioned management staff member has been able to get caught up on his staff performance evaluations.

County Annual Funding Request – It is that time of year again. We will be submitting all of the County funding requests over the next couple of weeks. Montgomery County's request is going out this week. We should hear back from the County offices in early summer regarding budget hearings.

Fixed Asset Inventory – The fixed asset inventory process is in progress. Every two years we conduct a complete inventory which was completed last year. This year we are doing spot checks on various locations as well as complete counts on any locations that have been moved or are new programs.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

March 27, 2015 – April 23, 2015

Volunteer Hours:

Location	March
Conroe	167
Cleveland	6
Liberty	23.5
Huntsville	7.5
Total	204

COMMUNITY ACTIVITIES:

4/1/15	Veterans Court Advocacy Mentoring Program Training	Houston
4/1/15	Montgomery County Emergency Assistance Hands Up Health & Wellness Committee Meeting	Conroe
4/1/15	Conroe ISD Solutions Workgroup Meeting	Conroe
4/1/15	Walker County Parole Meeting – TCOOMMI Program & Referrals	Huntsville
4/2/15	Cleveland Chamber of Commerce Luncheon	Cleveland
4/2/15	Walker County Community Resource Coordination Group Meeting	Huntsville
4/6/15	Montgomery County Homeless Coalition Board Meeting	Conroe
4/6/15	Veterans Meeting with Assistance League of Montgomery County	Conroe
4/7/15	Montgomery County United Way Health & Wellness Impact Council Meeting	The Woodlands
4/8/15	Walker County Child Fatality Review Team Meeting	Huntsville
4/9/15	Huntsville Chamber of Commerce Breakfast	Huntsville
4/9/15	Liberty Job Fair	Liberty
4/10/15	Regional Prevention Providers Meeting	Houston
4/13/15	WWII Collage Unveiling at VA Regional Hospital	Houston
4/13/15	Montgomery County Homeless Coalition Board Meeting	Conroe
4/15/15	Roots of Change Coalition Meeting	Conroe
4/16/15	Disaster Behavioral Health Services Texas Symposium	Houston
4/16/15	Up2Youth Coalition Meeting	Huntsville
4/17/15	Lone Star College Human Services Committee	The Woodlands
4/21/15	Houston Council on Alcohol & Drug Abuse Quarterly Regional Providers Meeting	Houston
4/21/15	Veterans Benefits Seminar at Sam Houston State University	The Woodlands
4/21/15	Montgomery County Community Resource Coordination Group Meeting	Conroe
4/22/15	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
4/23/15	Montgomery County United Way Partner Meeting	Montgomery

UPCOMING ACTIVITIES:

4/25/15	Conroe Kidzfest	Conroe
5/4/15	Montgomery County Homeless Coalition Board Meeting	Conroe
5/5/15	Montgomery County United Way Health & Wellness Impact Council Meeting	The Woodlands
5/7/15	Cleveland Chamber of Commerce Luncheon	Cleveland
5/7/15	Walker County Community Resource Coordination Group	Huntsville
5/19/15	Montgomery County Community Resource Coordination Group	Conroe
5/20/15	Roots of Change Coalition Meeting	Conroe
5/21/15	Up2Youth Coalition Meeting	Huntsville
5/27/15	Conroe ISD Solutions Workgroup Meeting	Conroe

Agenda Item: Consumer Services Report for March 2015 Committee: Program	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Consumer Services Report for March 2015	
Recommended Action: For Information Only	

Consumer Services Report

March 2015

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/ Children					
Persons Screened, Intakes, Other Crisis Services	517	33	34	67	651
Crisis and Transitional Services (LOC 0, LOC 5)	72	2	10	4	88
Psychiatric Emergency Treatment Center (PETC) Served	49	6	2	7	64
Psychiatric Emergency Treatment Center (PETC) Bed Days	304	31	10	39	384
Contract Hospital Admissions	7	2	0	1	10
Diversion Admits	20	0	0	2	22
Total State Hospital Admissions	4	0	1	1	6
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1123	145	94	137	1499
Adult Medication Services	773	78	75	102	1028
Child Service Packages (LOC 1-4 and YC)	468	46	22	62	598
Child Medication Services	186	22	13	26	247
TCOOMMI (Adult Only)	103	7	11	9	130
Adult Jail Diversions	3	0	0	0	3
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	7	0	0	1	8
Service Coordination	519	36	50	59	664
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TXHmL)	45	6	22	27	100
Contractor Provided ICF-MR	17	12	11	6	46
Substance Abuse Services					
Children and Youth Prevention Services	96	0	0	56	152
Youth Substance Abuse Treatment Services/COPSD	25	0	0	0	25
Adult Substance Abuse Treatment Services/COPSD	41	0	0	1	42
Waiting/Interest Lists as of Month End					
Home and Community Based Services Interest List	1489	126	135	131	1881
March Served by County					
Adult Mental Health Services	1437	147	116	197	1897
Child Mental Health Services	496	45	22	61	624
Intellectual and Developmental Disabilities Services	582	52	53	68	755
Total Served by County	2515	244	191	326	3276
February Served by County					
Adult Mental Health Services	1333	152	99	182	1766
Child Mental Health Services	475	43	19	53	590
Intellectual and Developmental Disabilities Services	559	49	51	65	724
Total Served by County	2367	244	169	300	3080
January Served by County					
Adult Mental Health Services	1387	156	122	195	1860
Child Mental Health Services	442	35	22	54	553
Intellectual and Developmental Disabilities Services	535	46	55	64	700
Total Served by County	2364	237	199	313	3113

Agenda Item: Program Updates Committee: Program	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

March 27, 2015 – April 23, 2015

MH Crisis Services

1. A meeting was held with key staff at Tomball Regional Hospital to determine ways that Tri-County can assess individuals in crisis that present to the emergency room from one of our catchment areas. They report that they serve many Montgomery County residents both at Tomball Regional and at their satellite location in Magnolia.
2. Emergency Medical Technicians from the Montgomery County Hospital District began shadowing/observing staff at the Psychiatric Emergency Treatment Center (PETC) on April 8th to increase their understanding of mental health crises.
3. The 1115 Waiver Intensive Evaluation and Diversion Unit has increased admissions since the program opened on January 19th. In the past month, the three-bed unit has averaged 10.5 patients served per week.

MH Adult Services

1. The APN/Director of Nursing position was reposted to the website as the individual we offered the position to, took another job opportunity.
2. The Assertive Community Treatment (ACT) Clinic Coordinator position is currently vacant and interviews are underway.

MH Child Services

1. Child Mental Health and Rural Clinic intake teams are very busy providing assessments for children and youth to meet the growing needs of our community. As a result, our rehab caseloads are growing and we are working diligently to recruit and train new staff. Recruiting continues to be a struggle due to limited and qualified candidates.
2. C&A recently moved intake and medication services from RP1 to RP2. The larger waiting room in RP2 will better accommodate the individuals we serve.

Criminal Justice Services

1. In the first half of FY 2015, 121 assessments were completed at the jail; twelve (12) were recommended for Jail Diversion and eight (8) were granted by the Judge.
2. The Jail Liaison triaged 71 people at the jail in March.
3. The Outpatient Competency Restoration (OCR) Program had one (1) new admission in March for a total of five (5) admissions and nine (9) served in FY 2015.

Substance Abuse Services

1. The Adult Substance Abuse Treatment Program has served 66 DSHS clients as of March 30th with a target of 60 for FY 2015.
2. The Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Program has served 47 DSHS clients as of March 30th with a target of 26 for FY 2015.
3. We expect notification in May regarding grant awards for FY 2016.

IDD Services

1. Effective April 1st, IDD Provider Services was reorganized to create a regional supervision model. For example, in Huntsville, the supervisor of residential services will also supervise the Life Skills Program. The same model has been implemented in Cleveland and Liberty.
2. IDD Authority Services posted two (2) Service Coordinator positions and one (1) Psychologist position to begin hiring for the Community First Choice (CFC) Waiver that begins on June 1st.

Support Services

1. **Veteran Affairs:**
 - a. Completed the Veteran's Court Advocacy Mentoring Program (VCAMP) training which will enable us to provide mentors for the upcoming Montgomery County Veteran's Court. The court has not gone live yet, but according to Assistant District Attorney Mike Holley, they will likely duplicate Harris County's process and utilize mentors (volunteers) from the Military Veteran Peer Network (MVPN).
 - b. Collaborated with Sam Houston State University Veteran Resource Center, Wounded Warrior Project and Lone Star Veterans Association to host a Veterans Benefits Seminar for 75 people. The Wounded Warrior Project provided lunch for participants. Each organization delivered a fifteen (15) minute presentation of services/benefits available.
2. **Mental Health Planning Network Advisory Committee (MHPNAC):** The MHPNAC met on April 15th to discuss community outreach and other center updates.

Community Activities

1. Jason Ford, from The Greater Houston Partnership, was the guest speaker at the Cleveland Chamber of Commerce monthly luncheon which was held on April 2nd. Ford spoke about Houston's positive growth and how he strives to make the region the best place to live, work and build a business.
2. Leadership Montgomery County (LMC) and Montgomery County United Way organized an Agency Volunteer Fair for this year's class and alumni. The fair was held on April 2nd at The Lone Star College Conference Center after the current class' daylong session focusing on poverty and the role of non-profits in the community. The volunteer fair helped connect LMC students with agencies in the community.
3. The Liberty-Dayton Area Chamber of Commerce hosted the Annual Business Expo in the Liberty Center on April 9th. The expo was free to the public and gave vendors an opportunity to showcase their businesses.

Agenda Item: Approve Revision to Board Policy F.3 – Leave Committee: Executive	Board Meeting Date April 23, 2015
Background Information: <p>Staff are in the process of revising Center policies and procedures related to Human Resources. Currently, Board Policy F.3 – Employee Benefits includes information on ‘General Benefits’ and ‘Employee Leave’. However, staff determined that it would be clearer to have one policy on Leave with related Center procedures and a separate policy on Benefits with related Center procedures.</p> <p>In addition to removing the ‘General Benefits’ section, staff suggest revising the ‘Leave Without Pay’ section with new language since the current policy has become difficult to administer and resulted in the loss of new staff. This new language will be equally applied to all new and existing employees. Other changes include updates to the policy to ensure it reflects current practices.</p>	
Supporting Documentation: Board Policy F.3 – Leave (Markup Version) Board Policy F.3 – Leave	
Recommended Action: Approve Revision to Board Policy F.3 – Leave	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Brad Browder, Chairman

Date

ORIGINAL EFFECTIVE DATE: October 26, 1989

REVISION DATE(S): April 23, 2015

SUBJECT: Leave (*Formerly Employee Benefits*)

It is the policy of the Board of Trustees to provide appropriate **leave** benefits to employees of **Tri-County Behavioral Healthcare**.

I. Leave

- A. Paid Time Off (PTO) – PTO may be used, with supervisor approval, by any eligible employee for the purpose of receiving compensation during the time the employee is off due to illness, vacation, or to attend to personal needs or emergencies. Based on full-time employment, each employee classified as a regular employee will accrue PTO based on their continuous employment as follows:

Length of Employment	Hours Accrued Per Pay Period	Maximum PTO Hours Carried Over at 8/31
1 – 24 months	5 hours	80 hours
25 – 48 months	6.75 hours	120 hours
49 – 72 months	8 hours	160 hours
73 – 108 months	9 hours	180 hours
109 months or more	10 hours	180 hours

Note: Consultants, independent contractors, part-time hourly employees and temporary employees are not eligible for PTO, **unless superseded by written contractual agreement**.

- B. Employees with at least one year of service may elect to have the Center buy-out a portion of their excess PTO one time per year, depending on their accrual amount as of March 31st of each year. Payment will be made by check on April 15th. Employees may be reimbursed for the number of hours they choose between ten (10) and the

maximum for their tenure with the Center. No reimbursement will be made for fewer than ten (10) hours.

Through this plan, employees will retain their Minimum PTO Balance after buy-out, minimizing the risk of having sufficient PTO in case of the need to be off for an extended period. The chart below details the buy-out of the Excess PTO Plan.

Minimum PTO Hour Balance After Buy-Out	Length of Employment	Hours Accrued Per Pay Period	Maximum PTO Hours Carried Over at 8/31	Maximum Buy-Out Hours
60	12 – 24 months	5 hours	80 hours	20
95	25 – 48 months	6.75 hours	120 hours	34
100	49 – 72 months	8 hours	160 hours	40
100	73 – 108 months	9 hours	180 hours	60
100	109 months or more	10 hours	180 hours	80

Extended Sick Leave (ESL) – Hours in excess of the PTO “Maximum Accrual” will be automatically carried over to Extended Sick Leave (ESL) effective August 31st of each year. Employees may access their ESL only for qualifying events under the Family and Medical Leave Act (FMLA) of 1993 and as amended, or in accordance with the National Defense Authorization Act of 2008 in which eligible employees are entitled to FML for military leave for caregiver and necessity.

Employees may only use 84 days of ESL regardless of the amount accumulated unless the leave is for Military Caregiver Leave in which case the employee may use ESL up to the statutory maximum of 26 weeks of total leave. ESL hours have no value unless used for authorized leave. Employees will not be compensated upon termination for any ESL hours accrued after February 29, 1996. **Prior ESL was paid out in February of 2013 and is no longer a form of leave at Tri-County.**

- C. Jury Duty – Leave with full pay will be granted for days a “regular” employee is on active jury duty.
- D. Military Leave – Leave will be granted to an employee who must be absent from work because of service in the uniformed services as required by the Uniformed Services Employment and Reemployment Rights Act (USERRA) and all military leave will be provided according to the requirements of Title 38, United States Code, Sections 4301.4333 and the National Defense Authorization Act of 2008. In addition, an employee who must be absent from work because of service in the uniformed services will receive full pay for up to 15 working days.
- E. Leave Without Pay (LWOP) – LWOP may be granted to an employee ~~by the supervisor~~ by the Executive Director upon request for **no more than eight standard work days (up to 64 hours), five (5) work days (40 hours)** during the first twelve (12) months of employment if the balance of all other appropriate paid leave has been exhausted. The

LWOP may be granted for illness or to take care of family emergencies or other approved circumstances. ~~problems.~~ Documentation may be requested for the LWOP. Nothing in this Policy entitles an employee to leave in addition to the maximum amounts provided under the Family Medical Leave Act.

- F. Holidays – Tri-County observes eight (8) holidays (64 hours) per year. Tri-County employees classified as “regular” unless otherwise specified in procedure, will receive eight (8) hours off or pay for the following observed holidays:

1. Labor Day
2. Thanksgiving Day
3. Day after Thanksgiving Day
4. Christmas Eve
5. Christmas Day
6. New Year’s Day
7. Memorial Day
8. Independence Day

As a Performance Incentive award, the Executive Director may authorize an additional Center-wide paid day off if first quarter revenue exceeds expenses and service targets are met. This will be treated like a holiday in all respects (if it falls on a weekend, for those who work residential, for those who handle crises call, etc.).

- G. VIP Days will be earned by full-time employees classified as “regular”.

1. They will earn two (2) days or sixteen (16) hours on the first day of each fiscal year or date of hire if the date of hire is prior to January 1st.
2. Employees hired between January 1st and March 31st will earn one (1) day or eight (8) hours.
3. Employees hired between April 1st and August 31st will not earn a VIP day.
4. Employees who resign and are rehired during the same fiscal year will not earn additional VIP days.
5. Employees will receive a maximum of two (2) VIP days per fiscal year, unless they are awarded additional days through drawings or other special recognition events.
6. As a Performance Incentive award, the Executive Director may authorize additional Center-wide VIP days as determined by Center Procedure.

- H. Administrative Leave – Paid leave may be granted for the benefit of Tri-County. Unpaid leave may be required during a Center investigation. Such leave may include:

1. Suspension with or without pay during the period of an investigation into potential wrong doing by an employee, or where a contraindication to continued employment is indicated.
2. When the Center is closed due to inclement weather or other emergency.
3. Administrative Leave will not count against an employee’s leave balance or accruals.

- I. Compensatory Leave – Paid leave may be given to an employee in lieu of overtime worked.
 - J. Family Medical Leave – Leave as provided by the Family and Medical Leave Act of 1993 will be provided according to the requirements of Public Law 103-3 (HR 1); February 5, 1993 for not more than twelve (12) weeks except as provided under the National Defense Authorization Act of 2008. Employees may take this job-protected paid or unpaid leave in any rolling twelve (12) month period for any qualifying event as defined by the FMLA or National Defense Authorization Act of 2008.
- II. The Executive Director will be responsible for assuring that procedures for this policy are developed and implemented.
 - III. Employment at Will. Nothing in this policy shall be interpreted as implying an employment contract or agreement exists between Tri-County and any employee.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Brad Browder, Chairman

Date

ORIGINAL EFFECTIVE DATE: October 26, 1989

REVISION DATE(S): April 23, 2015

SUBJECT: Leave (*Formerly Employee Benefits*)

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2. When the Center is closed due to inclement weather or other emergency.
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 - J. Family Medical Leave – Leave as provided by the Family and Medical Leave Act of 1993 will be provided according to the requirements of Public Law 103-3 (HR 1); February 5, 1993 for not more than twelve (12) weeks except as provided under the National Defense Authorization Act of 2008. Employees may take this job-protected paid or unpaid leave in any rolling twelve (12) month period for any qualifying event as defined by the FMLA or National Defense Authorization Act of 2008.
- II. The Executive Director will be responsible for assuring that procedures for this policy are developed and implemented.
 - III. Employment at Will. Nothing in this policy shall be interpreted as implying an employment contract or agreement exists between Tri-County and any employee.

Agenda Item: Approve Board Policy F.19 - Nondiscrimination Committee: Executive	Board Meeting Date April 23, 2015
Background Information: <p>Staff are in the process of revising Center policies and procedures related to Human Resources. Currently, there are two Board policies on discrimination, but the policies do not explicitly reference other discrimination laws. Staff are proposing that we replace F.13 – Equal Employment Opportunity and F.16 – Affirmative Action Plan with a policy on Nondiscrimination which will be more inclusive. Related Center procedures would then be associated with this policy statement.</p> <p>These Nondiscrimination requirements come from our contracts with the Department of State Health Services and Department of Aging and Disability Services.</p>	
Supporting Documentation: <p>Board Policy F.19 – Nondiscrimination</p> <p>Board Policy F.13 – Equal Employment Opportunity</p> <p>Board Policy F.16 – Affirmative Action</p>	
Recommended Action: Approve Board Policy F.19 – Nondiscrimination	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Brad Browder, Chairman

Date

ORIGINAL EFFECTIVE DATE: April 23, 2015

REVISION DATE(S):

SUBJECT: Nondiscrimination (*Replaces F.13 – Equal Employment Opportunity & F.16 – Affirmative Action Plan*)

It is the policy of the Board of Trustees to be in compliance with applicable laws related to nondiscrimination.

- I. Nondiscrimination. The Center shall comply with all applicable federal and state nondiscrimination statutes, including but not limited to the following:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d et seq., as amended (P.L. 88-352), which prohibits discrimination on the basis of race, color or national origin, and includes the provision for effective communication and equal access to programs, services, and activities to persons with Limited English Proficiency (LEP);
 - B. Title IX of the Education Amendments of 1972, 20 USC §§1681-1683, and 1685-1686, as amended, which prohibits discrimination on the basis of sex;
 - C. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a), which prohibits discrimination on the basis of disability and the Americans with Disabilities Act of 1990, 42 USC §§12101 et seq., including the provision for effective communication and equal access to programs, services and activities to persons with sensory and speech impairments;
 - D. The Age Discrimination Act of 1975, 42 USC §§6101-6107, as amended, which prohibits discrimination on the basis of age;
 - E. The Drug Abuse Office and Treatment Act of 1972, 21 USC §§1101 et seq., as amended, relating to nondiscrimination on the basis of drug abuse;

- F. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 USC §290dd (b)(1), as amended, relating to the nondiscrimination on the basis of alcohol abuse or alcoholism;
- G. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP), Executive Order 11246 (Affirmative Action Plan);
- H. Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
- I. Food Stamp Act of 1977 (7 USC §200 et seq.); and,
- J. Executive Order 13279, 45 CFR part 87, or 7 CFR part 16 regarding treatment and opportunity for religious organizations.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES ✓

STATEMENT OF POLICY

SUBJECT: Equal Employment Opportunity

William E. Hall, Jr., Chairman ✓

Date

Tri-County MHMR Services reaffirms the commitment made to the policy regarding equal opportunity in full compliance with the Civil Rights Act of 1964, as amended, the Age Discrimination Act, the Equal Pay Act and the Americans with Disabilities Act and any other legislation that applies to Tri-County MHMR Services.

It is our policy to provide Equal Opportunity to include, but not limited to, recruitment, hiring compensation, and promotion, demotion and discharge regardless of race, creed, color, national origin, religion, sex, veteran status or physical disability.

The purpose of this policy is to avoid discrimination and extend equal employment opportunities to all applicants for employment and to all employees on the basis of individual merit and qualifications.

Authority and responsibility for implementation of this policy is hereby delegated to the Executive Director.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

STATEMENT OF POLICY

Donald L. Kraemer, Chairman

SUBJECT: Affirmative Action Plan

Tri-County MHMR Services affirms its commitment to affirmative action and will take affirmative action in recruiting, hiring, training, compensating and promoting women, minorities, persons with disabilities and Vietnam era and special disabled veterans.

The purpose of this policy is to comply with the Department of Labor's Office of Federal Contract Compliance Programs (OFCCP), Executive Order 11246.

Authority and responsibility for the implementation of this policy is hereby delegated to the Executive Director.

<p>Agenda Item: Approve Board Policy F.20 – Workplace Requirements</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>April 23, 2015</p>
<p>Background Information:</p> <p>Staff are in the process of revising Center policies and procedures related to Human Resources. Currently, there are two Board policies regarding work requirements, but additional requirements are not addressed. Staff are proposing that we replace F.2 – Employee Classification and F.9 – Drug and Alcohol Free Workplace with a policy on Workplace Requirements which will be more inclusive. Related Center procedures would then be associated with this policy statement.</p> <p>These Workplace Requirements come from our contracts with the Department of State Health Services and Department of Aging and Disability Services.</p>	
<p>Supporting Documentation:</p> <p>Board Policy F.20 – Workplace Requirements</p> <p>Board Policy F.2 – Employee Classification</p> <p>Board Policy F.9 – Drug and Alcohol Free Workplace</p>	
<p>Recommended Action:</p> <p>Approve Board Policy F.20 – Workplace Requirements</p>	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Brad Browder, Chairman

Date

ORIGINAL EFFECTIVE DATE: April 23, 2015

REVISION DATE(S):

SUBJECT: Workplace Requirements (*Replaces F.2 – Employee Classification & F.9 – Drug and Alcohol Free Workplace*)

It is the policy of the Board of Trustees to be in compliance with applicable laws related to workplace requirements.

- I. Workplace Requirements. The Center shall comply with all applicable federal and state requirements governing the workplace, including but not limited to the following:
 - A. Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any person(s) hired on or after November 6, 1986, who performs any labor or services under this contract;
 - B. Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
 - C. Title 25 TAC, Chapter 96, regarding blood borne pathogen control standards for governmental units;
 - D. Texas Government Code, Chapter 469, as amended, pertaining to standards that eliminate architectural barriers for persons with disabilities;
 - E. The Fair Labor Standards Act, 29 USC §§201 et seq., and the Intergovernmental Personnel Act of 1970, 42 USC §§4701 et seq., as applicable, concerning minimum wage and maximum hours;

- F. The Texas Workers' Compensation Act, Labor Code, §401.001 et seq., and rules promulgated thereunder found at Title 28 TAC, Part 2, which covers compensation for employees' injuries; and,
- G. Public Law 100-690, Title V, Subtitle D of the Drug-Free Workplace Act of 1988 and the Texas Workers Compensation Law at Title 28, Article 169.1 and 169.2.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES**STATEMENT OF POLICY****SUBJECT:** Employee Classification

William E. Hall, Jr., Chairman //

May 27, 1993

Date

The following Employee Classification categories are the policy of the Board of Trustees of Tri-County Mental Health Mental Retardation Services.

- A. Regular, full-time employees are those who are not in temporary or hourly status and who are regularly scheduled to work Tri-County's full-time schedule. Such employees are eligible for Tri-County's employee benefits, subject to the terms, conditions and limitations of each benefit program.
- B. Regular, part-time employees are those who are not assigned to a temporary or hourly status and who are regularly scheduled to work less than the full-time work schedule but at least twenty (20) hours per week. Such employees are eligible for pro-rated employee benefits as determined by the budgeted full time equivalent.
- C. Temporary employees are those who are hired as interim replacements, to temporarily supplement the work force or to assist in the completion of a specific project. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status unless and until they apply and are hired into a non-temporary position. Such employees are eligible for a 401.a money purchase-social security replacement retirement plan and will be covered by Workers Compensation insurance. They are not eligible for any other employee benefits.
- D. Part-time hourly employees are those who are hired for specific purposes and are regularly scheduled to work less than the full-time work schedule. They are compensated on an hourly basis for the number of hours worked. Such employees are eligible for a 401.a money purchase-social security replacement retirement plan and will be covered by Workers Compensation insurance. They are not eligible for any other employee benefits.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

STATEMENT OF POLICY

Donald Kraemer, Chairman

Date

SUBJECT: Drug and Alcohol Abuse Free
Workplace

Original Effective Date: May 27, 1993

Revision Date: October 26, 2000

In compliance with Public Law 100-690, Title V, Subtitle D of the Drug-Free Workplace Act of 1988 and the Texas Workers Compensation Law, T.A.C. 28, Articles 169.1 and 169.2, Tri-County MHMR Services will provide a drug and alcohol-free workplace which will help ensure a safe and productive workplace for its employees and to ensure the safe and efficient delivery of health care services to the citizens we serve.

Information and education are to be provided to our employees on drugs and alcohol. To establish a drug and alcohol-free workplace, Tri-County prohibits the unlawful manufacture, distribution, possession or use of alcohol and controlled substances, including inhalants, on the premises of any of its facilities. To ensure that Tri-County maintains a drug and alcohol free workplace, the Center requires pre-employment testing and may require testing when there is reasonable suspicion of use of prohibited substances and/or when an accident occurs. All employees, as a condition of employment, will comply with this policy.

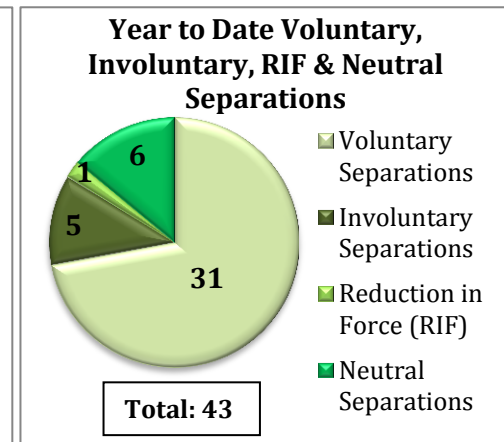
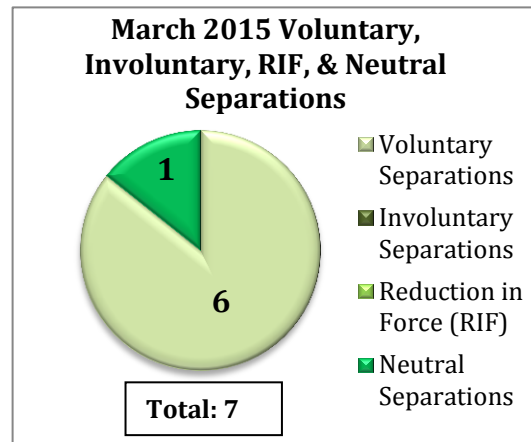
The Executive Director will ensure that procedures are developed and implemented.

Revised 10/26/00

Agenda Item: Personnel Report for March 2015 Committee: Executive	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Personnel Report for March 2015	
Recommended Action: For Information Only	

Personnel Report March 2015

March 2015	FY15	FY14
Number of Active Employees	326	312
Number of Monthly Separations	7	2
Number of Separations YTD	43	36
Year to Date Turnover Rate	13%	12%
March Turnover	2%	1%



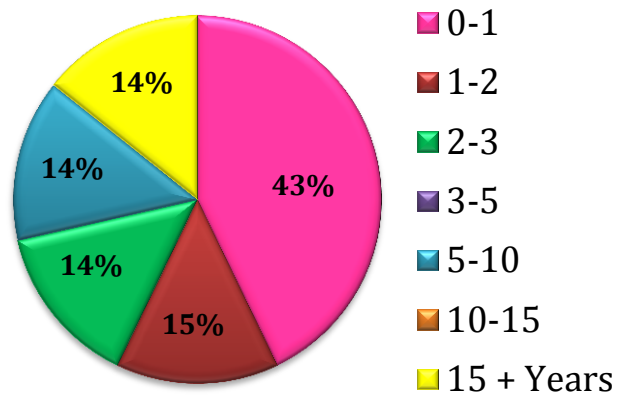
Separations by Reason	March Separations	Year to Date
Retired	1	4
Involuntarily Terminated	0	5
Neutral Termination	1	6
Dissatisfied	3	10
RIF	0	1
Deceased	0	0
Illness	0	3
Relocation	1	3
School	0	1
Personal	0	1
Unknown	0	1
New Job	1	8
Temp	0	0
Total Separations	7	43

Total Applications received in March=252
Total New Hires for the month of March=7
Total New Hires Year to date =52

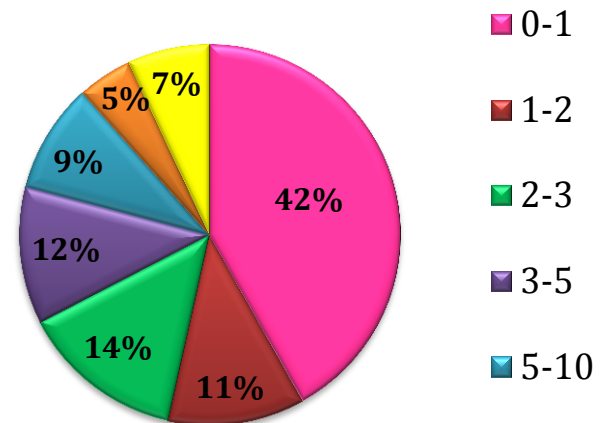
Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% March	% YTD
Supervisors & Managers	24	0	2	0%	8%
Medical (MD,DO, LVN, RN, APN)	39	0	3	0%	8%
Professionals (QMHP)	90	4	16	4%	18%
Professionals (QIDP)	25	1	4	4%	16%
Licensed Staff (LCDC, LPC...)	16	0	1	0%	6%
Business Services (Accounting)	11	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	21	0	1	0%	5%
Program Support(Financial Counselors, QA, Training, Medical Records)	41	0	4	0%	10%
Nurse Technicians/Aides	17	0	2	0%	12%
Service/Maintenance	20	0	2	0%	10%
Direct Care (HCS, Respite, Life Skills)	22	2	8	9%	36%
Total Separations	326	7	43		

Separation by Management Team Member	# of Employees	Monthly Separations	Year to Date Separations	% March	% YTD
Evan Roberson	14	0	1	0%	7%
Millie McDuffey	43	0	2	0%	5%
Amy Foerster	8	0	0	0%	0%
Tanya Bryant	8	0	0	0%	0%
Catherine Prestigiovanni	128	4	22	3%	17%
Breanna Robertson	56	0	5	0%	9%
Kelly Shropshire	29	1	4	3%	14%
Kathy Luker-Foster	32	2	8	6%	25%
Kenneth Barfield	8	0	1	0%	13%
Total Separations	326	7	43		

March 2015 Separations by Tenure

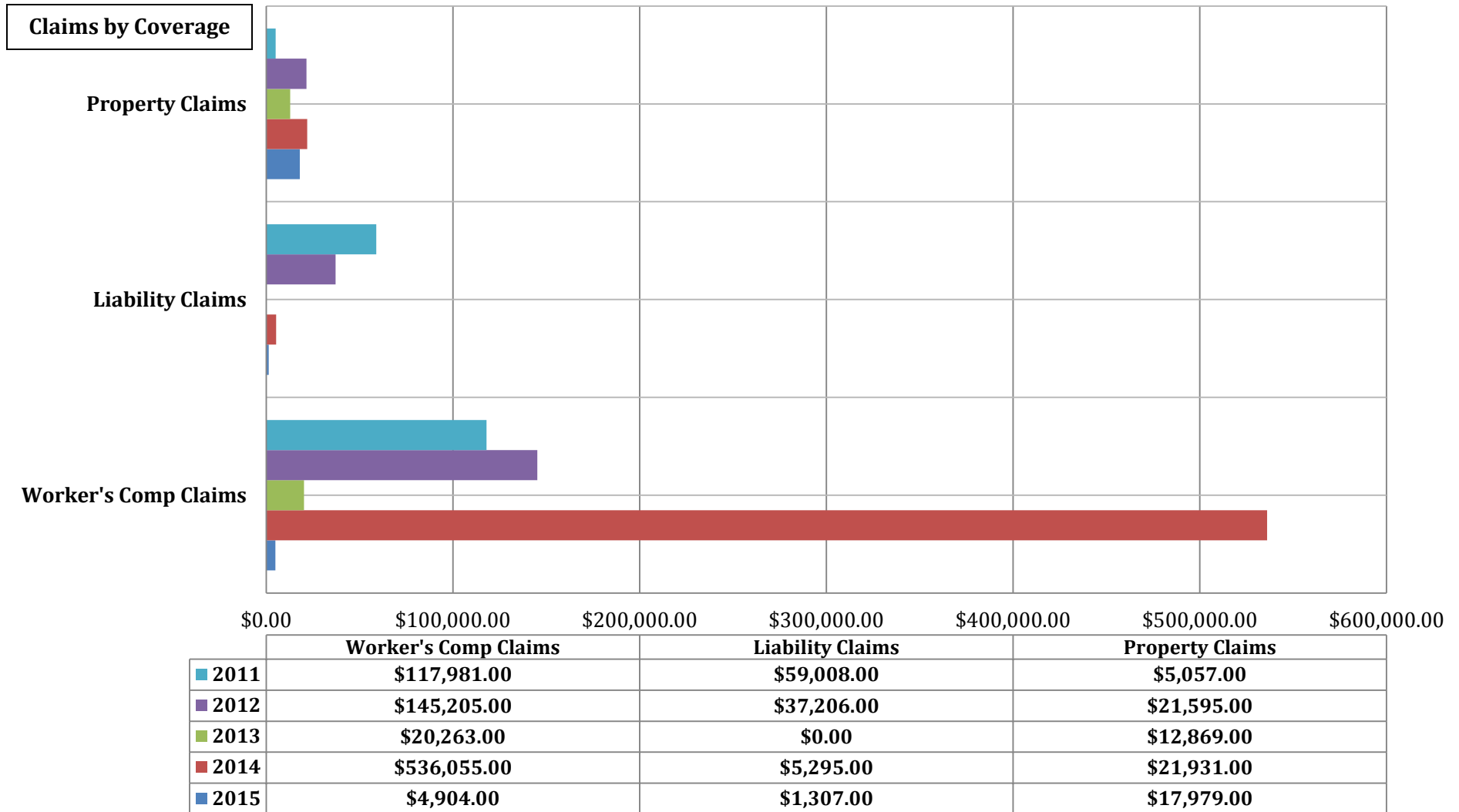


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claim Summary for March 2015 Committee: Executive	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claim Summary for March 2015	
Recommended Action: For Information Only	

TCRMF Claims Summary March 2015



Gross Total Reported

**Total Open
Worker's Comp
Claims: 9**

Agenda Item: Texas Council Quarterly Board Meeting Update	Board Meeting Date
Committee: Executive	April 23, 2015
Background Information:	
<p>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.</p>	
Supporting Documentation:	
Texas Council Staff Report	
Recommended Action:	
For Information Only	



Texas Council
of Community Centers

**Texas Council Report
Quarterly Meeting
APRIL 2015**

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Chief Executive Officer Report

Engagement Highlights

Since the January 24, 2015 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; 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 and MH Advisory Panel; Sunset Advisory Commission Review; Interim Charges; DEA/Telemedicine;
- Meetings with advocacy organizations and other associations, including Conference of Urban Counties and Texas Association of Counties, to discuss MH and IDD service delivery issues and priorities throughout 84th Legislative Session;
- 2015 Texas Council Annual Conference.

MH Performance Targets 2014/2015

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

DSHS

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, 2013. 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.

The Texas Council team was 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 did 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 FY2014 target methodology in light of the overall system performance. 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.

Despite the verbal agreement not to impose sanctions, penalties or recoupments for the first six (6) month timeframe, on April 25, 2014 DSHS notified the Texas Council of its intent to

recoup funds from two Local Mental Health Authorities for failure to meet average monthly served target. The two LMHAs appealed the subsequent notice of alleged noncompliance; but DSHS denied the appeals.

In early August DSHS and the Texas Council reached agreement on a basic methodology relative to use of an all funds target that established a rational target value (i.e., case rate, ties funding to targets and allows for local flexibility in use of local funds. However, negotiations continued on the specific case rate. The Texas Council team held a strong position that the case rate target should be established at the 75th percentile of system wide cost to accommodate variation in local market costs and acuity levels. The DSHS team agreed to submit this position to agency leadership.

At the August quarterly meeting the basic methodology was presented to both Executive Directors and the Board of Directors for discussion. In both sessions several Center representatives expressed concerns about the 'All Funds' aspect of the methodology; however, general direction was provided to move forward with the basic methodology recognizing that it favorably impacts the majority of LMHAs. In addition to apprising DSHS of the general direction provided by the membership, the Texas Council described the significant concerns raised by several Center representatives regarding the 'All Funds' aspect of the methodology.

In early October the Texas Council was informed that DSHS leadership accepted the basic methodology, (including the case rate at the 75th percentile) and are still in the process of meeting with LBB and key legislative offices to secure support for the methodology.

At the November quarterly meeting the ED Consortium discussed and accepted a revision to the target methodology. The proposed revision utilized the same methodology for establishing the case rate (at 75th percentile of costs as reported on Care Report III, line 800); but instead of imposing an All Funds target at the individual LMHA level it establishes an All Funds target at the system level and distributes it on the basis of the proportion of AMH and CMH DSHS funds each LMHA is allocated (i.e., 2% of the money, 2% of the target).

The Texas Council presented the revised target methodology to DSHS on December 11, 2014 and followed up with several status inquiries. At this time DSHS indicates the revised methodology is under consideration.

The Texas Council met with Kirk Cole, Interim DSHS Commissioner on March 9, 2015 to discuss the target methodology. Assistant Commissioner Lauren Lacefield Lewis and Tamara Allen also participated in the discussion. The meeting was positive and yielded a commitment from the Interim Commissioner to consider our proposal.

In subsequent conversations the Interim Commissioner has asked clarifying questions related to both individual LMHAs and system capacity and how new base targets will impact the ability to increase services with new funds. He stated he was leaning favorably to our proposal. On

Thursday, April 9, 2015 the Texas Council inquired with the Assistant Commissioner re: status of this decision. Still pending.

FY2014 Target Methodology: Actuarial Services

Texas Council FY2014 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 FY2014 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 2013, Dr. Palmer initiated work on a fiscal analysis of funding levels across the system and the system-wide implications of the FY2014 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 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 2014 and provided a summary of the analysis at the January 2014 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 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.

Drug Enforcement Agency (DEA) & Telemedicine

DEA officials in some areas of the state cited certain Community Center telemedicine practices as being out of compliance with Drug Enforcement Agency (DEA) controlled substance requirements—potentially placing significant limitations on the current use of telemedicine for both child and adult mental health services.

In a mutual effort to resolve the issue, the Texas Council legal counsel, along with ETBHN and other Center representatives met with DEA officials on June 24, 2014. As a result of this meeting, agreement was reached to move forward with a clinic registration process that involves both Department of Public Safety (DPS) and the DEA. This registration was determined

necessary to recognize the practice of telemedicine as being exempt from additional DEA requirements related to prescribing controlled substances.

DPS and DEA both understand the governmental status of Community Centers and recognize the important and growing role of telemedicine in meeting the needs of people accessing services through the public mental health system.

On June 26, 2014 our legal counsel secured a commitment from DPS to expedite the application process. A test application was conducted and DPS quickly issued the necessary registration for submission to DEA. Other Centers have since obtained the DPS registration with relative ease.

Unfortunately, subsequent efforts to then obtain the DEA registration have not been successful. At present, Texas Council legal counsel remains in dialogue with DEA officials, both in Texas and Washington, D.C.

Additionally, the Texas Council engaged with HHSC officials and representatives from other organizations, such as UTMB, Texas Society for Psychiatric Physicians (TSPP), and TMA to seek remedy. On September 9, 2014 a meeting was held with representatives from these organizations and DEA officials. Texas Council legal counsel served as our representative. During that meeting the DEA agreed to consider an agency letter confirming the authority of Community Centers relative to controlled substances. Since that time the Texas Council has engaged in ongoing efforts with HHSC and DPS to seek a resolution that satisfies the DEA.

On January 12, 2015 HHSC Executive Commissioner Janek issued an official letter to the DEA regarding the statutory role of Community Centers relative to mental health service delivery. This letter is intended to address DEA stated concerns and allow DPS to resume issuing the registrations necessary to obtaining DEA registration for clinics using telemedicine. The letter directs the DEA to the HHSC Associate Commissioner for Mental Health Coordination as the point person on this issue.

In addition to the effort to address this issue at the state level, efforts by other stakeholders have been underway at the Federal level to direct the DEA to issue interim rules that would favorably address the problem created by DEA regulatory action in Texas related to the Ryan Haight Act. Texas Council legal counsel has engaged in discussions with various parties involved in this process and submitted information regarding Community Centers.

On April 2, 2015 the Associate Commission for Mental Health Coordination at HHSC convened a meeting with Texas Council legal counsel, HHSC legal counsel & regulatory representatives and Department of Public Safety to explore options to address the DEA's continued refusal to register Community Centers. A workgroup was established from this meeting to figure out next steps.

The Texas Council recognizes this issue seriously threatens the ability of Community Centers to provide critical mental health services and will continue seeking resolution.

HB 3793 Advisory Panel Update

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

TIMELINE

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 plan, implementation status, impact of plan on service delivery

The final meeting of the HB 3793 Advisory Panel occurred August 28, 2014. At this meeting, the panel made recommendations related to Standards and Methodologies for plan implementation.

Statute requires the plan to address four key areas with regard to outpatient mental health services and beds in the state hospitals for both groups of patients (civil/voluntary and forensic):

1. Service Needs
2. Capacity Needs
3. Funding and Resource Allocation
4. Access and Availability

The panel approved recommendations to add, through State Hospital and Contract Beds, an additional 1,500 new beds for current demand and 60 new beds per year for population growth. This recommendation would bring 720 beds online in FY 2016-17 and add remaining beds over the subsequent six (6) years. In addition, the panel recommends increasing outpatient service capacity by 1.8% per year for population growth. The panel noted that improvements in jail diversion, service engagement/retention and continuity of care could increase demand.

To optimize utilization of inpatient and outpatient capacity, the panel recommends developing:

- A state-level waitlist for civil / voluntary patients in need of a bed;
- Alternatives to inpatient beds and manage incentives that maximize resources, and;
- A process to monitor utilization of community-based alternatives to inpatient care.
- To enhance stakeholder (e.g., judges, law enforcement, community providers, etc.) education, the panel recommends: Simplifying nomenclature related to crisis mental health alternatives to inpatient beds;
- Creating a list of available resources for information, training and technical assistance (NOTE: this is was also included by Sunset Staff as a "Management Action" in the DSHS report due for completion by December 2014.)
- Providing training and information to judges and attorneys;

- Technical assistance to state hospital and LMHA staff on effective engagement with the criminal justice system; and,
- Work to increase the number of clients transitioning from forensic to civil commitments.

MHSA Access to Care Workgroup (MACW)

Per HB 3793 Advisory Panel recommendations, the MACW was formed to continue discussions with key stakeholders and to obtain recommendations to redesign the State Hospital Allocation Methodology Committee. Membership includes the HB 3793 Advisory Panel and additional association representatives.

MCAW will meet monthly throughout 2015.

For more information about the HB 3793 Advisory Panel, visit:

<https://www.dshs.state.tx.us/mhsa/hb3793/>

State Budget Update

Status of Appropriations

As you will see, the House (CSHB 1) and Senate (SB 2, now CHSB 1) versions of the State Budget for FY2016-17 include differences in key areas. The following tables provide Status of Appropriations updates, comparing the decisions made on key budget items for DSHS, DADS and DARS:

The following table provides updates on select appropriations items in the DSHS budget:

Ready Access - DSHS	CSHB 1 (House) (FY2016-17)	CSHB 1 (Senate) (FY2016-17)	Notes
Outpatient MH Treatment (Adult B.2.1 & Children B.2.2)	\$ 30m	\$ 0	<i>\$14.5m in CSHB 1 (Senate) base for WL reduction</i>
Alternatives to Inpatient (MH Crisis B.2.3)	\$ 31.3	\$ 12.8m	<i>Adds to \$18.4m in CSHB 1 (Senate) base</i>
Inpatient Psychiatric Service (State Hospitals C.2.1)	\$ 60m	\$ 50m	

NOTE: CHSB 1 (House) includes legislative direction to address MH funding equity by using new funds to increase access by reducing disparities across the state. At this time, CHSB 1 (Senate) does not include rider direction to address equity. However, Senate leadership expressed to us and our allies their intent to address equity funding during Conference Committee deliberations.

At this time, we are conferring with CUC, TAC, CJCA, and SAT to leverage our partnership during the time between now and conference committee to ensure this shared priority is addressed in the final budget bill.

The following table provides updates on select appropriations items in the DADS budget:

Agency Items - DADS	Agency Requests	CSHB 1 (House) (FY2016-17)	CSHB 1 (Senate) (FY2016-17)	Notes
Restore Baseline Funding: Targeted Case Management	\$ 14.9m	\$ 14.9m	\$ 14.9m	
Reduce Waiver Program Interest Lists: HCS, TXHML, STAR+PLUS CBA, MDCP, CLASS, DBMD, Non-Medicaid Services, IDD Community Services, and In-Home and Family Support		\$ 71.5m	\$ 71.5m	Increases 10% above the FY 2014 – FY 2015 level. SFC adopted rider: HCS (adopted): 6,792 TxHmL (adopted): 1,040 Non-Medicaid Services (art. XI): 1,303 IDD Community Slots (art. XI): 591 In-Home and Family Support (art. XI): 600
Crisis Respite and Behavioral Intervention Programs	\$ 27.5m	\$ 36.9m	\$ 9.2m	
Increased Rate Add-on for ICF and HCS Providers	\$ 6m		\$ 5.9m	
Intensive Service Coordination for SSLC Residents Transitioning to Community	\$ 3.5m		\$ 3.5m	
Increase Annual Cost Cap on HCS Dental Devices	\$ 8.3m	\$ 8.3m	\$ 4.1m	

NOTES: Rate Increases for HCS, Texas Home Living and ICF/IID have been placed in Article XI for consideration during the budget conference committee.

SFC adopted rider provides an informational summary of waiver slots funded under the Promoting Independence Initiative and to reduce interest lists and comply with federal PASRR requirements. The rider also adds reporting requirements related to the enrollment of persons in waivers.

The following table provides updates on select appropriations items in the DARS budget:

Agency Items - DARS	Agency Requests			Notes
		CSHB 1 (House) (FY2016-17)	CSHB 1 (Senate) (FY2016-17)	
Support Early Childhood Intervention (ECI) Projected Service Hours	\$ 14m	\$ 3.2m	\$ 3.8m	Increase monthly service hours to 2.75
Expand Focused Autism Services	\$ 3.9m	\$ 3.9m	\$ 10.6m	Expand Focused ABA Treatment Services and phase out Comprehensive ABA Treatment Services
Pilot Innovative Autism Treatment Projects	\$ 1.8m	\$ 1.8m	--	SFC sent \$1.4m to Texas Higher Education Coordinating Board for innovative autism treatment projects

Sunset Advisory Commission Update

The following table depicts the current status of primary Sunset bills:

ca = committee amendment, *cs*=committee substitute, *a* = floor amendment, *s* = signed by the Governor

Bill	Description	Author	1st-Chamber	Comm Report	Passed	2nd-Chamber	Comm Report	Passed	Signed Fil/Vet
HB 550	Relating to the provision of health and human services in this state, including the powers and duties of the Health and Human Services Commission and other state agencies, and the licensing of certain health professionals.	Price F	2/18 HUM ANSRV	3/13ca					
SB 219	Relating to the provision of health and human services in this state, including the powers and duties of the Health and Human Services Commission and other state agencies, and the licensing of certain health professionals.	Schwerner	1/28 SHEA LTH	3/ 9cs	3/ 19 cs (Y: 31/N: 0)	3/20 HU MANSR V	24-Mar	26-Mar (Y:14 3/N: 0)	4/ 2s
SB 206	Relating to the functions of the Department of Family and Protective Services.	Schwerner	3/ 9 SHEALTH	4/ 7cs					
HB 2433	Relating to the functions of the Department of Family and Protective Services and procedures applicable to suits affecting the parent-child relationship, investigations of child abuse and neglect.	Burket C	3/16 HUM ANSRV						

<u>HB 1027</u>	Relating to state agency contracting.	<u>Price F</u>	<u>3/2 HSTATE</u>	
<u>SB 353</u>	Relating to state agency contracting.	<u>Nelson J</u>	<u>2/18 FINANCE</u>	

<u>HB 1678</u>	Relating to the continuation and functions of the Governor's Committee on People with Disabilities.	<u>Raymond R</u>	<u>3/4 HUMAN SRV</u>	<u>3/27cs</u>	<u>4/9cs/ a</u> (Y: 14 3/ N: 1)	
<u>SB 211</u>	Relating to the continuation and functions of the Governor's Committee on People with Disabilities.	<u>Schwartzner</u>	<u>2/25 SHEALTH</u>			

<u>SB 210</u>	Relating to the continuation of the Texas Council for Developmental Disabilities.	<u>Birdwell B</u>	<u>2/23 SHEALTH</u>		
<u>HB 1679</u>	Relating to the continuation of the Texas Council for Developmental Disabilities.	<u>Raymond R</u>	<u>3/9 HUMAN SRV</u>	18-Mar	

<u>HB 1680</u>	Relating to the continuation and functions of the Texas Health Services Authority as a quasi-governmental entity and the electronic exchange of health care information.	<u>Raymond R</u>	<u>3/9 HUMAN SRV</u>	<u>3/27cs</u>		
<u>SB 203</u>	Relating to the continuations and functions of the Texas Health Services Authority as a quasi-governmental entity and the electronic exchange of health care information.	<u>Nelson J</u>	<u>2/23 SHEALTH</u>	<u>3/23cs</u>	<u>4/9cs/ s</u> (Y: 31/ N: 0)	<u>10-Apr</u>

<u>HB 2304</u>	Relating to the continuation and functions of the Health and Human Services Commission and the provision of health and human services in this state.	<u>Price F</u>	<u>3/16 HUMAN ANSRV</u>		
<u>SB 200</u>	Relating to the continuation and functions of the Health and Human Services Commission and the provision of health and human services in this state.	<u>Nelson J</u>	<u>3/4 SHEALTH</u>	<u>4/7cs</u>	

<u>HB 2463</u>	Relating to the functions of the Department of Assistive and Rehabilitative Services.	<u>Raymond R</u>	<u>3/9 HUMAN SRV</u>	<u>3/27cs</u>	<u>4/9cs/ s/ a</u> (Y: 14 3/	
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					N: 0)	
SB 205	Relating to the functions of the Department of Assistive and Rehabilitative Services.	Campbell D	3/11 SHEA LTH			
HB 2510	Relating to the Department of State Health Services, the provision of health services in this state, and the regulation of certain health-related occupations and activities.	Price F	3/17 HUM ANSRV	4/10cs		
SB 202	Relating to the Department of State Health Services, the provision of health services in this state, and the regulation of certain health-related occupations and activities.	Nelson J	3/ 9 SHEALTH			
HB 2699	Relating to the functions and operations of the Department of Aging and Disability Services.	Raymond R	3/16 HUM ANSRV			
SB 204	Relating to the functions of the Department of Aging and Disability Services.	Hinojosa C	3/ 9 SHEALTH	4/ 7cs		
HB 2992	Relating to the functions of the Texas Juvenile Justice Department.	Turner S	3/23 JUVE NILE			
HB 3241	Relating to state agency contracting.	Price F	3/17 HSTA TE			
SB 20	Relating to state agency contracting.	Nelson J	3/ 9 FINANCE	3/25cs	3/ 31 cs /a (Y: 30/ N: 0)	31-Mar
SB 53	Relating to strategic fiscal reviews for state agencies and programs.	Nelson J	1/26 FINA NCE	8-Apr		
HB 5	Relating to strategic fiscal reviews of state agencies.	Otto J	2/26 APPR O	24-Mar	8- Ap r (Y: 14 7/ N: 0)	9-Apr
HB 3279	Relating to the authority and duties of the office of inspector general of the Health and Human Services Commission.	Gonzales L	3/17 GENI NVEST	2-Apr		
SB 207	Relating to the authority and duties of the office of inspector general of the HHSC.	Hinojosa C	3/16 SHEA LTH	4/ 7cs		

<u>SB 208</u>	Relating to the continuation and functions of the Texas Workforce Commission.	<u>Campbell D</u>	<u>3/16 SNAT URAL</u>	
<u>HB 3294</u>	Relating to the continuation and functions of the Texas Workforce Commission.	<u>Burket t C</u>	<u>3/17 HECO N</u>	

Texas Council Sunset Bill Summaries are available at this link:

http://www.txcouncil.com/public_policy.aspx

Updated decision materials for HHSC are available at the following link:

<https://www.sunset.texas.gov/public/uploads/files/reports/HHSC and System Issues DM.pdf>

This document formed the basis for discussions during the Sunset Advisory Commission hearing. Updated comments and proposed modifications are included in the gray boxes within the document.

To download the archived hearing video, see the link below:

<http://www.senate.state.tx.us/avarchive/>

84th Legislative Session Update

A briefing will be provided during the quarterly meeting with additional information about select legislation and other updates.

Key Dates

Session Began

Tuesday, January 13, 2015 (1st day)

84th Legislature convenes at noon

[Government Code, Sec. 301.001]

Friday, March 13, 2015 (60th day)

Deadline for filing bills and joint resolutions other than local bills, emergency appropriations, and bills that have been declared an emergency by the governor *[House Rule 8, Sec. 8; Senate Rules 7.07(b); Senate Rule 10.01 [subjects joint resolutions to the rules governing proceedings on bills]*

Session Ends

Monday, June 1, 2015 (140th day)

Last day of 84th Regular Session; corrections only in house and senate

[Sec. 24(b), Art. III, Texas Constitution]

Sunday, June 21, 2015 (20th day following final adjournment)

Last day governor can sign or veto bills passed during the regular legislative session
[Sec. 14, Art. IV, Texas Constitution]

Monday, August 31, 2015 (91st day following final adjournment)

Date that bills without specific effective dates (that could not be effective immediately) become law
[Sec. 39, Art. III, Texas Constitution]

Federal Update

Highlighting key updates from National Council, Capitol Connector:

Excellence in Mental Health Act

The National Council participated in a meeting with the Substance Abuse and Mental Health Services Administration (SAMHSA) and other national patient protection and advocacy organizations to provide feedback on revised draft criteria for Certified Community Behavioral Health Clinics (CCBHCs). These criteria will determine eligibility for organizations to participate in demonstration programs under the law. It is anticipated that the final criteria will be released in the next few months.

The National Council articulated a long list of concerns with the draft criteria, most notably:

- **The criteria are overly prescriptive, creating a disincentive for state participation.** While the National Council has long championed the creation of national standards for community behavioral health services, that must be balanced with the reality that CCBHCs are currently authorized only as a two year demonstration program.
- **The service requirements are laid out in absence of a discussion of the Prospective Payment System, or cognizant of limitations in State Medicaid Plans.** Payment by Medicaid for CCBHC services is limited to what is already allowable in a state's Medicaid program. Despite this limitation, the criteria include many services and activities that are not commonly covered in Medicaid programs (e.g., outreach and engagement).
- **The criteria hews too closely to services required for partial hospitalization services,** and does not leave room for a level of care for people with mild-to-moderate behavioral health conditions.
- **Directly approving accreditation by a national body or allowing states to deem would address many of the quality issues raised by SAMHSA through its draft criteria.** Many of the statutory requirements for CCBHCs are already addressed through accreditation systems.
- **The quality measures included are too extensive, often lack specificity, and are exceptionally labor intensive.** The criteria include a list of 30 required measures and more than 60 optional measures, many which would require individual chart reviews and pulling of information from personnel records.

Many other leaders in the field echoed similar concerns and we are hopeful SAMHSA will revamp the criteria to allow for greater state participation. SAMHSA has expressed the goal of releasing finalized certification criteria in May, along with guidelines to states for developing the payment methodology and the RFA for state planning grants. \$25 million will be made available to states to engage in planning to determine whether and how CCBHCs fit into their larger system reform.

Impact of a Medicaid Block Grant on Mental Health and Addiction Providers

The budget resolutions change the Medicaid financing structure in order to save \$400 billion over 10 years by allowing states greater latitude in meeting their specific population needs while controlling overall program costs. Many organizations, including the National Council, have opposed proposals to convert Medicaid to a block grant, because of the potentially devastating impact on both patients and providers that could occur as this approach does not address fluctuations in Medicaid enrollment that occur after natural disasters, economic downturns, or other factors.

Currently, Medicaid spending has the ability to rise as program enrollment increases or as new, innovative treatments become available. Should Medicaid be converted to a block grant, states would be limited to a lump sum of money each year – funding that could not be adjusted during times of recession or when beneficiaries' need for services is greater. The result? Major pressure on states to continually cut costs by reducing eligibility, reducing available services, or drastically cutting provider pay well below already low levels.

For more information about the ruinous effect that a Medicaid block grant could have on the provision of mental health and addiction treatment services, take a look at our one-pager on this topic. The National Council will continue to keep readers informed about the progress of this proposal and opportunities to take action against it. If you have not done so already, please sign up for our Action Alerts to stay on top of every opportunity to get involved!

Route to Passage Unclear

A number of differences between the resolutions will complicate their path to passage. For example, while the House budget proposes to convert Medicare into a voucher system with federal government subsidies to help seniors purchase private health insurance, the Senate budget instructs two key committees to find \$430 billion in unspecified Medicare savings. Though this number is similar to the level of Medicare cuts in the President's recently released budget proposal, the Senate budget stops short of endorsing the President's proposed changes.

Additionally, differences of opinion between defense hawks and fiscal hawks have set the stage for a conflict over how to address the sequestration caps. Fiscal hawks have generally been opposed to modifying the caps, while defense hawks insist that the caps be disregarded in order to provide additional funding for national defense.

While the budget resolution does not have the force of law, it sets standards and priorities for the upcoming work the 12 Appropriations Subcommittees will do in allocating specific line-item

spending for the coming year (including in the Substance Abuse and Mental Health Services Administration). It also establishes the rules for enacting any filibuster-proof reconciliation bill; without a budget resolution, Affordable Care Act opponents would not be able to use reconciliation as their vehicle for repealing the President's signature health law.

Source: National Council, Capitol Connector, 2015.

Hill Day 2015

The 11th Annual National Council Hill Day will take place October 5-6, 2015 in Washington, D.C. Stay tuned for additional information about registering for this event.

Health Care Policy Update

In January 2011, the Texas Council hired its first Healthcare Policy Director. The decision of the Texas Council Board, Executive Director and Center Leadership to create a new position related to the broader healthcare arena was truly visionary. An acknowledgement of the historic changes happening in the healthcare environment, it was an honest admission of the Community Center system's lack of expertise or experience in what was to come. Rather than fear the unknown, the Community Center system embraced it with determination to create a path forward to protect the mission of service to individuals with mental illness and intellectual disabilities.

I have had the incredible opportunity to play a role in fulfilling that vision with a group of extraordinary leaders. A group of leaders willing to put the protection and preservation of the mission before personal gain or individual Center gain. I go back to the Readiness Guide in 2011 and remember the commitment we made together: ***We serve a greater cause: Our primary responsibility is to ensure that specialized mental health/intellectual disability services and supports are available to those who need them. This is more important than any institution, tradition or legacy role.*** When that is the cornerstone of all the work being done, it changes the way problems, opportunities and solutions are viewed. And, it changes the decisions you make. It was not a catch phrase in a marketing document; it is a principle that we have lived for the past four years.

That commitment is the heart of the Texas Council and then there is more. I have never worked in an environment that so whole-heartedly loves and supports each other. You not only want to know the business of the day but you also want to know about Colin, Aubrey and Meg. You want to know what I did that was fun since the last meeting, if I'm taking care of myself and how my extended family is doing. And you show your appreciation for the work of the staff at every turn.

I cannot talk about the heart of the Texas Council without saying something specific about Danette. In the book *Good to Great*, Jim Collins recognizes two characteristics in truly transformational leaders: personal humility and ferocious resolve. That is on top of the good leadership skills of being effective, pursuing a compelling vision and stimulating high performance standards. Please know that you have a transformational leader in Danette.

With great respect, admiration and gratitude. *Melissa*

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has. -Margaret Mead

Healthcare Transformation and Quality Improvement Program: 1115 Waiver

On October 1, 2014, the state's 1115 Transformation Waiver moved into the fourth demonstration year. At this time, Centers continue to implement, report and receive payment on approved projects, participate in learning collaboratives and think about waiver renewal. On March 23, 2015, HHSC submitted a high-level transition plan to CMS. This plan outlines the goals of renewal for HHSC. HHSC must submit a request to extend the waiver to CMS no later than September 30, 2015. The Texas Council is participating in discussions on waiver extension with HHSC and other vested stakeholders.

The March 23, 2015, high-level transition plan included the following highlights:

- More time is needed for DSRIP projects to continue and collect outcome data
- HHSC will request that projects in good standing after the mid-point assessment be allowed to continue
- DSRIP funds not tied to existing projects will be requested to be used for expanding exceptionally strong projects and/or new projects with high potential
- HHSC plans to request at least DY 5 level funding for both DSRIP and UC

The full high-level transition plan will be included as a hand out at the Board meeting. It can be found at:

<http://www.txcouncil.com/userfiles/files/STC%2048%20Transition%20Plan%2020150323.pdf>

On January 20, 2015 Texas Council staff and HHSC staff participated in two on-site visits to DSRIP programs in the Houston area. MHMRA of Harris County hosted the visit in the morning and Texas Children's Hospital/Baylor College of Medicine hosted in the afternoon. The goal of the visit was to increase HHSC's hands-on understanding of the impact on DSRIP locally.

Texas A&M University is conducting an evaluation of primary care-behavioral health care integration projects. The Texas Council has been meeting with A&M, and the Meadows Foundation, to discuss the project's progress. Ten centers are participating in this project. The first report, anticipated to be released in May or June, will be a descriptive analysis of the projects.

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 waiver, 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>

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

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. 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.

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 Texas 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 Texas Council leadership and innovation in the development and operations of behavioral health data exchange in Texas. The strategy documents are posted on the Texas Council website at http://www.txcouncil.com/healthcare_opportunities.aspx

In April 2014, the Executive Directors Consortium directed the Texas Council to renew the contract with Healthcare Intelligence Partners for a new set of work products to continue our important efforts in this area. The BH Data Workgroup continued to meet and work on this

project. In addition to meeting every other month, smaller working groups held conference calls every other week to progress on work products.

At the January 2015 Executive Directors Consortium, a primer on technology was distributed and David Bergman facilitated a discussion on the primer. The primer is posted on the Texas Council website at <http://www.txcouncil-intranet.com/wp-content/uploads/2011/03/Health-IT-Primer-Final-2015.pdf>

The Behavioral Health Data Workgroup is focused on two important initiatives:

1. Identification of a HIE-Center pilot to implement the recommendations in the Texas Council interoperability strategy
2. Identification and collection of the measures outlined in the Texas Council endorsed measurement strategy

The work on the first initiative is ongoing. Texas HIEs have been narrowed down to two possibilities and Healthcare Intelligence Partners is in discussions with both HIEs. Once an HIE is selected, Centers in the service area will be approached to determine feasibility of participating in the pilot.

For the second initiative, the Behavioral Health Data workgroup completed the measure specifications and the Access database for the calculation of the endorsed measures. The Texas Council hosted a series of four webinars beginning in February 2015 to rollout the implementation of the first five National Quality Forum (NQF) endorsed measures to the Centers. On February 11, 2015, the first webinar provided measure summaries, specifications, required codes, and directions regarding the collection of the necessary fields and the creation of the data files. The webinar was repeated on February 19, 2015. A third webinar on February 25, 2015 was an open question and answer format to address any issues the Centers had encountered during the process. The final webinar on March 25, 2015, introduced and demonstrated the Access database, which calculates the measures from the data files created by the Centers.

The end products are the numerators and denominators for each of the measures as well as a survey that documents any data limitations. The Centers will submit the results to Jolene Rasmussen on April 6, 2015. All presentations, Access database and supporting materials are posted on the Texas Council website at <http://www.txcouncil-intranet.com/index.php/texas-council-initiatives/health-care-opportunities-workgroup/bh-quality-measurement-strategy-2015/>

The Behavioral Health Data Workgroup also completed the work required for Centers to calculate the other two measures, Improving Adult Needs and Strengths Assessment (ANSA) Scores and Reducing Criminal Justice Stays. These measures will be introduced and calculated by the Centers later this summer. Jolene Rasmussen with the Texas Council will continue to

provide technical support to the Centers in regards to the collection and calculation of the endorsed measures.

Coding Compliance Project

At the request of the Medical Services Consortium, the HOW selected MTM Services, a national consulting company, to review Community Centers use of billing codes for psychiatric services. In 2013, there were significant changes made to how psychiatrists bill for services. This review allowed Centers to better understand how they have used the new codes, whether they meet required standards and how a Center compared each other and to national norms. Thirty-seven Centers participated in the project.

The consultants have shared their findings with each participating Center and held a webinar on October 17, 2014 to review statewide findings and provide technical assistance on strategies to improve areas of concern. The following trainings will occur to provide additional technical assistance to Centers:

- 25 minute staff refresher training is now available online on the Texas Council member site
- 3 hour training with the Behavioral Health Consortium will occur in April 2014
- 2 breakout sessions, for a total of 3 hours of training, will be available to all attendees of the Texas Council Annual Conference.

System Design Policy Papers

The Healthcare Opportunity Workgroup developed two policy document addressing the future service delivery system design: one for persons with intellectual and developmental disabilities and one for persons with serious mental illness. In addition to HOW members, other Center representatives with specific expertise in current system design were included in the workgroup meetings.

The documents can be found at:

<http://www.txcouncil.com/userfiles/files/FINAL%20Service%20Delivery%20Design%20for%20Persons%20with%20ID%2006%2009%202014.pdf>

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

Operating in a Managed Care Environment

Medicaid Managed Care continues to grow in Texas. As we have discussed, the platform for the Texas Medicaid program is managed care. As more specialized services are included in the managed care program, the Texas Council has been active in advocating for policies that best protect the individuals we serve and to reduce the administrative burden on providers when possible.

On September 1, 2014, Medicaid Mental Health Rehabilitation and Mental Health Targeted Case Management became a part of the managed care program as required by SB 58. This was a significant change in how Centers receive authorization and payment for these services. The major implementation issues have been resolved at this time. There are concerns among Centers regarding the funding between the fee-for-service and managed care programs. Texas Council staff has been collecting financial data from all Centers for the first quarter of this fiscal year and will present this data to HHSC on February 2, 2015. After meeting with HHSC and DSHS, agency staff verified the information presented by the Texas Council through their own data. All parties agreed the existence of a funding issue and HHSC has informally relayed the agencies will fund the shortfall. The Texas Council is waiting for official notice to share with members.

The Texas Council also established an internal workgroup to look at the impact of SB 58 on DSHS requirements and the future of how the Texas Recovery and Resiliency program will operate as a utilization management tool in Managed Care. The Texas Council adopted those recommendations in January and they were shared with HHSC and the HHSC Behavioral Health Integration Advisory Committee. HHSC is in the beginning stages of a stakeholder process to review recommendations and make decisions on future utilization management rules. The Texas Council will actively participate in this process.

The Texas Council continues to support Community Centers as they develop and maintain relationships with Medicaid MCOs. The Texas 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 when needed.

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, Texas Council staff conducts further analysis and/or leads discussions with HHSC on issues identified as needing further attention. In addition, the Texas Council provides 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, SB 760 contains additional language to address the issue.

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

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 promote the development of an adult system of health care for persons with IDD. This engagement began in September 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.

Texas Children's Hospital now has an active 1115 Transformation Waiver project related to Transition Medicine, in partnership with Baylor College of Medicine. The Texas Council has played an active role on the implementation team for this project. In July 2014, the Texas Council organized a meeting between Texas Children's, Baylor, United Health Plan, Harris County MHMRA and the Texas Council to discuss how the Health Plan might be a part of the project. The meeting was positive and there is active dialogue on creating a partnership going forward. The Texas Council also arranged a meeting with Texas Children's and Molina Health Plan for April 2015.

The Texas Council met with the Chief Medical Officer for Seton Hospital system in August 2014 to discuss the Houston project and determine if there may be opportunities for a similar project in the Central Texas area. A second meeting with Seton, Dell Children's Hospital, Texas Children's Hospital, Baylor College of Medicine and the Texas Council occurred in November 2014. In January 2015, HHSC and Texas Council staff participated in an on-site visit to better understand the program and its impact on individuals with special healthcare needs in Houston. Jamie and Christy Travis also participated in the on-site visit.

Meadows Mental Health Policy Institute

The Meadows Foundation launched The Meadows Mental Health Policy Institute for Texas. Tom Luce, President, and Andrew Keller, Vice President for Policy and Programs, spoke with the Executive Directors at the January 2014 quarterly meeting. The official launch of the Institute was 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. Danette Castle and Lee Johnson are active members in both the Collaborative Council and the Collaborative Council's Legislative Committee.

Meadows funded the University of Texas at Houston's School of Public Health to conduct an evaluation for the HHSC Institute for Healthcare Quality and Efficiency related to people with serious mental illness. The Texas Council coordinated efforts for UTHHealth to interview a subset of Centers on relevant topics. In addition, the Texas Council served as the lead contact for UTHHealth related to community based services for people with SPMI and systems of care for these individuals.

See final report on page 41 at this link:

http://www.ihcqe.org/images/reports/2014-02_2014_Appendices_Policy_Recommendations_Texas_Legislature_FINAL_121914.pdf

The Texas Council is also actively engaged with Texas A&M researchers, who are conducting an evaluation of 10 Community Centers Physical-Behavioral Health Integration Projects. This review is a component of the 1115 waiver evaluation funded by MMHPI. The first report, anticipated to be released in May or June, will be a descriptive analysis of the projects. The second report will be completed once more data is available through Category 3 reporting.

Mental Health Update

84th Legislative Session Updates

This session 6,566 bills were filed and the Texas Council is tracking 1162. Of those, the Texas Council is specifically tracking 155 mental health and 61 substance use bills. A legislative briefing will be provided during the quarterly meeting.

Learning Opportunities Page

The Learning Opportunities Page on the Texas Council website is a popular site for finding information on conferences, webinars and training opportunities of interest to Texas Council membership. Visitors to the page can subscribe to an RSS feed to receive updates as they become available. The page is found at the following link:

http://www.txcouncil.com/training_opportunities.aspx.

Personnel across the system are invited to contribute learning opportunities by contacting Karen Justice at kjustice@txcouncil.com.

Grant Opportunities

SAMHSA & Center for Substance Abuse Treatment (CSAT) are accepting applications for FY2015 Offender Reentry Program (ORP) grants. This program expands and/or enhances substance use disorder treatment and related recovery and reentry services for adult offenders/ex-offenders.

Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance use disorder treatment and related reentry services. Because reentry transition must begin in the correctional facility before release, limited funding may be used for certain activities in institutional correctional settings in addition to the expected community-based services.

Deadline for application is Friday, May 26, 2015. Link for summary and RFP is

<http://www.samhsa.gov/grants/grant-announcements/ti-15-012>

Guide to Understanding Mental Health Systems and Services in Texas

The Hogg Foundation for Mental Health released a comprehensive guidebook of mental health systems in Texas and serves as a research tool for policymakers, nonprofits and advocacy groups.

The guidebook covers:

- How behavioral health services are provided,
- Populations served, and
- Challenges of meeting the growing and often unmet needs of Texans.

The guide is divided into four main parts:

- National Context: Overview of national activities related to behavioral health services.

- The Texas Environment: Summary of behavioral health services in Texas, including a description of new programs and organizational approaches to care, and recent developments requiring action during the 2014 Legislative Session.
- Public Behavioral Health Services in Texas: Summary of multiple state agency programs providing a range of behavioral health services.
- Best Practices: Discussion of behavioral health best practices.

To download the guide refer to the following link:

<http://www.hogg.utexas.edu/initiatives/mhguide.html>.

10% Withhold Outcome Measures

The CAP 10% Withhold Committee, LANAC, the Behavioral Health Consortium (BHC) Chair and BHC Executive Director liaisons collaborated to revise the 10% Withhold Outcome measures. The scope of discussion for participants did not cover targets associated with withhold outcomes, only measures that show improvement in for people in mental health services in LMHAs.

In April 2015, modifications to the measures were accepted by DSHS for FY2016 except for the recommendation to add volunteering and education to the employment measure. However, volunteering and education were added as one combined new measure. Two outcome measures were added, one for adults and one for children. The committee continues to work on crisis measures. The chart below compares current measures approved for the FY16 contract with current measures:

Current Measures	Approved New Measures FY16
<i>A1. Employment</i>	<i>A1. Employment</i>
<i>A2. Housing</i>	<i>A2. Housing</i>
<i>A3. Community Tenure</i>	<i>A3. Strengths</i>
<i>A4. Improvement</i>	<i>A4. Life Domain Functioning</i>
<i>A5. Engagement</i>	<i>A5. Monthly Service Provision</i>
	<i>A6. Education and Volunteering</i>
<i>C1. Juvenile Justice Avoidance</i>	<i>C1. School</i>
<i>C2. Community Tenure</i>	<i>C2. Living and Family Situation</i>
<i>C3. Improvement</i>	<i>C3. Strengths</i>
<i>C4. Engagement</i>	<i>C4. Life Domain Functioning</i>
	<i>C5. Monthly Service Provision</i>

Veteran's Advisory Committee

Texas Council hosts monthly Military Veteran Peer Network (MVPN) Statewide calls with the Texas Veterans Commission. The calls are designed to coordinate efforts across the state with Veteran Peer Coordinators, generate new ideas and share success stories.

Network members participated for the first time in a pre-conference meeting at the 2014 Texas Council Conference. This was an opportunity for MVPN members to better understand the scope of work at Centers and vice versa. Because of the success of this first engagement at the Texas Council Conference, MVPN members have expressed interest in making this an annual event and will participate again at the 2015 Texas Council Conference.

VISN 17 and the Texas Council work together to provide services to Texas Veterans. VISN 17 engaged the Texas Council to find ways to increase participation in VISN 17 RFPs. As a result, the subsequent release of the Telemental Health Provision RFP included the following changes from the Veterans Administration to encourage more Centers to participate:

- Majority of restrictions from previous contract lifted.
- Contract for base year extended to four years (5-year contract total).
- VA will work closely with healthcare sites to ensure consult referrals.
- VA will work closely with healthcare sites to ensure timely invoice payments.

Five Centers – Hill Country MHDD, Pecan Valley, Camino Real, Gulf Coast Center and Center for Life Resources – secured contracts with VISN 17 to provide TeleMental Health Services at 26 sites for eligible Veterans.

Disaster Behavioral Health

Emergency response is a contract requirement for LMHAs. A few years ago, there was recognition that more formal disaster preparation was needed to better coordinate efforts, resources and disaster management. All LMHAs have a person designated for Emergency Response.

Texas Council attends the state Disaster Behavioral Health (DBH) meetings. Also in attendance are DSHS employees and representatives from Red Cross, Texas Department of Public Safety (TDPS) Victims Services Division and the Voluntary Organizations Active in Disaster (VOAD). Discussion topics include training requirements, conferences and preparing organizations and the general public for the event of a disaster.

Texas Council surveyed DBH responders to inquire what training they currently hold. Texas Council is working with DBH staff to bring the Incident Command System (ICS) 300/400 training at no cost to Centers. ICS 100, 200, 700 and 800 are prerequisites. These free three-hour trainings can be found on the Learning Opportunities Page on the Texas Council website.

Texas Council also participates in meetings regarding the Functional Needs Support Services Tool Kit (FNSSTK) for emergency shelters. Texas Council staff has contributed to the tool kit under development.

Peer Opportunities

The Texas Council toured Centers and reviewed various peer programs to generate policy recommendations for practices involving peers. Site visits have been made to MHMRA of Harris County, Tropical Texas, Community Health Core, LifePath, Helen Farabee and Hill Country MHDD.

Areas reviewed include:

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

The Texas Council engaged peers at various Centers to plan for a Peer Specialist Pre-Conference and Post-Conference at the 2015 Texas Council Conference. This would give peers a chance to develop stronger ties to each of the Community Centers, exchange ideas and support each other.

Council for Planning and Advising (CAP)

CAP is the joint committee formed by the Mental Health Advisory Committee and Substance Use Advisory Committee to advise on Block Grant expenditures. The CAP advises on implementation of services on both mental health and substance use, rules and other areas of interest.

The CAP is currently working on these issues:

- SB 58 (Block Grant)
- DSHS Sunset Review
- State Hospital System
- Rules
- Program Data and Policy
- Substance Abuse Rates

The next meeting is April 17, 2015.

Via Hope Advisory Committee

Via Hope obtained a 501(c)(3) IRS designation and is now Texas Mental Health Resource (TMHR). Via Hope is a program owned by the state and currently run by TMHR. The committee has elected its first board of directors. Board members include Linda Werlein, former Executive Director of Hill Country MHDD, Maurice Dutton, NAMI Texas Board member and Nancy Speck, Ph.D., Member Emeritus of Burke Board of Directors.

Via Hope Advisory Committee consists of a diverse group of stakeholders including representation from LMHAs, consumers, veterans, family members and others. The group advises Via Hope, formerly a program under NAMI Texas and Mental Health America of Texas, funded by DSHS and the Hogg Foundation, on recovery initiatives and training for Peer Specialists and Family Partners.

Via Hope has been working to add endorsements to the Certified Peer Specialist Training. The endorsements are being developed in areas such as whole health, trauma informed care, and substance use disorders. The “whole health” endorsement is available now as is the newly developed “Trauma Informed Care.”

Via Hope developed a Peer Specialist Council which met twice to facilitate recommendations for Peer Specialist professional development. The Chair of the council is Flora Releford, a certified peer specialist from MHMR Tarrant. The Peer Advisory Council is accepting applications until April 24, 2015.

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 to promote the top five consumer rights that are often violated. The video will focus first on hospitals and then Community Centers. PAIMI members will recount their experiences involving violations to each of the five rules in both settings. Filming for this project is underway.

Mental Health First Aid

HB 3793 Mental Health First Aid Initiative

HB 3793(83rd Regular Session) requires DSHS to provide grants to LMHAs to train Mental Health First Aid (MHFA) trainers and to provide MHFA training to public school educators. LMHAs submitted applications during the fourth quarter of FY2014 and revisions to those applications began in November 2014. LMHAs can 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.

The Texas Council clarified 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 trainees
- Librarians
- Educational aides,
- Administrators, educational diagnosticians, and/or

- Counselors
- Full-time school nurses

New legislation has been filed to expand this list. Senator Charles Schwertner pre-filed SB 133 relating to mental health first aid training for school district employees and resource officers. The bill was picked up on the House by Garnet Coleman and is on the calendar to be heard on April 20, 2015. The bill passed unanimously in the Senate and if it passes by two-thirds votes in the House, the bill goes into effect immediately. If this happens, Texas Council will work with the state to get new contract amendments out to the field.

The Texas Education Administration (TEA) adopted MHFA as acceptable training to meet legislative intent for SB 460. TEA distributed a communication to relay this change to school districts and Education Service Centers as well as posting it on their training website.

MHFA Leadership

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

MHFA 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
Rene Hurtado	Emergence Health Network

Steering Committee Members meet monthly along with DSHS. Next meeting will be April 22, 2015. The larger MHFA workgroup will meet quarterly to share ideas, concerns and techniques in a networking conference call. The next meeting is May 25, 2015.

For updates of new MHFA trainings opportunities, subscribe to the RSS feed available on the Texas Council website: <http://www.txcouncil.com/updatesmentalhealthfirstaid.aspx>

MHFA and the HHSC Enterprise

The Texas Council Staff negotiated a rate with HHSC to train all employees of the Enterprise. The rate is \$85 per person plus the cost of the room (if there is a cost). HHSC staff will work with Community Centers to secure rooms at no cost wherever possible. The process for transacting payment for trainings is currently being finalized. HHSC departments will be contacting the local Center to schedule training for DARS (MHFA for Adults) and DFPS (both MHFA for Adults and Child).

MHFA Pre- Conference to the Texas Council Conference

To bring MHFA Instructors together and support their work in the field, the Steering Committee identified areas of interest for an MHFA pre-conference:

- Updated stats and information about MHFA in Texas
- Rates and trends of MH disorders in Texas
- Effective techniques for engaging educators and getting by in from the schools
- A National Council Update on MHFA and trainings

The Steering Committee envisions the pre-conference session for MHFA trainers and anyone who is interested.

Additionally, the MHFA Steering Committee is planning for a breakout session at the conference on:

- Differences between MHFA and SB 460 educators who have used their training to make a difference in their classroom
- De-escalation in school settings and working with aggressive behavior
- Collaborating with others for self-help support strategies and religious communities

MHFA Summary

Staff & Contractor Trained FY14	Educator Trainings FY14	Non Educator Trainings FY14	Staff & Contractor to Train FY15	Educators to Train FY15
405	7,774	2,688	258	10,992

Intellectual and Developmental Disabilities Update

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 04.06.15
October 1, 2013	SB 7 deadline to appoint IDD System Redesign Advisory Committee members	Meetings held July 16, 2014, October 7, 2014, and January 20, 2015. Next meeting: TBA.
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)	HHSC submitted proposed State Plan Amendment to CMS October 10, 2014. CMS approved the CFC state plan amendment, effective June 1, 2015.
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	Pilot RFP not yet issued; HHSC is gathering stakeholder input on how to approach the pilot; issued a Survey Monkey survey in April 2015 with comments due April 13, 2015.
September 1, 2014*	First possible date STAR + PLUS managed care can expand statewide	STAR+PLUS expansion occurred September 1, 2014.
September 1, 2014*	Estimated start date for CFC basic attendant and habilitation services through STAR + PLUS	June 1, 2015 implementation.
September 1, 2014*	First possible date to begin providing IDD acute care services through STAR + PLUS	Acute care services for people with IDD (in ICF, HCS, TxHmL, DBMD, CLASS) were rolled in to managed care September 1, 2014.
September 1, 2014	Nursing Facility carve-in to STAR + PLUS	Implemented March 1, 2015.
September 30, 2014	SB 7 deadline for annual IDD System Redesign report to legislature	Published online January 2015 at: http://www.hhsc.state.tx.us/reports/2015/sdiidd.pdf
December 1, 2014	SB 7 deadline for report to legislature on role of Local Authority as service provider	Anticipated spring 2015.
September 1, 2015	IDD Comprehensive Assessment Evaluation	Stakeholder input requested by DADS via survey. RFI released August 25, 2014. A pilot of the assessment is anticipated to roll out at Tarrant MHMR and Lakes Regional MHMR Center; details forthcoming.

For frequently asked questions about managed care initiatives:

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

SB 7 Implementation Activities:

- **House Committee on Human Services.** Hearings held March 24, 2014 and June 4, 2014. The committee heard invited testimony from HHSC and DADS, and public testimony (3/24/14 only) in response to the committee's interim charge to oversee implementation of SB 7 expansion of STAR+PLUS, including the carve-in of IDD acute care services for people in IDD waiver and ICF/IID programs beginning September 1, 2014.

To view archived hearings:

http://tlchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=8214 (3/24/14)
http://tlchouse.granicus.com/MediaPlayer.php?view_id=28&clip_id=8383 (6/4/14)

To view HHSC and DADS committee presentations:

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

To view House Committee on Human Services Interim Report 2014:

<http://www.house.state.tx.us/media/pdf/committees/reports/83interim/House-Committee-on-Human-Services-Interim-Report-2014.pdf>

- **IDD System Redesign Advisory Committee.** The committee held meetings July 16, 2014, October 7, 2014, and January 20, 2015 and anticipates meeting quarterly. Community Centers are represented by John Delaney, Executive Director, Lakes Regional MHMR Center, and Susan Garnett, CEO, Tarrant MHMR. Anthony Jalomo, IDD Director of Alamo Area Council of Governments, also represents himself on the committee.

Committee information is located at:

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

- **Pilot to test managed care strategies.** To date HHSC and DADS have not provided public details about agency plans to release a request for proposals necessary to implement the IDD managed care pilot program authorized by SB 7. SB 7 requires pilot implementation no later than September 2016.

The Texas Council and other IDD stakeholder groups engaged over many months with representatives of Universal American (UAM), a company participating in IDD managed care initiatives in several states and Medicare Advantage plans in Texas.

UAM initially expressed interest in an SB 7 pilot concept focused on provider partnerships and intensive coordination of long-term and acute care services implemented on a regional basis, and including Local Authority Service Coordination role. However, UAM representatives recently indicated these plans are on hold.

In March 2015, the Texas Council and other IDD stakeholders were contacted by representatives of AmeriHealth Caritas, a non-profit managed care organization potentially interested in participating in an SB 7 pilot. AmeriHealth Caritas is headquartered in Philadelphia, Pennsylvania and operates Medicaid managed care services, Medicare Advantage plans, and behavioral health services in several other states. AmeriHealth Caritas leadership is interested in learning about service delivery models for people with IDD in Texas and may request further conversation with Texas Council and other IDD stakeholders in the future.

- **Community First Choice Option (CFC).** SB 7 directs HHSC to implement the most cost-effective option for delivery of basic attendant and habilitation services through STAR+PLUS or a similar managed care program. CFC provides a 6% enhanced federal match for qualifying Medicaid attendant and habilitation services.

For purpose of obtaining enhanced federal match, the proposed Texas CFC design includes current attendant and habilitation services provided by existing 1915(c) waiver programs (such as HCS and TxHmL), as well as future CFC services provided as a STAR+PLUS benefit. HHSC provided to each Local Authority unofficial estimates of the numbers of adults and children who are potentially eligible for CFC on the basis of IDD. These estimates were provided for planning purposes on January 9, 2015. Updated estimates are anticipated in April 2015. HHSC intends to maintain existing service delivery structures and reimbursement rates for CFC services provided through 1915(c) waivers.

Rules related to the CFC programs and rates were proposed in November 2014 and published in the Texas Register in December 2014. These rules have not yet been adopted. Specifically:

Agenda Item 5c. Community First Choice Program
(1 TAC, Part 15, Chapter 354, Subchapter A, Division 27)

<p><u>Agenda Item 5c published as proposed: 12/5/14</u> Available at: http://www.sos.state.tx.us/texreg/archive/december52014/index.html</p>	<p>Agenda Item 5c published as adopted:</p>	<p>Effective date:</p>
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Agenda Item 5d. Reimbursement Methodology for Community First Choice Program
(1 TAC, Part 15, Chapter 355, Subchapter M, Division 7)

Agenda Item 5d published as proposed:12/5/14 Available at: http://www.sos.state.tx.us/texreg/archive/december52014/index.html	Agenda Item 5d published as adopted:	Effective date:
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These rules would establish CFC rates using pre-existing attendant and habilitation, consumer directed services, support consultation, financial management services agency and emergency response services rates.

On September 3, 2014, HHSC hosted a stakeholder forum to hear public testimony on CFC implementation. Texas Council provided public comment, emphasizing importance of an assessment tool appropriate for people with IDD and encouraging the agency to add transportation services to CFC service array.

SB 7 directs DADS to contract with Local IDD Authorities (LIDDAs) for independent service coordination for adults with IDD receiving CFC through STAR+PLUS. The LIDDA will assess whether an individual needs attendant and/or habilitation services based on individual's functional need, risk factors and desired outcomes. The LIDDA also will assist with developing individual CFC plans of care under STAR+PLUS, including necessary revisions and annually provide the MCO and DADS with a description of outcomes based on the plan of care.

SB 7 prohibits the LIDDA—in conducting the independent Service Coordination function for CFC in STAR+PLUS—from also serving as an MCO network provider of the new CFC benefit. This requirement does not affect the Local Authority Service Coordination/Local Safety Net role as a limited provider of HCS and TxHmL waiver services.

The Texas Council, MCOs and representatives from Local Authorities have met several times to develop standard elements for Memoranda of Understanding between LIDDAs and MCOs to guide the respective CFC roles and responsibilities. MCOs will begin to send MOUs to LIDDAs for review in April 2015 (anticipated).

HHSC submitted a proposed SPA to CMS on October 10, 2014. On April 6, 2015, HHSC announced that the state plan amendment had been approved by CMS, effective June 1, 2015.

Community First Choice (CFC) Allocation

In March 2015, DADS allocated \$5 million to Local Authorities for costs related to eligibility determinations, including determinations associated with Community First Choice (CFC). Each Local Authority should have received a performance contract amendment related to these funds. The allocation followed the same percentage as the base General Revenue funds for FY2015.

In response to questions from the field, the Texas Council and Local Authority representatives requested clarification from DADS regarding appropriate use of these funds.

DADS response indicated:

- Funds must be expended in Fiscal Year 2015 for activities related to eligibility determinations.
- Eligibility determination activities may include administrative support and related expenses for intake and other functions under Strategy A.1.1 of Report III.
- Specific activities may include conducting Determinations of Intellectual Disability (DIDs), validating eligibility, and completing paperwork for eligibility.
- Funds are not limited to eligibility determinations for CFC; they may also be expended on eligibility determinations for HCS and TxHmL.

Activities related to the functional assessment for CFC (H6516) will be billed to Targeted Case Management and are not covered by this appropriation.

- **IDD acute care services carve-in to STAR+PLUS.** On September 1, 2014, acute care services for people with IDD served in the four waiver programs and ICF-IIDs were rolled into STAR+PLUS managed care. 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 Part B benefits (“dual eligibles”) were not enrolled in STAR+PLUS. Children and young adults under age 21 receiving SSI or SSI-related benefits are allowed to choose whether to receive Medicaid acute care services through STAR+PLUS or to remain in fee-for-service.

The Texas Council continues to work with HHSC, DADS, STAR+PLUS MCOs and other stakeholders to manage the transition of IDD acute care services to STAR+PLUS. Following are recent outcomes of these coordination efforts:

- **HHSC Listening Sessions.** The Texas Council and Local Authorities assisted HHSC to host twelve listening sessions throughout the state. Several Local Authorities hosted sessions on their premises and many Local Authorities assisted with identifying appropriate venues, provided logistical support at the sessions and helped to publicize the sessions. These sessions gave people with IDD, family members, providers, MCOs and Local Authorities an opportunity to raise concerns and ask questions of HHSC. A consistent theme throughout the

sessions was concern about network adequacy, especially adequacy of specialty services such as psychiatry and neurology.

- Service coordination activities. Each person transitioned to STAR+PLUS for acute care has a named STAR+PLUS MCO Service Coordinator (for acute care services only). Local Authority Service Coordinators are encouraging MCO SC participation with the IDD waiver Service Planning Team, as desired by the person/LAR, to facilitate coordinated acute and long-term services and supports. HHSC requires ongoing exchange of service plan information among MCOs, LAs and providers. To facilitate this exchange of information, all Local Authorities provided names and contact information of at least three Local Authority Service Coordinators to HHSC for use by MCOs.
- Communications with enrollment broker (MAXIMUS) and STAR+PLUS MCOs. Texas Council urged HHSC to implement mechanisms that allow Local Authorities and IDD service providers to communicate and coordinate with STAR+PLUS MCOs and MAXIMUS (enrollment broker) to effectively assist people in accessing necessary and timely acute care services through STAR+PLUS. MCOs and the enrollment broker sometimes refused to communicate with LAs and providers on behalf of mutually served individuals, based on perceived HIPPA limitations. MCOs agreed to counsel their front line staff that communication with LAs and providers can be appropriate. Reports of this refusal to communicate have decreased. MCOs have also counseled their front line staff to more clearly identify themselves when they call, to avoid confusion between MCO Service Coordinators and LA service coordinators.

Questions or Complaints related to Medicaid Managed Care

HCS and TxHmL providers are encouraged to read [“Frequently Ask Questions and Answers: Managed Care Organizations and HCS/TxHmL Program Providers”](#) (PDF) to better understand the September 1, 2014, transition to managed care for acute care medical services. This document is available online at: <http://www.dads.state.tx.us/providers/mcofaq.pdf>

HCS and TxHmL providers and others who have questions or complaints about managed care expansion should email their questions to HPM_complaints@hhsc.state.tx.us. Providers should no longer use the ManagedCareExpansion2014@hhsc.state.tx.us.

Coordination with MCO Service Coordinators

DADS providers that serve people with IDD are reminded they must share and coordinate information and documentation regarding medical service planning with managed care organizations (MCOs). A signed release of information is not required when the information being shared among the local authorities, DADS providers and MCOs is designed to coordinate the provision of acute care services.

The release of an individual’s information to an MCO by a DADS provider or local authority is covered by the following policies:

- [Title 45 of the Code of Federal Regulations \(CFR\) includes §164.506\(c\)\(4\)](#), Uses and disclosures to carry out treatment, payment, or health care operations. Under subparagraph (ii), disclosure of protected health information is permitted for the purpose of health care operations. The definition of 'health care operations,' is found under Privacy of Individually Identifiable Health Information, at 45 CFR [164.501](#).
- DADS Information Letter [14-38](#), Expansion of Medicaid Acute Care Services - Role of STAR+PLUS Acute Care Service Coordinator in Long-term Support Services Planning (PDF format).

For additional information regarding the managed care expansion, please visit the [HHSC Medicaid managed care initiatives website](#).

PASRR and Related Local IDD Authority Responsibilities

Beginning May 23, 2013 Local Authorities began complex new 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 Local Authority functions are in response to the two-year *Steward v. Perry* interim settlement agreement. As statutorily directed entities responsible for access and intake, eligibility and enrollment, safety net/crisis intervention, service coordination and local planning functions for people with IDD, the Local Authority network now serves as the statewide system actively supporting 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>

LA Requirements Related to PASRR Quality Service Reviews

Beginning January 2015, DADS is conducting reviews of the PASRR process and the processes described in Attachment G of the current Performance Contract. DADS contracted with Kathryn du Pree to conduct quality service reviews (QSRs) of the implementation of federal requirements relating to PASRR and the Americans with Disabilities Act (ADA). Ms. du Pree has extensive experience with services for individuals with intellectual and developmental disabilities (IDD).

Quality Service Reviews (QSR)

Ms. du Pree (the Expert Reviewer) and her team members conducting QSRs of nursing facilities, community-based Medicaid service providers and LIDDAs that are providing service coordination and other services for individuals with IDD who:

1. Reside in a nursing facility; or
2. Have been diverted from admission to a nursing facility into a community-based Medicaid services program; or
3. Have transitioned from a nursing facility into a community-based Medicaid services program.

The purpose of the QSR process is to ensure individuals are receiving:

1. Federally-required PASRR screening and evaluation;
2. Services in the most integrated residential settings consistent with choice; and
3. If residing in a nursing facility, the services, including specialized services, needed to maintain level of functioning and increase independence.

Use of Nursing Facility Alternatives

As previously reported, the 83rd Legislature appropriated funds for community waiver program services to serve as nursing facility alternatives. According to DADS FY2014-2015 HCS enrollment data as of March 3, 2015, following is status of the use of nursing facility alternatives:

- Individuals moving from nursing facilities:
 - 190 authorizations released (Total 360 allocated for FY14-15: 120 FY14, 240 FY15)
 - 91 enrolled
 - 54 pre-enrolled/pending
- Individuals diverted from nursing facility admission:
 - 120 authorizations released (Total 150 allocated for FY14-15: 75 FY14, 75 FY15)
 - 85 enrolled
 - 31 pre-enrolled/pending

PASRR Rate Issues

The Texas Council and Local Authority representatives are working with DADS to identify actual costs of PASRR evaluations, as well as Local Authority Service Coordination for nursing facility residents with IDD and LA consultative services required by the interim settlement agreement. This cost analysis informs DADS Legislative Appropriations Request (LAR) for FY2016-2017 as well as DADS recent Money Follows the Person (MFP) proposal submitted to CMS.

PASRR-related rates continue to be a concern for Local Authorities. The Texas Council facilitated reconstitution of a workgroup composed of Local Authority representatives (Executive Directors, IDD leadership and CFOs) and DADS staff to identify possible resolutions to these concerns. The first meeting occurred on November 4, 2014. Workgroup members recommended a time study of PASRR-related activities to identify specific areas of needed

improvement in the current rate structure. Local Authorities will receive further information about the proposed time study.

Discontinuation of Alerts for “Potential PASRR Eligibility”

DADS and DSHS have made a decision to discontinue the Minimum Data Set (MDS) alert for “potential PASRR eligibility” “Individual potentially PASRR Positive – Conduct PE” based upon the review of data received and input from local authorities.

Effective, January 9, 2015, local authorities are no longer required to complete PE evaluations for MDS alerts marked “Individual potentially PASRR Positive – Conduct PE.”

In addition, LAs will not be required to address any backlog of MDS alerts marked “Individual potentially PASRR Positive – Conduct PE” that are currently in the LTC portal system.

Local authorities should be aware that the change to the LTC automation system which generates this alert will take time to delete this alert. LAs will continue to receive this alert until all system changes have been completed.

Any future MDS alerts for “potential positive PASRR eligibility” “Individual potentially PASRR Positive – Conduct PE” should be disregarded.

DADS Money Follows the Person (MFP) Proposal

CMS has approved a DADS proposal for MFP funding to provide enhanced, better-coordinated services for people with IDD relocating from institutional settings, including State Supported Living Centers (SSLCs) and nursing facilities (NFs). Local IDD Authorities will play a crucial role in this effort, which enhances: 1) medical, behavioral and psychiatric supports, and 2) community coordination, as follows:

- 1) Eight medical, psychiatric and behavioral support regional teams will support all 254 counties, including all 39 Local IDD Authorities and all community waiver providers within a designated region. These teams will provide, in general:
 - Educational activities focused on increasing expertise of Local Authorities and providers in supporting individuals in the targeted groups
 - Technical assistance upon request from Local Authorities and program providers on specific conditions, with examples of best practices and evidence-based services for individuals with significant challenges
 - Case and peer review support to service planning teams to provide effective care for an individual.
- 2) Community coordination will (in part):
 - Enhance current Local Authority responsibilities for service planning and continuity (pre- and post-relocation), crisis and critical care help to access behavioral and/or medical supports, ensure uniquely designed supports through person-centered process, and

increase responsibility to ensure services are delivered as planned and intervene as needed to adapt care to meet individual needs.

- Once a person relocates to community, Local Authority will monitor for up to one year.
- For persons in institutions, strengthen information about community options and participation in the planning process.
- Designated funds to enhance natural supports and promote successful community integration, including one-time emergency assistance, special needs not funded by other sources and resources for diversion from institutions.

In March 2015, DADS Local Authority Section staff requested that Local Authorities work together through the Local Authority Workgroup (LAW) to identify eight Local Authorities to serve as “hubs” for this initiative. The LAW will then share its proposal with the Executive Committee of the Executive Directors’ Consortium for review and possible recommendation to DADS.

Changes to HCS and TxHmL Interest List Manual, effective January 1, 2015

DADS generated a Texas Home Living (TxHmL) Interest List effective January 1, 2015. All individuals on the Home and Community-based Services (HCS) Interest List without a TxHmL status as of December 31, 2014, are included on the newly generated TxHmL Interest List.

As of January 1, 2015, LAs began using the revised Form 8648 (*Identification of Preferences*), which is available on DADS Forms web page (<http://www.dads.state.tx.us/forms/>). The revised Form 8648 includes a choice of TxHmL services. The *Explanation of IDD Services and Supports* has been revised to delete language which stated that TxHmL services are offered to individuals on the HCS Interest List.

The new *HCS and TxHmL Interest List Manual* was also effective January 1, 2015. The new manual is based on the HCS Interest List Manual. LAs will maintain the TxHmL Interest List in the same manner as they maintain the HCS Interest List with some exceptions. For example, conducting the *Questionnaire for HCS/CLASS Interest Lists* (Form 8577) and responding to types of preferred HCS residences will not be done for individuals being registered on the TxHmL Interest List.

A new provision has been added to the manual. The provision relates to the LA’s preparation for the biennial contact and requires the LA to ensure the individual’s record contains documentation supporting the primary contact’s request to add the individual’s name to the HCS interest list or an explanation of why documentation does not exist (e.g., individual’s name was added to the HCS interest list automatically when the individual was under 22 years and residing in an institutional setting or another LA has the documentation because the other LA registered the individual on the interest list).

The *HCS and TxHmL Interest List Manual* is part of the Local Authority Handbook located on the DADS website at: <http://www.dads.state.tx.us/handbooks/lah/>

However, there may be a delay in posting the new *HCS and TxHmL Interest List Manual*.

Employment Services Initiatives

Employment First Task Force (EFTF)

- S.B. 1226, 83rd Legislature, Regular Session, 2013, created this advisory committee to promote competitive, integrated employment of Texans with disabilities. The committee includes stakeholders (i.e. people with disabilities, family members of people with disabilities, advocates, providers of employment services, and employers or potential employers), and representatives from HHSC, DADS, DARS, DSHS, DFPS, TEA, and TWC.
- The EFTF met monthly since April 2014.
- The EFTF created recommendations to the legislature, HHS agencies, TEA and TWC around increasing competitive, integrated employment of Texans with disabilities. These recommendations were submitted to the Executive Commissioner, Office of the Governor, and legislature on October 1, 2014.

Employment Assistance and Supported Employment Services in Medicaid Waivers

- Employment assistance (EA) and supported employment (SE), including the consumer-directed services option, have been added to or revised in HCS, TxHmL, CLASS, DBMD, and MDCP waivers.
- DADS and HHSC developed further guidance regarding provision of EA and SE services, and are working to incorporate guidance into relevant program manuals.

Data Collection and Reporting

- The annual data exchange between DADS, DARS, and TWC for calendar year 2013 has been completed.
- DADS plans to use this information, in combination with service and billing records, to identify employment outcomes, track success of the employment initiative, and make aggregate data available to stakeholders.

Money Follows the Person Employment Pilot

- The project is providing funding to three DADS providers (Bluebonnet Trails, Hill Country MHDD Centers and Thomas and Lewin Associates) to create systems change within their organizations, including implementing Employment First policies and practices that improve employment outcomes for people served. The State Employment Leadership Network (SELN) conducted in-person provider assessments. The information collected was used to assist providers in developing work plans for the pilots. Work plans were completed by the three providers and submitted to DADS on August 1, 2014.

DADS Guide to Employment for People with Disabilities

- The purpose of the guide is to provide information on how to support and assist working-age people with disabilities who are receiving DADS services to obtain and maintain competitive, integrated employment.

- The guide implements and expands on a recommendation from the workgroup established by HB 1230, 80th legislative session, 2007, enacted to improve services provided to Texas youth with disabilities as they transition from school to adult living with an emphasis on transition into successful employment, for DADS and DARS to develop an employment manual for people in ICF-IIDs.
- The guide has been completed and was posted on the DADS website July 1, 2014.

Co-occurring Intellectual/Developmental Disability and Mental Illness

Capacity of community resources to support people with IDD who have challenging behavior is a long-standing barrier to people remaining in their homes in the community and returning to community from institutional settings. More recently, the need for community resources for people with dual IDD and mental illness is receiving attention due to increasing recognition that people with IDD respond successfully to behavior support and mental health interventions.

Information for Law Enforcement Personnel Called to DADS Residential Provider Sites

On February 18, 2015, DADS released information letter 15-14: Requests for Law Enforcement Intervention from DADS Providers Serving Individuals in Certain Residential Settings. This information letter provided information to law enforcement personnel about responding to calls outside the scope of law enforcement duties and how to report concerns about supervision or care of individuals.

DADS also created a website to provide law enforcement personnel with additional information about small residential settings and about individuals with physical, medical, intellectual or developmental disabilities. The website is available at: dads.state.tx.us/law.

Medicaid Home and Community-based Settings Requirements

On March 17, 2014, a final rule amending certain Medicaid regulations became effective. This rule creates new requirements for the settings in which states may provide home and community-based services (HCBS). Prior to enactment of this rule, “community” was defined by what it was *not*: nursing facilities, institutions for mental disease, ICF/IIDs, and hospitals. In this rule, a “community” setting is defined as a setting that exhibits certain specific qualities. Texas will be expected to meet or transition to the new requirements for HCBS settings in accordance with timelines laid out in the rule.

Purpose and Scope

The rule is designed to enhance the quality of HCBS, to add protections for people receiving services, and to clarify the qualities that make a setting a home and truly integrated in the broader community. The rule defines, describes, and aligns, home and community-based settings requirements across three Medicaid authorities: **1915(c)-HCBS waivers, 1915(i)-State Plan HCBS, and 1915(k)-Community First Choice**. The rule also defines person-centered planning requirements for people in HCBS settings 1915(c) waiver and 1915(i) HCBS state plan authorities and implements regulations for 1915(i) HCBS State Plan benefit.

Timeline for Compliance

New waiver or state plans must meet the new requirements to be approved. CMS is allowing a transition period for states to evaluate service systems and determine what aspects of existing programs meet the requirements and which may need to be transitioned. Existing programs must be evaluated by the state. After a period of public input, the state must submit a transition plan for programs that do not fully meet the HCBS settings requirements. A joint HHSC-DADS stakeholder meeting on October 13, 2014 was a first step in the process of public input.

CMS does not expect states to transition to full compliance immediately, but does expect states to transition to compliance with the new settings requirements as quickly as possible and demonstrate substantial progress toward compliance during the transition period. CMS provides a maximum of a one-year period for states to submit a transition plan and the plan itself may cover a period of up to five years to achieve full compliance.

Statewide Transition Plan

DADS submitted the Home and Community Based Services (HCBS) Statewide Transition Plan in December 2014. The [final plan is now available](#) on the DADS website. Approval from CMS for the HCBS Statewide Transition Plan is pending.

Updated Settings Assessment

DADS updated the [Impact of Federal HCBS Rules on DADS 1915\(c\) Waiver Programs](#) in March 2015. The revision reflects that Continued Family Support and Support Family Services are settings that may not be compliant with the new federal regulations.

Application to Day Programs

Requirements for HCBS settings apply to all settings where people receive HCBS, including employment and training settings. CMS released further guidance in December 2014 related to the implications of the settings regulations on non-residential settings, such as day habilitation programs and sheltered workshops. The guidance be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>.

Qualities of HCBS Settings

According to the rule, a home and community-based setting:

- Is integrated in and supports access to the greater community
- Provides opportunity to seek employment and work in competitive, integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as people not receiving Medicaid home and community-based services
- Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

- Ensures an individual's rights of privacy, dignity, respect and freedom from coercion and restraint
- Optimizes individual initiative, autonomy and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them

Additional Requirements

The rule includes additional, more specific requirements, including:

- Specific unit/dwelling is owned, rented or occupied under legally enforceable agreement
- Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
- If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address evictions processes and appeals comparable to those provided under the jurisdiction's landlord tenant law
- Each individual has privacy in the sleeping or living unit
- Units have lockable entrance doors, with the individual and appropriate staff having keys to doors as needed
- Individuals sharing units have a choice of roommates
- Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
- Individuals have freedom and support to control their schedules and activities and have access to food any time
- Individuals may have visitors at any time
- Setting is physically accessible to the individual

Exceptions to Additional Requirements

Modifications of the additional requirements must be supported by specific assessed need, justified in the person-centered service plan and documented in the person-centered service plan.

Recent Court Decisions Regarding Amended United States Department of Labor Regulations

Recent litigation has stalled implementation of the amended U.S. Department of Labor's regulations known as the "Home Care Final Rule." The amended regulations made changes regarding the companionship services exemption in the Fair Labor Standards Act and were to go into effect on January 1, 2015. These changes, if implemented, would potentially affect consumer directed services (CDS) employers and providers of HCS and TxHmL, among other programs, by requiring minimum wage and overtime protection for home care workers who would otherwise be exempt.

In late December 2014 and early January 2015, a U.S. District Court judge issued opinions and orders vacating parts of the Home Care Final Rule. These actions meant that the rule is not in effect. Based on these decisions, DADS rescinded DADS Bulletin, dated December 2, 2014, and

Information Letter 14-66, dated October 17, 2014, regarding the Impact of Department of Labor Companionship Exemption on Financial Management Services Agencies and Consumer Directed Services Employers.

On January 22, 2015, the DOL appealed the ruling. The DOL stated its enforcement schedule, announced Oct. 9, 2014, would not change. The appeal is proceeding on an expedited schedule and a decision could be made as early as this summer.

If the Court of Appeals issues a decision favorable to the DOL on or after July 1, 2015, the DOL stated it immediately will implement the selective enforcement process as outlined in the enforcement schedule. Providers and CDS employers should continue to assess the budgetary, staffing and administrative impact of the Home Care Final Rule, if any, and be prepared to alter the budgets or hire additional staff to meet compliance should the DOL win its appeal.

For information about this rule, please see the following DOL website at <http://www.dol.gov/whd/homecare/>; call DOL's toll-free information and helpline, 1-866-4USWAGE (1-866-487-9243), available 8am to 5pm; or consult your legal counsel.

Nursing Topics

DADS, BON Hosting 4-part Webinar Series

DADS and the Texas Board of Nursing (BON) are hosting a 4-part webinar series on nursing topics in the HCS, TxHmL, and ICF/IID programs. The series is composed of four, 90-minute modules:

- Jan. 28, 2015 (passed)
[Register for Part 1 – Nursing in Community IDD Programs, Part I - Texas Board of Nursing: Requirements for Documentation and BON rules](#)
- Feb. 5, 2015 (passed)
[Register for Part 2 – Nursing in Community IDD Programs, Part II - Texas Board of Nursing: Requirements for Documentation and BON rules](#)
The focus of this webinar includes RN delegation in community settings and the roles for RN and LVN. **Note:** CNEs are not approved for this webinar as it is considered basic nursing knowledge.
- April 22, 2015 (upcoming)
[Nursing in Community IDD Programs, Part III - Nursing Practice Related to ICF/IID Policies and Regulations](#)
- April 27, 2015 (upcoming)
[Nursing in Community IDD Programs, Part IV - Nursing and HCS and TxHmL Policies and Regulations](#)

Licensed Vocational Nurse (LVN) On-Call Pilot Project Ends September 1, 2015

On March 26, 2015, DADS announced the expiration of the LVN On-Call Pilot. Effective September 1, 2015, an LVN may no longer provide on-call telephone services to individuals receiving services in the HCS or TxHmL programs or in an ICF-IID with a capacity of 13 or fewer beds. An RN is authorized to provide on-call telephone services and will continue to be authorized to do so after the pilot program ends. For more information, see DADS Information Letter 15-24/Provider Letter 15-05 March 26, 2015.

Outreach

The Texas Council was represented by Associate Director of IDD Erin Lawler at the IDD Community Forum hosted by Austin Travis County Integral Care on March 31, 2015. Ms. Lawler presented an update on Community First Choice to an audience of Local Authority staff, providers, family members, and self-advocates. She was joined on the panel by representatives from Disability Rights Texas and the Texas Council for Developmental Disabilities who provided legislative and budget updates. A lively discussion followed.

In April 2015, Ms. Lawler was appointed to the Special Olympics Texas (SOTX) State Outreach Committee. As part of this Committee, Ms. Lawler will support Special Olympics Texas' goal to enhance community integration opportunities for SOTX athletes and prospective athletes.

ECI: Family Cost Share and Other Updates

ECI Family Cost Share requirements changed significantly, effective January 1, 2014 based on FY2014-2015 state budget direction (DARS Rider 31). The \$63 million General Revenue appropriation for ECI was made 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

In addition, SB 1060 (83rd Session) requires DARS to collect data and evaluate the cost-effectiveness of family cost share provisions in the Early Childhood Intervention program, and to implement changes to those provisions to improve the cost-effectiveness of the program. Data analysis is currently underway.

Early Childhood Intervention Projected Service Hours

DARS FY 2016-2017 budget is likely to fully fund projected caseload growth and may fall short of fully funding an increase in average recommended monthly service hours. In its LAR, DARS requested \$14 million in GR and \$14 million in AF to fund average monthly service hours of 2.78 in FY 2016 and 2.88 in FY 2017.

House Appropriations Committee: Adopted \$3.8 million GR; \$10.2 million GR in Article XI

Senate Finance Committee: Adopted \$3.8 million GR; \$10.2 million GR in Article XI

Op-Ed on Importance of ECI Funding

The Austin American-Statesman recently published an op-ed on the importance of making Early Childhood Intervention (ECI) a funding priority during the 84th Legislative Session.

Click here [to read the op-ed.](#)

The Texas Council contributed to the op-ed, written by Alice Bufkin of Texans Care for Children, through its participation in the ECI Advocacy Coalition.

The ECI Advocacy Coalition was formed as a collaboration among the Texas Council of Community Centers, Texans Care for Children, the Texas Council for Developmental Disabilities, the Arc of Texas and Disability Rights Texas.

The coalition seeks to secure strong ECI services that promote the best outcomes for Texas and its children.

Agenda Item: Approve March 2015 Financial Statements Committee: Business	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: March 2015 Financial Statements	
Recommended Action: Approve March 2015 Financial Statements	

March 2015 Financial Summary

Revenues for March 2015 were \$2,266,964 and operating expenses were \$2,137,988 resulting in a gain in operations of \$128,975. Capital Expenditures and Extraordinary Expenses for March were \$13,350 resulting in a gain of \$115,625. Total revenues were 97.84% of the monthly budgeted revenues and total expenses were 92.33% of the monthly budgeted expenses.

Year to date revenues are \$16,195,586 and operating expenses are \$15,567,509 leaving excess operating revenues of \$628,077. YTD Capital Expenditures and Extraordinary Expenses are \$221,322 resulting in a gain YTD of \$406,755. Total revenues are 99.06% of the YTD budgeted revenues and total expenses are 96.83% 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
ICF Program – Title XIX	1,293,752	1,418,850	91.18%	125,098
Rehab – Title XIX	1,160,497	1,231,126	94.26%	70,629
DSHS – Gen Rev - NGM	403,696	437,878	92.19%	34,182

ICF Program – Title XIX – This line item continues to have a variance due to clients that we are unable to bill for services due to problems with Medicaid coverage. When these problems are resolved, we should be able to back bill for some of these services. Since this is a cost reimbursement program, there is also an offset on the expense side of the program.

Rehab – Title XIX – This line item is still under budget on the adult side due to numerous vacancies in positions. The children's program is over budget and providing more services due to the ever increasing demand in that population. We are monitoring these services and having routine meetings to evaluate improvements that can be made to get staff hired into the vacant positions. This is the first month that we have actually met our monthly budget overall so we think that we are on the upside and should continue to see improvement in this line.

DSHS – Gen Rev – NGM – This line item pays for medication and is also used to fund numerous staff positions across the agency. Currently, we have vacancies in an APN position which has caused the lapse in this line item. We continue to recruit for this position and hope to have someone hired very soon.

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
Consultant - Other	58,446	36,295	1.61%	22,151
Employee Recruitment	31,685	17,500	1.81%	14,185

Consultant – Other – This line item includes a Building Consultant that was approved after the original budget was completed. This is included in the budget revision in this month's board packet.

Employee – Recruitment – This expense line went over budget due to recruitment fees incurred at the beginning of the budget year for the hiring of new doctors recruited through an employment service. This is included in this budget revision.

TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
For the Month Ended March 31, 2015

	TOTALS COMBINED FUNDS March 2015	TOTALS COMBINED FUNDS February 2015	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	5,387	6,437	(1,050)
Cash on Deposit-General Fund	10,991,818	10,128,897	862,921
Cash on Deposit-Debt Fund	-	-	-
Accounts Receivable	1,293,951	1,547,957	(254,006)
Inventory	9,442	9,207	235
TOTAL CURRENT ASSETS	\$ 12,300,598	\$ 11,692,498	\$ 608,100
FIXED ASSETS	5,487,590	5,487,590	-
OTHER ASSETS	27,930	40,084	(12,154)
TOTAL ASSETS	\$ 17,816,119	\$ 17,220,174	\$ 595,946
LIABILITIES, DEFERRED REVENUE, FUND BALANCE:			
CURRENT LIABILITIES	946,137	904,697	41,440
NOTES PAYABLE	536,765	536,765	-
DEFERRED REVENUE	2,470,447	1,999,503	470,944
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	769,125	788,860	(19,734)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	368,525	682,997	(314,472)
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(769,125)	(788,860)	19,735
Reserved for Debt Retirement	963,631	963,631	-
COMMITTED			
Net Assets-Property and Equipment	5,487,590	5,487,590	-
Reserved for Vehicles & Equipment Replacement	387,871	387,871	-
Reserved for Facility Improvement & Acquisitions	2,426,254	2,426,254	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
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	-
Reserved for Accrued Paid Time Off	(536,765)	(536,765)	-
UNASSIGNED			
Unrestricted and Undesignated	2,331,257	1,939,391	391,866
TOTAL LIABILITIES/FUND BALANCE	\$ 17,816,119	\$ 17,220,174	\$ 595,946

**TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
For the Month Ended March 31, 2015**

	TOTALS		
	General Operating Funds	Memorandum Only	
		March 2015	Final August 2014
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	5,387	5,387	4,350
Cash on Deposit-General Fund	10,991,818	10,991,818	7,523,501
Cash on Deposit-Debt Fund	-	-	-
Accounts Receivable	1,293,951	1,293,951	1,634,194
Inventory	9,442	9,442	8,787
TOTAL CURRENT ASSETS	\$ 12,300,598	\$ 12,300,598	\$ 9,170,832
FIXED ASSETS	5,487,590	5,487,590	5,487,590
OTHER ASSETS	27,930	27,930	42,111
		-	-
	\$ 17,816,119	\$ 17,816,119	\$ 14,700,532
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	946,137	946,137	908,243
NOTES PAYABLE	536,765	536,765	536,765
DEFERRED REVENUE	2,470,447	2,470,447	(195,556)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	769,125	769,125	905,707
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	368,525	368,525	391,867
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt service-Restricted	(769,125)	(769,125)	(905,708)
Reserved for Debt Retirement	963,631	963,631	963,631
COMMITTED		-	-
Net Assets-Property and Equipment-Committed	5,487,590	5,487,590	5,487,590
Reserved for Vehicles & Equipment Replacement	387,871	387,871	387,871
Reserved for Facility Improvement & Acquisitions	2,426,254	2,426,254	2,426,254
Reserved for Board Initiatives	1,500,000	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	516,833	516,833	516,833
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
Reserved for Accrued Paid Time Off	(536,765)	(536,765)	(536,765)
UNASSIGNED			
Unrestricted and Undesignated	2,331,257	2,331,257	1,939,391
TOTAL LIABILITIES/FUND BALANCE	\$ 17,816,119	\$ 17,816,119	\$ 14,700,532

TRI-COUNTY SERVICES
Revenue and Expense Summary
For the Month Ended March 2015
and Year To Date as of March 2015

INCOME:	MONTH OF March 2015	YTD March 2015
Local Revenue Sources	98,110	754,224
Earned Income	1,036,625	7,210,416
General Revenue-Contract	1,132,228	8,230,945
TOTAL INCOME	\$ 2,266,964	\$ 16,195,586
EXPENSES:		
Salaries	1,178,808	8,433,608
Employee Benefits	235,798	1,667,614
Medication Expense	54,905	311,486
Travel-Board/Staff	37,175	246,035
Building Rent/Maintenance	17,559	152,916
Consultants/Contracts	387,396	3,224,408
Other Operating Expenses	226,348	1,531,441
TOTAL EXPENSES	\$ 2,137,988	\$ 15,567,509
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 128,975	\$ 628,077
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	13,350	221,322
Capital Outlay-Debt Service Bonds	-	-
TOTAL CAPITAL EXPENDITURES	\$ 13,350	\$ 221,322
GRAND TOTAL EXPENDITURES	\$ 2,151,339	\$ 15,788,831
Excess (Deficiency) of Revenues and Expenses	\$ 115,625	\$ 406,755

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budget
Year to Date as of March 2015

	YTD March 2015	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	754,224	745,870	8,354
Earned Income	7,210,416	7,325,834	(115,418)
General Revenue-Contract	8,230,945	8,278,263	(47,318)
TOTAL INCOME	\$ 16,195,586	\$ 16,349,967	\$ (154,381)
EXPENSES:			
Salaries	8,433,608	8,614,315	(180,707)
Employee Benefits	1,667,614	1,679,986	(12,372)
Medication Expense	311,486	323,896	(12,410)
Travel-Board/Staff	246,035	265,013	(18,978)
Building Rent/Maintenance	152,916	150,295	2,621
Consultants/Contracts	3,224,408	3,387,546	(163,138)
Other Operating Expenses	1,531,441	1,648,521	(117,080)
TOTAL EXPENSES	\$ 15,567,509	\$ 16,069,572	\$ (502,063)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 628,077	\$ 280,395	\$ 347,682
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	221,322	235,562	(14,240)
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	\$ 221,322	\$ 235,562	\$ (14,240)
GRAND TOTAL EXPENDITURES	\$ 15,788,831	\$ 16,305,134	\$ (516,303)
Excess (Deficiency) of Revenues and Expenses	\$ 406,755	\$ 44,833	\$ 361,922

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budget
For the Month Ended March 2015

INCOME:	MONTH OF March 2015	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	98,110	104,355	(6,245)
Earned Income	1,036,625	1,048,845	(12,220)
General Revenue-Contract	1,132,228	1,163,754	(31,526)
TOTAL INCOME	\$ 2,266,964	\$ 2,316,954	\$ (49,990)
EXPENSES:			
Salaries	1,178,808	1,232,621	(53,814)
Employee Benefits	235,798	239,257	(3,459)
Medication Expense	54,905	47,555	7,350
Travel-Board/Staff	37,175	40,160	(2,985)
Building Rent/Maintenance	17,559	23,041	(5,482)
Consultants/Contracts	387,396	499,210	(111,814)
Other Operating Expenses	226,348	231,229	(4,881)
TOTAL EXPENSES	\$ 2,137,988	\$ 2,313,073	\$ (175,085)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 128,975	\$ 3,881	\$ 125,094
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,350	17,059	(3,709)
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	\$ 13,350	\$ 17,059	\$ (3,709)
GRAND TOTAL EXPENDITURES	\$ 2,151,339	\$ 2,330,132	\$ (178,793)
Excess (Deficiency) of Revenues and Expenses	115,625	(13,178)	128,803

TRI-COUNTY SERVICES
Revenue and Expense Summary
With March 2014 Comparative Data
Year to Date as of March 2015

INCOME:	YTD March 2015	YTD March 2014	Increase (Decrease)
Local Revenue Sources	754,224	851,449	(97,225)
Earned Income	7,210,416	5,308,477	1,901,939
General Revenue-Contract	8,230,945	8,208,111	22,834
TOTAL INCOME	\$ 16,195,586	\$ 14,368,037	\$ 1,827,549
EXPENSES:			
Salaries	8,433,608	7,269,042	1,164,566
Employee Benefits	1,667,614	1,373,366	294,248
Medication Expense	311,486	226,804	84,682
Travel-Board/Staff	246,035	229,341	16,694
Building Rent/Maintenance	152,916	195,010	(42,094)
Consultants/Contracts	3,224,408	3,147,625	76,783
Other Operating Expenses	1,531,441	1,480,626	50,815
TOTAL EXPENSES	\$ 15,567,509	\$ 13,921,814	\$ 1,645,695
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 628,077	\$ 446,223	\$ 181,854
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	221,322	133,665	87,657
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	\$ 221,322	\$ 133,665	\$ 87,657
GRAND TOTAL EXPENDITURES	\$ 15,788,831	\$ 14,055,479	\$ 1,733,352
Excess (Deficiency) of Revenues and Expense:	\$ 406,755	\$ 312,558	\$ 94,197

TRI-COUNTY SERVICES
Revenue and Expense Summary
With March 2014 Comparative Data
For the Month Ended March 2015

INCOME:	MONTH OF March 2015	MONTH OF March 2014	Increase (Decrease)
Local Revenue Sources	98,110	148,776	(50,666)
Earned Income	1,036,625	785,474	251,151
General Revenue-Contract	1,132,228	1,207,034	(74,806)
TOTAL INCOME	\$ 2,266,964	\$ 2,141,284	\$ 125,680
EXPENSES:			
Salaries	1,178,808	1,057,098	121,710
Employee Benefits	235,798	201,894	33,904
Medication Expense	54,905	31,117	23,788
Travel-Board/Staff	37,175	33,775	3,400
Building Rent/Maintenance	17,559	67,730	(50,171)
Consultants/Contracts	387,396	435,373	(47,977)
Other Operating Expenses	226,348	225,326	1,022
TOTAL EXPENSES	\$ 2,137,988	\$ 2,052,313	\$ 85,675
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 128,975	\$ 88,971	\$ 40,004
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,350	51,726	(38,376)
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	\$ 13,350	\$ 51,726	\$ (38,376)
GRAND TOTAL EXPENDITURES	\$ 2,151,339	\$ 2,104,039	\$ 47,300
Excess (Deficiency) of Revenues and Expenses:	\$ 115,625	\$ 37,245	\$ 78,380

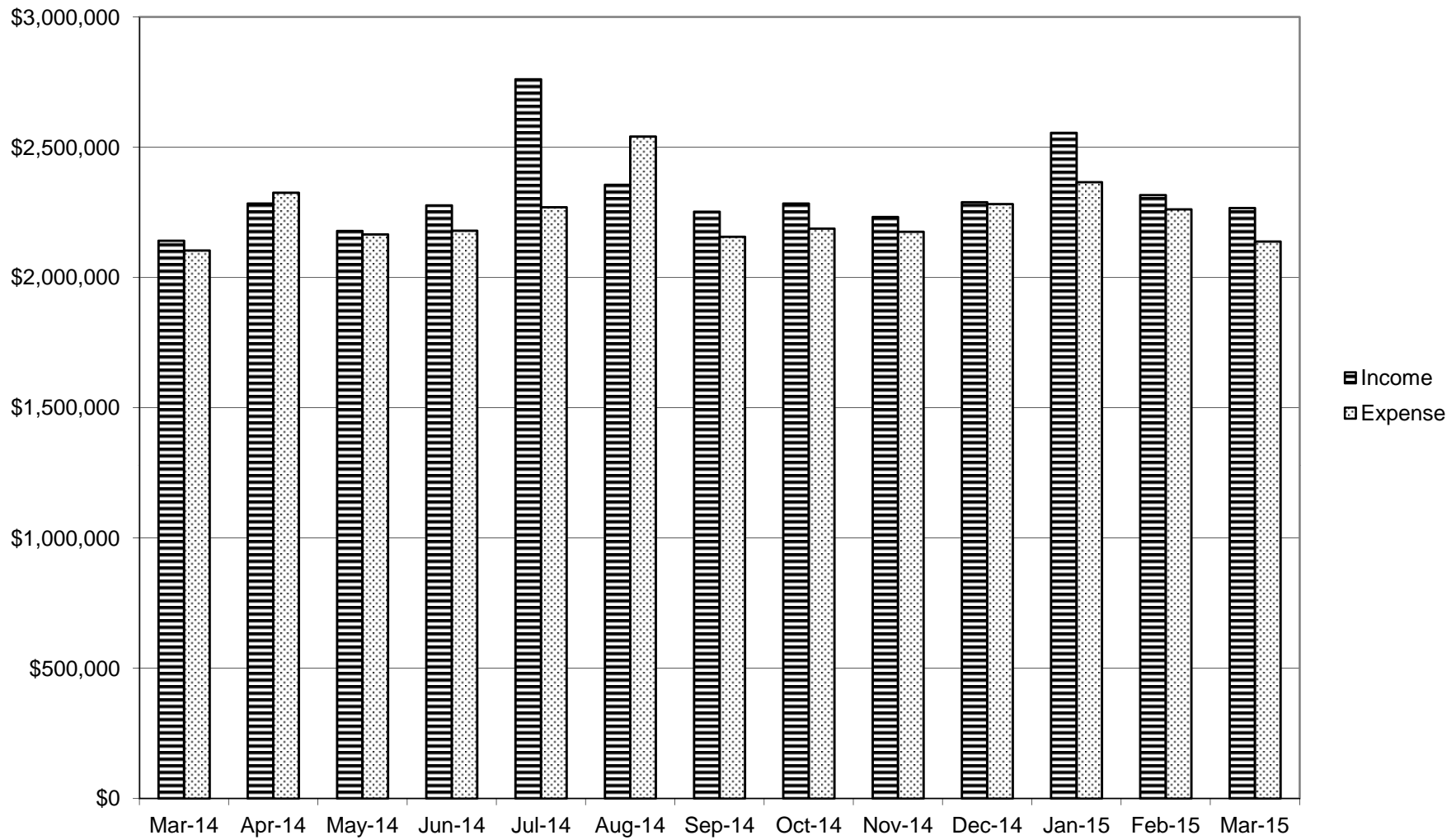
TRI-COUNTY SERVICES
Revenue and Expense Summary
With February 2015 Comparative Data
For the Month Ended March 2015

	MONTH OF March 2015	MONTH OF February 2015	Increase (Decrease)
INCOME:			
Local Revenue Sources	98,110	96,999	1,112
Earned Income	1,036,625	1,064,651	(28,026)
General Revenue-Contract	1,132,228	1,154,963	(22,734)
TOTAL INCOME	\$ 2,266,964	\$ 2,316,612	\$ (49,648)
EXPENSES:			
Salaries	1,178,808	1,231,599	(52,791)
Employee Benefits	235,798	220,319	15,479
Medication Expense	54,905	53,951	954
Travel-Board/Staff	37,175	35,473	1,702
Building Rent/Maintenance	17,559	30,335	(12,776)
Consultants/Contracts	387,396	497,651	(110,255)
Other Operating Expenses	226,348	192,727	33,621
TOTAL EXPENSES	\$ 2,137,988	\$ 2,262,054	\$ (124,066)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 128,975	\$ 54,558	\$ 74,417
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,350	8,567	4,784
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	\$ 13,350	\$ 8,567	\$ 4,784
GRAND TOTAL EXPENDITURES	\$ 2,151,339	\$ 2,270,621	\$ (119,282)
Excess (Deficiency) of Revenues and Expenses	\$ 115,625	\$ 45,991	\$ 69,634

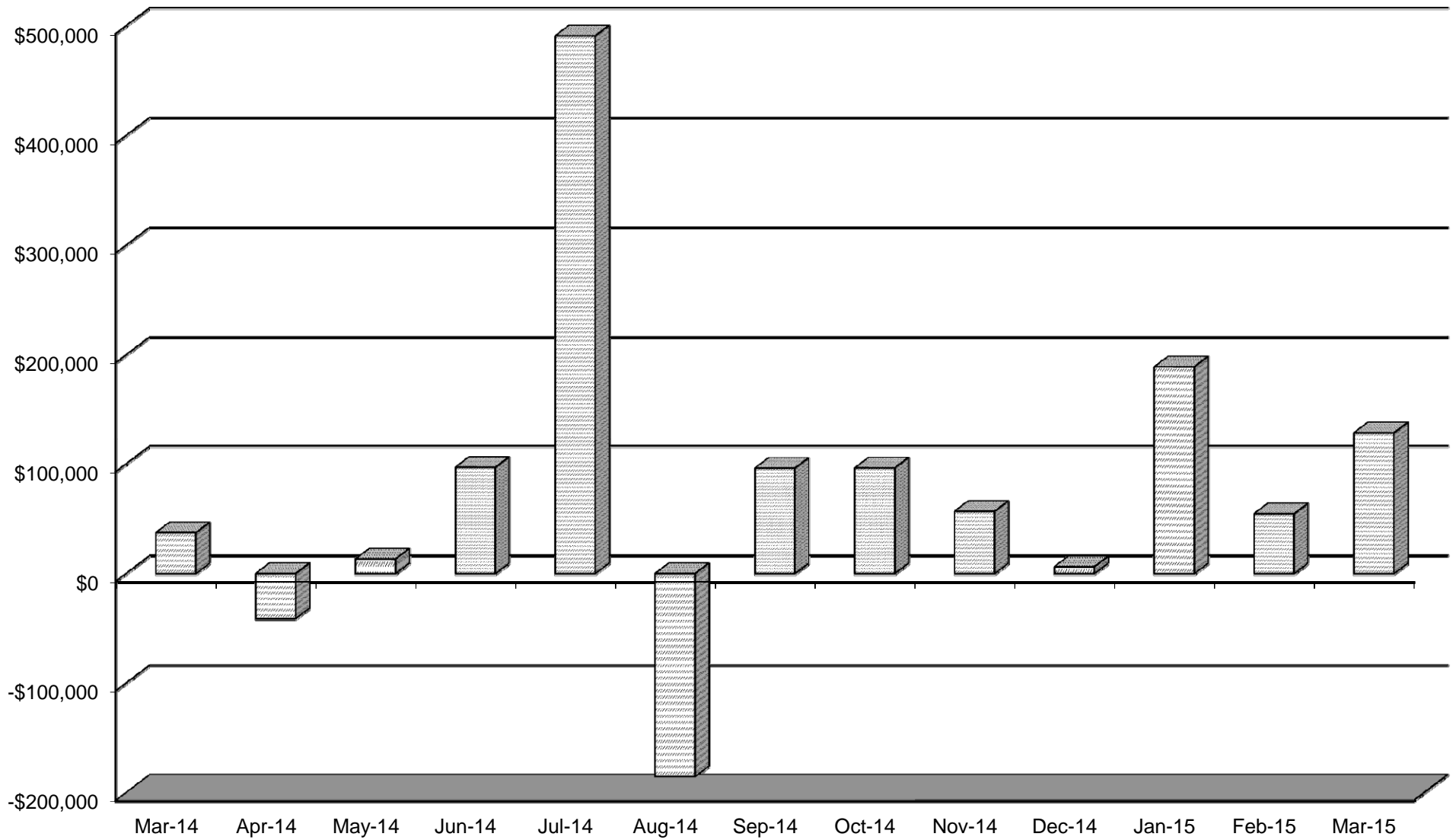
TRI-COUNTY SERVICES
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of March 2015

	YTD Mental Health March 2015	YTD IDD March 2015	YTD Other Services March 2015	YTD Agency Total March 2015	YTD Approved Budget March 2015	Increase (Decrease)
INCOME:						
Local Revenue Sources	614,678	135,465	4,081	754,224	745,870	8,354
Earned Income	1,877,742	3,258,978	2,073,696	7,210,416	7,325,834	(115,418)
General Revenue-Contract	7,213,281	1,017,664		8,230,945	8,278,263	(47,318)
TOTAL INCOME	\$ 9,705,701	\$ 4,412,107	\$ 2,077,777	\$ 16,195,586	\$ 16,349,967	\$ (154,381)
EXPENSES:						
Salaries	5,532,825	1,552,563	1,348,220	8,433,608	8,614,315	(180,707)
Employee Benefits	1,084,616	331,433	251,564	1,667,614	1,679,986	(12,372)
Medication Expense	255,413		56,074	311,486	323,896	(12,410)
Travel-Board/Staff	154,221	62,258	29,556	246,035	265,013	(18,978)
Building Rent/Maintenance	89,862	46,519	16,534	152,916	150,295	2,621
Consultants/Contracts	1,148,529	1,939,525	136,354	3,224,408	3,387,546	(163,138)
Other Operating Expenses	1,028,131	322,687	180,623	1,531,441	1,648,521	(117,080)
TOTAL EXPENSES	\$ 9,293,597	\$ 4,254,985	\$ 2,018,925	\$ 15,567,508	\$ 16,069,572	\$ (502,064)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 412,104	\$ 157,122	\$ 58,852	\$ 628,078	\$ 280,395	\$ 347,683
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	98,711	43,900	78,711	221,322	235,562	(14,240)
Capital Outlay-Debt Service Bonds				-		-
TOTAL CAPITAL EXPENDITURES	\$ 98,711	\$ 43,900	\$ 78,711	\$ 221,322	\$ 235,562	\$ (14,240)
GRAND TOTAL EXPENDITURES	\$ 9,392,308	\$ 4,298,885	\$ 2,097,636	\$ 15,788,830	\$ 16,305,134	\$ (516,304)
Excess (Deficiency) of Revenues and Expenses	\$ 313,393	\$ 113,222	\$ (19,859)	\$ 406,755	\$ 44,833	\$ 361,923

TRI-COUNTY SERVICES Income and Expense



TRI-COUNTY SERVICES
Income after Expense



Agenda Item: Approve FY 2015 Budget Revision Committee: Business	Board Meeting Date April 23, 2015
Background Information: Periodically throughout the budget year, we adjust the budget for changes to funding or other scenarios that may have changed from the initial budget process. This budget revision reflects new programs awarded after the beginning of fiscal year. This revision also shows adjustments made to revenue and expenses based on YTD trends and projections through the end of the fiscal year.	
Supporting Documentation: Summary FY 2015 Budget Revision	
Recommended Action: Approve FY 2015 Budget Revision	

Tri-County MHMR Services
Proposed Revised FY 2015 Budget Compared to
Current FY 2015 Approved Budget

Explanation of line items that have material changes from Proposed Revised FY 2015 Budget compared to the Current FY 2015 Approved Budget.

REVENUES:

Local Revenue – This line item shows an overall increase due to the approved transfers from reserve for IT purchases and also for the Workers' Compensation Minimum Contribution premium payment for prior years claim usage.

Earned Income – This line item has many different adjustments happening. On the positive side, we have increases trending in Medicare Regular, IDD Service Coordination, HCS, MAC, Rehab for C&A, and Medicaid Regular in the PETC and the C&A program. On the negative side, we have decreases in the ICF program, Rehab in the Adult program, Substance Abuse Prevention and the HOME Grant. So overall, this line has a decrease.

General Revenue – This line item reflects an increase in four general revenue contracts. The first increase is due to late notification of Supported Housing Contract being received after the initial budget was completed. Second, we received a small increase in the COPSD contract. We also received notification that we will get a one-time payment for the startup of the IDD CFC program. And lastly, we just received notification that we will receive a FY 2014 2nd Half Incentive Payment in the amount of \$95,809.

EXPENSES:

Salaries – This line shows an overall decrease based on year to date lapse. This line also includes some addition positions that were added in new programs such as C&A, CFC and YES Waiver.

Employee Benefits – This line shows an increase based on year to date trends. We have seen an increase in contributions by employees in the 401(a) which increases our match. We have also seen a higher percentage of employees enrolled in health insurance. So overall, our fringe percent has increased from prior years.

Travel – Board/Staff – This line shows a projected decrease in staff travel based on the location of the annual conference being held in Houston this year.

Medication Expense – No Change.

Building Rent/Maintenance – This line item shows an increase based on some health and safety repairs at our facilities as well as the building refreshing in Huntsville prior to the on-site review next month.

Consultants/Contracts – This line item shows an overall decrease based on year to date trends.

Other Operating Expenses – This line has an overall decrease based mainly on the loss of the HOME grant program.

Capital Outlay-FF&E, Automobiles – This item reflects an increase based on the IT purchases that the Board approved at the January meeting. This also includes the purchase of a vehicle approved at the September Board meeting.

Capital Outlay - Debt Service Bonds – No change

**TRI-COUNTY MHMR SERVICES
PROPOSED REVISED FY 2015 BUDGET COMPARED TO
CURRENT FY 2015 APPROVED BUDGET**

	PROPOSED REVISED FY 2015 BUDGET	CURRENT FY 2015 APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,515,597	1,304,058	211,540
Earned Income	13,324,730	13,365,925	(41,195)
General Revenue	13,973,738	13,703,198	270,540
TOTAL INCOME	28,814,065	28,373,181	440,884
EXPENSES:			
Salaries	14,949,109	15,067,957	(118,848)
Employee Benefits	2,966,972	2,843,124	123,848
Travel-Board/Staff	466,947	477,315	(10,368)
Medication Expense	585,690	585,690	(0)
Building Rent/Maintenance	325,330	264,500	60,830
Consultants/Contracts	5,662,883	5,733,949	(71,066)
Other Operating Expenses	2,846,908	2,910,946	(64,038)
TOTAL EXPENSES	27,803,840	27,883,481	(79,641)
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	1,010,225	489,700	520,525
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	690,225	489,700	200,525
Capital Outlay - Debt Services Bonds			-
TOTAL CAPITAL EXPENDITURES	690,225	489,700	200,525
GRAND TOTAL EXPENDITURES	28,494,065	28,373,181	120,884
Excess (Deficiency) of Revenues and Expenses	\$ 320,000	\$ (0)	\$ 320,000

Agenda Item: Consider Selection of FY 2015 Auditor

Board Meeting Date

April 23, 2015

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 - 2014	Scott, Singleton, Fincher and Company, PC

The FY 2015 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 2015 Independent Financial Audit

<p>Agenda Item: Approve Construction Costs for 2000 Panther Lane, Liberty, Texas</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 23, 2015</p>
<p>Background Information:</p> <p>At the January 29th Board meeting, we were given approval to purchase the property at 2000 Panther Lane, Liberty, Texas. Staff were also authorized to seek contractors to complete the required modifications to the facility at a cost not to exceed \$250,000.</p> <p>Staff submitted all of the required building acquisition notification paperwork to the Department of State Health Services and the Department of Aging and Disability Services. After discussing a few concerns with the Departments, which we will discuss further at the Board meeting, we are now allowed to proceed with the property.</p> <p>Our building consultant, Mr. Mike Duncum, has gone through the bid process for the renovations, which included meetings at the facility with interested contractors. Three contractors participated in the meetings, and they toured the facility twice during the two-week bid process. The due date for the sealed bids was Wednesday, April 15th, and one completed bid for \$313,539 was received by the deadline.</p> <p>Mr. Duncum has spoken with the contractor and identified items in the bid that can be value engineered. He believes that the final cost, after value engineering, will come in under \$300,000.</p> <p>In order to move forward in the process, we need Board approval to exceed the previous renovation cost by up to \$80,000, which will include the \$50,000 in expected additional cost and an additional 10% contingency. While it is the intent of staff to keep costs as low as possible, the 10% contingency will allow staff to proceed without additional Board approvals. Alternatively, staff could go back out to bid to see if lower bids can be procured.</p>	
<p>Supporting Documentation:</p> <p>Proposal from Suntech General Contractors</p>	
<p>Recommended Action:</p> <p>Approve Additional Costs Associated with Remodel for 2000 Panther Lane, Liberty, Texas</p>	

REVISED PROPOSAL



April 21, 2015

Owner:
Tri-County Services

RE: 2000 Panther Ln., Liberty, TX (R – 1)

Owner Representative:
Mike Duncum
WhiteStone Reality Consulting

Mr. Mike,

Suntech Building Systems, Inc. would like to thank you for the opportunity to provide a proposal for the 2000 Panther Ln. project, and we hope this proposal finds you well. Please accept this proposal letter supplemented by scope sheet R-1 and bid requirements document attached hereto, as confirmation of scope.

Scope: In strict accordance with furnished construction details and delineated by scope sheet R-1 attached.

Inclusions:

- Amendments 1 & 2
- Allowance - \$1000.00 for unforeseen plumbing underground requirements
- P&P Bonds and Insurance
- Warranty: Labor and materials – 1 yr.
- Paint materials – Sherwin Williams, PPG, or Glidden
- DEDUCT** alternate – Mohawk Strong Step Glue DN 12 Mil comm. LVT in lieu of Allure <\$13,145.00>

Exclusions:

- Any and all items not described within construction details and delineated per scope sheet R-1 attached
- Repairs/modifications to existing circuitry, fixtures, or equipment
- City permits, existing city/code violations, additional city requirements not listed, and Taxes

Voluntary Alternate:

- No Charge** alternate – 12ft broadloom in lieu of carpet tile

Please accept our turnkey **BASE** proposal of **\$287,749.00**. We are highly interested in this job and the opportunity to demonstrate the value our organization brings to your entity and Tri-County Services. Please do not hesitate to contact us with any questions, concerns, or comments regarding this document or any other attached hereto. Thank you again and we look forward to working with you.

Respectfully,
Jacob Pillion

Public Works Contracts Division
Suntech Building Systems, Inc.
Ph: (281) 900-4459
Email: jacob@suntech-inc.com

Scope Sheet R-1 Inclusions 2000 Panther Ln., Liberty, TX

Name	Description	Qty	Units
Linear footages			
Linear feet of column wrap - 10'		5.26	FT
Linear feet of new wall- mtl stud w 5/8" rock both sides with insulation - 10'		265.88	FT
Linear feet of new wall- mtl stud w 5/8" rock both sides- 10'		171.18	FT
Linear feet of extending furrdown new wall- mtl stud w 5/8" rock both sides- 7'		135.95	FT
Toilet Partitions			
Remove and reinstall as alcove		2	EA
Glass and Glazing			
3'x3' security glass windows w/plam sill w/ speaker holes		2	EA
Replace existing window with sliding glass window and frame 5'6" L		1	EA
Acoustical Ceilings			
Repair acoustical ceilings		330.81	SQ FT
New acoustical ceiling tied into adjacent existing		226.57	SQ FT
Replacement of ceiling tile - 10%			
Mechanical			
Demo flex and diffusers and add registers to side of main trunk - 20' up		7	EA
Relocate/extend flex area 4,7, & 36		6	EA
Tap main trunk and add flex and diffusers in area 7,3,& 14 (reuse existing from open area)		7	EA
Install flex duct and diffuser in IT rm 20		1	EA
Vent out light/vent kit rm 28		1	EA
Cabinets			
Base cabinets		7.57	FT
New P-lam counter top		22.21	SQ FT
Uppers and lowers in kitchen		28.42	FT
Concrete			
Float demoed shower pan in area (nurse rm 10)		13.44	SQ FT
Pour back and level concrete floor cooler/freezer areas		2.8	CU YD
Plumbing			
Remove shower pan, chip & cap (nurse rm 10)		1	EA
New base cabinet sink and fixture		1	EA
Demo sink and fixture/cap rough-ins		2	EA
Replace faucet		2	EA
Repair commode		2	EA
Repair urinal		2	EA
Add 3'x5' fiberglass shower enclosure rm 31/no door or curtain with rough-in		1	EA
Install owner supplied ice maker		1	EA
Disconnect Halon system in kitchen		1	EA
Install owner furnished range & vent hood		2	EA
Install owner supplied freezer		1	EA
Install owner supplied refrigerator		1	EA
Install owner supplied dishwasher		1	EA
Demo and reinstall kitchen sink		1	EA
Demo/cap in wall rm 38 modify for washer/dryer		1	EA
Furnish and Install new commode		1	EA
Furnish and Install new pedestal sink		1	EA
Floor mounted commode with back outlet rm 28		1	EA
ADA compliant sink w/fixture		1	EA
Undergrounds and rough-ins for rm 28 commode/sink		1	EA
Electrical			
4 blb-T8 fixture on switch in wood storage shed		4	EA
2 blb-T8 24" fixture surface mounted (back restroom)		1	EA
4 bld 48" T8 lay-in Fixtures		14	EA
Light switch		6	EA
Power for refrigerator rm 13		1	EA
2 blb-T8 8' centered down area 17		12	EA
Demo old 2 bulb fixtures area 17		1	EA
Power and run for remote door controller		1	EA

Demo electrical rm 38	1 EA
Light vent kit rm 28	1 EA
Add wall power & data to new room (3 wall plugs and 1 data rough-in per)	10 EA
Doors/frames/hardware	17 EA
3'0" 7'0" Raco frame/p-lam door/hardware	1 EA
6'0"x6'8" solid slab door and frame installed in wood frame shed	1 EA
3'0"x6'8" solid veneer door/ frame w/ wood trim w/ psh btn lock hrdwr (back restroom)	3 EA
Replacement 3'0" 7'0" p-lam door	1 EA
6'0"x6'8" wood frame w/solid slab door w/hrdwr area 17	1 EA
6'0"x7'0" Raco frame/p-lam doors w/remote lock	1 EA
6'0"x7'0" Raco frame/p-lam door w/hrdwr	1 EA
Add accordion Door	12.01 FT
Accordion partition	
Wood storage structure inside dim 19'7 1/2"x19'7 1/2"	642.24 SQ FT
Wood stud walls faced w/1 side 1/2" plywood	424.31 SQ FT
Wood frames ceiling 8' with inside faced w/ plywood	1 EA
Install 6'0"x6'8" frame & solid slab doors	
New Walls	50 SQ FT
Column wrap - metal stud w/ 5/8" rock	2635.4 SQ FT
New wall mtl std + 5/8" rock both sides w/ insulation	336.48 SQ FT
New wall mtl std + 5/8" rock both sides (back restroom)	52.56 SQ FT
S/R repair (shower area nurse rm 10)	3 EA
Repair/finish opening after frame/door demo	Revised to 500 SQ FT 783.1 SQ FT
S/R wall patch	1149.1 SQ FT
New wall mtl std + 5/8" rock both sides	946.54 SQ FT
Extend fur-down to floor w/ mtl std & 5/8" rock both sides	1 EA
4'x4' 3/4" plywood on lt rm 20 wall	8.17 FT
Relocate lockers	
Floor covering	
Mohawk Strong Step glue down 12 mil Commercial LVT	Revised to 6364.42 SQ FT 7028.42 SQ FT
24"x24" commercial carpet tile	2201.5 SQ FT
Seal Concrete	
Area	Revised to 3202 SQ FT 2655.17 SQ FT
Paint	
Wall Area	Revised to 27,399 SQ FT 27839.6 SQ FT
Wall Area (restroom area)	672.96 SQ FT
Wall Area (restroom area)	185.4 SQ FT
Paint ceiling 8'	57.24 SQ FT
Wall Area - open area 17	6841.82 SQ FT
Refinish registers and vents	58 EA
Rubber base	
Linear	2701.54 FT
Demolition	
Demo VCT and strip concrete for sealing	Revised to 3171.33 SQ FT 2625.33 SQ FT
Demo rubber base	1830.11 FT
Demo wood platform	407.27 SQ FT
Demo wood stud & plywood storage shed	80.21 FT
Remove 3'0" 7'0" door and frame (between rm 10&11)	1 EA
Demo carpet	374.43 SQ FT
Demo frame & door	10 EA
Demo interior window	1 EA
Demo S/R Wall	2246.6 SQ FT
Demo ceiling grid & wire (no tile present) up to 20'	7546.75 SQ FT
Demo carpet and strip for sealing	30.29 SQ FT
Demo opening for window install and reframe	24.88 SQ FT
Demo existing 5'6" window for replacement frame & window	1 EA
Demo opening in S/R wall for new frame/door	87.64 SQ FT
Demo existing counter top	22.2 SQ FT
Demo cooler/freezers	226.57 SQ FT

Demo existing appliances - hot table, dbf stack oven, commercial oven, ss prep table, 20" ss hoods	4 EA
Demo base and upper cabinets	9.35 FT
Demo ss prep tbl, vent hood,	1 EA
Demo slab and pour back for restroom 28 undergrounds	1 EA

Roof repair

Replace one exterior awning cover



PROPOSAL

April 15, 2015

Owner:
Tri-County Services

RE: 2000 Panther Ln., Liberty, TX

Owner Representative:
Mike Duncum
WhiteStone Reality Consulting

Mr. Mike,

Suntech Building Systems, Inc. would like to thank you for the opportunity to provide a proposal for the 2000 Panther Ln. Project, and we hope this proposal finds you well. Please accept this proposal letter supplemented by scope letter and bid requirements document attached hereto, as confirmation of scope.

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Inclusions:

- Amendments 1 & 2
- Allowance - \$1000.00 unforeseen plumbing underground requirements
- P&P Bonds and Insurance
- Warranty: Labor and materials – 1 yr.
- Paint materials – Sherwin Williams, PPG, or Glidden

Exclusions:

- Any and all items not described within construction details and delineated per scope sheet attached
- Repairs/modifications to existing circuitry, fixtures, or equipment
- City permits, existing city/code violations, additional city requirements not listed, and Taxes

Voluntary Alternate (will increase/reduce base bid**):**

- DEDUCT** alternate - Mohawk Strong Step Glue DN 12 Mil Comm. LVT in lieu of Allure **\$13,145.00**
- ADD** alternate – Karedean Van Gogh in lieu of Allure **\$8,465.00**
- No Charge** alternate – 12ft broadloom in lieu of carpet tile

Please accept our turnkey **BASE** proposal of **\$313,539.00**. We are highly interested in this job and the opportunity to demonstrate the value our organization brings to your entity and Tri-County Services. Please do not hesitate to contact us with any questions, concerns, or comments regarding this document or any other attached hereto. Thank you again and we look forward to working with you.

Respectfully,
Jacob Pillion

Public Works Contracts Division
Suntech Building Systems, Inc.
Ph: (281) 900-4459
Email: jacob@suntech-inc.com

11326 Perry Road | Houston, TX 77064

O: 281.897.8188

WWW.SUNTECH-INC.COM

F: 281.897.8104

Scope Inclusions 2000 Panther Ln., Liberty, TX

Name	Description	Qty	Units
Linear footages			
Linear feet of column wrap - 10'		5.26	FT
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Install flex duct and diffuser in IT rm 20		1	EA
vent out light/vent kit rm 28		1	EA
Cabinets			
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4'x4' 3/4" plywood on It rm 20 wall	1 EA
Relocate lockers	8.17 FT
Floor covering	
Van Gogh vinyl plank or Allure commercial snap together	7028.42 SQ FT
24"x24" commercial carpet tile	2201.5 SQ FT
Seal Concrete	
Area	2655.17 SQ FT
Paint	
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Demo ss prep tbl, vent hood,	1 EA
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Demo slab and pour back for restroom 28 undergrounds	0 EA

Roof repair

Replace one exterior awning cover

Bid Requirements

2000 Panther Lane, Liberty, TX
Tri-County Behavioral Healthcare (Tri-County)

1. Pre-bid meeting is required of all Contractors wishing to submit a bid proposal on the above property. The Pre-bid meeting was held on March 27, 2015 and the Contractor certifies that he/she was present for that meeting.
2. The Contractor is in possession of all plans and specifications made available to all Contractors.
3. Contractor agrees to provide liability insurance on all employees, subcontractors and any person performing services on the property in conjunction with the awarded contract in an amount considered typical for the market. Contractor will hold harmless the owner, the prospective owner and any employee or consultant of the owner or prospective owner that might be present on the property during the construction period.
4. It will be the responsibility of the awarded Contractor to provide a bond in the amount of the contract in favor of **Tri-County**.
5. All bids are final.
6. **Tri-County** reserves the right to change the scope of work and understands the total bid price may change accordingly.
7. Draw request will only be paid upon completion of item billed less a 10% retainage. The cumulative of the retainage will be paid upon completion and acceptance of the entirety of the job.
8. All bids are due by 12:00 pm central standard time on April 10, 2015. It is at the discretion of **Tri-County** to accept or reject any bid received after this deadline. All bids will be submitted via electronic mail to:

mike@wsrealty.net

It is the responsibility of the Bidder to verify the bid was received. Confirmation will be provided by:

James "Mike" Duncum
WhiteStone Realty Consulting
281-705-4558

9. All Contractors understand the winning bid will be selected from a consideration of the bid price and the qualification of the Contractor. All Bidders have been made aware **Tri-County** has no previous relationship with any of the Bidders unless noticed in the certification by the Bidder.
10. During the term of the Contract, Contractor shall procure and maintain, at its own expense, general liability insurance insuring Contractor's occupancy of the Property. Such insurance shall name **Tri-County** as an additional insured and shall include coverage for personal injury to or death of any person and property damage liability of not less than \$1,000,000.00. Such insurance shall be obtained from a company reasonably satisfactory to **Tri-County** and licensed to do business in the state where the Property is located.
10. It is the responsibility of the awarded Contractor to provide a standard AIA contract for the construction/renovations to the property. The Contractor also understands the contract must be reviewed and approved by Counsel for **Tri-County**.

I certify that I have read and understand the bid requirements set forth above and agree to comply with these requirements if awarded the contract for construction. I also understand further documents, representations and certifications may be required upon awarding of the contract. Unless noted below, I certify I have no current or past relationship with Tri-County Behavioral Healthcare, Tri-County MHMR or Tri-County Services.

Syntech Building Systems

Company

11326 Perry Rd
Houston, TX 77064

Address

(281) 900-4459

Phone

Jacob Pincus

Representative



Signature

4/15/15

Date

Jacob.C.Syntech-inc.com

Email Address

N/A

Previous Relationship

BT267 Accountable II Tile

Brand
Product Type

Bigelow
Tile

DESIGN

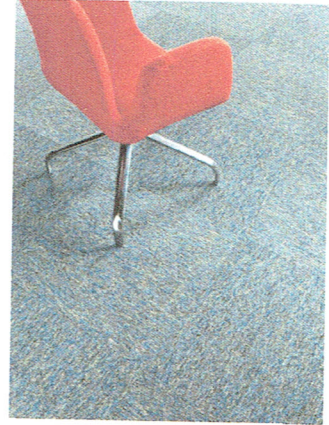
Minimum Sq. Yd.	No minimum
Construction	Tufted
Surface Texture	Level Heathered Loop
Gauge	1/8 (31.50 rows per 10 cm)
Density	7105
Weight Density	106,579
Stitches Per Inch	8.8 (34.65 per 10 cm)
Finished Pile Thickness	.076" (1.93 mm)
Dye Method	Solution Dyed
Backing Material	EcoFlex ICT
Fiber Type	Colorstrand® SD Nylon
Face Weight	15.0 oz. per sq. yd. (509 g/m2)
Pattern Repeat	Not Applicable
Size/Width	24" x 24" (.6096 m x .6096 m)
Soil Release Technology	Sentry Plus
Installation Method	Quarter Turn
Indoor Air Quality	Green Label Plus 1098
Foot Traffic Recommendation TARR	Heavy
NSF 140	Gold

PERFORMANCE

Static	AATCC-134 Under 3.5 KV
Flammability	ASTM E 648 Class 1 (Glue Down)
Smoke Density	ASTM E 662 Less than 450

SERVICE

Warranties	Lifetime Limited Tile Warranty
	Lifetime Limited Colorfastness to Light
	10 Year Limited Colorfastness to Atmospheric Contaminants
	10 Year Stain Warranty
	Lifetime Static



Color may vary from dye lot to dye lot. Substitution of material may be made due to improved technology, supply limitations, or other factors. The performance is not affected by such variances. All Specifications are subject to normal manufacturing tolerances.

www.mohawkgroup.com
800.554.6637

BT212 X-Factor Tile

Brand Bigelow
Product Type Tile

DESIGN

Minimum Sq. Yd.	No minimum
Construction	Tufted
Surface Texture	Level Patterned Loop
Gauge	1/10 (39.37 rows per 10 cm)
Density	4710
Weight Density	65,940
Stitches Per Inch	8.0 (31.50 per 10 cm)
Finished Pile Thickness	.107" (2.72 mm)
Dye Method	Solution Dyed
Backing Material	EcoFlex ICT
Fiber Type	Colorstrand® SD Nylon
Face Weight	14.0 oz. per sq. yd. (474 g/m ²)
Pattern Repeat	Not Applicable
Size/Width	24" x 24" (.6096 m x .6096 m)
Soil Release Technology	Sentry Plus
Installation Method	Brick Ashlar, Quarter Turn
Indoor Air Quality	Green Label Plus 1098
Foot Traffic Recommendation TARR	Severe
NSF 140	Gold



Color may vary from dye lot to dye lot. Substitution of material may be made due to improved technology, supply limitations, or other factors. The performance is not affected by such variances. All Specifications are subject to normal manufacturing tolerances.

www.mohawkgroup.com
800.554.6637

PERFORMANCE

Static	AATCC-134 Under 3.5 KV
Flammability	ASTM E 648 Class 1 (Glue Down)
Smoke Density	ASTM E 662 Less than 450

SERVICE

Warranties	Lifetime Limited Tile Warranty
	Lifetime Limited Colorfastness to Light
	10 Year Limited Colorfastness to Atmospheric Contaminants
	10 Year Stain Warranty
	Lifetime Static

Strong Step



Strong Step | 104 Natural Oak

With a highly realistic surface texture, Strong Step resilient tile features the celebrated beauty of luxurious hardwood as well as the added advantages of superior durability, tolerance to wet maintenance and ultra-easy installation. Subtle embossing replicates traditional wood species in a mix of popular colors. Choose Strong Step resilient tile for light commercial applications.

Style Name
Style Number
Brand
Product Type

Strong Step
C0003
Mohawk Group - Hard Surface
Resilient Tile



DESIGN

Overall Gauge
Wear Layer
Finish
Colors Available
Size
Packaging

.08" (2mm)
12 mil (0.3mm)
Urethane Finish
10
6" x 48" (152.4mm x 1219.2mm)
36 sf/ctn (3.34 m²/ctn); 18 pcs/ctn; 23.4 lbs/ctn (10.61 kg/ctn);
70 ctn/pallet; 2,520 sf/pallet (234.12 m²/pallet)
Glue Down
M700 Pressure Sensitive, MS160 Spray or M950 Acrylic
Not required. Only when needed for acoustics, use
Mohawk AccuSound™

Installation
Recommended Adhesive
Recommended Underlayment



SUSTAINABILITY

Certification

FloorScore® Certified



SERVICE

Warranty

Limited 6 Year Commercial

Selling Features

- 10 wood finishes offered with a 12 mil wear layer for light commercial traffic
- 6 year light commercial warranty
- FloorScore® Certified

Colorways available in 6" x 48" with 12 mil wear layer. Same colors available in Step Change (6 mil wear layer) in 6" x 36" size.



110 Ashlyn



108 Blonde Maple



107 Brazilian Cherry



105 Butterscotch Oak



113 Chocolate Barnwood



106 Chocolate Oak



104 Natural Oak



111 Toasted Barnwood



109 Toasted Chestnut



112 Weathered Barnwood

Agenda Item: Approve Architectural and Engineering Proposal for Montgomery County Facility Committee: Business	Board Meeting Date April 23, 2015
Background Information: <p>Our building consolidation consultant, Mr. Mike Duncum, has been working with a property owner in Montgomery County to come to an agreement on a piece of property located off of Sargent Ed Holcomb Boulevard South in Conroe. Mr. Duncum has negotiated a price of \$4.25 per square foot for the 8 acre tract with a 120-day feasibility period and 30-day close.</p> <p>While we hoped the property could be found for a lower cost per square foot, the Montgomery County property market remains very strong and both Mr. Duncum and staff feel that this is a good price for the property. The increased cost for the land, over our previous estimate, does change the total price for the project by \$170,000. However, staff believe that this is an acceptable cost for the property if it passes all of the appropriate evaluations. Mr. Duncum has agreed to secure the property in the name of his consulting firm with a clause to transfer the option on the property to us after the evaluations are complete.</p> <p>The next step for the project would be to begin the architectural design and engineering assessments necessary to prepare to put the project out for construction bid. We would need the full price of the project before notifying the Department of State Health Services and the Department of Aging and Disability Services.</p> <p>Attached to this cover is the draft Architectural Agreement between Identity Architects and Mr. Duncum. In addition to changing the agreement to be between Identity Architects and Tri-County, Jackson Walker will be reviewing the agreement to ensure that it has necessary protections for the Center.</p> <p>As you will see from the Architectural Agreement, the cost to take this next step is \$550,000. Staff recommend approval of the expenditure of \$550,000 to complete the architectural and engineering work necessary to seek construction bids on the project. After review of current year financials, staff also recommend that the Board authorize the transfer of \$550,000 from the reserve account for Facility Improvements and Acquisitions or Board Initiatives to pay for these services.</p> <p>Mr. Duncum will be available at the Board meeting to review the plans and answer questions.</p>	
Supporting Documentation: Draft Montgomery County Cost Analysis Draft Architectural Agreement from Identity Architects	
Recommended Action: Approve Architectural and Engineering Agreement for the Consolidated Montgomery County Facility, the Expenditure of \$550,000 from Board Reserves to Pay for Professional Services, and Authorize the Executive Director, with Consultation from Jackson Walker, to Sign the Agreement	

CONSTRUCTION COST AND DEBT SERVICE

Size	<u>Building</u>	<u>Stories</u>	<u>Floor Plate</u>		
	88,289	3	29,430		
Parking 1/600 sf	<u>spaces</u>	<u>sf/space</u>	<u>sf needed</u>	<u>acres</u>	
	480	300	173,430	3.98	
Detention	<u>Covered Area</u>	<u>Min. Ratio</u>	<u>Required Acre Feet</u>	<u>Potential Depth</u>	<u>Area Required</u>
	4.657	0.45	2.096	5	0.419
Buffer Areas (Factor)	25%	Area =	1.269	acre	
Excess Land	<u>Area</u>				
	1.7	acre			
Land	min land:bldg	8.0	acres	<u>\$/sf</u>	<u>Land</u>
				\$3.75	\$1,306,800
Bldg - Avg Class C Medical	<u>\$/sf</u>	<u>sf</u>	<u>total</u>		
	\$115.00	88,289	\$10,153,235		
Parking	\$4.50	130,680	\$588,060		
Misc			\$88,157		
			\$10,829,452		
General Oversight	1%		\$108,295		
Land	@ \$3.75/ft	\$1,306,800	@ \$4.25/ft	\$ 1,481,040	
Total		\$12,244,547		\$12,418,787	
Say:		\$12,250,000		\$12,420,000	
				\$ 170,000 Difference	

April 9, 2015

James Mike Duncum

WhiteStone Realty Consulting
11452 Outpost Cove Drive
Willis, Texas 77318

RE: Architecture and Engineering Services
Tri-County Medical Office Building

Dear Mr. Duncum:

We are pleased to present our proposal to provide architectural and engineering services for the above referenced project (hereinafter "Project") to be located in Conroe, Texas at the NEC of Sgt. Ed Holcolm Boulevard South and Anderson Road. Identity Architects, Inc. (hereinafter "Architect") shall provide WhiteStone Realty Consulting (Hereinafter "Owner") the services described below, under the terms and conditions and for the compensation described herein.

PROJECT DESCRIPTION

Design of a new three story, 89,000 square foot medical office building and the associated 8.0 acre site work (Exhibit B pgs. 1 - 5). Design services include shell, core, and interior. Architect shall coordinate and assist Owner's consultants with their scope of work as it relates to Architect's responsibilities.

Professional services provided by the Architect required to complete the project shall include and are limited to Architecture (including Interior Design), Structural Engineering, MEP Engineering, Civil Engineering and Landscape.

SCOPE OF SERVICES

The following paragraphs describe the basic services provided by the Architect. Architect's basic services shall include architectural and engineering construction documents necessary to obtain contractor pricing, building permit, and construction documents.

1. **SCHEMATIC DESIGN PHASE:** Architect will expand on established site plans; floor plans; and conceptual renderings and engage in general discussions and initial due diligence for the project.
2. **DESIGN DEVELOPMENT PHASE:** Architect will complete concept drawings and will prepare for approval of OWNER design documents indicating final building layout, materials and colors. Consultants shall be released with background files.
3. **CONSTRUCTION DOCUMENTS:** Upon approval of the final conceptual design documents by Owner, Architect will prepare for approval by Owner; construction documents consisting of drawings and specifications setting forth in detail the requirements for the construction of the Project. Architect shall assist Owner in connection with Owner's responsibility for filing documents required for the approval of governmental authorities having jurisdiction over the Project.
4. **BID/NEGOTIATION PHASE:** Architect shall assist Owner in obtaining bids or negotiated proposals and shall apply for the building permit.

5. CONSTRUCTION PHASE: Architect shall provide limited services during construction of the Project as described in the attached Exhibit A to this agreement.

QUALIFICATIONS

The following are not included in Architect basic services. However, these may be provided as additional services by mutual agreement.

1. Significant changes in the scope of work.
2. Changes to substantially completed work.
3. Redesign or revisions to documents, which are inconsistent with prior approvals
4. Work resulting from corrections or revisions required because of errors or omissions on construction by the contractor or subcontractors.
5. Work required by the enactment of revision of codes, laws or regulations subsequent to the preparation of documents
6. Fixtures, Furnishing, Equipment (FF&E) selection or specification.
7. Signage, equipment, artwork selections and/or placement, relocation services, or installation.
8. Fire Protection design and documentation is limited to criteria specifications only.
9. Building permit and related fees and services.
10. TDLR accessibility plan review, inspections and related fees.
11. Execution of Architect's Consent and Agreement with third parties
12. Hazardous materials surveys and asbestos reports.
13. Any additional outside consulting services not expressly included in this Agreement.
14. LEED and/or Green building programs, documentation and analysis.
15. IT spaces and associated low voltage design.
16. Floodplain Coordination and Consulting.
17. Medical gas system(s).
18. Above Building Standard interior design. The following describes, but is not limited to, items considered to be "Above Building Standard."
 - a) Space configurations that are complex in scope and require coordination with tenant vendors, suppliers, and consultants not identified in this contract.
 - b) Coordination of lighting, acoustical, audio visual, security and communications consultants.
 - c) Coordination with tenant (third party) vendors or subcontractors.
 - d) Major revisions to Construction Documents due to budgetary constraints or requested change orders not identified at the onset of the project.
 - e) Specialty millwork requiring complex detailing and coordination with vendors.
 - f) Development and specifications for non-standard finish selections.
 - g) Design of Above Building Standard restrooms, specialty labs, complex procedure rooms, etc.

TERMS AND CONDITIONS

1. RESPONSIBILITIES: Architect and Architect's consultants shall have no responsibility for the discovery, presence, handling, removal or disposal of or exposure of persons to hazardous materials in any form at the Project site, including but not limited to asbestos, asbestos products, PCB, or other toxic substances.
2. USE OF DOCUMENTS: Drawings, Electronic Files and specifications are instruments of service in respect to this Project, and shall remain the property of Architect. Owner may make and retain copies for information and reference in connection with the use and occupancy of the Project by Owner and others; however, such documents are not intended or represented to be suitable for reuse by Owner or others on extensions of the Project or on

any other project. Any reuse without written verification or adaptation by Architect for the specific purpose intended or any changes to the documents or the construction work they describe, shall be at Owner's sole risk without liability or legal exposure to Architect and Owner shall indemnify and hold harmless the Architect from all claims, damages, losses and expenses including fees arising out of or resulting therefrom.

3. OWNER-PROVIDED INFORMATION: Owner shall provide full information regarding requirements for the Project, including "as-built" documentation of existing conditions, and Owner's budget for the Cost of Work. The drawings, schedules and specifications, services, information, surveys and reports provided by Owner's shall be furnished at Owner's expense, and the Architect shall be entitled to rely on the accuracy and completeness thereof.

COMPENSATION

1. The Compensation for Architect's basic services shall be **\$550,000** (Five Hundred Fifty Thousand Dollars). If Project does not go beyond BID/NEGOTIATION the fee will be reduced by \$50,000 (Fifty Thousand Dollars).
2. ADDITIONAL SERVICES: Billing for Architect's additional services, requested by the Owner, will be based on the following hourly rates:

Position	Rate
Principal	200.00 per hour
Director	150.00 per hour
Senior Project Manager/Architect	115.00 per hour
Project Manager	115.00 per hour
Assistant Project Manager	95.00 per hour
Draftsperson	75.00 per hour
Clerical	65.00 per hour

3. OUTSIDE CONSULTING SERVICES: For additional services requested by the Owner, outside consulting invoices will be billed to the owner at actual cost plus ten percent (10%).
4. REIMBURSABLE EXPENSES: Expenses for telecommunications and letter-size correspondence are included in the fee. All other Project-related expenses, such as for reproductions, delivery services, TAS accessibility review, computer plots, permit related cost, travel and so forth are in addition to the fee and are reimbursable at cost plus fifteen percent (15%).
5. INVOICING AND PAYMENT: Invoices will be submitted monthly, based on the percentage of the work completed.

The limited Construction Phase will be billed in advance at the beginning of its phase. If the project is cancelled or placed on hold, the fee will be based on the stage of completion of the plans and specifications at that time.

Payment is due within fifteen (15) calendar days of the date on the invoice. Invoices unpaid longer than 15 days will be subject to a service charge of 1.5 percent (annual rate equals 18%) or the maximum allowed by law. In the event it becomes necessary for Architect to refer an unpaid account to any attorney or collection agency, then in addition to any amount due Architect, Architect will be entitled to recover the costs of collection, which includes reasonable staff time and attorney's fees.

In the event the project is delayed or terminated the Architect shall be compensated for all services up to the date the Architect receives written notice to stop work from the Owner.

LIMITATION OF LIABILITY. In recognition of the relative risks, rewards and benefits of the project to both Architect and OWNER, Architect's total liability to OWNER for any and all injuries, claims, losses, expenses, damages or claims expenses arising out of this agreement from any cause or causes, shall not exceed Architect's fee. Such causes include, but are not limited to, Architect's negligence, errors, omissions, strict liability, breach of contract or breach of warranty.

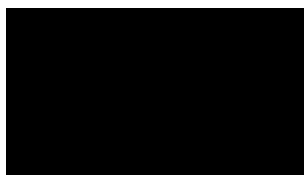
Any construction cost estimates, budget evaluations, research and any other estimates or evaluations provided by Architects shall constitute only Architect's best judgment with respect to the subject thereof. Architect disclaims any warranties or representations that actual costs, budgets, etc. will be within or equal to the estimates or evaluations.

Architect duties, responsibilities, and limitations of authority shall not be restricted, modified or extended without written agreement. This Agreement may not be assigned, sublet, or transferred by either party without consent of each other. This Agreement represents the entire agreement between Architect and Owner and may only be amended by written instrument signed by both parties. This agreement is governed by the laws of the State of Texas.

I appreciate the opportunity to work with you on this Project. This agreement is valid for 90 days from the proposal date. If this proposal is acceptable please return one executed copy to this office. This proposal shall be deemed accepted by you if at your request we begin work on this Project, notwithstanding your failure to return an executed copy of this Agreement to this office.

Mike, if you have any questions or comments regarding this proposal, please let me know.

Sincerely,



Keenon Rayner, AIA, LEED AP

Identity Architects Inc.
TBAE # 18268

Accepted and approved _____ Day of _____ 2015

WhiteStone Realty Consulting

Responsible Entity for Contract: _____.

Address: _____.
_____.

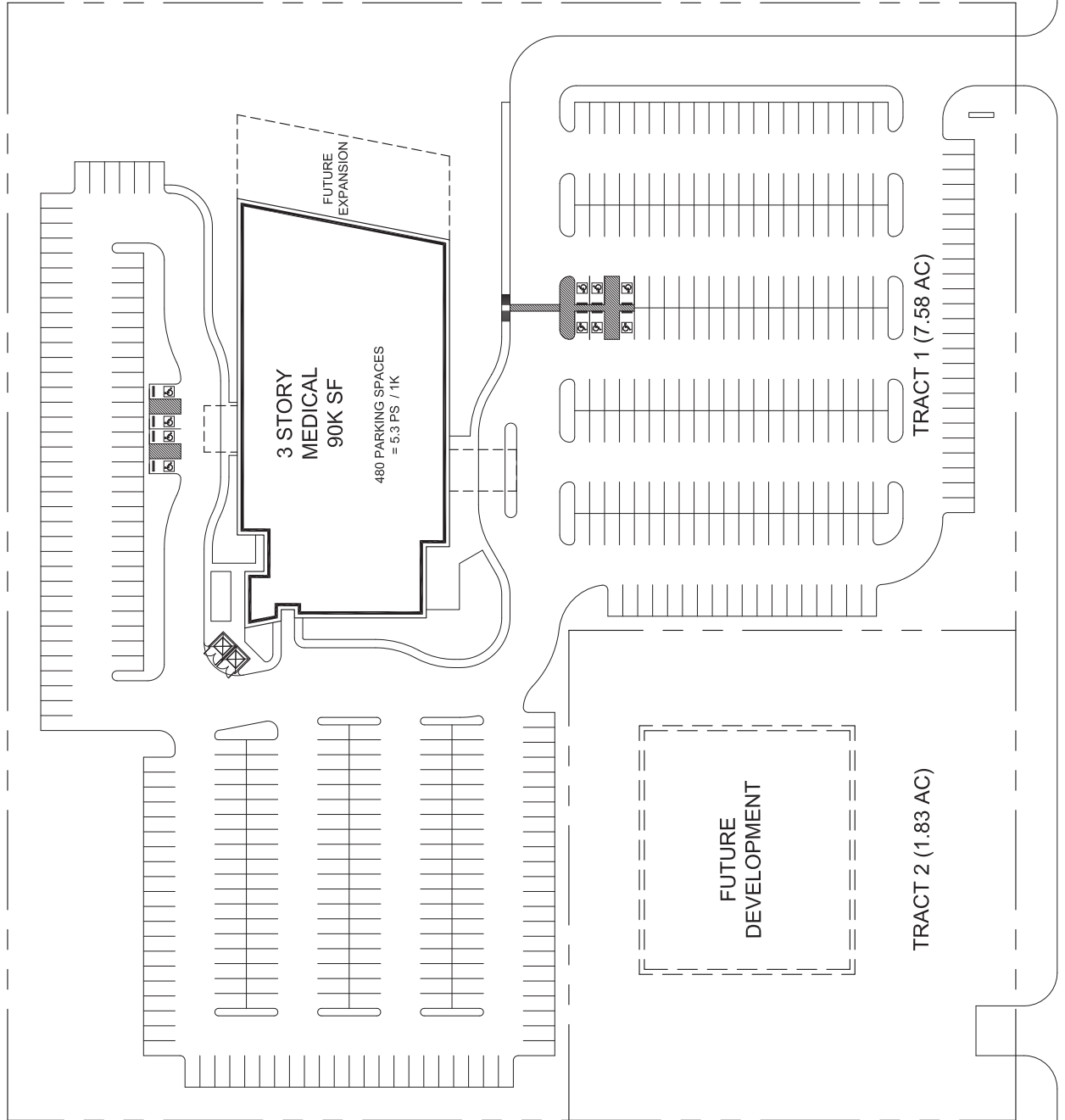
Signature: _____.

Name: _____.

Title: _____.

CONSTRUCTION PHASE SERVICES

1. The Architect shall provide administration of the Contract for Construction as set forth below. It is assumed that the Contractor will perform his duties in accordance with AIA Document A201. General Conditions of the Contract for Construction, current addition.
2. The Architect shall visit the site at intervals appropriate to the stage of construction or as otherwise agreed upon, to become generally familiar with the progress and quality of the construction work completed.
3. The Architect shall not have control over or charge of and shall not be responsible for construction means, methods, techniques, sequences or procedures, or for safety precautions and programs in connection with the construction work, since these are solely the Contractor's responsibility.
4. Based on the Architect's observations during site visits and evaluations of the Contractor's Applications for payment, the Architect shall review and certify the amounts due the Contractor.
5. The Architect shall review and approve or take other appropriate action upon the Contractor's submittals such as shop drawings, product data and samples, but only for the limited purpose of checking for conformance with information given in the Contract Documents.
6. The Architect shall provide documentation to assist the Owner in the preparation of Change Orders and Construction Change Directives. These services shall be additional services when the changes are due to a change in scope to the Project, which is initiated by the Owner.
7. The Architect shall conduct inspections to determine the dates of Substantial Completion and final completion.
8. The Architect's services during this phase shall commence with the award of the Contract for Construction, and shall terminate at the earlier of issuance to the Owner of the final Certificate of Payment or 60 days after the date of Substantial Completion of the construction work.



JOB NUMBER 14156-00
SCALE = 1/32

STREET

IdentityARCHITECTS
1111046 St. Houston, TX 77002
T: 713.355.2100 • F: 713.355.2106

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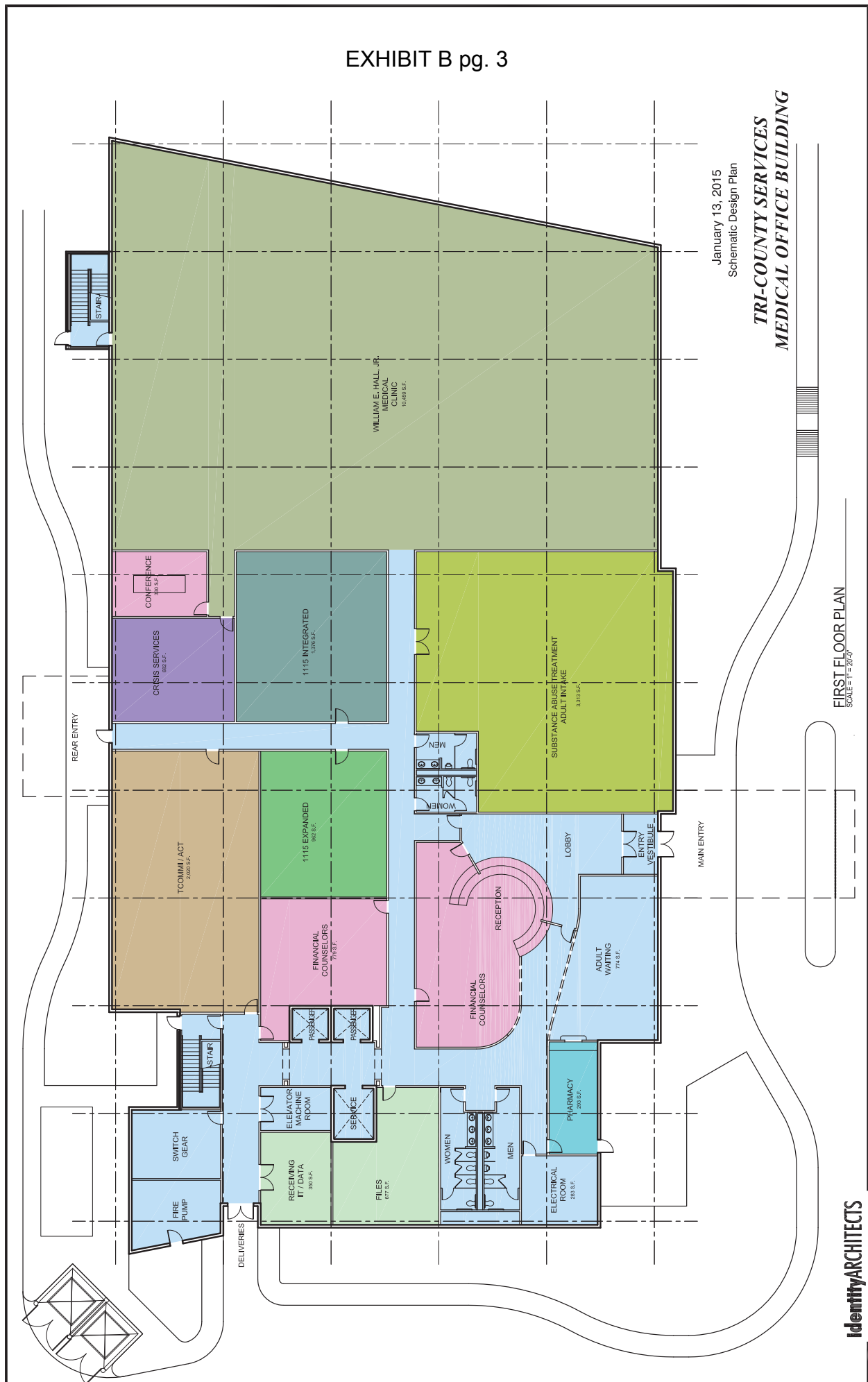


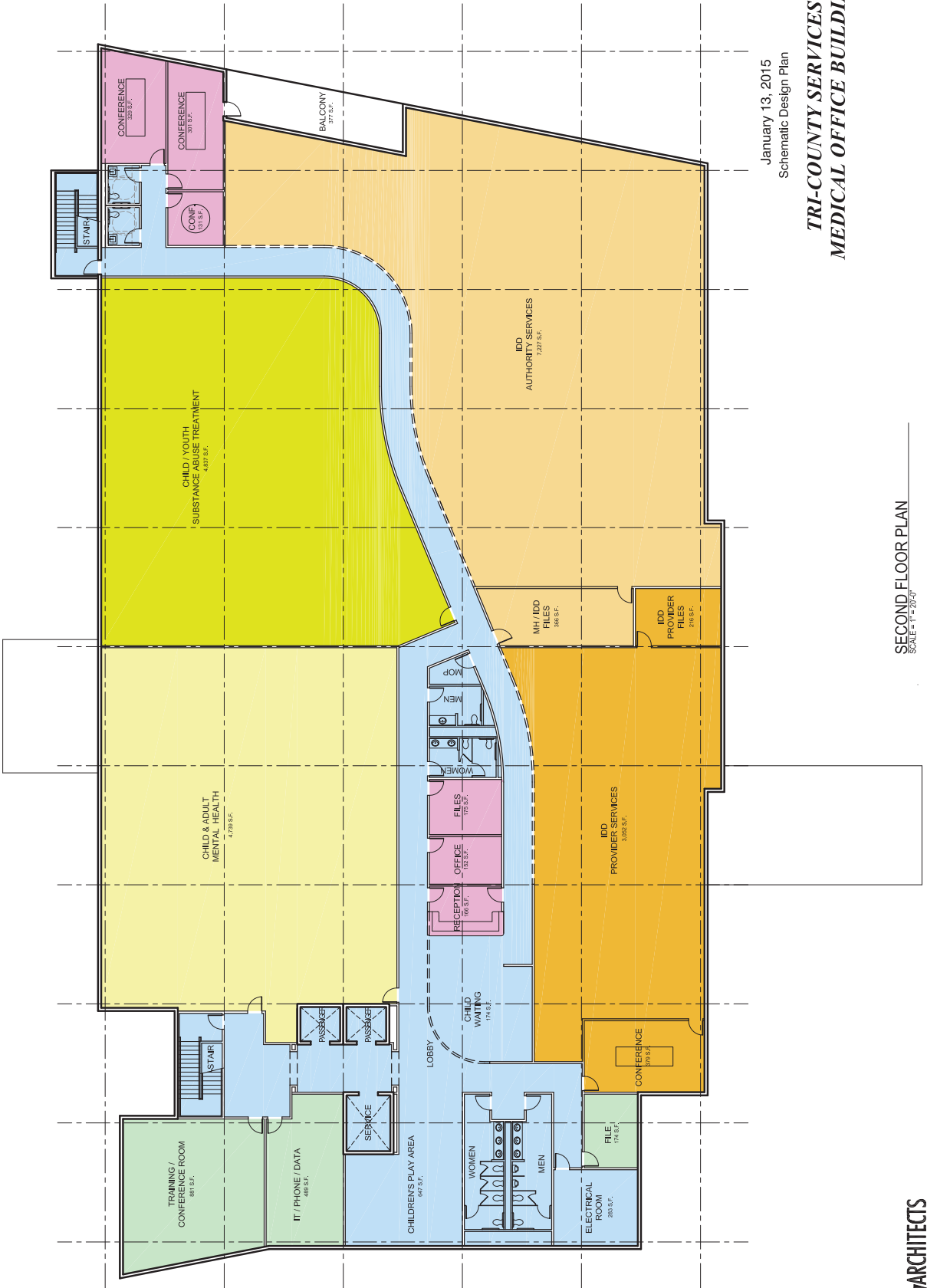
Sgt Ed Holcomb Blvd S

Wade Cr N

Anderson Rd

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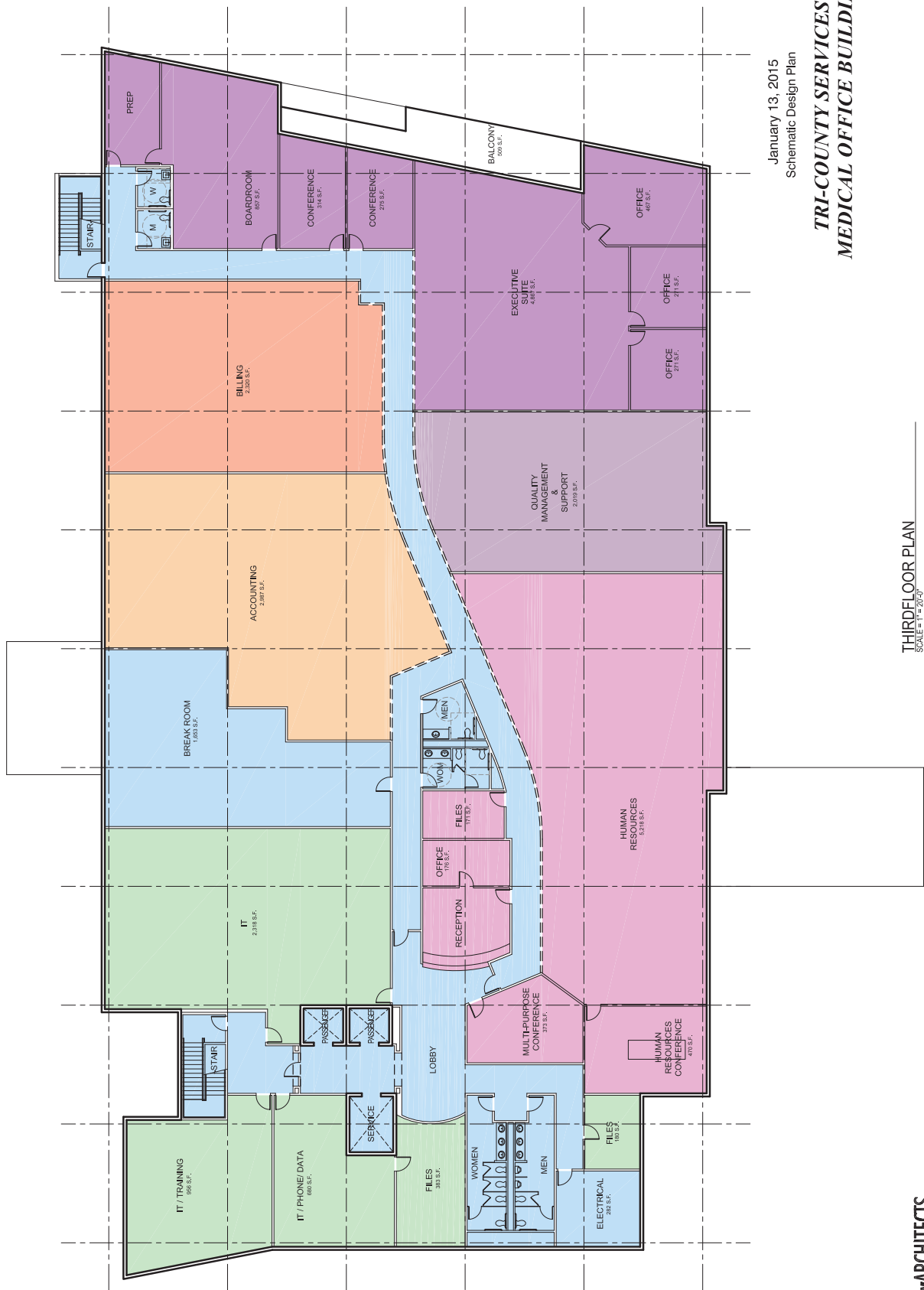




January 13, 2015
Schematic Design Plan

TRI-COUNTY SERVICES
MEDICAL OFFICE BUILDING

SECOND FLOOR PLAN
SCALE = 1" = 20'-0"



January 13, 2015
Schematic Design Plan

TRI-COUNTY SERVICES
MEDICAL OFFICE BUILDING

THIRDFLOOR PLAN
SCALE = 1" = 20'-0"

<p>Agenda Item: Discuss Direction for Intermediate Care Facilities for Individuals with Intellectual Disabilities Facilities</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 23, 2015</p>
<p>Background Information:</p> <p>Tri-County holds the license for 8, 6-bed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Empowerment Options, Inc. managed these homes under contract with Tri-County from September 1, 1994 until July 31, 2014 when Educare Community Living Corporation-Gulf Coast began providing this service. Educare's parent company, Rescare, provides services to persons with disabilities around the nation and has approximately 48,000 employees nationwide.</p> <p>Due to the short timeline for contract execution, Tri-County did not go out to bid for the FY 2015 contract. However, we did tell Rescare staff that we would likely go out to bid for the FY 2016 contract. In this case, staff would need to begin issuing Request for Proposals (RFPs) in May.</p> <p>Currently, we are \$125,000 below our revenue projections for the year, but we expect some of these funds to be recouped retrospectively. In addition to financial performance issues, there have been many contract management challenges under Educare.</p> <p>As an alternative to a RFP, the Board could direct staff to look into the option of selling the licenses. The value of these licenses is not very high and it is not considered likely that the value of the licenses would increase in the near future because the business model is not very profitable. If the licenses are sold, they could be moved to other parts of the state.</p> <p>On several occasions Tri-County has evaluated the cost of managing these homes internally, but the cost is seen as prohibitive, largely because of our benefits structure.</p> <p>Currently, Tri-County receives \$124,800 a year in rent for the 8 houses (\$1,300 per month or approximately 50¢ a square foot per month) and a 4% administrative fee on the contract (\$45,000 year-to-date). In addition, the consumers in Liberty, Cleveland and Huntsville attend our Day Habilitation programs which are paid for based on the level of need. Management of this contract can be very time consuming for Tri-County staff, and with responsibilities designated across multiple job descriptions, offsetting cuts to expenses would take some effort to identify.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Direct Staff in Next Steps for the ICF/IID Contract</p>	

<p>Agenda Item: Review and Approve New Tri-County Logo and Tagline</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 23, 2015</p>
<p>Background Information:</p> <p>Staff have continued to process necessary paperwork with state and federal agencies to notify these organization of the change of our name from Tri-County Mental Health Mental Retardation Services doing business as Tri-County Services to Tri-County Behavioral Healthcare. Currently, we are awaiting acknowledgement of the change from the Internal Revenue Service before we begin changing our name with the Centers for Medicare and Medicaid Services (CMS). After we change the name with CMS, the rest of the process will involve notifications to Center partners, state agencies and other stakeholders.</p> <p>As we move toward official use of the new name in our community, it is important that we have a new Center logo. Our Public Information Coordinator, Melis Papila, has developed a series of logos that our logo committee has reviewed and we are bringing the latest version of this logo to the Board for review and approval.</p> <p>Our new agency tagline comes as a recommendation from the Intellectual and Developmental Disability PNAC: Healthy Minds. Meaningful Lives. We sought the IDDPNAC's input on the tagline because they had expressed concerns about confusion in the community regarding the word 'behavioral' in our name and staff felt that the tagline would ameliorate these concerns.</p>	
<p>Supporting Documentation:</p> <p>Proposed Logo</p>	
<p>Recommended Action:</p> <p>Review and Approve New Tri-County Logo and Tagline</p>	



<p>Agenda Item: Approve Acceptable Uses of Social Media for Tri-County Behavioral Healthcare</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 23, 2015</p>
<p>Background Information:</p> <p>Several years ago, the Board and staff discussed the use of social media as an education and outreach tool for the Center. At that time, the Board was not confident that appropriate protections could be in place for the Center to use social media in this regard. From this conversation, staff established a Social Media Procedure which has governed the use of social media at Tri-County.</p> <p>In the last 2-3 years, we have struggled to recruit employees with our traditional methods of newspaper or web-site advertising. Consequently, we have started using a series of services, most notably Indeed, to try and find employees for our Center, but the result has not been what we had hoped it would be. We have consulted other agencies about our problems recruiting, and they have suggested the use of social media.</p> <p>Staff would like to request that the Board consider allowing the staff to set up LinkedIn and Facebook websites to recruit candidates for our positions. In addition, it would be helpful for recruitment if staff could list their current employer as Tri-County on LinkedIn, at a minimum.</p> <p>Finally, staff would like to have a conversation about also utilizing social media for consumer outreach, at least in certain programs. Our State Veteran's Program Leadership at DSHS has made several requests for us to allow our Veteran's Liaison to manage a Facebook site.</p> <p>Our Public Information Coordinator, Melis Papila, managed social media for oil and gas executives in her former job and will be available to answer questions about how the liability for the Center with these sites can be reduced.</p>	
<p>Supporting Documentation:</p> <p>Procedure 8.01 – Social Media</p>	
<p>Recommended Action:</p> <p>Approve Acceptable Uses of Social Media for Tri-County Behavioral Healthcare</p>	

Tri-County Services Summary of Revisions Program Procedures

Title:	Social Media
Procedure Number:	8.01
Applicable Reference:	
Implementation Date:	January 1, 2012
Revision Date:	July 1, 2012
Leadership Team Recommendation:	
Executive Director Authorization:	

Reason for Procedure Change:

To apply to all applicable laws.

SUMMARY OF REVISIONS:

1. II.D. the following language was added "It is unacceptable, even when off duty and away from Tri-County facilities, to post private consumer/client information (specifically including any individually-identifiable health or medical information) on social media sites..."
2. III.A the following language was added "Tri-County does not permit the use of social media for clinical treatment or care, or any communication between parties about clinical treatment or care"...

The Acknowledgement form was changed to reflect these additions and, as a result, everyone must submit a new acknowledgement form to HR.

Tri-County Services Program Procedure

Title of Procedure:	Social Media
Procedure Number:	8.01
Applicable Reference:	
Implementation Date:	January 1, 2012
Revision Date:	July 1, 2012
Leadership Team Recommendation:	
Executive Director Authorization:	

Purpose Statement: It is the policy of Tri-County Services to treat all communication with and about the Center, its employees, contractors and other stakeholders with respect. Some of Tri-County's values transcend the boundaries of the work place. Information shared on the internet via social media, however private staff or contractors may intend it to be, may become public and may impact the reputation of Tri-County, its consumer/clients and/or stakeholders. The purpose of this procedure is to define Tri-County's expectations for the use of social networking sites.

Scope: Applies to all staff and contractors of Tri-County Services.

Definitions:

Social Networking: The practice of expanding the number of one's business and/or social contacts by making connections through or with individuals or groups of individuals. While social networking has gone on almost as long as societies themselves have existed, the potential of the internet to promote such connections is only now being fully recognized and exploited.

Social Media: Any networking site (examples include: Facebook, LinkedIn, Twitter, You Tube, My Space), wikis, blogs, forums/discussion/chat groups, podcasts, etc.

Procedure: Use of Social Media at Tri-County Facilities

- I. General
 - A. Tri-County will not have Center-sponsored, external facing social media sites or activities.

- B. Social networking sites may be accessed by employees, staff and contractors on the Tri-County network, but any such access should be for legitimate business use of this technology.
- C. As with all network web activity, use of social media will be monitored and excessive use of social media will be addressed in accordance with Section IV of this Procedure.
- D. Each staff member will be required to sign the most recent version of the 'Use of Social Media Acknowledgement Form' located on the Tri-County Intranet to show agreement to abide by and to acknowledge understanding of this procedure.

II. Use of Social Media

- A. Public comments on social media sites, regardless of whether those comments were made on Tri-County or personal time, have the possibility of impacting Tri-County, our consumer/clients and/or stakeholders in a negative manner. If there is reasonable suspicion to indicate that employees or contractors are using social media in a manner which impacts these groups, Tri-County has a right to check social media sites for questionable content.
 - 1. Staff will remove any indication that they are employees of Tri-County from their social media sites to avoid unintentional problems with content reflecting on Tri-County.
- B. It is unacceptable, even when off duty and away from Tri-County facilities, to post libelous content on social media sites that would affect the reputation of the agency, staff, consumer/clients, or other stakeholders and any such post can lead to disciplinary action as indicated in Section IV of this procedure.
- C. As indicated in Tri-County's Internet Usage Procedure, no information that is posted from or stored on a Tri-County computer is considered private to the individual posting or storing it.
- D. It is unacceptable, even when off duty and away from Tri-County facilities, to post private consumer/client information (specifically including any individually-identifiable health or medical information) on social media sites, and any such post can lead to disciplinary action as indicated in Section IV of this procedure.
- E. Employees or contractors are forbidden from using social networking sites to discriminate, harass, threaten, or act inappropriately towards other employees, consumer/clients, contractors, or stakeholders. Any such action may lead to disciplinary action as indicated in Section IV of this procedure.
- F. Excessive use of social media from a Tri-County computer can be grounds for disciplinary action.

III. Clinical Boundaries

- A. Tri-County does not permit the use of social media for clinical treatment or care, or any communication between parties about clinical treatment or care. Staff and contractors should not “friend” or invite consumer/clients, their families or other related persons into their personal social media site.
- B. If someone has been invited into a staff or contractor’s personal social media site prior to the staff or contractor realizing this relationship, the staff or contractor should un-invite the consumer/client, family member or other related person. Tri-County procedure can be cited as the reason for this action.

IV. Disciplinary Action

- A. Any information posted on the internet by an employee, whether via social media or otherwise, may be used in the evaluation of an employee’s work performance if it negatively impacts the Center, staff, contractors, or stakeholders.
- B. Staff or contractors can be sanctioned by Tri-County for misuse of internet and/or social media or violations of this procedure, up to and including termination or revocation of contracts.

Use of Social Media Acknowledgement Form

Information shared on the internet via social networking, however private staff or contractors may intend it to be, may become public and their job and reputation could be at stake. Improper use of social media or other internet information sharing mechanism can irreparably harm the Center, consumer/clients, families, or stakeholders.

By signing this form, I acknowledge:

1. Tri-County uses software which has the capability to monitor all internet activity on the Tri-County network (including Center laptops off-site), 24 hours a day, 7 days a week.
2. This monitoring includes social media activity that is related to Tri-County, our consumer/clients, their families, or stakeholders.
3. Tri-County does not permit the use of social media for clinical treatment or care. Staff and contractors should not invite consumer/clients, their families or other related persons to be "friends" or participants on their social media sites.
4. Staff should un-invite consumer/clients, family members, or other related persons from social media sites to avoid clinical boundary issues.
5. No information that is posted from or stored on a Tri-County network or computer is considered private to me; any information I post from the Tri-County network or store on a Tri-County computer is subject to access at any time and for any reason by Tri-County officials, and I will limit my use of Tri-County computers and networks accordingly.
6. Employees or contractors are forbidden from using social networking sites to discriminate, harass, threaten, or act inappropriately towards other employees, consumer/clients, contractors, or stakeholders, even on their own time.
7. It is unacceptable, even when off duty and away from Tri-County facilities, to post (i) private consumer/client information, including individually-identifiable health or medical information, or (ii) libelous content on social media sites that would affect the reputation of the Center, staff, consumer/clients, or other stakeholders
8. Excessive use of social media from a Tri-County computer can be grounds for disciplinary action.
9. Staff or contractors can be sanctioned by Tri-County for misuse of internet and/or social media, up to and including termination or revocation of contracts.

Staff/Contractor Signature

Date

HR or LT Staff Signature

Date

Agenda Item: Board of Trustees' Unit Financial Statement for March 2015 Committee: Business	Board Meeting Date April 23, 2015
Background Information: None	
Supporting Documentation: Board of Trustees' Unit Financial Statement for March 2015	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2015

	March 2015 Actuals	March 2015 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,640	\$ 2,640	\$ -	\$ 18,480	\$ 19,480	\$ (1,000)	\$ 1	\$ 31,680
Total Revenue	\$ 2,640	\$ 2,640	\$ -	\$ 18,480	\$ 19,480	\$ (1,000)	\$ 1	\$ 31,680
Expenses								
Food Items	\$ 248	\$ 167	\$ 81	\$ 1,510	\$ 1,165	\$ 345	\$ 1	\$ 2,000
Insurance-Worker Compensation	\$ 7	\$ 19	\$ (12)	\$ 50	\$ 135	\$ (85)	\$ 0	\$ 230
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 10,500	\$ 10,500	\$ -	\$ 1	\$ 18,000
Postage-Express Mail	\$ -	\$ 4	\$ (4)	\$ -	\$ 30	\$ (30)	\$ -	\$ 50
Supplies-Office	\$ -	\$ 4	\$ (4)	\$ 12	\$ 30	\$ (18)	\$ -	\$ 50
Training	\$ (550)	\$ 300	\$ (850)	\$ 1,400	\$ 2,700	\$ (1,300)	\$ 1	\$ 3,600
Travel - Local	\$ 81	\$ 63	\$ 18	\$ 524	\$ 435	\$ 89	\$ 1	\$ 750
Travel - Non-local Mileage/Air	\$ 156	\$ 167	\$ (11)	\$ 1,002	\$ 1,165	\$ (163)	\$ 1	\$ 2,000
Travel - Non-local Hotel	\$ -	\$ 317	\$ (317)	\$ 124	\$ 2,215	\$ (2,091)	\$ 0	\$ 3,800
Travel - Meals	\$ -	\$ 100	\$ (100)	\$ 60	\$ 700	\$ (640)	\$ 0	\$ 1,200
Total Expenses	\$ 1,442	\$ 2,641	\$ (1,199)	\$ 15,182	\$ 19,075	\$ (3,893)	\$ 1	\$ 31,680
Total Revenue minus Expenses	\$ 1,198	\$ (1)	\$ 1,199	\$ 3,298	\$ 405	\$ 2,893	\$ 0	\$ -

Agenda Item: Montgomery Supported Housing, Inc. Update Committee: Business	Board Meeting Date April 23, 2015
Background Information: <p>The Montgomery Supported Housing, Inc. Board (MSHI) met on March 31, 2015 where they reviewed project updates and financial information.</p> <p>This was the annual meeting for the board and they re-elected officers. The board is still seeking new officers.</p> <p>Current Officers are as follows:</p> <ul style="list-style-type: none"> • Sharon Walker, President • Bill Bonito, Vice President/Treasurer • Barbara Duren, Secretary <p>The property has been relatively stable over the last quarter. They have had some kitchen lighting replaced due to ballasts going and it is more cost effective to replace the entire light versus just the part. They are also seeking quotes on new washing machines for the community room. The current machines are not commercial grade and are used quite frequently. One machine was replaced last summer and now the other machine is un-repairable.</p> <p>McDougal Property Management is actively seeking a permanent replacement for the Community Director (CD) position, and is currently interviewing qualified applicants. Jenet Genwright, CD for Independence Village continues to split her time between both sites to ensure stability and reports that Independence Place Apartments and its residents are doing well at this time. Jenet spends about 3-4 nights a week at the property. Currently, IPA is at capacity and there are 12 approved individuals on the wait list.</p> <p>As a reminder, the next MSHI Board meeting is scheduled for June 23, 2015.</p>	
Supporting Documentation: None	
Recommended Action: For Information Only	

Agenda Item: Cleveland Supported Housing, Inc. Update Committee: Business	Board Meeting Date April 23, 2015
Background Information: <p>The Cleveland Supported Housing, Inc. Board (CSHI) was updated on the project status on April 14, 2015 via email in lieu of a regularly scheduled board meeting. The next scheduled meeting is tentatively set for May 7, 2015.</p> <p>The project team has tentatively set a date of May 29, 2015 for a punch list where members of the construction team will be present. On this date, the construction team will meet to look over the property very carefully. We will be looking for problems with paint, flooring, cabinetry, counters, lighting and all other aspects of the property to ensure they are as close to perfect as possible.</p> <p>The board has selected McDougal Property Management to manage the property and they have completed the required paperwork by HUD for approval. Once this has been received they will begin the application process for selecting residents for the property. They are also currently seeking an On-site Community Director.</p> <p>Tri-County staff have been taking names for the Interest List for persons who are interested in living on the property. This list will be given to McDougal and they will begin contacting the names to start the application process.</p> <p>On March 27, 2015 the project team met with HUD on-site to review the progress and discuss the allocations for the 7th requisition. The next meeting with HUD will be held on-site April 24, 2015.</p>	
Supporting Documentation: Recent Project Pictures	
Recommended Action: For Information Only	

Independence Oaks
Cleveland, Texas
Photos Taken April 8, 2015

Building C Interior



Independence Oaks
Cleveland, Texas
Photos Taken April 8, 2015

Building C Interior



Independence Oaks
Cleveland, Texas
Photos Taken April 8, 2015

Building C Interior



Building C Exterior



Independence Oaks
Cleveland, Texas
Photos Taken April 8, 2015

Community Room



UPCOMING MEETINGS

May 28th, 2015 – Board Meeting

- Longevity Recognition Presentations – February through April
- Approve Minutes from April 23, 2015 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2015
- Program Updates
- Program Presentation
- Personnel Report for April 2015
- Texas Council Risk Management Fund Claim Summary for April 2015
- Approve April 2015 Financial Statements
- Board of Trustees Unit Financial Statement for April 2015
- Cleveland Supported Housing, Inc. Monthly Update
- Other Business Committee Issues

June 2015 – No Board Meeting

July 30th, 2015 – Board Meeting

- Longevity Recognition Presentations – May through July
- Approve Minutes from May 28, 2015 Board Meeting
- Community Resources Report
- Consumer Services Reports for May & June 2015
- Program Updates
- Year-to-Date FY 2015 Goals & Objectives Progress Report
- 3rd Quarter FY 2015 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2015 Corporate Compliance Training
- Appoint Nominating Committee for FY 2016 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Reports for May & June 2015
- Texas Council Risk Management Fund Claim Summaries for May & June 2015
- Approve May 2015 Financial Statements
- Approve June 2015 Financial Statements
- Approve FY 2015 Audit Engagement Letter
- 3rd Quarter FY 2015 Investment Report
- Board of Trustees Unit Financial Statements for May & June 2015
- Montgomery Supported Housing, Inc. Update
- Cleveland Supported Housing, Inc. Monthly Update
- Other Business Committee Issues