

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

April 26, 2018



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, April 26, 2018. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd S, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

AGENDA

I. Organizational Items

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

II. Approve Minutes - March 22, 2018

III. Executive Director's Report - Evan Roberson

- A. IDD Authority and QM Audit
- B. IDD Sanction
- C. ACT Grant
- D. Grant Funding Updates
- E. United Way of Greater Houston Funding Update

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2017 HCS, ICF and Texas Home Living and MEI Cost Reports
- B. FY 2019 Budget Process
- C. County Annual Funding Request
- D. Fixed Asset Inventory
- E. Texas Council Risk Management Fund Board Meeting
- F. CFO Consortium

V. Program Committee

Action Items

- A. Approve the Provider Network Development Plan for FY 2018-2019..... *Pages 8-32*

Information Items

- B. Community Resources Report..... *Pages 33-36*
- C. Consumer Services Reports for March..... *Pages 37-38*
- D. Program Updates..... *Pages 39-42*
- E. Medicaid 1115 Transformation Waiver Project Status Report..... *Page 43*
- F. Program Presentation - Annual Board and Management Team Training

VI. Executive Committee

Information Items

- A. Personnel Report for March 2018..... *Pages 44-46*
- B. Texas Council Risk Management Fund Claims Summary for March 2018..... *Pages 47-48*

VII. Business Committee

Action Items

- A. Approve March 2018 Financial Statements..... *Pages 49-62*
- B. Approve FY 2018 Budget Revision..... *Pages 63-64*
- C. Consider Selection of FY 2018 Auditor..... *Page 65*
- D. Ratify the Regular Services Grant Program Contract (RSP) - FEMA..... *Page 66*

- E. Approve Appointment of New Directors for the Tri-County Consumer Foundation..... *Page 67*
- F. Accept Gift of Building at 111 South Second Street, Conroe, Texas
from the Montgomery County Homeless Coalition..... *Pages 68-74*

Information Items

- G. Board of Trustees Unit Financial Statements for March 2018..... *Pages 75-76*

VIII. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney, and Section 551.072, Real Property, in regards to the Acceptance of a Gift of Building at 111 South Second Street, Conroe, Texas from the Montgomery County Homeless Coalition.

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

March 22, 2018

Board Members Present:

Patti Atkins
Richard Duren
Gail Page
Morris Johnson
Sharon Walker
Jacob Paschal

Board Members Absent:

Tracy Sorensen
Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Tanya Bryant, Director of Quality Management and Support
Kelly Shropshire, Director of IDD Authority Services
Kenneth Barfield, Director of Management Info Systems
Breanna Robertson, Director of Crisis Services
Catherine Prestigiovanni, Director of Strategic Development
Tabatha Abbott, Cost Accountant
Ava Green, Executive Assistant
Mary Lou Flynn-Dupart, Legal Counsel via Remote Conference Call

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:04 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

Public Comment: There was no public comment.

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

Resolution #03-18-01

Motion Made By: Morris Johnson

Seconded By: Jacob Paschal, with affirmative votes by Patti Atkins, Gail Page, Sharon Walker, and Richard Duren that it be...

Resolved:

That the Board excuse the absence of Janet Qureshi and Tracy Sorensen.

Program Presentations:

Life Skills Presentation

Resolution #03-18-02

Motion Made By: Jacob Paschal

Seconded By: Morris Johnson, with affirmative votes by Patti Atkins, Gail Page, Sharon Walker and Richard Duren that it be...

Resolved:

That the Board approve the minutes of the February 22, 2018 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

Resolution #03-18-03

Motion Made By: Jacob Paschal

Seconded By: Gail Page, with affirmative votes by Patti Atkins, Sharon Walker, Richard Duren, and Morris Johnson that it be...

Resolved:

That the Board approve the Mental Health Local Plan for FY 2018-2019.

Resolution #03-18-04

Motion Made By: Jacob Paschal

Seconded By: Gail Page, with affirmative votes by Patti Atkins, Sharon Walker, Richard Duren, and Morris Johnson that it be...

Resolved:

That the Board approve the Appointment of Carol Sloan as the new IDD Planning Network Advisory Committee Member.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for February 2018 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2018 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2018 Corporate Compliance and Quality Management Report were reviewed for information purposes only.

The 3rd Quarter FY 2018 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #03-18-05

Motion Made By: Sharon Walker

Seconded By: Jacob Paschal, with affirmative votes by Patti Atkins, Gail Page, Richard Duren and Morris Johnson that it be...

Resolved:

That the Board approve the revisions to Board Policy C.29.

The Personnel Report for February 2018 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for February 2018 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #03-18-06

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page and Jacob Paschal that it be...

Resolved:

That the Board approve the February 2018 Financial Statements.

Resolution #03-18-07

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page and Jacob Paschal that it be...

Resolved:

That the Board approve the purchase of a Minivan from Liberty-Dayton Chrysler Dodge Jeep in the amount of \$23,093 and the purchase of a 12 Passenger Van from Martin Chevrolet in Cleveland, Texas in the amount of \$24,170.51.

Resolution #03-18-08

Motion Made By: Morris Johnson

Seconded By: Gail Page, with affirmative votes by Patti Atkins, Sharon Walker, Richard Duren and Jacob Paschal that it be...

Resolved:

That the Board ratify HHSC Contract #529-17-0038-00035B, Amendment No. 2.

Resolution #03-18-09

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page and Jacob Paschal that it be...

Resolved:

That the Board approve the Executive Director to Execute a Lease for the East Montgomery County Crisis Expansion Center and Authorize Remodel Costs.

The 2nd Quarter FY 2018 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for February 2018 was reviewed for information purposes only.

The HUD 811 Updates (Cleveland, Montgomery and Huntsville) were reviewed for information purposes only.

The Tri-County Consumer Foundation Board Update was reviewed for information purposes only.

“Maddie’s” Video was presented to the Board after the Consumer Foundation Update.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:27 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Gail Page
Secretary

Date

<p>Agenda Item: Approve the Provider Network Development Plan for FY 2018-2019</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>April 26, 2018</p>
<p>Background Information:</p> <p>The Provider Network Development Rule requires that the Center complete a Local Planning process every two (2) years. The goal of the plan is to explain how the center will be in compliance with the Provider Network Development Rule by serving primarily as the overseer of mental health services rather than the provider of these services.</p> <p>As a part of the Local Planning process which began earlier this year, Tri-County staff sought input from local stakeholders about the services that they would most like to have a choice of providers and provided information on how potential providers may submit interest and information. We did receive an initial inquiry form from the Texas Health and Human Services Commission from one provider seeking more information, however, following additional conversations the provider withdrew their interest as they were not prepared to procure full levels of care at this time.</p> <p>Per Rule, Tri-County staff have posted the draft plan on the Center website for public comment for 30 days and have reviewed the plan with both the local and regional Planning and Network Advisory Committees and, once received, will add their comments in to the plan prior to submission.</p> <p>The Draft Provider Network Development Plan is attached for the Board.</p>	
<p>Supporting Documentation:</p> <p>Draft Provider Network Development Plan for FY 2018 - 2019</p>	
<p>Recommended Action:</p> <p>Approve the Provider Network Development Plan for FY 2018-2019</p>	

2018 Provider Network Development Plan

By April 30, 2018, complete and submit in **Word** format (**do not PDF**) to performance.contracts@dshs.state.tx.us.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Parts I and III. Part I includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability. Part III documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- ♦ Be concise, concrete, and specific. Use bullet format whenever possible.
- ♦ Provide information only for the period since submission of the 2016 Local Provider Network Development (LPND) Plan.
- ♦ Insert additional rows in tables as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

PART I: Required for all LMHA/LBHAs

Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2016 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	709,391	Number of counties (total)	3
Square miles	2,984.33	♦ Number of urban counties	2
Population density	238	♦ Number of rural counties	1

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
Liberty	Liberty	9,175	81,704	71	11.5%
Cleveland	Liberty	8,127	81,704	71	11.5%
Dayton	Liberty	7,734	81,704	71	11.5%
Conroe	Montgomery	82,286	556,203	534	78.4%
Willis	Montgomery	6,370	556,203	534	78.4%
Oak Ridge North	Montgomery	3,167	556,203	534	78.4%
Shenandoah	Montgomery	2,876	556,203	534	78.4%

Splendora	Montgomery	1,964	556,203	534	78.4%
Porter Heights (unincorporated)	Montgomery	1,872	556,203	534	78.4%
Magnolia	Montgomery	1,985	556,203	534	78.4%
The Woodlands (unincorporated)	Montgomery	114,625	556,203	534	78.4%
Huntsville	Walker	40,910	71,484	91	10.0%
New Waverly	Walker	1,081	71,484	91	10.0%

Current Services and Contracts

- 2) Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.
- 3) List the service capacity based on fiscal year (FY) 2017 data.
 - a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).
 - b) For residential programs, list the total number of beds and total discharges (all clients).
 - c) For other services, identify the unit of service (all clients).
 - d) Estimate the FY 2018 service capacity. If no change is anticipated, enter the same information as Column A.
 - e) State the total percent of each service contracted out to external providers in 2017. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

	FY 2017 service capacity (non-Medicaid only)	Estimated FY 2018 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2017*
Adult Services: Complete Levels of Care			
Adult LOC 1m	0	0	0%

Adult LOC 1s	1821	2,005	0%
Adult LOC 2	18	23	0%
Adult LOC 3	188	210	0%
Adult LOC 4	11	13	0%
Adult LOC 5	43	46	0%

Child and Youth Services: Complete Levels of Care	FY 2017 service capacity (non-Medicaid only)	Estimated FY 2018 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2017*
Children's LOC 1	25	30	0%
Children's LOC 2	102	112	0%
Children's LOC 3	38	42	0%
Children's LOC 4	2	2	0%
Children's CYC	3	3	0%
Children's LOC 5	1	1	0%

Crisis Services	FY 2017 service capacity	Estimated FY 2018 service capacity	Percent total capacity provided by external providers in FY 2017*
Crisis Hotline calls Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of hotline calls not all have financial information on file to provide with 100% accuracy.	2542	2560	100%
Mobile Crisis Outreach Team Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of hotline calls not all have financial information on file to provide with 100% accuracy.	2691	2840	0%
Other (Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services):			

Note: Individuals who were known to have Medicaid have been removed out from these totals, however, due to the nature of crisis services not all have financial information on file to provide with 100% accuracy. 854 total individuals were admitted to our CSU in FY 17.			
Crisis Stabilization Unit (CSU) - Admissions Note: 854 total individuals were admitted to our CSU in FY 17.	710	760	0%
Extended Observation Unit (EOU) - Admissions Note: 341 total individuals were admitted to our EOU in FY 17.	207	230	0%
Crisis Intervention Response Team (CIRT) - Number Served	605	635	0%
Rapid Crisis Bed Days Note: There were 33 admissions in FY 17	236	250	100%

- 4) List **all** of your FY 2017 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.
- In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., “3 Individuals”).
 - List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organizations	Service(s)
Attached – Separate Document	

Individual Practitioners	Service(s)
Attached – Separate Document	

Administrative Efficiencies

5) Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

- ♦ Tri-County Behavioral Healthcare is one of 11 local behavioral health authorities (LBHA) who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services.
- ♦ In FY 2014, Tri-County Behavioral Healthcare began working on a Board Goal to develop plans to consolidate service locations in Montgomery County and the city of Liberty. Building consolidations have since been completed. In 2015, the two service locations in the city of Liberty were consolidated into one location and in 2017 four (4) different routine service locations were consolidated into one primary facility in the city of Conroe. Additionally, in 2017 Tri-County was able to sell all vacant buildings in Montgomery County.

6) List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.

Start Date	Partner(s)	Functions
2001	<i>East Texas Behavioral Health Network:</i> Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Tri-County Behavioral Healthcare is one of 11 Behavioral Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services. Additional services offered by ETBHN include CFO consulting, Human Resource Director, IT Purchasing, WRAP for peers, and 24 hour crisis care.

	<p><i>Regional Planning Network Advisory Committee (RPNAC):</i></p> <p>Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare</p>	<p>Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC members who are on the RPNAC, Management Team staff and Quality Management staff work with other ETBHN Centers to meet the following goals:</p> <ul style="list-style-type: none"> • To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership. • To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices. • To maintain a process by which unacceptable outcomes, processes and practices can be identified, and; • Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC).
2001	<p><i>Regional Utilization Management Committee (RUM):</i></p> <p>Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center,</p>	<p>Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently</p>

	Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.
2001	<i>Regional Oversight Committee (ROC):</i> Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees to the East Texas Behavioral Health Network Executive Director. This Board is made up of the Executive Director/CEO of each member Center plus one consumer/family member. The Board meets monthly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.

Provider Availability

NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

- 7) *Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, HCBS providers, and past/interested providers via phone and email; contacting your existing network, MCOs, and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, and seeking input from your PNAC about local providers.*

- ♦ Tri-County Behavioral Healthcare staff contacted the one provider who had submitted potential interest to Health and Human Services (HHSC) on February 12, 2018. Initial contact was made with this provider via email on February 12, 2018. A phone conference was arranged for and held on Friday February 16, 2018 to discuss the area and population of interest for procurement and corresponding data points. Following discussion, Tri-County staff emailed the provider to determine what

<p>services they were interested in procuring so that we could begin to develop the procurement plan and their response clearly indicated that the provider was not interested in procuring full levels of care through LPND but instead, was interested in contracting as a hospital for individuals in crisis. The Provider formally withdrew their interest via email on February 27, 2018, followed by a formal letter received shortly thereafter.</p>
<p>♦ Following receipt of the 2018 Provider Network Development Plan Template by email on November 14, 2017, Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. The MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time.</p>
<p>♦ Updated our current stakeholder list to include providers and agencies involved in local planning processes over the past year and to ensure identification of potential new providers in our area.</p>
<p>♦ Six (6) face to face local planning meetings were held throughout our three county area in which information was provided about LPND and how a provider could express interest. Attendees were provided information about the HHSC website as well as the LPND information on the Tri-County website. These meetings were advertised in local newspapers, through the PNAC members and emailed out to our stakeholder list. Additionally, four (4) evening meetings and one Spanish meeting were held.</p>
<p>♦ The MHPNAC reviewed the Draft Local Plan and the information provided to stakeholders about LPND during the local planning process. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice. The MHPNAC committee was also updated on the status of interest of the one provider who had requested more information about the potential for Provider Network Development.</p>
<p>♦ Reviewed and discussed the lack of interested providers with the MHPNAC committee. Included, was information about the one provider (noted above) who submitted an inquiry form to HHSC, follow up provided by Tri-County staff, and detail surrounding their withdrawal of interest in LPND participation via formal letter. Discussed the Draft LPND Plan, that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the HHSC website.</p>

8) Complete the following table, inserting additional rows as needed.

- ♦ List each potential provider identified during the process described in Item 5 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2016 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through February 28, 2018. **Note:** Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2018.

- ♦ *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).*
- ♦ *Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.*

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
Baptist Hospital of Southeast Texas	HHSC website	Following notification from HHSC, Tri-County staff arranged a phone conference with Baptist Hospital of Southeast Texas which was held on February 16, 2018. During this conference call, we discussed data surrounding the number of individuals from our service area who have sought inpatient crisis hospitalization in with Baptist Hospital and their interest joining our contract hospital network. Tri-County sent a follow up email on February 21, 2018 requesting more information on the specific Levels of Care/services Baptist Hospital was interested in procuring.	Tri-County received an email response from Baptist Hospital of Southeast Texas on February 27, 2018, followed by a formal letter withdrawing from the LPND process and expressing interest in being added to our contract hospital network.

Part II: Required for LMHA/LBHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate a procurement. 25 TAC §412.754 describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

9) Complete the following table, inserting additional rows as need.

- ♦ Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
- ♦ State the capacity to be procured, and the percent of total capacity for that service.
- ♦ Identify the geographic area for which the service will be procured: all counties or name selected counties.
- ♦ State the method of procurement—open enrollment (RFA) or request for proposal.
- ♦ Document the planned begin and end dates for the procurement, and the planned contract start date.

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date

Rationale for Limitations

NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA's external provider network.

10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- ◆ Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.
- ◆ If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.
- ◆ If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.
- ◆ The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?			
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			
3) Are any of the procurements limited to certain counties within the local service area?			
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			

11) If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).

Service	Transition Period	Year of Full Procurement

Capacity Development

12) In the table below, document your procurement activity since the submission of your 2016 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.

- ♦ List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.
- ♦ State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)

PART III: Required for all LMHA/LBHAs

PNAC Involvement

13) Show the involvement of the PNAC in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
January 31, 2018	Following receipt of the 2018 Provider Network Development Plan Template by email on November 14, 2017, the MHPNAC reviewed Title 25, Part 1, Chapter 412, Subchapter P, Provider Network Development Rule, DSHS Broadcast Messages #0787 and #0788, Information Item I, Instructions for Local Planning, and were informed of the due dates for the CLSP and LPND Plans on 3/30/2018 and 4/30/2018 respectively. Discussed draft announcement to be posted on the Center website describing the LPND process and how to access information regarding LPND through Tri-County and/or the HHSC website.
February 21, 2018	Reviewed the draft local plan with the Committee and the information provided to stakeholders about LPND during the process. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking providers to provide choice. The committee was updated on the one provider, Baptist Hospital of Southeast Texas, who had requested more information about potential for Provider Network Development.
March 7, 2018	Reviewed and discussed the lack of interested providers with the Committee. Included in the discussion were the details surrounding the conversations with the one provider who submitted a form to HHSC, follow up provided by Tri-County staff, and detail surrounding their withdrawal of the request via formal letter. Discussed Draft LPND Plan, that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the DSHS website.
April 18, 2018	Reviewed and discussed the LPND plan with the ETBHN Regional PNAC.
April 25, 2018	Reviewed and discussed any public comments made to date with the MHPNAC.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on the draft plan. Do not post plans for public comment before March 1, 2018.

In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA's response, which might include:

- ♦ *Accepting the comment in full and making corresponding modifications to the plan;*
- ♦ *Accepting the comment in part and making corresponding modifications to the plan; or*
- ♦ *Rejecting the comment. Please explain the LMHA/LBHA's rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale

COMPLETE AND SUBMIT ENTIRE PLAN TO performance.contracts@dshs.state.tx.us by April 30, 2018.

Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the [LPND website](#) or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.

Appendix B

25 TAC §412.755. Conditions Permitting LMHA Service Delivery.

An LMHA may only provide services if one or more of the following conditions is present.

- (1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.
- (2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.
- (3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.
- (4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.
- (5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.
- (6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:
 - (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
 - (B) document implementation of appropriate other measures;

(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C

House Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission Rider 147):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services. (Former Special Provisions Sec. 34)

14) List **all** of your FY 2017 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.

- a) In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").
- b) List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Provider Organizations	Service(s)
Aspire	Psychiatric Inpatient Services
Bell Tech Enterprises	Day Habilitation Services
Bonds Janitorial	Janitorial Services
Boundless Possibilities, Inc.	Day Habilitation Services
Bridgewood Farms, Inc.	Day Habilitation Services
Burke Center	Day Habilitation Services
Clinical Pathology Laboratories, Inc.	Laboratory Services
Correct Care, LLC dba CCRS of Texas	Food services
Cypress Creek Hospital	Inpatient Psychiatric Services
Educare (Rescare)	Residential Services
Greater Texas Critical Care EMS	Transportation
Human Services Center	Day Habilitation Services
J and D Home Care	Assisted Living Housing
Kathryn Kuharsky Moore	Animal Assisted Therapy
Kingwood Pines Hospital	Inpatient Psychiatric Services
Lifetime Homecare Services	IDD Crisis Respite

Nightingale Interpreting Services Inc.	Interpreting
Quest Diagnostics	Laboratory Services
RecessAbility, Inc. Janette Hendrex	Animal Assisted Therapy, Animal Therapy, Music Therapy and Recreational Therapy
Sherri Clement - Hope Rising	Animal Assisted Therapy and Art Therapy
Soleil Services	Courier Services
Special Angels of The Woodlands	Day Habilitation Services - Type A
Sunshine Center, Inc.	Day Habilitation Services
The Sower Foundation	Day Habilitation Services
Urgent Clinics Medical Center	H&P and X-Ray Services
Lisa Maddux - Shirley White Child Development Center	Respite out of home - Licensed Child Care Center
Wilkins Linens and Dust Control Service	Linens and Cleaning Services
Windsor Building Services, Inc.	Janitorial Services

Individual Practitioners	Service(s)
Dr. Bharath Raj	Community Based Services
David Guerrero	Day Habilitation Services - Type B
Genevieve Balles	Day Habilitation Services - Type C
Melody Ann Archer	Dietician Services
Violet Winsmann	Document Shredding
Alvin C. & Violet M. Winsmann	Host Home Services - Type B
Angeline Ferguson	Host Home Services - Type B

Bonnie Smith	Host Home Services - Type B
Carmen Girard	Host Home Services - Type B
Charlene Linton	Host Home Services - Type B
Charlotte Stanton	Host Home Services - Type B
Charon Frey	Host Home Services - Type B
Dana Heuszel	Host Home Services - Type B
Debra Kay Polasek	Host Home Services - Type B
Diane Brandon	Host Home Services - Type B
Evelyn Redmond	Host Home Services - Type B
Gena Johnson	Host Home Services - Type B
Gloria Grant	Host Home Services - Type B
Helen "Elaine" Tabers	Host Home Services - Type B
Ira Johnson	Host Home Services - Type B
James Hicks and LaJeania Hicks	Host Home Services - Type B
Julie Cushman	Host Home Services - Type B
Karen White	Host Home Services - Type B
Kari Angelene Estes	Host Home Services - Type B
Karina Guerra	Host Home Services - Type B
Lachelle Murray	Host Home Services - Type B
Linda Guerrero	Host Home Services - Type B
Linda Pearl Slott	Host Home Services - Type B
Margaret Ann Knott	Host Home Services - Type B
Maria and Randall Sutton	Host Home Services - Type B

Marie Castecka and Steven Castecka	Host Home Services - Type B
Mary Nance	Host Home Services - Type B
Patricia Bonner Shaw	Host Home Services - Type B
Rhonda Faircloth	Host Home Services - Type B
Roberta Diane Russell	Host Home Services - Type B
Rosemary Garza	Host Home Services - Type B
Susannah Sanders	Host Home Services - Type B
Thomas Collins Jr.	Host Home Services - Type B
Vickie Jones	Host Home Services - Type B
Wanda Horton	Host Home Services - Type B
Barbara Papillion	Host Home Services - Type C
Betty Bennett	Host Home Services - Type C
Carolyn Lyons	Host Home Services - Type C
Creola Hill	Host Home Services - Type C
Dorothy Hudspeth	Host Home Services - Type C
Gary and Mary Gail Doddridge	Host Home Services - Type C
Helen Senegal	Host Home Services - Type C
Hilda Ramirez	Host Home Services - Type C
Robert Hicks Sr. and Linda Hicks	Host Home Services - Type C
Rosie Landa	Host Home Services - Type C
Steve and Pamela Degner	Host Home Services - Type C
Thomas and Kristin Callan	Host Home Services - Type C
Andrew Lupnitz	Peace Officer Services

Billy McPike	Peace Officer Services
Darrick Dunn	Peace Officer Services
Greg Vradenburg	Peace Officer Services
James D. Phillips	Peace Officer Services
James Lindeman	Peace Officer Services
Jared Farr	Peace Officer Services
Jason Roper	Peace Officer Services
Jose Herrera	Peace Officer Services
Josephine Melchor	Peace Officer Services
Lauren Homeyer	Peace Officer Services
Mark Frazier	Peace Officer Services
Mitchel Upton	Peace Officer Services
Nicholas Baker	Peace Officer Services
Paul Caughman	Peace Officer Services
Ralph Horne	Peace Officer Services
Richard Cruz	Peace Officer Services
Scott Alan McCann	Peace Officer Services
Sergio Jasso	Peace Officer Services
Stephen Willis	Peace Officer Services
Stoney Cook	Peace Officer Services
Thomas Taylor	Peace Officer Services
Wanda Pizarro de Vazquez	Peace Officer Services
Joseph Ferraro	Peace Officer Services/Coordinator of Peace Officer Services

Richard Wayne McMillan	Pharmacy Consultation
Bharath Raj, M.D., P.A.	Psychiatric Services
Dr. Manjeshwar Prabhu	Psychiatric Services
Fernando G. Torres, M.D.	Psychiatric Services
Frank Chen	Psychiatric Services
Jerri Sethna, M.D., P.A.	Psychiatric Services
Marshall B. Lucas, M.D.	Psychiatric Services
Mohsin Qayyum, M.D.	Psychiatric Services
Olayinka Modupe Ayeni, M.D.	Psychiatric Services
Pradeep Kumar Roy	Psychiatric Services
Michelle Garcia, Psy. D., & Associates	Psychology, Assessments, Clinical Supervision, Behavior Plans and Training
Brenda Pilgrim	Respite Services
Lynn Rudasill	Respite Services CFC Services
Jana Kieschnick	Respite, Transportation and Community First Choice PAS/HAB

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: April 26, 2018
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

March 23, 2018 – April 26, 2018

Volunteer Hours:

Location	March
Conroe	245.0
Cleveland	3.0
Liberty	13.5
Huntsville	7.5
Total	269.0

COMMUNITY ACTIVITIES:

3/26/18	Lone Star Family Health Center Networking Meeting	Conroe
3/26/18	Military Veteran Peer Network (MVPN) Basic Training	Conroe
3/27/18	Conroe ISD Mentor Lunch	Conroe
3/27/18	Monthly Networking Luncheon	Cleveland
3/28/18	Liberty County Community Resource Coordination Group	Liberty
3/28/18	Conroe Noon Lions Luncheon	Conroe
3/28/18	Outpatient Competency Restoration Hospital Referral Meeting	Conroe
3/28/18	MVPN collaborative meeting with The Vet Center and Veteran Treatment Court Defense Attorney	Conroe
3/28/18	Veterans Treatment Court	Conroe
3/29/18	Vietnam Veterans Day Commemorative Ceremony	Conroe
3/29/18	MVPN collaborative meeting with Liberty County Veterans Service Office	Liberty
3/29/18	Veteran 101 Presentation	Dayton
3/29/18	Agrilife Harvest to Garden Class – Seminar arranged through MVPN	Conroe
3/29/18	Chain Reaction Event – Splendora ISD	Splendora
3/30/18	Walker County Juvenile Probation Meeting	Huntsville
3/30/18	Youth Mental Health First Aid – Sam Houston State University	Huntsville
4/2/18	Tour of Montgomery County Jail with Texas Veteran Commission's Justice Involved Veteran Coordinator	Conroe
4/3/18	Juvenal Justice Alternative Educational Program Training	Conroe
4/3/18	E3 Steering Committee meeting	Conroe
4/3/18	College Job Fair at Texas Southern University	Houston
4/4/18	New Caney Chamber of Commerce Luncheon	New Caney
4/4/18	Conroe Noon Lions Club	Conroe
4/4/18	MVPN collaborative meeting with Volunteers of America and the VA	Conroe
4/5/18	Lake Conroe Area Republican Women's Network Luncheon	Conroe
4/5/18	Cleveland Chamber of Commerce Luncheon	Cleveland
4/5/18	Parenting Class Training Initiative	Liberty
4/5/18	Liberty County Health Coalition	Liberty
4/5/18	Cleveland Chamber of Commerce Luncheon	Cleveland

4/5/18	Agrilife Harvest to Garden Class – Seminar arranged through MVPN	Conroe
4/6/18	Planning for Resilient Communities Summit	Cleveland
4/8/18	Autism Awareness Event	Liberty
4/10/18	Conroe ISD Mentor Luncheon	Conroe
4/10/18	American Legion Meeting	Conroe
4/11/18	Liberty County Community Resource Coordination Group	Liberty
4/11/18	Conroe Noon Lions Club	Conroe
4/11/18	Walker County Child Fatality Review Team Meeting	Huntsville
4/11/18	Veterans Treatment Court	Conroe
4/12/18	Leadership Montgomery County	Conroe
4/12/18	Liberty County Superintendents Meeting	Liberty
4/12/18	Walker County Chamber of Commerce Small Business Breakfast	Huntsville
4/12/18	Juvenal Justice Alternative Educational Program Training	Conroe
4/12/18	Liberty County Superintendent's Presentation	Liberty
4/12/18	Huntsville Chamber of Commerce Breakfast	Huntsville
4/12/18	Liberty County Health Coalition	Liberty
4/12/18	MVPN collaborative meeting with Mental Health America about National Presentation at the National Association of Drug Court Professionals (NADCP) Conference	Conroe
4/12/18	Agrilife Harvest to Garden Class – Seminar arranged through MVPN	Conroe
4/13/18	MVPN Tour of Camp Hope with Veteran Treatment Court and Jail Staff	Houston
4/14/18	Texas Department of Criminal Justice Volunteer Training	Dayton
4/16/18	Youth Mental Health First Aid – Splendora ISD	Splendora
4/16/18	Liberty Long Term Recovery Group	Liberty
4/16/18	Juvenal Justice Alternative Educational Program Training	Conroe
4/17/18	North Houston Area Networking Partnership Meeting	The Woodlands
4/17/18	Montgomery County Community Resource Coordination Group	Conroe
4/17/18	Conroe ISD Mentor Luncheon	Conroe
4/18/18	The Woodlands Area Business Networking Breakfast	The Woodlands
4/18/18	Conroe Noon Lions Club	Conroe
4/18/18	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
4/18/18	Multidisciplinary Behavioral Health Team Quarterly Meeting	Huntsville
4/19/18	Homeless Coalition Meeting	Conroe
4/19/18	Huntsville Classical Academy Presentations	Huntsville
4/19/18	The Woodlands Chamber of Commerce Non-Profit Luncheon	The Woodlands
4/19/18	Veteran Affairs Advisory Board (VAAB) Meeting	Huntsville
4/20/18	Juvenal Justice Alternative Educational Program Training	Conroe
4/23/18	Attention Deficit Disorder Association Group Presentation	The Woodlands
4/23/18	MVPN Basic Training	Conroe
4/24/18	Conroe ISD Mentor Luncheon	Conroe
4/24/18	Juvenal Justice Alternative Educational Program Training	Conroe
4/24/18	MVPN Basic Training for County Service Officers	Houston
4/25/18	Conroe Noon Lions Club	Conroe

4/25/18	Veterans Treatment Court	Conroe
4/26/18	Montgomery County Homeless Coalition Community Meeting	Conroe
4/26/18	MVPN Presentation at Lions Club Meeting	Walden

UPCOMING ACTIVITIES:

4/27/18	Juvenal Justice Alternative Educational Program Training	Conroe
5/1/18	Conroe ISD Mentor Luncheon	Conroe
5/1/18	Juvenal Justice Alternative Educational Program Training	Conroe
5/2/18	Conroe Noon Lions Club	Conroe
5/2/18	Sam Houston State University Job Fair	The Woodlands
5/3/18	Cleveland Chamber of Commerce Luncheon	Cleveland
5/4/18	Juvenal Justice Alternative Educational Program Training	Conroe
5/4/18	Montgomery County Homeless Coalition Board Meeting	Conroe
5/4/18	IntraCare North Community Outreach Meeting	Houston
5/6/18	The Woodlands Chamber Community Relations Meeting	The Woodlands
5/8/18	Conroe ISD Mentor Luncheon	Conroe
5/9/18	Liberty County Community Resource Coordination Group	Liberty
5/9/18	Conroe Noon Lions Club	Conroe
5/10/18	Walker County Chamber of Commerce Small Business Meeting	Huntsville
5/15/18	North Houston Area Networking Partnership Meeting	The Woodlands
5/15/18	Montgomery County Community Resource Coordination Group	Conroe
5/16/18	Conroe Noon Lions Club	Conroe
5/16/18	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
5/17/18	Homeless Coalition Meeting	Conroe

Agenda Item: Consumer Services Report for March 2018 Committee: Program	Board Meeting Date: April 26, 2018
Background Information: None	
Supporting Documentation: Consumer Services Report for March 2018	
Recommended Action: For Information Only	

Consumer Services Report

March 2018

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	595	46	41	52	734
Crisis and Transitional Services (LOC 0, LOC 5)	27	0	0	1	28
Psychiatric Emergency Treatment Center (PETC) Served	68	5	10	5	88
Psychiatric Emergency Treatment Center (PETC) Bed Days	280	24	12	20	336
Contract Hospital Admissions	7	1	1	0	9
Diversion Admits	12	0	3	1	16
Total State Hospital Admissions	0	0	0	1	1
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1398	125	123	140	1786
Adult Medication Services	936	44	78	89	1147
Child Service Packages (LOC 1-4 and YC)	589	57	23	75	744
Child Medication Services	178	12	5	19	214
TCOOMMI (Adult Only)	131	15	25	7	178
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	2	0	0	0	2
Service Coordination	647	35	46	67	795
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	25	4	13	20	62
Substance Abuse Services					
Children and Youth Prevention Services	140	24	0	35	199
Youth Substance Abuse Treatment Services/COPSD	11	0	0	0	11
Adult Substance Abuse Treatment Services/COPSD	30	0	0	0	30
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	11	0	0	0	11
Home and Community Based Services Interest List	1586	132	136	154	2008
March Served by County					
Adult Mental Health Services	1790	152	135	196	2273
Child Mental Health Services	685	60	28	79	852
Intellectual and Developmental Disabilities Services	655	44	54	71	824
Total Served by County	3130	256	217	346	3949
February Served by County					
Adult Mental Health Services	1668	174	121	199	2162
Child Mental Health Services	698	57	31	81	867
Intellectual and Developmental Disabilities Services	642	45	55	68	810
Total Served by County	3008	276	207	348	3839
January Served by County					
Adult Mental Health Services	1625	175	121	193	2114
Child Mental Health Services	648	56	27	71	802
Intellectual and Developmental Disabilities Services	634	46	53	70	803
Total Served by County	2907	277	201	334	3719

Agenda Item: Program Updates Committee: Program	Board Meeting Date: April 26, 2018
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

March 23, 2018 – April 26, 2018

Crisis Services

1. Last January, a client that had multiple psychiatric inpatient and Crisis Stabilization Unit (CSU) admissions with minimal or no benefit, was enrolled in a court-ordered outpatient services program. Prior to this court-order, the client had never been compliant with outpatient services. The client began taking medication and engaging with treatment staff consistently. His court-ordered treatment ended in April. This is the first successful program graduation of its kind. Recently, the Crisis Department got together with the client and his case manager to celebrate his achievements over this past year which include no psychiatric hospitalizations.
2. The Crisis Department facilitated a training with outpatient staff at the Sgt. Ed Holcomb building location. The training provided clinical and non-clinical staff with tools and resources to utilize when managing individuals in crisis.
3. Positions for the East Montgomery County Crisis Clinic have been created and posted. A licensed vocational nurse (LVN), a psychiatric nursing assistant (PNA) and a licensed clinician will be housed in Porter to help assess crisis needs and to divert individuals from local emergency rooms. This satellite clinic is anticipated to be opened in June.

MH Adult Services

1. We have had a series of prescriber shortages due to planned and unplanned medical leave. In addition to asking for coverage from our remaining outpatient prescribers, we have used East Texas Behavioral Healthcare contracted prescribers. We hope to have everyone back to work by early May.
2. The Adult Outpatient Program reports that the program is planning to hire six direct care staff and one supervisor in addition to a Psychiatrist and a Licensed Vocational Nurse.
3. The Adult Outpatient Program is working with direct care staff on developing skills necessary to meet service targets as well as implementing a training series for on-boarding new staff to ensure that all staff have the clinical knowledge necessary to provide high quality services.

MH Child Services

1. In order to continue to provide quality care and keep up with the growth over the past year, we have added four new Child and Youth Rehab Specialist Positions.
2. Child and Youth Supervisors continue to focus on recruiting quality candidates for rehab positions, which is proving to be more challenging in the current labor market.
3. We have added an Extended Child and Youth Therapy Program which is funded by 1115 to provide more therapy appointments for families in the evening hours.

Criminal Justice Services

1. The Outpatient Competency Restoration program admitted a total of four individuals for March and April bringing the total served in FY18 to 11. Further, the Jail Services Liaison has assessed 27 individuals and coordinated the treatment of 89 others in Montgomery County Jail in January and the Jail Diversion program diverted one individual in March and one in April bringing the total to seven for FY 18.

Substance Abuse Services

1. The Adult Substance Abuse program is in the process of expanding and making changes to processes, staff roles, and leadership to promote positive changes for the individuals served. As part of this expansion, we are adding a Program Administrator, who will be responsible for overseeing the program, admissions and discharges, and quality assurance. We are also adding a Substance Use Disorder Engagement Specialist, who will focus on working with individuals active in mental health services who have been identified as having substance use behaviors, but who may not be ready to commit to treatment.
2. The prevention team has achieved higher curriculum outcome measures as they have gained more knowledge of effective group processes. School counselors consistently compliment our prevention specialists and highly rate their performance in providing quality services in the schools.

IDD Services

1. Dr. Quintero-Conk, the IDD Authority Psychologist, has assessed 122 individuals for eligibility so far this fiscal year. She is on target for completing 200 assessments for eligibility by the end of this fiscal year.
2. IDD Crisis Respite has been utilized 11 times since September. This service is to assist individuals who are experiencing crisis in their life in which the crisis may disrupt their ability to maintain successful life in the community.
3. Provider Services is preparing for upcoming annual audit. No date set yet.
4. Provider services has provided Independent Living Skills to approximately 53 individuals residing in nursing facilities.

Support Services

1. **Quality Management:**
 - a. Staff reviewed and submitted one chart to Optum for the time period of 10/1/2016 – 4/30/2017.
 - b. Staff reviewed and submitted five charts to Amerigroup for the time period of 1/1/2016 – 4/2/2018.
 - c. Staff conducted a documentation training refresher for Adult Outpatient case managers in order to ensure that staff are documenting and billing correctly.
 - d. Staff submitted the Final Fiscal Year 2018-2019 Local Plan to the Health and Human Services Commission and have updated this information on the Center website.

- e. Quality Management staff participated along with IDD Authority staff in the Local Authority Audit which took place from March 26th – 29th. The Center performed extremely well overall and the audit team was very complimentary of our IDD staff and the care they are providing to the individuals we serve.
 - f. Staff attended the Quality and Utilization Management Consortia on April 12th and 13th in Austin where information was provided from various HHSC program departments and Texas Council related to topics of interest to the Center System.
2. **Utilization Management:**
- a. Staff participated in the Regional Utilization Management meeting held on April 19, 2018. At this meeting staff reviewed and discussed Fiscal Year Quarter 2 reports.
3. **Training:**
- a. Eight licensed staff were trained in Psychological First Aid during this timeframe and additional trainings are scheduled for Trauma Informed Care.
 - b. The Clinical Trainer has been meeting with program managers to gain insight into current training and documentation needs as a part of planning for development of future trainings.
 - c. The Training Coordinator is currently participating in a series of trainings/certifications required to perform ongoing training activities.
4. **Veteran Affairs:**
- a. Staff participated in a ceremony for Vietnam Veterans at the Montgomery County Jail on March 29, 2018 where approximately 50 veterans, court staff and community leaders were in attendance. At the meeting, the Military Veteran Peer Network mentorship program for the Veteran Jail Dorm was formally announced to the public and reported in Conroe Courier.
5. **Planning and Network Advisory Committee(s):**
- Staff reviewed public comments received to date on the Local Provider Network Development Plan at the Regional Planning Network Advisory Committee on April 18, 2018 and with the local Mental Health Planning and Network Advisory Committee on April 25, 2018. Following Board approval, the final plan will be submitted to the Health and Human Services Commission and posted on our website.

Community Activities

- 1. Staff participated in two college career days – Texas Southern University and Stephen F. Austin.
- 2. The Hurricane Harvey Team was congratulated by HHSC for being at 105% of the entire grant goal on April 4, 2018. The grant is scheduled to run through October 2018.
- 3. The Strategic Development Director has been invited to be on the Advisory Board of the Dispute Resolution Center of Montgomery County.

Agenda Item: Medicaid 1115 Transformation Waiver Project Status Report Committee: Program	Board Meeting Date April 26, 2018
<p>As all DY6 measures were reported on by October 2017 and payment received, there are no HHSC reports due in April DY7.</p> <p>There is still one outstanding audit with Meyers and Stauffer (MSLC) for our DY6 Category 3 projects. The baseline measures for the two Expanded programs were reviewed and approved as submitted. May is the MSLC target date to finish review of the depression study attached to the IDD ACT program.</p> <p>Tri-County's proposal for a portion of Region 17's unallocated funds (UAF) requesting \$1.4 million was approved. The money will support additional programs to include: primary care via the mobile clinic in the rural clinics; a Health and Wellness Center; Child and Family Therapy; and increased Substance Abuse Treatment services. These additional UAF brings our DY7-8 total to \$7,390,887. All RHP 2 (Liberty County) funds are now rolled into the RHP 17 budget.</p> <p>In DY7, 20% of our funding is tied to the submission of the updated Regional Healthcare Partnership (RHP) Plan which outlines the community needs of each DSRIP/UC provider. Tri-County submitted its template to the anchor in early March for inclusion. RHP 17 will be submitting its regional plan to HHSC on April 3, 2018. A payment to us of \$1,478,177 should be made in July, 2018.</p> <p>Category A (DY7): 0%-Provider level required reporting is to include core activities, cost & savings, alternative payment methods, and learning collaborative participation. As of this report, Tri-County has reported that the Expanded Psychiatry Delivery program covering Montgomery and Walker Counties has been completed. The IDD ACT program was submitted as completed, also. The Expanded Psychiatry Delivery for Liberty County, Integrated Health Care, and the Intensive Evaluation and Diversion programs will continue.</p> <p>A core activity is an activity implemented by the provider to support the achievement of its Category C measures (below). We are focusing on 1) access to primary care services through integrated physical and behavioral health care services and 2) prevention and wellness through the provision of screening and follow-up services.</p> <p>In DY7, \$4,068,988 (65%) will be tied to Category C Outcome Measures. Based on our minimum point threshold of 15, our measure selections include: Controlling High Blood Pressure (4); Comprehensive Diabetes Care: HbA1c >9% (3); Diabetes Care: BP Control (3); Tobacco Use (2); Body Mass Index (1), and Substance Abuse (2).</p> <p>Category B (DY7): \$739,089 (10%) - Funding for maintaining Medicaid/low income/uninsured population number. Tri-County reported a Medicaid/low income/uninsured rate of 97.67%.</p> <p>Category D (DY7): \$1,108,633 (15%) - Represents a population health perspective and will report statewide measures showing activities that impact rates on measures to include: crisis response and follow-up, juvenile justice avoidance, adult jail diversion, and community tenure, etc.</p>	
Supporting Documentation: Medicaid 1115 Transformation Waiver Project Status Report	
Recommended Action: For Information Only	

Agenda Item: Personnel Report for March 2018 Committee: Executive	Board Meeting Date: April 26, 2018
Background Information: None	
Supporting Documentation: Personnel Report for March 2018	
Recommended Action: For Information Only	

Personnel Report March 2018

Total Applications received in March = 322

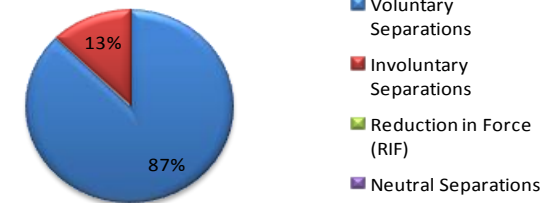
Total New Hires for the month of March = 11

Total New Hires Year to Date = 67

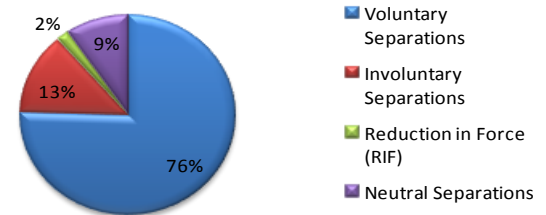
March Turnover - FY18 compared to FY17	FY18	FY17
Number of Active Employees	348	341
Number of Monthly Separations	8	6
Number of Separations YTD	53	55
Year to Date Turnover Rate	15%	16%
March Turnover Rate	2%	2%

Separations by Reason	March Separations	FY18 YTD
Retired	1	2
Involuntarily Terminated	1	7
Neutral Termination	0	4
Dissatisfied	1	1
Lack of Support from Administration	0	0
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	0
RIF	0	1
Deceased	0	0
Pay	0	1
Health	0	4
Family	2	5
Relocation	0	3
School	0	0
Personal	0	1
Unknown	0	4
New Job	3	20
Total Separations	8	53

March Voluntary, Involuntary, RIF and Neutral Separations



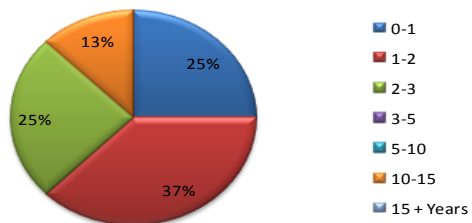
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



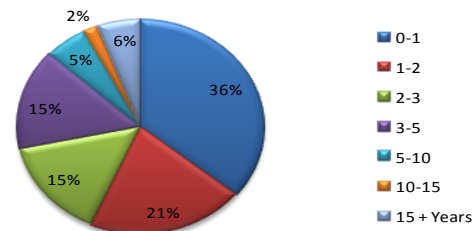
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% March	% YTD
Evan Roberson	20	0	3	0%	15%
Millie McDuffey	29	0	5	0%	17%
Amy Foerster	11	0	1	0%	9%
Tanya Bryant	12	0	0	0%	0%
MH Adult	81	1	10	1%	12%
MH Child & Youth	54	3	13	6%	24%
Catherine Prestigiovanni	9	0	1	0%	11%
Breanna Robertson	57	2	10	4%	18%
Kelly Shropshire	33	1	8	3%	24%
Kathy Foster	33	1	2	3%	6%
Kenneth Barfield	9	0	0	0%	0%
Total	348	8	53		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% March	% Year to Date
Supervisors & Managers	23	1	1	4%	4%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	45	0	8	0%	18%
Professionals (QMHP)	100	5	25	5%	25%
Professionals (QIDP)	28	1	7	4%	25%
Licensed Staff (LCDC, LPC...)	16	0	1	0%	6%
Business Services (Accounting)	14	0	1	0%	7%
Central Administration (HR, IT, Executive Director)	23	0	1	0%	4%
Program Support(Financial Counselors, QA, Training, Med. Records)	45	0	4	0%	9%
Nurse Technicians/Aides	18	0	2	0%	11%
Service/Maintenance	9	0	1	0%	11%
Direct Care (HCS, Respite, Life Skills)	27	1	2	4%	7%
Total	348	8	53		

March Separations by Tenure

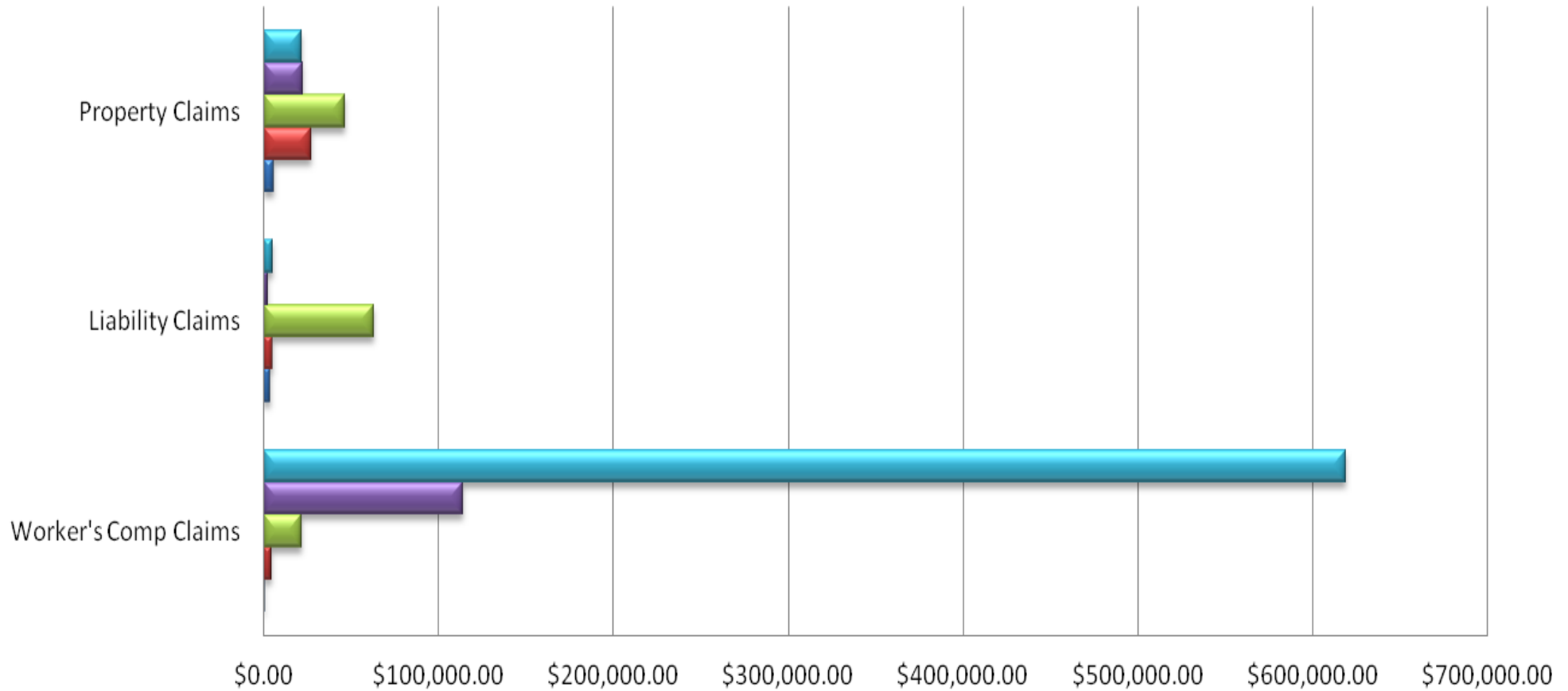


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of March 2018 Committee: Executive	Board Meeting Date: April 26, 2018
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of March 2018	
Recommended Action: For Information Only	

TCRMF Claims Summary March 2018



	Worker's Comp Claims	Liability Claims	Property Claims
2014	\$618,722.00	\$5,295.00	\$21,931.00
2015	\$113,917.00	\$2,556.00	\$22,505.00
2016	\$21,902.00	\$63,022.00	\$46,114.00
2017	\$4,517.00	\$4,893.00	\$27,455.00
2018	\$198.00	\$3,521.00	\$5,626.00

Agenda Item: Approve March 2018 Financial Statements Committee: Business	Board Meeting Date April 26, 2018
Background Information: None	
Supporting Documentation: March 2018 Financial Statements	
Recommended Action: Approve March 2018 Financial Statements	

March 2018 Financial Summary

Revenues for March 2018 were \$2,339,339 and operating expenses were \$2,223,975; resulting in a gain in operations of \$115,363. Capital Expenditures and Extraordinary Expenses for March were \$196,335; resulting in a loss of \$80,972. Total revenues were 102.63% of the monthly budgeted revenues and total expenses were 100.89% of the monthly budgeted expenses.

Year to date revenues are \$16,856,934 and operating expenses are \$16,060,019; leaving excess operating revenues of \$796,916. YTD Capital Expenditures and Extraordinary Expenses are \$675,306; resulting in a gain YTD of \$121,610. Total revenues are 100.68% of the YTD budgeted revenues and total expenses are 98.97% 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
Rehab – Title XIX	1,080,887	1,293,628	83.55%	212,741
DSHS – Veteran’s Services	38,573	57,916	60.60%	19,343
DSHS – SA Treatment Adult	35,365	61,011	57.96%	25,646
DSHS – SA Prevention	87,250	104,096	83.82%	16,846

Rehab – Title XIX – We continue to see this line item under budget due to a decrease in the number of clients with Medicaid being served in the adult clinic. We also still have numerous vacancies; mostly the children’s clinics. This line item is being adjusted based on trends in the budget revision. Once positions are filled, we should see a positive effect on this revenue line.

DSHS – Veteran’s Services – This line item is also being adjusted in the attached budget revision. As reported in prior months, the Veteran’s Services manager was out on maternity leave and budget variance primarily reflects salary and fringe dollars which were not expended during her leave. There is a corresponding reduction in expenses for the program.

DSHS – SA Treatment Adult – As the Board is aware, we have struggled to generate revenue in this program for several years. We have made some changes to this program by creating additional positions in an attempt to lead this program in the right direction. We should begin to see changes in the next few months as staff are being hired.

DSHS – SA Prevention - This is a cost reimbursement program. We are trending low in a couple of expense categories; therefore it results in a reduction in money earned for this line item.

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
Building Repairs & Maintenance	185,869	103,920	1.79%	81,949
Fixed Assets - Building	57,152	14,500	3.94%	42,652
Fixed Assets - Vehicles	51,869	0	0	51,869
Medication	408,343	391,797	1.04%	16,546

Building Repairs & Maintenance – This line item reflects major air conditioning and roof repairs from prior months. I would like to say these expenses will slow down, but we are heading into the summer months which will put a strain on our older facilities. We have adjusted this line in the budget revision with a little bit of room for unexpected maintenance items.

Fixed Assets – Building – This line item reflects the purchase of the Board of Trustee approved lots 9-13 behind the Conroe facility for future expansion.

Fixed Assets – Vehicles – As approved by the Board last month, Tri-County purchased a 12 passenger van for the Walker County Life Skills program and a minivan for the Crisis Stabilization Center.

Medication Expense – This line item reflects an upward trend due to an increase in the number of people that we are serving. We are also expecting a refund for this line based on over charges in prior months.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 31, 2018

	TOTALS COMBINED FUNDS March 2018	TOTALS COMBINED FUNDS February 2018	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,810	3,854	(44)
Cash on Deposit-General Fund	11,517,415	10,036,451	1,480,964
Cash on Deposit-Debt Fund			-
Accounts Receivable	1,836,015	1,870,624	(34,609)
Inventory	4,632	4,682	(50)
TOTAL CURRENT ASSETS	13,361,871	11,915,610	1,446,261
FIXED ASSETS	20,760,463	20,760,463	-
OTHER ASSETS	66,970	80,676	(13,705)
TOTAL ASSETS	\$ 34,189,305	\$ 32,756,750	\$ 1,432,556
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,286,925	1,246,150	40,774
NOTES PAYABLE	642,552	642,552	-
DEFERRED REVENUE	2,990,783	1,524,196	1,466,587
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	825,000	847,917	(22,917)
First Financial Construction Loan	12,323,362	12,363,223	(39,861)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	121,610	202,582	(80,972)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(13,148,362)	(13,211,140)	62,778
Reserved for Debt Retirement	-	-	-
COMMITTED			
Net Assets-Property and Equipment	20,760,463	20,760,463	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
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	(642,552)	(642,552)	-
UNASSIGNED			
Unrestricted and Undesignated	5,917,008	5,917,008	-
TOTAL LIABILITIES/FUND BALANCE	\$ 34,189,305	\$ 32,756,750	\$ 1,432,556

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 31, 2018**

	General Operating Funds	Memorandum Only Final August 2017
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,810	3,854
Cash on Deposit-General Fund	11,517,415	5,383,227
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	1,836,015	4,136,003
Inventory	4,632	4,986
TOTAL CURRENT ASSETS	13,361,871	9,528,070
FIXED ASSETS	20,760,463	20,760,463
OTHER ASSETS	66,970	205,342
	\$ 34,189,305	\$ 30,493,875
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,286,925	1,169,877
NOTES PAYABLE	642,552	642,552
DEFERRED REVENUE	2,990,783	(422,827)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	825,000	985,417
First Financial Construction Loan	12,323,362	12,399,793
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	121,610	3,492,382
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(13,148,362)	(13,385,209)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	20,760,463	20,760,463
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	-
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	516,833	516,833
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	43,165	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(642,552)	(642,552)
UNASSIGNED		
Unrestricted and Undesignated	5,917,008	2,424,625
TOTAL LIABILITIES/FUND BALANCE	\$ 34,189,305	\$ 30,493,875

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended March 2018
and Year To Date as of March 2018

INCOME:	MONTH OF March 2018	YTD March 2018
Local Revenue Sources	89,360	718,185
Earned Income	1,036,743	7,048,898
General Revenue-Contract	1,213,235	9,089,852
TOTAL INCOME	\$ 2,339,338	\$ 16,856,934
EXPENSES:		
Salaries	1,353,513	9,752,697
Employee Benefits	268,940	1,904,926
Medication Expense	53,101	408,372
Travel-Board/Staff	36,865	244,237
Building Rent/Maintenance	10,409	195,384
Consultants/Contracts	311,450	2,201,943
Other Operating Expenses	189,697	1,352,460
TOTAL EXPENSES	\$ 2,223,975	\$ 16,060,019
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 115,363	\$ 796,916
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	102,265	200,433
Capital Outlay-Debt Service	94,070	474,872
TOTAL CAPITAL EXPENDITURES	\$ 196,335	\$ 675,306
GRAND TOTAL EXPENDITURES	\$ 2,420,310	\$ 16,735,325
Excess (Deficiency) of Revenues and Expenses	\$ (80,972)	\$ 121,610

Debt Service and Fixed Asset Fund:

Debt Service	94,070	474,872
Excess(Deficiency) of revenues over Expenses	94,070	474,872

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of March 2018

	YTD March 2018	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	718,185	643,170	75,015
Earned Income	7,048,898	7,165,317	(116,419)
General Revenue-Contract	9,089,852	8,933,995	155,857
TOTAL INCOME	\$ 16,856,934	\$ 16,742,482	\$ 114,452
EXPENSES:			
Salaries	9,752,697	9,849,649	(96,952)
Employee Benefits	1,904,926	1,919,508	(14,582)
Medication Expense	408,372	392,962	15,410
Travel-Board/Staff	244,237	255,420	(11,183)
Building Rent/Maintenance	195,384	110,450	84,934
Consultants/Contracts	2,201,943	2,315,748	(113,805)
Other Operating Expenses	1,352,460	1,422,823	(70,363)
TOTAL EXPENSES	\$ 16,060,019	\$ 16,266,560	\$ (206,541)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 796,916	\$ 475,922	\$ 320,994
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	200,433	177,375	23,058
Capital Outlay-Debt Service	474,872	465,069	9,803
TOTAL CAPITAL EXPENDITURES	\$ 675,306	\$ 642,444	\$ 32,862
GRAND TOTAL EXPENDITURES	\$ 16,735,325	\$ 16,909,004	\$ (173,679)
Excess (Deficiency) of Revenues and Expenses	\$ 121,610	\$ (166,522)	\$ 288,132

Debt Service and Fixed Asset Fund:

Debt Service	474,872	465,069	9,803
Excess(Deficiency) of revenues over Expenses	474,872	465,069	9,803

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended March 2018

INCOME:	MONTH OF March 2018	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	89,360	88,565	795
Earned Income	1,036,743	1,014,705	22,038
General Revenue-Contract	1,213,235	1,176,105	37,130
TOTAL INCOME	\$ 2,339,338	\$ 2,279,375	\$ 59,963
EXPENSES:			
Salaries	1,353,513	1,388,575	(35,062)
Employee Benefits	268,940	279,049	(10,109)
Medication Expense	53,101	54,141	(1,040)
Travel-Board/Staff	36,865	36,506	359
Building Rent/Maintenance	10,409	7,208	3,201
Consultants/Contracts	311,450	316,700	(5,250)
Other Operating Expenses	189,697	186,257	3,440
TOTAL EXPENSES	\$ 2,223,975	\$ 2,268,436	\$ (44,461)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 115,363	\$ 10,939	\$ 104,424
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	102,265	36,625	65,640
Capital Outlay-Debt Service	94,070	93,867	203
TOTAL CAPITAL EXPENDITURES	\$ 196,335	\$ 130,492	\$ 65,843
GRAND TOTAL EXPENDITURES	\$ 2,420,310	\$ 2,398,928	\$ 21,382
Excess (Deficiency) of Revenues and Expenses	\$ (80,972)	\$ (119,553)	\$ 38,581

Debt Service and Fixed Asset Fund:

Debt Service	94,070	93,867	203
Excess(Deficiency) of revenues over Expenses	94,070	93,867	203

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2017 Comparative Data
Year to Date as of March 2018

INCOME:	YTD March 2018	YTD March 2017	Increase (Decrease)
Local Revenue Sources	718,185	1,014,898	(296,713)
Earned Income	7,048,898	8,434,086	(1,385,188)
General Revenue-Contract	9,089,852	9,050,151	39,701
TOTAL INCOME	\$ 16,856,934	\$ 18,499,135	\$ (1,642,201)
EXPENSES:			
Salaries	9,752,697	9,504,637	248,060
Employee Benefits	1,904,926	1,938,812	(33,886)
Medication Expense	408,372	417,525	(9,153)
Travel-Board/Staff	244,237	269,767	(25,530)
Building Rent/Maintenance	195,384	263,069	(67,685)
Consultants/Contracts	2,201,943	3,553,465	(1,351,522)
Other Operating Expenses	1,352,460	1,573,246	(220,786)
TOTAL EXPENSES	\$ 16,060,019	\$ 17,520,521	\$ (1,460,502)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 796,916	\$ 978,614	\$ (181,698)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	200,433	816,615	(616,182)
Capital Outlay-Debt Service	474,872	393,958	80,914
TOTAL CAPITAL EXPENDITURES	\$ 675,306	\$ 1,210,573	\$ (535,267)
GRAND TOTAL EXPENDITURES	\$ 16,735,325	\$ 18,731,094	\$ (1,995,769)
Excess (Deficiency) of Revenues and Expenses	\$ 121,610	\$ (231,959)	\$ 353,569

Debt Service and Fixed Asset Fund:

Debt Service	474,872	393,958	80,914
Excess(Deficiency) of revenues over Expenses	474,872	393,958	80,914

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2017 Comparative Data
For the Month Ended March 2018

INCOME:	MONTH OF March 2018	MONTH OF March 2017	Increase (Decrease)
Local Revenue Sources	89,360	96,023	(6,663)
Earned Income	1,036,743	1,201,350	(164,607)
General Revenue-Contract	1,213,235	1,270,395	(57,160)
TOTAL INCOME	\$ 2,339,338	\$ 2,567,768	\$ (228,430)
Salaries	1,353,513	1,328,512	25,001
Employee Benefits	268,940	282,663	(13,723)
Medication Expense	53,101	75,309	(22,208)
Travel-Board/Staff	36,865	28,901	7,964
Building Rent/Maintenance	10,409	17,576	(7,167)
Consultants/Contracts	311,450	539,969	(228,519)
Other Operating Expenses	189,697	268,687	(78,990)
TOTAL EXPENSES	\$ 2,223,975	\$ 2,541,617	\$ (317,642)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 115,363	\$ 26,151	\$ 89,212
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	102,265	38,347	63,918
Capital Outlay-Debt Service	94,070	64,012	30,058
TOTAL CAPITAL EXPENDITURES	\$ 196,335	\$ 102,359	\$ 93,976
GRAND TOTAL EXPENDITURES	\$ 2,420,310	\$ 2,643,976	\$ (223,666)
Excess (Deficiency) of Revenues and Expenses	\$ (80,972)	\$ (76,208)	\$ (4,764)

Debt Service and Fixed Asset Fund:

Debt Service	94,070	64,012	30,058
			-
Excess(Deficiency) of revenues over Expenses	94,070	64,012	30,058

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2018 Comparative Data
For the Month Ended March 2018

INCOME:	MONTH OF March 2018	MONTH OF February 2018	Increase (Decrease)
Local Revenue Sources	89,360	111,714	(22,354)
Earned Income	1,036,743	1,074,948	(38,205)
General Revenue-Contract	1,213,235	1,295,924	(82,689)
TOTAL INCOME	\$ 2,339,338	\$ 2,482,585	\$ (143,248)
EXPENSES:			
Salaries	1,353,513	1,447,312	(93,799)
Employee Benefits	268,940	279,936	(10,996)
Medication Expense	53,101	57,486	(4,385)
Travel-Board/Staff	36,865	32,801	4,065
Building Rent/Maintenance	10,409	34,007	(23,598)
Consultants/Contracts	311,450	273,755	37,695
Other Operating Expenses	189,697	199,006	(9,308)
TOTAL EXPENSES	\$ 2,223,975	\$ 2,324,302	\$ (100,327)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 115,363	\$ 158,284	\$ (42,921)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	102,265	58,317	43,948
Capital Outlay-Debt Service	94,070	94,260	(189)
TOTAL CAPITAL EXPENDITURES	\$ 196,335	\$ 152,576	\$ 43,759
GRAND TOTAL EXPENDITURES	\$ 2,420,310	\$ 2,476,878	\$ (56,568)
Excess (Deficiency) of Revenues and Expenses	\$ (80,972)	\$ 5,707	\$ (86,679)

Debt Service and Fixed Asset Fund:

Debt Service	94,070	94,260	(189)
Excess(Deficiency) of revenues over Expenses	94,070	94,260	(189)

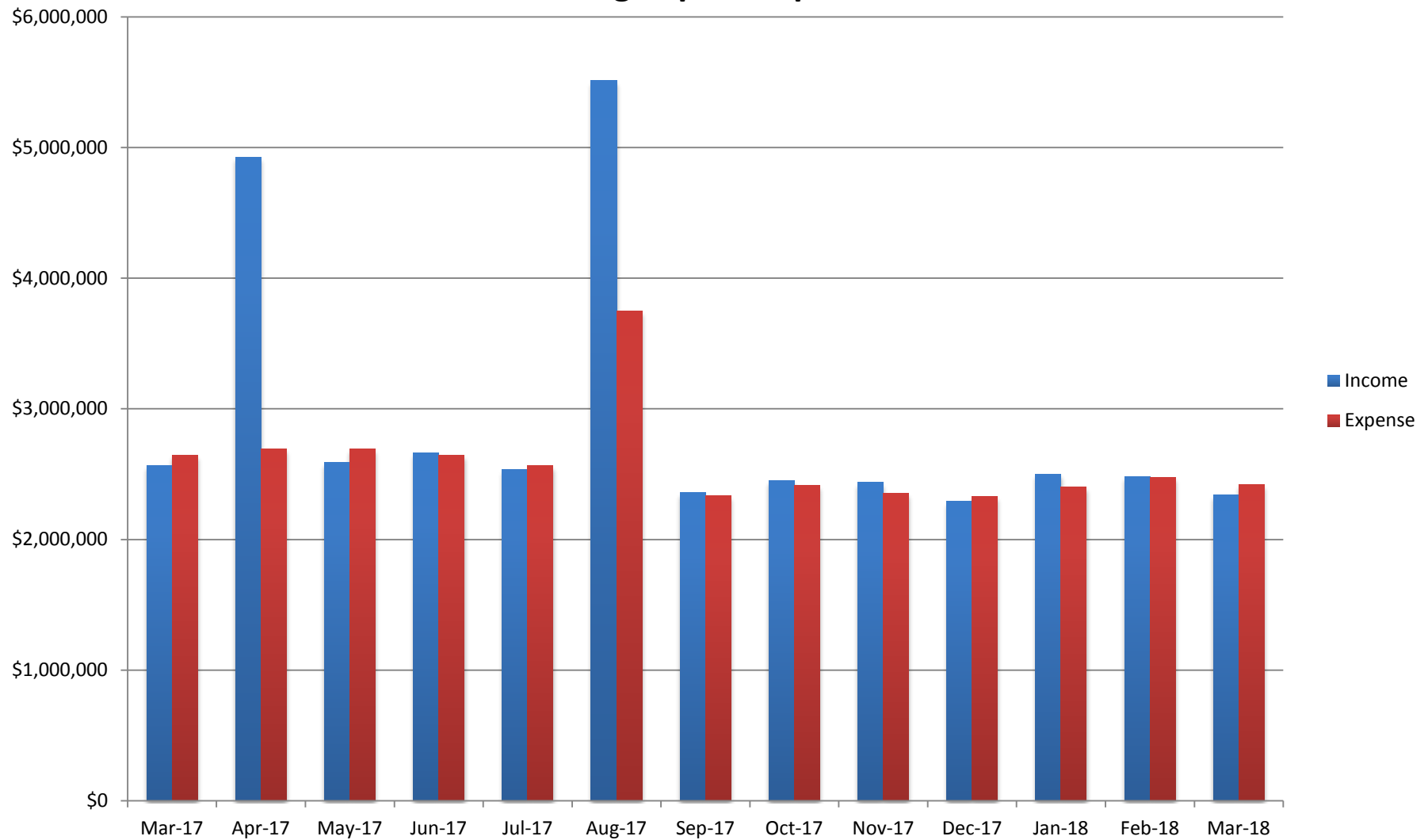
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of March 2018

	YTD Mental Health March 2018	YTD IDD March 2018	YTD Other Services March 2018	YTD Agency Total March 2018	YTD Approved Budget March 2018	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,202,685	68,830	(553,331)	718,185	643,170	75,015
Earned Income	2,439,543	2,186,234	2,423,121	7,048,898	7,165,317	(116,419)
General Revenue-Contract	7,531,585	1,074,211	484,056	9,089,852	8,933,995	155,857
TOTAL INCOME	\$ 11,173,813	\$ 3,329,275	\$ 2,353,846	\$ 16,856,935	\$ 16,742,482	\$ 114,453
EXPENSES:						
Salaries	6,504,592	1,709,529	1,538,576	9,752,697	9,849,649	(96,952)
Employee Benefits	1,249,391	369,628	285,907	1,904,926	1,919,508	(14,582)
Medication Expense	337,861		70,511	408,372	392,962	15,410
Travel-Board/Staff	130,711	72,848	40,677	244,237	255,420	(11,183)
Building Rent/Maintenance	145,179	26,308	23,897	195,384	110,450	84,934
Consultants/Contracts	1,400,302	637,568	164,073	2,201,943	2,315,748	(113,805)
Other Operating Expenses	862,981	303,002	186,478	1,352,460	1,422,823	(70,363)
TOTAL EXPENSES	\$ 10,631,017	\$ 3,118,883	\$ 2,310,119	\$ 16,060,019	\$ 16,266,560	\$ (206,541)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 542,796	\$ 210,392	\$ 43,727	\$ 796,916	\$ 475,922	\$ 320,994
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	128,963	56,743	14,726	200,433	177,375	23,058
Capital Outlay-Debt Service	308,974	149,160	16,738	474,873	465,069	9,804
TOTAL CAPITAL EXPENDITURES	\$ 437,937	\$ 205,903	\$ 31,464	\$ 675,306	\$ 642,444	\$ 32,862
GRAND TOTAL EXPENDITURES	\$ 11,068,954	\$ 3,324,786	\$ 2,341,583	\$ 16,735,325	\$ 16,909,004	\$ (173,679)
Excess (Deficiency) of Revenues and Expenses	\$ 104,859	\$ 4,489	\$ 12,263	\$ 121,609	\$ (166,522)	\$ 288,132
Debt Service and Fixed Asset Fund:						
Debt Service	308,974	149,160	16,738	474,873	465,069	(156,095)
Excess(Deficiency) of revenues over Expenses	308,974	149,160	16,738	474,873	465,069	(156,095)

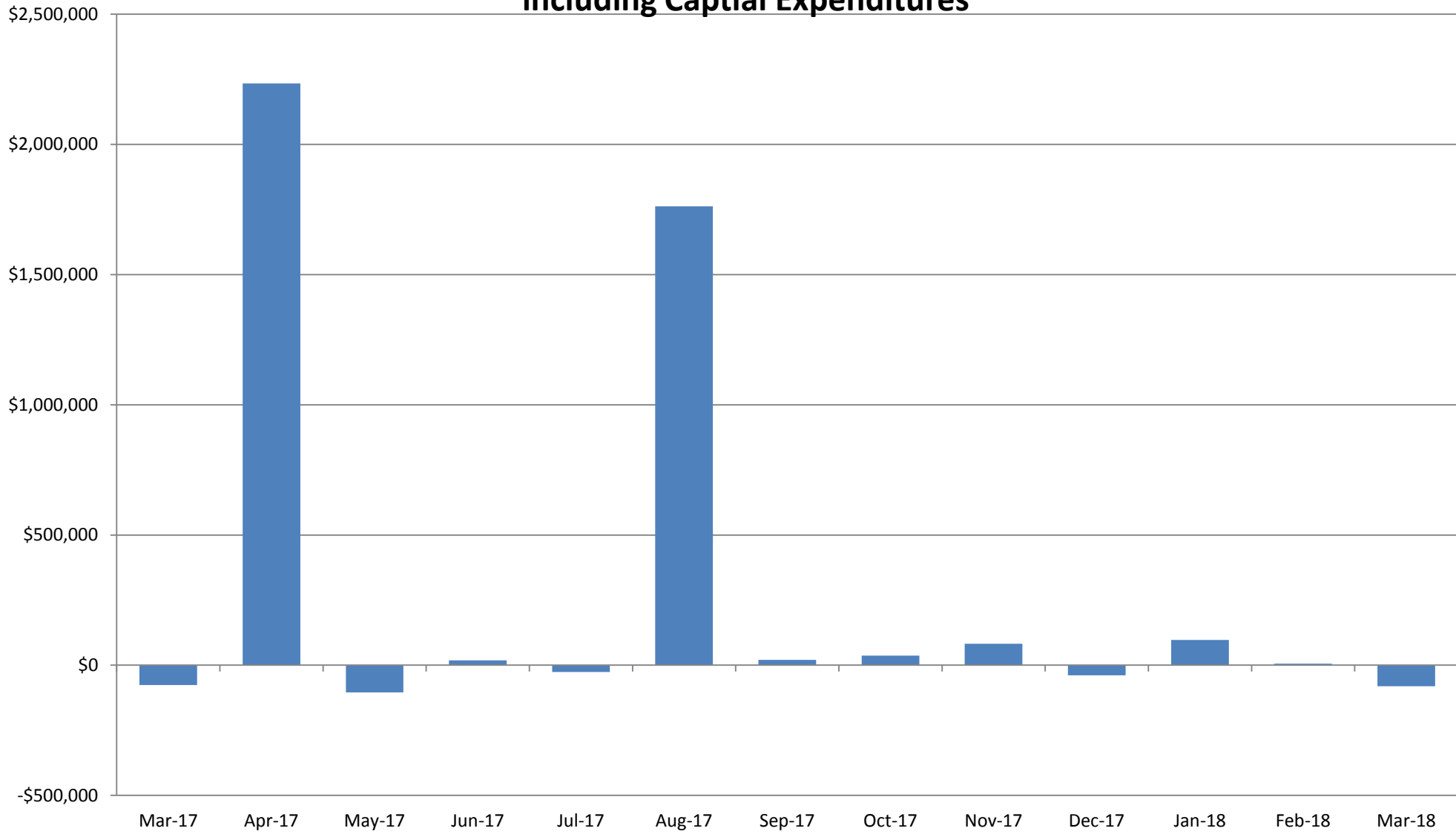
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Captial Expenditures



Agenda Item: Approve FY 2018 Budget Revision Committee: Business	Board Meeting Date April 26, 2018
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 2018 Budget Revision	
Recommended Action: Approve FY 2018 Budget Revision	

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2018 REVISED BUDGET COMPARED TO
CURRENT APPROVED FY 2018 BEGINNING BUDGET**

	PROPOSED FY 2018 REVISED BUDGET	APPROVED FY 2018 BEGINNING BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,325,902	\$ 1,106,687	\$ 219,215
Earned Income	\$ 12,727,073	\$ 11,889,928	\$ 837,145
General Revenue	\$ 16,030,772	\$ 15,362,991	\$ 667,781
TOTAL INCOME	\$ 30,083,747	\$ 28,359,606	\$ 1,724,141
EXPENSES:			
Salaries	\$ 17,156,829	\$ 16,810,018	\$ 346,811
Employee Benefits	\$ 3,267,859	\$ 3,132,280	\$ 135,579
Travel-Board/Staff	\$ 454,928	\$ 434,950	\$ 19,978
Medication Expense	\$ 705,167	\$ 649,667	\$ 55,500
Building Rent/Maintenance	\$ 269,287	\$ 141,490	\$ 127,797
Consultants/Contracts	\$ 4,181,876	\$ 3,711,742	\$ 470,134
Other Operating Expenses	\$ 2,541,212	\$ 2,417,555	\$ 123,657
TOTAL EXPENSES	\$ 28,577,158	\$ 27,297,702	\$ 1,279,456
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,506,589	\$ 1,061,904	\$ 444,685
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 605,227	\$ 319,500	\$ 285,727
Capital Outlay - Debt Services Bonds	\$ 901,362	\$ 742,404	\$ 158,958
TOTAL CAPITAL EXPENDITURES	\$ 1,506,589	\$ 1,061,904	\$ 444,685
GRAND TOTAL EXPENDITURES	\$ 30,083,747	\$ 28,359,606	\$ 1,724,141
Excess (Deficiency) of Revenues and Expenses	\$ -	\$ -	\$ -

Agenda Item: Consider Selection of FY 2018 Auditor	Board Meeting Date April 26, 2018																
Committee: Business																	
Background Information: Each year, Tri-County Behavioral Healthcare is required to select an outside auditor for our financial audit. We have previously used the following auditors:																	
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">FY 1992</td> <td style="padding: 5px;">Pircher and Co.</td> </tr> <tr> <td style="padding: 5px;">FY 1988 - 1993</td> <td style="padding: 5px;">Kenneth Davis</td> </tr> <tr> <td style="padding: 5px;">FY 1999</td> <td style="padding: 5px;">Vetter & Taboada, PC</td> </tr> <tr> <td style="padding: 5px;">FY 2000 - 2003</td> <td style="padding: 5px;">David N. Miller, LLP</td> </tr> <tr> <td style="padding: 5px;">FY 2004 - 2006</td> <td style="padding: 5px;">McConnell & Jones, LLP</td> </tr> <tr> <td style="padding: 5px;">FY 2007 - 2010</td> <td style="padding: 5px;">David N. Miller, LLP</td> </tr> <tr> <td style="padding: 5px;">FY 2011 - 2012</td> <td style="padding: 5px;">Carlos Taboada & Company, PC (Carlos Taboada previously worked for David N. Miller, LLP and opened his own business 7/11.)</td> </tr> <tr> <td style="padding: 5px;">FY 2013 - 2017</td> <td style="padding: 5px;">Scott, Singleton, Fincher and Company, PC</td> </tr> </table>		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 - 2017	Scott, Singleton, Fincher and Company, PC
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FY 2013 - 2017	Scott, Singleton, Fincher and Company, PC																
The FY 2018 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 2018 Independent Financial Audit.																	

<p>Agenda Item: Ratify the Health and Human Services Commission Regular Services Program (RSP) Contract #HHS 000097700001</p> <p>Committee: Business</p>	<p>Board Meeting Date:</p> <p>April 26, 2018</p>
<p>Background Information:</p> <p>On August 25, 2017, our three counties were federally declared as major disaster areas subsequent to flooding caused by Hurricane Harvey.</p> <p>The Federal Emergency Management Administration, through HHSC, contracted with Community Centers in affected areas to provide the Crisis Counseling and Training Program (CCP) to “individuals and groups, including but not limited to: emergency first responders, disaster workers, disaster survivors, children, veterans, seniors and other persons present and/or residing in the Texas counties that were included in the federal disaster area.”</p> <p>The FEMA Crisis Counseling and Training Program grant comes in two phases. The initial phase is the Initial Services Program (ISP) and the second phase is the Regular Services Program (RSP) The Regular Services Program began on February 1, 2018 and will continue for an additional nine (9) months. The Board approved the ISP contract in January.</p> <p>Our RSP grant is for \$486,607. The grant reimburses us for staff costs for the program.</p> <p>Tri-County has hired 6 CCP staff, a supervisor and a support staff that are making contacts in the community. Thus far, Tri-County’s CCP Team has contacted over 25,324 individuals. This program is overseen by Catherine Prestigiovanni.</p> <p>This contract was received after the last Board meeting and needed to be returned immediately to HHSC. Evan Roberson sought permission from the Board Chair to sign the contract and have it ratified at the April meeting.</p>	
<p>Supporting Documentation:</p> <p>Contract will be available for review</p>	
<p>Recommended Action:</p> <p>Ratify the Health and Human Services Commission Regular Services Program (RSP) Contract #HHS 000097700001</p>	

<p>Agenda Item: Appoint New Directors for the Tri-County's Consumer Foundation (TCCF) Board</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 26, 2018</p>
<p>Background Information:</p> <p>On January 29, 2015, the Tri-County Board approved the formation of a foundation that would exist to support Tri-County consumers. We currently have 4 directors and are requesting to add the following 3 directors for a total of 7.</p> <p>Ms. Kris Karain is a licensed realtor and has a background in Human Resources. Ms. Karain has served on The Team Reed Foundation since its inception in 2016; where her focus has been on helping the homeless and improving and changing lives of others who are in desperate need of help. She brings a creative piece to the table as well and is known in The Woodlands for not only her interior design but for her "upside down Christmas trees" that she auctions off for charity.</p> <p>Ms. Karain has been contacted and is willing to serve in the current term which is set to expire August 31, 2018.</p> <p>Mr. Roger Puccio-Johnson is a Senior executive with BRG Capital Advisors located in The Woodlands; where he has 21 years of investment banking experience. Mr. Johnson has a strong heart for the individuals that Tri-County serves and understands how many of their needs go unmet.</p> <p>Mr. Johnson has been contacted and is willing to serve in the current term which is set to expire August 31, 2018.</p> <p>Mr. Philip Dupuis is a recently retired 30+ year Conroe Police Dept. veteran, with his last 9 years serving as Chief. Mr. Dupuis is very active in the Conroe Noon Lions Club and has served our community in volunteer and advocate positions throughout his time in the police department. Mr. Dupuis has an in-depth understanding of our clients and their needs, and made every effort to work with Tri-County to keep our folks out of jail.</p> <p>Mr. Dupuis has been contacted and is willing to serve in the current term which is set to expire August 31, 2019.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Ms. Kris Karain and Mr. Roger Puccio-Johnson to Serve on Tri-County's Consumer Foundation Board for a Term Which Expires August 31, 2018 and Appoint Mr. Philip Dupuis to Serve on Tri-County's Consumer Foundation Board for a Term Which Expires August 31, 2019</p>	

Agenda Item: Accept Gift of Building at 111 South Second Street, Conroe, Texas from the Montgomery County Homeless Coalition

Board Meeting Date

April 26, 2018

Committee: Business

Background Information:

The Montgomery County Homeless Coalition was given the former Montgomery County Food Bank warehouse, and a Community Development Block Grant in the amount of approximately \$1.3 million dollars to convert the facility into the Equip, Educate and Empower Center (E³) after the Food Bank moved to a new facility in the Woodlands. The old facility is located at 111 South Second Street in Conroe.

The Coalition worked with a series of non-profit entities to provide services to persons who were low income or at risk of becoming homeless and each of these entities signed an agreement to pay 'rent' for their space which would fund the operations of the facility.

As the facility neared completion and the Coalition begin attempting to set up contracts with these entities to provide the rent for the facility, all of them backed out, including Lone Star College who was planning to offer culinary classes at the facility in a \$400,000 dollar kitchen that has been built in the facility. The organization cited a variety of reasons for backing out, but it became clear that communication about expectations for these partners had not been consistent.

The Coalition needed a) to figure out how to fund the operations of the facility and begin providing services in compliance with the grant to avoid default or b) find another organization to take over the building that serves low income and homeless individuals. We were contacted by the County to consider assuming the building.

The facility is in final punch phase of construction and is completely new on the inside (previously, it was an open warehouse). It is approximately 10,000 square feet in size.

While we did not expect to be in this position, staff has evaluated the facility and do believe that it can fit into our strategic plan. We have some services, specifically for homeless individuals, that could move there immediately and we are currently applying for a SAMHSA Assertive Community Treatment grant that will not easily fit in our Sgt. Ed Holcombe facility.

After long and deliberate conversation, staff are recommending accepting this gift. We would have to sign a Land Use Restriction Agreement (LURA) to satisfy the grant, but the services are very similar to what we already provide. We have to maintain services for 20 years to satisfy the LURA.

Evan Roberson met with the Assistant District Attorney (Vice-Chair of the Board), the County Attorney's office and CDBG Administration to discuss the transfer process. The County will facilitate the building transfer after Board and Commissioners Court approval. A survey, Phase I environmental assessment, as-built diagrams and warranty documents on the facility will be provided as part of the transfer. The County Attorney's Office will handle the transfer of the deed.

Staff have attached the building floor plan, a letter from the Montgomery County Homeless Coalition expressing their interest to transfer the building and some pictures of the site.

Supporting Documentation:

Letter from the Montgomery County Homeless Coalition
111 South Second Street, Conroe Floor plan
Interior pictures of the facility

Recommended Action:

Accept Gift of Building at 111 South Second Street, Conroe, Texas from the Montgomery County Homeless Coalition and Authorize the Executive Director to Execute Necessary Documents.



Montgomery County Homeless Coalition

2257 N. Loop 336, Suite 140363, Conroe, Texas 77304

April 17, 2018

Mr. Evan Roberson, Executive Director
Tri-County Behavioral Healthcare
233 Sgt. Ed Holcomb Blvd. S.
Conroe, Texas 77304

Dear Mr. Roberson,

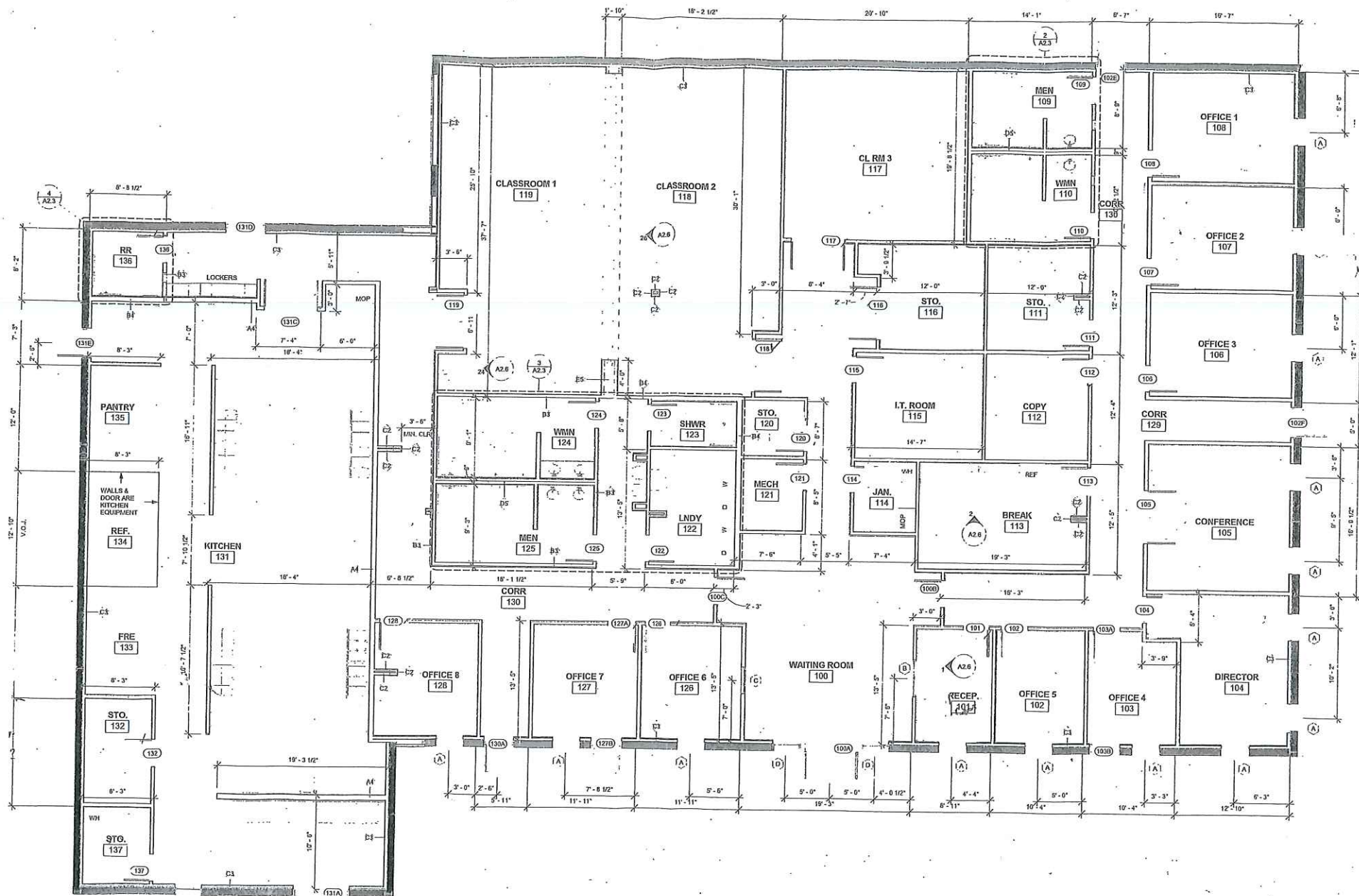
In 2014, the Montgomery County Food Bank transferred ownership of their former facility (approximately 11,000 square feet) and attached garden, located at 111 S. Second Street, Conroe, Texas, to the Montgomery County Homeless Coalition (MCHC). Soon thereafter, the MCHC received approximately \$1.2 million in CDBG Grant funding to fully renovate the facility into the MCHC E3 (Equip, Educate, & Empower) Center to serve the low-income/poverty population. The E3 Center remodel was completed in April, 2018.

During the three years the E3 Center remodel was being completed, the MCHC Board attempted to secure funding for monthly operations of the facility. Although the MCHC Board raised some funds, the anticipated expenses associated with monthly operations of the E3 Center have greatly exceeded the funding abilities of the MCHC. On April 9, 2018, in accordance with our Bylaws, the Montgomery County Homeless Coalition (MCHC) Board of Directors convened a Special Meeting to address the financial matters and long-term sustainability related to the E3 Center. At this meeting, the MCHC Board voted unanimously to terminate the E3 Center project and seek a legal transfer of ownership and grant obligations of the E3 Center to a different agency or organization.

Therefore, subject to Tri-County's Board of Trustee approval, the MCHC will agree to transfer full ownership, rights, control, and CDBG/HUD grant responsibilities of this MCHC facility (Former E3 Center - located at 111 S. Second Street, Conroe, Texas) to Tri-County Behavioral Healthcare.

Sincerely,

J. Tyler Dunman, Vice President
Board of Directors, Montgomery County Homeless Coalition
936-538-3510



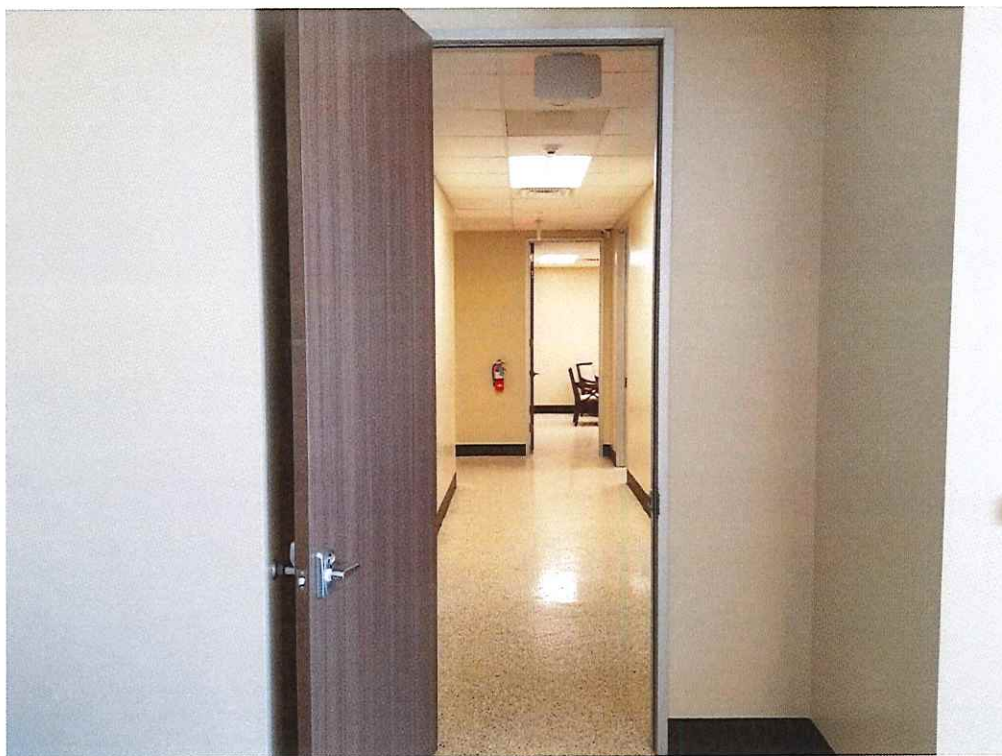


Commercial Kitchen





Lobby and Reception Area



Administrative Hallway



Classroom Hallway

Agenda Item: Board of Trustees Unit Financial Statement as of March 2018 Committee: Business	Board Meeting Date April 26, 2018
Background Information: None	
Supporting Documentation: March 2018 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2018

	March 2018 Actuals	March 2018 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 17,875.00	\$ 17,875.00	\$ -	100.00%	\$ 30,645.00
Total Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 17,875.00	\$ 17,875.00	\$ -	100.00%	\$ 30,645.00
Expenses								
Food Items	\$ -	\$ 167.00	\$ (167.00)	\$ -	\$ 1,165.00	\$ (1,165.00)	0.00%	\$ 2,000.00
Insurance-Worker Compensation	\$ 9.67	\$ 17.00	\$ (7.33)	\$ 60.64	\$ 115.00	\$ (54.36)	52.73%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 10,500.00	\$ 10,500.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 20.00	\$ (20.00)	\$ 12.00	\$ 145.00	\$ (133.00)	0.00%	\$ 245.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 2,100.00	\$ (2,100.00)	0.00%	\$ 3,600.00
Travel - Local	\$ -	\$ 50.00	\$ (50.00)	\$ -	\$ 350.00	\$ (350.00)	0.00%	\$ 600.00
Travel - Non-local Mileage/Air	\$ 605.90	\$ 150.00	\$ 455.90	\$ 864.90	\$ 1,050.00	\$ (185.10)	82.37%	\$ 1,800.00
Travel - Non-local Hotel	\$ -	\$ 250.00	\$ (250.00)	\$ 588.95	\$ 1,750.00	\$ (1,161.05)	33.65%	\$ 3,000.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 153.43	\$ 700.00	\$ (546.57)	21.92%	\$ 1,200.00
Total Expenses	\$ 2,115.57	\$ 2,554.00	\$ (438.43)	\$ 12,179.92	\$ 17,875.00	\$ (5,695.08)	68.14%	\$ 30,645.00
Total Revenue minus Expenses	\$ 438.43	\$ -	\$ 438.43	\$ 5,695.08	\$ -	\$ 5,695.08	31.86%	\$ -

UPCOMING MEETINGS

May 24, 2018 – Board Meeting

- Approve Minutes from April 26, 2018 Board Meeting
- Program Presentation
- Community Resources Report
- Consumer Services Report for April 2018
- Program Updates
- Program Presentation – Longevity Recognitions
- Personnel Report for April 2018
- Texas Council Risk Management Fund Claims Summary as of April 2018
- Approve Financial Statements for April 2018
- Consider Selection of FY 2019 Auditor
- Board of Trustees Unit Financial Statement as of April 2018

June 2018 – No Board Meeting

July 26, 2018 – Board Meeting

- Approve Minutes from May 24, 2018 Board Meeting
- Program Presentations – Longevity Recognitions & Essay Contest Winners
- Community Resources Report
- Consumer Services Report for May and June 2018
- Program Updates
- FY 2018 Goals & Objectives Progress Report
- 3rd Quarter FY 2018 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2018 Corporate Compliance Training
- Medicaid 1115 Transformation Waiver Project Status Report
- Appoint Nominating Committee for FY 2019 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2018
- Texas Council Risk Management Fund Claims Summary for May and June 2018
- Approve Financial Statements for May and June 2018
- Approve FY 2018 Auditor Engagement Letter
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker's Compensation Coverage
- Review Tri-County's FY 2016 990 Tax Return Prepared by Scott, Singleton, Fincher & Co., P.C.
- 3rd Quarter FY 2018 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2018
- Tri-County Consumer Foundation Board Update
- HUD 811 – Cleveland, Montgomery & Huntsville Updates

Tri-County Acronyms	
1115	Medicaid 1115 Transformation Waiver
ACT	Assertive Community Treatment
APS	Adult Protective Services
ADRC	Aging and Disability Resource Center
ANSA	Adult Needs and Strengths Assessment
APRN	Advanced Practice Registered Nurse
ARDS	Assignment Registration and Dismissal Services
BJA	Bureau of Justice Administration
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Method
CANS	Child and Adolescent Needs and Strengths
CARE	Client Assignment Registration & Enrollment
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CFRT	Child Fidelity Review Team
CHIP	Children's Health Insurance Program
CPS	Child Protective Service
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Service
DOB	Date of Birth
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
Dx	Diagnosis
ETBHN	East Texas Behavioral Healthcare Network
FLSA	Fair Labor Standards Act
FY	Fiscal Year
HCBS-AMH	Home and Community based Services - Adult Mental Health
HCS	Home and Community based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
IHP	Individual Habilitative Plan
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)

LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LMSW	Licensed Masters Social Worker
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
MAC	Medicaid Administrative Claiming
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance for the Mentally Ill
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not guilty for Reason of Insanity
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PNAC	Planning Network Advisory Committee
PRS	Psychosocial Rehab Specialist
PQI	Partnership for Quality Improvement
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RN	Registered Nurse
RPNAC	Regional Planning & Network Advisory Committee
SAMA	Satori Alternatives to Managing Aggression
TAC	Texas Administrative Code
TCBHC	Tri-County Behavioral Healthcare
TCOOMMI	Texas Correction Office on Offenders with Medical & Mental Impairments
TCO	Treatment Co-Occurring Mental Health and Substance Abuse Services
TCRMF	Texas Council Risk Management Fund
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHML	Texas Home Living
TRY	Treatment Youth Services (Substance Abuse)
UM	Utilization Management
UW	United Way
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services

Updated 4/17/17