

Tri-County Services Board of Trustees Meeting

December 12, 2013



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, December 12, 2013. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 1506 FM 2854, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:15 a.m.

AGENDA

I. Organizational Items

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

II. Program Presentation - Huntsville Life Skills Christmas Carolers

III. Presentation of Awards to Consumer Christmas Card Contest Winners

IV. Approve Minutes - October 24, 2013

V. Executive Director's Report - Evan Roberson

- A. DSHS
 - 1. 10% Outcomes Incentive Update
- B. PETC
 - 1. Nurse Call System
- C. DADS
 - 1. Local Authority Audit
 - 2. Potential SB 7 Pilot
- D. General Updates
 - 1. William E. Hall Facility
 - 2. Montgomery County HIE
 - 3. Admin Building Updates
 - 4. PAP Program Changes
 - 5. New Advertising
- E. ETBHN Updates

VI. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2013 Audit
- B. Cost Accounting Methodology (CAM)
- C. Worker's Compensation Audit
- D. FY 2013 HCS, ICF & TxHmL Cost Reports

VII. Program Committee

Action Items

- A. Regional Planning Network Advisory Committee Peer Support Recommendations..... Pages 8-11

Information Items

- B. Community Resources Report..... Pages 12-13
- C. Consumer Services Report for October 2013..... Pages 14-15
- D. Program Updates..... Pages 16-18

VIII. Executive Committee

Information Items

- A. Board of Trustees Oath of Office..... *Pages 19-20*
- B. Personnel Reports for October & November 2013..... *Pages 21-23*
- C. Texas Council Quarterly Board Meeting Update..... *Pages 24-62*

IX. Business Committee

Action Items

- A. Approve October 2013 Financial Statements..... *Pages 63-76*
- B. Approve FY 2014 Budget Revisions..... *Pages 77-79*
- C. Approve Purchase of Ford Focus..... *Page 80*
- D. Approve Purchase of New Chairs for the PETC..... *Pages 81-92*
- E. Approve 7th Payment of Non-Refundable Option Money to the Property Owner for the Independence Oaks Project Site, Cleveland, Texas..... *Page 93*
- F. Approve Request of Texas Department of Housing & Community Affairs for New Authorization in the Reservation System Participation Program..... *Pages 94-95*
- G. Approve DSHS Mental Health First Aid Contract #2014-044767-008..... *Pages 96-104*
- H. Approve Revised Veterans Services Contract with DSHS..... *Page 105*
- I. Approve Drainage Easement for 1508 FM 2854, Conroe, Texas..... *Pages 106-110*
- J. Ratify Lease for 302 Campbell Street in Cleveland, Texas..... *Page 111*
- K. Appoint Board Representative(s) to the Center Name & Logo Committee..... *Page 112*
- L. Reappoint Independence Communities, Inc. Board of Directors..... *Page 113*
- M. Reappoint Montgomery Supported Housing, Inc. Board of Directors..... *Page 114*
- N. Reappoint Cleveland Supported Housing, Inc. Board of Directors..... *Page 115*

Information Items

- O. Board of Trustees Unit Financial Statement for October 2013..... *Pages 116-117*
- P. Montgomery Supported Housing, Inc. Update..... *Page 118*

X. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney & Section 551.072, Real Property

Posted By:

Stephanie Eveland
Executive Assistant

Tri-County Services

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

October 24, 2013

Board Members Present:

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

Board Members Absent:

David Walker
Tracy Sorensen

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management & Support
Amy Foerster, Director of Human Resources
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Behavioral Health Director
Heather Robison, Director of Crisis Services & Community Outreach
Stephanie Eveland, Executive Assistant
Shane Burks, Coordinator of Resource Development
Stella Montemayor, Administrative Assistant
David Deaton, Legal Counsel
Deloris Alexander, Staff
Amy Anderson, Staff
Kenny Anderson, Staff
Lisa Bradt, Staff
Jeanette Foy, Staff
Joyce Freeman, Staff
Mary Alice Heinlein, Staff
Sandy Kelly, Staff
Michael Matthews, Staff
Suzanne Murray, Staff
Danielle Newlon, Staff
Ivan Williams, Staff

Guests:

Scott Hayes, ISC Group
Mannix Smith, ISC Group

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

Cont.

Public Comment: There were no public comments.

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

Resolution #10-13-01

Motion Made By: Sharon Walker

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

Resolved:

That the Board excuse the absences of David Walker and Tracy Sorensen.

Shining Star Awards and Longevity Recognitions were presented to Tri-County staff.

Resolution #10-13-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the September 26, 2013 meeting of the Board of Trustees.

Brad Browder, Vice-Chairman of the Board, suspended the agenda so Business Committee Action Item VIII-B, 401(a) Account Review, could be presented by Scott Hayes from ISC Group. No action was taken.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for September 2013 was reviewed for information purposes only.

The Program Updates were reviewed for information purposes only.

Program Presentation – Kathy Foster and Amy Anderson presented information regarding the Texas Home Living Program.

EXECUTIVE COMMITTEE:

Resolution #10-13-03

Motion Made By: Patti Atkins

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

Resolved:

That the Board approve the casting of the election ballot to fill three places of the Texas Council Risk Management Fund's Board of Trustees with the following candidates:

- Place 1: Mary Lou Flynn-DuPart
- Place 2: Clead Cheek
- Place 3: Judge Dorothy Morgan

The Personnel Report for September 2013 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #10-13-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the September 2013 Financial Statements.

Resolution #10-13-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Consent Agenda.

Resolution #10-13-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the DSHS Project for Assistance in the Transition from Homelessness (PATH) Contract #2014-044449-001.

Resolution #10-13-07

Motion Made By: Morris Johnson

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

Resolved:

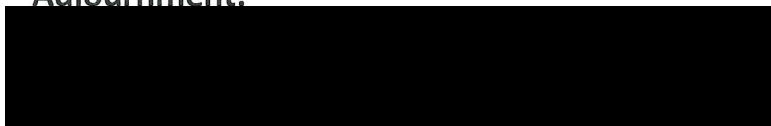
That the Board ratify the selection of Elevator Repair Service, Inc. to repair the elevator at the Administration building in the amount of \$10,250.

The Board of Trustees' Unit Financial Statement for September 2013 was reviewed for information purposes only.

There was no need for Executive Session.

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

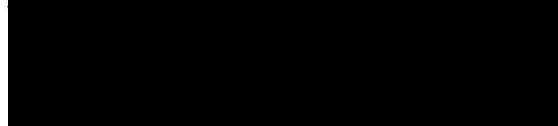
Adjournment:



David Walker
Chairman

Date

Attest:



Tracy Sorensen
Secretary

Date



Executive Director's Report

December 12, 2013

Announcements

- The next regularly scheduled Board meeting is January 23rd, 2014.
- We had 225 staff and guest attend the Tri-County Christmas party this year at Panorama Country Club. Unfortunately, I had a fever that day and did not get to attend. However, I understand a good time was had by all. One of our new activities this year was an ugly Christmas sweater contest. [Attached](#) to this update is a picture of our winning sweater.
- I am proud to announce that Tri-County exceeded our \$10,000 Montgomery County United Way fundraising campaign goal by approximately \$3,500. This represents the highest donation to MCUW by Tri-County in our history and surpasses last years' contribution of \$10,150. As most of you are aware, MCUW is now covering both Liberty and Walker counties as well, so donations by our staff can be designated back to the counties where they live or work. Much thanks to our VIP team and generous staff for a wonderful campaign.
- I wanted to remind you that we will need to finalize Board attendance for the National Council Conference which will be held in Washington D.C. from May 5-7th. We have one (1) board member that has expressed interest at this point, but we have not heard from all of you. We have reserved hotel space but will need to register and make plane reservations soon. Please let Stephanie or me know if you'd like to attend.

Department of State Health Services (DSHS)

- As you remember, the Legislature required DSHS to implement a **10% outcome incentive payment** (10% General Revenue withhold) that Centers will have to earn this year. Both DSHS and the Centers know that this is a messy year to begin this incentive payment because of all the changes to client assessment data (CANS/ANSA), changes to reporting mechanisms for this data (CMBHS) and changes to services provided by mental health staff (TRR); however, despite the fact that so much is in flux this year, DSHS was directed by the Legislature to implement an incentive structure.

A total of fourteen (14) Outcome Measures were developed by DSHS to measure Centers at the end of the first half of the fiscal year and at the end of the fiscal year (for Tri-County, failure to reach one of these measurements will cost the Center about \$40,000 in General Revenue). Recently, DSHS agreed to adjust some of these measurements. The changes include:

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

Centers will submit their final Q1 data on or around December 16th, but we have prepared a handout ([attached](#)) to show how we are currently doing on these proposed measures. As you will see, we are currently meeting all of the performance measures based on the Q1 data. However, as stated above, data is really in flux right now. We are monitoring this information at least weekly right now.

- I wanted to let you that Mike Maples has been promoted to Deputy Commissioner for DSHS effective December 1, 2013. Mr. Maples will be tasked with hiring his replacement to lead the Mental Health and Substance Abuse Division at DSHS. Mr. Maples has worked with Substance Abuse and Mental Health departments at the state for 20 years and is certainly familiar with Community Centers.

Psychiatric Emergency Treatment Center

- As a part of our DSHS Plan of Improvement (POI) for the PETC, we were asked to either repair or replace our **Nurse Call System** which was broken for much of the time since the PETC has opened. We were finally able to locate a vendor to work on the system and were able to repair the system for less than \$500. We are going to place the system on a maintenance agreement to ensure that it continues to function appropriately. The last item that will need to be addressed for the PETC POI is the replacement of the chairs which is on the agenda for discussion today.

Department of Aging and Disability Services (DADS)

- We were notified by DADS that our Annual **Local Authority (LA) Audit** occurs January 27-30, 2014. The LA Audit includes review of HCS, General Revenue and TxHmL Service Coordination, intake services, continuity of care, etc. in Kelly Shropshire's area and a variety of administrative functions (rights, safety, risk, PNAC, etc.) in Tanya Bryant's area. Historically, our Center has done well, but the audit becomes more complex each year.

This year the LA Audit may include a review of Pre-Admission Screening and Resident Review (PASSR) activities, but DADS is unsure if the tool will be ready by the time of our audit.

- Kelly Shropshire and Kathy Foster are attending a meeting in Houston today to discuss a **Potential Senate Bill 7 Pilot** program that is being discussed by a company called Universal American. All Executive Directors and IDD Directors of Centers in the Houston area were invited to attend this introductory meeting. Universal American is reportedly interested in combining the residential waivers (HCS, TxHmL, CLASS) with medical care (currently covered in the Star + Plus waiver). This type of waiver combination is not authorized in Senate Bill 7, but Universal American had success with this waiver in other states. Hopefully Kelly and Kathy will be able to get more details about Universal American's plans today.

As most of you know, families are concerned about Senate Bill 7 and managed care control of the IDD waiver programs. We had a couple of unannounced visitors at the IDDPNAC meeting to discuss Senate Bill 7, and I think this could be a political issue that you hear about. I will keep you updated as I learn more.

General Updates

- We plan to reoccupy the **William E. Hall, Jr. Facility** (103 N. Thompson in Conroe) in order to add a new treatment team as a part of new DSHS funding and to add a prescriber for our 1115 Integrated Healthcare project. This facility has been for sale for a couple of years without any serious offers. We are making some minor modifications to the facility, but may need to expand parking in the future. If there appears to be a need to expand parking, we will seek bids and bring that information back to the Board. We expect the facility to be ready in the next 4-6 weeks.
- I wanted to let you know that the **Montgomery County Health Information Exchange** (d.b.a. Health Information Partnership of SouthEast Texas-HIPSET), which I am a Board member on as a representative of Tri-County, has determined that they will need to close down effective March of 2014. The HIE, as has been the case for many others across the nation, has not been able to come up with a plan for sustainable funding after the local hospital chains backed out. So you are aware, Tri-County agreed to contribute \$5,000 to operations in January of last year. However, this funding was conditioned upon participation by half of the members and this never occurred.
- I wanted to provide you some **Administration Building Construction Updates**. The roof extensions were installed to cover the rusted metal gutter and these extensions have been tested with a few good rains. It appears that these extensions have stopped some of the water leaks.

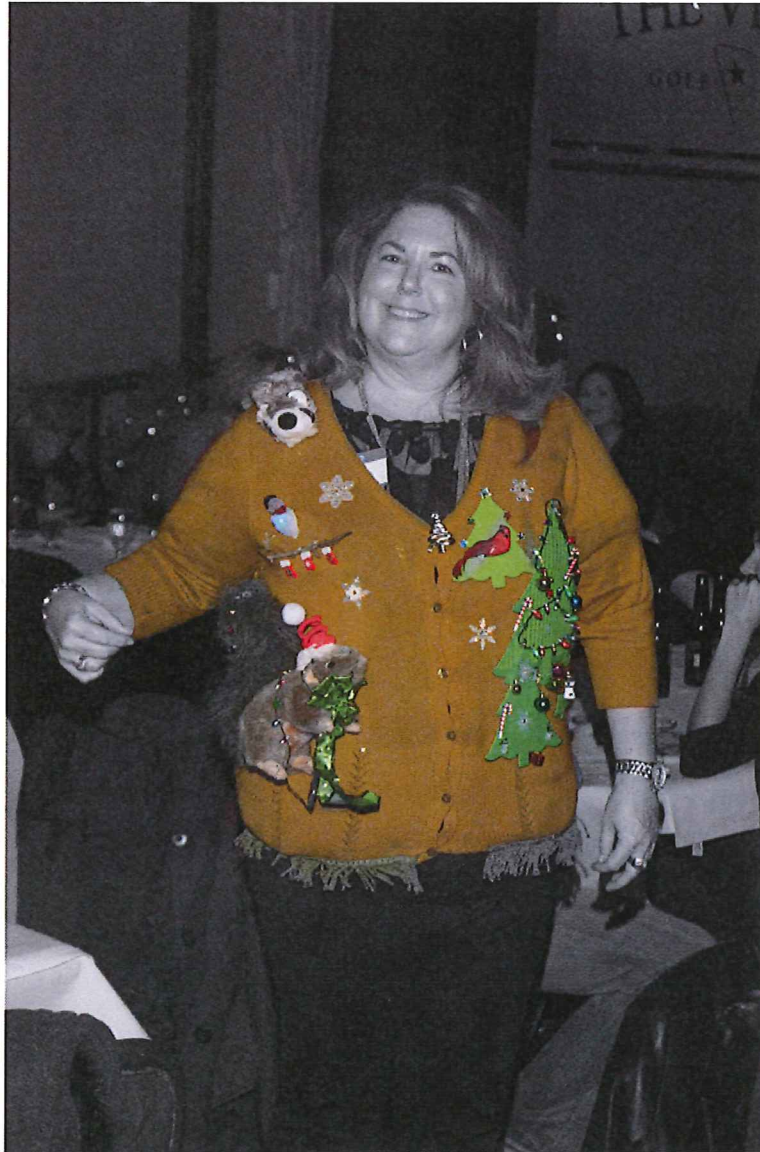
The elevator repair is also complete. The elevator has a much smoother ride (albeit still noisy) ride.

As you can see, the drain/lighting/fault crack repair in our back parking lot is not yet complete. We had a series of storms and weather issues since Cordova began the project and there is still a bit of work to be done. Interestingly, there has been a good bit of water flow through the new 36 inch drain pipe behind the building-even when it isn't raining. Cordova believes that this will be finished with the project in the next week or so barring any additional data problems.

- I wanted to let you know that we may be starting to see some changes in **Pharmaceutical Patient Assistance Programs (PAP)** for our clients. As you are aware, Tri-County consumers received over \$5 million dollars in 'free' medications last year. Accessing these medications has allowed Tri-County to greatly reduce our pharmaceutical costs. Recently, Astra Zeneca removed the antipsychotic *Seroquel* from the PAP program. In and of itself, the significance of removing *Seroquel* is not insurmountable (about \$160,000 as a generic each year), but staff are concerned that this may be the first of many medications which are removed as a reaction to price controls placed on pharmaceutical companies as a part of the Affordable Care Act. It should be noted that these free medications not only reduce our medication costs, but that we are also allowed to use the value of these medications as local match dollars. Millie and I are monitoring these programs closely and will report additional changes to the Board.
- As we discussed in our last meeting, we have a lot of positions open right now. We currently have 32 positions posted and have yet to release the 29 positions associated with the 1115 program. Over the last few years, advertising in the newspaper has becoming increasingly more expensive and less effective. As a result, we began **new advertising** on additional websites and have taken out an advertisement as a part of a local billboard.

ETBHN Updates

- ETBHN will be hosting a Mental Health First Aid training course at Tri-County from February 3-7, 2014. We are excited about the opportunity to host the training and Tri-County will avoid the cost of hotel rooms and travel for our eight (8) participants.
- As you are aware, Senate Bill 58 will cause all remaining mental health services to be managed through contract with managed care organizations. These contracts can take an extensive amount of time to negotiate (we are still negotiating some of the CSU services) and all of our contracts will need to be reworked. Several ETBHN Centers are working together to locate a consultant that can assist us in negotiating these contracts. We cannot negotiate rates as a group, but can work together to negotiate terms. ETBHN hopes to make a consultant available by the end of January.



Outcome Incentive Performance Measures

	Measure	Target	Measurement Period	Quarter 1 Performance
1	Supported Employment	>8.6%	Q2	16.5%
2	Supported Housing	>95.8%	Q2	98.3%
3	Community Tenure - Adults	>97.8%	Q2	99.17%
4	Community Tenure - Children	>98.8%	Q2	99.21%
5	Engagement - Adults	>50.8%	Q2	54%
6	Engagement - Children	>69.9%	Q2	97%
7	Improvement – Adults (*Data Incomplete)	>15%	1 st Half	*100%
8	Improvement – Children (*Data Incomplete)	>15%	1 st Half	*100%
9	Juvenile Jail Avoidance (*Data Incomplete)	>95%	1 st Half	*100%
10	Jail Diversion (match)	<22.22%	Q2	8.62%
11	Frequent Admissions (Adults & Children)	<0.5%	Q2	0.1%
12	Effective Crisis Response (Adults and Children)	>69.9%	Q2	89.73%
13	Access to Crisis Response	>36.4%	Q2	75.3%
14	Hospitalization	<1.3%	Q2	0.23%

CHIEF FINANCIAL OFFICER'S REPORT

December 12, 2013

FY 2013 Audit – We are continuing to work on the audit with the auditors. The auditors were on site the week of November 18th through the 22nd. This visit was more focused on our financial statements and our fixed assets. Below I am listing a few of the items that were discussed in more detail:

- **1115 Waiver Funding** - A significant amount of time was spent on discussing the 1115 Waiver projects and how to recognize the DY 1 funds that were received during FY 2013. It was decided that all the DY 1 funds should be recognized in FY 2013. This is a large amount that we had in deferred revenue to be used throughout the life of these waiver projects. This money was paid to Tri-County for being a part of the planning process. We will bring an agenda item to the January board meeting to set up a Fund Balance account for the 1115 Waiver Projects. We will transfer these funds to this line item so funds are still available to be used throughout the life of these projects.
- **Managed Care** – With the upcoming change of Rehabilitative and Case Management services being a part of Managed Care, we will have to adjust our front door procedures which will require prior authorizations before our clients can receive these services. This is a large part of our earned revenue and we need to ensure new staffing and processes are in place prior to this change date of September 1, 2014.
- **HUD Housing Accounts Receivable** – Auditor wants us to determine the collectability of the Accounts Receivable amounts held by Tri-County for the ICI, MSHI and CSHI HUD Housing projects. Over the first 4 or 5 years of a HUD project, the accounts receivable amount increases until the rents are adjusted to a near breakeven level for the units. After this level is reached, Tri-County has received some pay back for the ICI project and expects to see the same pattern with MSHI and CSHI.
- **Solicitation of Bid Proposals** – Auditors recommended that we change the Board Policy to increase the limit for bids being required. Solicitation of bids is required for any item or contract over the amount of \$10,000.
- **Capitalization and Depreciation** – Currently, we have our capitalization and depreciation limits set at \$2,000. Most other centers have the amount set at \$2,500 to \$5,000.

Cost Accounting Methodology (CAM) – We continue to work on the CAM report for the FY 2013 fiscal period. For many years, both DSHS/DADS required each Center to prepare a CAM Report for the full 12 months of each fiscal year. This year only DSHS is requiring the CAM. The due date for the preliminary report is January 28, 2014 and the final report is due on February 28, 2014. Over the next couple of months, we will be spending time with program managers to review their service areas to ensure that accurate data is reflected in the cost centers. Like last year, we are having individual meetings with managers since we have many new staff and programs that are not familiar with this process. And prior to submission, we will analyze the cost data and research any costs that have significant variances as compared with prior year data.

DADS is in the development stages of a new MEGA Cost Report that incorporates the HCS, ICF, Texas Home Living and the IDD services into one large cost report. Training on instructions for preparation for this cost report will start in January and will be mandatory for each center and the report will be due in April.

Worker's Compensation Audit – We continue to wait for the final report for the Worker's Compensation Auditor that was on site in September. We have received a couple of calls asking for additional information, but have not received a final report.

FY 2013 HCS, ICF and Texas Home Living Cost Reports - At the CFO meeting in October, we were told that a new cost report would be used for FY 2013 and that the training would be face to face in Austin at the end of January 2014. We have a website that we continue to check for enrollment to this training, but as of today there is no new information. We have heard some talk that they spoke too soon and we would continue to use the old format since they have not finalized the new system. We will keep you posted.

Agenda Item: Regional Planning Network Advisory Committee's FY 2013 Peer Support Recommendations Committee: Program	Board Meeting Date December 12, 2013
Background Information: <p>Tri-County, as a member of the East Texas Behavioral Healthcare Network (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 PNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's PNAC members and the Administrator of Quality Management attend the quarterly RPNAC meetings. RPNAC members, Leadership 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 clients through prudent mediation by network leadership. • To continuously evaluate efforts to improve clinical outcomes and practices. • To maintain a process by which unacceptable outcomes, processes, and practices can be identified. • Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC). ETBHN will collect and compile data and distribute it to member Centers. <p>At the October 17, 2013 RPNAC meeting, the RPNAC reviewed Peer Support Survey results for each Center. This evaluation represents part of an ongoing effort to gather information to assure the Local Authority Management Team and Board of Trustees that any problems identified are properly understood and addressed.</p> <p>Based on the findings from the RPNAC Peer Support Comprehensive Study, which included evaluation of peer services at Tri-County Services as well as the other ETBHN Centers, several recommendations were made in the attached report.</p>	
Supporting Documentation: Peer Support Comprehensive Study from the ETBHN RPNAC	
Recommended Action: Take Action as Appropriate	

REGIONAL PLANNING AND NETWORK ADVISORY COMMITTEE

EVALUATION OF SERVICES

PEER SUPPORT SERVICES

LOCAL AUTHORITY: TRI-COUNTY CENTER

EXECUTIVE SUMMARY:

It is the policy of Tri-County to have a procedure in place for the systematic and objective evaluation of services on a routine basis and that best use of public money is considered in Network Development. To ensure this, Tri-County will assure that each of its decisions involving Network Development and Provider Procurement considers the results of service evaluations. In general, a service evaluation determination is an evaluation of the overall worth of a service. Many subjective elements are involved in such an assessment, but it is the role of the Center Board, the Center staff, and the Regional Planning and Network Advisory Committee (RPNAC) to attempt to quantify and qualify various aspects of services into objective measures that can be applied to all services and providers.

The RPNAC will make reports to each East Texas Behavioral Health Network (ETBHN) members' board/governing body regarding planning, development, design, management, and evaluation of the local provider network, including but not limited to:

- Client care issues in Network development;
- Consumer choice issues in Network development;
- Ultimate cost-benefit issues in Network development; and
- Best use of public money in Network development.

The FY 2013 Department of State Health Services and Department of Aging and Disability Services Performance Contracts requires that each Local Authority have a process to establish outcome and reporting requirements. For the Member Centers of ETBHN, the Regional Planning and Network Advisory Committee is charged with this required evaluation. The ETBHN Regional Oversight Committee selects the services for evaluation. The final recommendations from the RPNAC are compiled for distribution to the respective Centers' Board of Trustees.

This evaluation represents part of an ongoing effort to gather information to assure the Local Authority Management Team and Board of Trustees that any problems identified are properly understood and addressed. While the purpose of these evaluations is to examine the Local Authority's needs and capabilities of the current system, it is also important to note that, in time, this process will also allow Local Authorities to utilize trends in provider services and consumer utilization. In turn, a Local Authority can use this data to ensure the proper capacity of its provider network to ensure the best interests of the consumers are met.

Both center liaisons and ETBHN staff compiled this information and the RPNAC completed its evaluation of services,. Committee members and center liaisons identified outliers and preferred practices and determined recommendations to be made to each center based on the outcomes of the evaluation.

FINDINGS AND STATISTICS:

Findings for FY13 were compiled in spreadsheet format by compiling responses from Center Liaisons on Peer Support services at their Center. A variety of questions were asked and the responses varied from Center to Center. It should be noted that this survey was subjective and may not represent true practices, but the perception of those practices at each Center

Survey results are attached

RECOMMENDATIONS:

Based on the findings from the service evaluation of Tri-County and other Centers in the ETBHN catchment area, the following was recommended:

- Having a Peer speak at Board meetings should be discussed as a possibility. Many Centers are doing this and finding that a short presentation of a peer telling their story is a great way for the Board of Trustees to see the success of the program.
- It was recommended that Centers follow the Spindletop model of having a “brown bag” lunch at different clinic locations to discuss the peer program and recovery model. It was noted that this needs to be clinic specific and not center-wide.
- Some Centers do not have specific procedure for the peer program and supervision of peers. While Peer Support Specialists should be treated the same as other staff, there are some differences noted. The Quality Management Consortium is going to soon post procedures on this for all Centers to use as an example. Job descriptions should be a part of this, as well.
- It was recommended that peers be a part of the intake process. The purpose of this is to help those coming into services see that recovery is possible and have a support system in place.
- Public speaking for those peers that have gone through the Respect Institute should be encouraged and supported by supervisors.
- Identification of Peers in lobby’s and waiting rooms was discussed and left up to the individual Center; however, it was noted that Peer Specialists want to be identified and should be accessible to all consumers.

- Peer Specialists should be a part of the New Employee Orientation and annual training updates. The peer support program and recovery model should be first and foremost for all staff and this was deemed the best way to accomplish that task.

Note: A possible next step with the attached findings would be to do this same survey with Peer Providers to see if the results match and bring together the perception of staff and Peers.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

October 25 – December 12, 2013

Volunteer Hours:

Location	October
Conroe	272
Cleveland	5
Liberty	13
Huntsville	20
Total	310

COMMUNITY ACTIVITIES:

10/25/13	Galveston Mental Health Summit Presentation	Texas City
10/29/13	Montgomery County United Way Funded Partners Meeting	Conroe
11/5/13	Montgomery County United Way Wellbeing Council	The Woodlands
11/6/13	Meeting with Montgomery County Jail Medical Providers	Conroe
11/6/13	Mass Fatality Family Assistance Center Pregame Briefing	Conroe
11/7/13	Cleveland Chamber of Commerce Luncheon	Cleveland
11/7/13	Walker County Community Resource Coordination Group	Huntsville
11/11/13	Montgomery County United Way Responding to Crisis Council	Conroe
11/12/13	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands
11/13/13	Montgomery County United Way Funded Partners Meeting	The Woodlands
11/13/13	Liberty County Child Fatality Review Team	Dayton
11/14/13	Community Forum with Meadows Foundation	Bryan
11/14/13	Huntsville Chamber of Commerce Breakfast	Huntsville
11/19/13	Montgomery County Managed Assigned Counsel Board Meeting	Conroe
11/19/13	Montgomery County Community Resource Coordination Group	Conroe
11/20/13	Walker County Child Fatality Review Team	Huntsville
11/20/13	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
12/3/13	Montgomery County United Way Wellbeing Council	The Woodlands
12/5/13	Cleveland Chamber of Commerce Luncheon	Cleveland
12/5/13	Walker County Community Resource Coordination Group	Huntsville
12/6/13	Teen Pregnancy Planning Meeting	Huntsville
12/9/13	Mass Fatality Family Assistance Center Pregame	Houston
12/12/13	Huntsville Chamber of Commerce Breakfast	Huntsville
12/12/13	Montgomery County United Way Funded Partners Meeting	The Woodlands

UPCOMING ACTIVITIES:

12/17/13	Montgomery County Community Resource Coordination Group	Conroe
12/18/13	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
1/7/13	Montgomery County United Wellbeing Council	The Woodlands
1/8/13	Montgomery County United Way Funded Partners Meeting	The Woodlands
1/14/13	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands

Agenda Item: Consumer Services Report for October 2013 Committee: Program	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: Consumer Services Report for October 2013	
Recommended Action: For Information Only	

Consumer Services Report October 2013

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	481	33	37	59	610
Crisis and Transitional Services (Loc 0, Loc5)	81	0	7	1	89
Psychiatric Emergency Treatment Center (PETC) Served	63	3	2	1	69
Psychiatric Emergency Treatment Center (PETC) Bed Days	76	3	2	1	82
Contract Hospital Admissions	8	0	0	0	8
Diversion Admits	4	2	1	6	13
Total State Hospital Admissions	6	0	0	0	6
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	755	98	88	125	1066
Adult Medication Services	636	72	57	112	877
Child Service Packages (Loc 1-4 and YC)	266	19	9	37	331
Child Medication Services	117	11	5	16	149
TCOOMMI (Adult Only)	93	9	6	14	122
Adult Jail Diversions	2	0	0	0	2
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	4	0	1	0	5
Service Coordination	453	33	44	55	585
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	51	8	23	24	106
Contractor Provided ICF-MR	18	11	11	6	46
Substance Abuse Services					
Children and Youth Prevention Services	293	186	0	0	479
Youth Substance Abuse Treatment Services/COPSD	24	0	0	0	24
Adult Substance Abuse Treatment Services/COPSD	20	0	0	0	20
Waiting/Interest Lists as of Month End					
Department of State Health Services-Adults	154	13	5	4	176
Department of State Health Services-Children	0	0	0	0	0
Home and Community Based Services Interest List	1331	110	117	124	1682
October Served by County					
Adult Mental Health Services	1199	124	118	180	1621
Child Mental Health Services	300	21	11	45	377
Intellectual and Developmental Disabilities Services	519	50	70	70	709
Total Served by County	2018	195	199	295	2707
September Served by County					
Adult Mental Health Services	1103	126	130	147	1506
Child Mental Health Services	284	17	10	39	350
Intellectual and Developmental Disabilities Services	515	48	61	62	686
Total Served by County	1902	191	201	248	2542
August Served by County					
Adult Mental Health Services	1171	135	119	159	1584
Child Mental Health Services	269	21	12	38	340
Intellectual and Developmental Disabilities Services	491	51	59	61	662
Total Served by County	1931	207	190	258	2586

Agenda Item: Program Updates Committee: Program	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

October 25 – December 12, 2013

MH Crisis and Admission Services

1. A full-time 1115 position was hired and began providing evaluation and diversion services in the evening.
2. The Mobile Crisis Outreach Team was redesigned to ensure greater stability and accountability with additional full-time positions.

MH Adult Services

1. We continue to interview for PA/APN and Psychiatrist positions; having minimal response.
2. The PAP for one of our highly used NGM medications has been discontinued; so we will be closely monitoring our medication cost as this change is expected to increase our costs.

MH Child Services

1. We are actively recruiting and training new rehab staff.
2. We have successfully recruited two additional Licensed Professionals of the Healing Arts (LPHA's) to increase therapy provided to the youth we serve.

Criminal Justice Services

1. Jail Diversions were lower than the average 5 per month due to staff turnover but are expected to return to normal in December/January.
2. The Outpatient Competency Restoration Program remained at 3 served versus a target of 15 served for FY 2014. Staff is pressing hard to increase that number.
3. In spite of recent staff turnover, we exceeded the TCOOMMI contracted minimum number served (110).

Substance Abuse Services

1. We have continued with staffing challenges in the Adult Substance Abuse Program. We have hired our third LCDC (Licensed Chemical Dependency Counselor) after a lengthy opening.
2. Grant application was submitted last week to DSHS to seek funding to begin a Recovery Support Program to complement our treatment program. We anticipate the announcement to January 2014 and hope to begin program development by February 2014.
3. We are actively recruiting another counselor so that we will be fully staffed in the Youth Outpatient Substance Abuse Treatment Program, as we have a steady referral flow into this program from Juvenile Probation, the schools and the community.
4. We are focusing on increasing prevention services and the number of schools we impact this fiscal year.

IDD Services

1. DADS distributed Information Letter 13-73 that addresses Medicaid Coverage of Incontinence Care Supplies and Gloves. Non-sterile gloves required for HCS or TxHmL Program provider employees' use are considered an overhead cost to the program provider or foster care provider, unless there is a medical need such as open wound or documented disease. Therefore, gloves are no longer covered through Adaptive Aids.
2. PASRR November Conversions were received which included 40 individuals residing in nursing facilities.
3. IDD Authority is preparing for FY 2014 DADS Survey.

Support Information

1. **Quality Management:** Quality Management staff responded to 2 DSHS initiatives involving a follow-up review of Substance Abuse Assessments and a review of the Assertive Community Treatment (ACT) Team to measure Fidelity to the new curriculum which was rolled out with Texas Resiliency and Recovery (TRR). Staff received follow-up from the Texas Medicaid and Health Partnership record request submitted back in September and is pleased to report that no aberrant billing practices were identified.
2. **Utilization Management:** Our Utilization Manager resigned in late October and we are working through the transition.
3. **Veterans Services:** The Military Peer Network holds peer groups at Lone Star Community College on Thursday nights but continues to have difficulty with attendance.
4. **Mental Health Planning Network Advisory Committee (MHPNAC):** The MHPNAC met on November 13th and finalized Goals and Objectives for FY 2014. The Veteran's Services Liaison discussed successes and challenges of the Military Peer Network Program in our community and the committee shared ideas for overcoming obstacles related to veteran involvement.

Community Activities

1. Representatives from Tri-County Services attended the Chevron Phillips Employee Health Fair on November 12th.
2. Representatives from Tri-County Services spoke at two classes at Lone Star College on November 15th.
3. Representatives from Tri-County Services spoke at the Liberty Dayton Area Chamber of Commerce on November 20th.

Agenda Item: Board of Trustees Oath of Office Committee: Executive	Board Meeting Date December 12, 2013
Background Information: The Walker County Commissioner's Court reappointed Tracy Sorensen, Secretary, to an additional two year term expiring August 31, 2015. Ms. Sorensen will recite her oath of office at the Board meeting.	
Supporting Documentation: Oath of Office Recitation	
Recommended Action: Recite Oath of Office	

OATH OF OFFICE

I, _____,
do solemnly swear,
that I will faithfully execute
the duties of the office of Trustee
of Tri-County Services,
and will, to the best of my ability
preserve, protect, and defend the Constitution
and laws of the United States and of this State;
and I furthermore solemnly swear
that I have not directly nor indirectly,
paid, offered, or promised to pay,
contributed, nor promised to contribute
any money, or valuable thing,
or promised any public office or employment,
as a reward for the giving or withholding a vote
to secure my appointment,
and further affirm that I,
nor any company, association, or corporation
of which I am an officer or principal
will act as supplier of services or goods,
nor bid or negotiate to supply
such goods or services, for this Center,
so help me God.

Agenda Item: Personnel Reports for October and November 2013 Committee: Executive	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: Personnel Reports for October and November 2013	
Recommended Action: For Information Only	

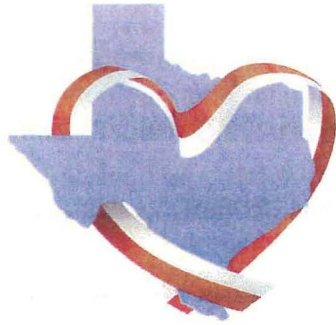
**TRI-COUNTY SERVICES
PERSONNEL BOARD REPORT
OCTOBER
2013**

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professionals	1	2	5	5	4	4	1	1	84	70	6%	6%
Qualified Developmental Disability Professionals (State Title)	1	2							16	16	0%	0%
Licensed Staff									17	11	0%	0%
Medical												
Physicians				1		1			7	5	0%	14%
Advanced Practice Nurses									3	1	0%	0%
RN's			1	1	1	1			12	9	8%	8%
LVN's									10	9	0%	0%
Techs/Aides												
MH									18	12	0%	0%
IDD	1	3	1	1			1	1	35	32	3%	3%
Supervisor/Manager												
MH			1	1	1	1			16	15	6%	6%
IDD									8	8	0%	0%
Program Support	2	2	1	1			1	1	43	37	2%	2%
Central Administration				1				1	21	19	0%	5%
Business Services									14	13	0%	0%
Maintenance/Janitorial/Lawn									23	21	0%	0%
GRAND TOTALS	5	9	9	11	6	7	3	4	327	278	3%	3%
Previous YTD											1%	1%

**TRI-COUNTY SERVICES
PERSONNEL BOARD REPORT
NOVEMBER
2013**

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professionals	1	3	3	8	3	7	0	1	86	66	3%	9%
Qualified Developmental Disability Professionals (State Title)		2							17	17	0%	0%
Licensed Staff	1	1							17	12	0%	0%
Medical												
Physicians				1		1			7	5	0%	14%
Advanced Practice Nurses	1	1	1	1			1	1	3	1	33%	33%
RN's	1	1		1		1			12	11	0%	8%
LVN's	1	1							10	10	0%	0%
Techs/Aides												
MH									18	12	0%	0%
IDD	1	4		1				1	33	32	0%	3%
Supervisor/Manager												
MH			1	2	1	2			16	16	6%	13%
IDD									8	8	0%	0%
Program Support	3	5	1	2	1	1		1	44	39	2%	5%
Central Administration				1				1	21	20	0%	5%
Business Services									14	13	0%	0%
Maintenance/Janitorial/Lawn									23	21	0%	0%
GRAND TOTALS	9	18	6	17	5	12	1	5	329	283	2%	5%
Previous YTD											1%	2%

Agenda Item: Texas Council Quarterly Board Meeting Update Committee: Executive	Board Meeting Date December 12, 2013
Background Information: The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation: Texas Council Staff Report	
Recommended Action: For Information Only	



Texas Council
of Community Centers

**Texas Council Report
Quarterly Meeting
November 2013**

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Chief Executive Officer Report

Engagement Highlights

Since the August 3, 2013 board meeting, the Texas Council has engaged in a number of key initiatives and priorities:

- Negotiations and meetings with state officials and legislative offices on: MH Performance Contract Targets; LBB review of Medicaid Substance Use Disorder benefit; 1115 Transformation Waiver; Managed Care; Medicaid Administrative Claiming (MAC); Local Authority IDD Service Coordination; Local Authority/SSLC Pilot; PASRR and related Local Authority responsibilities (Attachment G); Balancing Incentives Program; Senate Bill 7 (Community First Choice - IDD Future Service System); Senate Bill 58 (MH Future Service System); HB 3793 provisions related to Mental Health First Aid initiative and MH Advisory Panel.
- Meetings with advocacy organizations and other associations for discussions related to future service delivery design for both Mental Health and Intellectual and Developmental Disability systems related to the 83rd Legislative Session;
- 2014 Texas Council Annual Conference

MH Performance Targets 2014

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

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

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

As a result, the Texas Council initiated meetings with key legislative offices to ensure decision makers fully understood the local implications of the proposed methodology. DSHS was ultimately directed to immediately reconvene negotiations with the Texas Council for purpose of reaching a mutually agreed upon target methodology. We are hopeful this work can be completed within the six (6) month 'Hold Harmless' timeframe for AMH and CMH targets.

Negotiating Team Composition

Texas Council

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

DSHS

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

Target Methodology Negotiations

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

FY 2014 Target Methodology: Actuarial Services

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

As a result of the FY 2014 DSHS Target Methodology we encompassed this issue in the immediate scope of work and secured the services of recently retired HHSC Chief Actuary, David Palmer, Ph.D.

Dr. Palmer has initiated work on a fiscal analysis of funding levels across the system and the system-wide implications of the FY 2014 DSHS Target Methodology. The analysis will be important in negotiations now underway between the Texas Council and DSHS to align funding levels with performance target expectations—a long held policy premise that to date has never been realized in the Texas mental health system.

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

Incentive Based Payment Withhold (10%)

The Texas Council is also aware there are significant challenges [requiring our continued attention] related to the 10% Incentive Based Payment Withhold and associated performance measures. We remain committed to resolving these and other issues surrounding DSHS performance requirements

HB 3793 Advisory Panel Update

As you are aware, House Bill 3793 requires the Department of State Health Services, in conjunction with the Health and Human Services Commission, to develop a plan to allocate outpatient mental health services and beds in state hospitals to two specified groups of

patients. The bill sets out requirements for the plan and provides for an advisory panel to assist the department in developing the plan.

The bill establishes the following timeframe:

- December 31, 2013 – Develop initial version of the plan
- August 31, 2014 – Identify standards and methodologies to implement the plan
- December 1, 2014 – Submit a report to the legislature and governor that includes the initial version of the plan, the status of the plan's implementation, and the impact of the plan on the delivery of services

The first meeting of the Advisory Panel was held September 24, 2013 and included an overview of Community Services and State Hospital Capacity. A second meeting was held October 31, 2014 and covered a review of several recommendations submitted by Advisory Panel members and state agency staff. This meeting also included presentations by Susan Rushing, CEO of the Burke Center related to creation of the Mental Health Emergency Center in Lufkin and Linda Werlein, Executive Director of Hill County MHDD related to creation of the Hill County Crisis Stabilization Unit.

The following recommendations were submitted to the Advisory Panel by the State Hospital Allocation Methodology Committee:

1. Continue, enhance and expand the purchase of local civil bed day capacity through contracts with LMHAs that will then engage private/public hospitals in the local community to alleviate demand on state hospital beds.
2. Continue to educate local Judges on the efficacy of Outpatient Competency Restoration (OCR).
3. Look at the average number of beds per 100,000 population across the other states and consider what it will take to bring Texas up to a national standard.
4. Consider potential cost savings of greater use of Tele-medicine vs. Locum Tenums in the State Hospital System.
5. Develop long-term residential (non-hospital level of care) or intensive outpatient service options for people with IDD/MH
6. Revise current State Hospital Allocation Methodology (SHAM) to address the impact of utilization that is not within control of the LMHAs (in addition to court ordered admissions)
7. Continue to expand crisis stabilization units (CSU) in all areas of the State.

The next Advisory Panel meeting is scheduled for November 14, 2013. We will continue to keep you informed as new information becomes available.

Community Center Connections

On September 26, 2013 the CEO attended a Board of Trustees meeting and special event honoring Representative Drew Darby for his significant support of the Concho Valley MHMR Center and its mission. The event was well attended by community leaders and other stakeholders throughout the local service area.

On October 19, 2013 the CEO attended an event at Midwestern State University in Wichita Falls honoring Roddy Adkins, ED of the Helen Farabee Center as West College of Education 2013 Outstanding Alumnus. This event was clearly an important ceremony for Midwestern State University. The president of the university served as the keynote speaker.

State Budget Update

The state economic outlook remains central to our planning efforts for the 84th legislative session.

A recent report by Dr. Stuart Greenfield, former official with in Comptroller's office and author of <http://www.texasfiscal.info>, projects the ending General Revenue (GR) balance for FY13 will be \$2.76 billion, an improvement of \$6.46 billion from FY12.

The increase in the GR balance is attributable to both the substantial increase in tax collections (\$4.4 billion) and the decrease in state expenditures, primarily for public education (-\$2.1 billion), which is primarily paid for with GR. Dr. Greenfield believes the ending GR balance in FY15 could be over \$8 billion.

In addition to GR fund balance, a recent report released by the Texas Taxpayers and Research Association (TTARA) concludes that over the next several years, Texas is on a course to deposit over \$20 billion into the Rainy Day Fund.

The TTARA Report from October, 2013 is available at:
<http://www.ttara.org/files/document/file-52541a9f836e9.pdf>

On October 9, 2013 Comptroller Combs announced plans to distribute \$580 million in monthly sales tax revenue to Local Governments, noting increased sales tax revenue for 42 consecutive months.

LOCAL SALES TAX ALLOCATIONS (October 2013)

Recipient	Oct. 2013 Allocations	Change from Oct. 2012	Year-to-date Change
Cities	\$382.1M	↑5.6%	↑6.2%
Counties	\$38.1M	↑0.1%	↑6.0%
Transit Systems	\$129.1M	↑4.4%	↑6.4%

LOCAL SALES TAX ALLOCATIONS (October 2013)

Recipient	Oct. 2013 Allocations	Change from Oct. 2012	Year-to-date Change
Special Purpose Taxing Districts	\$30.5M	↑11.8%	↑11.9%
Total	\$579.8M	↑5.2%	↑6.5%

Comptroller Combs noted over the past year, Texas has added jobs in all of the 11 major industries and oil and natural gas production tax collections for the first month of fiscal 2014 were 50 percent higher than during the same period in 2013.

The good fiscal news is certainly encouraging. We will continue to monitor new developments as the fiscal year unfolds.

As you are aware, a complete summary of appropriations, budget riders and special provisions in the State Budget (83rd session) related to Mental Health, IDD and Substance Use Disorder Services for FY 2014-15 is available at: <http://www.txcouncil.com/publications.aspx>

Sunset Advisory Commission Update

The Sunset Review of Health and Human Services Agencies is well underway. The review process begins with each agency submitting a Self-Evaluation Report (SER), which identifies problems, opportunities, and issues that the agency feels should be considered during the review. The SER for HHS Agencies is available at: <http://www.sunset.state.tx.us/84.htm>

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

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

The Speaker of the Texas House of Representatives has yet to appoint members to fill the three (3) vacancies which remain on the Commission.

Although timelines are subject to change, we understand over the next seven (7) months Sunset Commission staff will collect information and research. In addition, a stakeholder survey is being developed with anticipated release in mid-November.

There will be multiple opportunities to provide public input before the current target for adoption of final Sunset Commission recommendations, expected to occur summer of 2014. The following table outlines the draft review schedule:

**Sunset Review Schedule
2013 – 2014**

Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
Health and Human Services Commission Task Force for Children with Special Needs Health Services Authority												TSSW/CB ²					
												Compliance					
Department of Aging and Disability Services						Health and Human Services Cross Issues											
Department of Assistive and Rehabilitative Services						Council for Developmental Disabilities Governor's Committee on People with Disabilities Purchasing from People with Disabilities											
Department of State Health Services Health Care Information Council						Workforce Commission Workforce Investment Council											
Department of Family and Protective Services						SDSI (Entry criteria for Self- Directed (Semi-Independent Agencies)		Facilities Commission ¹									
						State Office of Administrative Hearings (includes Tax Division)											
University Interscholastic League							Texas Education Agency ¹ TEA Assessment Contracts										

¹ Review limited to the appropriateness of recommendations made to the 83rd Legislature.

² Texas State Soil and Water Conservation Board. Limited scope review.

Assisting the Commission is a staff whose reports provide an assessment of an agency's programs, giving the Legislature the information needed to draw conclusions about program necessity and workability.

The Texas Council is engaging Commission staff working on the following agencies:

- Health and Human Services Commission
- Department of Aging and Disability Services
- Department of State Health Services
- Department of Assistive and Rehabilitation Services
- Department of Family and Protective Services

The last Sunset Review of the Texas Department of MHMR was completed in 1998 (15 years ago) and is available at: <http://www.sunset.state.tx.us/rpts1998/mhmr.pdf>

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

Key Legislative Races 2014

Important Election Dates

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

PRIMARY RACES TO WATCH

Incumbents Seeking Re-Election

The Texas House and Senate races to watch are ranked on potential competitiveness based on a variety of variables including fundraising, endorsements, consultants, candidate experience and past results, possible impact on the speaker's election and other factors that are unique to individual contests.

1

SENATE DISTRICT 16 – Metrocare

Republican Seeks Re-Election
CPII: Republican 57%
Dallas-Fort Worth Area

John Carona
Dallas Republican
Business Owner
Texas Senate 1996-Present

Powerful senator who served in House draws first primary challenger in two decades with GOP foe from prominent local family that conservatives recruited in hopes that campaign self-funding ability and willingness to play rough will spell doom for independent-minded incumbent.

Donald Huffines
Dallas Republican
Developer
Major GOP Donor

1

SENATE DISTRICT 25 - Austin Travis County Integral Care (ATCIC), Center for Health Care Services (CHCS), Hill Country MHDD

Republican Seeks Re-Election
 CIPI: Republican 64%
 San Antonio-Austin Area

Freshman who capitalized on anti-establishment tea party fever in stunning upset gets popularity test with incumbent label amid challenges from ex-local official and ground-breaking city council member who both hope to have substantial business support in race with high runoff probability.

Donna Campbell

New Braunfels
 Republican
 Physician
 Texas Senate 2013-Present

Elisa Chan

San Antonio Republican
 Engineering Firm Owner
 City Council

Mike Novak

San Antonio Republican
 Business Owner
 Ex-County Commissioner

1

HOUSE DISTRICT 102 - Metrocare

Republican Seeks Re-Election
 CIPI: Republican 53%
 Dallas-Fort Worth Area

Second-term lawmaker who'd been running for Texas Railroad Commission re-emerges as re-election contender in north Dallas area suburban district where an ex-council member and two rookie candidates had been doing battle for months in race that has dramatically new dynamics now.

Stefani Carter

Dallas Republican
 Attorney
 Texas House 2011-Present

Adryana Boyne

Richardson Republican
 Non-Profit Director
 Tea Party Activist

Sam Brown

Dallas Republican
 Business Consultant
 Retired Army Ranger

Linda Koop

Dallas Republican
 Business Owner
 Ex-Dallas City Council

1

HOUSE DISTRICT 105 - Metrocare

Republican Seeks Re-Election
 CIPI: Republican 50%
 Dallas-Fort Worth Area

Ex-suburban city council member who's been key player on transportation and Speaker Joe Straus ally faces first primary challenge since entering House in 2003 in fight with former colleague who has conservative support in comeback bid after losing seat in redistricting during freshman term.

Linda Harper-Brown

Irving Republican
 Corporate President
 Texas House 2003-Present

Rodney Anderson

Grand Prairie Republican
 Title Company Officer
 Texas House 2011-2013

5 HOUSE DISTRICT 115 - Metrocare

Republican Seeks Re-Election
CIP: Republican 56%
Dallas-Fort Worth Area

Speaker Joe Straus freshman ally who's ex-school trustee and son of former state senator draws primary challenge from Republican who hopes to bounce back with support of tea party conservatives after missing runoff in 2012 in open race with third place finish in five-candidate field.

Bennett Ratliff
Coppell Republican
Engineer
Texas House 2013-Present

Matt Rinaldi
Irving Republican
Attorney
Texas House 2011-2013

6 HOUSE DISTRICT 36 - Tropical Texas

Democrat Seeks Re-Election
CIP: Democrat 73%
Rio Grande Valley

Son of former state representative seeks third term in face of primary opposition from two women party activists who are seeking support from Democrats who are upset with the incumbent for being one of a half-dozen Democratic legislators to vote for the GOP's abortion restriction law.

Sergio Muñoz Jr.
Mission Democrat
Attorney
Texas House 2011-Present

Dolly Elizondo-Garcia
Mission Democrat
Real Estate
Ex-Hidalgo Democratic
Chair

Maria Regalado
Mission Democrat
Bail Bonds Firm Owner
Hidalgo Democratic
Women VP

7 HOUSE DISTRICT 59 - Center for Life Resources, Central Counties, Pecan Valley

Republican Seeks Re-Election
CIP: Republican 75%
North Central Texas

Freshman lawmaker who unseated longtime incumbent draws opposition from the right with party activist as chief primary foe after receiving some of the lowest grades for Republicans on scorecards that conservative groups compiled based on regular and special session votes.

J.D. Sheffield
Gatesville Republican
Physician
Texas House 2013-Present

Danny Pelton
Stephenville Republican
Business
Erath County GOP Chair

Howard Ray
Rochelle Republican
Gun Instructor
Gun Rights Group
Founder

8 HOUSE DISTRICT 6 - Andrews

Republican Seeks Re-Election
CIP: Republican 70%
East Texas

East Texas freshman who unseated conservative icon is viewed by establishment as tea party extremist in first re-election bid amid opposition from local business leader who will seek to appeal to mainstream voters who aren't fans of politics on the far right.

Matt Schaefer
Tyler Republican
Attorney
Texas House 2013-Present

Skip Ogle
Tyler Republican
Home Builder
Community Activist

9

HOUSE DISTRICT 4 - Andrews, Lakes Regional

Republican Seeks Re-Election
CIP: Republican 72%
Dallas Area-East Texas

Second term lawmaker who's been Speaker Joe Straus ally squares off in rematch with tea party favored rival who might find it harder to portray incumbent as moderate in light of big jump in conservative scores from groups that have opposed him in the past.

Lance Gooden
Terrell Republican
Insurance Consultant
Texas House 2011-Present

Stuart Spitzer
Kaufman Republican
Physician
Texas House Candidate 2012

10

HOUSE DISTRICT 112 - Metrocare

Republican Seeks Re-Election
CIP: Republican 55%
Dallas-Fort Worth Area

Asian-American who's been Speaker Joe Straus supporter faces challenge from the right in northeast Dallas County district where suburban official is first primary foe since incumbent won highly competitive runoff en route to initial House battleground victory six years ago.

Angie Chen Button
Garland Republican
Computer Firm Manager
Texas House 2009-Present

Jared Patterson
Sachse Republican
Business
City Council

Federal Update

HILL DAY 2013

National Council Hill Day was held September 16 – 17, 2013 in Washington, D.C. In total, 17 people representing six (6) Community Centers participated in discussions with both US Senators and nearly a dozen members of the US House of Representatives.

The primary focus of these discussions was the Excellence in Mental Health Act, which seeks to establish federal status for community behavioral health organizations. The Texas Council coordinated efforts with the Texas Association of Counties and the Sheriffs Association of Texas to create a letter urging US Senator John Cornyn to sign on as a Co-author of the Excellence Act.

In addition to advocacy efforts in Washington, D.C., the Texas Council is promoting the Excellence Act through media outlets in Texas by strategically placing Op-Eds written by key community leaders. The goal of this effort will be to call attention to the benefit this Act could have in Texas and to urge other members of Congress to support this legislation.

Other areas of the National Council public policy agenda include:

- Promoting federal initiatives that support public education on mental illness and addiction such as the Mental Health First Aid Act
- Working to ensure that behavioral health providers are eligible for health information technology incentives, as in the Behavioral Health IT Act
- Ensuring behavioral health's full inclusion in health reform implementation
- Protecting federal funding for Medicaid and protecting beneficiaries and providers
- Preserving funding for other important behavioral health programs such as those funded by the Substance Abuse and Mental Health Services Administration

Stay tuned for additional information about Hill Day 2014.

Health Care Policy Update

Healthcare Opportunities Workgroup (HOW)

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

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

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

System Redesign for Persons with Intellectual and Developmental Disabilities

The HOW held two full day sessions, one in December 2012 and one in January 2013, to discuss the future system design for persons with intellectual and developmental disabilities. In addition to HOW members, other Center representatives with specific expertise in the current system design were included in the sessions.

The Healthcare Opportunities Workgroup led a discussion with the Executive Directors' Consortium in January 2013 and April 2013 outlining key guiding principles and core elements of any service delivery model for persons with Intellectual Disabilities. These principles and core elements provided direction for Council staff working with legislative leadership on Senate Bill 7 filed by Senator Jane Nelson.

The November 2013 meeting of the HOW will focus on the IDD service delivery system, with the goal of producing a policy paper that mirrors the Framework for the Future document released by the Texas Council in September 2013. This discussion becomes even more important as we look to September 1, 2014, and find all acute care services for persons with IDD are managed by MCOs. At that same time, the state will implement the Community First Choice option to include habilitation and attendant care for persons with IDD in a MCO model, with a separate role and responsibility for the IDD Authority. These are the first steps in the implementation of SB 7.

System Redesign for Mental Health

The HOW spent a great deal of time in 2011 and 2012 discussing the future delivery system for mental health services. Given the current changing environment, and the Rider 71 PCG study, the HOW held a meeting in July 2012 to develop a recommended Service Delivery System for the future.

The workgroup discussed significant changes to our system brought about by the Affordable Care Act, 1915b Selective Contracting Waiver, Medicaid Managed Care and preliminary PCG recommendations in Phase I of the Rider 71 study. With these changes, the HOW discussed the best system for increasing access to services; increasing choice in health plans and providers; integrating care at the plan and provider level and increasing funding through the 1115 Transformation Waiver.

The HOW created a set of recommendations that were presented to the Executive Directors' Consortium at the August 2, 2012 meeting and to the Board of Directors on August 3, 2012. The Texas Council posted a policy paper on the public website for review and comment throughout September and October 2012. In addition, a stakeholder meeting was held at the Hogg Foundation for Mental Health to discuss the proposal. The Texas Council Board unanimously adopted the recommendations at the November 2012 Board Meeting. In December 2012, Senator Nelson pre-filed Senate Bill 58 to integrate physical and behavioral health services in Medicaid through STAR and STAR+PLUS.

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

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

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

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

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

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

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

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

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

Technology

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

In order to provide a recommendation to the Executive Directors Consortium on moving this important strategy forward, the HOW determined the need for outside expertise in facilitating a work session to better organize the groups thinking on technology and to begin to define a path forward. The Information Management Consortium funded the work session for the HOW. According to the IMC Executive Committee, "The IMC enthusiastically embraces a unified strategy and vision for IT among Centers."

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

1. A Learning Collaborative for Quality Measures, with emphasis on the 1115 Transformation Waiver;
2. Development of Interoperability Standards related to Behavioral Health and inclusion of these Standards into state information exchanges;
3. Standards for workforce related to healthcare informatics and quality improvement; and
4. Building a Health Information Technology resource and readiness guide for Centers.

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

Quality Improvement Project: Access to Care

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

MTM Services provided a final report documenting the results of the efforts of 32 Community Centers participating in the project and consultant findings on the Texas system design that creates barriers to access.

Highlights from the Final Report include:

- Client wait time was reduced by an average of more than 21 days (39%).
- Total staff time to complete an intake was reduced by 12%.

- Total client time to complete an intake was reduced by 10% by decreasing redundancy in the intake process.
- 96% of clients report collaborative documentation made them feel more involved in their care.
- 80% of staff report collaborative documentation improved their paperwork proficiency.
- Even with reductions in overall time required to complete an intake, the Texas system requires more time than the national average and more time than is sustainable in the long term for same day access. The Texas teams, after the redesign process, still require an average of 5.33 hours to complete an intake compared to the National Best Practice Average of 2-2.5 hours.
- Challenges with the required forms must be addressed for efficiencies to be realized and MTM recommends creating a statewide, standardized set of clinical records based on efficient models in other states.

The second phase of the MTM project has now started. The second phase is a deeper dive into the differences among Centers in completing an intake; a review of state requirements; and a comparison of Texas requirements to national best practices. The goal is to better understand if there are Centers requiring elements beyond the state requirements and to determine if state requirements meet best practice standards.

Healthcare Transformation and Quality Improvement Program: 1115 Waiver

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

On December 12, 2011 the federal government approved Texas' request for an 1115 waiver, called the Texas Healthcare Transformation and Quality Improvement Program. This waiver has two main components: 1) an expansion of Medicaid managed care statewide and 2) a new financing mechanism for certain hospital payments. Both components of the waiver impact Community Centers.

As part of the waiver, communities have developed Regional Healthcare Partnership Plans designed to improve quality of care while reducing costs. Thirty-eight (38) Community Centers have projects in Regional Plans to include increasing capacity and innovation and redesign of mental health, substance use disorders and IDD services. As a system, Centers have requested approval for 296 projects over the life of the waiver. In addition, other providers (primarily hospitals) have requested approval for 71 projects related to behavioral health.

After the second round of review by CMS, there are 48 projects remaining under review statewide in all categories. Of those projects, 11 were submitted by six (6) Community Centers. HHSC anticipates final decisions by CMS in the first week of November 2013.

There are two other review processes that will be occurring in November 2013 and December 2013. The first is for approval of DY 4 and DY 5 for projects approved for DY 1-3. In addition, regions are submitting new projects that will receive funding in last three years of the waiver. If the projects are approved, all 39 Centers will be participating in the waiver starting in mid-DY 3.

All Regional Plans are posted on the HHSC website once submitted to CMS:

<http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml>

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

HHSC has established a website to inform the public about the 1115 Transformation Waiver:

<http://www.hhsc.state.tx.us/1115-waiver.shtml>

The Texas Council created a one-page document highlighting the Community Centers role in the 1115 Transformation Waiver and a more extensive document describing the interacting role of a Community Center as a Local Mental Health Authority:

http://www.txcouncil.com/userfiles/file/HOW/1115%20Transformation%20Waiver%20One%20Pager_FINAL.pdf

Transition Medicine

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

As a follow up to the conference, the Texas Council will have additional discussions with the Transition Medicine Clinic at Baylor College of Medicine, to identify persons in the clinic who are also served by the Local IDD Authorities in that area. This may be an area of service coordination that would benefit the LIDDA, the Clinic and persons with IDD.

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

project related to issues encountered by youth with special needs transitioning into the adult health care arena.

Building Partnerships with Managed Care Organizations (MCOs)

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

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

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

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

Mental Health Update

Webinars

It's Just Good Medicine: Trauma-Informed Primary Care

- Traumatic life events are the rule rather than the exception for people who access our system of care. These adverse life experiences are a risk factor for a variety of serious health conditions and likely contribute to an individual's avoidance of and discomfort with medical procedures in primary and specialty care

Available at <http://www.integration.samhsa.gov/about-us/webinars>

Documentation Linkage Requirements and Utilization Management for Compliance:

- Recent Medicaid payment suspensions underscore the need to tighten compliance procedures and train staff to meet documentation requirements
- Quantitative and qualitative audit protocols
- Written findings of non-compliance
- Corrective action plans
- Appropriate sanctions for staff if the plans are not followed
- Real world examples of internal Utilization Management/Compliance Plan models

Available at <http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/?sortby=Most+Recent>

Medicaid Rates: Tele-monitoring

The proposed Medicaid rates for Tele-monitoring and Outpatient BH Services became effective October 1, 2013.

The proposed rule rates are for services previously not a benefit and address:

- §355.7001 [reimbursement methodology for telemedicine for a Home Health Agency];
- §355.8081 [physician, psychologist, and licensed psychological associate rates];
- §355.8085 [reimbursement methodology for physicians and other practitioners]; and
- §355.8091 [reimbursement methodology for licensed professional counselors, licensed master social worker-advanced clinical practitioners, and licensed marriage and family therapists].

RFP's/Grants

Telemedicine services for the VA related to in VISN 17 [Solicitation # VA25713R1504]. This RFP is now closed.

Improving Mental Health Policy grant in Texas by supporting state and local policy projects that can lead to meaningful, systemic change released by the Hogg Foundation for awards from \$30,000 - \$180,000.

Applications are now closed and awards will be announced in December 2013.

Priority Topics:

- Integrated health care
- Trauma-informed care
- Faith-based initiatives
- Children's mental health
- Peer support services
- Comorbidity of mental illness and developmental disabilities
- Transition-age youth
- Impact of health care reform on mental health services

Substance Abuse Recovery Support Services RFP was released by DSHS up to \$4.5 million for State Fiscal Year (SFY) 2014 for a variety of other services and supports that assist individuals to sustain their recovery and build a meaningful life in their community. Promising practices related to recovery support services include:

- Recovery support centers
- Peer-run groups
- Recovery coaching
- Development and/or use of recovery homes and recovery schools
- Training around basic life skills such as financial management, parenting, employment and stress management
- Educational support
- recovery check-ups
- Assertive connections to mutual aid support groups

Applications are now closed and awards will be announced November 26, 2013.

Recovery Institute Learning Collaborative grant issued by Via Hope to promote mental health system transformation by:

- Helping organizations develop culture
- Practices that support and expect recovery
- Promoting peers in recovery, youth/ young adult, and family voice

Applications are due November 22, 2013.

Peer Opportunities

The Hogg Foundation and DSHS are offering scholarships for Texas residents with a lived mental health experience to attend the national Alternatives Conference in Austin, Texas on December 4-7, 2013. Alternatives is the largest and longest-running national conference organized by and for those in the mental health consumer/survivor/peer recovery movement. Scholarships can be used for registration, hotel, meals and/or transportation.

CMS created one-page flyers to protect consumers from fraud as the ACA moves forward. English and Spanish versions were sent to all Centers.

The application process is now closed and every person that applied was accepted for scholarship.

Rules Review

The Purpose, Task and Duration of HHSC Advisory Committees rule 351.3 in Chapter 351, Title I, Part 15. Below is a list of the HHSC advisory committees covered by this rule.

New committees are underlined.

- The Children's Policy Council
- Consumer Direction Work Group
- Drug Use Review Board
- HHSC Medicaid and Children's Health Insurance Program (CHIP) Regional Advisory Committees
- Hospital Payment Advisory Committee
- Medical Care Advisory Committee
- Pharmaceutical and Therapeutics Committee
- Physician Payment Advisory Committee
- Promoting Independence Advisory Committee
- Public Assistance Health Benefit Review and Design Committee
- Texas System of Care Consortium
- Telemedicine and Telehealth Advisory Committee
- Advisory Committee on Qualifications for Health Care Translators and Interpreters
- Electronic Health Information Exchange System Advisory Committee
- Quality Based Payment Advisory Committee
- Physician Payment for Quality Committee
- Perinatal Advisory Council
- Intellectual and Developmental Disability System Redesign Advisory Committee
- STAR Kids Managed Care Advisory Committee
- STAR+PLUS Nursing Facility Advisory Committee
- STAR+PLUS Quality Council
- Behavioral Health Integration Advisory Committee
- State Medicaid Managed Care Advisory Committee

This rule is scheduled for consideration by the Medical Care Advisory Committee (MCAC) on November 8, 2013. After approval from this committee, the rule will be published in the Texas Register for 30 days, at which time additional comments can be made. No comments were submitted from Centers and Texas Council did not submit any comments.

Restraint and Seclusion (412-G) for Mental Health Community Services Standards is being revised. DSHS is seeking informal comment. The Texas Council Rule committee met on November 4 to make recommendations to this rule. Texas Council is coordinating Center's responses by November 13 to submit to DSHS. Comments due to DSHS by Nov 18, 2013. This rule will be scheduled for consideration by the Medical Care Advisory Committee (MCAC). After being approved by MCAC, the rule will be published in the Texas Register for 30 days, at which time additional comments can be made.

Mental Health Rehabilitation Rule was published in the September 27, 2013 issue of the Texas Register page 197.

Changes include:

- Replaces the term "treatment plan" with "recovery plan" and the term "severe mental illness" with "serious mental illness."
- Adds the list of services that comprise MH rehabilitative services, including crisis intervention; medication training and support; psychosocial rehabilitative services; skills training and development; and day programs for acute needs (to promote clarity).
- Revised or new definitions for terms.
- Adds experience and training requirements for staff members who provide supervision and oversight for those who provide MH rehabilitative services, including Certified Family Partners.
- Adds clarifying language concerning eligibility requirements for receiving MH rehabilitative services, medical necessity and services provided under arrangement.
- Sets the standards for medication training and support services within the context of resilience and disease management.
- Updates the reference to the department's approved patient and family education materials available on the department's Internet web site.
- Sets forth standards for skills training and development services.
- Sets forth standards for day programs for acute needs.
- Sets forth criteria for billable and non-billable activities, specifying that rehabilitative services provided via electronic media and crisis services provided to individuals who do not have a serious mental illness are not Medicaid reimbursable.

Texas Council received one response to the proposed rule (which noted no problems). Comment period is now closed. Rule set for adoption.

Medicaid and CHIP Eligibility Title 1, Part 15, Chapters 366, 370, and 375 are being revised to meet new federal requirements. The new federal financial eligibility requirements will apply to pregnant women, children, and parents and other caretaker relatives applying for Medicaid and

CHIP. Financial eligibility will be determined using new federal requirements based on household income and composition according to federal income tax rules. Comment period ends November 17, 2013.

Texas Council Substance Use Disorder Survey

The Texas Council developed a survey to assist us in providing the LBB with information that could improve the SUD Medicaid benefit in Texas as identified in the Government Efficiency and Effectiveness Report (GEER) for the 84th Legislature. The LBB is reviewing the Adult MH Medicaid Substance Use Disorder (SUD) Benefit. The Texas Council received nineteen (19) responses. The focus of the survey feedback was on inadequate rates for services and challenges working with Managed Care Organizations (authorizations and payment for claims). The feedback informed subsequent meetings with the LBB.

Veteran's Advisory Committee

Worked with the Veteran's Advisory Committee to look at the draft statement of work for the new money allocated by the 83rd legislature. Currently reviewing the draft handbook developed by the Samaritan Center for the Center's Veteran Volunteer Peer Coordinators.

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

- Military benefits
- Employment resources
- Education
- Health Care

To date, seventeen (17) Centers reported adding the portal to their websites. Additionally, five (5) other organizations added the portal to their website, including: Hogg Foundation, Prosumer group, ETBHN, Texas Council and a contractor for Central Counties.

The Texas Council is also engaged with Texas Lawyers for Texas Veteran's to collaborate on a project to share information and linkage for veterans involved in the criminal justice system.

Local Area Network Advisory Committee (LANAC)

LANAC is responsible for looking at Community Centers Plans and assessing if opportunities were being given to private providers to contract for services. This committee met and looked at the rule about Jail Based Competency Restoration. The next meeting is November 7, 2013.

Council for Planning and Advising (CAP)

CAP is the joint committee formed by bringing Mental Health Advisory Committee and Substance Use Advisory Committee together to advise on the spending of Block Grant money. The CAP advises on implementation of services-both mental health and substance use; rules and other areas of interest. The CAP approved recommendations for the Jail Based Competency rule. The CAP is very interested in the Sunset process and will be looking closely at this and plan to make recommendations to the Sunset Committee.

Via Hope Advisory Committee

Via Hope Advisory Committee has a diverse group including members from LMHA's, consumers, veterans, family members and others. The group advises Via Hope, formerly a program under NAMI Texas and Mental Health America of Texas that is funded by DSHS and the Hogg Foundation, on recovery initiatives and training for Peer Specialists and Family Partners. Via Hope is now under the purview of The University of Texas School of Social Work Research. Via Hope has been working to add endorsements to the Certified Peer Specialist Training. These endorsement are in development in areas such as "Whole Health", "Trauma Informed Care", "Substance Use Disorder". The "Whole Health" endorsement is available now and the newly developed "Trauma Informed Care" will have the first class in November 2013.

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

The PAIMI Council is an advisory group of consumers, family members and professionals in the mental health field for Disability Rights Texas. The Outreach Committee for the PAIMI Council will be developing a video on the top 5 rights that are often abused. The hope is to have it span both Community Centers and hospitals. The PAIMI members will tell their story as to how the violation occurred in each of these five rules.

Mental Health First Aid

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

The Texas Council MHFA strategy is to:

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

The Texas Council has a Mental Health First Aid workgroup, which provides certified trainers an opportunity to share local strategies on operating training programs. All Centers with certified trainers are invited to participate.

The Texas Council, in conjunction with the National Council and SAMHSA, provided a MHFA Trainers Certification Course in Dallas in February 2013.

MHFA was a topic at the Texas Council Conference in June, with a panel including United Health Care, ATCIC, and Janet Paleo, Director of Recovery Based Services for the Texas Council. The panel presentation will highlight health plan interest in the program; the best practices of the 2013 National Council MHFA Impact Award winner Austin Travis County Integral Care; consumer/advocate perspective on the program and the implications of passage of the MHFA bill language from SB 955, through HB 3793.

Information on the ATCIC 2103 National Council Impact Award for MHFA can be found at:
http://www.thenationalcouncil.org/cs/awards_of_excellence/impact_awards

Information about Mental Health First Aid and the workgroup, can be found at:
<http://www.txcouncil-intranet.com/texas-council-initiatives/mental-health-first-aid/>

The Texas Council created a brief highlighting the Community Center role in the program:
http://www.txcouncil.com/userfiles/file/Mental%20Health%20First%20Aid_Promotional_5%2015%202012.pdf

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

- Technical Assistance
- Identifying Best Practices
- Agency Implementation Issues

The Mental Health First Aid Steering Committee Membership

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

Mental Health First Aid grant application for the statewide Mental Health First Aid (MHFA) initiative as created by [HB 3793](#) (83rd Regular Session) was due to DSHS by October 1, 2013. LMHAs had access up to \$30,000 [for each local service area] to train a minimum of two (2) but not more than thirty (30) LMHA employees and/or contractors to become certified MHFA instructors. DSHS will also pay LMHAs \$100 per educator trained in MHFA, not to exceed \$40,000 per local service area. All LMHAs submitted plans. Collectively, LMHAs proposed to train 324 new certified instructors and provide training to over 10,422 educators. Plan amendments are now being accepted from LMHAs due to clarification of who is eligible to become a certified instructor as part of this initiative.

In support of our statewide MHFA initiative, the National Council initially provided opportunities for four (4) MHFA Instructor Training sessions in Texas:

- December 16-20, 2013 (two trainings)
- January 20-24, 2014 (two trainings)

Currently there are eleven (11) certified instructor trainings scheduled:

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

The location of each training is determined by the host LMHA that reserves a training with the National Council. The National Council will book the training on a first-come, first-serve basis. Additionally, the host LMHA will determine the type of training (youth or adult).

Sunset Review of the Texas Department of State Health Services

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

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

DSHS suggests the following statutory changes to assist the program in performing its functions. **Chapter 577, Texas Health and Safety Code** – This statute sets forth the requirements for psychiatric hospital licensure and crisis stabilization units. Additionally, Chapter 448, Texas Health and Safety Code sets forth substance abuse licensure parameters. DSHS has identified

the need for new licensure types; however, the agency does not have the authority to do so under current statute. As the SMHA and State Substance Abuse Authority, DSHS sets operational and clinical policy for a variety of community-based and facility-based behavioral health services. To ensure appropriate and cost effective treatment, DSHS believes that licensure types need to evolve as services and evidence-based practices evolve. In some instances, the current limit of two mental health facility licensure types leads to operational issues.

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

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

Intellectual and Developmental Disabilities Update

Redesign of IDD Services and Supports: FY2014-15

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

Timeline	IDD Redesign Requirements and Related Activities
October 1, 2013	SB 7 deadline to appoint IDD System Redesign Advisory Committee members
Fall, 2013*	HHSC and DADS prepares Community First Choice (CFC) Medicaid state plan amendment for submission to CMS (CFC option implements SB 7 basic attendant and habilitation services provided through STAR + PLUS)
Fall, 2013*	Informal consideration of pilot(s) to test managed care strategies based on capitation to be implemented "no later than September 1, 2016" per SB 7
September 1, 2014*	First possible date STAR + PLUS managed care can expand statewide
September 1, 2014*	Estimated start date for CFC basic attendant and habilitation services through STAR + PLUS
September 1, 2014*	First possible date to begin providing IDD acute care services through STAR + PLUS or other integrated capitated managed care model
September 30, 2014	SB 7 deadline for annual IDD System Redesign report to legislature
December 1, 2014	SB 7 deadline for report to legislature on role of Local Authority as service provider
September 30, 2015	SB 7 deadline for annual IDD System Redesign report to legislature

Status of current SB 7 implementation activities:

- **IDD System Redesign Advisory Committee.** Committee members are appointed and anticipated to meet in late 2013. Committee information is located at:
http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/iddsrac.shtml
- **Pilot to test managed care strategies.** The Texas Council and other IDD stakeholder groups are in discussions with a company that has stepped forward with significant interest in structuring a risk-based pilot to fulfill SB 7 pilot provisions. The company is also in dialogue with HHSC to determine agency parameters for a proposed pilot as allowed by SB 7. The pilot model being offered focuses on provider partnerships, intensive coordination of LTSS and acute care, and consumer education/engagement. A Local Authority/Service Coordination role is included in the pilot concept under discussion.
- **Community First Choice Option** (to finance basic attendant and habilitation services provided through STAR PLUS). HHSC is analyzing federal CFC requirements in order prepare Medicaid state plan amendment for submission to CMS. Negotiations, possibly extensive, are anticipated to follow. CFC final rule:

<http://www.gpo.gov/fdsys/pkg/FR-2012-05-07/pdf/2012-10294.pdf>

SB 7 directs several Local IDD Authority (LIDDA) and STAR PLUS MCO functions related to CFC/basic attendant and habilitation services in STAR PLUS (applicable only to these services):

- DADS must contract with LIDDAs to conduct:
 - Service Coordination to individuals with IDD in STAR + PLUS by assisting them to receive services in a community-based setting, including transition to a community-based setting;
 - Provide an assessment to MCO regarding whether an individual needs attendant or habilitation services, based on functional need, risk factors, and desired outcomes;
 - Assist individuals with developing a plan of care under STAR PLUS, including making changes resulting from periodic reassessments of the plan;
 - Provide documentation to demonstrate need for care described by plan;
 - Provide[annually] a description of outcomes based on individual's plan of care
- STAR PLUS MCOs must consider assessment for basic attendant and habilitation services conducted and enter into written agreements with each LIDDA regarding coordination of services for people receiving basic attendant and habilitation services
- LIDDA conducting IDD Service Coordination for basic attendant care and habilitation services is prohibited from providing those services. NOTE: Requirement does not impact Local Authority Service Coordination/Local Safety Net Role as a limited provider of HCS and Texas Home Living waiver services;
- LIDDA may subcontract IDD Service Coordination with an eligible person, including a nonprofit entity, to coordinate the services of individuals with IDD receiving basic attendant and habilitation services under STAR + PLUS. HHSC executive commissioner must establish by rule minimum qualifications to be considered an "eligible person".

PASRR and Related Local Authority Responsibilities

Local Authorities are initiating complex new responsibilities to support people with IDD in or at risk of admission to nursing facilities in Texas. Civil rights requirements to active treatment/specialized services in nursing facilities as well as services provided in the most integrated setting form the foundation of new responsibilities delegated to Local Authorities on behalf of the state.

The additional functions are delegated by the state to Local Authorities in response to federal law and the two-year *Steward v. Perry* interim settlement agreement. As the statutorily directed entities responsible for access and intake, eligibility and enrollment, safety net/crisis intervention, service coordination and local planning functions—in short, making community services and supports accessible and responsive to people with IDD—the Local Authority

network is regarded as the most qualified system to support civil rights related to nursing facility diversion and community alternatives for this population.

Following is a brief summary of major nursing facility-related supports and protections delegated to Local Authorities by DADS and/or DSHS in 2013:

- **May 24, 2013.** Redesigned PASRR process charges Local IDD and MH Authorities to serve as the federally required independent entity that must conduct a PASRR Evaluation for a person identified with possible IDD or MH diagnosis upon referral for admission to a nursing facility (NF). The PASRR Evaluation assesses person's need for NF admission (medical necessity), specialized services and alternative placement options.
- **July, 2013.** Local IDD and MH Authorities directed to conduct PASRR Evaluations for approximately 15,000 people admitted to NFs prior to May 24, 2013 for whom data conversion indicates a possible IDD and/or MH diagnosis. Each authority negotiated a timeframe for completion of "conversion" evaluations. Approximately 3,000 additional persons subsequently were identified through converted data to require a PASRR Evaluation by the Local Authority.
- **August, 2013.** Based on terms of the interim settlement of the *Steward v. Perry* lawsuit, Local Authorities received "Attachment G" of the DADS FY2014 Performance Contract effective September 1, 2013. Outlined responsibilities include:
 - Nursing facility diversion for people in the community
 - Service Coordination for people with IDD in nursing facilities
 - Service Planning and Service Planning Teams
 - Presentation of community living options to people with IDD in nursing facilities
 - Transition to community services through community living discharge planning and including enrollment into Medicaid waiver programs
 - Continued tracking and service coordination with services and supports in the community for up to a year
 - Continued tracking and service coordination with services and supports in the community for up to a year

The 83rd Legislature appropriated funds for community waiver program services to support positive outcomes for people with IDD as follows:

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

The Texas Council Local Authority Workgroup met October 1, 2013 with DADS Local Authority Section staff to determine how to best support Attachment G implementation, focusing on service coordination for people in nursing facilities. The Texas Council recently shared the following Workgroup recommendations with membership:

- Local Authorities must move expeditiously to complete outstanding PASRR Evaluations for people with IDD and assign service coordinators as indicated. Local target populations and actual service coordination experience must be established to determine funding needs for Local Authority functions and community services for people choosing to move from nursing facilities.
- DADS Local Authority Section and Local IDD Authority staff work together to develop uniform tools to conduct service coordination in nursing facilities, (e.g., PDP, service plan, Community Living Discharge Plan, and a community living options information process as outlined in Attachment G). NOTE: DADS has begun this project, including several Local Authority representatives, with a December, 2013 goal for completion.

Sunset Review: DADS and Related HHSC Self –Evaluation Reports

Texas health and human services agencies are scheduled for Sunset review during the current biennium, culminating in recommendations for action by the 84th Legislature. In September, 2013 agencies completed the first step in the process by providing a Self-Evaluation Report (SER) to the Sunset Advisory Commission.

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

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

A. Major IDD issues identified by DADS:

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

Coordination of Autism Services (Issue 2, p. 266): Are the State's efforts to support individuals with autism spectrum disorders well-coordinated between DADS and DARS?

Possible Solution: Increase efficiency and access by locating autism-specific service delivery, advisory and research functions in one agency, i.e., consolidate into newly created Office of Autism Services at DARS to include current DARS autism program plus TX Council on Autism and TX Autism Research and Resource Center now administered by DADS.

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

Possible Solution: Secure the permanency of ADRCs as an entry point for LTSS including:

- Establish ADRC program as a stand-alone program within DADS with separate agency strategy, appropriation, rule authority and dedicated state level staff.
- Submit a DADS LAR for funding to ensure ongoing sustainability post BIP.
- Establish statutory foundation for the ADRC, including statewide ADRC Advisory Council and rulemaking authority related to the program would ensure ongoing legitimacy of Texas commitment to rebalancing through a No Wrong Door system.
- Legislatively require formal partnerships between ADRCs and managed care organizations, providing needed leverage to establish and maintain strong relationships given the statewide expansion of both managed care and ADRCs.
- Legislatively require formal partnerships and protocols with Medicaid eligibility, either local or state level, to streamline access to services offered through ADRCs.

Behavioral Support and Health Services in Communities (Issue 4, p. 272): How can behavior support and healthcare services be improved for individuals in community based programs and long-term care facilities?

Possible Solutions:

- Establish structures to ensure SSLCs and community providers coordinate care of transitioning individuals to support risk management across settings.
- Develop professional expertise and programmatic models by leveraging clinical expertise in SSLCs. Share clinical expertise between SSLCs and community providers and expand liaisons between SSLCs and university programs and tele-health.
- Develop SSLCs as a resource to share clinical experience in community, especially rural areas. Expand role of SSLCs to operate specialized clinics, e.g., dental services, wheelchair repair, audiology and applied behavior analysis.
- Develop Electronic Health Record/Electronic Life Record at SSLCs.
- Develop a care management program at SSLCs to assist in overall care and outcomes as well as support individuals who have transitioned to community by providing both a nurse and a behavioral health advice line.
- Increase collaboration between SSLCs and Local Authorities to strengthen community transition activities.

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

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

Possible Solution: As more individuals transition into the community from SSLCs, SSLC facilities could be repurposed to provide clinical, behavioral and dental services for individuals in community as part of SSLC long-range plan.

Services for High-risk Alleged Offenders (Issue 6, p. 277): How can these services be improved? Following admission to SSLCs individuals who have had negative interactions with law enforcement are assessed for propensity to inflict substantial physical harm to others and based on this determination are housed separately from other facility residents. Extensive review is needed to revise statutes, programs and residential options for these individuals to assure competency restoration and supports necessary to provide them greatest independence possible.

Possible Solutions:

- Structure appropriate clinical and residential supports at SSLCs to ensure health and safety of alleged offenders while supporting stabilization to enable them to receive services in most integrated setting.
- Continue to develop and expand the trauma informed care project (funded by Hogg Foundation) at Mexia and San Angelo SSLCs and leverage across all SSLCs.
- Provide professional and direct support staff with training on person-centered practices, behavioral modification, and re-entry to most integrated setting.
- Determine best location(s) for serving this population to allow natural supports, intensive clinical services and increase access to more integrated settings

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

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

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

Possible Solutions: B 7 requires HHSC to provide LTSS to persons enrolled in Medicaid through managed care plans beginning September 1, 2015 and going through September 2020 (*Texas Council note: language in the HHS SER does not reflect the required stakeholder and legislative deliberation require prior to movement of IDD services to managed care*). With the carve-in of

both behavioral health services (per SB 58) and LTSS into managed care, these programs will be administered under HHSC and managed care contract requirements can be put in place to require better coordination of the provision of these services when an individual is eligible for both.

Waiver Coordination (Issue 4, p. 417): Are there opportunities to address gaps in waiver coordination throughout the HHS System?

Discussion: HHSC, as the single state Medicaid agency, oversees Medicaid waivers but does not administer most of these waivers.

The six 1915(c) waivers operated by DADS include:

- Community-based Alternatives,
- Community Living Assistance and Support Services,
- Medically Dependent Children Program,
- Deaf-Blind with Multiple Disabilities,
- Home and Community-based Services, and
- Texas Home Living.

In addition, DSHS administers the following waivers:

- Youth Empowerment Services, a 1915(c) waiver, and
- NorthSTAR, a 1915(b) waiver.

In its oversight role, HHSC ensures waivers operate in accordance with applicable federal regulations and waiver provisions. HHSC staff approve waiver language, proposed rules, ensures compliance with federal guidance, and monitors consistency in policy across waivers. HHSC serves as the single point-of-contact with the federal Centers for Medicare & Medicaid Services (CMS) and directs and negotiates interactions with CMS.

SB 7 requires transition over time of most of DADS waiver programs into HHSC's managed care programs. Smooth transition will require thorough analysis of policy and operations considerations. Senate Bill 7 directs transition of waivers for individuals with IDD (***Texas Council note: language in the HHS SER does not reflect the required stakeholder and legislative deliberation require prior to movement of IDD services to managed care***) and contains grandfathering provisions for individuals currently enrolled in the 1915(c) waivers. As a result, individuals enrolled in 1915(c) waiver programs will be permitted to remain in the program for long-term services and supports, but will access acute care through the STAR+PLUS program.

HHSC will continue to oversee multiple waiver programs and must provide effective coordination and program operations. Issues to consider across waiver programs include contract management and monitoring, policy development processes, budget development, legal support, communication between HHSC and operating agencies both internally and with

federal partners, stakeholder coordination, and operational decision-making authority in related to managed care transition dates.

Possible Solutions:

Senate Bill 7 and SB 58 will likely provide additional efficiencies relating to administration and oversight of Medicaid services and supports as waivers are carved into managed care. While HHSC has extensive statutory authority over the operating agencies, it may be appropriate to consider additional language specifying HHSC's responsibility to assess waiver program operations and implement process improvements. This could be accomplished through an amendment to Texas Government Code, Section 531.021(b), which currently lists HHSC's responsibilities for administration of the Medicaid program.

Separate agency oversight of State Hospitals and State Supported Living Centers (Issue 5, p.419)

Discussion

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

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

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

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

Identified inefficiencies:

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

Possible solutions:

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

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

C. Major IDD Issues identified by DARS

Addressing challenges in the ECI Program (Issue 2, p. 267)

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

Possible Solutions

Major changes in the contract structure and payment process were completed in FY 2012. Services are currently paid through both a cost reimbursement mechanism and through a fee for service mechanism.

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

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

Coordination of State's efforts to support individuals with Autism spectrum disorders (Issue 3, p. 269)

Both DADS and DARS administer a number of programs that serve the needs of people with ASD and other disabilities (see DADS issue above)

Possible solution:

Although coordination between DADS and DARS currently occurs, one possible way of increasing efficiency and access would be to locate the autism-specific service delivery, advisory, and research functions in one agency. The programs affected would include the DARS autism program and the Texas Council on Autism and the TARRC (both administered by DADS).

Locating these functions in DARS as a single unit would:

- allow individuals to access information on all state autism services in one place;
- create an opportunity to collect more autism-specific data;
- enhance coordinated communications with the Texas autism community, other states and federal partners;
- assist policy makers when evaluating the state's array of services and related costs; and
- provide for a single state agency to speak for all autism-specific programs.

Consolidating autism services into a newly created Office of Autism Services at DARS would increase the visibility of the function and access to services. The Office could bridge the gap between the services of the TARRC and the DARS autism program with the policy and service coordination mandates of the Texas Council on Autism.

Early Childhood Intervention (ECI)—2013 ECI Leadership Summit

Over 130 leaders from 50 Community Center and private ECI providers gathered on September 25, 2013 in Austin for a first-time Leadership Summit meeting organized by and for ECI providers.

LifePath CEO Randy Routon, serving for several years as ED Consortium ECI Chair, conceived the Leadership Summit in recognition of tremendous changes ECI providers are confronting due to major policy changes and transition to managed care in recent years. His Summit presentation, *Developing Strong and Sustainable Providers*, is attached to offer an overview of the ECI program's current environment. The presentation is available here: <http://www.txcouncil-intranet.com/wp-content/uploads/2010/06/Developing-Strong-and-Sustainable-Providers-v1.pdf>. Link is located on the Texas Council intranet site.

DARS Commissioner Veronda Durden and ECI Assistant Commissioner Kim Wedel shared their visions for meeting ECI's challenges and building for the future. Critical ECI program management issues were addressed through panel presentations of best practices developed by Texas ECI providers. David Lloyd presented a productivity webinar tailored to Texas ECI. The Texas Council provided support for the one-day summit.

Agenda Item: Approve October 2013 Financial Statements Committee: Business	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: October 2013 Financial Statements	
Recommended Action: Approve October 2013 Financial Statements	

October 2013 Financial Summary

Revenues for October 2013 were \$1,991,189 and operating expenses were \$1,961,035 resulting in a gain in operation of \$30,155. Capital Expenditures and Extraordinary Expenses for October were \$2,770 resulting in a gain of \$27,385. Total revenues were 99.43% of the monthly budgeted revenues and total expenses were 97.78% of the monthly budgeted expenses.

Year to date revenues are \$3,911,136 and operating expenses are \$3,875,524 leaving excess operating revenues of \$35,612. YTD Capital Expenditures and Extraordinary Expenses are \$3,633 resulting in a gain YTD of \$31,979. Total revenues are 97.29% of the YTD budgeted revenues and total expenses are 96.96% of the YTD budgeted expenses

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
ICF Program – Title XIX	413,232	429,974	96.10%	16,742
Rehab – Title XIX	177,419	235,128	75.45%	57,709
DSHS – Gen Rev - NGM	101,624	125,121	81.22%	23,497

ICF Program – Title XIX – This line item is under budget due to hospital stays as well as vacancies in this program. We will see this pattern continue into November as Empowerment tries to fill the vacant beds. This is a cost reimbursement program so the financials will also show a reduction on the expense side of what is reimbursed to Empowerment Options.

Rehab – Title XIX – This line item is under budget due to the implementation of the TRR effective September 1st as required by our DSHS Contract. The new assessment tool for adult services, the ANSA, has changed historical program assignment patterns and many of our clients are not currently in a service package that receives intensive rehabilitation services. Total productivity is actually higher in October than it was in September, but more services were provided to indigent consumers. We have redesigned our programs so that staff are available to serve persons where they are currently assigned. However, historically November and December are low Rehab revenue earning months due to the holiday schedules. Therefore, we do not anticipate an increase in this line until after the first of the year.

DSHS – Gen Rev – NGM – This line item is under budget due to a position that is funded by NGM which is vacant at this time. We anticipate that this position will be filled in the next couple of months and we expect this revenue line to increase.

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
No items to report				

**TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
As of October 31, 2013**

	TOTALS COMBINED FUNDS October 2013	TOTALS COMBINED FUNDS September 2013	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	5,375	5,375	-
Cash on Deposit-General Fund	9,379,394	6,351,773	3,027,622
Cash on Deposit-Debt Fund	3,274	421,561	(418,287)
Accounts Receivable	2,004,803	1,919,852	84,951
Inventory	7,953	7,885	68
TOTAL CURRENT ASSETS	11,400,800	8,706,446	2,694,354
FIXED ASSETS	5,730,985	6,084,978	(353,993)
OTHER ASSETS	43,258	59,108	(15,850)
TOTAL ASSETS	17,175,045	14,850,534	2,324,511
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	976,028	1,412,352	(436,324)
NOTES PAYABLE	473,777	409,597	64,180
DEFERRED REVENUE	2,232,278	(220,084)	2,452,362
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	1,097,663	1,135,612	(37,949)
Bond Series 2004	-	410,000	(410,000)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	1,125,086	495,384	629,702
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(1,567,640)	(1,951,408)	383,768
Reserved for Debt Retirement	1,230,000	1,230,000	-
Reserved for Debt Service	-	-	-
COMMITTED			
Net Assets-Property and Equipment	5,730,985	6,066,064	(335,078)
Reserved for Board Policy Requirements	879,405	879,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,000,000	2,000,000	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	12,332	80,166	(67,834)
Reserved for Insurance Deductibles	100,000	100,000	-
UNASSIGNED			
Unrestricted and Undesignated	2,223,458	2,141,773	81,685
TOTAL LIABILITIES/FUND BALANCE	17,175,045	14,850,534	2,324,512

**TRI-COUNTY SERVICES
CONSOLIDATED BALANCE SHEET
As of October 31, 2013**

**TOTALS
Memorandum Only**

	General Operating Funds	October 2013	Preliminary August 2013
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	5,375	5,375	5,325
Cash on Deposit-General Fund	9,379,394	9,379,394	8,352,038
Cash on Deposit-Debt Fund	3,274	3,274	421,561
Accounts Receivable	2,004,803	2,004,803	1,125,256
Inventory	7,953	7,953	6,661
TOTAL CURRENT ASSETS	11,400,800	11,400,800	9,910,841
FIXED ASSETS	5,730,985	5,730,985	6,084,978
OTHER ASSETS	43,258	43,258	42,427
AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT		-	-
TOTAL ASSETS	17,175,044	17,175,044	16,038,247
LIABILITIES, DEFERRED REVENUE, FUND BALANCE			
CURRENT LIABILITIES	976,028	976,028	1,450,960
NOTES PAYABLE	473,777	473,777	409,597
DEFERRED REVENUE	2,232,278	2,232,278	797,913
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	1,097,663	1,097,663	1,135,612
Bond Series 2004	-	-	410,000
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	1,125,086	1,125,086	632,661
Debt Service Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt service-Restricted	(1,567,640)	(1,567,640)	(1,951,408)
Reserved for Debt Retirement	1,230,000	1,230,000	1,230,000
Reserved for Debt Service	-	-	-
COMMITTED			
Net Assets-Property and Equipment-Committed	5,730,985	5,730,985	6,066,064
Reserved for Board Policy Requirements-Committed	879,405	879,405	879,405
Reserved for Equipment Reserve-Committed	354,290	354,290	354,290
Reserved for Inventory Reserve-Committed	32,973	32,973	32,973
Reserved for Operations and Programs -Committed	2,000,000	2,000,000	2,000,000
ASSIGNED			
Reserved for Workers' Compensation-Assigned	274,409	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	12,332	12,332	74,000
Reserved for Insurance Deductibles-Assigned	100,000	100,000	100,000
UNASSIGNED			
Unrestricted and Undesignated	2,223,458	2,223,458	2,141,773
TOTAL LIABILITIES/FUND BALANCE	17,175,044	17,175,044	16,038,248

TRI-COUNTY SERVICES
Revenue and Expense Summary
For the Month Ended October 2013
and YTD as of October 2013

INCOME:	MONTH OF October 2013	YTD October 2013
Local Revenue Sources	117,704	255,914
Earned Income	764,544	1,510,012
General Revenue-Contract	1,108,941	2,145,210
TOTAL INCOME	1,991,189	3,911,136
 EXPENSES:		
Salaries	1,020,040	2,045,387
Employee Benefits	191,740	375,595
Medication Expense	37,566	63,479
Travel-Board/Staff	39,808	73,765
Building Rent/Maintenance	21,928	40,386
Consultants/Contracts	481,170	916,387
Other Operating Expenses	168,783	360,525
TOTAL EXPENSES	1,961,035	3,875,524
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 30,155	 35,612
 CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	2,770	3,633
Capital Outlay-Debt Service Bonds	-	
TOTAL CAPITAL EXPENDITURES	2,770	3,633
 GRAND TOTAL EXPENDITURES	 1,963,804	 3,879,157
 Excess (Deficiency) of Revenues and Expenses	 27,385	 31,979

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budgeted
Year to Date as of October 2013

	YTD October 2013	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	255,914	263,681	(7,767)
Earned Income	1,510,012	1,601,515	(91,503)
General Revenue-Contract	2,145,210	2,154,723	(9,513)
TOTAL INCOME	3,911,136	4,019,919	(108,783)
EXPENSES:			
Salaries	2,045,387	2,090,604	(45,217)
Employee Benefits	375,595	408,244	(32,650)
Medication Expense	63,479	56,706	6,773
Travel-Board/Staff	73,765	72,512	1,253
Building Rent/Maintenance	40,386	39,882	504
Consultants/Contracts	916,387	911,599	4,788
Other Operating Expenses	360,525	390,553	(30,028)
TOTAL EXPENSES	3,875,524	3,970,100	(94,576)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	35,612	49,819	(14,207)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	3,633	30,555	(26,922)
Capital Outlay-Debt Service Bonds			-
TOTAL CAPITAL EXPENDITURES	3,633	30,555	(26,922)
GRAND TOTAL EXPENDITURES	3,879,157	4,000,655	(121,498)
Excess (Deficiency) of Revenues and Expenses:	31,979	19,264	12,715

Debt Service and Fixed Asset Fund:

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

TRI-COUNTY SERVICES
Revenue and Expense Summary
Compared to Budget
For the Month Ended October 2013

INCOME:	MONTH OF October 2013	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	117,704	120,840	(3,136)
Earned Income	764,544	798,746	(34,202)
General Revenue-Contract	1,108,941	1,083,108	25,833
TOTAL INCOME	1,991,189	2,002,694	(11,505)
EXPENSES:			
Salaries	1,020,040	1,041,053	(21,013)
Employee Benefits	191,740	204,123	(12,383)
Medication Expense	37,566	28,353	9,213
Travel-Board/Staff	39,808	36,257	3,551
Building Rent/Maintenance	21,928	19,941	1,987
Consultants/Contracts	481,170	462,638	18,532
Other Operating Expenses	168,783	195,266	(26,483)
TOTAL EXPENSES	1,961,035	1,987,631	(26,596)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	30,155	15,063	15,092
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	2,770	20,778	(18,008)
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	2,770	20,778	(18,008)
GRAND TOTAL EXPENDITURES	1,963,804	2,008,409	(44,605)
Excess (Deficiency) of Revenues and Expenses	27,385	(5,715)	33,100

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

TRI-COUNTY SERVICES
Revenue and Expense Summary
With October 2012 Comparative Data
Year to Date as of October 2013

INCOME:	YTD October 2013	YTD October 2012	Increase (Decrease)
Local Revenue Sources	255,914	301,574	(45,660)
Earned Income	1,510,012	1,668,032	(158,020)
General Revenue-Contract	2,145,210	2,013,554	131,656
TOTAL INCOME	3,911,136	3,983,160	(72,024)
EXPENSES:			
Salaries	2,045,387	1,899,230	146,157
Employee Benefits	375,595	358,977	16,618
Medication Expense	63,479	43,826	19,653
Travel-Board/Staff	73,765	64,411	9,354
Building Rent/Maintenance	40,386	60,031	(19,645)
Consultants/Contracts	916,387	812,849	103,538
Other Operating Expenses	360,525	368,683	(8,158)
TOTAL EXPENSES	3,875,524	3,608,007	267,517
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	35,612	375,153	(339,541)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	3,633	-	3,633
Capital Outlay-Debt Service Bonds		70,964	(70,964)
TOTAL CAPITAL EXPENDITURES	3,633	70,964	(67,331)
GRAND TOTAL EXPENDITURES	3,879,157	3,678,971	200,186
Excess (Deficiency) of Revenues and Expense:	31,979	304,189	(272,210)

Debt Service and Fixed Asset Fund:

Bond Payments Receipts	-	70,964	(70,964)
Bond Payments Disbursements			-
Interest Income			-
Excess(Deficiency) of revenues over Expense:	-	70,964	(70,964)

TRI-COUNTY SERVICES
Revenue and Expense Summary
With October 2012 Comparative Data
For the Month October 2013

INCOME:	MONTH OF October 2013	MONTH OF October 2012	Increase (Decrease)
Local Revenue Sources	117,704	170,789	(53,085)
Earned Income	764,544	858,505	(93,961)
General Revenue-Contract	1,108,941	1,007,673	101,268
TOTAL INCOME	1,991,189	2,036,967	(45,778)
EXPENSES:			
Salaries	1,020,040	953,715	66,325
Employee Benefits	191,740	179,836	11,904
Medication Expense	37,566	25,936	11,630
Travel-Board/Staff	39,808	32,178	7,630
Building Rent/Maintenance	21,928	25,987	(4,059)
Consultants/Contracts	481,170	409,929	71,241
Other Operating Expenses	168,783	194,601	(25,818)
TOTAL EXPENSES	1,961,035	1,822,182	138,853
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	30,155	214,785	(184,630)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	2,770	(232)	3,002
Capital Outlay-Debt Service Bonds	-	35,482	(35,482)
TOTAL CAPITAL EXPENDITURES	2,770	35,250	(32,480)
GRAND TOTAL EXPENDITURES	1,963,804	1,857,432	106,372
Excess (Deficiency) of Revenues and Expense:	27,385	179,535	(152,150)

Debt Service and Fixed Asset Fund:

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

TRI-COUNTY SERVICES
Revenue and Expense Summary
With September 2013 Comparative Data
As of October 2013

INCOME:	MONTH OF October 2013	MONTH OF September 2013	Increase (Decrease)
Local Revenue Sources	117,704	138,209	(20,505)
Earned Income	764,544	745,468	19,077
General Revenue-Contract	1,108,941	1,036,270	72,671
TOTAL INCOME	1,991,189	1,919,947	71,243
EXPENSES:			
Salaries	1,020,040	1,025,348	(5,308)
Employee Benefits	191,740	183,854	7,886
Medication Expense	37,566	25,913	11,653
Travel-Board/Staff	39,808	33,958	5,850
Building Rent/Maintenance	21,928	18,458	3,470
Consultants/Contracts	481,170	435,217	45,954
Other Operating Expenses	168,783	191,742	(22,959)
TOTAL EXPENSES	1,961,035	1,914,490	46,545
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	30,155	5,457	24,698
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	2,770	864	1,906
Capital Outlay-Debt Service Bonds	-	-	-
TOTAL CAPITAL EXPENDITURES	2,770	864	1,906
GRAND TOTAL EXPENDITURES	1,963,804	1,915,354	48,451
Excess (Deficiency) of Revenues and Expense:	27,385	4,593	22,792

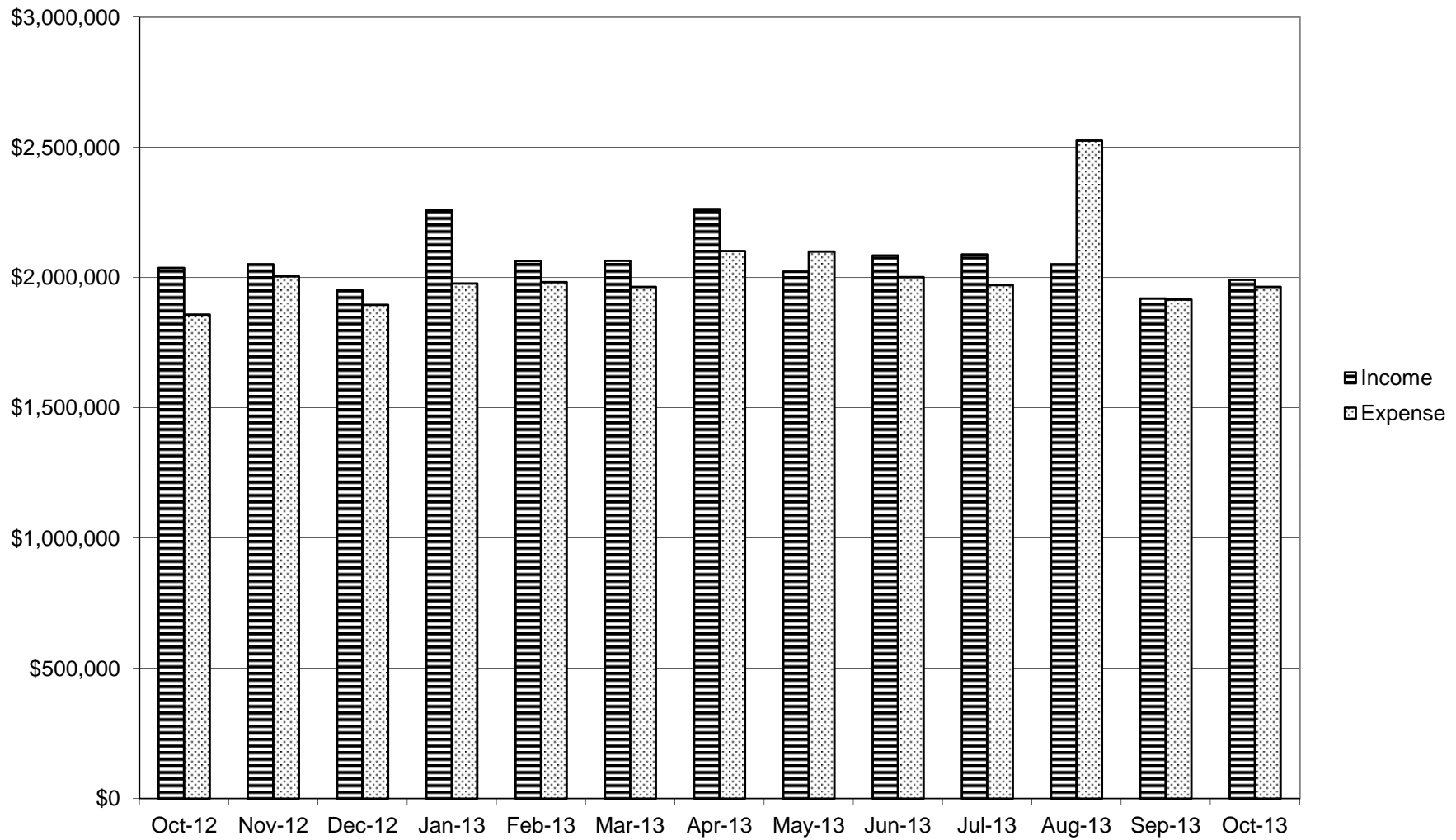
Debt Service and Fixed Asset Fund:			
Bond Payments Receipts	-	-	-
Bond Payments Disbursements	-	-	-
Interest Income	-	-	-
Excess(Deficiency) of revenues over Expense:	-	-	-

TRI-COUNTY SERVICES
Revenue and Expense Summary by Service Type
Compared to Budget
As of YTD Ended October 2013

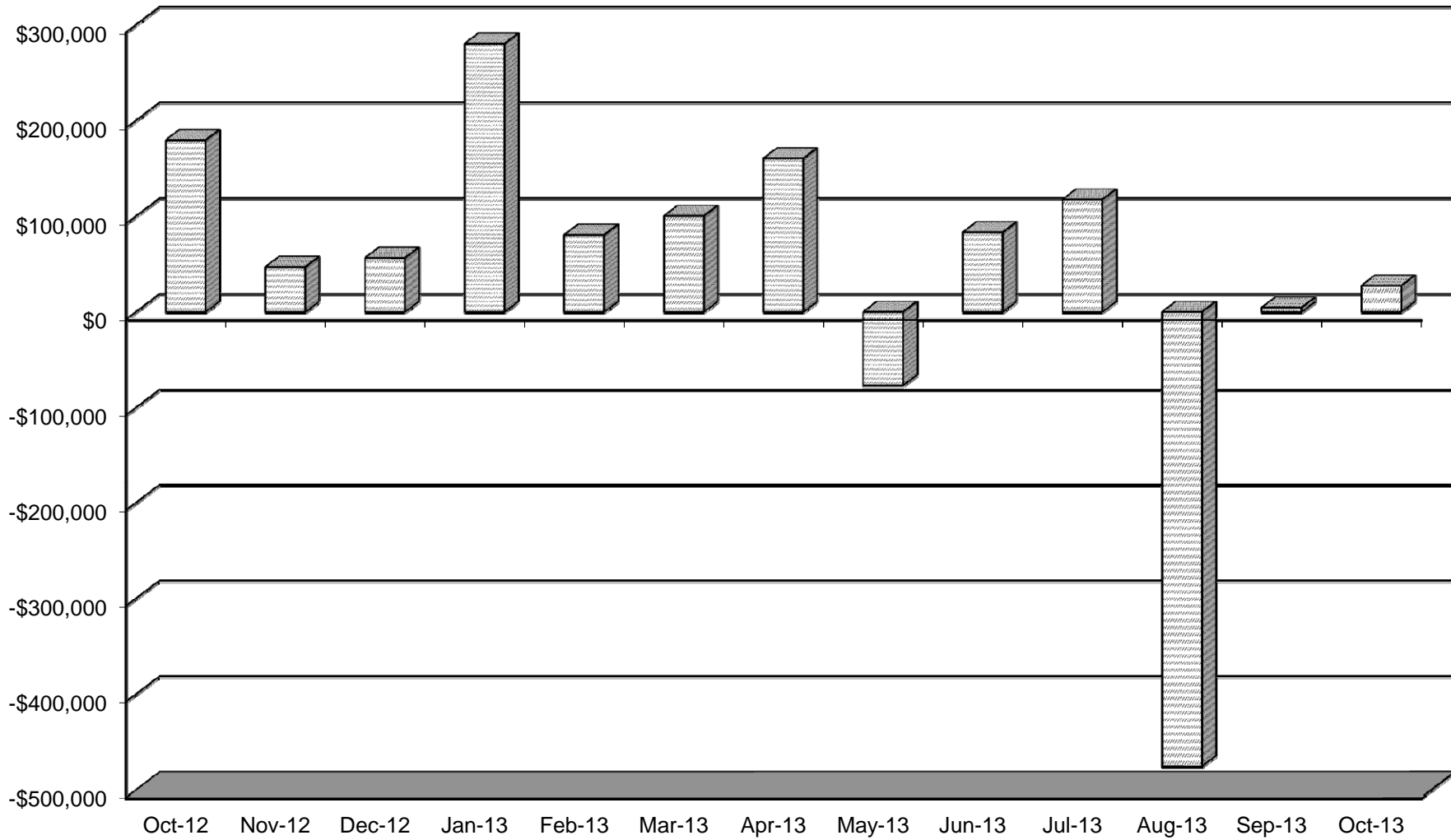
	YTD Mental Health October 2013	YTD IDD October 2013	YTD Other Services October 2013	YTD Agency Total October 2013	YTD Approved Budget October 2013	Increase (Decrease)
INCOME:						
Local Revenue Sources	155,336	41,924	58,653	255,914	263,681	(7,767)
Earned Income	332,449	952,005	225,559	1,510,012	1,601,515	(91,503)
General Revenue-Contract	1,895,709	249,501		2,145,210	2,154,723	(9,513)
TOTAL INCOME	2,383,494	1,243,430	284,212	3,911,136	4,019,919	(108,783)
EXPENSES:						
Salaries	1,456,296	420,195	168,897	2,045,387	2,090,604	(45,217)
Employee Benefits	260,376	81,905	33,313	375,595	408,244	(32,649)
Medication Expense	58,792		4,687	63,479	56,706	6,773
Travel-Board/Staff	46,496	18,487	8,782	73,765	72,512	1,253
Building Rent/Maintenance	23,347	14,373	2,666	40,386	39,882	504
Consultants/Contracts	286,734	616,757	12,897	916,387	911,599	4,788
Other Operating Expenses	219,896	93,731	46,897	360,525	390,553	(30,028)
TOTAL EXPENSES	2,351,937	1,245,448	278,139	3,875,524	3,970,100	(94,576)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	31,557	(2,018)	6,073	35,612	49,819	(14,207)
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	2,518	560	555	3,633	30,555	(26,922)
Capital Outlay-Debt Service Bonds				-		-
TOTAL CAPITAL EXPENDITURES	2,518	560	555	3,632	30,555	(26,922)
GRAND TOTAL EXPENDITURES	2,354,455	1,246,008	278,694	3,879,156	4,000,655	(121,498)
Excess (Deficiency) of Revenues and Expenses	29,039	(2,578)	5,518	31,979	19,264	12,715

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

TRI-COUNTY SERVICES Income and Expense



TRI-COUNTY SERVICES Income after Expense



Agenda Item: Approve FY 2014 Budget Revisions Committee: Business	Board Meeting Date December 12, 2013
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 2014 Budget Revision	
Recommended Action: Approve FY 2014 Budget Revision	

**Tri-County MHMR Services
Proposed Revised FY 2014 Budget Compared to
Current FY 2014 Approved Budget**

Explanation of line items that have material changes from Proposed Revised FY 2014 Budget compared to the Current FY 2014 Approved Budget.

REVENUES:

Local Revenue – This line item shows an overall increase due to the start of the ETBHN Navigator grant that was awarded after the beginning of the fiscal year.

Earned Income – This line item shows an overall increase which includes increases in TCOOMMI, IDD Service Coordination and a contract adjustment for Substance Abuse Prevention services. This line also includes adjustments down in the ICF program due to client hospitalizations and vacancies and a decrease in the Rehab revenue based on the implementation of the new TRR requirements that started September 1st.

General Revenue – This line item reflects the bulk of the reason why a budget revision was needed this early in the fiscal year. We received new DSHS General Revenue to eliminate the Waitlist for both Adults and Children and also new funding for the Underserved population. This line also reflects the small award for Mental Health First Aid training.

EXPENSES:

Salaries – This line shows an overall increase for the staff required to be hired with the new DSHS General Revenue as well as positions for the Navigator grant. In addition, this line reflects increases in Doctors salary to be competitive for recruitment of these positions.

Employee Benefits – This line shows an increase for the fringe associated the above new staff.

Travel – Board/Staff – This line shows a slight increase for the travel as required for the implementation of the new programs.

Medication Expense – This line shows a slight increase based on current projects for Medication expense.

Building Rent/Maintenance – This line item shows an increase due to the modification of the William E. Hall building and also for the mandatory repairs to the Elevator at the administration building that happened after the first of the fiscal year.

Consultants/Contracts – This line item shows an increase due to the use of a Contract Doctor via Tele-video and also an increase in Foster Care projections for HCS. This line also includes money for consultants for new logo design, facility consolidation and Managed Care.

Other Operating Expenses – This line item shows an increase in expenses mainly associated with the new services funded by the DSHS general revenue. These include recruitment fees, building and program supplies for the new programs and staff.

Capital Outlay-FF&E, Automobiles – This item reflects an increase based on the purchases required for new staff, such as computers, desks, and phones.

Capital Outlay - Debt Service Bonds – No change

**TRI-COUNTY MHMR SERVICES
PROPOSED REVISED FY 2014 BUDGET COMPARED TO
CURRENT FY 2014 APPROVED BUDGET**

	PROPOSED REVISED FY 2014 BUDGET	CURRENT FY 2014 APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,485,362	1,402,838	82,524
Earned Income	11,403,722	11,339,343	64,379
General Revenue	14,434,667	12,917,125	1,517,542
TOTAL INCOME	27,323,751	25,659,306	1,664,445
EXPENSES:			
Salaries	14,270,125	13,168,978	1,101,147
Employee Benefits	2,670,197	2,558,457	111,741
Travel-Board/Staff	454,192	446,090	8,102
Medication Expense	408,750	401,250	7,500
Building Rent/Maintenance	284,533	239,283	45,250
Consultants/Contracts	5,823,562	5,686,173	137,389
Other Operating Expenses	2,809,204	2,671,741	137,463
TOTAL EXPENSES	26,720,563	25,171,971	1,548,592
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	603,188	487,335	115,853
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	603,188	487,335	115,853
Capital Outlay - Debt Services Bonds		-	-
TOTAL CAPITAL EXPENDITURES	603,188	487,335	115,853
GRAND TOTAL EXPENDITURES	27,323,751	25,659,306	1,664,445
Excess (Deficiency) of Revenues and Expenses	\$ -	\$ (0)	\$ 0

<p>Agenda Item: Approve Purchase of Ford Focus</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>The purchase of a Ford Focus was previously approved at the August Board meeting. Unfortunately, it was determined that the winning bid did not meet the required bid specifications. Therefore, it was deemed necessary to rebid the purchase of the Ford Focus and request that the vehicle be purchased at the dealership chosen by the Board.</p> <p>Listed below are the bids received for the purchase of a Ford Focus:</p> <ul style="list-style-type: none"> • Anderson Ford – Cleveland, Texas - \$14,818.00 • Bill Fick Ford - Huntsville, Texas - \$14,148.69 • BJ Ford – Liberty, Texas - \$14,198.00 	
<p>Supporting Documentation:</p> <p>Copy of Bids Available for Review at the Board Meeting</p>	
<p>Recommended Action:</p> <p>Approve the Purchase Fleet Vehicles as Recommended</p>	

Agenda Item: Approve Purchase of New Chairs for the PETC	Board Meeting Date
Committee: Business	December 12, 2013
Background Information:	
<p>As a part of our plan of correction for the Psychiatric Emergency Treatment Center Facility Licensing review, the auditors cited the facility for “multiple stained upholstered chairs in patient areas” and requested that they either be cleaned professionally on a consistent basis or be replaced with chairs that could be sanitized.</p>	
<p>Upon review, staff determined that some of the chairs would not be able to be cleaned to meet DSHS standards, and it would be challenging to consistently keep these chairs clean.</p>	
<p>Four furniture vendors submitted bids for replacement chairs covered in vinyl fabric by the required submission date. The total prices for chairs and shipping costs ranged from a low of \$4,943.60 to a high of \$20,027.81.</p>	
<p>Despite efforts to ensure that bids were for equivalent chairs, there was significant variation in the chair materials for the bids that were received. Consideration was given to the safety, durability, ease of maintenance, ability to be sanitized, and aesthetics for each type of chair which we received bids. The PETC program staff recommends the Blockhouse selection as the lower cost option which met these considerations at a cost of \$15,865.20.</p>	
<p>The existing chairs will be cleaned and used in the lobby at the William E. Hall building that we will be reopening for our medical services later this year.</p>	
Supporting Documentation:	
Chair Bid Summary	
Recommended Action:	
Approve Purchase of New Chairs for the PETC	

	ECFS	Blockhouse	EOC	Butler
style	STACKING WOOD SIDE CHAIR	SLED BASE WOOD SIDE CHAIR	STACKABLE ARM METAL CHAIR	SLED BASE WOOD SIDE CHAIR
impact resistance	NOT TESTED Email comment: "We have seen a number of chairs damaged in a facility, but not every one or that many."	TESTED 4/26/2000 Back Strength Test Drop Test Seating Impact Test Stability Test Back Durability Test Leg Strength Test	NOT TESTED	NOT TESTED Email comment: "Too many variables to determine this information."
chair weight	20 lbs	20 lbs	Kin 18 lbs Joy 14 lbs	17 lbs
vinyl durability (rubs)	240,000 double rubs	100,000-1,300,000 double rubs depending on fabric choice	500,000 - 1,300,000 double rubs depending on fabric choice	1,000,000 double rubs
max wt capacity	300 LBS	NOT TESTED	NOT TESTED	NOT TESTED
frame construction	Solid Red Oak Posts are joined with glued mortise and tenon to sleigh rails upon which they rest and to seat side and cross rails. Where seat side and cross rails join posts, hardwood corner blocks are fastened with glue and screwed to rails. Outside corners are radiused, and all edges are eased. Email comment: "Screws are non-removable tamper proof. These are well made pieces meant to withstand a college dorm room environment."	All framing lumber to be red oak. All rail and leg joinery utilize mortise and tenoned, reinforced with mechanical fasteners and corner blocks. Bullnose edge on all outside exposed edges	Kin: The all welded unitised tubular steel frame is engineered for low maintenance and heavier loads in cherry powder coat. Oak arm cap. Joy: The tubular steel frame is fully welded.	All frame members including legs, arms, seat supports, and stretchers are fabricated from 1-5/8" x 1-5/8" solid wood mortised and tenoned at each joint to assure maximum strength secured with PVA adhesive and bline pinned through each tenon. Stress points shall be further reinforced with bronze plated metal corner brackets and secured with sheet metal screws. Floor sled member shall be solid radiata secured to the inside bottom of each leg.
seat construction	Upholstered seat, of 1/2" plywood molded into a 1-1/4" deep cavity with waterfall curved shaped to obscure front rail and topped with 1-1/2" of fire retardant polyurethane foam, is fastened to each seat cross rail with screws, to facilitate reupholstering.	Seat cushion insert to be 3/4" TK super-hard MDF. Seat insert to be covered with heavy-duty elastic seat webbing for comfort. The seat is covered with 1-3/4" high density polyurethane foam. Seat foam to be molded to provide exceptional comfort.	Kin: Contoured plywood seats mounted with concealed screws. Joy: Seat component is modular and individually field replaceable. All mounting screws are concealed by protective outer seat.	The wood seat is 1-1/4" thick edge glued pine with machine shaped seat surface secured with four screws through the front and back seat support rails. The upholstered seat is 1/2" plywood fitted with 2" poly foam.
back construction	Fully upholstered back, of 12" high plywood molded into a compound curve and wrapped with 1" of fire retardant polyurethane foam, is joined to post with exposed bolts and inserts. Upholstery is seamed and double needle stitched to conform to arc of top edge.	Back cushion shall consist of curved 3/4" TK hardwood plywood, which is bolted to the frame. Cushion frame is curved for comfort. High-density 1" thick polyurethane foam is cemented to curved back before upholstery cover is secure.	Kin: Back mounted with concealed screws. Joy: Back component is modular and individual field replaceable. All mounting screws are concealed by protective back shell.	The wood back is 1-1/4" steam bent pine secured with four screws through the back support segment of the rear legs. The back shall be hardwood frame with upholstery grade cardboard surfaces fitted with 1" poly foam inner and 1/2" poly foam outer.
warranty	lifetime	lifetime	limited lifetime	1 year
bid quote 60 chairs	\$19,800.00	\$15,865.20	Kin \$20,027.81 Joy \$13,010.55	Tailgate delivery \$8,989.79 Inside delivery \$9,214.79
delivery info	10 weeks	8-10 weeks ARO	2-3 weeks w/fabric avail	7-9 weeks ARO

Tri-County Services
P.O. Box 3067
Conroe, TX 77305

Specification Sheet

**Location : 706 FM 2854
Conroe, TX 77301**

October 4, 2013

Company Name: ECFS, LLC.

Address: 22303 Tuwa Rd. Tomball, TX 77375

Telephone: 281-255-3257

Fax: 281-255-8548

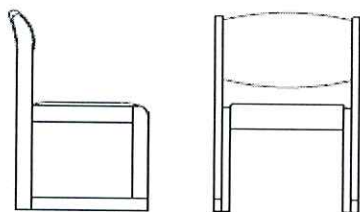
Please provide a bid for the following furniture items:

1. Armless chairs with upholstered back and seat in vinyl with protective coating and a minimum durability of 200,000 rubs. Prefer cherry lacquer finish. Prefer oak hardwood. Prefer sled base on armless chair. Quantity, 30.

Please include full specifications in bid including furniture dimensions, weight, finishes, fabrics, materials and unique features. Please document whether furniture will require additional assembly upon arrival. Our agency is eligible for governmental rates. Must guarantee delivery by **5:00 P.M. February, 2014.**

Please submit all bids to the attention of Heather Robison or John Bragg with the Tri-County Crisis Services department no later than **5:00 P.M. Monday, November 25, 2013.** Bids should be faxed to (936) 538-1145. If you have any questions, contact Heather Robison – Director of Crisis and Access Services at (936) 521-6413 or cell at (936) 662-6974 – or Karen Strong – Assistant at (936) 538-1117. After selected bid has been awarded, contractor will immediately be notified for scheduling and details.

Bid Price: \$9,900.00 Signature: 



TECHNICAL SPECIFICATION SHEET

LS248 - Groton Stacking Side Chair

Depth = 23" Width = 21.5" Height = 32.25"

Seat Height = 18"

Proudly Manufactured in the USA - Revised 1/2013

MATERIAL

POST	1-1/16" x 2-1/4" USA Solid Red Oak from Sustainable Forests
RAILS -SEAT	1-1/16" x 2-1/4" USA Solid Red Oak from Sustainable Forests
RAILS - SLEIGH	1-1/16" x 2" USA Solid Red Oak from Sustainable Forests
FOAM	100 % polyurethane, Meets CAL117

CONSTRUCTION

Solid Red Oak Posts are joined with glued mortise and tenon to sleigh rails upon which they rest and to seat side and cross rails. Where seat side and cross rails join posts, hardwood corner blocks are fastened with glue and screwed to rails. Outside corners are radiused, and all edges are eased. Fully upholstered back, of 12" high plywood molded into a compound curve and wrapped with 1" of fire retardant polyurethane foam, is joined to post with exposed bolts and inserts. Upholstery is seamed and double needle stitched to conform to arc of top edge. Upholstered seat, of 1/2" plywood molded into a 1-1/4" deep cavity with waterfall curved shaped to obscure front rail and topped with 1-1/2" of fire retardant polyurethane foam, is fastened to each seat cross rail with screws, to facilitate reupholstering.

SPECIAL FEATURE

Where each seat side rail is joined with glued mortise and tenon to the rear post, a dowel nut concealed in the rail is engaged by a bolt passed through the post and covered with a face grain plug sanded flush

OPTION:

California CAL 133 Fire Code

FABRIC:

See fabric specification for grading of fabric.

FINISH (For further details on finish application, please refer to detailed Finish Specifications.)

Highly durable, high solids catalyzed lacquer over high solids catalyzed sealer.

Top coat features MicroTec anti-microbial additive which works to inhibit the growth of microbes such as bacteria, mold and mildew...microbes that normally cause stains, odors, and product deterioration.

PACKAGING

Each chair is wrapped in a bubble bag sized for the unit.

Cartoning is available at an additional charge.

Tri-County Services
P.O. Box 3067
Conroe, TX 77305

Specification Sheet

**Location : 706 FM 2854
Conroe, TX 77301**

October 4, 2013

Company Name : Blockhouse Company
Address: 3285 Farmtrail Road York, PA 17406
Telephone: 800 - 346 - 1126 x 3015
Fax: 717 - 767 - 8939

Please provide a bid for the following furniture items:

1. Armless chairs with upholstered back and seat in vinyl with protective coating and a minimum durability of 200,000 rubs. Prefer cherry lacquer finish. Prefer oak hardwood. Prefer sled base on armless chair. Quantity, 30.

Please include full specifications in bid including furniture dimensions, weight, finishes, fabrics, materials and unique features. Please document whether furniture will require additional assembly upon arrival. Our agency is eligible for governmental rates. Must guarantee delivery by **5:00 P.M. February, 2014.**

Please submit all bids to the attention of Heather Robison or John Bragg with the Tri-County Crisis Services department no later than **5:00 P.M. Monday, November 25, 2013.** Bids should be faxed to (936) 538-1145. If you have any questions, contact Heather Robison – Director of Crisis and Access Services at (936) 521-6413 or cell at (936) 662-6974 – or Karen Strong – Assistant at (936) 538-1117. After selected bid has been awarded, contractor will immediately be notified for scheduling and details.

Bid Price: \$ 8,080.20

Signature



UPHOLSTERED SIDE CHAIR

Product ID: X030101

Dimensions: 20w x 19.5d x 31h

Features:

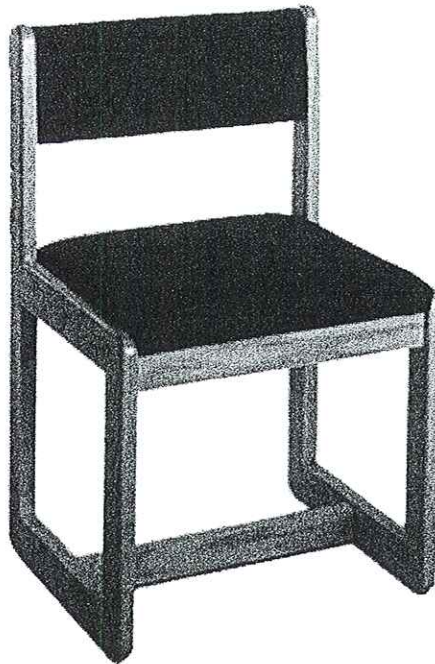
- Sled Base
- Upholstered Back & Seat
- Cal 117 Foam
- Oak

Finishes:

Natural

Weight:

→ 20 lbs.



Tri-County Services
P.O. Box 3067
Conroe, TX 77305

Specification Sheet

REVISED

Location : 706 FM 2854
Conroe, TX 77301

October 4, 2013


Company Name : BUTLER WOODCRAFTERS INC.
Address: P.O. Box 1213, Vidor, TX 77380
Telephone: 856-489-9192
Fax: 856-489-9477

Please provide a bid for the following furniture items:

1. Armless chairs with upholstered back and seat in vinyl with protective coating and a minimum durability of 200,000 rubs. Prefer cherry lacquer finish. Prefer oak hardwood. Prefer sled base on armless chair. Quantity, 30.

Please include full specifications in bid including furniture dimensions, weight, finishes, fabrics, materials and unique features. Please document whether furniture will require additional assembly upon arrival. Our agency is eligible for governmental rates. Must guarantee delivery by **5:00 P.M. February, 2014.**

Please submit all bids to the attention of Heather Robison or John Bragg with the Tri-County Crisis Services department no later than **5:00 P.M. Monday, November 25, 2013.** Bids should be faxed to (936) 538-1145. If you have any questions, contact Heather Robison – Director of Crisis and Access Services at (936) 521-6413 or cell at (936) 662-6974 – or Karen Strong – Assistant at (936) 538-1117. After selected bid has been awarded, contractor will immediately be notified for scheduling and details.

Bid Price: TRILGATE DIVY \$4,743.68 Signature: 
INSIDE DIVY \$4,943.60

Classic Sled Base #4307 Side Chair & #4310 Arm Chair

Dimensions

Side Chair – 21" L x 20" D x 31-1/2" H WT 17 LBS
Arm Chair – 21" L x 20" D x 31-1/2" H WT 20 LBS
Arm HT - 25" Seat HT – 17.5"



Description

This arm or side chair shall consist of a seat and back with sled base from front leg to back leg. Chairs are available with wood seat & back, fabric seat and wood back, or fabric seat and back.

Material

All wood components shall be select kiln dried radiata free of splits, checks and any other defects that might affect structural integrity. Edge glued panels shall be joined with PVA adhesive under pressure to provide maximum dimensional stability.

Components

All frame members including legs, arms, seat supports, and stretchers are fabricated from 1-5/8" x 1-5/8" solid wood mortised and tenoned at each joint to assure maximum strength secured with PVA adhesive and blind pinned through each tenon. Stress points shall be further reinforced with bronze plated metal corner brackets and secured with sheet metal screws. Floor sled member shall be solid radiata secured to the inside bottom of each leg.

The wood seat is 1-1/4" thick edge glued pine with machine shaped seat surface secured with four screws through the front and back seat support rails. The wood back is 1-1/4" steam bent pine secured with four screws through the back support segment of the rear legs.

The upholstered seat is 1/2" plywood fitted with 2" poly foam. The back shall be hardwood frame with upholstery grade cardboard surfaces fitted with 1" poly foam inner and 1/2" poly foam outer. All poly foam shall be 1.35 lb. density with 38 -46 ILD and Cal. 117 fire rating. Upholstery cover shall be per customer's selection.

Finish

All wood surfaces may be finished in one of the following three options:

- Honey (01) which includes entire units to be immersed into finish solution that seals all wood surfaces for maximum protection against moisture penetration.
- Honey Catalyzed Lacquer (02) which includes above treatment followed by one coat of sealer and two top coats of pre-catalyzed lacquer.
- Cherry Catalyzed Lacquer (04) which includes immersion in honey solution (01) followed by one coat of cherry stain, one coat of sealer and two top coats of pre-catalyzed lacquer.

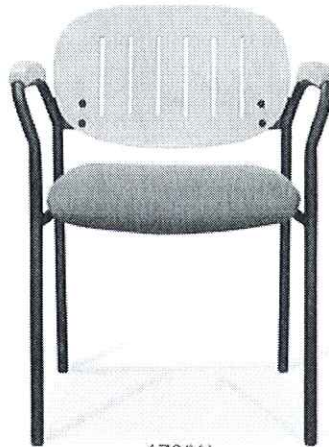
KIN

KIN seating fits well into tight spaces and handles, stacks and stores easily. The flared arm design provides more sitting room for bigger people. The all welded unitized tubular steel frame is engineered for low maintenance and heavier loads. Extra thick multi-density foam padding provides a special deep cushioned sitting comfort.

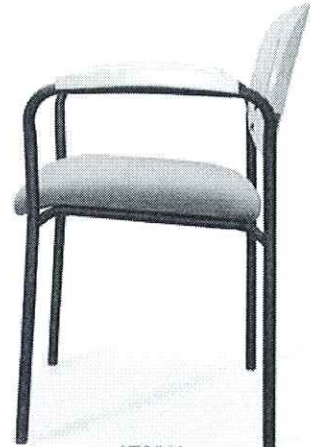
KIN now has a new addition to its seating family. The new model 670J features a maple hardwood laminated slot back in a choice of finishes. As with all KIN seating, the 670J's seat and back are multiple contoured for extra comfort and are field replaceable. It is pictured with optional matching maple hardwood arm rests.



670JW



670JW



670JW



670J Wood Slat Back, Uph. Seat Chair
33"H, 24"W, 22"D



670 Full Uph. Chair
33"H, 24"W, 22"D

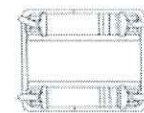
OPTIONS



Wood Arm Caps



Casters

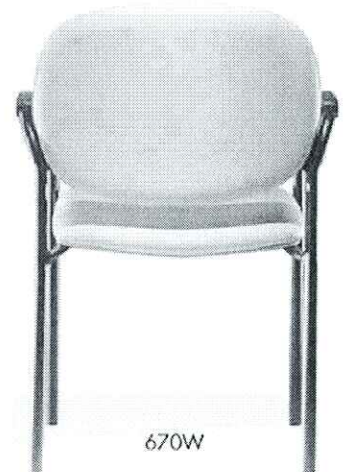


Chair Cart



Executive Office Concepts • Elements of Care

KIN



EOC

Joy

INTRODUCING JOY! A fresh new look and feel in quality guest seating, featuring custom molded materials and shapes that are engineered for today's more physical demands. One glance at its' clean, soft lines and shaped contours tells the story. Here is truly a guest seating standout for discriminating specifiers with restricted budgets.

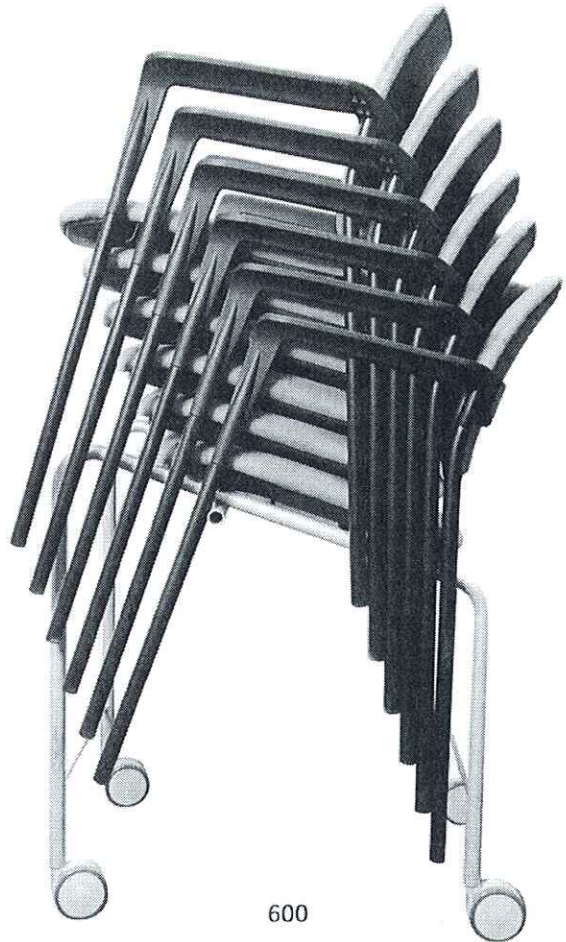
Designed for comfort, high performance and extreme versatility, the JOY Seating System features several exciting engineering innovations. The components are modular, individually field replaceable and include protective outer seat and back shells. The guest/stack chairs are roomy, compact, light weight (for ease of handling) and body shaped for extra comfort. A superb flexible mesh back option (shown) is also available.



600M



603



600



Executive Office Concepts • Elements of Care
1715 S. Anderson Avenue, Compton, CA 90220 • P 310 537.1657 • 800 421.5927 • F 310 603.9100
www.eoccorp.com • eoc@earthlink.net

JOY



ecc

<p>Agenda Item: Approve 7th Payment of Non-Refundable Option Money to the Property Owner for the Independence Oaks Project Site</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p>	
<p>After Board approval, Evan Roberson signed the Second Amendment to Option and Purchase Agreement for the property in Cleveland. The Second Amendment, approved by David Deaton of Jackson Walker, allows the Board to approve extension payments until the close of the transaction, but no later than September 30, 2014. Additionally, as you may recall, the amendment adjusted the payments at the request of the seller, to allocate 25% of each payment toward property taxes. An additional payment is due by December 30, 2013 to extend the option to March 30, 2013.</p>	
<p>Following word from our architect that they were able to secure approval from Auto Zone to access the utility easement necessary to complete the CSHI Project as it is currently designed, Staff have been working with Brian Harris and David Deaton of Jackson Walker to develop an agreement between the current property owners and Auto Zone to specify the terms of the drainage access.</p>	
<p>Due to the current timeline of the project, staff mailed an official letter to Houston Endowment requesting an extension to February 1, 2014 for use of the awarded funding.</p>	
<p>Although we experienced an unexpected delay in HUD activity as a result of the recent government shutdown, we received our approved Affirmative Fair Marketing Plan from HUD in mid-November, indicating that the Firm Commitment continues to be processed and that the project is, again, moving forward as expected.</p>	
<p>Supporting Documentation:</p>	
<p>None</p>	
<p>Recommended Action:</p>	
<p>Approve 7th Payment of Non-Refundable Option Money to the Property Owner for the Independence Oaks Project Site</p>	

<p>Agenda Item: Approve Request of Texas Department of Housing and Community Affairs (TDHCA) for New Authorization in the Reservation System Participation Program</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>In March 2012, the Board of Trustees voted on a resolution to opt-in to the TDHCA Reservation System Program (RSP) which is intended to replace the TBRA contract system. A letter requesting to opt-in was submitted by the Executive Director as required by TDHCA.</p> <p>TDHCA requires that the Board of Trustees must approve all staff who will be authorized to execute program contracts under the TBRA RSP. Evan Roberson was approved at the February 2013 Board meeting. Under TDHCA rules, the Board must authorize Sean McElroy, Psychiatric Clinic Administrator and direct supervisor of the TBRA RSP program, to enter and approve project set-ups and/or draw requests. In order to show process for TDHCA, the name of the former staff being replaced must be included in the resolution.</p> <p>A resolution must be approved by the Board of Trustees and signed by the Board Chairman stating that:</p> <ol style="list-style-type: none"> 1. Sean McElroy, Psychiatric Clinic Administrator for Tri-County Services, be authorized to enter and approve project set-ups and draw requests for the TBRA Persons with Disabilities Reservation System Project as previously performed by Frani Scates-Strain, former Administrator of Adult Rehab Services. 	
<p>Supporting Documentation:</p> <p>TBRA Board Resolution</p>	
<p>Recommended Action:</p> <p>Approve Request by the TDHCA HOME Reservation System, to Approve a Resolution to Authorize Sean McElroy, Psychiatric Clinic Administrator, to Enter and Approve Project Set-ups and Draw Requests for the TBRA RSP Contracts</p>	

TBRA PWD BOARD RESOLUTION

On the 12th of December 2013, the Board of Trustees of Tri-County Mental Health Mental Retardation Services dba Tri-County Services passed the following Motion:

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

- Sean McElroy, Psychiatric Clinic Administrator, be authorized to enter and approve project set-ups and draw requests for the Tenant-Based Rental Assistance for Persons With Disabilities (TBRA PWD) Reservation Project as previously performed by Frani Scates-Strain, former Administrator of Adult Probation Services.

David Walker, Chair

<p>Agenda Item: Approve Department of State Health Services Mental Health First Aid Contract #2014-044767-008</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>The Department of State Health Services (DSHS) has offered Centers a contract to provide Mental Health First Aid in our service area. The contract amount for FY 13 is \$28,000.</p> <p>Mental Health First Aid is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 8-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.</p> <p>The contract reimburses the Center for 8 staff to be trained in MHFA and directs the center to work with Independent School Districts in our service area to train teachers and other professionals in the protocol. In addition to teachers and educational personnel, the Center is encouraged to train other first responders and interested community members.</p>	
<p>Supporting Documentation:</p> <p>DSHS Mental Health First Aid Contract #2014-044767-008</p>	
<p>Recommended Action:</p> <p>Approve DSHS Mental Health First Aid Contract #2014-044767-008</p>	

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2014-044767 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and TRI-COUNTY MHMR SERVICES (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$12,857,720.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2013 and ends on 08/31/2014. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
 - a. Core Contract (this document)
 - b. Program Attachments:
 - 2014-044767-001 Mental Health Performance Contract Notebook
 - 2014-044767-002 Pre-Admission, Screening and Resident Review
 - 2014-044767-003 Mental Health/Outpatient Competency Restoration
 - 2014-044767-004 Supportive Housing Project
 - 2014-044767-005 Veterans Services
 - 2014-044767-006 Psychiatric Emergency Service Center and Associated Projects
 - 2014-044767-007 Mental Health Private Psychiatric Beds
 - 2014-044767-008 Mental Health First Aid
 - c. General Provisions (Sub-recipient)

- d. Solicitation Document(s), and
- e. Contractor's response(s) to the Solicitation Document(s).
- f. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: TRI-COUNTY MHMR SERVICES
Address: PO BOX 3067
CONROE, TX 77305
Vendor Identification Number: 17600326627005

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

TRI-COUNTY MHMR SERVICES

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

David L. Lakey, M.D.

Evan Roberson, Executive Director
Printed Name and Title

Commissioner

PO Box 3067
Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Conroe, TX 77305
City, State, Zip

512.458.7375

936-521-6119
Telephone Number

david.lakey@dshs.state.tx.us

EvanR@tricountyseices.org
E-mail Address for Official Correspondence

CONTRACT NO.2014-044767
PROGRAM ATTACHMENT NO.008
PURCHASE ORDER NO.0000400543

CONTRACTOR: TRI-COUNTY MHMR SERVICES

DSHS PROGRAM: Mental Health First Aid

TERM: 12/01/2013THRU 08/31/2014

Contractor shall train and certify employee(s) and/or contracted provider(s) in the Mental Health First Aid (MHFA) protocol established by MHFA Australia. Contractor shall provide training to educators within the service area by MHFA certified instructors as a preventative measure to assist in early identification of children at risk of social-emotional disorders. Contractors may contract with MHFA instructor certified by one of the MHFA-USA or MHFA Australia authorities to provide training as listed in this Program Attachment.

SECTION I. STATEMENT OF WORK

A. MHFA Trainer Certification

1. Contractor shall identify and submit to Department of State Health Services (DSHS) a list of employees and contracted providers currently certified by MHFA-USA or MHFA Australia as an MHFA Instructor. Contractor shall provide proof of certification (including but not limited to, training curricula and copies of certificate of completion) of MHFA trainer training for each employee or contracted provider identified.
2. Contractor shall require all employee(s) and/or contracted provider(s) who will be trained under this grant to become a certified MHFA instructor through one of the following MHFA certifying authorities:
 - a. MHFA-USA; or
 - b. MHFA Australia

Documentation of completion of the MHFA Instructor Training must include a training certificate from one of these authorities.

3. Contractor shall train individuals:
 - a. In a broad-based manner across the region to maximize the number of children having direct contact with a MHFA trainer;
 - b. In accordance with the greatest needs in the region as identified by Contractor; and
 - c. In a manner that complements existing resources and does not duplicate established MHFA training efforts.

B. Educator Training

Contractor shall provide MHFA training to educators within the service area. The training must:

1. Be conducted by an MHFA instructor certified by one of the MHFA-USA or MHFA-Australia authorities;
2. Provide educators with the skills necessary to help an individual experiencing a mental health crisis until the individual is able to obtain appropriate professional care, including instruction in the following ALGEE five-step plan for individuals in mental health crisis:
 - a. Assessing risk of suicide or harm;
 - b. Listening nonjudgmentally;
 - c. Give reassurance and information;
 - d. Encourage appropriate professional help; and
 - e. Encourage self-help and other support strategies;
3. Provide an introduction to potential risk factors and warning signs for various mental illnesses (including depression, anxiety, trauma, psychosis, eating disorders, substance abuse disorders, and self-injury);
4. Provide an introduction to the prevalence of various mental health disorders in the United States and the need for reduced stigma in their communities;
5. Provide experiential activities to increase attendees' understanding of the impact of mental illness on individuals and families; and
6. Provide a presentation of the evidence-based professional, peer, social, and self-help resources available to help someone with a mental health issue.

C. LMHA/LBHA Collaboration

1. Two or more Local Mental Health Authorities/Local Behavioral Health Authorities may collaborate and share resources to provide MHFA training to educators. In collaborating, only one center is recognized as the "contractor" and shall be recipient of the funding by DSHS and responsible for all reporting to DSHS.
2. The contractor shall provide MHFA instructors and coordinate trainings in all the service areas included in the collaborative group. These trainings may be regional trainings, however, contractor must clearly represent collaboration between the groups and all educators within the service areas covered by the collaboration's participants must have access to training.

D. Community Stakeholder Collaboration

1. Contractor shall collaborate with community stakeholders such as National Alliance on Mental Illness (NAMI), Education Service Centers (ESC), Prevention Resource Centers (PRC), School Health Advisory Councils (SHAC) and Parent Teacher Associations (PTAs), to prevent duplication of prevention services.

E. Annual Report

By July 1 of each year, Contractor shall provide DSHS an annual report that includes:

1. The number of employees and contractors of the Contractor who were trained in MHFA as specified in I.A.(2) and I.A.(3);

2. The number of educators who completed an MHFA training program offered by the Contractor as specified in I.B. during the preceding calendar year;
3. The number of individuals who are not educators who completed an MHFA training program offered by the Contractor during the preceding calendar year;
4. A description of the steps the Contractor took to comply with its plan to maximize the number of children in its respective area(s) who have direct contact with an individual who has successfully completed an MHFA training program provided by the Contractor;
5. A description of the steps the Contractor took to comply with its plan to identify and meet the greatest needs for MHFA in its respective service area(s) and a description of the success or challenges encountered in implementing the plan;
6. A description of the steps the Contractor took to comply with its plan to identify and complement existing resources and the success or challenges encountered in implementing the plan.

SECTION II. PERFORMANCE MEASURES:

- A. Contractor shall train 8 employees/contracted providers during the contract term to become MHFA trainers.
- B. Contractor shall train 200 educators in MHFA during the contract term.
- C. Not later than July 1, 2014, Contractor shall provide DSHS with documentation that all employee(s) and/or contracted provider(s) trained and certified as MHFA instructors under this grant attended and completed a five-day MHFA Instructor Training. Documentation of completion must include: sign-in sheets, agendas, and training certificates as outlined in Section I.A.
- D. Educator Training
Contractor must provide DSHS with documentation that Contractor provided at least one MHFA training that meets the criteria of Section I. to educators and other individuals within Contractor's service catchment. This includes collaborative trainings. Documentation must include: sign-in sheets, agendas, curriculum, and copy of certificates of completion provided to trainees. Report should be submitted no later than December 15, March 15, June 15 and September 15 of each year.
- E. Annual Report
Contractor shall provide to DSHS an annual report as outlined in Section I.E.(1).

All reports, documentation, and other information required of Contractor shall be submitted electronically no later than July 1, 2014, to the following email address:

performance.contracts@dshs.state.tx.us, as well as to the assigned DSHS Contract Manager. If DSHS determines Contractor needs to submit deliverables by mail or fax, Contractor shall send the required information to one of the following addresses:

U.S. Postal Mail
Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
P.O. Box 149347
Austin TX 78751

Overnight Mail
Department of State Health Services
Mental Health Contracts Management Unit (Mail Code 2058)
908 W. 45th Street, Bldg. 552
Austin TX 78751

Fax 512/206-5307

SECTION V. TERMS AND RENEWALS

This contract may be renewed for additional one-year terms by written agreement based upon the availability of funds.

SECTION VI. PAYMENT METHOD

Quarterly Allocation

SECTION VII. FUNDING

Based upon the targets listed in Section II. A.-B., Contractor shall be funded under this grant for:

1. The total number of employees/contracted providers trained to become trainers during this contract period at a rate of \$1,000.00 per employee/contracted provider.
2. The total number of educators trained during this contract period at a rate of \$100.00 per educator.

Total reimbursements will not exceed \$.28,000.00

Should Contractor's total allowable expenditures for the term of this Program Attachment be less than the total amount disbursed by DSHS in Contractor's allocation(s), Contractor shall be subject to recoupment by DSHS of the difference between the total amount disbursed by DSHS and Contractor's total allowable expenditures.

Source of Funds
State

SECTION VIII: BUDGET

N/A

Duns Number

102639093

SECTION IX. SPECIAL PROVISIONS

N/A

Agenda Item: Approve Revised Veterans Services Contract with the Department of State Health Services	Board Meeting Date
Committee: Business	December 12, 2013
Background Information:	
<p>The Department of State Health Services (DSHS) has issued a new Statement of Work for Veterans Services which will go into effect on December 1, 2013. Our current Veteran's Services Coordinator works for both Tri-County and with Gulf Coast Center, Gulf Bend Center and Spindletop Center through an ETBHN enhanced Veterans Services contract.</p>	
<p>The proposed contract increases funding from \$23,700 per year to \$60,000 per year. Key changes include:</p>	
<ul style="list-style-type: none"> • A requirement that our Veteran's Coordinator "shall work from a site that is mutually agreed upon by the Coordinator and Contractor to be a place where Service Members, Veterans, and their Families (SMVF) likely would be comfortable visiting..." This would mean that the staff would have to be officed outside of the Center. • A requirement that we attempt to recruit 2 Veteran volunteers into our program each quarter • A requirement that volunteers are met with consistently and are trained in Operation Resilient Family (family reintegration), Bring Everyone in the Zone (5 day veteran reintegration program) or Battle Buddy (shortened version of BEITZ) training. • A dissolution of regional coordinators through enhanced Veterans contracts 	
<p>Many of the required activities have not been as successful in the more rural areas of Texas, so Evan Roberson reviewed the contract amendment with DSHS staff to seek clarification on the potential for fines and sanctions if the program is not effective. After several discussions, it was determined that DSHS' intent is to provide centers with technical assistance and that contract requirements will not be sanctioned/fined as long as programs are actively working to address the program requirements.</p>	
<p>DSHS has provided a draft version of the contract and has indicated that the final Statement of Work will be available by the December Board meeting. They would like the contract returned as soon as possible.</p>	
<p>If it has not been received by the Board meeting, we will ask that this item be approved at the January Board meeting.</p>	
Supporting Documentation:	
<p>DSHS Veterans Services Program Attachment Available for Review at the Board meeting if Received</p>	
Recommended Action:	
Approve Revised Veterans Services Contract with DSHS	

<p>Agenda Item: Approve Drainage Easement for 1508 FM 2854, Conroe, Texas</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>As a part of the Board approved Administration building drainage project, the City of Conroe requested a drainage easement on the far west border of the property next to the Administration building (1508 FM 2854). The drainage easement was not a condition of the permit, but the City has requested that this easement be filed.</p> <p>The new drainage plan approved by the Board requires use of this property as an open ditch for draining the water from behind the Administration building.</p> <p>The drainage easement and survey were prepared by the City of Conroe and reviewed by Jackson Walker.</p>	
<p>Supporting Documentation:</p> <p>Drainage Easement and Survey for 1508 FM 2854, Conroe, Texas</p>	
<p>Recommended Action:</p> <p>Approve Drainage Easement for 1508 FM 2854, Conroe, Texas</p>	

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

COMBINATION UTILITY EASEMENT

THE STATE OF TEXAS §
 § KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF MONTGOMERY §

That, **TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES** (hereinafter called "Grantor" whether one or more natural persons or other legal entities), for and in consideration of the sum of Ten and no/100 (\$10.00) DOLLARS to the undersigned in hand paid by the **CITY OF CONROE, TEXAS**, a Texas home rule city (hereinafter called "City"), and other good and valuable consideration the receipt of which is hereby acknowledged and confessed, has granted, sold and conveyed and does hereby grant, sell and convey unto said City, its successors and assigns, an easement over, under, through, across and along all that certain tract or parcel of land generally described as 0.168 acres of land in the Denward James Survey, A-289, Montgomery County, Texas, and being more particularly described in Exhibit "A," attached hereto and made a part hereof by reference for all purposes.

The easement conveyed herein is for public utility and storm water drainage purposes, including the installation, construction, operation, maintenance and replacement of channels, ditches, lines, wires, pipes, mains, connections and other facilities or appurtenances related to the transmission of sewage, potable water and storm waters, in, under, along, upon and across said premises described in Exhibit "A" together with the right and privilege at all times of the Grantee herein, its franchisees, agents, employees and representatives of ingress and egress to and from said premises for the purpose of making any improvements, modifications or repairs.

Except as expressly herein provided, nothing in this easement shall be construed as a waiver by the City of any assessment, impact fee, lot fee, acreage fee, pro rata charge, tap fee or other fee or charge imposed by the City of Conroe, Texas.

TO HAVE AND TO HOLD the above described easement, together with all and singular the rights and appurtenances thereto in anywise belonging unto the said City, its successors and assigns forever, and Grantor is hereby bound, together with all heirs, executors, administrators or successors, to Warrant and Forever Defend all and singular the said easement unto the City of Conroe, Texas, its successors and assigns, against every person whomsoever lawfully claiming, or to claim the same or any part thereof.

DATED this ____ day of _____, 2013.

**TRI-COUNTY MENTAL HEALTH MENTAL
RETARDATION SERVICES**

By: _____
Name: _____
Title: _____

STATE OF TEXAS §

COUNTY OF MONTGOMERY §

This instrument was acknowledged before me on the _____ day of _____, 2013,
by _____ of TRI-COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES, and on behalf of said entity.

Notary Public, State of Texas

After recording return to:
Marla J. Porter, City Secretary
P. O. Box 3066
Conroe, Texas 77305

Subject: 0.168 Ac., Parcel No.1, Denward James Survey, A-289
Project: 2013-38 Tri-County Drainage Easement
Property Owner: TRI-COUNTY MHMR

EXHIBIT 'A'
METES & BOUNDS DESCRIPTION

Being all that certain tract or parcel of land containing 0.168 acres of land out of a 1.0850 acres in the Denward James Survey, A-289, Montgomery County, Texas and conveyed in a Special Warranty Deed With Vendor's Lien to Tri-County Mental Health Mental Retardation Services and as described and recorded in Clerk's File No. 9233176 of the Official Public Records of Real Property of Montgomery County, Texas (OPRRPMCT) said 0.168 acres being more particularly described by metes and bounds as follows:

POINT OF BEGINNING at a found 1 1/4" iron pipe for the northwest corner of said 1.0850 acre tract as described in Clerk's File No. 9233176 (OPRRPMCT) and the northwest corner of the herein described 0.168 acre tract;

THENCE N.71°13'38" E. 30.00 feet (Deed Call: N. 73°48'47" E., C.F.No. 9233176, OPRRPMCT) along the north line of the said 1.0850 acre tract and the herein described tract and the south line of a 186.5896 acre remainder tract described in C.F.No.8916747,(OPRRPMCT) and 33.00 acre tract as described in C.F.No.9345299 (OPRRPMCT) to a set 5/8" Iron Rod with cap for the northeast corner of the herein described 0.168 acre tract;

THENCE S. 18°17'59" E. 250.34 feet departing said north line of said 1.0850 acres and continuing along the east line of herein described tract and to a set 5/8" Iron Rod with cap for the southeast corner of the herein described 0.168 acre tract;

THENCE N.87°38'33" W. 32.06 feet (Deed Call: N. 85°03'00" W., C.F.No. 9233176, OPRRPMCT) continuing along the south line of the said 1.0850 acres, and the north line of Old Montgomery Road - F.M. HWY. 2854 (Variable Width R.O.W.) to a point for the southwest corner of said 1.0850 acres and the herein described 0.168 acre tract;

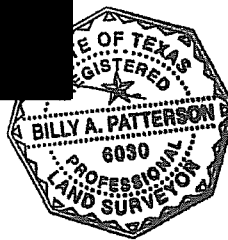
THENCE N. 18°17'59" W. 238.78 feet (Deed Call N.15°42'50" W. 238.78', C.F.No. 9233176 OPRRPMCT) along the west line of said 1.0850 acre tract and the east line of a 1.391 acres as described in C.F.No.2000-086385 (OPRRPMCT) and to the POINT OF BEGINNING of the herein described tract, in all containing 0.168 acres (7,337 square feet) of land, more or less.

This field note description is based upon a standard land survey and survey plat prepared by Billy A. Patterson, RPLS No. 6030, to which reference is hereby made. Bearings shown hereon are referenced to the Texas State Plane Coordinate System, Central Zone, as observed by GPS, per Engineering, City of Conroe. All distances given are in surface.

To achieve grid distances and grid coordinates multiply the scale factor of 0.99993876 by the given surface distances using Point Of Beginning Grid Coordinates as a base point.
Point of Beginning Coordinates is as follows: *GRID N: 10109749.74, *GRID E: 3826509.01
(SURFACE N: 10109749.28, SURFACE E: 3826509.08)

Monuments called for as 'set' in this field note description are 5/8" iron rods 24" in length with yellow caps scribed ' CO CONROE CAP PROJ '.

Billy A. Patterson
Registered Professional Land Surveyor
Texas Registration No. 6030
October 30, 2013



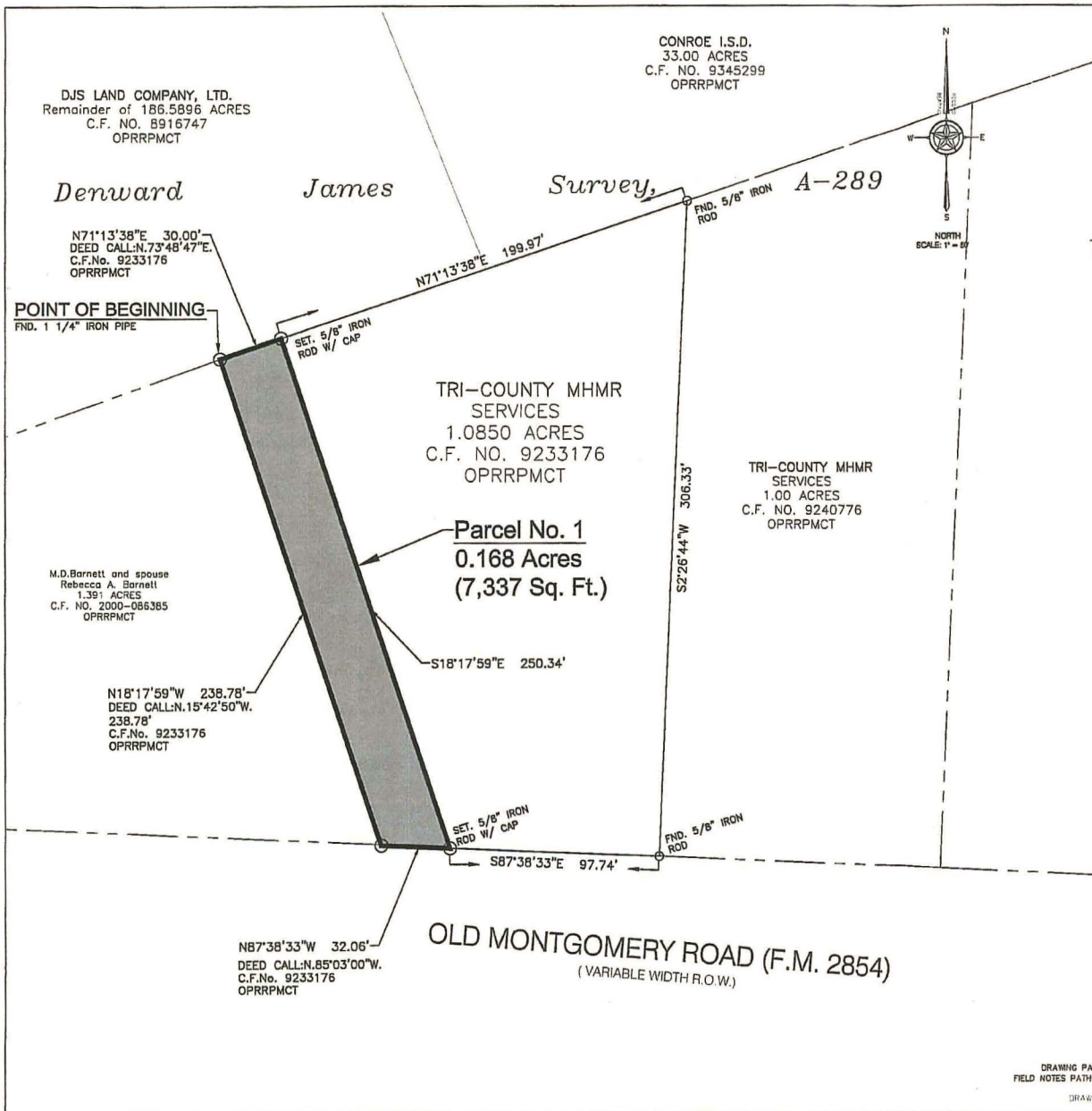


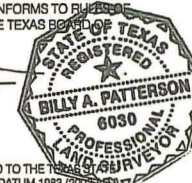
EXHIBIT SHOWING SURVEY OF 0.168 ACRES OF LAND IN THE DENWARD JAMES SURVEY, A-289 MONTGOMERY COUNTY, TEXAS

Out of and a Part of a 1.0850 Acres
Conveyed in a General Warranty Deed With Vendor's Lien
To

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES
as described and recorded in
C.F. No. 9233176 OPRRPMCT

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE ON THE GROUND BY ME OR UNDER MY DIRECT SUPERVISION OF THE PROPERTY SHOWN HEREON, THERE WERE NO ABOVE GROUND VISIBLE ENCROACHMENTS OBSERVED AT THIS TIME EXCEPT AS SHOWN HEREON AND THAT THIS EXHIBIT CORRECTLY REPRESENTS THE FACTS FOUND AT THE TIME OF SURVEY TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THIS PROFESSIONAL SERVICE CONFORMS TO RULES OF PROCEDURES AND PRACTICES AS PROMULGATED BY THE TEXAS BOARD OF PROFESSIONAL LAND SURVEYING.

Billy A. Patterson
BILLY A. PATTERSON, Registered Professional Land Surveyor
Texas Registration Number 6030
Date: October 30, 2013



NOTES:

BEARINGS AND COORDINATES SHOWN HEREON ARE REFERENCED TO THE TEXAS STATE PLANE COORDINATE SYSTEM, CENTRAL ZONE, NORTH AMERICAN DATUM 1983 (2011 EDITION).

ADJOINER DEED INFORMATION SHOWN HEREON DOES NOT NECESSARILY REPRESENT THE CURRENT OWNER(S). SURVEYOR HAS NOT ABSTRACTED THE SUBJECT TRACTS.

UNLESS OTHERWISE NOTED, ALL MONUMENTS SHOWN HEREON AS 'SET' ARE 5/8" IRON RODS 24" IN LENGTH WITH YELLOW CAPS SCRIBED 'CO CONROE CAP PROJ' AND REFERENCED IN THE FIELD TO CAPITAL PROJECTS DIVISION, CITY OF CONROE.

THIS SURVEY EXHIBIT WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE SEARCH OR EXAMINATION. THERE MAY BE RESTRICTIONS AFFECTING THIS PROPERTY, INCLUDING, BUT NOT LIMITED TO, BUILDING LINES, EASEMENTS, AND ZONING NOT SHOWN HEREON. PERSONS RELYING ON THIS SURVEY ARE ADVISED TO FURTHER CHECK BUILDING RESTRICTIONS THAT MAY AFFECT THE LOCATION OF PROPOSED STRUCTURES ON THIS SITE.

THIS SURVEY EXHIBIT IS VALID ONLY WITH THE ORIGINAL SIGNATURE AND THE OFFICIAL RUBBER STAMP OR EMBOSSED SEAL IMPRESSION OF THE LICENSED SURVEYOR. UNAUTHORIZED REPRODUCTION OF THIS SURVEY EXHIBIT CONSTITUTES COPYRIGHT INFRINGEMENT. ALL PROTECTIONS OF THE UNITED STATES AND TEXAS COPYRIGHT LAWS SHALL BE APPLICABLE TO THE WORK PRODUCT SHOWN HEREON TO THE BENEFIT OF SURVEYOR, INCLUDING COMMON LAW AND STATUTORY LAW. WHETHER OR NOT SUCH WORK PRODUCT IS ACTUALLY COPYRIGHTED, AND WITHOUT REGARD TO WHETHER OR NOT SUCH COPYRIGHT ACTUALLY APPLIES TO SUCH WORK PRODUCT. © Copyright 2013 RPLS 6030

MCOR - DENOTES MONTGOMERY COUNTY DEED RECORDS
MCMR - DENOTES MONTGOMERY COUNTY MAP RECORDS
OPRRPMCT - DENOTES OFFICIAL PUBLIC RECORDS OF REAL PROPERTY OF MONTGOMERY COUNTY, TEXAS

THIS SURVEY EXHIBIT ACCOMPANIES A METES AND BOUNDS DESCRIPTION PREPARED BY BILLY A. PATTERSON, RPLS No. 6030 OF EVEN DATE AND TO WHICH REFERENCE IS HEREBY MADE.

NOTES:
BEARINGS SHOWN HEREON ARE REFERENCED TO THE TEXAS STATE PLANE COORDINATE SYSTEM, CENTRAL ZONE, AS OBSERVED BY GPS PER ENGINEERING, CITY OF CONROE. ALL DISTANCES GIVEN ARE IN SURFACE.

TO ACHIEVE GRID DISTANCES AND GRID COORDINATES MULTIPLY THE SCALE FACTOR OF 0.99993876 BY THE GIVEN SURFACE DISTANCES USING POINT OF BEGINNING GRID COORDINATES AS A BASE POINT.

POINT OF BEGINNING COORDINATES ARE AS FOLLOWS:
*GRID N: 10109749.74, *GRID E: 3826509.01
(SURFACE N: 10109749.28, SURFACE E: 3826509.08).

DRAWING PATH: H:\Dynamic\Projects\Drainage\2013-38_Tri-County\Survey\Easement\ParcelDwg\ParcelNo.1_Tri-County.dwg
FIELD NOTES PATH: H:\Dynamic\Projects\Drainage\2013-38_Tri-County\Survey\Easement\Field Notes\ParcelNo.1_Tri-County.docx

DRAWING PATH: H:\Dynamic\Projects\Drainage\2013-38_Tri-County\Survey\Easement\ParcelDocuments\Easement\ParcelDwg

REVISION	DATE	BY	APP'D	COMMENTS
1	10/30/13	BP	BP	COMMISSION UTILITY PASSED

Drawn By: ECG	Scale: 1" = 50'	Date: October 2013
Reviewed: BAP	Field Book:	Field Book:
Admin. Approval: EB	REV. NO. 0	REV. NO. 0
File: 2013-38	REV. NO. 0	REV. NO. 0
Drawing Name:	Parcel No. 1	Parcel No. 1
Parcel No. 1	Parcel No. 1	Parcel No. 1

EXHIBIT SHOWING SURVEY OF
0.168 ACRES OF LAND
IN THE
DENWARD JAMES SURV. A-289
Montgomery County, Texas

SHEET 02

<p>Agenda Item: Ratify Lease for 302 Campbell Street in Cleveland, Texas</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>As the Board will remember, our facility at 302 Campbell Street in Cleveland has been leased by the Department of State Health Services for 14 years. Last year, DSHS asked to split the building into two leases so that UTMB could operate a new program in the building.</p> <p>The UTMB legal approval process is complex and Jackson Walker was only recently able to come to terms on the portion of the building that UTMB will lease.</p> <p>After review of the documents developed between Jackson Walker and UTMB, Evan Roberson spoke with the Board Chairman, David Walker, to receive permission to sign the lease.</p>	
<p>Supporting Documentation:</p> <p>Lease Documents Available for Review at the Board Meeting</p>	
<p>Recommended Action:</p> <p>Ratify Lease for 302 Campbell Street in Cleveland, Texas</p>	

Agenda Item: Appoint Board Representative(s) to the Center Name and Logo Committee Committee: Business	Board Meeting Date December 12, 2013
Background Information: At the Board strategic planning session in July, a goal was set to reevaluate the name of the Center and recommend possible alternatives back to the Board. The objective for this goal directs staff to "Form a committee, which includes staff and one Board liaison, to identify 3-4 options for a new organizational name and logo for Tri-County Services by January 31, 2014." Staff have completed some initial work on this objective and are ready for Board participation. Evan Roberson spoke with the Board Chair regarding potential appointees to this committee and subsequently spoke with Tracy Sorensen about her willingness to serve on this committee. Mrs. Sorensen has agreed to participate if that is the will of the Board.	
Supporting Documentation: None	
Recommended Action: Appoint One or More Board Representative(s) to the Center Name and Logo Committee	

<p>Agenda Item: Reappoint Independence Communities, Inc. Board of Directors</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>Mr. Morris Johnson and Mr. Macka Lee Murrah are serving Independence Communities, Inc. Board terms which expire in January 2014. Mr. Johnson serves as the Treasury and Secretary of the Board. Mr. Johnson and Mr. Murrah have been contacted and are willing to server to serve an additional two year term, which would expire in January 2016.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Mr. Morris Johnson and Mr. Macka Lee Murrah to Serve on the Independence Communities, Inc. Board of Directors for an Additional Two Year Term Expiring in January 2016</p>	

Agenda Item: Reappoint Montgomery Supported Housing, Inc. Board of Directors	Board Meeting Date
Committee: Business	December 12, 2013
Background Information:	
<p>Mr. David Walker and Mrs. Barbara Duren are serving Montgomery Supported Housing, Inc. Board terms which expire in January 2014. Mr. Walker serves as the President of the Board, and Mrs. Duren serves as the 2nd Vice President of the Board. Both have been contacted and are willing to serve an additional two year term, which would expire in January 2016.</p>	
Supporting Documentation:	
None	
Recommended Action:	
<p>Reappoint Mr. David Walker and Mrs. Barbara Duren to Serve on the Montgomery Supported Housing, Inc. Board of Directors for an Additional Two Year Term Expiring in January 2016</p>	

<p>Agenda Item: Reappoint Cleveland Supported Housing, Inc. Board of Directors</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>Mr. Brad Browder and Mr. Joe Bazar are serving Cleveland Supported Housing, Inc. Board terms which expire in January 2014. Mr. Browder serves as the President of the Board. Both were contacted and are willing to serve an additional two year term, which would expire in January 2016.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Mr. Brad Browder and Mr. Joe Bazar to Serve on the Cleveland Supported Housing, Inc. Board of Directors for an Additional Two Year Term Expiring in January 2016</p>	

Agenda Item: October 2013 Board of Trustees' Unit Financial Statement Committee: Business	Board Meeting Date December 12, 2013
Background Information: None	
Supporting Documentation: October 2013 Board of Trustees' Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2013

	Oct 13 Actuals	Oct 13 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 5,718.00	\$ 5,718.00	\$ -	100.00%	\$ 34,300.00
Total Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 5,718.00	\$ 5,718.00	\$ -	100.00%	\$ 34,300.00
Expenses								
80105030 Application Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105199 Consultant - Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105210 Dues & Memberships	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105275 Food Items	\$ 85.96	\$ 166.00	\$ (80.04)	\$ 273.82	\$ 332.00	\$ (58.18)	82.48%	\$ 2,000.00
80105320 Insurance-Worker Compensation	\$ 12.31	\$ 20.00	\$ (7.69)	\$ 21.78	\$ 40.00	\$ (18.22)	54.45%	\$ 230.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 3,000.00	\$ 3,000.00	\$ -	100.00%	\$ 18,000.00
80105394 License Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80155605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ 21.10	\$ -	\$ 21.10	0.00%	\$ -
80105715 Supplies-Office	\$ 8.17	\$ -	\$ 8.17	\$ 20.17	\$ -	\$ 20.17	0.00%	\$ -
80105736 Telephone - Air cards	\$ -	\$ 14.00	\$ (14.00)	\$ (12.77)	\$ 28.00	\$ (40.77)	0.00%	\$ 160.00
80105738 Telephone - Mobile Service	\$ -	\$ 46.00	\$ (46.00)	\$ -	\$ 92.00	\$ (92.00)	0.00%	\$ 560.00
80105750 Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 600.00	\$ (600.00)	0.00%	\$ 3,600.00
80105755 Travel - Local	\$ 79.28	\$ 62.00	\$ 17.28	\$ 79.28	\$ 124.00	\$ (44.72)	63.94%	\$ 750.00
80105757 Travel - Non-local Mileage/Air	\$ -	\$ 350.00	\$ (350.00)	\$ -	\$ 700.00	\$ (700.00)	0.00%	\$ 4,200.00
80105758 Travel - Non-local Hotel	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 600.00	\$ (600.00)	0.00%	\$ 3,600.00
80105759 Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ -	\$ 200.00	\$ (200.00)	0.00%	\$ 1,200.00
Total Expenses	\$ 1,685.72	\$ 2,858.00	\$ (1,172.28)	\$ 3,403.38	\$ 5,716.00	\$ (2,312.62)	59.54%	\$ 34,300.00
Total Revenue minus Expenses	\$ 1,173.28	\$ 1.00	\$ 1,172.28	\$ 2,314.62	\$ 2.00	\$ 2,312.62	40.46%	\$ -

<p>Agenda Item: Montgomery Supported Housing, Inc. Quarterly Update</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>December 12, 2013</p>
<p>Background Information:</p> <p>The Montgomery Supported Housing, Inc. (MSHI) Board met on December 3, 2013. At the Board meeting, the MSHI Board received project updates from Tri-County Staff and McDougal Property Management.</p> <p>The owners of the properties adjacent to Independence Place Apartments returned the signed agreement which allowed for the removal of trees in October. The trees were removed by October 25th.</p> <p>Staff communicated with representatives from Travelers Insurance Company regarding current MSHI coverage. Detailed information regarding the coverage was presented to the MSHI Board.</p> <p>The most recent Project Rental Assistance Contract (PRAC) was received from HUD in November. McDougal Property Management may now request funds from the rent increase that was effective December 12, 2012.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

UPCOMING MEETINGS

January 23rd, 2014 – Board Meeting

- Approve Minutes from December 12, 2013 Board Meeting
- From the Heart Presentation
- Community Resources Report
- Consumer Services Reports for November & December 2013
- Program Updates
- Year-to-Date FY 2014 Goals & Objectives Progress Report
- 1st Quarter FY 2014 Corporate Compliance & Quality Management Report
- 2nd Quarter FY 2014 Corporate Compliance Training
- Personnel Report for December 2013
- Texas Council Quarterly Meeting Update
- Approve November & December 2013 Financial Statements
- Approve FY 2013 Independent Financial Audit
- 1st Quarter FY 2014 Quarterly Investment Report
- Board of Trustees' Unit Financial Statements for November & December 2013
- Other Business Committee Issues

February 27th, 2014 – Board Meeting

- Approve Minutes from January 23, 2014 Board Meeting
- Shining Star Awards & Longevity Recognition Presentations
- Community Resources Report
- Consumer Services Report for January 2014
- Program Updates
- Program Presentation – Pre-admission, Screening, and Resident Review (PASRR)
- Personnel Report for January 2014
- Approve January 2014 Financial Statements
- 401(a) Retirement Plan Account Review
- Board of Trustees' Unit Financial Statement for January 2014
- Montgomery Supported Housing, Inc. Quarterly Update
- Cleveland Supported Housing, Inc. Quarterly Update
- Other Business Committee Issues

