

Tri-County Behavioral Healthcare Board of Trustees Meeting

February 25, 2016

AGENDA

- I. **Organizational Items**
 - A. Chair Calls Meeting to Order
 - B. Public Comment
 - C. Quorum
 - D. Review & Act on Requests for Excused Absence
- II. **Approve Minutes - January 28, 2016**
- III. **Longevity Recognition Presentations**
- IV. **Executive Director's Report - Evan Roberson**
 - A. DSHS
 - 1. ASK Training
 - 2. MHFA Training
 - 3. CISD Counselor Visit
 - B. DADS
 - 1. Audit Report
 - 2. ICF Feasibility Update
 - 3. CFC Changes
 - C. MCUW Consolidation
- V. **Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2015 Audit Management Response
 - B. Cost Accounting Management (CAM)
 - C. FY 2016 Budget Revision
 - D. FY 2015 HCS, ICF, TxHmL & MEI Cost Reports
 - E. CFO Consortium
- VI. **Program Committee**
 - Action Items
 - A. Mental Health Local Plan Pages 11-51
 - B. Mental Health Quality Management Plan Pages 52-85
 - Information Items
 - C. Community Resources Report Pages 86-88
 - D. Consumer Services Report for January 2016 Pages 89-90
 - E. Program Updates Pages 91-94
 - F. Program Presentation - Veteran Services
- VII. **Executive Committee**
 - Action Items
 - A. Approve Revisions to Fiscal Administration Board Policies Pages 95-112

Information Items

- B. Personnel Report for January 2016..... Pages 113-115
C. Texas Council Risk Management Fund Claims Summary for January 2016..... Pages 116-117
D. Texas Council Quarterly Board Meeting Update..... Pages 118-173

VIII. Business Committee

Action Items

- A. Approve January 2016 Financial Statements..... Pages 174-187
B. Approve Change in Authorized Signers for Financial Accounts..... Page 188
C. Approve Purchase of PETC Generator..... Pages 189-198

Information Items

- D. 401(a) Retirement Plan Account Review..... Page 199
E. Board of Trustees Unit Financial Statement for January 2016..... Pages 200-201
F. Building Consolidation Update..... Page 202

- IX. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney regarding advice on legal matters regarding contemplated litigation.**

Posted By:

Stephanie Eveland
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

January 28, 2016

Board Members Present:

Sharon Walker
Tracy Sorensen
Patti Atkins
Richard Duren
Morris Johnson
Cecil McKnight

Board Members Absent:

Brad Browder
Jacob Paschal
Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Breanna Robertson, Director of Crisis Services
Stephanie Eveland, Executive Assistant
Tabatha Abbott, Cost Accountant
Sheryl Baldwin, Manager of Accounting
Catherine Prestigiovanni, Director of Strategic Development
Joyce Freeman, Public Information Coordinator
Stella Montemayor, Administrative Assistant
Jamila Brinson, Legal Counsel

Guests:

Gail Page
Mike Duncum, WhiteStone Realty
Tommy Nelson, Scott, Singleton, Fincher and Company, P.C.
Peggy Freeman for Judge Claudia Laird
Weldon Whitt, First National Bank of Texas
Jillian Moak, ServiceMaster
Maggie Thomas, SplashTown

Call to Order: Vice-Chair, Sharon Walker, called the meeting to order at 10:03 a.m. at 1506 FM 2854, Conroe, Texas.

Public Comment: There were no public comments.

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

Resolution #01-16-01

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by Sharon Walker, Tracy Sorensen, Richard Duren and Cecil McKnight that it be...

Resolved:

That the Board excuse the absences of Jacob Paschal and Janet Qureshi.

Program Presentation – From the Heart Presentation

The Vice-Chair of the Board, Sharon Walker, suspended the agenda to move to Business Committee Action Item VIII-D, Approve FY 2015 Independent Financial Audit. Tommy Nelson, from Scott, Singleton, Fincher and Company, P.C., presented the report.

Resolution #01-16-02

Motion Made By: Morris Johnson

Seconded By: Cecil McKnight, with affirmative votes by Sharon Walker, Tracy Sorensen, Patti Atkins and Richard Duren that it be...

Resolved:

That the Board approve the FY 2015 Independent Financial Audit.

Resolution #01-16-03

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by Sharon Walker, Tracy Sorensen, Richard Duren and Cecil McKnight that it be...

Resolved:

That the Board approve the minutes of the October 22, 2015 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

Resolution #01-16-04

Motion Made By: Sharon Walker

Seconded By: Morris Johnson, with affirmative votes by Tracy Sorensen, Patti Atkins, Richard Duren and Cecil McKnight that it be...

Resolved:

That the Board approve the IDDPNAC's FY 2016 recommendation for an additional objective for the Board goal of Community Awareness to hold at least one meeting for employers in each local service area to discuss employment needs, opportunities and benefits for individuals with IDD by August 31, 2016.

Resolution #01-16-05

Motion Made By: Sharon Walker

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Patti Atkins, Morris Johnson and Cecil McKnight that it be...

Resolved:

That the Board approve the DSHS Provider Network Development Plan for FY 2016-2017.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report as of December 2015 was reviewed for information purposes only.

The Program Updates were reviewed for information purposes only.

The FY 2016 Goals and Objectives Progress Report was reviewed for information purposes only.

The 1st Quarter FY 2016 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 2nd Quarter FY 2016 Corporate Compliance Training was reviewed for information purposes only.

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

The 10% Withhold Performance Contract Measures Update was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #01-16-06

Motion Made By: Cecil McKnight

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

Resolved:

That the Board elect the FY 2016 Board Officers as follows:

- Patti Atkins, Chair
- Tracy Sorensen, Vice-Chair
- Sharon Walker, Secretary

Resolution #01-16-07

Motion Made By: Patti Atkins

Seconded By: Morris Johnson, with affirmative votes by Tracy Sorensen, Sharon Walker, Richard Duren and Cecil McKnight that it be...

Resolved:

That the Board approve the revised Board Policy E.1 – Internal Control and Handling.

Resolution #01-16-08

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker, Richard Duren and Cecil McKnight that it be...

Resolved:

That the Board approve the revised Board Policy E.4 – Allowable Expenditures.

Resolution #01-16-09

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve the deletion of Board Policy E.2 – Handling of Client Mail; and, the following revised Board Policies:

- E.3 – Receipting of Mail
- E.5 – Depositories
- E.7 – Annual Fiscal Audit

The Personnel Report as of December 2015 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of December 2015 was reviewed for information purposes only.

Richard Duren left the Board meeting at 11:51 a.m. bringing the quorum to five (5) members present.

BUSINESS COMMITTEE:

Resolution #01-16-10

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board approve the October 2015 Financial Statements.

Resolution #01-16-11

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by Tracy Sorensen, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board approve the November 2015 Financial Statements.

Resolution #01-16-12

Motion Made By: Morris Johnson

Seconded By: Sharon Walker, with affirmative votes by Patti Atkins, Tracy Sorensen and Cecil McKnight that it be...

Resolved:

That the Board approve the December 2015 Financial Statements.

Resolution #01-16-13

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board authorize the Executive Director to sell vacant Liberty properties for no less than the current appraised value with review by Jackson Walker.

Resolution #01-16-14

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board approve the recommendation to declare a 2005 Chevrolet Astro Van as Surplus and approve the sale to the highest bidder.

Resolution #01-16-15

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board ratify the HHSC Enterprise Agency Contract Amendment #537-16-0124-00035A.

Resolution #01-16-16

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board reappoint Morris Johnson and M. Lee Murrah to serve on the Independence Communities, Inc. Board of Directors for an additional two-year term expiring in January 2018.

Resolution #01-16-17

Motion Made By: Morris Johnson

Seconded By: Patti Atkins, with affirmative votes by Tracy Sorensen, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board reappoint Barbara Duren to serve on the Montgomery Supported Housing, Inc. Board of Directors for an additional two-year term expiring in January 2018.

Resolution #01-16-18

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Patti Atkins, Sharon Walker and Cecil McKnight that it be...

Resolved:

That the Board reappoint Joe Bazar to serve on the Cleveland Supported Housing, Inc. Board of Directors for an additional two-year term expiring in January 2018.

The 1st Quarter FY 2016 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement as of December 2015 was reviewed for information purposes only.

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

The 2000 Panther Lane, Liberty, Texas Grand Opening Ceremony agenda item was reviewed for information purposes only.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 12:02 p.m.

Adjournment:

[Redacted Signature]

Patti Atkins
Chair

Date

Attest:

[Redacted Signature]

Sharon Walker
Secretary

Date

/

Executive Director's Report

February 25, 2016

Announcements

- The next Board meeting is scheduled for Thursday, March 24th.
- I want to thank you for attending the Ground Breaking Ceremony on February 16th. The weather couldn't have been better and we were excited to have a good turnout. Today, we will begin monthly Board updates by Mike and/or staff so that each of you stays up to date on the project. Of course, if you have any questions about the project in the community, you can direct those to me.



- Catherine Prestigiovanni will have your Tri-County shirt today if you requested one. If you didn't request one but would like one, we have shirts available for you to select from after the Board meeting.

Department of State Health Services (DSHS)

- The DSHS Performance Contract requires that each staff, clinical or administrative, be trained in one of three suicide prevention trainings. These trainings include: Youth Mental Health First Aid which is 8 hours, Applied Suicide Intervention Skills Training (ASSIST) which is 8 hours or the **Ask About Suicide (ASK) training** which is 2 hours. Most of our staff will be trained in the shorter ASK training and, because it is a lot shorter than the Mental Health First Aid training, I wanted to make it available to Board members who are interested. After we get staff trained, we will likely open this training up to the community as well. If you are interested in the training, please contact Stephanie.
- Staff have been very busy in the last few months providing **Youth Mental Health First Aid training** in the community. Historically, largely because the course is 8 hours, we have struggled to get the classes scheduled. In the last few months, we have had 12 YMHA trainings which have included: Academy of Life Long Learning-Lone Star College; Conroe ISD Police Department; Conroe ISD Alternative School, Montgomery County Parole; Montgomery County Probation; Kangaroo School of the Woodlands, Willis ISD Counselors; and Angel Reach of the Woodlands. Each training class allows us the opportunity to educate the community about Tri-County and what we do as well as teach YMHA. We are excited about the recent interest and hope it continues.
- On February 15th, we were excited to host the **Oak Ridge High School feeder zone counselors** for a visit of our Children's Services Department at Riverpoint. They came on a school bus as a part of their visit of area resources for their kids. In addition to a couple of short presentations, we were able to give them a brief tour of our facility and answer questions about our services.

Department of Aging and Disability Services (DADS)

- The **DADS Authority Audit** for this fiscal year included the Quality Assurance (QA) Authority Review, the Pre-Admission Screening and Resident Authority Review (PASRR), the Home and Community-based Services (HCS) Program Review, and the Texas Home Living Program (TxHmL) Authority Review. The Community First Choice program was not reviewed.

Programs which scored over 90% will not have a return review in six months. The QA program scored 95.71%, the PASRR program scored 92.81%, the HCS program scored 84.54%, and the TxHmL program scored 87.53%.

With a new focus from Contract Accountability, both HCS and TxHmL programs were below the 90%. The new focus is on the monitoring of services for individuals which are not paid through Medicaid waiver funds. These non-waiver services (e.g. a consumer's choice to attend church on Sunday) are to be person centered and monitored for progress and satisfaction. Although the service coordinators monitored the non-waiver services, they did not meet DADS' expectations.

Currently, IDD Authority is working on the corrective action plans in response to findings. The Authority will add the needed elements to the service coordinators documentation to ensure compliance.

The survey team was extremely complimentary of the care, concern, and efficiency of the authority staff during the exit review.

- As the Board is aware, staff are working on a **Feasibility Analysis of Intermediate Care Facility services** which are currently provided through a contract with Educare of Texas. Kathy Foster has been leading a group that has made significant strides in analyzing the revenues and expenses associated with running ICF homes and are nearly complete with her analysis. We are planning on a Board discussion about options that we have for this care at our next Board meeting.
- As the Board will remember from last month, a series of **changes are coming to the Community First Choice Changes program** so costs for this service can be reduced. DADS will be changing service provider qualifications which will result in the inability of family members to provider services. Several families in the area, some of which have been providing services to their family members for some time, will be affected. The letters went out last week and the effective date for the change is June 1st. If you hear concerns in the community about Community First Choice, please direct these concerns to Kelly Shropshire at 936.521.6200.

Montgomery County United Way Consolidation

- Yesterday, at the Annual Meeting for the Montgomery County United Way (MCUW), the voting members of MCUW voted to merge with United Way of Greater Houston (UWGH). Apparently, some of the large corporations in the Woodlands area had informed MCUW that they would no longer be willing to support two United Way campaigns and determined that they would support UWGH instead of MCUW. In order to keep funding whole, voting members decided to merge the MCUW with UWGH. The transition is expected to take 1.5 years. Julie Martineau, the Executive Director of MCUW for 19 years and former Tri-County employee, will be losing her job along with several other MCUW staff.

Although we were assured that this would not affect funding for current programs, I am unsure what this will mean for our funding going forward. Currently, MCUW funds our two outpatient Substance Abuse programs and PETC Day Treatment. What I am sure of is that many of the persons we have relationships with at MCUW are changing significantly. We will keep you posted as we learn more.

CHIEF FINANCIAL OFFICER'S REPORT

February 25, 2016

FY 2015 Audit Management Response - Last month, Tommy Nelson from Scott, Singleton, Fincher and Company, P.C. presented the FY 2015 Audited Financial statements to the Board of Trustees. With the audit, he presented a Management Letter that listed the following items to be considered for change. Here is Managements Response to the items listed:

1. **Allowance for Doubtful Accounts** - During their review of accounts receivable and the related allowance for doubtful accounts, we noted that the allowance for doubtful accounts has remained at \$60,000 for the past three years. Over the last three years, the accounts receivable balances have been increasing. We recommend that the Center establish a process for evaluating the adequacy of the allowance for bad debts based on historical collection percentages by payment source. The allowance for doubtful accounts should be adjusted periodically based on this analysis.

Management Response – For many years now, we have had a process where the Reimbursement Manager and the CFO review the billing data to determine the collectability of all payer sources based on historical payments and outstanding accounts receivable amounts. We will continue to review this data on an annual basis and adjust the allowance for doubtful accounts based on the analysis.

2. **Construction Accounting** – During their review of the construction project for the Panther Lane facility, they noted that there was some degree of disconnect between the supporting information used to pay costs associated with the project and the actual accounting for the construction cost. As a result, it took considerable effort on the part of the Center staff to provide the audit information necessary to review this construction activity. Since we are aware that the Center will likely have a significant new construction project in 2016, we recommend that the process of accounting for and documenting construction costs be reviewed and improved.

Management Response – We have reviewed the issues associated with the Panther Lane facility. This project was continually changing in scope and cost on a daily basis. Requests for payments were not consistently submitted through the same channel and therefore required staff to research various payments to ensure they were charged to the project and have an accurate total cost.

To ensure that we do not have the same scenario with the Conroe facility, we have set up a new cost center designated for all costs that are not routed to the Bank financing process for payment. This should make the year end process go more smoothly next audit period.

3. **Capitalization Threshold** – Based on discussions with Center staff members, the administrative burden associated with capital asset accounting could be improved by raising the capitalization threshold to \$5,000. Many community centers they audit have gone to this higher threshold. One way this can be accomplished without losing any control over smaller, less expensive items is to maintain a list of items under the threshold that is reviewed, inventoried and updated periodically. This list would be kept separately from the capital asset depreciation schedule maintained for general ledger accounting purposes. Accordingly, changes in these assets would no longer require entries on the Center's accounting books, which in turn would reduce the cost associated with recording capital asset activity.

Management Response – We have revised the center procedure to increase the capitalization threshold to \$5,000. Center procedure for inventory will remain unchanged where we do a complete inventory count of all items that are considered furniture and equipment regardless of cost, every two years. In the alternate year we do spot checks and count any building that had significant movement of equipment.

4. **Custodial Credit Risk – Bank Deposits** – At August 31, 2015, Center bank deposits in the amount of \$1,457 were not covered by federal deposit insurance or by a collateral pledge agreement which is clearly not material in amount. On the other hand, at August 31, 2014, Center bank deposits in the amount of \$14,322 were not covered by federal deposit insurance or by a collateral pledge agreement. The Center has continued to decrease the amount that is not insured or collateralized over the last two years. We encourage the Center to continue this process until all deposits are insured and/or collateralized.

Management Response – This condition will be corrected and we will ensure each year that the balance is within the federal deposit insurance amount. We are in the process of requesting a check from First Liberty National Bank from the daily deposit account. This bank also has one of our few Certificates of Deposits which puts all daily deposits over the insured amount. The \$1,457 reflects the daily deposits for the entire fiscal year. We will clear this account on a monthly basis.

Cost Accounting Methodology (CAM) – We have spent many hours working on the FY 2015 CAM report. We sent the preliminary report to DSHS on January 28th. We are allowed to have a variance of 3% and our preliminary submission had a 0.41% variance. So we have a very good process in place and are confident in our numbers. But we have continued to work on the report over the last month to fine tune our numbers for the final report and strive to get that variance closer to 0. The final report will be sent to DSHS by the end of this week. After the final

submission, we will continue to review our data and compare to our prior year CAM numbers as well as with state average cost for services.

FY 2016 Budget Revision – We are still working on the 1st budget revision for FY 2016. This revision will include transfers from reserves to cover out of pocket building costs that we have before the financing was in place as well as the DSHS amendment that was presented at the January board meeting. And as always, we will adjust for trends and the year to date salary lapse. This should be on the March agenda for your approval.

FY 2015 HCS, ICF and Texas Home Living and MEI Cost Reports – We are in the process of completing all the cost reports for FY 2015. The reports are all submitted in a program called the Fairbanks system which has been used for many years so the process has not changed for this fiscal year. Every two years, staff are required to complete mandatory cost report training which will not be available to our staff until the middle of March. The cost reports are all due on April 15th.

CFO Consortium - The CFO meeting was held last week in Austin. The topics presented were as follows:

- Revenue Maximization Committee Update
- Managed Care Steering Committee Update
- Yes Waiver Discussion
- New CFO Technical Assistance across the system
- Presentation of Fraud and Abuse Issues in the Healthcare Setting
- Texas Council Update on 1115 Waiver, Quality Improvement Activities, Managed Care and Certified Community BH Centers.
- DADS Update
- Public Funds Investment Training

Agenda Item: Mental Health (MH) Local Plan Committee: Program	Board Meeting Date February 25, 2016
Background Information: <p>It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services. In the past, Tri-County had a combined Local Plan for mental health (MH) and intellectual and developmental disabilities (IDD) services. In 2008, a Local Planning and Network Development statute required the development of a separate plan for mental health services.</p> <p>For Fiscal Years 2016 and 2017, staff has completed the planning process for stakeholders of persons with mental health conditions. A series of nine (9) planning meetings were held across our four (4) primary service areas. Two (2) evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. In addition to face-to-face meetings, staff distributed surveys to consumers and stakeholders in both in paper format.</p> <p>The Mental Health Local Plan serves as the main mental health planning document for the Center. The LPND Plan, the Crisis Plan, the Diversion Action and Mental Health Quality Management/Utilization Management Plans, although approved separately, are exhibits to this plan.</p>	
Supporting Documentation: Mental Health Local Plan for Fiscal Years 2016 - 2017	
Recommended Action: Approve the Mental Health Local Plan for Fiscal Years 2016 - 2017	



Consolidated Local Service Plan FY 2016 - 2017

Department of State Health Services

Form O

Consolidated Local Service Plan (CLSP)

for Local Mental Health Authorities

October, 2015

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all of the service planning requirements for LMHAs. The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

Local planning is a collaborative activity, and the CLSP asks for information related to community stakeholder involvement in planning. DSHS recognizes that community engagement is an ongoing activity, and input received throughout the biennium will be reflected in the local plan. LMHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed.

The Psychiatric Emergency Plan is a new component that stems from the work of the HB 3793 Advisory Panel. The panel was charged with assisting DSHS to develop a plan to ensure appropriate and timely provision of mental health services. The Advisory Panel also helped DSHS develop the required standards and methodologies for implementation of the plan, in which a key element requires LMHAs to submit to DSHS a biennial regional Psychiatric Emergency Plan developed in conjunction with local stakeholders. The first iteration of this Psychiatric Emergency Plan is embedded as Section II of the CLSP.

In completing the template, please provide concise answers, using bullet points. When necessary, add additional rows or replicate tables to provide space for a full response.

Section I: Local Services and Needs

I.A. Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA (or a subcontractor organization) that provide mental health services regardless of funding (Note: please include 1115 waiver projects detailed in Section 1.B. below). Include clinics and other publicly listed service sites; do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, children, or both (if applicable):*
 - *Screening, assessment, and intake*
 - *Texas Resilience and Recovery (TRR) outpatient services: adults, children, or both*
 - *Extended Observation or Crisis Stabilization Unit*
 - *Crisis Residential and/or Respite*
 - *Contracted inpatient beds*
 - *Services for co-occurring disorders*
 - *Substance abuse prevention, intervention, or treatment*
 - *Integrated healthcare: mental and physical health*
 - *Other (please specify)*

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Tri-County Behavioral Healthcare	1020 Riverwood Court	Montgomery	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care for Children as well as TCOOMMI Adult probation and Parole Services, Jail Diversion, Outpatient Competency Restoration, and LOC 2 for Adults. • SA Screening, Assessment, Outpatient Therapy, COPSD (adults and children) • Criminal Justice Services
Tri-County Behavioral Healthcare	610 North Loop 336 East	Montgomery	<ul style="list-style-type: none"> • PASRR Assessments
Tri-County Behavioral Healthcare	706 FM 2854	Montgomery	<ul style="list-style-type: none"> • MH Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0 and 5) • Crisis Stabilization Unit • Extended Observation Unit • Mobile Crisis Outreach Team (MCOT) • Continuity of Care
Tri-County Behavioral Healthcare	103 North Thompson St.	Montgomery	<ul style="list-style-type: none"> • MH Routine Screening, Assessment and TRR Full Levels of Care for Adults • Integrated Healthcare • Peer Services • Continuity of Care
Tri-County Behavioral	7045 Highway 75 South	Walker	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of

Operator (LMHA or Contractor Name)	Street Address, City, and Zip	County	Services & Populations
Healthcare			Care (adults and children) <ul style="list-style-type: none"> • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0 and 5) • Continuity of Care
Tri-County Behavioral Healthcare	2004 Truman	Liberty	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0 and 5) • Continuity of Care
Tri-County Behavioral Healthcare	2000 Panther Lane	Liberty	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0 and 5) • Continuity of Care
Kingwood Pines Hospital	2001 Ladbroke Drive	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Children)
Cypress Creek Hospital	17750	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Children)

I. B Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver Projects

- Identify the RHP Region(s) associated with each project.
- List the titles of all projects you proposed for implementation under the Regional Health Partnership (RHP) plan. If the title does not provide a clear description of the project, include a descriptive sentence.
- Enter the number of years the program has been operating, including the current year (i.e., second year of operation = 2)
- Enter the static capacity—the number of clients that can be served at a single point in time.
- Enter the number of clients served in the most recent full year of operation. If the program has not had a full year of operation, enter the planned number to be served per year.
- If capacity/number served is not a metric applicable to the project, note project-specific metric with the project title.

1115 Waiver Projects				
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity	Number Served/ Year
17	Intensive Evaluation and Diversion	2	500	619
17	Integrated Primary and Behavioral Health Care	3	325	496
17	IDD ACT	3	50	64
17	Expanded Psychiatry Delivery	3	275	279
2	Expanded Psychiatry Delivery	3	100	133

I.C Community Participation in Planning Activities

Identify community stakeholders who participated in your comprehensive local service planning activities over the past year.

Stakeholder Type	Stakeholder Type
<input checked="" type="checkbox"/> Consumers	<input checked="" type="checkbox"/> Family members
<input checked="" type="checkbox"/> Advocates (children and adult)	<input checked="" type="checkbox"/> Concerned citizens/others
<input checked="" type="checkbox"/> Local psychiatric hospital staff	<input type="checkbox"/> State hospital staff
<input checked="" type="checkbox"/> Mental health service providers	<input checked="" type="checkbox"/> Substance abuse treatment providers
<input checked="" type="checkbox"/> Prevention services providers	<input type="checkbox"/> Outreach, Screening, and Referral (OSAR)
<input checked="" type="checkbox"/> County officials	<input type="checkbox"/> City officials
<input type="checkbox"/> FQHCs/other primary care providers	<input type="checkbox"/> Local health departments
<input checked="" type="checkbox"/> Hospital emergency room personnel	<input checked="" type="checkbox"/> Emergency responders
<input type="checkbox"/> Faith-based organizations	<input checked="" type="checkbox"/> Community health & human service providers
<input checked="" type="checkbox"/> Probation department representatives	<input checked="" type="checkbox"/> Parole department representatives
<input checked="" type="checkbox"/> Court representatives (judges, DAs, public defenders)	<input checked="" type="checkbox"/> Law enforcement
<input checked="" type="checkbox"/> Education representatives	<input checked="" type="checkbox"/> Employers/business leaders
<input checked="" type="checkbox"/> Planning and Network Advisory Committee	<input type="checkbox"/> Local consumer-led organizations
<input checked="" type="checkbox"/> Veterans' organization	

List the key issues and concerns identified by stakeholders, including unmet service needs. Only include items that were raised by multiple stakeholders and/or had broad support.

• Diversion of individuals with mental illness from ERs and Jails
• The need for public transportation
• The need for residential substance abuse treatment
• The need for low income housing and housing for individuals with criminal backgrounds
• Continue to provide integrated healthcare
• Continued community education and awareness efforts
• Continued coordination with the school systems
• Continued coordination with and diversion from the jail system including mental health assessments and medications for those in jail
• Increased options for local residential placement of children and adolescents

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure that stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures that will enable them to coordinate their efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system. Planning should consider all available resources, including projects funded through the 2015 Crisis and Inpatient Needs and Capacity Assessments.

The HB 3793 Advisory Panel identified the following stakeholder groups as essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)

- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers
- Users of crisis services and their family members

Most LMHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations, including those related to the 2015 Crisis Needs and Capacity Assessment.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.

II.A Development of the Plan

Describe the process you used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including:

- Ensuring all key stakeholders were involved or represented
 - Ensuring the entire service area was represented
 - Soliciting input
- Nine (9) Local Planning meetings were held in our three counties to seek feedback from local stakeholders. Stakeholders from several different areas of the community were invited (as listed above in Section 1.C). Feedback was sought on local service needs including needs related to crisis response, jail diversion, and quality management.
 - Surveys were sent out to both community stakeholders and individuals served to seek feedback on service gaps, community needs, and to assess current services provided by Tri-County. Over 150 surveys were returned prior to the deadline.
 - Regular communication between Tri-County staff and law enforcement, court representatives, and Hospital district staff is ongoing and meetings are scheduled as needed and/or to involve additional agencies as indicated.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?

a. During business hours

We have shifts scheduled from 7a to 3:00p, 3:00p to 11:00p and 11:00p to 7:00a.

b. After business hours

Staff are scheduled in the above shifts 7 days a week. Additionally, we have added awake staff to the Psychiatric Emergency Treatment Center (PETC) to who can deploy from this location, reducing response time.

c. Weekends/holidays

Staff are scheduled 24 hours a day, 7 days a week, including holidays. Awake staff are housed at the PETC during these times that can deploy quickly to local Emergency rooms and other community locations which reduces response time.

2. What criteria are used to determine when the MCOT is deployed?

The crisis hotline triages calls to determine emergent, urgent or routine classification. If calls are determined to be emergent or urgent, an MCOT staff is contacted for deployment.

3. What is the role of MCOT during and after a crisis when crisis care is initiated through the LMHA (for example, when an individual calls the hotline)? Address whether MCOT provides follow-up with individuals who experience a crisis and are then referred to transitional or services through the LMHA.

Our Mobile Crisis Outreach Team's role is to be able to expand services such as assessments and crisis interventions that may reduce the risk of hospitalization to other community settings such as natural homes, nursing homes, shelters, offices, schools and emergency rooms. Our Mobile Crisis Outreach Team consists of a combination of Qualified Mental Health Professionals and Licensed staff on all shifts. Following assessment the MCOT Team will assist with providing appropriate

solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a licensed staff or psychiatrist as needed. Additionally, staff provide follow up and prevention services within 24 hours of the assessment including making a follow-up call to the individual or to the hospital if placement was coordinated to ensure the safety and/or arrival of the individual.

4. Describe MCOT support of emergency rooms and law enforcement:

- a. Do emergency room staff and law enforcement routinely contact the LMHA when an individual in crisis is identified? If so, is MCOT routinely deployed when emergency rooms or law enforcement contact the LMHA?

- Emergency rooms: MCOT is routinely deployed to emergency rooms in our catchment area following triage according to clinical need by our crisis hotline service. Tri-County recently redesigned the MCOT to include an awake staff who is located at the PETC which allows them to respond more quickly to emergency rooms and other community locations which reduces the burden on other providers.
- Law enforcement: Local law enforcement is familiar with the crisis services that Tri-County provides. Frequently, law enforcement brings individuals that appear to be in crisis to the PETC for evaluation and interventions as appropriate. Staff are available 24 hours a day, 7 days a week, on site at the PETC to assist with these evaluations and interventions. Additionally, Tri-County contracts with police officers who are located at the PETC to ensure safety and efficiency with transporting individuals served to the appropriate environment. Having these contract officers on site provides relief to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly

- b. What activities does the MCOT perform to support emergency room staff and law enforcement during crises?

- Emergency rooms: Assess the individual's mental health symptoms and determine what level of care is needed. This assists in getting the individual moved and connected with appropriate services as soon as feasible. If needed an MCOT staff is available to be deployed 24 hours a day 7 days a week directly from the PETC with the intent to provide faster response times.

- Law enforcement: Persons brought to the PETC via peace officer detention can be left in the custody of contract peace officers at the site, reducing the time to wait on MCOT.

5. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

a. Describe your community's process if a client needs further assessment and/or medical clearance:

- The PETC offers two different mental health programs that provide varying levels of care to individuals experiencing a mental health crisis, The Extended Observation Unit (EOU), and the Crisis Stabilization Unit (CSU). During evaluation by our treatment providers, if it is determined that the individual needs assessment or medical clearance beyond the capabilities of these programs, EMS is contacted to take the individual to a local medical hospital to ensure any physical conditions are appropriately stabilized prior to addressing mental health symptoms. The PETC has developed a medical exclusionary criteria, in consultation with the Center's medical director which guides our medical professionals on when to seek outside medical clearance. Contract Police officers are located on site to assist in areas that may require law enforcement with the purpose of reducing the burden on the criminal justice system.

b. Describe the process if a client needs admission to a hospital:

- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center, we coordinate hospitalization with one of our local area private psychiatric hospitals. If an individual is uninsured, we utilized one of the two hospitals that we contract with for this provision. If an individual has insurance, we explore all of the local options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she will be placed under a mental health warrant and will be transported by constables.

c. Describe the process if a client needs facility-based crisis stabilization (i.e., other than hospitalization—may include crisis respite, crisis residential, extended observation, etc.):

- An individual is assessed and is offered one of the programs provided at this location according to clinical needs. The Extended Observation Unit is offered if an individual is voluntary and trying to avoid a mental health crisis but is likely

to deteriorate without the benefit of starting or modifying psychotropic medication more immediately. If more than 48 hours is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit will be offered.

6. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

a. During business hours

- If an emergency room suspects or determines that an individual has mental health impairment, they should contact the crisis hotline. Then staff will be deployed to determine recommendations for appropriate level of care. Law enforcement can take a suspecting person to the Psychiatric Emergency Treatment Center to be evaluated by staff that are based at the PETC in Conroe. If hospitalization is required, MCOT staff can arrange the hospitalization and avoid an unnecessary trip to Conroe. If the persons is appropriate for the PETC, a tentative admission decision can be made.

b. After business hours

- The same information above applies. Due to the distance of many of our Liberty County clients from the PETC, we recently provided the local Liberty Police Department with training and access to our buildings after hours so that they could access our televideo equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible.

c. Weekends/holidays

- The same information above applies.

7. If an inpatient bed is not available:

a. Where is an individual taken while waiting for a bed?

- If an individual assessed at an ER is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric

Emergency Treatment Center, staff will safety monitor at their present location until an appropriate placement has been determined.

b. Who is responsible for providing continued crisis intervention services?

- There are times when an individual who has been assessed at the PETC may have to wait to be placed in hospital bed. If this is the case, staff will provide ongoing safety monitoring and reassess the individual for change on a regular basis until the individual is safely transported to the appropriate level of care.

c. Who is responsible for continued determination of the need for an inpatient level of care?

- If an individual remains at the medical hospital 24 hours or more from the original time Tri-County staff provided an assessment, another evaluation will be needed to determine if inpatient services are still clinically indicated. If the individual is located at the PETC, the Treatment Team, including the psychiatrist, will continue to review the individual for any changes in symptoms as indicated on the individuals plan of care or as medically necessary. They can provide a variety of services during this time such as day programming, safety monitoring, medication management and nursing services. The treatment team will continue to assess and document the need for inpatient care during this time.

d. Who is responsible for transportation in cases not involving emergency detention?

- If the individual is located at the PETC, voluntarily wants to admit to an inpatient level of care, but does not have transportation, the PETC will arrange transportation to the hospital for the individual. If the individual is under the care of the hospital then they will coordinates transportation.

Crisis Stabilization

8. What alternatives does your service area have for facility-based crisis stabilization services (excluding inpatient services)? Replicate the table below for each alternative.

Name of Facility	Psychiatric Emergency Treatment Center (PETC)
Location (city and county)	Conroe; Montgomery County
Phone number	936-538-1102
Type of Facility (see Appendix B)	Crisis Stabilization Unit/Extended Observation Unit
Key admission criteria (type of patient accepted)	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment.
Circumstances under which medical clearance is required before admission	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our medical exclusionary.
Service area limitations, if any	N/A
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
Accepts emergency detentions?	No

Inpatient Care

9. What alternatives to the state hospital does your service area have for psychiatric inpatient care for medically indigent? Replicate the table below for each alternative.

Name of Facility	Kingwood Pines Hospital
Location (city and county)	Kingwood; Harris
Phone number	281-404-1001
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.
Service area limitations, if any	Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None

Name of Facility	Cypress Creek Hospital
Location (city and county)	Houston; Harris
Phone number	281-586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None

II.C Plan for local, short-term management of pre/post-arrest patients incompetent to stand trial

10. What local inpatient or outpatient alternatives to the state hospital does your service area currently have for competency restoration?

a. Identify and briefly describe available alternatives.

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in outpatient competency restoration program, which includes mental health and substance use treatment services, as well as, competency education, then they are eligible for up to 180 days under court supervision.

b. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives? If not applicable, enter N/A.

- Difficulty getting notification from the Court system that a competency evaluation was ordered.
- Public safety concern related to the voluntary nature of participating in the outpatient competency restoration program.
- Individuals participating in competency restoration programs do not quality for time served which may deter some defenders and individuals from wanting to participate in this program.

c. Does the LMHA have a dedicated jail liaison position? If so, what is the role of the jail liaison? At what point is the jail liaison engaged?

- Yes. The liaison will interview Montgomery County Jail inmates to determine if mental illness is a factor in their incarceration and to facilitate removal from the jail system when care in the Community Center system is more appropriate.

If the LMHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA and the jail.

- N/A

d. What plans do you have over the next two years to maximize access and utilization of local alternatives for competency restoration? If not applicable, enter N/A.

- To make sure all local Judicial entities are aware of the program and who would qualify for utilization. This will be completed through continued meetings with stakeholders, such as those involved in the Jail Diversion Taskforce in Montgomery County, and other key representatives from the criminal justice and court systems throughout our three county areas as well as through additional outreach activities that our Center is continually working to expand.

11. Does your community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program, inpatient competency restoration, jail-based competency restoration, etc.)?

- N/A

12. What is needed for implementation? Include resources and barriers that must be resolved.

- N/A

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services?

With 1115 waiver funding, the Extended Observation Unit (EOU) was formed in January of 2015 and the Integrated Healthcare program was started in August 1st of 2014. Both Adult and Youth Outpatient Treatment Services are also available to individuals served with a qualifying substance use diagnosis. These programs were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. Most recently, meetings were facilitated with Conroe Police Department, Montgomery County Hospital District and other community stakeholders to make them aware of the recent formation of the EOU. Additionally, the Utilization Management Department at Tri-County continues to monitor and make recommendations to program areas

related to continuity of care, including referrals made following emergency psychiatric care, to ensure that they are appropriate and that issues affecting mental health such as substance use and physical healthcare are addressed upon follow up.

14. What are your plans for the next two years to further coordinate and integrate these services?

- We recently received funding to develop a Critical Incident Response Team in Montgomery County. Tri-County clinicians will partner with the local police department to identify individuals in mental health crisis and subsequently divert them to indicated community referrals. This program will also collaborate with paramedics through the Montgomery County Hospital District. Individuals with mental health rather than medical emergencies will be connected with Tri-County to decrease 911 calls and to more effectively connect these persons in need with appropriate behavioral health interventions/referrals. The goal is to reduce inappropriate placements in jails or local emergency rooms. Then individuals are more likely to have their behavioral health addressed through professionals trained to reduce symptoms that interfere with day to day functioning. Tri-County continues to seek opportunities to enhance data collection and make improvements in our ability to monitor service data. These improvements will assist us with assessing the quality and effectiveness or continuity of services moving forward.

II.E Communication Plans

15. How will key information from the Psychiatric Emergency Plan be shared with emergency responders and other community stakeholders? Consider use of pamphlets/brochures, pocket guides, website page, mobile app, etc.

Tri-County continues to hold regular meetings with key stakeholders including Crisis Services and Jail Diversion Taskforce meetings. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunity for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, Tri-County continues to benefit from having an active Mental Health Planning and Network Advisory Committee (MHPNAC). Several of the MHPNAC members are family

members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. Recently, Tri-County received funding to develop a Crisis Intervention Response Team (CIRT) that involves two licensed mental health clinicians who will team up with law enforcement to respond to higher intensity situations within our community and improve collaboration with law enforcement that are intended to decrease the burden on hospitals and jails. Lastly, we will post this plan on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

16. How will you ensure LMHA staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff including the Mental Health Quality Management/Utilization Management Committee that is made up of several key managers throughout the Center. In addition, this information will be shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

II.F Gaps in the Local Crisis Response System

17. What are the critical gaps in your local crisis emergency response system? Consider needs in all parts of your local service area, including those specific to certain counties.

Counties	Service System Gaps
Montgomery	<ul style="list-style-type: none"> • Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities. • Substance Abuse Inpatient Treatment and Detox options. • Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals

Counties	Service System Gaps
Walker	<ul style="list-style-type: none"> • Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities. • Substance Abuse Inpatient Treatment and Detox options. • Lack of county Mental Health Officers • Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals
Liberty	<ul style="list-style-type: none"> • Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities. • Substance Abuse Inpatient Treatment and Detox options. • Lack of county Mental Health Deputies • Distance to the Psychiatric Emergency Treatment Center • Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals

Section III: Plans and Priorities for System Development

III.A Jail Diversion

Indicate which of the following strategies you use to divert individuals from the criminal justice system. List current activities and any plans for the next two years. Include specific activities that describe the strategies checked in the first column. For those areas not required in the DSHS Performance Contract, enter NA if the LMHA has no current or planned activities.

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input type="checkbox"/> Co-mobilization with Mental Health Deputies	<ul style="list-style-type: none"> • Tri-County is recently in the development phase of the newly funded Crisis Intervention Response Team which will enhance our ability

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input type="checkbox"/> Co-location with CIT and/or MH Deputies <input type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input checked="" type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized <input type="checkbox"/> Other: Click here to enter text.	<p>to respond to crisis situations through collaboration and contract with specially trained law enforcement. (See item 14 under Section II D for more information).</p> <ul style="list-style-type: none"> • Tri-County continues to offer Youth Mental Health First Aid to our stakeholders free of charge. • Tri-County Jail Diversion staff continues to provide training to key stakeholders related to our involvement in diverting appropriate individuals from the criminal justice system. • Tri-County Veteran's staff have begun offering training to law enforcement personnel related to veteran culture and PTSD. This information is key for law enforcement personnel responding to veterans who may be in crisis.
Plans for the upcoming two years: <ul style="list-style-type: none"> • Tri-County continues to provide several training opportunities within the community and is looking to increase the number of educational and outreach opportunities provided within the community to address issues related to both mental health crisis and jail diversion. Regular community meetings will continue to be a priority and opportunities for collaboration and increased communication will be sought. Staff will continue to report any service or communication gaps to our Center Management Team so that we can quickly address and make improvements as indicated. 	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services <input type="checkbox"/> Other: Click here to enter text. 	<ul style="list-style-type: none"> • Regular screening for Jail Diversion by COC/Program Clinician at the jail for eligible candidates for diversion and presentation to the Court. • Specialized case manager assigned to monitor diversions and compliance with conditions of the court. Linkage to needed community services to increase compliance with the criminal justice system and avoid new involvement continues to be a focus of our case managers. • Staff connected with the court that can assist with identifying and accepting court approved individuals into alternative services when incarceration is not the most appropriate solution.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • We recently received funding to expand the Case management services to carry a caseload out in Liberty County. We will continue to utilize this opportunity to strengthen relationships with stakeholders in this area as well as continue to work to educate court staff on the alternatives available to incarceration. We recently placed a Jail Services Liaison at the Montgomery County jail in order to assess individuals for mental illness, educate jail staff about mental health issues, and make recommendations for treatment as needed. Tri-County will continue to monitor Walker and Liberty counties for any trends that might indicate a need for a similar liaison in those areas. Through the feedback obtained from the Jail Services Liaison we hope to gain a better understanding the needs and gaps of both the incarcerated population and the jail system as a whole as well as how they both related to mental illness. 	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input type="checkbox"/> Mental Health Court <input checked="" type="checkbox"/> Veterans' Court <input checked="" type="checkbox"/> Drug Court <input checked="" type="checkbox"/> Outpatient Competency Restoration <input checked="" type="checkbox"/> Services for persons Not Guilty by Reason of Insanity <input type="checkbox"/> Services for persons with other Forensic Assisted Outpatient Commitments <input type="checkbox"/> Providing services in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Compelled medication in jail for persons Incompetent to Stand Trial <input type="checkbox"/> Providing services in jail (for persons without outpatient commitment) <input checked="" type="checkbox"/> Staff assigned to serve as liaison between specialty courts and services providers <input checked="" type="checkbox"/> Link to comprehensive services <input checked="" type="checkbox"/> Other: Managed Assigned Council 	<ul style="list-style-type: none"> • Routine screening for mental illness and diversion is completed weekly with the Jail. • Our Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Veterans Treatment Court in Montgomery County. • Outpatient Competency Restoration program for Individuals determined Incompetent to stand trial under the Code of Criminal Procedure 46B. • Community Center services and monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity. • Our Veteran Services Liaison works closely with individuals assigned to the Veteran's treatment court docket and ensures that they are connected to other needed veteran services within the area. • Our TCOOMMI Case Managers and other staff working with offenders with mental impairments continuously seek opportunities to connect those served to other needed resources in the community. • The Managed Assigned Council appoints a

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
	trained attorney to individuals with mental health disorders.
<p>Plans for the upcoming two years:</p> <p>Over the next two years it is our hope that we can continue to provide peer mentorship and linkage to comprehensive services for Veterans in Montgomery County and we continue to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed. We plan to continue to provide outpatient competency restoration and will focus on educating key stakeholders on the eligibility, benefits, and how to access this program as an alternative to incarceration for appropriate non-violent offenders. It is our intent to continue to seek opportunities to partner with the criminal justice system when appropriate to divert individuals from jails to outpatient mental health treatment, when the outpatient mental health treatment is deemed the more appropriate solution (Note: all stakeholder feedback during this planning cycle was in favor of jail diversion for appropriate non-violent offenders to better address mental illness in our community). As a part of our diversion efforts our case managers will continue to link individuals served with a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.</p>	

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Providing transitional services in jails <input checked="" type="checkbox"/> Staff designated to assess needs, develop plan for services, and coordinate transition to ensure continuity of care at release <input checked="" type="checkbox"/> Structured process to coordinate discharge/transition plans and procedures <input type="checkbox"/> Specialized case management teams to coordinate post- 	<ul style="list-style-type: none"> • Our Veteran Services Liaison occasionally responds to requests from Jails and Prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<p>release services</p> <p><input type="checkbox"/> Other:</p>	<p>and community resources to meet their needs and increase the probability of success following discharge.</p> <ul style="list-style-type: none"> • The Jail Services Liaison is designated to assess needs and coordinate treatment and or transition for individuals identified as having a mental illness • Tri-County Continuity of Care staff continues to monitor all State hospital discharges to ensure proper follow up care is offered.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • As funding and resources permit, our Veteran Services Liaison will continue to provide mentorship where needed within our catchment area and will continue to link Veterans discharging from the criminal justice system to needed community services. We plan to continue to house our Jail services Liaison in the Montgomery County jail and will continue to monitor for trends other counties such as Walker and Liberty. Our continuity of Care staff will continue to monitor discharges from State hospitals to ensure appropriate follow up and reduce recidivism. 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<p><input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders</p> <p><input checked="" type="checkbox"/> Training for probation or parole staff</p> <p><input checked="" type="checkbox"/> TCOOMMI program</p> <p><input type="checkbox"/> Forensic ACT</p>	<ul style="list-style-type: none"> • Regular screening for Jail Diversion by COC/Program Clinician at the jail for eligible candidates for diversion and presentation to the Court. • Mental Health and Substance Abuse training has been provided to the Probation and Parole

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance <input type="checkbox"/> Other: 	<p>officers.</p> <ul style="list-style-type: none"> • Specialized case managers for adult mental health offenders on felony probation and parole. • Specialized intensive case managers/liaison to work with probation and parole. • TCOOMMI case managers and community corrections officer jointly make recommendation to the court to reinforce positive behavior and address sanctions for noncompliance with supervision.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • As previously mentioned, we recently received funding to expand the Case management services to carry a caseload out in Liberty County. In addition to utilizing this opportunity to strengthen relationships with stakeholders in this area, we will continue to work collaboratively with criminal justice staff to reinforce positive behaviors and effectively address non-compliance. Additionally, we will continue to provide assistance and assess needs through coordination of our Jail Services Liaison as a means of better understanding the needs and gaps of both the incarcerated population and the jail system as a whole. Once we gain a better understanding of these gaps, we will continue to seek opportunities to adjust our processes to achieve improved outcomes for individuals involved in the criminal justice system with mental illness. It is our intent to continue to work closely with probation, parole, and other criminal justice staff to positively affect the outcomes for individuals in our community with a mental illness as well as to reduce the burden on the criminal justice system when the individual could be better served in outpatient treatment. 	

III.B Other System-Wide Strategic Priorities

Briefly describe the current status of each area of focus (key accomplishments and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Current Status	Plans
Improving continuity of care between inpatient care and community services	<ul style="list-style-type: none">Individuals that are funded by Tri-County to stabilize at a contract inpatient psychiatric hospital have regular clinical reviews by a Tri-County staff member and assigned hospital utilization review personnel. Clinical reviews are facilitated to demonstrate ongoing need for services at that level of care. Reviews are documented in the individuals electronic chart record. Discharges are also coordinated so that medication can be ordered and seven-day follow-up appointments can be coordinated.	<ul style="list-style-type: none">Continue the existing system. Have individual meetings with contract hospitals to continue to improve collaboration and creativity relating to discharge plans and placement.Begin monitoring private funded inpatient hospitalization to ensure individuals in Tri-County's catchment areas are connected with appropriate follow-up appointments to continue ongoing mental health stabilization.
Reducing hospital readmissions	<ul style="list-style-type: none">This is monitored frequently by Utilization Management and program staff by reviewing case information in collaboration with a series of reports that allows us to identify patterns that may affect quality of care.	<ul style="list-style-type: none">Continue monitoring recidivism. Develop creative solutions to help meet the identified person's needs. Work closely with outpatient services to ensure that the individual is compliant with aftercare.

Area of Focus	Current Status	Plans
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community	<ul style="list-style-type: none"> • COC staff participate in telephonic and face to face meetings/conferences pertaining to the clinical progress of individuals receiving care at a state hospital. 	<ul style="list-style-type: none"> • Continue the existing system.
Reducing other state hospital utilization	<ul style="list-style-type: none"> • The current use of state hospital placement is infrequent. It is needed more often than placement is available for individuals with chronic mental health impairment that require more long-term interventions. 	<ul style="list-style-type: none"> • Continue to seek opportunities for local psychiatric hospitalization alternatives.
Tailoring service interventions to the specific identified needs of the individual	<ul style="list-style-type: none"> • The Center understands that each individual served is unique which may require us to tailor our interventions to address specific needs of the individual. This is done by encouraging staff to participate in recovery planning to identify needs and through collaboration between clinicians and the Quality Management Department if adjustments to interventions may be clinically indicated. Following collaboration, if clinically indicated, engagement techniques, referrals, or deviation 	<ul style="list-style-type: none"> • The Center will continue to collaborate to ensure that appropriate quality services are provided to the individuals we serve. Additionally, we will continue to explore ways to evaluate the effectiveness of the utilization of our services and make changes to the system to continue to meet the unique needs of our clientele.

Area of Focus	Current Status	Plans
	requests may be made to assist the individual to receive the needed services.	
Ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> The Center is maintaining fidelity with evidence-based practices through frequent reviews by managers which are then submitted to the Quality Management Department for monitoring and review. 	<ul style="list-style-type: none"> The Quality Management Department will continue to monitor fidelity with evidence-based practices as a part of its internal review process over the next local planning cycle.
Transition to a recovery-oriented system of care, including development of peer support services and other consumer involvement in Center activities and operations (e.g., planning, evaluation)	<ul style="list-style-type: none"> Center Quality Management attended a State provided Recovery Planning training and have continued to explore ways to shift our current process to be more person centered and recovery focused. We currently have one Certified Peer Specialist working with our Adult Mental Health population and 2 Certified family Partners providing services to the families in our Child and Adolescent Services who are also receiving wraparound level of care which is a person centered/team focused approach to assisting a youth with high level of need by focusing on strengths and supports. 	<ul style="list-style-type: none"> The Center will continue to seek additional training opportunities to guide our organization to further develop a person centered recovery focused system of care as well as exploring ways to better integrate the recovery model of care into our electronic health record. Tri-County continues to seek opportunities for Peer Support and consumer involvement in Center activities. The startup of the YES Waiver for our Child and Adolescent population this past year includes a strong peer support and recovery component that will continue to be developed over the next planning cycle.

Area of Focus	Current Status	Plans
	<p>In addition to having our own Planning and Network Advisory Committee, Tri-County participates in the Regional Planning and Network Advisory Committee which includes planning and evaluation from committee members including consumers. This past year, the RPNAC explored each Center's involvement in Peer Support Services and made recommendations to our Board of Trustees for expanding these services.</p>	
Addressing the needs of consumers with co-occurring substance use disorders	<ul style="list-style-type: none"> • COPSD training continues to be provided to our staff including all new employees working in direct clinical care. • The Quality and Utilization Management Department continues to focus on reviewing services provided to ensure individuals with needs related to COPSD are being addressed appropriately and that additional referrals and follow up to these referrals are made as indicated. 	<ul style="list-style-type: none"> • Staff training will continue to be a focus for our Center over the next planning cycle. • Tri-County will continue to explore ways to use data to monitor needs and outcomes for individuals served with COPSD and will use this data to guide system improvements as indicated.
Integrating behavioral health	<ul style="list-style-type: none"> • The Center has begun providing 	<ul style="list-style-type: none"> • The Center recognizes that physical

Area of Focus	Current Status	Plans
and primary care services and meeting physical healthcare needs of consumers.	basic integrated healthcare to the individuals we serve through an 1115 Medicaid Transformation Waiver project that started up 3 years ago and served 496 individuals last year alone.	health is often comorbid with mental health and we remain interested in assisting our clientele learn ways to care for both aspects of their health. We will continue to seek opportunities to expand and increase our ability to provide integrated healthcare to those we serve.

III.C Local Priorities and Plans

- *Based on identification of unmet needs, stakeholder input, and your internal assessment, identify your top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.*
- *List at least one but no more than five priorities.*
- *For each priority, briefly describe current activities and achievements and summarize your plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.*

Local Priority	Current Status	Plans
Diverting individuals with mental illness from ERs and Jails	<ul style="list-style-type: none"> • We currently have an MCOT staff on site 24 hours a day, 7 days a week at the PETC who is ready to deploy into the community or assess clients as walk in's occur. This awake staff was added this past planning cycle in an effort to better respond to community need 	<ul style="list-style-type: none"> • In addition to the activities currently in process to divert individuals with mental illness from ERs and Jails, Tri-County will continue to monitor the effects of these diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and

Local Priority	Current Status	Plans
	<p>and to reduce response and wait times for both individuals served and other community providers.</p> <ul style="list-style-type: none"> • We currently contract with law enforcement officers who are located at the PETC to reduce the burden on law enforcement. • Tri-County has added a staff at the Montgomery County Jail since the last planning cycle to serve as a liaison between Tri-County and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment. • Tri-County recently received funding to provide a Crisis Intervention Response Team (CIRT) which will pair law enforcement with a licensed mental health clinician and will help our clinicians to respond to situations that were not previously accessible due to safety concerns. 	<p>innovative ways to capture data which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated.</p>
Stronger community relations	<ul style="list-style-type: none"> • Tri-County continues to hold regular meetings with key stakeholders involved in Crisis response and Jail diversion. 	<ul style="list-style-type: none"> • Continued collaboration with the criminal justice system to identify individuals with mental illness and continue to provide alternatives to

Local Priority	Current Status	Plans
	<ul style="list-style-type: none"> • Tri-County continues to build relationships with local Schools in order to collaborate and wrap around children and adolescents at high risk. Participation in the Community Resource Coordination Groups and provision of Youth Mental Health First Aid are two such examples. 	<p>incarceration in all three counties.</p> <ul style="list-style-type: none"> • Continue to collaborate with hospital, court and law enforcement staff to reduce the burden on local ERs and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible. • Continue to provide opportunities for collaboration and education to the community to enhance knowledge about mental illness, how to access services, and who might be appropriate. Examples may include courses such as Youth Mental Health First Aid, as well as continuing to educate the community on how to access services as well as eligibility criteria.
Integrated Care	<ul style="list-style-type: none"> • Tri-County currently provides outpatient Substance abuse treatment services to both Adults and Youth • Tri-County currently provides basic integrated physical healthcare to individuals with mental illness seeking assistance through Tri-County to maintain their basic physical healthcare 	<ul style="list-style-type: none"> • Continue to focus on opportunities to continue to enhance and expand integration of co-occurring services (i.e. substance abuse and integrated healthcare) into mental health treatment • Continue to seek local opportunities for Substance Abuse detox and/or residential services.

Local Priority	Current Status	Plans
	needs	

III.D Priorities for System Development

Development of the local plans should include a process to identify local priorities and needs, and the resources that would be required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This will build on the ongoing communication and collaboration LMHAs have with local stakeholders, including work done in response to the 2015 Crisis Needs and Capacity Assessment. The primary purpose is to support local planning, collaboration, and resource development. The information will also provide a clear picture of needs across the state and support planning at the state level. Please provide as much detail as practical for long-term planning.

In the table below, identify your service area's priorities for use of any new funding for crisis and other services. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

- Assign a priority level of 1, 2 or, 3 to each item, with 1 being the highest priority.
- Identify the general need.
- Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable.
- Estimate the funding needed, listing the key components and costs. For recurring/ongoing costs (such as staffing), state the annual cost.

Priority	Need	How resources would be used (brief)	Estimated Cost
1	Detox Beds	Purchase Inpatient Detox beds from a provider in Harris County	<i>\$550 per day *700 beddays- \$385,000</i>

Priority	Need	How resources would be used (brief)	Estimated Cost
2	Mental Health Deputy Program, Liberty County	Funding would be provided to Liberty County Sheriff's office to pay for two staff. Liberty County would pick up all other charges. Staff would be dedicated to MH calls and needs.	<i>\$165,000</i>
3	Jail Liaison Expansion	Identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area.	<i>\$170,000</i>
4	CIRT Expansion	Identify four licensed mental health clinicians to contract with two trained law enforcement officers in coordination with at least two additional law enforcement entities within our catchment area.	\$380,000

Appendix A: Levels of Crisis Care

Admission criteria – Admission into services is determined by the individual’s rating on the Uniform Assessment and clinical determination made by the appropriate staff. The Uniform Assessment is an assessment tool comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the Uniform Assessment module items of Risk Behavior (Suicide Risk and Danger to Others), Life Domain Functioning and Behavior Health Needs (Cognition) trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, the Mobile Crisis Outcome Team (MCOT), or other crisis services.

Crisis Residential – Up to 14 days of short-term, community-based residential, crisis treatment for individuals who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and who are demonstrating psychiatric crisis that cannot be stabilized in a less intensive setting. Mental health professionals are on-site 24/7 and individuals must have at least a minimal level of engagement to be served in this environment. Crisis residential facilities do not accept individuals who are court ordered for treatment.

Crisis Respite – Short-term, community-based residential crisis treatment for individuals who have low risk of harm to self or others and may have some functional impairment. Services may occur over a brief period of time, such as 2 hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid mental health crisis. Crisis respite services are both facility-based and in-home, and may occur in houses, apartments, or other community living situations. Facility based crisis respite services have mental health professionals on-site 24/7.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis situation and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse. (TRR-UM Guidelines)

Crisis Stabilization Units (CSU) – Crisis Stabilization Units are licensed facilities that provide 24/7 short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected, clinically staffed, psychiatrically supervised, treatment environment that complies with a Crisis Stabilization Unit licensed under Chapter 577 of the Texas Health and

Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code. CSUs may accept individuals that present with a high risk of harm to self or others.

Extended Observation Units (EOU) – Emergency services of up to 48 hours provided to individuals in psychiatric crisis, in a secure and protected, clinically staffed, psychiatrically supervised environment with immediate access to urgent or emergent medical and psychiatric evaluation and treatment. These individuals may pose a moderate to high risk of harm to self or others. EOUs may also accept individuals on voluntary status or involuntary status, such as those on Emergency Detention. Individuals on involuntary status may receive preliminary examination and observation services only. EOUs may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital.

Mobile Crisis Outreach Team (MCOT) – Mobile Crisis Outreach Teams are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) and Associated Projects – There are multiple psychiatric emergency services programs or projects that serve as step down options from inpatient hospitalization. Psychiatric Emergency Service Center (PESC) projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA funding.

Psychiatric Emergency Service Centers (PESC) – Psychiatric Emergency Service Centers provide immediate access to assessment, triage and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC are staffed by medical personnel and mental health professionals that provide care 24/7. PESC may be co-located within a licensed hospital or CSU, or be within close proximity to a licensed hospital. PESC must be available to individuals who walk in, and must contain a combination of projects.

Rapid Crisis Stabilization Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Agenda Item: Mental Health Quality Management (MH QM) Plan Committee: Program	Board Meeting Date February 25, 2016
<p>In 2006, Tri-County split the Center’s Quality Management Plan into a plan for mental health services and a plan for intellectual and developmental disabilities (IDD) services due to increasingly different expectations for quality management activities in the contracts for Department of State Health Services (DSHS) and Department of Aging and Disability Services (DADS).</p> <p>As a part of the planning activities for persons with mental health conditions which were undertaken this year, the MH Quality Management Plan was reviewed and updated as necessary to ensure compliance with DADS contract requirements and Texas Administrative Code (TAC). This plan will remain in effect for two years unless a program change requires the plan to be revised.</p>	
Supporting Documentation: Mental Health Quality Management Plan for Fiscal Years 2016 - 2017	
Recommended Action: Approve the Mental Health Quality Management Plan for Fiscal Years 2016 - 2017	



Tri-County Behavioral Healthcare

Mental Health Quality Management and Utilization Management Plan For Fiscal Years 2016-2017 Revised 2.18.16

Evan Roberson, Executive Director

Date

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INTRODUCTION

The Mental Health Quality Management and Utilization Management (MH QM/UM) Plan is a document written to provide a framework of activities designed to ensure that individuals, who are receiving assistance through Tri-County Behavioral Healthcare (Tri-County), are receiving quality services provided by culturally competent and adequately trained staff in a manner that is financially viable.

The MH QM/UM Plan is guided by Tri-County's stakeholders, the performance contract between Tri-County and the Texas Department of State Health Services (DSHS), the Board of Trustees, the Center's Local Plan, East Texas Behavioral Healthcare Network (ETBHN), the Mental Health Planning Network Advisory Committee (MHPNAC) and the Regional Planning Network Advisory Committee (RPNAC). The Utilization Management Department is under the direction of the Utilization Management Psychiatrist and in consultation with the MH QM/UM committee, assumes responsibility for the UM activities of the Center.

The Quality Management and Utilization Management Departments work closely with program managers and direct service staff to ensure that they are compliant with contract requirements and State regulations. We are constantly measuring, assessing and striving to improve our local authority functions to ensure that our stakeholders receive the highest quality of services possible while maintaining contract compliance. The accuracy, consistency and timeliness with which service provision information is provided to DSHS are key focuses of our Quality Management and Utilization Management programs.

MISSION, VISION AND PHILOSOPHY STATEMENT

Mission

Our mission is to ensure the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities to enhance the quality of life in our community.

Vision

Our vision is to develop a mental health and developmental disabilities care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community.

To achieve our vision, we will partner with the community to:

- Expand the availability of new and existing resources; and
- Assure the availability of technically and culturally competent staff

Philosophy/Values

The CORE Values of Tri-County Behavioral Healthcare are:

<i>Commitment</i>	We are committed to honesty and integrity
<i>Optimism</i>	We are optimistic about the future of those we serve and for Tri-County
<i>Respect</i>	Everyone deserves to be treated with dignity and respect
<i>Excellence</i>	We will strive for excellence in all that we do

MISSION OF THE QUALITY/UTILIZATION MANAGEMENT DEPARTMENTS

The mission of the Quality/Utilization Management Departments is to ensure that the highest possible quality of services is provided to our stakeholders while also ensuring the provision of cost effective and timely services provided in the most appropriate settings.

DIRECTION OF THE QUALITY/UTILIZATION MANAGEMENT PROGRAMS

The Quality/Utilization Management Programs focus on a systematic, objective, and continuous process for monitoring, evaluating, and improving the quality, cost effectiveness, appropriateness, and timeliness of service delivery systems within our organization. The QM/UM Program assists Tri-County in assuring existing standards of care are met, accurate information is reported to DSHS as requested, and provides the framework to obtain feedback from stakeholders on the manner in which the Center conducts its business.

MENTAL HEALTH AUTHORITY RESPONSIBILITIES

Tri-County continues to ensure that we are developing and managing a network that offers individual choice to the highest extent possible. Tri-County contracts with outside providers when practical. Contractors are required to meet the same professional qualifications as Center employees. The East Texas Behavioral Healthcare Network, our local Mental Health Planning Network Advisory Committee, and the Regional Planning Network Advisory Committee provide best value analysis for Center services. In addition, we analyze Cost Accounting Methodology data and Medicaid Administrative Claiming results to identify areas where improvements are needed.

To expand our service capacity, Tri-County is actively writing grants and pursuing service contracts. We are also actively pursuing fundraising opportunities and soliciting donations. Additionally, Tri-County is constantly analyzing and improving productivity so that more services can be provided with existing resources.

ACCREDITATION

Tri-County is currently in the preparation phase toward achieving accreditation with a nationally recognized accreditation organization. Tri-County is pursuing accreditation as we feel that this will help us align our standards with national best practice standards and will provide us with ongoing up-to-date information on national changes to these standards. Once accreditation is achieved, the goals listed in accredited program areas of this plan will be adjusted to incorporate accreditation standards and monitoring activities. During this transition phase, it may be necessary to adjust the goals, however Tri-County is committed to providing continuous quality monitoring, assessment, feedback and improvements during this transition. The Quality Management Department will continue to ensure that frequent quality assurance reviews continue to be conducted by managers in lieu of a formal review process and that these reviews continue to be submitted to the quality management department for review. Quality Management staff continue review records from varying departments on a regular basis and look to provide feedback to managers and staff related to fidelity to evidence based practice, medical necessity including appropriateness of level of care, fidelity to State assessments, follow up, referrals, safety, and other general quality care issues. Quality staff are also involved in an ongoing process to ensure that appropriate trainings are filed in staff HR files and there is a continued focus on assisting our Center make enhancements to provide person centered recovery focused services for those we serve. Additionally, Quality staff work closely with Utilization Management staff to continue to monitor performance measures and other quality data that can help us monitor outcomes, identify patterns and make needed improvements to our system.

GOALS OF THE QUALITY AND UTILIZATION MANAGEMENT PROGRAMS

The goals of the Quality Management and Utilization Management Programs are designed to ensure that Tri-County's QM and UM activities are measuring the key elements of the Center's mental health services. These goals are meant to be a foundation for the QM and UM Departments and are not intended to be the only activities of the department.

GOALS OF THE QUALITY MANAGEMENT PROGRAM

Goal 1: Direct the internal MH program review process to consistently, effectively and efficiently monitor and evaluate the provision of mental health services.

Performance Standards:

Participate in internal program reviews throughout the year and produce reports for programs reviewed.

Measurable Activities:

1. Update, as necessary, all program review tools to be in compliance with the Texas Administrative Code (TAC), fidelity to the current evidenced based practice model, Medicaid rules, state performance contracts, and other applicable guidelines.
2. Complete program review for selected service programs annually.
3. Provide feedback to reviewed programs that include department strengths, weaknesses and recommendations for improvement.
4. Provide the MH program review report to program managers and the Management Team **upon** completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from program reviews to the Mental Health Quality Management/Utilization Management Committee (MH QM/UM), for evaluation.
7. Continually review the MH program review process and make modifications as needed to ensure that the process is measuring critical program elements.

Outcomes:

1. All tools used in program review are being reviewed and updated, as necessary, prior to each review.
2. Reports are completed for each reviewed program and are shared with program managers for their input before being presented to the Management Team.
3. Reports have been provided **upon** completion.
4. The QM Department has followed up with program managers regarding their plan of correction as needed.

5. Program managers have provided training to program staff when weaknesses are noted during the program review.
6. Program managers continue to conduct frequent chart reviews, enabling them to better identify and assess the strengths or weaknesses of their staff in completing treatment plans, progress notes and other areas of concern.
7. The QM Department has presented program results for evaluation, as necessary, at the MH QM/UM meetings.

Goal 2: Successfully coordinate the Center's organizational self-assessment activities as a part of the ongoing evaluation and monitoring process of Tri-County Behavioral Healthcare.

Performance Standards:

1. At intervals designated by DSHS, ensure that organizational self-assessment activities are completed and submitted.
2. At intervals designated by DSHS, ensure that applicable improvement plans are completed, submitted, and reviewed.

Measurable activities:

1. Track required plans of improvement.
2. Involve non-program staff in monitoring activities.

Outcomes:

1. Plans of improvement are monitored as required.
2. Non-program staff continue to be involved in monitoring activities.

Goal 3: Support Tri-County in meeting or exceeding all applicable requirements and standards.

Performance standards:

1. Review all new Texas Administrative Codes (TAC) that apply to services to persons with mental health disorders.
2. Assure that appropriate staff are notified of changes to the TAC and understand how to access it online.
3. Review Tri-County's Policies and Procedures on a regular basis.

Measurable results:

1. Review all new TAC that comes into the agency within two (2) weeks of receipt.
2. Copy and distribute relevant TAC to programs within two (2) weeks of review.

3. Look at training materials for each program, as part of program reviews, to ensure programs have included the most current TAC, contract requirements and related memorandum of understanding (MOU).

Outcomes:

1. The QM Department reviews all new TAC within two (2) weeks of receipt.
2. The QM Department continues to copy and distribute all new TAC to appropriate programs within two (2) weeks.
3. The QM Department will review personnel files of staff to ensure initial and on-going trainings are complete and the personnel files contain the appropriate certificate when necessary. The QM Department reviews Policies and Procedures and makes revisions and/or recommendations for revisions when necessary.

Goal 4: To ensure individuals served are treated with dignity and respect.

Measurable activities:

1. Monitor all allegations of abuse, neglect and exploitation.
2. Ensure relevant training is provided to staff when trends are noted.
3. Ensure all individuals are provided with a copy of the rights handbook and that it is explained to them in a way they understand, and is documented in the individual's clinical record.
4. Ensure that all staff know who to contact in the event of an allegation of abuse, neglect or exploitation.
5. Investigate all rights complaints in a timely manner and ensure that these complaints are handled with confidentiality.
6. Make reasonable improvements to programs resulting from complaints.

Outcomes:

1. The Rights Protection Officer monitors, reports on, and makes recommendations to management regarding abuse, neglect and exploitation allegations and investigation results.
2. Training sessions continue to be provided to TCBHC program staff and select contract staff intermittently and in response to allegations of abuse, neglect and exploitation, as needed.
3. Individuals are provided with rights booklets upon admission, as well as annually, and documentation of this provision continues to be monitored.
4. During internal review audits staff are asked questions related to how, where and when to report events of abuse, neglect and exploitation. The ability of staff to answer these questions correctly assists the Quality Management Department identify areas to target for additional training/education.

5. All complaints continue to be handled with confidentiality and in a timely manner.
6. The Rights Protection Officer and the program managers have worked well together in ensuring complaints are taken seriously and reasonable changes are made as a result of complaints, when necessary.

GOAL OF THE UTILIZATION MANAGEMENT PROGRAM

Goal 1: To ensure that Tri-County is in compliance with DSHS approved Utilization Management Guidelines and DSHS contract requirements.

Performance Standards

1. Assure that appropriate individuals are provided with notice of their right to appeal.
2. Assure that service delivery outcomes for both children and adults are meeting targets specified by DSHS.
3. Assure effective management of clinical and financial resources and ongoing improvement of the UM process.
4. Assure effective management of authorizations and reauthorizations of local care for outpatient services, to ensure that they follow processes and procedures set forth in the DSHS approved UM guidelines.
5. Assure that continuity and coordination of services among mental health community service providers is monitored according to the DSHS approved UM guidelines.
6. Assure that the MH QM/UM committee meets at least quarterly.
7. Assure compliance with the DSHS Submission Calendar.

Measurable Activities

1. Monitor and review Center appeals information.
2. Ensure that service delivery outcomes for both children and adults are meeting targets specified by DSHS.
3. Maintain contact with program managers to provide feedback on performance measures.
4. Monitor services that are authorized and reauthorized to ensure that these services are provided in a timely manner and are deemed medically necessary and appropriate to the individual's level of care and/or level of need.
5. Ensure that individuals served are appropriately linked to outside community and mental health services when such needs arise.
6. Ensure that contract requirement information is provided to the Junior Utilization Management Committee (JUM) and the Mental Health Quality Management/Utilization Management (MH QM/UM) Committee for review on a consistent basis.
7. Monitor the DSHS Submission Calendar and notify staff of upcoming submission dates to ensure timely entry to the State.

Outcomes

1. The UM Department continues to review and monitor all Center appeals as specified by the UM guidelines and maintains proper communication with individuals when necessary.
2. The UM Department continues to review and monitor service delivery outcomes for both children and adults to ensure targets identified by DSHS are being met.
3. The UM Department continues to maintain contact with program managers to provide feedback on performance measures on a regular basis.
4. The UM Department continues to monitor authorizations and reauthorizations to ensure that services are being provided in a timely manner, are medically necessary and are appropriate to the individual served.
5. The UM Department continues to monitor continuity and coordination of services among community service providers.
6. The UM Department continues to provide the Center's progress with performance measures at the JUM and MH QM/UM committee meetings for review on a regular basis.
7. The UM Department continues to monitor the DSHS Submission Calendar and notifies the staff of entries due on a monthly basis.

QUALITY RELATED RESPONSIBILITIES - MANAGEMENT AND COMMITTEES

Tri-County is dedicated to promoting a team approach to serving persons with mental illness. Tri-County continues to work diligently at increasing the lines of communication between levels of management, quality related committees and all staff. We continue to strive to enrich the lives of individuals served and their families. Although we adhere to the team philosophy, there must also be individuals and groups of people identified to focus on specific aspects of the Center. Individual, group and committee responsibilities at Tri-County are:

The Board of Trustees:

- Responsible for the provision of a comprehensive program of services related to mental health and intellectual and developmental disabilities in its service area.
- Strives to obtain the highest quality of service for the lowest cost.
- Establishes services for mental health and intellectual and developmental disabilities directly, and/or through contractual arrangements stressing accessibility, availability, acceptability, and continuity of care, based on the financial capability of the Center.
- Develops and executes plans for the continued financial stability and the acquisition of adequate resources to accomplish the purposes and objectives of the Center.
- Establishes an on-going quality management program that provides for appropriate review systems which monitor client care.

- Reviews monthly reports of programmatic and fiscal activities.
- Promotes the goals and objectives of the Center to the community by utilizing the media and other forms of communication.

The Executive Director:

- Ensures the Executive Management Team (Management Team) implements, oversees and reviews Quality Management activities.
- Ensures the Management Team receives and evaluates internal and external reports for Quality Management activities.
- Ensures that program operations and Policies and Procedures are in compliance with local, state and federal statutes and regulations.
- Evaluates and monitors Quality Management performance outcomes to ensure compliance with the QM plan.
- Appoints members to agency committees.
- Ensures that Center goals and objectives are developed annually and that progress toward goals is monitored on at least a quarterly basis.
- Implements Board Policies through the development of operational procedures.
- Responsible for overall operations of the Center and compliance with the Performance Contract.

The Management Team:

The Management Team consists of the Executive Director, Chief Financial Officer, Medical Director, Director of Quality Management and Support, Director of HR and HRD, Behavioral Health Director, Director of Crisis Services, Director of IDD Authority Services, Director of IDD Provider Services and the Director of Management Information Systems. The Management Team meets weekly **as able** and is responsible for:

- Implementing, overseeing and reviewing Quality Management activities.
- Reviewing and evaluating internal and external reports for Quality Management activities.
- Reviewing committee reports to ensure that issues related to individual's needs are properly addressed.
- Monitoring and assuring compliance to all contract requirements, standards and codes.
- Ensuring that changes in contract and standards are provided to the relevant program staff.
- Serving as liaisons to all agency committees.
- Reviewing key service indicators and outcomes at least quarterly.
- Reviewing financial reports on a monthly basis.
- Monitoring **quarterly** risk data related to employees and individuals served.
- Monitoring results of internal program review audits as well as plans of improvement.

The Administrator of Quality Management:

The Administrator of Quality Management's duty, in cooperation with the Management Team, is to ensure oversight of a quality management plan that describes the on-going method for assessing, coordinating, communicating, and improving the quality management functions, processes and outcomes of the Center. The Administrator of Quality Management:

- Co-chairs the Mental Health Quality Management/Utilization Management Committee.
- Serves as a member of the Junior Utilization Management Committee.
- Serves as a member of the Corporate Compliance Committee.
- Serves as a member of the Infection Control Committee.
- Serves as a member of the Mental Health Planning Network Advisory Committee.
- Serves as a member of the Regional Planning Network Advisory Committee.
- Coordinates activities and information between the Quality Management and Utilization Management programs.
- Works closely with the Administrator of Utilization and Risk Management and mental health program managers to measure, analyze and improve service capacity and access to services.
- Provides the Management Team with reports so they can oversee and review Quality Management activities.
- Completes all program review audits for a representative sample of programs at least annually.
- Assists the Rights Protection Officer with monitoring trends in client abuse, neglect and exploitation and assigns follow-up responsibilities to appropriate staff.
- Serves as the Center's Primary Random Moment in Time Study (RMTS) Contact. Develops and ensures stakeholder surveys are distributed in all three local service areas on at least an annual basis and monitors results of program specific surveys.
- Monitors the Performance Contract for compliance.
- Assists the Management Team in accreditation preparation activities.

Administrator of Utilization and Risk Management:

The Administrator of Utilization Management and the Administrator of Quality Management work closely together on the effectiveness in meeting goals and contract requirements in different programs. The Director of Quality Management for Tri County is a Licensed Professional Counselor (LPC) and has had over seven years of clinical experience working with both the child and adult populations and serves as the Utilization Manager as outlined in the DSHS performance contract. The Administrator of Utilization and Risk Management:

- Co-chairs the Mental Health Quality Management/Utilization Management Committee.
- Serves as a member of the Junior Utilization Management Committee.
- Serves as a member of the Regional Utilization Management Committee.

- Serves as the Utilization Director **with oversight from the Utilization Manager**.
- Monitors and tracks the performance targets for our Center.
- Reviews aggregate critical incident data for mental health services and ensures it is reported to DSHS in a timely manner.
- Oversees Center Risk Data and reports trends to Management Team as necessary.
- Works closely with the Administrator of Quality Management and mental health program managers to assure cost effective, timely and appropriate service provisions.
- Monitors the Performance Contract for compliance.

Rights Protection Officer:

- Receives and follows up on complaints until there is resolution.
- Assists the Administrator of Utilization Management with various appeal processes and discharge reviews, as needed.
- Chairs the Rights Review Team.
- Monitors rights, abuse, safety, and health data for trends, and provides information to the Management Team on at least a quarterly basis.
- Assists with the completion of **internal** audits, as needed.

Rights Review Team (RRT):

The Rights Review Team has been established to assist the Rights Protection Officer with protecting, preserving, promoting, and advocating for the health, safety, welfare, legal, and human rights of individuals served, as needed. The RRT members include the Center's Rights Protection Officer, and two members who have knowledge of current behavior management strategies. Other persons may be included at the meetings, as necessary, to conduct business. The RRT is responsible for:

- Ensuring due process for when a limitation of rights is being considered.
- Meeting as necessary, to conduct business.
- Reviewing behavior modification plans to ensure that rights are protected.
- Reviewing medication changes for some individuals served, if necessary.

Recommendations from the RRT are submitted to the Management Team when adverse trends, patterns or barriers are identified.

Safety Committee:

In conjunction with the Safety Officer, the Safety Committee creates, implements, and maintains a system of tracking, and reporting. The Safety Committee meets at least quarterly and as often as necessary to conduct business.

Infection Control Committee:

The Infection Control Committee has been established and charged with the responsibility for **surveillance** (the continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control),

prevention (strategies to reduce the probability of an individual acquiring an infection), and **control** (preventing the transmission of identified infections) of infections. The Infection Control Committee, under the guidance of the Medical Director, has the authority to institute any surveillance, prevention, and control measures if there is reason to believe that any individual served or staff member is at risk.

Risk Management Team:

The Comprehensive Risk Management Team is responsible for the development, implementation, support, monitoring, and evaluation of the comprehensive Risk Management Program. Executive management staff serve as permanent members of this team, with additional staff serving on an as needed basis. Information on rights and abuse is presented to the Risk Management Team on a regular basis. This team meets weekly **as able** or as often as is necessary to conduct its business.

Mental Health Quality Management/Utilization Management Committee (MH QM/UM):

The MH QM/UM Committee has a multidisciplinary membership. The Administrator of Quality Management and the Administrator of Utilization Management are the committee chairs. Members include the Medical Director, the Director of Management Information Services, the Billing Coordinator, the Chief Financial Officer, the Rights Protection Officer and representatives from Adult MH services, Child and Adolescent services, Medication services, and Crisis and Assessment services. Members may send a designated staff from their department when appropriate. A Management Team member also attends the meetings and acts as a liaison with the Management Team. The committee will meet at least quarterly. To fulfill its responsibility, the MH QM/UM committee will:

- Review data for MH services, complaints from individuals served, deaths of individuals served, abuse/neglect allegations, incident reports, safety committee recommendations, program satisfaction surveys, and any other data or reports that reflect compliance with quality standards.
- Review clinical records from MH programs as part of a more comprehensive record review to ensure that all required documentation is present in the chart.
- Provide program information about the types of problems found in charts that were reviewed so that **process**/performance issues can be corrected.
- Review any recommendations of the local Mental Health Planning Network Advisory Committee (MHPNAC) and participate in and submit information to the Regional Planning Network Advisory Committee (RPNAC) as needed.
- Review results of **internal** audits **as indicated**.

After review of the above, the MH QM/UM Committee will determine whether there are indications that changes are needed in the delivery of services, to policies and procedures or to the training needs of staff. The committee's Management Team member will be responsible for presenting the committee recommendations to the Management Team for review and approval.

The MH QM/UM Committee's duty is also to ensure the Center is effectively managing its clinical resources and improving the efficiency of the UM process. To fulfill its responsibility, the MH QM/UM Committee will:

- Review reports that address eligibility determination, level of care assignment, service authorization and reauthorization, staff productivity, inpatient admissions, and cost of services.
- Monitor performance in relation to DSHS defined contract performance including targets, performance measures and outcomes.
- Review summary level appeal information.
- Make recommendations to managers, as necessary, regarding changes to the current service delivery and/or data collection system to ensure timely and efficient adherence to required performance measures, including outcomes.
- Make recommendations, as necessary, to the Management Team on how to efficiently and effectively meet the requirements for various contracts.
- Propose consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources.

Junior Utilization Management Committee (JUM):

The Director of Quality Management Support chairs this committee. The Junior Utilization Management Committee (JUM) consists of the Administrator of Utilization and Risk Management, the Administrator of Quality Management, the Manager of Management Information Services, Reimbursement and Service Analyst and other agency staff as needed. The JUM meets multiple times a month (usually 3) to analyze factors that might be affecting Tri-County's ability to meet contract performance expectations. To fulfill its responsibilities, the JUM Committee:

- Reviews a list of contract expectations and performance up to the date of the meeting.
- Updates the JUM Log (a document that is accessible to all managers, that reflects agency performance on target measures).
- Sends emails to managers of programs that are below contract expectations informing them of program areas that are not in compliance with contract expectations.
- Reviews contract due dates and sends reminders to staff about upcoming contract deadlines.
- Creates custom reports for problem areas so staff can be more knowledgeable about factors that are affecting contract compliance.
- Scrutinizes data that is submitted to determine possible data problems that might be affecting performance.
- Invites program managers to present compliance concerns to the committee so that the JUM can assist with problem-solving activities.

Software Management Team (SMT):

As part of the upkeep of our clinical software, Tri-County developed a team of staff dedicated to improving our software to reflect complete and accurate data. The Software Management Team meets **as needed** to review software issues and to correct the billing and data issues that arise from time to time. The team's focus is to ensure that the software meets the needs of our clinical staff and that our data meets both internal and external reporting requirements.

Grid Review Team (GRT):

- Sets up encounter data modalities to ensure correct submission to DSHS.
- Reviews the Chargemaster Report to ensure that charges are accurate and up to date.
- Reviews the MH service array to ensure that we are in compliance with the performance contract.
- Reviews service code definitions to ensure that they are in line with the service array and the Performance Contract.
- Meets **annually** and/or as needed.

Corporate Compliance Committee:

The Corporate Compliance Officer chairs this committee. The Corporate Compliance Committee is comprised of the Corporate Compliance Officer, the Administrator of Quality Management, the Administrator of Utilization and Risk Management, the Behavioral Health Director, the Chief Financial Officer, the Billing Coordinator, the Director of HR and HRD **and the Director of Information Systems**. The Corporate Compliance Committee is scheduled to meet at least quarterly, but the meetings may be scheduled more frequently as determined by the existing needs of the Center.

The Corporate Compliance Committee is responsible for reviewing corporate compliance issues on both a systems level and an individual provider level to determine whether there are changes that the Center needs to make to ensure compliance with rules and laws related to ethics, service and/or billing. To fulfill its responsibility, the Corporate Compliance Committee will:

- Provide oversight of the Center's Corporate Compliance Plan.
- Review results of internal and external audits and make recommendations for corrective actions (i.e. changes to policies and procedures, staff training) as necessary to assure compliance with federal funding rules.
- Coordinate information and actions with the Mental Health Quality and Utilization Management Committee.
- Review findings of any Corporate Compliance investigations.
- Assure that staff are provided education regarding corporate compliance issues at least quarterly.
- Evaluate the Chargemaster Report which is completed by the Grid Review Team at least annually.

- Review Corporate Compliance Programs of Tri-County's large contractors who do not wish to participate in the Tri-County Compliance Program.
- Review the Corporate Compliance Action Plan at least annually to determine if modification or additions are needed.
- Report all Corporate Compliance allegations, findings and dispositions (e.g. increased employee training, termination of employment, corrected billing/financial reports) to the Board of Trustees on at least a quarterly basis.

Mental Health Planning Network Advisory Committee (MHPNAC):

The purpose of the MHPNAC is to advise the Board of Trustees on planning, budget and contract issues, as well as the needs and priorities for the service area. Members are appointed by the Board of Trustees and represent persons with Mental Illness. The MHPNAC is charged with providing input for the Local Plan regarding local needs and best value. One member of the MHPNAC is asked to sit on the Regional Planning Network Advisory Committee (RPNAC) for the East Texas Behavioral Healthcare Network. Staff from Tri-County serve as ex-officio members of the MHPNAC to provide support and information, as necessary and appropriate, for the MHPNAC to conduct its business. Ex-officio members have a voice, but no vote at MHPNAC meetings. Tri-County will **make a concerted effort to** replace MHPNAC members within 3 months of their leave. The MHPNAC is always given the opportunity to make recommendations to the Board through the Board liaison or the Director of Organizational Support. The responsibilities of the MHPNAC include, but are not limited to:

- Advising the Board of Trustees on planning, budgeting, and contract issues, as well as the needs and priorities in Tri-County's service area.
- Obtaining stakeholder input on service needs and delivery and presenting this information to the Board of Trustees and the Executive Director.
- Assisting with advocacy projects related to individuals served and/or the Center.
- Reviewing and providing input on the Local Plan.
- Assisting in promoting Tri-County in the community through education efforts, presentations and contact with key community and political leaders.
- Meeting at least 6 times a year.
- Providing an annual report to the Board of Trustees.

Regional Planning Network Advisory Committee (RPNAC):

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 made up of at least one (1) MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members, and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC members who are on the RPNAC, Leadership staff and Quality Management staff work with other ETBHN Centers to meet the following goals:

- To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership.
- To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices.
- To maintain a process by which unacceptable outcomes, processes and practices can be identified.
- 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.

SUBSTANCE ABUSE SERVICES

Selective, Preventative Youth Substance Abuse Services (YPS)

Tri-County began providing substance abuse education classes to youth who were at risk of substance abuse in our three county service area in Fiscal Year 2009. The YPS program uses the Rainbow Day's Kid's Connection (ages 6-11) and Youth Connection (ages 12-17) evidence based curriculum to provide education to 'at risk' children in Liberty, Montgomery and Walker Counties. The Rainbow Days curriculum is a Curriculum-Based Support Group (CBSG) which has been approved by the Department of State Health Services (DSHS) to be presented in schools, after-school programs, head start programs, and other community-based settings. Tri-County provides services in a variety of environments but services will primarily be provided in area Elementary, Intermediate, Junior High and Senior High Schools to children that the schools feel are appropriate for the program. Other potential service locations include homeless shelters, family violence shelters and after-school youth service programs.

As required by the Department of State Health Services contract, all Tri-County policy and procedure that governs security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed for the YPS program.

The program will provide participants with the opportunity to complete a satisfaction questionnaire at the conclusion of YPS services. These questionnaires and other data from the program will be reviewed during internal program review audits and by the Center's MH QM/UM Committee, as needed.

The program staff will report YPS performance target numbers to the JUM Committee and MH QM/UM Committee and these committees will monitor quarterly performance as required by DSHS. If a waiting list has to be started for the program, this information will also be shared with these committees who will review the information to ensure fairness and equity in the access services.

Tri-County's Utilization Management staff will assist program staff with the completion of these activities and results will be reported to the Tri-County Management Team for

review. Additional audit requests will be completed by Tri-County Quality Management staff in cooperation with program staff. Plans of improvement and supporting documentation will be submitted to DSHS as required. Plans of improvement will be monitored by the Utilization Management and/or Quality Management Departments. If DSHS makes specific recommendations related to staff training, self-monitoring activities or CMBHS performance reports, Tri-County staff will implement required changes.

Substance Abuse Treatment Program (SATP)

After receiving local funding and state licensure for 12 adult slots in 2009, Tri-County implemented a substance abuse treatment program and later gained licensure for 12 additional slots to include adolescents. Currently, Tri-County holds state licensure for 180 slots for both adults and adolescents. In June 2010, Tri-County was awarded state funding to provide adult and youth outpatient substance abuse treatment services including treatment of individuals having Co-occurring Psychiatric and Substance Abuse Disorders (COPSD).

The Substance Abuse Treatment Program Managers for both Adults and Youth are LCDCs with two years of supervised post-licensure experience. In the outpatient Substance Abuse Treatment program (SATP) at Tri-County, individuals participate in group processing, education on addiction through lectures, films, books, and pamphlets, and support groups. Tri-County's substance abuse treatment program is currently utilizing the evidence based practices of the Matrix Intensive Outpatient Model, and Cannabis Youth Treatment (CYT) for adolescents.

As required by the Department of State Health Services contract, all Tri-County policy and procedures that govern security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed for the Substance Abuse Treatment Programs (SATPs).

The Substance Abuse Treatment Programs will be reviewed by the Center's MH QM/UM Committee on a quarterly basis. The program staff will report SATP performance target numbers to the JUM and MH QM/UM Committees and these committees will monitor quarterly performance as required by DSHS. If a waiting list has to be started for the program, this information will also be shared with these committees who will review the information to ensure fairness and equity in the access of services.

Tri-County's Utilization Management staff will assist program staff with the completion of these activities and results will be reported to the Tri-County Management Team for review. Additional audit requests will be completed by Tri-County Quality Management staff in cooperation with program staff. Plans of improvement and supporting documentation will be submitted to DSHS as required. Plans of improvement will be monitored by the Utilization Management and/or Quality Management Departments. If

DSHS makes specific recommendations related to staff training, self-monitoring activities or CMBHS performance reports, Tri-County staff will implement required changes.

GOALS FOR PROVIDING QUALITY MANAGEMENT OF SUBSTANCE ABUSE TREATMENT AND SUBSTANCE ABUSE PREVENTION PROGRAMS

Goal 1: The Quality Management Department will implement a process to monitor Substance Abuse Treatment Program (SATP) services and Youth Substance Abuse Prevention Program (YPS) services for appropriateness, review progress toward goals, monitor compliance with the DSHS Substance Abuse Performance Contract, and ensure a documented process to implement improvements.

Performance Standard:

Conduct an internal **review** of Substance Abuse Treatment services and/or Youth Substance Abuse Prevention services on an annual basis in order to monitor, evaluate and implement needed changes.

Measurable Activities:

1. Update, as necessary, review tools to be in compliance with the DSHS Substance Abuse Performance Contract, The Texas Administrative Code, applicable Memorandums of understanding, and current evidence – based practices (i.e. The Matrix Model, Cannabis Youth Treatment (CYT), Rainbow days, Kids and Youth Connections)
2. Evaluate and assess these programs in the following domains: Documentation, Satisfaction Surveys, Financial, Human Resources, HIPAA Compliance, Performance Outcomes, and Rights, Abuse, Safety, and Health.
3. Provide feedback to reviewed programs that include department strengths, weaknesses and recommendations for improvement.
4. Provide the **findings** report to program managers and the Management Team **upon** completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from **internal** reviews to the Mental Health Quality Management/Utilization Management Committee (MHQM/UM), for evaluation.
7. Continually review the program review process for Substance Abuse Services and make modifications as needed to ensure that the process is measuring critical program elements.

Goal 2: The Quality Management Department will ensure that Substance Abuse Treatment and Substance Abuse Prevention procedures and processes are in compliance with state regulations.

Performance Standard:

Review written procedures applicable to Substance Abuse Treatment and/or Youth Substance Abuse Prevention programs on an annual basis and ensure that all staff review these procedures.

Measurable Activities:

1. Ensure that written procedures are developed and maintained in compliance with the Texas Administrative Code, the Substance Abuse Performance Contracts, and include goals and objectives that relate to the program's mission.
2. Ensure that all staff working in the Substance Abuse Treatment Program and the Youth Substance Abuse Prevention Program are aware of procedural changes and are provided with and read the procedures applicable to their position.
3. Ensure that procedures applicable to substance abuse service provision are reviewed as a part of the internal program review process for substance abuse services.
4. Provide feedback to program managers when there are indications that changes may be warranted.

Note: The structures explained in this Quality Management Plan are used for monitoring assessing, and improving substance abuse services provided at Tri-County Behavioral Healthcare and should be taken into account when reviewing quality management of substance abuse services. These include the following:

- The Use of the MH QM/UM Committee
- Measuring, Assessing and Improving the Accuracy of Data Reported by the Local Authority
- Internal Program Review Process
- Satisfaction Survey
- Stakeholder Involvement and Input
- Staff Development
- Rights, Abuse/Neglect, Safety, and Health Data
- Plan for reducing Confirmed Instances of Abuse and Neglect

Youth Empowerment Services (YES) Waiver

In FY 2016, Under direction from the 83rd Legislature, Tri-County Behavioral Healthcare began providing comprehensive and community-based mental health services to children and youth at risk of institutionalization and/or out-of-home placement due to their serious emotional disturbances. The population served includes children and youth ages three (3) to eighteen (18) that reside in Montgomery, Walker and Liberty Counties. In addition to providing Wraparound services (including Intensive Case Management and

Individual Skills Training) children and youth enrolled in the YES Waiver can receive contracted services including; Respite, Adaptive Aids and Supports, Community Living Supports (CLS), Employment Assistance, Family Supports, Minor Home Modifications, Non-Medical Transportation, Paraprofessional Services, Supportive Employment, Transitional Services and Specialized Therapies including Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational therapy and Nutritional Counseling.

The program manager for the YES Waiver is a Licensed Professional Counselor with over 15 years of experience in the mental health and social services setting. As required by the Department of State Health Services contract, all Tri-County policy and procedure that governs security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed by the YES Waiver program.

The program staff along with various agency committees including JUM and MH QM/UM will monitor YES Waiver performance target numbers as required by DSHS. Tri-County's Utilization Management staff will assist program staff with the completion of these activities and results will be reported to the Tri-County Management Team for review. Additional audit requests will be completed by the Tri-County Quality/Utilization Management staff in cooperation with program staff. Plans of improvement and supporting documentation will be submitted to DSHS as required. Plans of improvement will be monitored by the Quality Management Department. If DSHS makes specific recommendations related to staff training, self-monitoring activities or CMBHS and/or MBOW performance reports, Tri-County staff will implement required changes.

GOALS FOR PROVIDING QUALITY MANAGEMENT OF YOUTH EMPOWERMENT SERVICES

Goal 1: The Quality Management Department will collect data, measure, assess, and work to improve dimensions of performance through focus on the following aspects of care:

- a. **Timeliness of Services**
- b. **Timely Enrollment of Waiver Participants**
- c. **Plans of Care and Statements are based on underlying needs and outcome statements**
- d. **Services are provided according to the Waiver participants Individual Plan of Care**
- e. **Provider participation in child and family and team meetings**
- f. **Assuring development and revisions of Individual Plans of Care**
- g. **Health and Safety risk factors are identified and updated**
- h. **Collection and analysis of critical incident data**
- i. **Providers are credentialed and trained**

- j. Adherence to established procedures
- k. Continuity of Care

Performance Standard:

Quality Management staff will incorporate the above aspects of care into the activities of other agency committees (i.e. Junior Utilization Management, Safety, MH QM/UM Committee) and will continue to collect and review quality assurance of documentation of YES Waiver services in order to monitor, evaluate and implement needed changes.

Measurable Activities:

1. Update, as necessary, review tools to be in compliance with the DSHS YES Waiver contract, the Texas Administrative Code, current evidence based practice and the YES Waiver Policy and Procedures.
2. Evaluate and assess the program according to the aspects of care listed above.
3. Provide feedback to reviewed programs that include department strengths, weaknesses and recommendations for improvement.
4. Provide review reports to program managers and the Management Team upon completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from internal reviews to the Mental Health Quality Management/Utilization Management Committee (MH QM/UM), for evaluation.
7. Continually review the program review process for YES Waiver and make modifications as needed to ensure that the process is measuring critical program elements.

Goal 2: The Quality Management Department will ensure that the YES Waiver procedures and processes are in compliance with state regulations.

Performance Standard:

Review written procedures applicable to the YES Waiver program to ensure that they are in-line with the YES Waiver manual and that all YES staff review these procedures.

Measurable Activities:

1. Ensure that written procedures are developed and maintained in compliance with the Texas Administrative Code, YES Waiver contract, YES Waiver Policy and Procedures and objectives related to the program's mission.
2. Ensure that all staff working in the YES Waiver program are aware of procedural changes and are provided with and read the procedures applicable to their position.
3. Ensure that procedures applicable to YES Waiver are reviewed as a part of the internal program review process for YES Waiver services.
4. Provide feedback to program managers when there are indications that changes may be warranted.

Note: The structures explained in this Quality Management Plan are used for monitoring, assessing and improving YES Waiver services provided at Tri-County Behavioral Healthcare and should be taken into account when reviewing quality management of YES Waiver services. These include the following:

- The Use of the MH QM/UM Committee
- Measuring, Assessing and Improving the Accuracy of Data Reported by the Local Authority
- Internal Program Review Process
- Satisfaction Survey
- Stakeholder Involvement and Input
- Staff Development
- Rights, Abuse/Neglect, Safety, and Health Data
- Plan for reducing Confirmed Instances of Abuse and Neglect

ORGANIZATIONAL MEASUREMENT, ASSESSMENT AND IMPROVEMENT

The Use of the MH QM/UM Committee:

The Administrator of Quality Management is a member of the MH QM/UM, JUM, and Corporate Compliance committees. The Administrator of Quality Management helps ensure that information is passed between each committee, so that each committee can continue to be effective in meeting the quality assurance goals of the agency. These committees analyze data related to the Center's MH and SA services to individuals, standards compliance and financial resources. Through these initiatives, outliers can be determined and improvement plans written. Any needed plans of improvement will be presented to the Management Team and acted upon in a timely manner. The MH QM/UM Committee will ensure implementation and oversight of improvement initiatives.

Measuring, Assessing and Improving the Accuracy of Data Reported by the Local Authority:

Tri-County continues to work on perfecting the data that are used for measurement of our activities. Tri-County employs specific staff who work to ensure that the mapping of our internal procedure codes to the state grid code is correct. Our staff are dedicated to re-evaluating and adjusting our system to improve its efficiency, as necessary. Tri-County batches encounter data to the state on a daily basis so that reports from the DSHS Data Warehouse can be used daily for monitoring our progress toward meeting performance measures. Each day select staff review encounter data warnings so that corrections can be made in Tri-County's clinical system that might affect batching accuracy. Additionally, Tri-County staff are doing the following activities:

- CARE reports used for monitoring performance are sent to JUM members as well as program managers for review.

- The billing department has begun monitoring weekly service reports. In this review, the staff review billing for possible billing errors.
- The billing department looks for diagnosis errors as a part of their weekly billing review.
- Monthly billing suspense reports are provided to clinical staff to correct billing errors. These reports are reviewed by the Software Management Team (SMT) as needed.
- Substance Abuse Prevention and Treatment Data:
 - Data for persons in the Substance Abuse Prevention and Treatment Programs is captured in the Center's local data system (Anasazi), and in the Clinical Management for Behavioral Health Services system (CMBHS) as required by our contracts with the Department of State Health Services. Reports from these systems will be monitored by Tri-County staff to determine accuracy and consistency. Data issues will be addressed as they are found and monthly reports will be provided to the Center's Quality Management and Utilization Management Committee.

Internal Program Review Process:

One of Tri-County's self-assessment initiatives is the program review process. The Administrator of Quality Management, the Rights Protection Officer, and other Quality Management Staff complete this process. Continuously redeveloped to be in line with the current evidence based practice model, and other acceptable guidelines, this internal auditing process looks at each program's compliance with the MH and/or SA Contracts and applicable standards. Program outcomes, quality and satisfaction endeavors, financial reports, personnel development, and compliance with the Health Insurance Portability Accountability Act (HIPAA) are measured in this process. Chart audits, interviews with program staff, interviews with the program manager, interviews with individuals served, inspection of the facilities, review of satisfaction surveys, and review of training materials are all a part of this process. A defined scoring criterion is established to determine each program's score; this score then determines the review level that the program receives. The program score is used to measure progress from one year to the next as well as for comparison within the Center.

Each documentation/chart review conducted by quality management staff takes into account applicable evidenced based practices, appropriateness of placement, adequacy of services provided, and quality of individual continuum of care (continuity of care). Documentation and chart review tools used in this audit are developed from State manuals, current Fidelity Guidelines, DSHS Performance Contract and/or DSHS SA Contracts, relevant Texas Administrative Code and other applicable evidenced based practices. The tools will continue to be changed as necessary to ensure we are measuring compliance with the most current standards and guidelines. The results of each program review audit are shared with the program manager who makes a plan of correction, if necessary, and submits it to the Administrator of Quality Management. A final report is

generated and presented to the Management Team. The Center's MH QM/UM Committee also reviews the results of each program review audit and makes recommendations as needed.

Satisfaction Survey:

The Quality Management Department conducts phone surveys with individuals served during each internal program review in order to monitor and assess satisfaction. Recommendations are made to program managers when indicated. In addition, satisfaction surveys are completed as part of the Center's self-assessment process. Each program has developed its own questionnaire and distributes it to individuals they serve. The results are used to make reasonable changes/improvements to the program. In addition, the Administrator of Quality Management facilitates the distribution of additional satisfaction surveys, on an intermittent schedule and/or as indicated, to further evaluate services.

Stakeholder Involvement and Input:

Area organizations in which Tri-County participates include the Community Resource Coordinating Group (CRCG), Community Resource Coordinating Group for Adults (CRCGA), Montgomery County Homeless Coalition, Montgomery County United Way, Lone Star College Human Services Advisory Committee, Montgomery County Mental Health Treatment Facility Advisory Board, Montgomery County Managed Assigned Counsel Board, the local Mental Health Planning Network Advisory Committee (MHPNAC), Regional Planning Network Advisory Committee (RPNAC), Leadership Montgomery County (Conroe/Greater Conroe Chamber of Commerce), Walker County Leadership Institute (Walker County Chamber of Commerce), Montgomery County Jail Diversion Executive Taskforce, Montgomery County Jail Diversion Work Group, Montgomery County Veteran's Treatment Court, Child Fatality Review Teams from each represented county and Partnership with the Cooperative Extension office. Participating in these groups enables Tri-County staff to network and collaborate with representatives from other area agencies.

We continue to strive to engage individuals we serve, families, providers, advocates, local officials, volunteers, staff, and the general public in planning initiatives. Information needed to ensure Tri-County identifies community values, service needs and priorities for the persons in the Department of State Health Services (DSHS) priority population is obtained in many different ways. Networking and collaborating with community agencies, as well as surveys for obtaining stakeholder input, has helped us to identify service gaps and priorities.

Corporate Compliance:

Tri-County continues to implement and monitor initiatives that are outlined in the Center's Corporate Compliance Policy. Corporate Compliance training is part of the new employee orientation. All employees and the Board of Trustees receive annual training on Corporate Compliance. Mandatory training helps protect the Board of Trustees,

employees of all levels, and contractors against the negative consequences of federal healthcare fraud and abuse. The Corporate Compliance Procedure requires that the Center develop an improved culture of sensitivity and awareness of federal funding requirements and compliance obligations. All Corporate Compliance allegations are investigated and, if needed, corrective action is taken. Corporate Compliance training issues are discussed with employees by their supervisor on a quarterly basis. An executive level staff member continues to be the Corporate Compliance Officer and the Corporate Compliance Committee meets at least quarterly.

To ensure compliance with the Deficit Reduction Act of 2005 (DRA), Tri-County has modified our Corporate Compliance program to include the following:

- The Corporate Compliance Policy has been revised to include:
 - Reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center.
 - Requirement that that training includes information on:
 - The Federal False Claims Act
 - The State Medicaid False Claims Act
 - Qui Tam
- The Corporate Compliance Action Plan was developed to guide the activities of the Corporate Compliance Program at Tri-County.
- The Community Based Services Agreement was modified to specify that contractors with Tri-County had to either:
 - Participate in the Tri-County Compliance program, or
 - Provide their Corporate Compliance information to our committee for review and approval.
- The Corporate Compliance Training was revised to reflect all changes.
- The Agency Employee Handbook was revised to reflect all Corporate Compliance Program changes.

Staff Development:

To ensure the provision of quality services, Tri-County staff receive on-going training. Training is provided to staff using various media. In addition to computer based training, the Training Department also provides a variety of face-to-face training. Included in this training is a Corporate Compliance training review.

As program managers have identified problems or potential problems in their departments, the Coordinator of Training and Education has developed specific CBT modules as well as provided face-to-face specific training to the program staff.

Tri-County staff may also receive training from the Texas Council Risk Management Fund and other regional and statewide conferences. The Training Department ensures that all staff are current on their training and no lapse occurs. The Human Resource Department, in coordination with the Billing Department, ensures that professional clinical staff licensing and credentials are current. Tri-County is committed to on-going

professional training and provides a variety of experts to provide training on such topics as cultural diversity, customer service, responsible care, best practices, and teaching strategies for persons with mental illness and/or substance abuse diagnoses.

It is required by Tri-County that Utilization Management Staff are properly trained and supervised, as required by DSHS or by other policy, law or regulation. It is the responsibility of the Quality Management Department, in consultation with the Utilization Psychiatrist and the Training Department, as necessary, to ensure documentation and supervision are properly maintained.

Rights, Abuse/ Neglect, Safety, and Health Data:

Rights related issues as well as abuse and neglect information is tracked, reviewed and reported on a regular basis through the Rights Protection Officer. Tri-County safeguards the health and safety of individuals served, families and staff through the on-going monitoring and reporting of critical incidents, medication errors, infection control events, maintenance, and safety reports. The MH QM/UM Committee reviews the Critical Incident Reporting (CIR) data quarterly looking for trends in all aspects of the data. If trends are found, improvement plans are requested from the appropriate program. The Safety Committee reviews those incidents involving maintenance and safety issues. The Management Team reviews these reports at least quarterly and takes remedial action as appropriate. Complaints are tracked through all levels of the organization and each complaint continues to be tracked until it is resolved.

When an allegation is confirmed, the Rights Protection Officer, the Administrator of Quality Management, and the appropriate program manager determine what the Center can do to keep incidents from happening again. Occasionally, staff have received more in-depth, face-to-face training on topics such as positive behavior management, customer service, and abuse and neglect. Often these trainings are customized for other programs in an attempt to proactively reduce the incidents of abuse, neglect and exploitation before it occurs.

Plan for reducing Confirmed Instances of Abuse and Neglect:

On a quarterly basis, the Rights Protection Officer presents information relevant to abuse and neglect of persons served. This data includes not only confirmed allegations, but also unconfirmed and inconclusive allegations. The data are reviewed and analyzed by the Quality and Utilization Management Committee for trends or patterns involving particular programs, certain staff or persons served. If trends or patterns are identified, recommendations for improvements are made and improvement plans are requested if necessary. Tri-County Quality Management Department staff have worked closely with the providers to assist with increased staff training to include documented annual updates in all training areas for new employees as well as current employees. The Safety Committee also reviews the data to determine any trends or patterns related to safety and makes necessary recommendations.

Tri-County continues its efforts to safe guard the well being of the individuals they serve. Tri-County has a 1-800 line, which goes directly to the Rights Protection Officer, and individuals served may stay in touch with the Rights Protection Officer without having to make a long distance phone call. Although the 1-800 line is picked up by voicemail after hours, the Rights Protection Officer instructs individuals in her message on how to reach the Department of Family and Protective Services (DFPS) 1-800 line in cases of abuse, neglect or exploitation. If DFPS is contacted about potential abuse, neglect or exploitation, they will contact the after-hours **on call phone which ensures that reports can be made to a live caller** 24 hours a day, 365 days a year. If the individual seeks an operator after hours by pressing zero during the voicemail message, instructions will be given on how to contact our afterhours crisis service. We continue to pursue a diligent education program on how to exercise rights and contact the Rights Protection Officer as well as the Department of Family and Protective Services when there is a need.

Additionally, Quality Management Department staff have face-to-face interviews with program staff during the program review process of each department to ensure that staff members are knowledgeable in all areas concerning rights, abuse, neglect, and exploitation issues and how to report such information. Also, during the review process, each facility is checked to ensure that proper information on how to contact the Rights Protection Officer and the Department of Family and Protective Services is posted with easy to understand directions on how to utilize the information.

The Center continues to focus on best hiring practices in order to reduce the turnover rate of our employees. Significant efforts to retain staff have been taken in the last few years including a cost of living pay increases and establishment of an education fund. The Center continues in its commitment to explore new ways to provide quality services to the individuals we serve with our available resources.

UTILIZATION REVIEW ACTIVITIES

Process for Eligibility Determination:

The Crisis and Access Department conducts a screening on each individual to determine whether the requirements are met for admission to services and initial level of care assignment using Texas Department of State Health Services (DSHS) criteria. Determinations are conducted to ensure that Tri-County's guidelines deliver treatment in the most effective and efficient manner.

Process for Level of Care Assignment:

Tri-County assigns each individual served to the appropriate level of care according to DSHS UM guidelines and conducts retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of DSHS UM guidelines. These processes ensure sufficient utilization and resource allocation determinations based on

clinical data, practice guidelines and information regarding the client's needs with consideration of the client's treatment preferences and objections.

Process for Authorizations and Reauthorizations:

Tri-County has a partnership with East Texas Behavioral Healthcare Network to conduct retrospective oversight, initial and subsequent level of care assignments to ensure consistent application of DSHS Utilization Management Guidelines. In FY 2015 a new position was added to ensure that individuals affected by Senate Bill 58, which moved much of their mental healthcare into managed care, continue to receive needed levels of care in line with State guidelines and medical necessity.

Process of Outlier Review:

Tri-County and ETBHN, as designated by Tri-County, through its Mental Health Quality Management/Utilization Management Committee, will conduct outlier review. This process will consist of a review of data to identify outliers and to determine the need for change in level of care assignment processes, service intensity or other utilization management activities. These reviews are conducted to ensure provider treatment is consistent with practice guidelines as is the process for making utilization/resource allocation determinations.

Exception/ Clinical Override Process:

Tri-County will maintain a system to override the current authorization Guidelines when there is the need and to make exceptions to and manage the amount of service authorized for an individual and will report on exceptions and overrides as required by DSHS. The UM Director will approve all individuals assessed to be ineligible by current authorization guidelines to determine whether they should continue receiving services.

Appeal Process:

Pursuant to 25 TAC §401.464, Tri-County is dedicated to providing mental health services which are viewed as satisfactory by persons receiving those services and their legally authorized representatives. The purpose of this process is to assure that persons:

1. Have a method to express their concerns of dissatisfaction;
2. Are assisted to do so in a constructive way; and
3. Have their concerns of dissatisfaction addressed through a review process.

A request to review decisions described in this section may be made by the person requesting or receiving services/supports, the person's legal representative or any other individual with the person's consent.

Tri-County shall provide written notification in a language and/or method understood by the individual and/or their legally authorized representative (LAR), of the Tri-County procedure for addressing concerns or dissatisfaction with services or supports. The individual and/or LAR, shall receive this information at the time of admission into services and on an annual basis. The notification shall explain:

1. An easily understood process for persons and legally authorized representatives to request a review of their concerns or dissatisfaction by Tri-County;
2. How the person may receive assistance in requesting the review;
3. The timeframe for the review; and
4. The method by which the person is informed of the outcome of that review.

Tri-County shall notify persons and legally authorized representatives in writing in a language and/or method understood by the individual of the following decisions and of the process to appeal by requesting a review of:

1. A decision to deny the person services/supports, at the conclusion of Tri-County's procedural review, which determines whether the person meets the criteria for the priority population; and
2. A decision to terminate services/supports and follow-along from Tri-County or its contractor, if appropriate.

The written notification referred to above must:

1. Be given or mailed to the person and the legally authorized representative within ten (10) business days of the date the decision was made;
2. State the reason for the decision;
3. Explain that the person and legally authorized representative may contact Tri-County within thirty (30) days of receipt of notification of the denial/change in services if dissatisfied with the decision and request that the decision be reviewed in accordance with this procedure; and
4. Include names, phone numbers and addresses of one or more accessible staff to contact during office hours.

Appeal of Decision to Reduce Services and Supports:

1. If a person or legally authorized representative believes that the Center or its contract provider has made a decision to involuntarily reduce services by changing the amount, duration, or scope of services and supports provided and is dissatisfied with that decision, then the person may request in writing that the decision be reviewed in accordance with Tri-County's Notification and Appeals Process procedure.
2. The review by the Center or its contract provider shall:
 - a. Begin within ten (10) business days of receipt of the request for a review, be completed within ten (10) business days of the time it begins, unless an extension is granted by the Executive Director of the Center;
 - b. Begin immediately upon receipt of the request and be completed within five (5) business days if the decision is related to a crisis service;
 - c. Be conducted by an individual(s) who was not involved in the initial decision;
 - d. Include a review of the original decision which led to the person's dissatisfaction;

- e. Result in a decision to uphold, reverse or modify the original decision; and
- f. Provide the person an opportunity to express his or her concerns in person or by telephone to the individual reviewing the decision. The review shall also allow the person to:
 - 1) Have a representative talk with the reviewer, or
 - 2) Submit his or her concerns in writing, on tape, or in some other fashion.

The notification and review process described in the Notification and Appeals Process procedure:

- 1. Is applicable only to services/supports funded by the DSHS and provided or contracted for by its local authorities;
- 2. Does not preclude a person or legally authorized representative's rights to review, appeal, or other actions that accompany other funds administered through Tri-County or its contractor, or to other appeals processes provided for by other state and federal laws, Texas Health and Safety Code, Title 7, Chapter 593 (Persons with Mental Retardation Act) 42 USC 1396 (Medicaid Statute); and Texas Human Resources Code, Chapter 73 (relating to early Childhood Intervention), and Early Childhood Intervention programs as funded by the Texas Interagency Council for Early Childhood Intervention.

REVIEWING AND UPDATING THE MH QM/UM PLAN

The Mental Health Quality Management and Utilization Management Plan will be reviewed each **semiannually** by the Administrator of Quality Management and the Administrator of Utilization and Risk Management, and potential changes will be discussed with at least one Management Team staff. At least annually, the Mental Health Quality Management/Utilization Management Plan is re-evaluated for its effectiveness. If the plan is not determined to be effective, new activities including intensified monitoring efforts, re-assignment of staff, and/or the appointment of additional committees or improvement teams will be considered. The Mental Health Quality Management/Utilization Management Plan is reviewed and approved each biennium by the Management Team. This plan will be amended, as needed, if any portion of the plan is modified or discontinued.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

January 29, 2016 – February 25, 2016

Volunteer Hours:

Location	January
Conroe	149
Cleveland	0.5
Liberty	15.5
Huntsville	31.5
Total	196.5

COMMUNITY ACTIVITIES:

1/29/16	Fifth Annual Community Health Fair – Dayton Community Center	Dayton
1/29/16	Veterans of Foreign Wars Mid-Winter Conference	Austin
2/1/16	Montgomery County Quarterly Mentor Meeting	Conroe
2/2/16	Youth Mental Health First Aid – Conroe and Magnolia ISD's	Conroe
2/2/16	Group Lay-In at Plane State Jail	Dayton
2/3/16	Tour of Montgomery County Sheriff's Office Training Facility	Conroe
2/3/16	American Legion Executive Board Meeting	Conroe
2/3/16	Veterans of Foreign Wars Monthly Meeting	Conroe
2/3/16	Youth Mental Health First Aid – Conroe ISD's	Conroe
2/4/16	Walker County Community Resource Coordination Group	Huntsville
2/4/16	Cleveland Chamber of Commerce Luncheon	Cleveland
2/5/16	Youth Mental Health First Aid – Conroe and Magnolia ISD's	Conroe
2/5/16	Harris County Veterans Center Open House	Houston
2/8/16	Walker County Quarterly Veterans Mentor Meeting	Huntsville
2/9/16	Adolescent Roundtable Coalition – Adolescent Time Management	Conroe
2/9/16	American Legion Monthly Meeting	Conroe
2/10/16	Child Fatality Review Team Meeting	Huntsville
2/10/16	Veterans Treatment Court	Conroe
2/11/16	Veterans Valentine's Dinner	The Woodlands
2/11/16	Huntsville Chamber of Commerce Breakfast	Huntsville
2/15/16	Youth Mental Health First Aid – Conroe ISD	Conroe
2/15/16	Conroe ISD Presentation High School Counselors - C&A	Conroe
2/15/16	Conroe ISD Tour K-6 th Counselors – C&A River Pointe	Conroe
2/16/16	Military Veteran Peer Network Coordinator Luncheon	Humble
2/16/16	Montgomery County Community Resource Coordination Group	Conroe
2/17/16	Montgomery County Sheriff's Office Military Culture Training	Conroe
2/17/16	Veteran Affairs Home Loan Seminar	Conroe

COMMUNITY ACTIVITIES (cont'd):

2/17/16	Kingwood Pines Lunch and Learn – "Your Wellbeing and Success in 2016"	Kingwood
2/18/16	Veteran's Expo Planning Meeting	Conroe
2/18/16	Liberty County Community Resource Coordination Group	Cleveland
2/18/16	Veterans Affairs Advisory Board Meeting	Huntsville
2/20/16	Veteran Affairs Medical Center Benefits Fair	Houston
2/22/16	Military Veteran Peer Network Basic Training	Conroe
2/23/16	Liberty/Dayton Chamber of Commerce Annual Awards Banquet	Liberty
2/23/16	Conroe ISD and Tri-County Solutions Workgroup Meeting	Conroe
2/24/16	Veterans Treatment Court	Conroe
2/25/16	Montgomery County United Way Community Partners Meeting	The Woodlands
2/26/16	Tri-County C&A Presentation – Armstrong Elementary Conroe ISD	Conroe

UPCOMING ACTIVITIES:

3/1/16	Adolescent Roundtable Collective	Conroe
3/3/16	Cleveland Chamber of Commerce Luncheon	Cleveland
3/3/16	Walker County Community Resource Coordination Group	Huntsville
3/10/16	Huntsville Chamber of Commerce Breakfast	Huntsville
3/15/16	Montgomery County Community Resource Coordination Group	Conroe
3/16/16	Liberty/Dayton Chamber of Commerce Luncheon	Liberty

Agenda Item: Consumer Services Report for January 2016 Committee: Program	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Consumer Services Report for January 2016	
Recommended Action: For Information Only	

Consumer Services Report January 2016

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	415	40	23	47	525
Crisis and Transitional Services (LOC 0, LOC 5)	55	0	1	1	57
Psychiatric Emergency Treatment Center (PETC) Served	44	6	0	8	58
Psychiatric Emergency Treatment Center (PETC) Bed Days	251	36	0	34	321
Contract Hospital Admissions	7	0	0	1	8
Diversion Admits	12	1	0	0	13
Total State Hospital Admissions	1	0	0	1	2
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1069	155	85	110	1419
Adult Medication Services	763	80	59	96	998
Child Service Packages (LOC 1-4 and YC)	419	34	19	58	530
Child Medication Services	258	17	7	28	310
TCOOMMI (Adult Only)	108	25	21	8	162
Adult Jail Diversions	4	0	0	0	4
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	11	2	1	0	14
Service Coordination	641	46	56	67	810
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	42	6	20	24	92
Contractor Provided ICF-MR	17	10	10	6	43
Substance Abuse Services					
Children and Youth Prevention Services	162	0	204	32	398
Youth Substance Abuse Treatment Services/COPSD	15	0	0	1	16
Adult Substance Abuse Treatment Services/COPSD	28	0	0	4	32
Waiting/Interest Lists as of Month End					
Home and Community Based Services Interest List	1666	130	138	142	2076
January Served by County					
Adult Mental Health Services	1380	160	104	193	1837
Child Mental Health Services	510	41	21	63	635
Intellectual and Developmental Disabilities Services	710	54	60	73	897
Total Served by County	2600	255	185	329	3369
December Served by County					
Adult Mental Health Services	1356	157	110	172	1795
Child Mental Health Services	491	32	26	55	604
Intellectual and Developmental Disabilities Services	674	54	56	70	854
Total Served by County	2521	243	192	297	3253
November Served by County					
Adult Mental Health Services	1338	165	96	171	1770
Child Mental Health Services	499	32	21	53	605
Intellectual and Developmental Disabilities Services	692	51	54	73	870
Total Served by County	2529	248	171	297	3245

Agenda Item: Program Updates Committee: Program	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

January 29, 2016 – February 25, 2016

MH Crisis Services

1. Clinicians have been selected for the Critical Incident Response Team (CIRT). The program is projected to begin the beginning of April. A meeting was held between Conroe Police Department, Tri-County, and Montgomery County Hospital District to discuss opportunities where the CIRT program and the paramedics can collaborate on when providing emergency response to individuals in a mental health crisis.
2. The Administrator of Mental Health Children's Services and the Mental Health Child Crisis Rehab Specialist shared a presentation with over 60 CISD school counselors on warning signs and interventions to utilize with children in crisis.
3. A tracking mechanism has been implemented to monitor the hospitalizations Tri-County facilitates for adults and youth with benefits. The purpose of gathering this data is to determine if these individuals are being appropriately linked and following-up with aftercare upon discharging from psychiatric hospitals.

MH Adult Services

1. A-Ask, S-Seek info, K-Know where to refer (ASK) suicide trainings are continuing every Friday so that all employees can be trained in suicide awareness as required by the DSHS performance contract.
2. The Routine Assessment Team continues to meet and exceed targets for Level of Care 2-Adult Therapy (LOC2).
3. We continue to seek a full-time psychiatrist for our Adult Outpatient Clinic in Conroe. Two (2) physicians inquired about the position in February. The position has been open for six (6) months.

MH Child Services

1. C&A staff continue to problem solve how to serve children and youth during the school year as more schools and school districts are reluctant in excusing students to participate in regular Mental Health Skills Training appointments. Kids have after school activities, homework, etc. which makes it difficult to see them as much as they need in the evenings.
2. C&A staff are focusing on collaborating with schools to more effectively serve kids with severe emotional needs. Several area schools have expressed new interest in our assistance with challenging individuals.

Criminal Justice Services

1. The Jail Services Liaison at the Montgomery County Jail is staying very busy, but the number of full assessments (16.22 assessments) has decreased after discussion with local judges about the interpretation of the new Jail Screening form.

2. The Outpatient Competency Restoration (OCR) program was presented to the Mental Health Court presided by Judge Ellis in Harris County.
3. All TCOOMMI Intensive Case Management caseloads are serving at maximum capacity.

Substance Abuse Services

1. Adult Substance Abuse has seen an increase in referrals and subsequent admissions to the program. The program is also seeing an increase in the number of successful discharges.
2. The Youth Prevention program has started spring curriculum and is offering services to six (6) schools, with 3-6 curriculum groups offered at each location. Prevention is also working towards obtaining adult performance numbers and have reserved time with several agencies in the community to discuss substance abuse prevention. The team anticipates meeting the goals outlined in the contract for the quarter and the year.
3. Our Youth Substance Abuse Treatment program has steadily increased DSHS funding by improving parent and family engagement and serving more DSHS funded youth.

IDD Services

1. We have experienced an increase in medical needs for our internal HCS consumers. Two (2) of the persons who receive services from us have received pacemakers and this will require additional monitoring by our IDD medical staff.
2. Both the Authority and Provider staff continue to work through the role out and changes being made within the Community First Choice (CFC) program. A new assessment tool must be completed by the service coordinator, with the participation of provider staff, consumer and family to gather accurate information.

Support Services

1. **Quality Management:**
 - a. Staff provided and reviewed six (6) charts dating back to January 1, 2014 for the Cenpatico Site Visit. Their next visit will be February 24th.
 - b. Staff are finalizing updates to employee training files to ensure records are complete and easily accessible for future audits.
 - c. The Administrator of Quality Management has accepted a position in the Routine Assessment and Counseling Department in order to pursue his licensure. We are seeking a replacement at this time.
2. **Veteran Affairs:**
 - a. Staff coordinated a Valentine's Dinner for Veteran couples. Ten (10) couples were treated to a three course meal at Landry's in The Woodlands.
 - b. A seminar was held for Veterans to gain a better understanding of how to access their home loan benefits.
 - c. A local events poster was created and distributed to local Veteran service providers of all monthly events.
3. **Mental Health Planning Network Advisory Committee (MHPNAC):** The MHPNAC had a telephone meeting on January 27th to discuss and review the Local Provider Network Development (LPND) Plan and provide comment.

Community Activities

1. The Liberty County Health Fair was held on January 28th.
2. Staff provided nine (9) Youth Mental Health First Aid (YMHFA) trainings to local school counselors from Conroe and Magnolia Independent School Districts.
3. YMHFA trainings have been scheduled for the Probation Department.

<p>Agenda Item: Approve Revision to Fiscal Administration Board Policies</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>February 25, 2016</p>
<p>Background Information:</p> <p>As a part of our initiative to update Board Policy, staff have been working on completing the Fiscal portion of the Board Policy Manual.</p> <p>Minor revisions were made to four (4) fiscal policies and are listed as one action item for review and approval. In addition, staff recommend deletion of three (3) fiscal policies. All changes include cleanup of language related to the name change and formatting.</p> <ul style="list-style-type: none"> • E.8 – Budgets – Modified to include references from state of Texas Performance Contracts and Uniform Grants Management Standards (UGMS). In addition, a section was added on Budget revisions. • E.9 – Petty Cash Funds (Formerly Imprest Cash Funds) – The majority of this policy is already in the Petty Cash Procedure. • E.10 – Purchasing – Staff added references from state of Texas Performance Contracts including “Buy Texas” and Historically Underutilized Businesses. In addition, language was added on the purchase of items through state of Texas approved vendors and/or contracts. Language was added that items approved by the Board of Trustees in the Annual Operating Budget are considered Board approval for purchase in excess of \$10,000. • E.11 – Day Sheet System – Staff recommend deletion because this system does not exist and the recording of charges and payments is procedural in nature. • E.12 – Write-Off of Accounts Receivable – Staff recommend deletion because this process is procedural in nature. • E.13 – Long Distance Telephone Calls – Staff recommend deletion because this process is procedural in nature. • E.14 – Record Retention (Formerly Permanent Files) – Staff changed the language in the Policy to reflect current state of Texas Performance Contract language. A section was added to allow for scanning documents where allowed. 	
<p>Supporting Documentation:</p> <p>Revised Board Policies (Markup and Final Versions)</p> <p>Board Policies Recommended for Deletion (Current Versions)</p>	
<p>Recommended Action:</p> <p>Approve Revisions to Board Policies E.8 – Budgets, E.9 – Petty Cash Funds, E.10 – Purchasing, and E.14 Records Retention; and, Deletion of Board Policies E.11 – Day Sheet System, E.12 – Write-Off of Accounts Receivable and E.13 – Long Distance Telephone Calls</p>	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

SUBJECT: Budgets

Tri-County Behavioral Healthcare (“Tri-County”) ~~Mental Health Mental Retardation Services~~ maintains a system of budget control that complies with the Uniform Grants Management Standards (UGMS), Subpart C – Post-Award Requirements – Financial Administration.

I. Annual Operating Budget

- A. Tri-County will develop a budget for each program described in the performance contracts, in the format of Report III, using the amounts indicated in the Funding Section of the Performance Contract. Contractor shall earn and expend funds according to the budget. ~~prepares an annual operating budget as Attachment One of the Performance Contract for the Texas Department of Mental Health Mental Retardation. The document will be approved by the Board of Trustees and submitted in the format prescribed by the Texas Department of MHMR.~~
- B. Revisions to the annual operating budget are made on the quarterly Report III in Texas’ CARE computer system. ~~reports to TDMHMR.~~ The Chief Financial Officer ~~Director of Fiscal Services~~, with approval of the Executive Director, may make line-item revisions to department budgets. ~~within program categories. Program categories are determined by TDMHMR.~~

II. Budget Revisions

Budget revisions will be presented to the Board on an as-needed basis to adjust the annual budget to account for funding changes and significant budget variances from the current Board approved budget.

~~Revisions which impact the total budget or the total budget of a program category shall be reviewed by the Board and action taken will be noted in the Board minutes.~~

III. Zero-Based Budget

Zero-Based Budgeting's basic objective is to generate program information and planning, which will be used to establish priorities within Tri-County. In order to generate information, it is necessary to identify and involve ~~upper and middle management~~ all levels of management in the budget and planning process.

~~The format and procedures for the Zero-Based Budget are developed by TDMHMR. All final decisions on programs and priorities will be the responsibility of the Executive Director and the Board of Trustee.~~

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

SUBJECT: Budgets

Tri-County Behavioral Healthcare (“Tri-County”) maintains a system of budget control that complies with the Uniform Grants Management Standards (UGMS), Subpart C – Post-Award Requirements – Financial Administration.

I. Annual Operating Budget

- A. Tri-County will develop a budget for each program described in the performance contracts, in the format of Report III, using the amounts indicated in the Funding Section of the Performance Contract. Contractor shall earn and expend funds according to the budget.
- B. Revisions to the annual operating budget are made on the quarterly Report III in Texas’ CARE computer system. The Chief Financial Officer, with approval of the Executive Director, may make line-item revisions to department budgets.

II. Budget Revisions

Budget revisions will be presented to the Board on an as-needed basis to adjust the annual budget to account for funding changes and significant budget variances from the current Board approved budget.

III. Zero-Based Budget

Zero-Based Budgeting’s basic objective is to generate program information and planning, which will be used to establish priorities within Tri-County. In order to generate information, it is necessary to identify and involve all levels of management in the budget and planning process.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

SUBJECT: Petty Cash Funds

It is the policy of the Board of Trustees to provide petty cash funds for service locations as determined by the **Chief Financial Officer**. ~~Director of Fiscal Services and/or Associate Executive Director.~~

~~Some locations may find it necessary to implement more than one type of cash fund. In this case, each fund will be maintained accordingly to the procedures set forth for that particular fund type.~~

~~The need for flexibility in program operations may make it necessary for one person in a particular location to maintain and be officer of multiple cash funds. This is acceptable practice in order to assure that the officer of the fund is the same person than maintains the fund.~~

~~At no time should any two or more funds be combined. Separate receipt books and cash boxes will be maintained for each different fund in a location. Never should funds from more than one unit or location be kept in the same cash lock box. Misuse or the abuse of any petty cash fund could be reason enough to cancel the fund, and may be cause for disciplinary action or termination of employee involved. Reasons for cancellation of any fund will be reviewed and a decision made by the Director of Fiscal Services and/or Associate Executive Director.~~

~~Because of the numerous different types of funds available for use by programs, it will be necessary for all petty cash fund officers to strictly adhere to the procedures for a particular fund.~~

- I. All staff that have a petty cash fund assigned to them must adhere to Tri-County Procedures approved by the Chief Financial Officer on the management and use of those funds.

~~In order for a fund officer to understand and cooperate with the procedure set forth, they will be required to read and comprehend policy and procedure pertaining to the fund for which they will be liable before accepting the responsibility for that fund. Any deviation from the written policy and/or~~

~~procedures will have to have prior approval by the Director of Fiscal Services and/or the Associate Executive Director.~~

II. **The Accounting Department** will maintain a record of all petty cash funds., ~~officers, and amount. Original responsibility slips for funds will be kept on file at the Administration Office and renewed every September 1st. Within a fiscal year, a new responsibility slip for a fund will need to be filed if:~~

- ~~_____ The office is transferred to another program or terminates~~
- ~~_____ The amount of the fund changes~~
- ~~_____ Fund type changes~~
- ~~_____ Fund officer changes~~

All petty cash funds are subject to unannounced, unscheduled, random audits; performed by designated Accounting Department staff.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

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- II. The Accounting Department will maintain a record of all petty cash funds. All petty cash funds are subject to unannounced, unscheduled, random audits; performed by designated Accounting Department staff.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 28, 1988

REVISION DATE(S): November 5, 1992; September 24, 1998; February 25, 2016

SUBJECT: Purchasing

It is the policy of the Board of Trustees to obtain adequate quality goods and/or services at the lowest possible cost to Tri-County Behavioral Healthcare ~~MHMR Services~~ (“Tri-County” or “Center”) in order to allow the various service locations to function smoothly and efficiently by providing needed material, repairs, and equipment. ~~(See Policy 18.n for the contracting of Direct Services to Consumers.)~~

- I. This policy’s purpose is to assure the purchase and management of Center assets in a manner designed to meet the following goals:
 - A. To provide an efficient and cost effective purchasing process for Center departments and programs.
 - B. To seek value in all purchases.
 - C. To comply with relevant laws and ethical business practices.
 - D. To provide a mechanism for the efficient and effective management of Center assets.
- II. Local Purchasing/Buy Texas
 - A. When quality, cost and delivery time are comparable, purchases and leases will be made from local dealers.
 - B. Tri-County shall purchase products and materials produced in Texas when the products and materials are available at a price and time comparable to products and materials produced outside of Texas as required by Texas Government Code § 2155.4441.

- III. Historically Underutilized Businesses (HUBs). Contractor shall make a good faith effort to locate and consider HUBs, as defined in Texas Government Code §2161.001(2) and Title 34 TAC §20.12, when subcontracting any portion of this Contract.
- IV. Purchase of items through State of Texas approved vendors and/or contracts (e.g. Department of Information Resources Information Technology vendors), which have been determined by the State of Texas to be best value may not require a competitive bid process.
- V. No employee of Tri-County may obligate this agency for any purchase or lease without making requests following Tri-County's purchasing procedures.
- VI. Provisions will be made for:
 - A. Petty Cash funds for small purchases.
 - B. Other ~~imprest~~ petty cash funds for small specialized purchases.
 - C. Emergency purchases.
- VII. Board approval must be obtained for any purchase exceeding \$10,000.
 - A. Approval of the Annual Operating Budget by the Board of Trustees is considered Board Approval for purchases in excess of \$10,000.
 - B. The Executive Director is responsible for development and implementation of appropriate procedures.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

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REVISION DATE(S): November 5, 1992; September 24, 1998; February 25, 2016

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TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

SUBJECT: Record Retention Permanent Files

It is the policy of the Board of Trustees that a centralized, secure location be established for the safekeeping of all permanent and/or contractual documents. Procedures will be developed and implemented to insure a systematic and efficient method of reference.

- I. Tri-County Behavioral Healthcare (“Tri-County”) shall retain all records pertaining to the contracts with the Health and Human Services Commission that are the subject of pending litigation or an audit until the litigation and any appeal thereof has ended or all questions pertaining to the audit are resolved.
 - A. Tri-County shall retain for six years following the expiration or termination of contracts or for a longer period if required by statute or regulation, all documents including but not limited to:
 1. internal monitoring records of the quality and appropriateness of Medicaid program participation and compliance;
 2. all plans required by this Contract;
 3. evidence of Contractor’s efforts to make needed medications available to clients at the lowest possible prices and to use the most cost effective medication purchasing arrangements possible;
 4. all accounting and other financial records;
 5. real and personal property leases;
 6. policies, manuals, and standard operating procedures;
 7. provider credentialing records;
 8. records relating to insurance policies;
 9. employment records;
 10. licenses and certifications;
 11. subcontracts;

12. audit records and working papers; and
13. claims payment histories.

~~Any contracts, agreements, or other legal documents of importance to the operation(s) of Tri County MHMR Services will be categorized as follows:~~

- ~~1. Financial~~
- ~~2. Legal~~
- ~~3. Contracts~~
- ~~4. Agreements~~
- ~~5. Grants~~
- ~~6. Leases~~
- ~~7. Consultants~~
- ~~8. Cost Reports~~
- ~~9. Revenue Contracts~~
- ~~10. Mortgages~~
- ~~11. State Purchasing~~
- ~~12. Other~~

- B. Documents may be scanned into an electronic format and kept in a secure database if original documents are not required to be kept. Access to scanned documents will be restricted to at least the same level of control as the paper documents would have been.
- C. As documents expire or become obsolete, they will be replaced or discarded, as is appropriate. Documents with confidential information in them will be shredded. It will be the responsibility of the staff so designated to ensure that all files are kept current.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

2/25/2016

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): February 25, 2016

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 8. records relating to insurance policies;
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12. audit records and working papers; and
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- B. Documents may be scanned into an electronic format and kept in a secure database if original documents are not required to be kept. Access to scanned documents will be restricted to at least the same level of control as the paper documents would have been.
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TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES**STATEMENT OF POLICY**

Richard Herpin, Chairman

Date**Original Effective Date: 9/29/88****Subject: Day Sheet System**

The system adopted by the Tri-County MHMR Services Board of Trustees for recording of charges and payments by clients for services is referred to as the "Day Sheet System". Procedures for the implementation of this system are developed by the Director of Fiscal Services and approved by the Executive Director.

A summary of monthly and year-to-date activities is completed and included in the report to the Board of Trustees each month. This report reflects each unit/department's charges, collections and receivables status as of the last day of each month preceding the month in which the report was compiled.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES**STATEMENT OF POLICY**

Richard Herpin, Chairman

Date**Original Effective Date: 9/29/88****Subject: Write-Off of Accounts Receivable**

The Board of Trustees delegates to the Executive Director or his/her designee the authority to establish and implement procedures to provide for regular review of overdue accounts receivable and writing accounts off in the accounts receivable ledger. This authority extends to all accounts with an outstanding balance up to a maximum of \$300.00. Overdue accounts with an outstanding balance in excess of \$300.00 should be presented to the Board for review and the Board retains the authority to approve the write-off of such accounts or to extend fee collection efforts.

The Board requires a quarterly report to include at least the number of accounts reviewed, the number of account written off, dollar amount written off, and average dollar amount of accounts written off.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

STATEMENT OF POLICY

Richard Herpin, Chairman

Date

Original Effective Date: 9/29/88

Subject: Long Distance Telephone Calls

Tri-County's long distance telephone system is made available to employees for business use. Where available, individualized calling cards can be obtained.

Procedures are set forth to ensure that all long distance services can be properly monitored. Law requires that employees refrain from utilizing the system(s) for personal use. If individualized calling cards are not available in an area of service, a telephone log should be used.

It is the responsibility of the Business Office to monitor all long distance usage, and report to the Director of Fiscal Services and/or an appropriate supervisor of any abuse of the services.

Implementation of a long distance services is at the discretion of the Program Administrator of the different programs or his/her designee. When utilizing a system other than that obtained through the Business Office, notification should be sent as soon as possible to the appropriate accounting staff so that proper monitoring can be put into place.

Agenda Item: Personnel Report for January 2016 Committee: Executive	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Personnel Report for January 2016	
Recommended Action: For Information Only	

Personnel Report January 2016

Total Applications received in January = 259

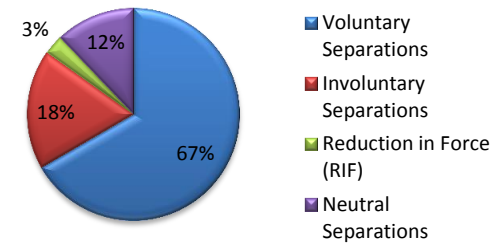
Total New Hires for the month of January = 6

Total New Hires Year to date = 41

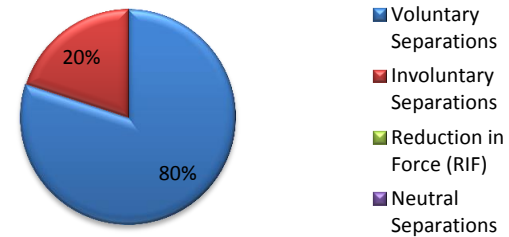
January 2016	FY16	FY15
Number of Active Employees	332	327
Number of Monthly Separations	5	4
Number of Separations YTD	33	31
Year to Date Turnover Rate	10%	9%
January Turnover	2%	1%

Separations by Reason	January Separations	Year to Date
Retired	0	0
Involuntarily Terminated	1	6
Neutral Termination	0	4
Dissatisfied	0	1
Lack of Support from Administration	0	0
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	2
RIF	0	1
Deceased	0	0
Pay	0	0
Health	0	1
Family	2	3
Relocation	0	3
School	0	0
Personal	0	0
Unknown	0	1
New Job	2	11
Total Separations	5	33

Year to Date Voluntary, Involuntary, RIF and Neutral Separations



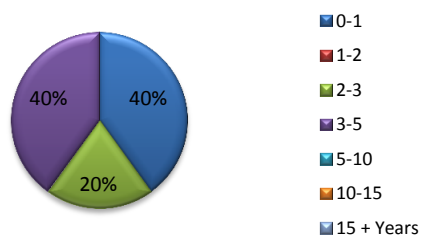
January Voluntary, Involuntary, RIF and Neutral Separations



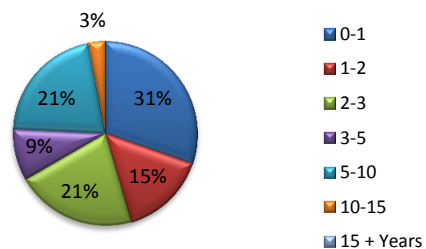
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% January	% YTD
Evan Roberson	14	0	1	0%	7%
Millie McDuffy	47	0	1	0%	2%
Amy Foerster	7	0	1	0%	14%
Tanya Bryant	8	0	1	0%	13%
MH Director	125	3	14	2%	11%
Breanna Robertson	50	1	9	2%	18%
Kelly Shropshire	32	1	4	3%	13%
Kathy Foster	39	0	2	0%	5%
Kenneth Barfield	10	0	0	0%	0%
Total	332	5	33		

Separation by EEO Category	# of Employees	Monthly	Year to Date	% January	% Year to Date
Supervisors & Managers	23	0	0	0%	0%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	37	0	3	0%	8%
Professionals (QMHP)	86	2	14	2%	16%
Professionals (QIDP)	27	1	4	4%	15%
Licensed Staff (LCDC, LPC...)	18	1	1	6%	6%
Business Services (Accounting)	11	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	24	0	2	0%	8%
Program Support(Financial Counselors, QA, Training, Med. Records)	41	1	2	2%	5%
Nurse Technicians/Aides	17	0	4	0%	24%
Service/Maintenance	22	0	1	0%	5%
Direct Care (HCS, Respite, Life Skills)	26	0	2	0%	8%
Total	332	5	33		

January Separations by Tenure

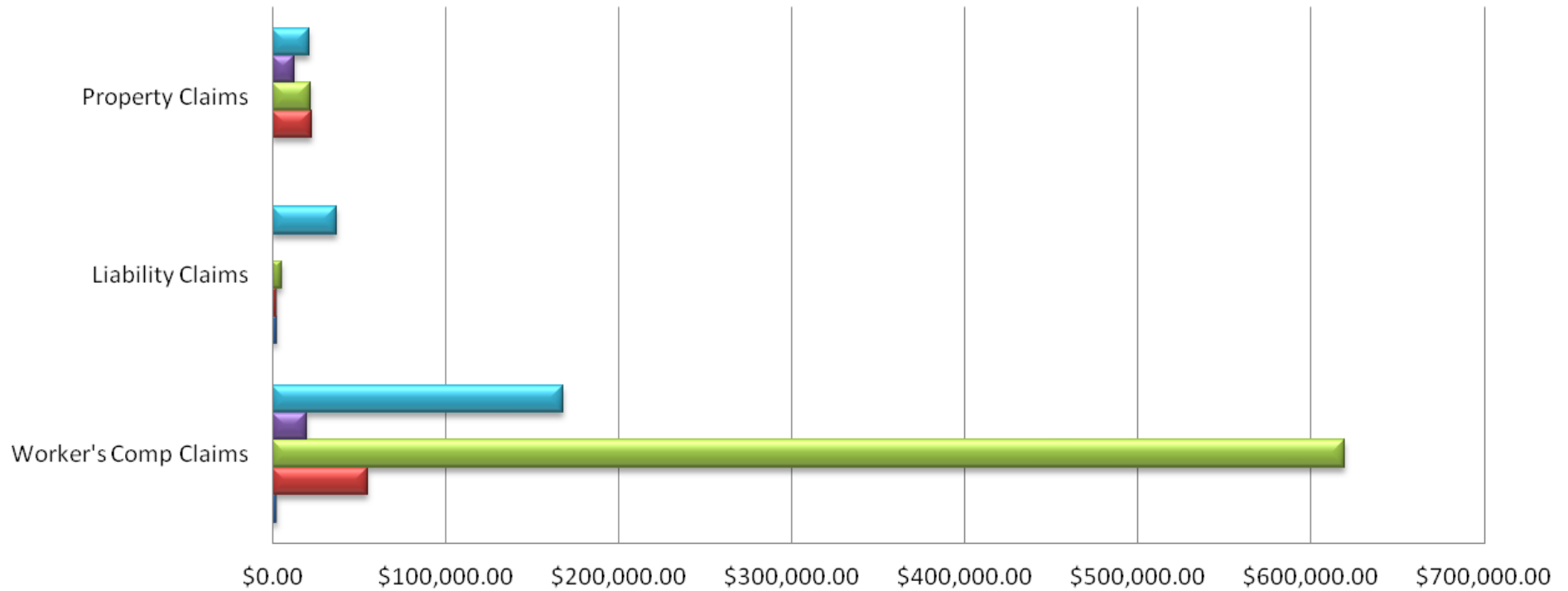


Year to Date Separations by Tenure



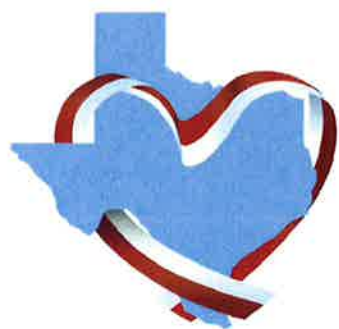
Agenda Item: Texas Council Risk Management Fund Claims Summary for January 2016 Committee: Executive	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary for January 2016	
Recommended Action: For Information Only	

TCRMF Claims Summary January 2016



	Worker's Comp Claims	Liability Claims	Property Claims
2012	\$167,852.00	\$37,206.00	\$21,595.00
2013	\$20,263.00	\$0.00	\$12,869.00
2014	\$619,152.00	\$5,295.00	\$21,931.00
2015	\$54,968.00	\$2,528.00	\$22,505.00
2016	\$2,425.00	\$2,698.00	\$0.00

Agenda Item: Texas Council Quarterly Board Meeting Update Committee: Executive	Board Meeting Date February 25, 2016
Background Information: The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board of Directors meeting. A verbal update will be given by Morris Johnson.	
Supporting Documentation: Texas Council Staff Report	
Recommended Action: For Information Only	



Texas Council
of Community Centers

**Texas Council Report
Quarterly Meeting
February 2016**

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Chief Executive Officer Report

Engagement Highlights

Since the December 5, 2015 board meeting, the Texas Council engaged in a number of key initiatives and priorities, including:

- Negotiations and meetings with state officials and legislative offices relating to: 1115 Transformation Waiver; Managed Care; Certified Community Behavioral Health Clinics (CCBHC) SAMHSA Grant; Network Access Improvement Program (NAIP); HCBS MH – Adult Program; Local Authority IDD Performance Contract Targets and Access functions; Local Authority IDD Service Coordination; PASRR and related Local Authority responsibilities; SB7 (Community First Choice - IDD Future Service System); SB 133 Mental Health First Aid and SB 1507 MH Access to Care; HHSC Reorganization; Interim Charges; DEA/Telemedicine; Early Childhood Intervention (ECI).
- Meetings with advocacy organizations and other associations, including Meadows Mental Health Policy Institute (MMHPI); Texas Hospital Association; Association of Substance Addictions Providers (ASAP); Conference of Urban Counties and Texas Association of Counties; Healthy Minds Coalition; Private Providers Association of Texas (PPAT); Providers Association for Community Services of Texas (PACSTX); Texas Developmental Disabilities Council (DD Council); and The Arc of Texas.

Drug Enforcement Agency (DEA) & Telemedicine

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

In a mutual effort to resolve the issue, the Texas Council legal counsel, along with ETBHN and other Center representatives met with DEA officials on June 24, 2014. As a result of this meeting, agreement was reached to move forward with a clinic registration process that involves both Department of Public Safety (DPS) and the DEA. This registration was determined necessary to recognize the practice of telemedicine as being exempt from additional DEA requirements related to prescribing controlled substances.

However, despite months of negotiations with DPS, DEA and HHSC, numerous attempts over many months to navigate clinic registration applications through the DEA were not successful.

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

On July 22, 2015 the Texas Council released a communication to report positive action by the DEA as a result of the work of Dr. Avrim Fishkind, CEO of JSA Health Tele-psychiatry. Dr. Fishkind engaged at the federal level to urge the DEA to move forward with regulations to *permit special registration for circumstances in which the prescribing practitioners might be unable to satisfy the Act's in-person medical evaluation requirement yet nonetheless has sufficient medical information to prescribe a controlled substance for a legitimate medical purpose in the usual course of professional practice.*

Link to U.S. General Services Administration post reflecting DEA intent to amend the registration requirements to permit such a special registration:

<http://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201504&RIN=1117-AB40>

Although this action by the DEA provides no certainty regarding resolution of this issue it does reflect an important step forward regarding DEA's intent to resolve this issue for legitimate tele-medicine practices. In many of areas of the state psychiatric tele-medicine practices have resumed. Every provider of tele-medicine must make their own assessment of current circumstances and previous statements by DEA officials (in meetings with state officials) that they do not have plans to single out Texas telemedicine providers for enforcement or audit activities.

The Texas Council remains in communication with HHSC, Senator Cornyn's office and the National Council to monitor the DEA regulatory process. We recognize this issue seriously threatens the ability of Community Centers to provide critical mental health services and will continue seeking resolution.

HB 910 (Open Carry)

Passage of HB 910 by the 84th Legislature, relating to the authority of a person who is licensed to carry a handgun continues to generate intense discussion throughout the state, including its impact on Community Center facilities, State Hospitals and State Supported Living Centers.

The Texas Council Risk Management Fund and the Texas Council provided training focused on the best interpretations of the law and exceptions that do, do not, or could potentially apply to Community Centers. HHSC has taken the position that persons cannot be denied services if they are lawfully carrying a gun on premise. The apparent inability of Community Center clinics and other service delivery sites to post blanket prohibitions for people to openly or concealed carry continues to raise concerns at the local level.

As expressed by the Texas Council to the media, many doctors, counselors and therapists are uneasy about allowing visitors to carry guns and worry it could make patients feel less safe. This issue will be deliberated by the ED Consortium and the Texas Council Board of Directors as a potential legislative priority for the 85th Legislative Session.

SB 1507 (Forensic Director, Regional Allocation of Inpatient Beds, Local Utilization Review Protocol, Training for Judges and Attorneys and OSAR)

As you are aware, Senate Bill (SB) 1507 by Garcia, establishes a **Forensic Director position** within DSHS to coordinate programs, provide oversight and improve statewide forensic mental health services. The bill also includes provisions from the DSHS Sunset developed by the Texas Council and Texas Conference of Urban Counties related to **regional allocation of inpatient mental health beds**.

In conjunction with DSHS and HHSC, the former HB 3793 (83rd R) advisory panel members (now called the Joint Committee on Access and Forensic Services [JCAFS]) will develop a new bed day allocation methodology based on identification and evaluation of factors that impact the use of state-funded beds including acuity, prevalence of serious mental illness and the availability of resources in each region.

Key Dates

- HHSC appointed workgroup – appointed by November 1, 2015
- Develop a comprehensive plan – not later than July 1, 2016
- Initial Advisory Panel Recommendations – March 1, 2016
- Executive Commissioner approves allocation methodology & review protocol – June 1, 2016
- Updating Allocation Methodology – not later than December 1st of even number year

Dr. Steve Schnee, Executive Director, Harris Center for MH and IDD and Shelley Smith, Chief Executive Officer, West Texas Centers are the appointed representatives for the Texas Council.

Additional information is available at: <https://www.dshs.state.tx.us/mhsa/SB1507/SB-1507.aspx>

JCAFS Recommendations – Bed Day Allocation Methodology

NOTE: The current methodology allocates available beds among local service areas based on the total population; a local authority with ten percent of the state's population would be allocated ten percent of the available beds. Available beds include all beds in the state hospital system, excluding maximum security beds and residential adolescent beds.

The committee has four recommendations regarding the bed day allocation methodology:

1. Maintain the current exclusions for maximum security beds and residential adolescent beds.
2. Update the current bed day allocation methodology to allocate beds based on the poverty-weighted population, which gives double weight to the population with incomes at or below 200 percent of the Federal Poverty Level (FPL):

Poverty-weighted Population = Total Population + Population ≤ 200% FPL

3. Continue to evaluate the utility and potential impact of incorporating factors related to acuity and the availability of local resources.
4. Use the bed day allocation as a metric for analyzing bed day utilization, but do not impose a sanction, penalty, or fine on a local authority for using more than the allocated number of hospital bed days.

JCAFS Recommendations – Utilization Review Protocol

NOTE: S.B. 1507 calls for a utilization review protocol that includes a peer review process to:

- *evaluate the use of state-funded beds, alternatives to hospitalization, and readmission rates; and*
- *review diagnostic and acuity profiles to assist in making informed decisions and using available resources efficiently and effectively.*

The goal of the utilization review protocol is to bring key decision makers and stakeholders together to:

- *identify factors driving the demand for hospital beds;*
- *ensure individuals are served in the most appropriate level of care;*
- *develop strategies to address identified local and regional issues; and*
- *identify systemic issues and resource needs to inform state policy makers.*

JCAFS recommendations follow:

1. Adopt a flexible framework that allows for refinement as the process is implemented.
2. Incorporate three levels of peer review:
 - a. Statewide and regional data analysis;
 - b. Analysis of outliers focused on local service areas; and
 - c. Individual case review.
3. Revise the current monthly State Hospital Allocation Methodology (SHAM) report to provide local authorities a detailed set of data regarding bed day utilization, length of stay, readmission rates, and other key indicators.
4. Assign responsibility for statewide and regional data analysis to the JCAFS Subcommittee on Allocation and Utilization Review.
5. Establish an expert panel that includes representatives from key stakeholder groups to conduct the local analysis of outliers and individual case reviews.
6. Provide a mechanism for evaluating whether a regional round table may be needed to identify and address regional issues.
7. Develop simple, check-list style templates for local authorities and state hospitals to use in the peer review process.
8. Establish a tracking system to monitor results and provide feedback to the expert panel and the JCAFS.
9. Pilot the initial protocol in one or two local service areas before implementing on a statewide basis, with the initial pilot beginning in September 2016.

Together with the metric established using the bed day allocation methodology, the local utilization review protocol presents a problem-solving approach to support efficient and effective utilization of available beds. This approach stands in contrast to use of sanctions, penalties or fines applied to LMHAs utilizing above their allocated state hospital bed days.

State Budget FY2016-17

A summary of Mental Health, Substance Use and Intellectual Disability Services appropriations from the 84th Legislature is available here: http://www.txcouncil.com/public_policy.aspx

Health and Human Services Agencies Transformation

Transition Legislative Oversight Committee

Senate Bill 200 of the 84th Texas Legislature requires establishment of a Health and Human Services Transition Legislative Oversight Committee to help direct the HHS transformation.

The committee includes 11 voting members - 4 members of the Senate appointed by the Lieutenant Governor; 4 members of the House of Representatives appointed by the Speaker; and 3 public members appointed by the Governor. The Texas Health and Human Services Executive Commissioner serves as an ex officio, nonvoting member.

Governor Greg Abbott appointments:

- John D. Colyandro, Austin
- Billy C. Hamilton, Austin
- Heather Griffith Peterson, Austin

Speaker of House Joe Straus appointments:

- State Rep. Four Price (Co-Chair), Amarillo
- State Rep. Richard Raymond, Laredo
- State Rep. Toni Rose, Dallas
- State Rep. Cindy Burkett, Garland

Lieutenant Governor Dan Patrick appointments:

- State Sen. Jane Nelson (Co-Chair), Flower Mound
- State Sen. Brian Birdwell, Granbury
- State Sen. Juan "Chuy" Hinojosa, McAllen
- State Sen. Charles Schwertner, Georgetown

The first public hearing was held, Monday, January 25, 2016. To view the archived hearing visit: <http://www.senate.state.tx.us/75r/senate/commit/c935/c935.htm> Additional hearings are scheduled as follows:

March 31, 2016

May 18, 2016

September 14, 2016

To learn more about the transformation process, please review information on the HHS Transformation website:

<http://www.hhsc.state.tx.us/hhs-transformation/index.shtml>

Texas Council Sunset Bill Summaries are available at this link:

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

Major Provisions of S.B. 200

- Reorganizes the HHS System, bringing client services, regulatory, and facility operations in to HHSC
- Focuses DSHS on public health and DFPS on protective services
- Creates a Transition Legislative Oversight Committee to govern the reorganization process
- Requires the Executive Commissioner to develop a transition plan, submitted to the Committee at regular intervals, and to assess the continuing need for DFPS and DSHS as standalone entities
- Continues HHSC for 12 years, DSHS and DFPS for eight years, and provides for limited-scope Sunset review of OIG in six years

84th Legislative Interim Update

On November 9, 2015, Speaker Straus announced the creation of a select committee to, “take a wide-ranging look at the state’s behavioral health system for children and adults.”

The Speaker’s full press release is available, at the following link:

<http://www.house.state.tx.us/news/member/press-releases/?id=5741>

This select committee will review the behavioral health system, including substance use treatment and make recommendations to:

- improve early identification of mental illness,
- increase collaboration among entities that deliver care; and,
- improve performance measurement and outcomes.

As part of this effort, the select committee will specifically examine the challenges of providing care in underserved and rural areas of the state and identify challenges of providing care to Veterans and homeless Texans.

House Committee on Mental Health, Select		
Legislature: 84(R) - 2015		
Appointment Date: 11/9/2015		
Position	Member	Community Center
Chair:	<u>Rep. Four Price</u>	Texas Panhandle
Vice Chair:	<u>Rep. Joe Moody</u>	Emergence
Members:	<u>Rep. Greg Bonnen</u>	Gulf Coast
	<u>Rep. Garnet Coleman</u>	Harris Center
	<u>Rep. Sarah Davis</u>	Harris Center
	<u>Rep. Rick Galindo</u>	Center for Health Care Services
	<u>Rep. Sergio Muñoz, Jr.</u>	Tropical Texas
	<u>Rep. Andrew S. Murr</u>	Hill Country
	<u>Rep. Toni Rose</u>	Metrocare
	<u>Rep. Kenneth Sheets</u>	Metrocare
	<u>Rep. Senfronia Thompson</u>	Harris Center
	<u>Rep. Chris Turner</u>	MHMR Tarrant
	<u>Rep. James White</u>	Burke, Spindletop

The first meeting of the Select Committee will be held Thursday, February 18, 2016. In preparation for the hearing, Community Center leadership with legislators serving on the House Select Committee and the Texas Council engaged extensively with respective offices. The Texas Council will provide invited testimony.

For additional information, see Texas Council Legislative Update communication transmitted, February 9, 2016.

Interim Charges Released

As you are aware, the Texas House and Senate have released interim charges. The following select charges most directly impact Community Centers:

TEXAS HOUSE

Committee on Appropriations

8. Monitor the ongoing implementation of SB 20 (84R) and Article IX, Sec. 7.12 of the General Appropriations Act, HB 1 (84R). Study trends in state contracting as developed by the Legislative Budget Board and recommend new and/or modified strategies to ensure all contracting is executed in a transparent and judicious manner.

9. Review hospital reimbursement methodologies, including supplemental payments and the Medicaid add-on payments directed by HB 1 (84R) for safety-net and trauma facilities. In the review, include reimbursement methodologies for rural and children's hospitals. Also, monitor the extension of the Texas Healthcare Transformation and Quality Improvement 1115 waiver.

10. Review the Texas Medicaid programs providing long-term services and support to adults or children with medical, physical, or intellectual and developmental disabilities (IDD). Study reimbursement methodologies, the historical appropriated slot allocation compared to the actual fill rate, the procedure of releasing slots to providers, and the impact and timeline of carving services into Medicaid managed care. Identify potential obstacles for the delivery of community long-term services and support, including the availability of community care workers. Make any needed recommendations to improve community long-term services and supports.

Committee on Corrections

2. Study recidivism, its major causes, and existing programs designed to reduce recidivism, including a review of current programs utilized by the Texas Department of Criminal Justice (TDCJ) and the Windham School District for incarcerated persons. Examine re-entry programs and opportunities for offenders upon release. Identify successful programs in other jurisdictions and consider how they might be implemented in Texas. **Hearing held, February 10, 2016**

4. Study inmate release policies of the Texas Department of Criminal Justice, including the release of inmates directly from administrative segregation. Identify best practices and policies for both the transitioning of these various inmate populations from the prison to appropriate supervision in the community. Identify any needed legislative changes necessary to accomplish these goals. **Hearing held, February 11, 2016**

Committee on Human Services

4. Review the Health and Human Services Commission's Medicaid managed care organizations policies and procedures including a review of quality initiatives. Study contract management and assess the Vendor Drug Program drug formularies and current function. Identify the savings achieved by moving Medicaid into managed care. Determine what mechanisms or policies could be modified or strengthened to encourage increased participation or retention of healthcare providers in the Medicaid managed care system. **Hearing scheduled, March 8, 2016**

Committee on Public Health

3. Examine the history of telemedicine in Texas and the adequacy of the technological infrastructure for use between Texas healthcare providers. Review the benefits of using telemedicine in rural and underserved areas and current reimbursement practices. Explore opportunities to expand and improve the delivery of healthcare and identify methods to increase awareness by provider groups, including institutions of higher education, and payers of telemedicine activities being reimbursed in Texas. **Hearing held, February 10, 2016**

Committee on Emerging Issues in Texas Law Enforcement

3. Review the training and professional needs of law enforcement in the State of Texas, including the award and sufficiency of law enforcement training grants, methods of training, and types of training, including training in emerging or changing threats such as human trafficking, mental health crisis and confrontation, organized crime, and critical incident shooting.

TEXAS SENATE

Health and Human Services

Protection of Children

Part I: Reducing Recurrence of Child Abuse and Neglect:

Examine the current process that Child Protective Services uses to track recurrence of child abuse and neglect, and make recommendations to improve data tracking and the use of that data to assist in preventing recurrence. The study should examine the differences in recurrence among families who received services, families who received no services and had their cases closed, and families who had their children removed from the home.

Part II: Addressing High-Acuity Needs of Foster Care Children: Study the increase in higher acuity children with trauma and mental illness in the state foster care system, and recommend ways to ensure children have timely access to appropriate treatment and placement options.

Healthy Aging:

Part I: Study and make recommendations on innovative methods and best practices to promote healthy aging for the state's population and reduce chronic medical and behavioral health conditions. Identify opportunities for improved collaboration to promote healthy aging in the health and human services system at the state, regional and local levels.

Part II: Examine and recommend ways to improve quality and oversight in long-term care settings, including nursing homes and ICF/HCS programs. Monitor the implementation of legislation addressed by the Senate Committee on Health and Human Services during the 84th Regular Session related to the revocation of nursing home licenses for repeated serious violations. **Hearing scheduled, February 18, 2016.**

NOTES: Danette Castle, CEO for Texas Council, will provide invited testimony related to the role of Local Intellectual and Developmental Disability Authorities (LIDDAs) for Part II, related to improving quality of care and oversight in long term care settings. In addition, the Texas Council arranged invited testimony from an expert from our system to share experiences developing local collaborations for Part 1 of the "Healthy Aging" charge.

Medicaid Reform and State Innovation:

Study the impact of the Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver on improving health outcomes, reducing costs, and providing access to healthcare for the uninsured, and monitor the renewal process of the waiver. Explore other mechanisms and make recommendations to control costs and increase quality and efficiency in the Medicaid program, including the pursuit of a block grant or a Section 1332 Medicaid State Innovation Waiver for the existing Medicaid program.

Inpatient Mental Health System Reform:

Study and make recommendations on establishing collaborative partnerships between state-owned mental health hospitals and university health science centers to improve inpatient state

mental health services, maximize the state mental health workforce, and reduce healthcare costs.

Mental Health Diversion and Forensic Capacity:

Study the impact of recent efforts by the legislature to divert individuals with serious mental illness from criminal justice settings and prevent recidivism. Study and make recommendations to address the state's ongoing need for inpatient forensic capacity, including the impact of expanding community inpatient psychiatric beds.

Improving Access to Care through TeleHealth:

Study and make recommendations on the appropriate use, scope and application of tele-monitoring and telemedicine services to improve management and outcomes for adults and children with complex medical needs and for persons confined in correctional facilities. Examine barriers to implementation of these services and any impact on access to healthcare in rural parts of the state.

Senate Criminal Justice Committee

Re-Entry and Continuity of Care:

Review current programs provided by the Texas Department of Criminal Justice (TDCJ) and the Windham School for incarcerated persons to prepare them for re-entry, including inmates in administrative segregation. Examine opportunities for incarcerated persons once they are released and make recommendations to expand successful programs to provide resources and support for released inmates. Assess the success of Certified Peer Support Services.

Diversion:

Examine the success of current pretrial diversion and treatment programs in Texas and in other states. Make recommendations on best practices and how to implement and expand these programs in Texas to maximize effective use of resources and reduce populations in jails.

Jail Safety Standards in Texas:

Evaluate the current guidelines and practices in county and municipal jails relating to the health, welfare, and safety of those in custody. Review law enforcement and correctional officer training, with emphasis on mental health and de-escalation. Study the effectiveness of existing oversight mechanisms to enforce jail standards; making recommendations for policies and procedures if needed. Examine the current mental health and substance use treatment services and medical resources offered in county, municipal, and state correctional facilities.

Hearing scheduled, March 30, 2016

Veteran Affairs and Military Installations

Strike Force, VA Health, Mental Health:

Study the state of veteran health and mental health in Texas. Review the progress made by state strike force teams to reduce the claims backlog and decrease wait times at VA hospitals. Evaluate if the passage of the federal Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014 and other state initiatives have improved access and outcomes. Determine if state strike force teams should continue as established and make recommendations on necessary changes. **Hearing scheduled, March 10, 2016.**

Senate Finance Committee

Coordinating Behavioral Health Services and Expenditures:

Monitor the state's progress in coordinating behavioral health services and expenditures across state government, pursuant to Article IX Sec. 10.04. Identify ways state agencies that provide mental health services are collaborating and taking steps to eliminate redundancy, create efficiency, utilize best practices, ensure optimal service delivery, and demonstrate expenditures are coordinated and in furtherance of a behavioral health statewide strategic plan. Identify barriers that prevent the coordination of behavioral health services. Make recommendations to maximize use of state funding. **Hearing held, January 26, 2016. NOTE: Lee Johnson, Deputy Director, Texas Council provided invited testimony.**

Engage Local and State Elected Officials

The 85th Texas Legislative Session is less than 13 months away. Every Community Center should organize at least one local legislative forum.

Use the event as an opportunity to hear from state elected officials about what they accomplished during the 84th session and what they expect is ahead for the 85th session. These events should be open to the public. You should also invite the media to attend as well.

Hot Topics

1. Criminal Justice / Mental Health Interface
2. Provider Rates
3. 1115 T Waiver Sustainability
4. Veterans Mental Health
5. Availability of Substance Use Disorder Services
6. Workforce Shortages
7. Challenges of Limited Resources and/or Gaps In Local Services

The topics above are identified as suggestions to begin thinking about how a local legislative forum could be framed and organized.

If you are planning a local forum and have questions, please contact Lee Johnson at ljohnson@txcouncil.com

Federal Update

National Council Hill Day 2016 will take place June 6-7, 2016 at the Hyatt Regency on Capitol Hill in Washington, D.C.

Registration for Hill Day 2016 is free.

Book your hotel by May 9, 2016 for the special rate of \$289/night.

Learn more about Hill Day with this one-pager: <http://www.thenationalcouncil.org/wp-content/uploads/2016/02/Hill-Day-One-Pager-2016.pdf>

For more information visit:

<http://www.thenationalcouncil.org/events-and-training/hill-day/hill-day/>

Op-Eds Call for Expansion of the Excellence Act

As you are aware, Texas received SAMHSA planning grant funds and would benefit from this expansion (refer to Certified Community Behavioral Health Clinics section of this report, page 21).

On November 23, 2015, The Hill published a national Op-Ed co-authored by Danette Castle, CEO, Texas Council of Community Centers. The Op-Ed calls on Congress to expand funding to the 24 states who received planning grants per the Excellence in Mental Health Act.

The Op-Ed is available at:

<http://echo4.bluehornet.com/ct/75765664:THBckUyWN:m:1:1362577804:8564BEAB9B15C9E3D95530DAC45F7409:r>

On December 3, 2015, TribTalk a publication of the Texas Tribune published an Op-Ed written by Danette Castle supporting the expansion of the Excellence in Mental Health Act.

The Op-Ed is available at: <http://www.tribtalk.org/2015/12/03/congress-must-expand-the-excellence-in-mental-health-act/>

Federal Legislation

Update on Excellence in Mental Health Act

On Wednesday, February 10, 2016, Senators Roy Blunt (R-MO) and Debbie Stabenow (D-MI) introduced the Expand Excellence in Mental Health Act (S. 2525) – legislation that would expand the Certified Community Behavioral Health Clinics demonstration program to all 24 planning grant states.

The bipartisan Excellence in Mental Health Act demonstration, enacted as part of the Protecting Access to Medicare Act of 2014, expands capacity in the behavioral health system to care for more Americans and alleviate the pressure on our nation's jails and emergency rooms. Twenty-four states are currently planning their participation in the demonstration – but under current law, only eight will make the final cut.

Other Mental Health Legislation

Numerous mental health reform bills continue to be deliberated in U.S. Congress. On Wednesday, February 10, 2016, the U.S. Senate Judiciary Committee held a hearing called *Breaking the Cycle: Mental Health and the Justice System*.

Examples of best-practices were discussed during the hearing, including efforts lead by the Center for Health Care Services to create the Restoration Center in San Antonio. Written testimony submitted by Bexar County Sheriff Susan Parmerleau indicated the Restoration Center has saved the local community over \$50 million.

The video archive is accessible online here:

<http://www.judiciary.senate.gov/meetings/breaking-the-cycle-mental-health-and-the-justice-system>

Rumors on Capitol Hill continue to swirl that the Health, Education, Labor & Pensions (HELP) Committee and the Senate Judiciary Committee will be working together to bring up a comprehensive legislative package that includes elements of the Senate mental health reform bill (Murphy/Cassidy) and Senator Cornyn's bill, Mental Health and Safe Communities Act. However, the political path ahead will be tough because the National Rifle Association (NRA)-backed provisions allowing people with mental illness to get their names off the federal background check registry so they can buy guns again faces significant opposition from Congressional Democrats.

Federal Budget

On Tuesday, February 9, 2016, the President released a federal budget request that includes \$500 million for a series of two-year mental health initiatives and \$1.1 billion for new addiction treatment, prevention and recovery programs.

Overall, the Substance Abuse and Mental Health Services Administration request of \$4.3 billion represents a \$590 million increase from 2016.

Among key provisions of interest to mental health and addiction providers across all Health and Human Service agencies are:

Excellence in Mental Health Act Expansion: As part of the President's \$500 million mental health initiative, the budget request would add 6 additional states to the Certified Community Behavioral Health Clinic demonstration program, at an estimated cost of \$110 million.

Behavioral Health IT: The budget request would add behavioral health providers to the federal Meaningful Use incentive program that supports providers in adopting health information technology.

Substance Abuse Prevention and Treatment Block Grant: the budget requests \$1.8 billion for the block grant, level to 2016 funding.

Mental Health First Aid: the budget requests \$15 million for MHFA trainings, level to 2016 funding.

Primary Care Behavioral Health Integration: the budget requests \$26 million for PBHCI, a \$23 million cut from 2016.

Early intervention in serious mental illness: As part of the President's \$500 million mental health initiative, the budget requests a new mandatory appropriation of \$230 million over the next two years to provide evidence-based services to individuals experiencing the early onset of psychosis or other serious mental illnesses. Additionally, the budget request maintains the 10 percent early intervention set-aside enacted in the 2016 mental health block grant.

Initiatives supported by the new \$1.1 billion request to address the opioid epidemic are:

- \$920 million to expand access to medication-assisted treatment for opioid use disorders.
- \$50 million in National Health Service Corps funding to expand access to substance use treatment providers.
- \$30 million to evaluate the effectiveness of treatment programs employing medication-assisted treatment under real-world conditions and help identify opportunities to improve treatment for patients with opioid use disorders.
- Medicaid and CHIP continuous eligibility for one year.
- State incentives to expand Medicaid.

The President's Budget request will now be evaluated by congressional appropriators, who will spend the next months working to craft their own versions of the twelve annual appropriation bills. We will continue to keep you informed about new developments.

Public Information – Special Interest Group

Formed in January 2014, the Public Information – Special Interest Group (PI-SIG) of the Texas Council unites communications professionals from Community Centers across the state to share resources, best-practices and develop statewide communications strategies on behalf of our system of care. Membership includes representatives of 32 Centers and is open to all professionals with a communications or outreach role within their Centers.

Mission

To make communication activity at Texas Community Centers more strategic, more collaborative and more effective. This is accomplished by providing all Centers — and their staff — a venue through which they can learn and share new ideas and best practices and work together on challenges and opportunities that will strengthen their local efforts as well as collective communication efforts across the state.

Vision

Where Community Centers and their staff collaborate to promote communication strategies that achieve results locally and state-wide and provide professional development for each member.

PI-SIG meets 6 times a year, mostly via webinar, and plans to have two in-person meetings – during the annual Texas Council Conference in June and in October 2016.

The group is led by an executive committee that includes the following members:

- Catherine Carlton, MHMR Tarrant
- Ellen Summey, Betty Hardwick
- Rene Hurtado, Emergence
- Maria Rios, Texas Council

PI-SIG is currently recruiting additional members for its executive committee and is planning for the next PI-SIG meeting takes place February 24, 2016.

Healthcare Policy Update

Healthcare Transformation and Quality Improvement Program: 1115 Waiver

The State's 1115 Transformation Waiver is in its fifth and final demonstration year. On September 29, 2015, Governor Abbott requested a five-year extension from the Centers for Medicare and Medicaid Services (CMS). The renewal application and other information is on the HHSC website at: <http://www.hhsc.state.tx.us/waiver-renewal.shtml>.

The Texas Council submitted a letter supporting the extension in August 2015. The letter highlights Community Center efforts to help the State and managed care organizations (MCOs) realize the objectives of cost-effective, coordinated, and person-centered care. Centers have worked diligently with HHSC and MCOs to foster and build network relationships that support Medicaid clients, ensure a smooth transition of targeted case management and mental health rehabilitative services into managed care (September 2014), and implement the Community First Choice program (June 2015). Extending the waiver will help Centers continue these collaborative efforts, and pave the way for more value-based payments under managed care.

The Texas Council letter of support also emphasizes the need to continue DSRIP projects beyond the fifth year of the demonstration. More time is needed to build Community Center project momentum, establish best practices, and develop sustainable service delivery models. The opportunities provided to communities through the 1115 Waiver cannot be overstated.

Working with Bill Rago, former HHSC official, the Texas Council developed an Issue Brief for use in discussions with HHSC regarding the 1115 Waiver extension. The brief emphasizes the value of Center DSRIP projects both in improved services and cost-savings statewide. The brief addresses topics such as the uninsured population, sustainability, valuation, role of General Revenue, and integration into managed care. We anticipate it will inform HHSC negotiations with CMS. Additionally, the Texas Council provided feedback on Centers' behalf regarding HHSC's Transition Year (DY6) Proposal, the proposed Regional Performance Bonus Pool Measures, and the Transformational Extension Protocol (Menu) with Best Practices/Models.

Finally, the Texas Council continues active engagement with UT researchers, who are conducting an evaluation of 10 Community Center Physical-Behavioral Health Integration Projects. This review is a component of the 1115 Waiver evaluation funded in part by MMHPI (Meadows). Released in June 2015, the first report was a qualitative review of the projects: http://www.txcouncil-intranet.com/wp-content/uploads/2012/07/TX-1115-MH-PC-integration-baseline-report_05_22_2015.pdf. To be released in 2016, a second report will include quantitative analyses of the projects. Texas Council and participating Centers met with UT researchers and reached an agreement on data elements to be included in the evaluation.

Healthcare Opportunities Workgroup (HOW)

The HOW adopted its FY2016 Work Plan with emphasis in the following policy areas:

- Intellectual and Developmental Disabilities: The Role of Targeted Case Management in a managed care environment
- Substance Use Disorder Treatment as a Component of Integrated Healthcare
- Performance Contracting & Outcome Measurement in a Modern Healthcare System
- Implications of CMBHS on Innovation

In addition, the HOW will continue to monitor Managed Care Expansion implications through its Managed Care Steering Committee and will receive updates from Texas Council staff on the Certified Community Behavioral Health Clinics (CCBHCs). The HOW continues to meet monthly and is developing policy documents as deliverables for its FY2016 work.

Intellectual and Developmental Disabilities: The Role of Targeted Case Management in a Managed Care Environment

Throughout the past quarter, several LIDDA leadership staff continued to join HOW members to discuss the role of targeted case management performed by the LIDDA. Currently, the LIDDA performs targeted case management (TCM), known as service coordination, for individuals with intellectual and developmental disabilities, including those that are members in a MCO. At the same time, the MCO performs a function called service coordination for these same individuals. Although the relationship and services are very different, there have been concerns voiced that there may be duplication.

The HOW is developing a policy document that clearly lays out the functions of the LIDDA related to targeted case management including contract requirements, data on types of services, financing models and vignettes on consumer experiences. The HOW reviewed a draft one-page brief at the February 10, 2016 meeting. This brief will be released as a new publication by end of February. A longer policy document is under development.

Substance Use Disorder Treatment as a Component of Integrated Healthcare

Substance Use Disorder (SUD) is the most common comorbid condition among adults with serious mental illness; however, our treatment models typically do not integrate the treatment of those two conditions. SUD is estimated to impact 50% of individuals with serious mental illness, and is associated with a variety of poor health and life outcomes including: hospitalization, involvement with criminal justice, homelessness, chronic medical conditions and communicable diseases.

The HOW is examining treatment of SUD in an integrated healthcare approach and will identify:

- Overarching issues that result in under identification and under treatment of these conditions;
- Programmatic and regulatory barriers to integrated treatment;
- Impact of current rates on specific services;
- Cultural issues and clinical concerns among providers;

- Opportunities to improve integrated care; and
- Opportunities to improve health outcomes.

Cynthia Humphrey, Executive Director, Association of Substance Abuse Providers, participated in the December meeting to discuss policy issues related to SUD treatment. Additionally, Representatives of the HOW and Texas Council leadership met with DSHS Substance Use Disorder leadership staff on February 9, 2016 to discuss priorities relating to access to SUD treatment and Outpatient Screening and Referral (OSAR) as a function of the LMHA. At this time, the Committee continues development of a policy document on the integration of mental health and substance use treatment.

Performance & Outcome Measurement in a Modern Healthcare System

Endorsed Measure Strategy

On January 17, 2014, the Texas Council Executive Directors' Consortium reviewed and approved an Endorsed Measurement Strategy approach to clinical quality measures that reflects a more balanced method of measurement. This strategy identifies a core set of quality measures that all Community Centers must track. The Behavioral Health Data workgroup completed the measure specifications and the Access database for the calculation of endorsed measures.

As the Behavioral Health Data Workgroup completed their work, a new workgroup was formed, the Data Evaluation Workgroup (DEW). The HOW established the DEW as a place for subject matter experts from our system to meet and carry forward initiatives specific to outcome measurement for Community Centers.

During April and May 2015, 19 Centers submitted their measure outcomes and survey results to the Texas Council. None of the 19 submitted results for all measures; however, each Center reported outcomes for at least one measure. Contact was made with all 20 Centers that did not submit any results. The Endorsed Measure Evaluation and Recommendations report includes results for Centers that submitted outcomes. The report is available here:

<http://www.txcouncil-intranet.com/wp-content/uploads/2010/06/Endorsed-Measures-Evaluation-and-Recommendations1.pdf>

On December 3, 2015, the Texas Council Executive Directors' Consortium approved the DEW's proposed recommendations/next steps related to the Endorsed Measure Strategy. All Endorsed Measure materials are being updated and will be released to Centers by February 29, 2016. A webinar in March 2016 will be used to answer questions before Center outcomes are submitted on April 15, 2016. Centers will be able to resubmit calendar year (CY) 2014 outcomes and submit CY2015 outcomes at that time.

Additionally, the DEW is developing strategies to improve data collection, analyses and measure outcomes, which will aid and inform evaluation of Center project/measure outcomes, not limited to the Endorsed Measures.

Certified Community Behavioral Health Clinics: SAMSHA Grant

On May 20, 2015, the Substance Abuse and Mental Health Administration (SAMSHA) issued a request for applications (RFA) for Certified Community Behavioral Health Clinic (CCBHC) planning grants. Identified as a legislative priority by the Texas Council, the 84th Legislature included Rider 79 in the state budget, directing HHSC to apply for the planning and demonstration grants if cost-effective and consistent with HHSC quality objectives.

In July and August 2015, Texas Council staff engaged extensively with HHSC, MMHPI and DSHS to prepare the planning grant application. The Texas Council extends appreciation to all twenty-five Centers that completed readiness assessments and applied with HHSC to participate in the planning grant.

In October 2015, SAMSHA announced planning grant awards. Texas was one of 24 states selected, and received an award of \$982,000. HHSC can use these funds to support state efforts to certify clinics as CCBHCs, establish prospective payment rates for services covered by Medicaid MCOs, and prepare an application for a two-year demonstration program.

To participate in the demonstration, Texas must submit an application no later than October 31, 2016. Up to 8 states will share \$1.1 billion in demonstration grants. With increased funding provided by SAMSHA, CCBHCs will receive guaranteed minimum payments under the state-designed prospective payment systems for managed care providers, and incentive payments from MCOs for improved performance during the demonstration period.

On February 1, 2016, HHSC announced initial selection of 10 Community Centers to participate in the next phase of the CCBHC initiative:

- Austin Travis County Integral Care
- Bluebonnet Trails Community Services
- Burke
- The Center for Healthcare Services
- Community Healthcore
- The Harris Center
- Helen Farabee Centers
- StarCare Specialty Health System
- MHMR Tarrant
- Tropical Texas Behavioral Health

In addition to the 10 Centers, the State also selected one private entity, the Montrose Clinic in Houston.

States were only required to select two CCBHC sites, so Texas Council is encouraged by the geographic coverage and number of potential sites included in this next phase of the initiative. For the next phase, HHSC will meet with each of the potential sites by February 25,

2016. Based on these meetings, HHSC will make their final selection. Centers identified as final sites will work with HHSC to achieve certification by October 2016.

The Texas Council will support and assist Centers as they work to meet certification requirements. CCBHC initiative updates will be provided to all Centers as Texas works toward completing the required steps to submit a CCBHC Demonstration Project application to SAMHSA in October 2016.

Managed Care Workgroup and Steering Committee

The Texas Council supports Community Centers as they develop and maintain relationships with Medicaid and CHIP MCOs by providing technical assistance on contract issues, participating in strategic planning, and facilitating meetings. The Texas Council also promotes policies to protect managed care enrollees, reduce administrative burdens on providers, and communicates with HHSC and State leadership about important issues.

As part of this effort, the Texas Council facilitates quarterly meetings with the Managed Care Workgroup and monthly meetings with the Managed Care Steering Committee, a subcommittee of the HOW. The meetings focus on common member issues, including:

- HHSC utilization management guidelines and prior authorization requirements.
- Medicare Medicaid Program, also known as the “Duals Demonstration Project.”
- STAR Kids Program for children with disabilities (November 1, 2016, operational start).
- Claims processing, provider enrollment, Medicaid transportation, and other provider challenges.

The Managed Care Steering Committee developed several resources to help Community Centers operate in the Medicaid and CHIP managed care environment. Each quarter, the committee revises its recommendations for consortia in the “Things Every Consortium Should be Talking About Regarding Managed Care” document. In December 2015, the Texas Council published the first version of the *Quick Reference Guide for Managed Care*. The Guide uses a question and answer format to address Medicaid and CHIP managed care topics. The Managed Care Steering Committee will update the Guide quarterly to address new topics and MCO contract amendments.

The February 2016 guide includes new chapters on:

- Capitation Rates (MCO Rate Setting)
- Discharge Planning
- Experience Rebate (MCO Profit Caps)
- Marketing
- MCO Service Coordination
- Mental Health Rehabilitation and Targeted Case Management

The Guide identifies the contract source for each requirement, and state and federal laws, rules, regulations, and policy guidance when available.

Copies of the Guide and “Things Every Consortium Should be Talking About Regarding Managed Care” will be available on the Texas Council Intranet at:

- <http://www.txcouncil-intranet.com/index.php/texas-council-initiatives/managed-care-page/>
- <http://www.txcouncil-intranet.com/index.php/texas-council-initiatives/managed-care-steering-committee/>

Medicaid Managed Care Rules

On May 26, 2015, CMS published draft rules representing the first major overhaul of Medicaid and CHIP managed care regulations since 2002. The proposed rules include a number of significant changes, including revisions addressing MCO medical loss ratios, capitation rate-setting, marketing, network adequacy, member information, MCO quality rating systems, member grievances and appeals, long-term supports and services, enrollment and disenrollment, and the institution for mental disease (IMD) exclusion. The proposed rules also provide states additional flexibility to promote alternative payment models for managed care providers.

The Texas Council submitted comments to CMS calling for:

- Increased clarity and flexibility in the IMD exclusion.
- National network adequacy standards that ensure clients have timely access to the full range of mental health and substance use disorder benefits.
- Additional flexibility allowing states to set parameters for incentive payments to managed care providers.
- Longer windows for clients to select managed care plans before auto-assignment.

Summaries of the draft rules, as well as the National Council, Coalition, and Texas Council comments are available at the following link: <http://www.txcouncil-intranet.com/index.php/texas-council-initiatives/managed-care-page/>

When the rules are finalized, the Texas Council will notify membership of significant provisions and potential impacts.

Network Access Improvement Program (NAIP)

NAIP is a voluntary program that leverages intergovernmental transfers (IGTs) to fund provider incentive programs through Medicaid managed care organizations. Currently, only public hospitals and health related institutions (teaching hospitals) that are qualified to provide IGTs can participate in NAIP.

Because Community Centers are also qualified to provide IGTs, the Texas Council approached HHSC leadership about extending NAIP to Centers. HHSC does not plan to approach CMS about extending NAIP to Centers at this time, and will instead focus negotiation efforts on preserving DSRIP participation in the 1115 Waiver extension. HHSC indicated a willingness to continue NAIP at a later date, most likely following the first extension period. Until this time, Community

Centers should consider partnering with public or teaching hospitals and Medicaid MCOs on NAIP projects. Under these arrangements, Centers could help develop innovative projects and serve as subcontractors to hospital providers. HHSC would apply DSRIP-like payment rules to these programs, meaning that Centers should be paid based on fair market value and cannot provide IGT funding.

MCOs must submit NAIP proposals for SFY2017 by February 26, 2017. HHSC developed a menu of acceptable NAIP projects, including:

- Provider Training -- to increase provider awareness of patients with special needs, such as those with intellectual or developmental disabilities (IDD)
- Targeted Specialty Recruitment – to increase access to specialty services
- Telemedicine/Telehealth – to increase access to primary or specialty care
- Chronic Condition-specific Focus – to improve health outcomes of persons with specific health conditions, such as asthma, diabetes, Hepatitis C
- Behavioral Health Integration – to integrate behavioral health, primary and acute care services
- Medication Management – to reduce adverse drug events and inappropriate drug utilization
- Integrated Service Delivery – to provide comprehensive, integrated care

The Texas Council encouraged Centers interested in NAIP collaborations to reach out to public or teaching hospitals in their areas, and continues to provide support and assistance on proposed NAIP projects.

Medicaid Provider Re-enrollment

In January 2016, CMS extended the deadline for Medicaid provider re-enrollment by six months, to September 25, 2016. In collaboration with HHSC, the Texas Council developed a frequently asked questions (FAQ) document to assist Centers with the re-enrollment process. HHSC provided additional instructions with screenshots from the provider application portal. The FAQ document and HHSC guidance are available on the Publications page on the Texas Council member site at: <http://www.txcouncil-intranet.com/wp-content/uploads/2015/11/Reenrollment-FAQ-1.pdf>

The Texas Council continues to monitor Center re-enrollment status and communicates with the State on re-enrollment barriers. 28 Centers responded to a January 2016 Texas Council survey. Survey highlights include:

- Almost all respondents had started re-enrollment.
- 23 Centers had re-enrolled at least one acute care provider type. Many were close to completing all acute care re-enrollments.
- 2 Centers completed long-term care (LTC) re-enrollment. Many had submitted required paperwork are waiting for DADS confirmation of LTC re-enrollment.
- Fewer Centers reported re-enrollment challenges. Centers experiencing challenges reported:

- Applications pending for several months;
- Deficiencies or denials erroneously citing missing information; and
- Application fees required for exempt provider types.

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. Board Member Jamie Travis spoke about her commitment to Transition Medicine. The conference included several sessions on the special transition needs of youth and young adults with intellectual and developmental disabilities.

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

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

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

The Texas Council is aware of legislative interest in Transition Medicine in other areas of the state and will keep membership informed as this potential unfolds.

Meadows Mental Health Policy Institute

The Meadows Mental Health Policy Institute (MMHPI) named Andrew Keller, Ph.D., as President, replacing Tom Luce.

The Texas Council and many Centers are involved in various MMHPI initiatives. In September 2015 Danette Castle was appointed to the MMHPI Collaborative Council.

The MMHPI Collaborative Council has five (5) active task forces:

- Legislative Information
- Performance Measures
- Workforce
- Smart Justice
- Veterans

Danette Castle, Lee Johnson and Jolene Rasmussen are active members in the MMHPI Collaborative Council Legislative and Performance Measures task force workgroups.

Behavioral Health Update

Charges Rule

The Charges Rule, 412.108, 412.303, and 412.322 were released for informal comment in January 2016. Proposed language is available at this link: http://www.txcouncil-intranet.com/wp-content/uploads/2010/06/Charges-Rule_Chapter-412-Local-Mental-Health-Authority-Responsibilities....pdf.

Center comments indicated varied interpretation related to third-party payers (§412.108 of the rule). Texas Council, Center representatives, and members of the Collective Advocacy Participants Rule Committee met with DSHS and DADS representatives on February 4, 2016 to clarify meaning and application of that portion of the rule.

As a result of the meeting, DSHS will update the Charges rule FAQs, Client Brochures, and training materials. A conflict between language in the DSHS performance contract (children's services) and the rule also requires resolution.

Texas Council will host a webinar on February, 25, 2016 to provide guidance for application of the Charges rule. Additionally, information will be disseminated at upcoming consortia meetings.

Balancing Incentive Program (BIP) LTSS

The Balancing Incentive Program is a Federal Medicaid initiative that granted Texas funds for increasing access to non-institutional long-term services and supports (LTSS). The Balancing Incentive Program requires Texas to implement structural changes, including a no wrong door/single entry point system (NWD/SEP), conflict-free case management services, and core standardized assessment instruments.

Utilizing a questionnaire survey, anyone applying for any assistance is asked screening questions about mental health and substance use. Positive answers to three of the mental health questions results in a referral to the nearest LMHA. Positive replies to certain questions about substance use generates a referral to the nearest OSAR.

Both LMHA and OSARs are held to a 70% compliance level on following up within 15 business days of referrals.

LMHAs are able to use server types "A" through "R" which are currently in the Service Array and encounter type "D" Documentation, "F" Face-to-Face, and "T" Telephone as satisfying the encounter. The system went live on September 1, 2015. As of September 7, 2015, LMHAs are able to monitor their effectiveness by running reports through MBOW. DSHS will identify and remove these encounters from the Uniform Assessment Completion Rate contract measure reports.

DSHS agreed to reassess the questionnaire if too many false positives occur on the mental health portion of the survey.

CANS/ANSA Super User

Texas Council Staff and members selected from varying LMHAs worked on the process to develop Super Users for the Child and Adolescent Needs and Strengths (CANS) /Adult Needs and Strengths (ANSA). A CANS/ANSA Super User is an individual who is at least a Qualified Mental Health Professional – Community Services (QMHP – CS) that has met the training requirements per the Praed Foundation.

LMHA Responsibilities:

- Ensure one Super User for the ANSA and one Super User for the CANS. One staff person can be identified as Super User for both ANSA and CANS.
- Keep Super User status current in accordance with the Praed Foundations requirements.
- Submit a plan of correction to CMU if there is a vacancy to ensure the position is filled and prescribed activities are performed within 6 months.
- Ensure Super User will perform an inter-rater reliability training activity at least two times annually with a minimum of 40% of the practitioners who are certified to administer the CANS/ANSA as part of their primary functions.

Military Veteran Peer Network

Texas Council hosts monthly Military Veteran Peer Network (MVPN) Statewide webinars with the Texas Veterans Commission and the Department of State Health Services. These calls are designed to facilitate coordination across the state between Veteran Peer Coordinators, generate new ideas and share best practices. The Texas Council and leadership from the MVPN will hold the next statewide webinar Wednesday, February 24, 2016 from 3:00 p.m. to 4:00 p.m. This webinar is designed to reinforce the important work of the MVPN Volunteer Coordinators to support our military veterans and their families.

For the past two years, MVPN has held a pre-conference meeting at the Texas Council Conference. In 2016, in addition to this activity, they anticipate hosting a Military Cultural Competency certificate session.

VISN 17

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

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

Five Centers – Hill Country MHDD, Pecan Valley, Camino Real, Gulf Coast Center and Center for Life Resources – secured contracts with VISN 17 to provide Tele-mental Health Services at 26 sites for eligible Veterans. Communication between VISN 17 and the Community Centers is on-going.

Disaster Behavioral Health

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

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

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

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

HHSC is hosting High Consequence Infectious Disease workshops in each of the Health Service Regions to share in-depth, Texas-specific preparedness and response information. Regions 8 and 11 have already had their workshops. Others include:

REGION	LOCATION	DATES
Region 1	Lubbock	March 29-31, 2016
Region 2&3	Dallas/Fort Worth	May 3-5, 2016
Region 4&5 North	Tyler	March 1-3, 2016
Region 6&5 South	Houston	February 2-4, 2016
Region 7	Austin	February 16-18, 2016
Region 9&10	El Paso	June 7-9, 2016

Peer Opportunities

Peer Services as a Medicaid Benefit

In preparation for the 85th Legislative Session, HHSC is actively engaged in several strategies to evaluate the value and cost-effectiveness of Peer/Family Partner services, with the potential to recommend adding the services to the Medicaid state plan.

As part of this effort, HHSC requested 10 stories that reflect the value of Peer or Family Partner services. Community Centers submitted numerous stories that are currently under consideration for inclusion in next steps.

Additionally, Texas Council will select three Center sites to administer satisfaction surveys to 40 clients: 20 who have received peer services at least three times in the last six months and 20 who have never received peer services. The purpose of the investigation is to identify opportunities for enhancing current services and supports.

The Hogg Foundation also identified the need for Peer Specialists as a Medicaid provider type. A meeting was held February 4, 2016 with all stakeholders present to:

- Identify the term “lived experience”
- Training needed to become a Certified Peer Specialist or Certified Recovery Coach
- What agency should provide the training and
- What agency should issue the Certifications

Peer Report

The Texas Council is working with DSHS, the UT Austin School of Social Work and Texas Mental Health Resource (Via Hope) to design a survey assessing all people working within the Community Mental Health System who use their lived experience to help others. This will include Peers, Family Partners and Military Veteran Peer Coordinators.

This in-depth look at people who use their lived experience will be the basis for an updated Peer report. The objective is to give Community Centers a snapshot of how peer support specialists are using their lived experience throughout the state, which trainings are found to be helpful, and the challenges and outcomes of utilizing people with lived experience in professional settings.

Texas Council Peer/Family Partner Group

Family Partners and Peers met in a summit on the last day of the 2015 Texas Council Conference. The 5-hour summit focused on how each group used their lived experience to help others and on ways to collaborate more closely in the future to assist transition-age youth.

At the summit, a Steering Committee was established to examine peer support as a new area of service delivery. The group is comprised of:

- Joyce Roy, Peer Specialist, Central Counties Center

- Kevin Thompson, Peer Specialist, Helen Farabee
- Melissa Knotts, Family Partner, Permian Basin
- Shea Meadows, Family Partner, Harris Center
- Tammie Johnson, Peer Specialist, Spindletop
- Ginger Andrews, Tri County Center
- Paula Waters, Harris Center
- Bill Barthers, Lakes Regional Community Center
- Dion White, Chief Executive Officer, Center for Life Resources

This group meets by conference call on a monthly basis. A quarterly Peer/Family Partner meeting is scheduled for April 21 from 1:30 p.m. to 2:30 p.m. to disseminate information and to discuss statewide issues pertinent to Peers in the Community Center system of care.

Issue Highlights

- Transition-age youth and handoff from Family Partners to Peers
- Need for Family Partners to serve families with children beyond age 18 when the child remains in high school
- Compromise of integrity when serving in multiple positions, i.e. Peer and Family Partner, Peer or Family Partner and QMHP
- Peer/Family Partner Post Conference Summit

Peerfest

The Hogg Foundation is holding an event to reach people with lived experience who are not currently involved in the Texas recovery movement, peer support or a formal support network. The event will be held in Corpus Christi, April 25-28, 2016 Full scholarships are available, providing a great opportunity to develop peer leaders. For more information go to www.peerfest.org.

Peer Re-entry Program

Rider 73 (84th Regular Session) required DSHS to implement a mental health peer support re-entry program between LMHAs and county sheriffs to ensure inmates with mental illness successfully transition from the county jail into clinically appropriate community-based care.

Proposals from three Centers were awarded:

- Tropical Texas
- Harris Center for MH & IDD
- MHMR Tarrant

Texas Mental Health Resource (formerly Via Hope) is working on the curriculum for re-entry training. Many peers have been involved in development of the training.

Behavioral Health Advisory Committee

As directed by SB 200, Health and Human Services Commission (HHSC) established the Behavioral Health Advisory Committee (BHAC) to provide regular input and make recommendations regarding mental health and substance abuse programs across the health and human services system.

This committee was created to subsume the work of the Council for Advising and Planning (CAP), Drug Demand Reduction Advisory Committee, Local Authority Network Advisory Committee, Texas Children Recovering from Trauma Steering Committee, and Texas System of Care Consortium. This committee will serve as the primary advisory voice to HHSC for issues related to mental health and substance use for Texans of all ages. Andrea Richardson, Executive Director of Bluebonnet Trails Community Services was appointed by Executive Commissioner Traylor to represent the Texas Council on this committee.

More information about this change and other changes to advisory committees can be found at <http://www.sos.state.tx.us/texreg/archive/October302015/In%20Addition/201504496-1.pdf>

Subcommittees under BHAC include the Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders, and the Child Youth Behavioral Health Subcommittee, which is the consolidation of the Texas Children Recovering from Trauma Steering Committee and the Texas System of Care Consortium.

The BHAC held its first meeting on January 15, 2016.

Texas Mental Health Resource (Via Hope) Advisory Committee

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

TMHR has renamed their Advisory Committee to Recovery Stakeholder Committee Meeting and the membership still consists of a diverse group of stakeholders including representation from LMHAs, consumers of MH and/or SU, veterans, family members of MH and/or SU, and others. There will be a stronger voice for substance use issues within their advisory committee. The group advises TMHR on recovery initiatives and training for Peer Specialists and Family Partners.

TMHR will increase its training fees for 2016. The following is the schedule of fees, effective January 1, 2016. Some scholarship assistance will continue to be available for individuals with employers who cannot cover full training costs.

Certified Peer Specialist Training	
Initial Peer Specialists Certification Training	\$750
Demystifying Peer Support/Organization	\$1,550
PS Whole Health and Resiliency	\$100
CPS Co-Occurring Disorders Training	\$100
CPS Trauma Informed Care Training	\$130
CPS Working With Transition Age Youth (under development)	\$100
RTP: <i>Next Steps</i> (for experienced CPSs)	TBD
Intentional Peer Support	\$320
eCPR	\$150
Certified Family Partner Training	
Initial Family Partner Certification Training	\$550
Family Partners Supervisors	\$175
CFP Wrap-Around Training	\$120
CFP Juvenile Justice	\$135
CFP Special Education Training	\$130

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

The PAIMI Council is an advisory group of consumers, family members and professionals in the mental health field for Disability Rights Texas. The Outreach Committee for the PAIMI Council will be developing a video to promote the top five consumer rights that are often violated. The video will focus first on hospitals and then Community Centers. PAIMI members will recount their experiences involving violations to each of the five rules in both settings. Filming for this project is ongoing.

The PAIMI Council will focus on voting rights in 2016. People with disabilities are more likely not to vote. Most of the activities of will be focus on this issue.

Mental Health First Aid

SB 133 Mental Health First Aid Initiative

SB 133 (84th Session) amended HB 3793 (83rd Session) to provide LMHAs with more flexibility in bringing this training to public schools. SB 133 adds new provisions, including:

- Anyone who comes into contact with children at the school can receive training including bus drivers, safety or resource officers;
- No percentage of the allocation has to be spent on training instructors;
- Expedited trainings now allowed; and
- Reporting Year now aligned with State Fiscal Year.

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

MHFA Leadership

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

- Technical Assistance
- Identifying Best Practices
- Agency Implementation Issues

MHFA Steering Committee Membership

Andrea Richardson – Co-chair	Bluebonnet Trails
Ron Trusler – Co-chair	Central Plains Center
Catherine Carlton	MHMR Tarrant
Susan Holt	Spindletop Center
Rene Hurtado	Emergence Health Network
Laura Gold	Austin Travis County Integral Care
Lisa Boone	MHMR Tarrant

Steering Committee Members meet monthly along with DSHS. The larger MHFA workgroup meets quarterly to share ideas, concerns and techniques in a networking conference call. The next meeting for the larger MHFA group is February 22, 2016 at 10:00 am. A survey was released to assess training needs for LMHAs and to assist with scheduling training.

MHFA Summary

2016

Staff & Contractors to Train FY16	Educators to Train FY16	Staff & Contractors Trained FY16	Educator Trainings FY16	Non Educator Trainings FY16
236	10,995	NA	NA	NA

2015

Staff & Contractors to Train FY15	Educators to Train FY15	Staff & Contractors Trained FY15	Educator Trainings FY15	Non Educator Trainings FY15
206	11,257	206	6,527	2,833

2014

Staff & Contractors to Train FY14	Educators to Train FY14	Staff & Contractors Trained FY14	Educator Trainings FY14	Non Educator Trainings FY14
479	12,295	405	7,774	2,688

MHFA Instructor Training Update

- Adult MHFA Instructor training at Tropical Texas February 15-19, 2016.
- Adult MHFA Instructor training held at Tarrant County October 26-30, 2015.

A new survey was issued to determine training needs. East Texas Behavioral Health Network (ETBHN) agreed to host a training when survey results are established.

Extended Observation Units (EOUs) / Crisis Stabilization Units (CSUs) Update

DSHS proposed changes to standards for Extended Observation Units (EOUs) included in Information Item V of the FY2016 LMHA Performance Contract that would prohibit EOUs from providing treatment services for people admitted on involuntary status.

DSHS and Texas Council are in the process of scheduling a conference call with the EOU/CSU subcommittee and Disability Rights Texas to review and discuss most recent additions to Information Item V.

DSHS is committed to make further revisions to Information Item V to clarify that treatment services are allowed (with appropriate consent) within the 48-hour time period an individual is in an EOU.

The EOU Stakeholder group met again at DSHS on August 3, 2015 to make further revisions to EOU standards in Information Item V.

EOU/CSU Subcommittee Appointed

During the July 15, 2015 Executive Committee meeting, further discussion of EOU issues related to licensure and Rider 80 caused the Executive Committee to request that Shelley Smith (Chair of the BH Committee) appoint a subcommittee to develop recommendations that ensure EOUs remain a sustainable model for delivery of crisis services.

Similar to Sunset Commission recommendations, Rider 80 requires DSHS to complete a comprehensive review of contract funding requirements and standards governing community-based crisis and treatment facilities and make recommendations to the 85th Legislature for changes to statutes or regulatory requirements needed to ensure the safe, effective and efficient treatment of persons with mental health disorders, substance abuse disorders, or co-occurring mental health and substance abuse disorders in community settings.

The following members were appointed to serve on the subcommittee:

Lee Johnson, Chair	Donna Moore
Steve Schnee	Avrim Fishkind
Barbara Dawson	Terrie Mayfield
Shena Timberlake	Tewiana C. Norris
Larry Frame	Sherry Blyth
Kristen Daugherty	Evan Roberson
Diane Lowrance	Ross Robinson
Susan Rushing	

The Texas Council requested Rider 61 recommendations from DSHS and will hold a conference call to discuss with the committee when this information is received.

Home and Community-Based Services – Adult Mental Health (HCBS-AMH)

Home and Community-Based Services – Adult Mental Health (HCBS-AMH) 1915 (i) is a state-wide program that provides home and community-based services for adults with serious mental illness in lieu of remaining long-term residents of in-patient facilities. The HCBS-AMH program provides an array of services, appropriate to each individual's needs, to support successful tenure in the person's chosen community. Services are designed to support long-term recovery from mental illness.

Centers for Medicaid and Medicare Services (CMS) formally approved the HCBS-AMH 1915(i) State Plan Amendment (SPA) on October 13, 2015.

Rider 61b (84th Legislature) directs DSHS to expand HCBS in order to divert people with severe mental illness (SMI) from jails and emergency departments (EDs) into community treatment programs. DSHS is currently holding meetings with community stakeholders.

Eligibility criteria for expansion populations:

1. Jail Diversion - During the **three** years prior to their referral, an individual must have:
 - Two or more psychiatric crises (i.e., inpatient psychiatric hospitalizations and/or crisis episodes requiring outpatient mental health treatment), and
 - Repeated discharges from correctional facilities (i.e., three or more)
2. Emergency Department Diversion - During the **three** years prior to referral, an individual must have:
 - A history of inpatient psychiatric hospitalizations or outpatient mental health crisis episodes, and
 - A pattern of frequent utilization of the emergency department (ED) (i.e., fifteen or more total ED visits)

Although DSHS has been substantially challenged in bringing this program to fruition, the HCBS program is designed to provide comprehensive services for a certain population of people with serious mental illness, similar to the HCS Program for persons with IDD. Both the 83rd Legislature and the 84th Legislature provided funding for the program and there is significant legislative interest in assuring these services are made available for the targeted population.

HHSC is holding stakeholder meetings throughout the state and over webinars. The University of Texas Institute in Excellence for Mental Health is holding a training forum to go over the application process February 25-26, 2016. More information about the program and upcoming events, as well as how to apply to become a provider, can be accessed on the DSHS webpage <https://www.dshs.state.tx.us/mhsa/hcbs-amh/>.

Health Integration Report

The Behavioral Health Integration Advisory Committee, created by Senate Bill 58 of the 83rd Texas Legislature (Regular Session), was charged with addressing planning and development needs to integrate Medicaid behavioral health services, including targeted case management, mental health rehabilitative services and physical health services, by September 1, 2014. The committee must seek input from the behavioral health community on these issues and produce formal recommendations to HHSC on how to accomplish integrating behavioral and physical health within Medicaid managed care.

Members of the committee include:

- Octavio Martinez (chair), Austin, Hogg Foundation for Mental Health
- Douglas Beach, San Antonio, Parent
- Michelle Bibby, Pflugerville, Certified Peer Support Specialist
- Susan Calloway, Austin, Texas Rural Health Association
- Terry Crocker, Mission, Tropical Texas Behavioral Health
- Sherry Cusumano, Dallas, Licensed Chemical Dependency Counselor
- Kristen Daugherty, El Paso, Emergence Health Network
- Lisa Doggett, Austin, McKesson
- Angelo Giardino, Houston, Texas Children's Health Plan
- Debra Jackson, Houston, Deblin Health Concepts & Assoc., Inc.
- Dwina Bridgemohan, Katy, Professional Mediator
- Kenneth Meyer, Allan, Value Options of Texas, Inc.
- Richard Noel, Houston, IntraCareNorth Hospital
- Melissa Rowan, Austin, Texas Council of Community Centers
- Nakia Scott, Round Rock, Lone Star Circle of Care
- John Theiss, Austin, Mental Health America of Texas
- Gregg Sherrill, Houston, OptumHealth Behavioral Services
- John Gore, Bedford, Cigna-HealthSpring STAR+PLUS
- Janet Paleo, San Antonio, Consumer Representative

The Phase II report was presented to Executive Commissioner Chris Traylor and was well received. The group is being allowed to continue their work towards implementation of

Behavioral Health Integrated Health Home Pilots. The Phase II report can be found at https://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/bhiac-docs/BHIAC-Phase-II-recommendations.pdf. The committee presented the first report to Senator Nelson's office on and will present the report to Senator Schwertner's office on February 22, 2016. Next meeting of the BHIAC will be March 23, 2016.

Children's Mental Health

Youth Empowerment Services (YES) Waiver

The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) developed the Youth Empowerment Services (YES) Waiver, which provides comprehensive home and community-based mental health services for youth between the ages of 3 and 18, up to the 19th birthday, who have a serious emotional disturbance.

The YES Waiver provides flexible supports and specialized services to children and youth at risk of institutionalization and/or out-of-home placement due to their serious emotional disturbance and provides services aimed at keeping children and youth in their homes and communities.

YES Waiver policy has changed to allow specialized therapists, including animal-assisted, art, music and recreational therapists and nutritional counselors, to bill for their participation in YES Child and Family Team meetings. New billing guidelines:

- A therapist who attends a Child and Family Team meeting in person may bill for up to one hour of consultation for each Child and Family Team meeting attended.
- A therapist who would have to travel 50 miles or more to attend a meeting in person may call in to participate, and bill for up to one hour of consultation for each Child and Family Team meeting attended.
- A therapist who would have to travel 49 miles or less to attend a meeting in person may call in to participate, but may only bill for one 15-minute unit of consultation for each Child and Family Team meeting attended.

Between February and April 2016, DSHS and TIEMH will contact ATCIC, Center for Health Care Services, MHMR Tarrant, The Harris Center, Gulf Coast and Tropical Behavioral Health, to collect information for children and youth to determine how well wraparound is being implemented for youth served by YES. These efforts will inform the focus of coaching and technical assistance, as well as future efforts.

Mental Health and Foster Care

Health and Human Services Commission Office of Mental Health Coordination and Department of Family Protective Services hosted a meeting to discuss community-based mental health services for children and youth in foster care, with a focus on current utilization of services, as well as ways to enhance access and coordination in October 2015. LMHAs, CPAs, and Texas Council staff were in attendance.

The meeting covered the complexities of the relationships between LMHAs and CPAs and ways to establish better partnerships. HHSC has planned a series of activities to promote this partnership, including:

1. Archived webinars on basic services available in communities for CPAs, CPS and LMHAs. Link to archived webinars will be released in the near future.
2. CPA training on services and enrollment open to all interested parties.
3. HHSC will visit Travis County, Dallas, Bexar County, and Rio Grande Valley with the LMHAs and the CPAs to identify issues and any technical assistance needed. More areas may be included in the future.

Children's Policy Council

The Children's Policy Council supports health and human services agencies in developing, implementing, and administering family support policies, and related long-term care and health programs for children. The council produces a biennial report with recommendations to the health and human services executive commissioner and the Texas Legislature, which can be accessed on HHSC's webpage <http://www.hhsc.state.tx.us/si/cpc/>.

The council includes relatives of consumers of long-term care and health programs for children, and representatives of community, faith, business and other organizations. David Evans, CEO, Austin Travis Integral Care is a member of the committee.

Children and Youth Behavioral Health Subcommittee

The Children and Youth Behavioral Health Subcommittee to the Behavioral Health Advisory Committee is a consolidation of the Texas System of Care Consortium and the Texas Children Recovering from Trauma Steering Team. They will meet quarterly to discuss project-specific updates and strategic planning. The next meeting will be held April 13, 2016.

Intellectual and Developmental Disabilities

Overview of Significant IDD Issues

General Revenue (GR) Targets

Recently DADS commended the LIDDA system as a whole for exceeding statewide targets for the FY2014-FY2015 biennium by 959.

As you are aware, despite this outstanding collective performance, some individual LIDDAs struggle to meet targets and would be at risk of recoupment if DADS applied sanctions or penalties. Subsequent to multiple discussions with the Texas Council, DADS leadership acknowledges serious considerations to work through with the Texas Council (Local Authorities) before moving forward with related sanctions or penalties. Among the serious considerations brought forward by Texas Council and currently under review by DADS is the substantial number of LIDDA functions that do not count toward performance targets.

Although DADS leadership would not commit to a defined or long-term hold harmless period in FY2016, they did commit to provide LIDDAs with sufficient prospective notice before moving out of the current hold harmless environment.

Texas Council will continue to engage with DADS on these issues and will keep you abreast of new developments.

Crisis Respite and Behavioral Intervention Funding for People with IDD

The 84th Texas Legislature appropriated \$18.6 million (all funds - biennium) toward crisis respite and behavioral intervention initiatives for people with IDD or co-occurring IDD and mental health conditions.

To evaluate current availability of crisis services for this population and make decisions regarding use of new funds, DADS issued a Needs and Capacity Assessment (NCA) in December 2015 for completion by each LIDDA. LIDDAs were invited to submit individual assessments and/or assessments proposing collaborative projects involving more than one LIDDA.

DADS is currently reviewing NCA submissions. The proposed implementation timeline includes notification to LIDDAs in February 2016 and distribution of funds in March 2016. The likely distribution schedule is:

- \$6 million in FY2016
- \$12 million in FY2017

LIDDA Targeted Case Management

The Local Authority Workgroup (LAW) is collaborating with the Healthcare Opportunities Workgroup (HOW) to create an educational tool describing benefits of LIDDA targeted case management (TCM) and highlighting key differences between LIDDA TCM and Managed Care

Organization (MCO) service coordination. The tool can be used in lead-up to and during next Legislative Session to protect and bolster LIDDA TCM role.

The LAW and the HOW recommend DADS change terminology from LIDDA service coordination to LIDDA targeted case management to emphasize distinction.

For further detail on this initiative, see Health Opportunities Workgroup section of this report (pages 19 – 20).

HCS and TxHmL Enrollments

In recent months, DADS stopped releasing new HCS and TxHmL Interest List slots. LIDDAs were directed to focus on HCS and TxHmL enrollees “in the pipeline” (in some stage of enrollment or pre-enrollment). At the IDD Consortium in January 2016, DADS staff announced that LIDDAs should not anticipate any new slot releases until summer 2016.

In recent conversations with Texas Council, several Centers expressed significant concern about staffing issues related to waiver releases. Many Centers hired additional staff last year to keep up with the high volume of enrollments. These Centers are now contemplating a potential reduction in force to address budget deficits.

Texas Council continues to emphasize to DADS the justified sense of urgency LIDDAs have around this issue and the need for timely communications to all LIDDAs.

Redesign of IDD Services and Supports: FY2014-15/FY2015-16

Following FY2014-15 timeline includes redesign activities directed by SB 7 from the 83rd Legislative Session and updated timelines directed by HB 3523 from the 84th Legislative Session. Certain implementation deadlines are directed by law while others are not* but are projected by HHSC and/or were reflected in FY2014-15 state appropriations:

Timeline	IDD Redesign Requirements and Related Activities	Status as of 02.09.16
October 1, 2013	SB 7 deadline to appoint IDD System Redesign Advisory Committee members	Recent meeting held January 28, 2016. Upcoming meetings: April 28, 2016, July 28, 2016, and October, 27, 2016..
Fall, 2013*	HHSC and DADS prepares Community First Choice (CFC) Medicaid state plan amendment for submission to CMS (CFC option implements SB 7 basic attendant and habilitation services provided through STAR + PLUS)	HHSC submitted proposed State Plan Amendment to CMS October 10, 2014. CMS approved the CFC state plan amendment, effective June 1, 2015.
Fall, 2013*	Informal consideration of pilot(s) to test managed care strategies based on capitation to be implemented "not later than September 1, 2017" per HB 3523	Pilot Request for Information (RFI) issued July 20, 2015. HHSC received 11 responses. Request for Proposals (RFP) to follow in spring/summer 2016
September 1, 2014*	First possible date STAR + PLUS managed care can expand statewide	STAR+PLUS expansion occurred September 1, 2014.
September 1, 2014*	Estimated start date for CFC basic attendant and habilitation services through STAR + PLUS	June 1, 2015 implementation.
September 1, 2014*	First possible date to begin providing IDD acute care services through STAR + PLUS	Acute care services for people with IDD (in ICF, HCS, TxHmL, DBMD, CLASS) were rolled in to managed care September 1, 2014.
September 1, 2014	Nursing Facility carve-in to STAR + PLUS	Implemented March 1, 2015.
September 30, 2014	SB 7 deadline for annual IDD System Redesign report to legislature	2014 report published online January 2015 at: http://www.hhsc.state.tx.us/reports/2015/sdiidd.pdf . 2015 report currently under review by agency leadership.
December 1, 2014	SB 7 deadline for report to legislature on role of Local Authority as service provider	Published online: http://www.dads.state.tx.us/news_info/publications/legislative/roleofliddas2015/roleofliddas2015.pdf
September 1, 2015	IDD Comprehensive Assessment Evaluation	Stakeholder input requested by DADS via survey. RFI released August 25, 2014. RFP currently in development at HHSC. A pilot of the assessment is anticipated to roll out at MHMR Tarrant and Lakes Regional MHMR Center; details forthcoming.

SB 7 Implementation Activities:

- **IDD System Redesign Advisory Committee.** The committee held a meeting January 28, 2016 and will meet quarterly throughout 2016: April 28, 2016, July 28, 2016, and October, 27, 2016. Community Centers are represented by John Delaney, Executive Director, Lakes Regional MHMR Center, and Susan Garnett, CEO, MHMR Tarrant.

Committee information is located at:

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

- **Pilot to test managed care strategies.** On July 20, 2015, HHSC released an RFI for the IDD Managed Care Pilot directed by SB 7 (83rd Legislature). Responses were due August 20, 2015. HHSC reports it received eleven responses to the RFI.

As directed, HHSC and DADS are required to:

- Develop and implement a pilot program of a service delivery model involving a managed care strategy based on capitation; and
- Test the model in the provision of Medicaid long-term services and supports for individuals with IDD.

HB 3523 (84th Legislature) requires pilot implementation by September 1, 2017.

See link below for announcement. Access RFI by clicking “RFP Documents” on left side of announcement page.

RFI 529-16-141882: [Managed Care Pilot Provisions for Individuals With Intellectual and Developmental Disabilities](#) (HHSC)

HHSC, through its contractor Leavitt Partners, hosted in-person and virtual listening sessions to gather stakeholder feedback on pilot design in January 2015. Texas Council and LIDDA representatives participated in several listening sessions. Texas Council submitted written feedback to Leavitt Partners, emphasizing the importance of the independent, LIDDA case management role in the pilot.

- **IDD Comprehensive Assessment Evaluation.** Per agency updates provided at the IDD System Redesign Advisory Committee meeting on January 28, 2016, HHSC developed an RFP for a vendor to complete the interRAI intellectual disability assessment, part of a larger suite of assessments, with a select population. The RFP is currently under review by Procurement Contract Services and Legal Services at HHSC. When finalized, the RFP will be posted to the Electronic State Business Daily (ESPD) website hosted by the Comptroller’s Office for a minimum of 30 days.

The interRAI organization is a collaborative network of researchers in over thirty countries committed to improving care for people with disabilities or who are medically complex. The organization identified the need for compatible assessment

instrumentation that could be used across healthcare sectors and released a first iteration of the integrated suite in 2005. Over time, other instrument systems have been added to the suite. For more information on the interRAI organization and assessment suite, visit www.interrai.org.

After the assessments have been completed, an outside evaluator will compare the results of the interRAI with results of other assessments (ICAP or SIB-R) along various domains. Several Texas universities received solicitations from DADS about serving as the outside evaluator. At this time, an RPF for outside evaluators is being developed.

Community First Choice

Community First Choice (CFC) was implemented across the state on June 1, 2015.

Recent Highlights

- Two significant policy changes to CFC as delivered through HCS and TxHmL are anticipated in spring/summer 2016:
 - (1) A functional assessment (streamlined version of assessment used in managed care) will be required for all individuals receiving CFC PAS/HAB in HCS or TxHmL to determine how many hours of CFC PAS/HAB the individual needs (implementation anticipated March 20, 2016);
 - (2) Provider qualifications will disallow someone who lives in the same residence as the individual from being the paid provider of CFC PAS/HAB services (implementation anticipated June 1, 2016).
- LIDDA service coordinators will be responsible for helping communicate and institute these changes. DADS released draft materials related to these changes on Tuesday, January 19, 2016. Texas Council submitted written feedback on the materials, encouraging DADS to reconsider proposed changes to provider qualifications and to alleviate the administrative burden of requiring a functional assessment.
- Texas Council aims to improve CFC communication/coordination through:
 - (1) CFC-specific distribution list for communications from Texas Council;
 - (2) Monthly technical assistance calls;
 - (3) “CFC Summit” during April 2016 IDD Consortium; and
 - (4) Ad hoc Texas Council workgroup dedicated to CFC, composed of CFC staff.
- DADS is looking closely at LIDDAs with relatively few LOC determination requests for CFC submitted so far and has contacted some LIDDAs directly to discuss.
 - DADS added new questions and answers to its website to help LIDDAS and their employees understand the process of becoming certified to conduct a Determination of Intellectual Disability (DID). Updates can be found on the LIDDA website.
 - Contact Erin Lawler (elawler@txcouncil.com) to discuss resource or other challenges in CFC; Texas Council is available to facilitate shared resource arrangements between LIDDAs.

HCS Fire Sprinkler Reimbursement

As you know, Rider 32 (84th Legislature) allows DADS to expend almost \$3 million over the biennium to reimburse HCS providers for sprinkler (fire suppression) system installation costs in 4-bed HCS homes.

Providers may be reimbursed up to 50% of installation costs, not to exceed \$10,000 per home. Partial reimbursement is available for installations made after September 1, 2012.

How to Request Reimbursement

DADS released Information Letter 2016-02 on January 28, 2016 with instructions for requesting partial reimbursement.

To request partial reimbursement for the cost of installation of a fire sprinkler system in a four-person residence, an HCS program provider must email DADS at HCSsprinkler@dads.state.tx.us by 5:00p.m. Central Standard Time, Tuesday, March 1, 2016:

1. A properly completed [DADS Form 1571](#), Request for Partial Reimbursement for the Cost of Installation of a Fire Sprinkler System in a Four-Person Residence, available on DADS website on the "Home and Community-based Services (HCS) Provider Resources" page;
2. As required by Texas Administrative Code (TAC), Title 28, Part 1, §34.716, a [State Fire Marshal's Office Form SF041](#), Contractor's Material and Test Certification for Above Ground Piping, properly completed by the fire sprinkler installer;
3. If required by 28 TAC §34.716, a [State Fire Marshal's Office Form SF042](#), Contractor's Material and Test Certification for Underground Piping, properly completed by the fire sprinkler installer; and
4. An invoice or statement for the installation of the fire sprinkler system from the fire sprinkler installation company showing the:
 - date installation was completed;
 - address of the residence in which the system was installed;
 - total cost of the installation; and
 - total cost has been paid.

DADS Review of Requests and Distribution of Funds

DADS will accept a reimbursement request if the request is complete and meets requirements described in Information Letter 2016-02. DADS will notify a provider by email whether the request is accepted or not accepted.

After DADS determines the number of accepted reimbursement requests and the total cost incurred by providers for sprinkler system installation, DADS will determine the amount, if any, each provider will receive.

PASRR and Related Local IDD Authority Responsibilities

Beginning May 23, 2013 Local Authorities began complex new responsibilities to support people with IDD in or at risk of admission to nursing facilities in Texas. Civil rights requirements to services provided in the most integrated setting form the foundation of Pre-Admission Screening and Resident Reviews (PASRR) and additional related responsibilities delegated to Local Authorities on behalf of the state (per Performance Contract Attachment G).

The additional Local Authority functions are in response to the two-year *Steward v. Perry* interim settlement agreement. As statutorily directed entities responsible for access and intake, eligibility and enrollment, safety net/crisis intervention, service coordination and local planning functions for people with IDD, the Local Authority network now serves as the statewide system actively supporting civil rights related to nursing facility diversion and community alternatives for this population. To view the Steward Interim Settlement Agreement: <http://www.ada.gov/olmstead/documents/steward-settlement.pdf>

Latest Developments in PASRR

Outstanding LIDDA Achievement: In October 2015, DADS announced LIDDAs' relentless work on PASSR-related activities led to an outstanding achievement: LIDDAs as a whole achieved a 97% completion rate within 7 days for all August PASSR Evaluations.

Geri Willems, PASRR unit manager at DADS, said, "This accomplishment is a testament to LIDDAs' dedication to improving the lives of people with disabilities in Texas and their ability to respond to changing needs and circumstances."

LA Requirements Related to PASSR Quality Service Reviews

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

Quality Service Reviews (QSR)

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

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

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

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

DADS hosted a webinar on July 20, 2015 to provide information to LIDDA staff on how PASRR program compliance is being reviewed and measured and to provide opportunity for a question and answer session and discussion of the Quality Service Review processes.

LIDDA Specialized Services for PASRR Residents

Recently adopted PASRR rules (40 TAC, Chapter 17) include the following LIDDA specialized services:

- Service coordination, which includes alternate placement assistance;
- Employment assistance;
- Supported employment;
- Day habilitation;
- Independent living skills training; and
- Behavioral support.

The PASRR rules also provide a definition of each LIDDA specialized service. The definitions are consistent with those used for the TxHmL program and for general revenue funded services. For example, behavioral support, employment assistance, supported employment, and day habilitation use the TxHmL definitions. Independent living skills training uses the general revenue service definition of community support.

A LIDDA is required to arrange for all LIDDA specialized services agreed upon in the IDT meeting for a “designated resident,” which is defined in the PASRR rules as “a Medicaid recipient with ID or DD who is 21 years of age or older, and who is a [nursing facility] resident ...”

DADS has funds dedicated to reimburse LIDDAs for LIDDA specialized services, excluding service coordination that is funded by targeted case management. A LIDDA requests reimbursement by submitting a completed Form 1048 (Summary Sheet for Services to Individuals with IDD in a Nursing Facility). The rates for each specialized service as well as a determination of intellectual disability (DID) assessment and non-HCS or TxHmL service coordination face-to-face contact are embedded in the form and appear when the service is entered. DADS reimburses a LIDDA after reviewing encounter data to verify the services were provided.

Please note the LIDDA is responsible for ensuring the provision of LIDDA specialized services by providing services directly or by contracting, but only the LIDDA may request reimbursement.

Because DADS reimburses a LIDDA for specialized services, a LIDDA must provide specialized services to a designated resident without delay.

Use of Nursing Facility Alternatives

As previously reported, the 84th Legislature appropriated funds for community waiver program services to serve as nursing facility alternatives. According to DADS FY2016-2017 HCS enrollment data as of December 2015, following is status of the use of nursing facility alternatives:

- Individuals moving from nursing facilities:
 - 756 authorizations released (Total 700 allocated for FY2016-17))
 - 34 enrolled
 - 363 pre-enrolled/pending
- Individuals diverted from nursing facility admission:
 - 61 authorizations released (Total 400 allocated for FY2016-17)
 - 19 enrolled
 - 41 pre-enrolled/pending

PASRR Rate Issues

Although PASRR-related rates continue to be a concern for Local Authorities, funding for Intensive Service Coordination in the FY2016-17 budget may alleviate some of the pressure on PASRR-related service coordination. Texas Council and a workgroup composed of Local Authority representatives (Executive Directors, IDD leadership and CFOs) continue to monitor these concerns.

DADS Money Follows the Person (MFP) Proposal: Overview

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

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

medical supports, ensure uniquely designed supports through person-centered process, and increase responsibility to ensure services are delivered as planned and intervene as needed to adapt care to meet individual needs.

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

Medical, Behavioral, and Psychiatric Support Teams: 8 Regions & LIDDA Hubs

The eight LIDDAs selected as “hubs” for the medical, behavioral, and psychiatric supports teams and the regions they serve are:

Region	Covered LIDDA Service Areas	LIDDA HUB
1	Concho Valley , Emergence, Permian Basin, West Texas	Emergence
2	Central Plains, StarCare, Texas Panhandle	StarCare
3	Betty Hardwick, Center for Life Resources, Helen Farabee, Pecan Valley, MHMR Tarrant	MHMR Tarrant
4	ACCESS, Andrews, Burke, Community Healthcore, Metrocare, Denton, Lakes Regional, LifePath, Spindletop, Texoma	Metrocare
5	ATCIC, Bluebonnet, Brazos Valley, Central Counties, Heart of Texas	ATCIC
6	Alamo COG, Camino Real, Gulf Bend, Hill Country	Hill Country
7	Border Region, Coastal Plains, BHC of Nueces County, Tropical Texas	BHC of Nueces County
8	Gulf Coast, Harris Center Texana, Tri-County	Texana

The hubs are working collaboratively to identify best practices and share materials and insights. In addition to meeting in person at the IDD Consortium in September 2015 and January 2016, the hubs, under leadership provided by Texana Center, are participating in monthly collaboration calls. A group of hubs presented on their work at the Private Provider Association of Texas (PPAT) annual conference in November 2015 and at the IDD Consortium in January 2016.

Medicaid Home and Community-based Settings Requirements

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

Purpose and Scope

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

Compliance Timeline

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

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

Statewide Transition Plan

HHSC submitted a first draft of the Home and Community Based Services (HCBS) Statewide Transition Plan (SPT) in December 2014 and an amended version in March 2015. After receiving feedback from CMS in September 2015, HHCS will submit a second amendment to address CMS questions (due February 2016).

The most recent [draft of the SPT](#) is available online now.

IDD Specific Analysis of Statewide Transition Plan

The plan addresses many HCBS programs, including the HCS and TxHmL waivers. First, the plan sets forth the processes and timelines for public input (including stakeholder and advisory committee meetings, provider presentations, etc.) The state began holding meetings in July

2014, and will continue to hold meetings throughout the transition period (until March 2019). The second part of the plan includes the state's assessment processes and timelines. This includes the plan for completing provider and client surveys, data reviews, and monitoring. It also includes the results of the state's compliance review of administrative rules, policy manuals, and contracts. The final section of the plan addresses remediation strategies. This includes the planned approach for addressing issues discovered through survey, data, and other reviews. Most notably, this part of the plan identifies, by HCBS program, the changes that are needed in rule, policy, and contracts in order to comply with the federal rules. We will have opportunities to comment on specific proposed changes to rule and policy in the coming months.

IDD SPECIFIC ANALYSIS

Looking ahead, LIDDAs will likely be most engaged on changes to rules and policies that affect the HCS and TxHmL waivers. DADS conducted internal assessments of these programs, then created a crosswalk to demonstrate each program's current compliance with federal HCBS rules. State rules and policies were found to be either compliant, partially compliant, or silent. If a rule or policy was found to be partially compliant or silent, the state intends to amend the rule or policy during the remediation phase of the transition.

Re: HCS

DADS found *all* HCS rules either compliant or partially compliant and found *most* HCS policy manual sections silent.

We can anticipate a high volume of amendments to HCS program rules from September 2016 to December 2017. We can also anticipate a high volume of amendments to the HCS policy manual from June 2017 to March 2018, along with potential changes to contract monitoring from October 2015 to December 2017.

HCS areas identified as partially compliant or silent (simplified/paraphrased except where noted in quotation marks):

Day habilitation sites only:

- individuals have freedom to control own schedules and activities and have access to food at any time;
- individuals are able to have visitors of own choosing at any time;
- setting is integrated and supports full access to greater community;
- setting allows individuals to engage in community life;

Group home and Host Home/Companion Care (HH/CC) sites only:

- individuals may own/rent or legally occupy unit under a legally enforceable agreement;
- individuals have responsibilities and protections against eviction;

All settings (group homes, HHC/CC, day hab, supported employment, employment assistance):

- "Texas HCBS settings facilitate individual choice regarding services and supports;"

- many aspects of "modifications to individual privacy" ("mods" hereinafter) including: mods are supported by specific assessed need and justified in PDP, mods document less intrusive methods of meeting the need that have been tried and did not work, mods include regular collection and review of data to measure ongoing need, mods establish time limits for periodic review to determine if mod is still necessary

Re: TxHmL

DADS found *all* TxHmL rules either compliant or partially compliant. TxHmL does not have a separate policy manual.

We can anticipate a high volume of amendments to TxHmL program rules from September 2016 to December 2017, along with potential changes to contract monitoring from October 2015 to December 2017.

TxHmL areas identified as partially compliant or silent (simplified/paraphrased except where noted in quotation marks):

Day habilitation sites only:

- "Texas allows day habilitation to be provided in settings that have institutional qualities"

All settings (day hab, supported employment, employment assistance):

- individuals have freedom to control own schedules and activities and have access to food at any time;
- individuals are able to have visitors of own choosing at any time;
- settings are physically accessible to the individual;
- many aspects of "modifications to individual privacy" ("mods" hereinafter) including: mods are supported by specific assessed need and justified in PDP, mods document less intrusive methods of meeting the need that have been tried and did not work, mods include regular collection and review of data to measure ongoing need, mods establish time limits for periodic review to determine if mod is still necessary, mods includes assurances that interventions will cause no harm to the individual;
- individuals control personal resources to the same degree as individuals not receiving HCBS services;
- settings allow individuals the right to privacy, dignity, respect, and freedom from coercion and restraint;
- settings optimize individual initiative, autonomy, and independence in making life choices;
- "Texas HCBS settings facilitate individual choice regarding services and supports;"
- "Texas HCBS settings facilitate individual choice regarding who provides services;"

Texas Council Comments on Statewide Transition Plan

Texas Council submitted written comments on the latest draft SPT. Comments encouraged HHS and DADS to: (1) consider rate and payment structures and (2) survey providers in addition to service coordinators about choice.

In written comments, Texas Council pointed out that successful implementation of the STP will require rule and policy changes considered in tandem with corresponding adjustments to rates and payment structures. Texas Council urged HHSC, DADS, and DSHS to continue to work closely with stakeholders in preparation for a Legislative Appropriations Request related to compliance with HCBS regulations.

Additionally, Texas Council encouraged HHSC and DADS to apply a broader lens when assessing the availability of choice, including surveying providers. As is, the STP assumes that service coordinators and case managers are in the best position to assess a person's access to choice. In practice, there are many obstacles to honoring individual choice that fall outside the role and responsibility of a LIDDA service coordinator. For this reason, Texas Council encouraged HHSC and DADS to expand the assessment of choice from just service coordinators and case managers to include providers as well.

Early Childhood Intervention (ECI): Funding Issues and Other Updates

Funding

Early Childhood Intervention (ECI) providers currently face two major funding challenges:

- Reductions in General Revenue funding from DARS; and
- Proposed rate cuts for Medicaid acute care therapy services (physical therapy, occupational therapy, and speech therapy).

Texas Council staff and representatives of the ECI Consortium are actively engaged on both issues.

Revenue Management Committee Efforts

Recent efforts at the Texas Council level were led by the Revenue Management Committee and included comprehensive data collection. Through voluntary survey results and working with DARS, the Revenue Management Committee obtained the following documents from all ECI providers in Texas:

1. FY2015 Final 4th Quarter 269(a) reports; and
2. FY2015 Final 4th Quarter 269(a) attachments showing third party billing claims.

This information allowed Jenny Goode (CEO, Betty Hardwick Center) and David Weden (Chief Administrative Officer/Chief Financial Officer, Austin Travis County Integral Care) to present an invaluable analysis of reimbursement, billing, and collections issues for ECI providers at the January 2016 ECI Summit.

ECI Summit

Thanks to the leadership of Randy Routon (Executive Director, LifePath Systems) and the ECI Consortium, a successful ECI Summit occurred on January 13 and 14 in Austin.

The Summit was well-attended, with over 140 participants each day. HHSC Executive Commissioner Chris Traylor and DARS Commissioner Veronda Durden presented on the future of HHSC and the value of ECI and the role of DARS in the transformed HHSC, respectively, and also solicited feedback from Summit participants.

In addition to Jenny Goode and David Weden's presentation on reimbursement, billings, and collections referenced above, participants heard from Texas Council Healthcare Policy Director Elizabeth LaMair about working with MCOs and benefited from an interactive panel with ECI advocates, organized by the Texas Council.

Administrative Penalties for HCS and TxHmL Providers (Proposed)

Senate Bill 1385 (84th Legislative Session) authorizes DADS to assess and collect an administrative penalty against an HCS or TxHmL provider for a violation of a law or rule relating to the program. The bill prohibits DADS from imposing a payment hold against or otherwise withholding contract payments from the provider for the same violation of a law or rule. Additionally, the bill requires the Executive Commissioner of HHSC, after consulting with appropriate stakeholders, to develop and adopt rules regarding the imposition of the administrative penalties.

In fulfillment of the statutory requirement for consultation with appropriate stakeholders, DADS convened a stakeholder group with two representatives each from various provider groups. LIDDAs are represented by representatives from Texas Council and Bluebonnet Trails. An internal group at DADS will draft a "scope and severity" chart, which will then be shared with stakeholders for feedback. The timeline for implementation includes possible presentation of draft rules to HHSC Medical Care Advisory Committee (MCAC) in August 2016 and implementation in February 2017.

Texas Achieving a Better Life Experience (ABLE) Act

The ABLE Act is a federal law passed in December of 2014 and amended via H.R. 2029, the Consolidated Appropriations Act of 2016, that amended the Internal Revenue Service Code to create a tax-advantaged savings option for certain people with disabilities. On May 30, 2015, Texas enabled its version of the Act: Senate Bill 1664 by Senator Charles Perry.

The Texas ABLE program was created to encourage and assist individuals and families in saving funds for the purpose of supporting individuals with disabilities to maintain health, independence and quality of life; and to provide secure funding for qualified disability expenses on behalf of designated beneficiaries with disabilities that will supplement, but not supplant, benefits provided through private insurance, the Supplemental Security Income (SSI) program, the Medicaid program, the beneficiary's employment and other sources.

Senate Bill 1664 established the Texas ABLE Program Advisory Committee to review rules and procedures related to the program, to provide guidance, suggest changes and make recommendations for the administration of the program, and to provide assistance as needed

to the Texas Prepaid Higher Education Tuition Board and Comptroller during creation of the program.

On November 16, 2015, Comptroller Hegar appointed Erin Lawler to the Texas ABLE Program Advisory Committee. Ms. Lawler serves along with five other committee members.

Agenda Item: Approve January 2016 Financial Statements Committee: Business	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: January 2016 Financial Statements	
Recommended Action: Approve January 2016 Financial Statements	

January 2016 Financial Summary

Revenues for January 2016 were \$2,473,873 and operating expenses were \$2,442,612 resulting in a gain in operations of \$31,260. Capital Expenditures and Extraordinary Expenses for January were \$70,940 resulting in a loss of \$39,680. Total revenues were 100.83% of the monthly budgeted revenues and total expenses were 102.41% of the monthly budgeted expenses.

Year to date revenues are \$12,920,643 and operating expenses are \$11,876,698 leaving excess operating revenues of \$1,043,945. YTD Capital Expenditures and Extraordinary Expenses are \$945,025 resulting in a gain YTD of \$98,919. Total revenues are 99.33% of the YTD budgeted revenues and total expenses are 99.05% of the YTD budgeted expenses.

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Rehab – Title XIX	718,599	756,616	94.97%	38,017

Rehab – This line item is under budget due to staff vacancies in the Child and Adolescent program. We will continue to monitor but expect to see an increase in services soon.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	134,847	95,831	1.41%	39,016
Contract Clinical	318,862	294,420	1.08%	24,443
Medication	280,102	255,593	1.10%	24,509
Small Equipment & Furniture	38,590	13,749	2.81%	24,841

Building Repairs & Maintenance – We continue to have maintenance issues on our facilities. We started out the fiscal year with air conditioning repairs, tree removals and routine safety fire inspections which are reflected on this line item.

Contract Clinical – This line item is mainly increasing due to the use of contract doctors while we try to fill vacant staff doctor positions. We have a decrease in the payroll salary and fringe expense lines that offset this increased expense.

Medication – We have been watching this line over the last couple of years and as feared prices continue to increase. This is also due to changes in patient assistant programs and drugs no longer being available through the pap programs.

Small Equipment & Furniture – We have purchased new equipment and furniture for the remodeled Liberty building. The Liberty project is complete so this expense will be adjusted during the first budget revision.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended January 31, 2016**

	TOTALS COMBINED FUNDS January 2016	TOTALS COMBINED FUNDS December 2015	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	5,398	5,373	25
Cash on Deposit-General Fund	8,669,873	4,959,751	3,710,121
Cash on Deposit-Debt Fund			-
Accounts Receivable	928,516	963,107	(34,591)
Inventory	8,881	9,090	(209)
TOTAL CURRENT ASSETS	9,612,668	5,937,321	3,675,346
FIXED ASSETS	10,000,615	8,577,947	1,422,668
OTHER ASSETS	35,792	49,939	(14,147)
TOTAL ASSETS	\$ 19,649,074	\$ 14,565,207	\$ 5,083,867
LIABILITIES, DEFERRED REVENUE, FUND BALANCE:			
CURRENT LIABILITIES	1,057,914	972,136	85,779
NOTES PAYABLE	549,129	549,129	-
DEFERRED REVENUE	3,099,858	(1,955,457)	5,055,314
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	570,477	590,930	(20,453)
Note Payable Prosperity Bank	695,078	707,668	(12,591)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(966,217)	(926,233)	(39,984)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(1,265,555)	(1,298,598)	33,043
Reserved for Debt Retirement	963,631	963,631	-
COMMITTED			
Net Assets-Property and Equipment	8,577,947	8,577,947	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	1,484,499	1,507,908	(23,409)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	30,831	24,664	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(549,129)	(549,129)	-
UNASSIGNED			
Unrestricted and Undesignated	2,331,257	2,331,257	-
TOTAL LIABILITIES/FUND BALANCE	\$ 19,649,074	\$ 14,565,207	\$ 5,083,866

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended January 31, 2016**

	General Operating Funds	Memorandum Only Final August 2015
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	5,398	3,165
Cash on Deposit-General Fund	8,669,873	5,928,627
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	928,516	1,657,209
Inventory	8,881	9,877
TOTAL CURRENT ASSETS	9,612,668	7,598,878
FIXED ASSETS	10,000,615	7,091,888
OTHER ASSETS	35,792	49,749
	\$ 19,649,074	\$ 14,740,515
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,057,914	1,103,286
NOTES PAYABLE	549,129	549,129
DEFERRED REVENUE	3,099,858	(889,779)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	570,477	670,521
Note Payable Prosperity Bank	695,078	757,743
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(966,217)	(1,065,136)
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(1,265,555)	(1,428,264)
Reserved for Debt Retirement	963,631	963,631
COMMITTED		
Net Assets-Property and Equipment-Committed	8,577,947	7,091,887
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	1,484,499	2,136,013
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	516,833	516,833
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	30,831	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(549,129)	(549,129)
UNASSIGNED		
Unrestricted and Undesignated	2,331,257	2,331,257
TOTAL LIABILITIES/FUND BALANCE	\$ 19,649,074	\$ 14,740,515

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended January 2016
and Year To Date as of January 2016

INCOME:	MONTH OF January 2016	YTD January 2016
Local Revenue Sources	134,225	1,203,313
Earned Income	1,124,110	5,773,201
General Revenue-Contract	1,215,538	5,944,129
TOTAL INCOME	\$ 2,473,873	\$ 12,920,643
EXPENSES:		
Salaries	1,363,010	6,615,677
Employee Benefits	262,912	1,254,821
Medication Expense	78,207	280,102
Travel-Board/Staff	39,381	196,385
Building Rent/Maintenance	24,460	141,355
Consultants/Contracts	437,123	2,251,999
Other Operating Expenses	237,520	1,136,360
TOTAL EXPENSES	\$ 2,442,612	\$ 11,876,698
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,260	\$ 1,043,945
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	35,618	768,415
Capital Outlay-Debt Service	35,322	176,611
TOTAL CAPITAL EXPENDITURES	\$ 70,940	\$ 945,025
GRAND TOTAL EXPENDITURES	\$ 2,513,552	\$ 12,821,724
Excess (Deficiency) of Revenues and Expenses	\$ (39,680)	\$ 98,919

Debt Service and Fixed Asset Fund:		
Debt Service	35,322	176,611
Excess(Deficiency) of revenues over Expenses	35,322	176,611

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of January 2016

	YTD January 2016	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,203,313	1,204,348	(1,035)
Earned Income	5,773,201	5,814,402	(41,201)
General Revenue-Contract	5,944,129	5,988,745	(44,616)
TOTAL INCOME	\$ 12,920,643	\$ 13,007,495	\$ (86,852)
EXPENSES:			
Salaries	6,615,677	6,715,608	(99,931)
Employee Benefits	1,254,821	1,276,648	(21,827)
Medication Expense	280,102	256,424	23,678
Travel-Board/Staff	196,385	190,331	6,054
Building Rent/Maintenance	141,355	104,787	36,568
Consultants/Contracts	2,251,999	2,291,968	(39,969)
Other Operating Expenses	1,136,360	1,097,524	38,836
TOTAL EXPENSES	\$ 11,876,698	\$ 11,933,290	\$ (56,592)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,043,945	\$ 1,074,205	\$ (30,260)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	768,415	835,577	(67,162)
Capital Outlay-Debt Service	176,611	175,295	1,316
TOTAL CAPITAL EXPENDITURES	\$ 945,025	\$ 1,010,872	\$ (65,847)
GRAND TOTAL EXPENDITURES	\$ 12,821,724	\$ 12,944,162	\$ (122,438)
Excess (Deficiency) of Revenues and Expense:	\$ 98,919	\$ 63,333	\$ 35,586

Debt Service and Fixed Asset Fund:			
Debt Service	176,611	175,295	1,316
Excess(Deficiency) of revenues over Expense:	176,611	175,295	1,316

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended January 2016

INCOME:	MONTH OF January 2016	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	134,225	125,414	8,811
Earned Income	1,124,110	1,110,721	13,389
General Revenue-Contract	1,215,538	1,217,426	(1,889)
TOTAL INCOME	\$ 2,473,873	\$ 2,453,561	\$ 20,312
EXPENSES:			
Salaries	1,363,010	1,308,079	54,931
Employee Benefits	262,912	268,863	(5,951)
Medication Expense	78,207	51,288	26,919
Travel-Board/Staff	39,381	38,089	1,292
Building Rent/Maintenance	24,460	18,459	6,001
Consultants/Contracts	437,123	462,843	(25,720)
Other Operating Expenses	237,520	223,742	13,778
TOTAL EXPENSES	\$ 2,442,612	\$ 2,371,363	\$ 71,249
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,260	\$ 82,198	\$ (50,938)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	35,618	47,984	(12,366)
Capital Outlay-Debt Service	35,322	35,059	263
TOTAL CAPITAL EXPENDITURES	\$ 70,940	\$ 83,043	\$ (12,103)
GRAND TOTAL EXPENDITURES	\$ 2,513,552	\$ 2,454,406	\$ 59,146
Excess (Deficiency) of Revenues and Expenses:	\$ (39,680)	\$ (845)	\$ (38,835)

Debt Service and Fixed Asset Fund:			
Debt Service	35,322	35,059	263
Excess(Deficiency) of revenues over Expenses:	35,322	35,059	263

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2015 Comparative Data
Year to Date as of January 2016

INCOME:	YTD January 2016	YTD January 2015	Increase (Decrease)
Local Revenue Sources	1,203,313	559,115	644,198
Earned Income	5,773,201	5,109,141	664,060
General Revenue-Contract	5,944,129	5,943,754	375
TOTAL INCOME	\$ 12,920,643	\$ 11,612,010	\$ 1,308,633
EXPENSES:			
Salaries	6,615,677	6,023,202	592,475
Employee Benefits	1,254,821	1,211,498	43,323
Medication Expense	280,102	202,631	77,471
Travel-Board/Staff	196,385	173,387	22,998
Building Rent/Maintenance	141,355	105,022	36,333
Consultants/Contracts	2,251,999	2,339,361	(87,362)
Other Operating Expenses	1,136,360	1,112,366	23,994
TOTAL EXPENSES	\$ 11,876,698	\$ 11,167,467	\$ 709,231
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,043,945	\$ 444,543	\$ 599,402
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	768,415	199,405	569,010
Capital Outlay-Debt Service	176,611	-	176,611
TOTAL CAPITAL EXPENDITURES	\$ 945,025	\$ 199,405	\$ 745,620
GRAND TOTAL EXPENDITURES	\$ 12,821,724	\$ 11,366,872	\$ 1,454,852
Excess (Deficiency) of Revenues and Expense:	\$ 98,919	\$ 245,138	\$ (146,219)

Debt Service and Fixed Asset Fund:

Debt Service	176,611	-	176,611
			-
Excess(Deficiency) of revenues over Expense:	176,611	-	176,611

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2015 Comparative Data
For the Month Ended January 2016

INCOME:	MONTH OF January 2016	MONTH OF January 2015	Increase (Decrease)
Local Revenue Sources	134,225	124,024	10,201
Earned Income	1,124,110	1,142,609	(18,499)
General Revenue-Contract	1,215,538	1,288,754	(73,217)
TOTAL INCOME	\$ 2,473,873	\$ 2,555,387	\$ (81,514)
Salaries	1,363,010	1,263,847	99,163
Employee Benefits	262,912	275,910	(12,998)
Medication Expense	78,207	57,245	20,962
Travel-Board/Staff	39,381	31,861	7,520
Building Rent/Maintenance	24,460	38,438	(13,978)
Consultants/Contracts	437,123	489,750	(52,627)
Other Operating Expenses	237,520	209,214	28,306
TOTAL EXPENSES	\$ 2,442,612	\$ 2,366,265	\$ 76,347
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,260	\$ 189,122	\$ (157,862)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	35,618	163,316	(127,698)
Capital Outlay-Debt Service	35,322	-	35,322
TOTAL CAPITAL EXPENDITURES	\$ 70,940	\$ 163,316	\$ (92,376)
GRAND TOTAL EXPENDITURES	\$ 2,513,552	\$ 2,529,581	\$ (16,029)
Excess (Deficiency) of Revenues and Expense:	\$ (39,680)	\$ 25,806	\$ (65,486)

Debt Service and Fixed Asset Fund:

Debt Service	35,322	-	35,322
Excess(Deficiency) of revenues over Expense:	35,322	-	35,322

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With December 2015 Comparative Data
For the Month Ended January 2016

INCOME:	MONTH OF January 2016	MONTH OF December 2015	Increase (Decrease)
Local Revenue Sources	134,225	135,945	(1,720)
Earned Income	1,124,110	1,251,560	(127,450)
General Revenue-Contract	1,215,538	1,176,258	39,280
TOTAL INCOME	\$ 2,473,873	\$ 2,563,763	\$ (89,890)
EXPENSES:			
Salaries	1,363,010	1,340,771	22,239
Employee Benefits	262,912	255,552	7,359
Medication Expense	78,207	48,662	29,545
Travel-Board/Staff	39,381	35,309	4,072
Building Rent/Maintenance	24,460	26,213	(1,753)
Consultants/Contracts	437,123	546,397	(109,274)
Other Operating Expenses	237,520	223,907	13,612
TOTAL EXPENSES	\$ 2,442,612	\$ 2,476,812	\$ (34,199)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,260	\$ 86,951	\$ (55,691)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	35,618	16,159	19,458
Capital Outlay-Debt Service	35,322	35,322	-
TOTAL CAPITAL EXPENDITURES	\$ 70,940	\$ 51,482	\$ 19,458
GRAND TOTAL EXPENDITURES	\$ 2,513,552	\$ 2,528,293	\$ (14,741)
Excess (Deficiency) of Revenues and Expenses:	\$ (39,680)	\$ 35,469	\$ (75,149)

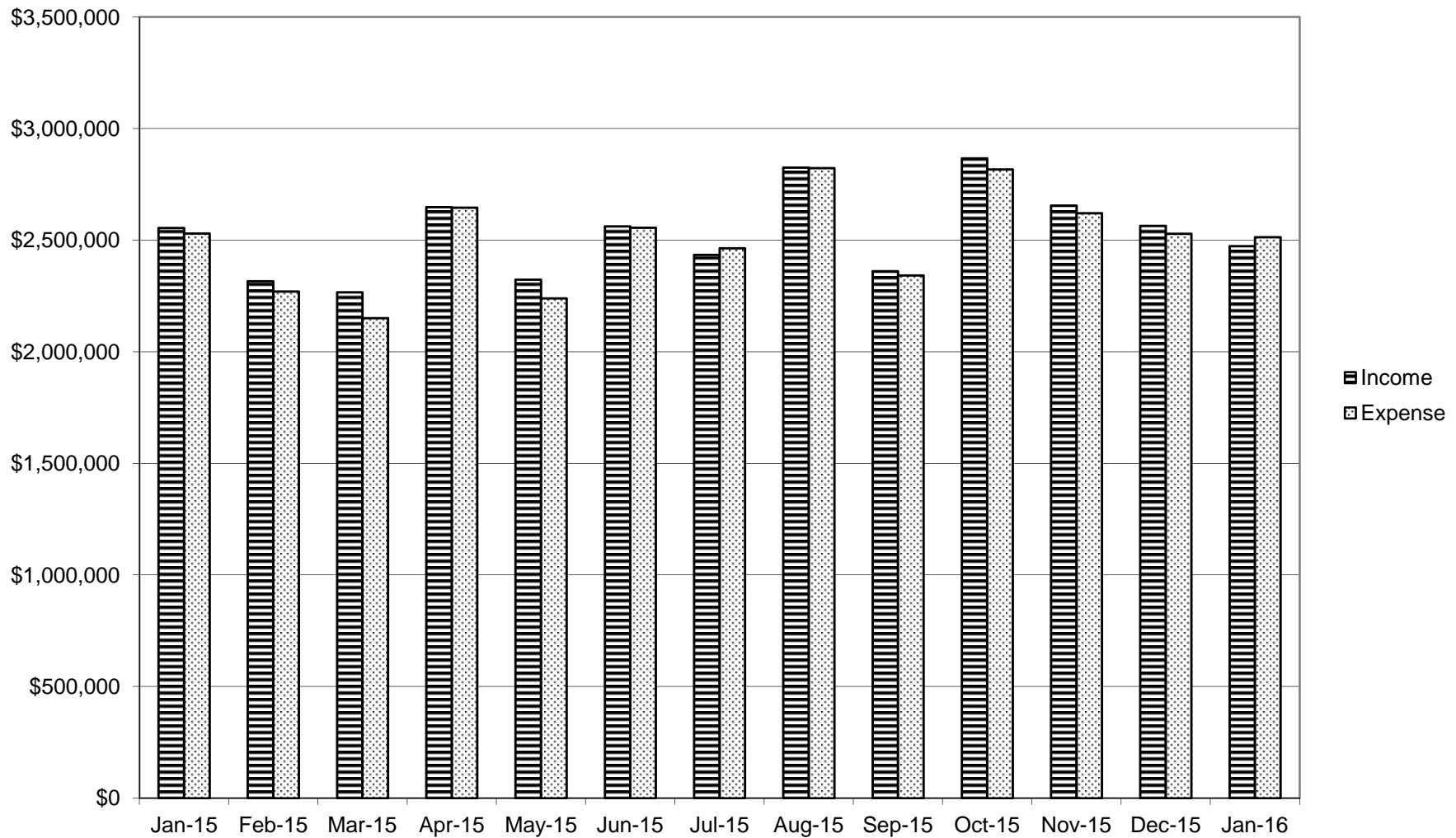
Debt Service and Fixed Asset Fund:

Debt Service	35,322	35,322	-
Excess(Deficiency) of revenues over Expense:	35,322	35,322	-

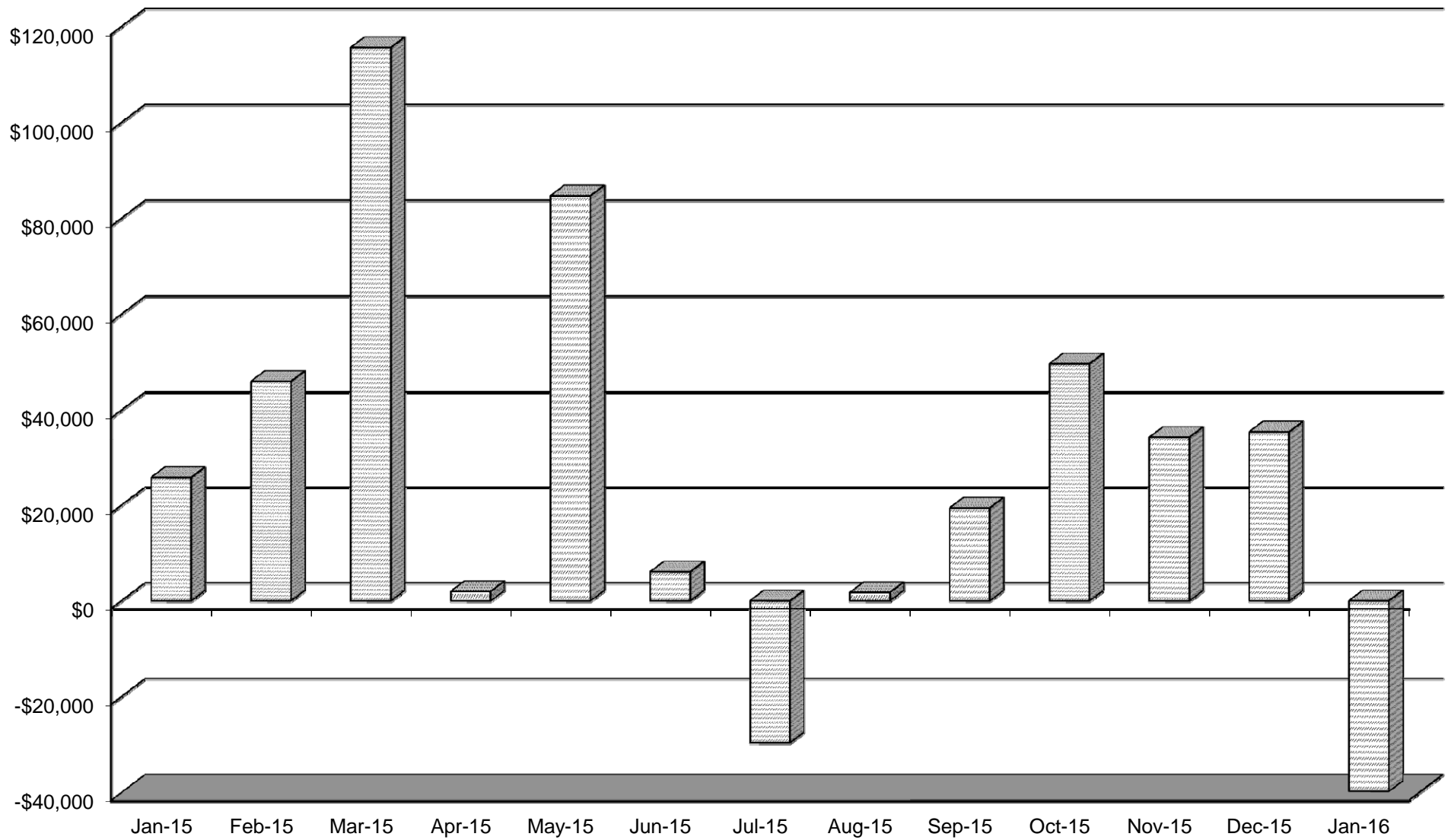
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of January 2016

	YTD Mental Health January 2016	YTD IDD January 2016	YTD Other Services January 2016	YTD Agency Total January 2016	YTD Approved Budget January 2016	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,025,583	286,618	(108,888)	1,203,313	1,204,348	(1,035)
Earned Income	1,407,286	2,482,316	1,883,599	5,773,201	5,814,402	(41,201)
General Revenue-Contract	5,210,843	655,064	78,222	5,944,129	5,988,745	(44,616)
TOTAL INCOME	\$ 7,643,712	\$ 3,423,998	\$ 1,852,933	\$ 12,920,643	\$ 13,007,495	\$ (86,852)
EXPENSES:						
Salaries	4,156,597	1,328,548	1,130,532	6,615,677	6,715,608	(99,931)
Employee Benefits	794,373	267,919	192,530	1,254,821	1,276,648	(21,827)
Medication Expense	197,921		82,181	280,102	256,424	23,678
Travel-Board/Staff	112,224	59,451	24,710	196,385	190,331	6,054
Building Rent/Maintenance	85,394	36,858	19,102	141,355	104,787	36,568
Consultants/Contracts	899,649	1,288,443	63,907	2,251,999	2,291,968	(39,969)
Other Operating Expenses	668,872	280,490	186,997	1,136,360	1,097,524	38,836
TOTAL EXPENSES	\$ 6,915,030	\$ 3,261,709	\$ 1,699,959	\$ 11,876,699	\$ 11,933,290	\$ (56,591)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 728,682	\$ 162,289	\$ 152,974	\$ 1,043,944	\$ 1,074,205	\$ (30,261)
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	383,172	178,970	206,272	768,414	835,577	(67,163)
Capital Outlay-Debt Service	146,765	19,187	10,659	176,611	175,295	1,316
TOTAL CAPITAL EXPENDITURES	\$ 529,937	\$ 198,157	\$ 216,931	\$ 945,025	\$ 1,010,872	\$ (65,847)
GRAND TOTAL EXPENDITURES	\$ 7,444,967	\$ 3,459,866	\$ 1,916,890	\$ 12,821,724	\$ 12,944,162	\$ (122,438)
Excess (Deficiency) of Revenues and Expenses	\$ 198,745	\$ (35,868)	\$ (63,957)	\$ 98,919	\$ 63,333	\$ 35,586
Debt Service and Fixed Asset Fund:						
Debt Service	146,765	19,187	10,659	176,611	175,295	(28,530)
		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	146,765	19,187	10,659	176,611	175,295	(28,530)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve Change in Authorized Signers for Financial Accounts	Board Meeting Date
Committee: Business	February 25, 2016
Background Information:	
<p>Due to the resignation of Brad Browder, it is necessary to replace Brad Browder with Patti Atkins as an authorized signer to all financial accounts as listed:</p>	
<ul style="list-style-type: none"> • Alliance Bank • American Bank • Citizens 1st Bank • First Liberty National Bank • JP Morgan Chase • Prosperity Bank • Tradition Bank 	
<p>Authorized signers are as follows:</p>	
<ul style="list-style-type: none"> • Evan Roberson – Executive Director • Millie McDuffey – CFO • Patti Atkins – Board Chair • Tracy Sorensen – Board Vice-Chair • Sharon Walker – Board Secretary • Janet Qureshi – Board Member 	
Supporting Documentation:	
<p>JP Morgan Chase and Tradition Bank Signature Cards will be Provided at the Board Meeting</p>	
<p>Other Institutions will Provide Forms and/or Signature Cards upon Receipt of Approved Minutes</p>	
Recommended Action:	
Approve Authorized Signers for Financial Accounts Effective Immediately	

Agenda Item: Approve Purchase of PETC Generator Committee: Business	Board Meeting Date February 25, 2016
Background Information: <p>Staff discovered that the existing generator at the PETC only powers lights and a few outlets in the facility during electrical outages when a transformer died in the summer of 2013. We later determined that the existing generator is not large enough to power other essential systems like the air conditioning.</p> <p>The PETC needs to remain operational in case of power outage whether due to electrical grid failures, man-made or natural disasters as part of our crisis response system.</p> <p>We have contracted with electrical engineers and contractors to determine the required generator size to operate a 24 hour program such as the PETC. After consulting with various companies, Mike Duncum has completed the final estimate of the installation of the generator. Attached is a breakdown of the costs associated with the recommended purchase and installation of the appropriate sized generator.</p> <p>The proposal is to add a second generator that would power the essential systems which are not on the current generator. Both generators will be natural gas powered. The second generator will sit on the northeast side of the building and installation can be completed without affecting PETC operations.</p> <p>After several attempts to get bid quotes for the project, we were only able to get A&H Electrical in Conroe to bid on the project. We are asking the Board to approve A&H's bid on the project.</p>	
Supporting Documentation: Cost Summary and Technical Specifications	
Recommended Action: Approve the Installation and Purchase of the PETC Generator in an Amount not to Exceed \$94,100	

PETC
Generator Cost

Generator - 100kw	\$	35,255	
Electrical	\$	48,744	
Plumbing	\$	1,670	
Permit	\$	750	
Foundation	\$	2,000	
Fencing	\$	1,200	
Oversite	\$	4,481	5%
		<hr/>	
Total	\$	94,100	

GENERAC®

INDUSTRIAL POWER

SG100

9.0L

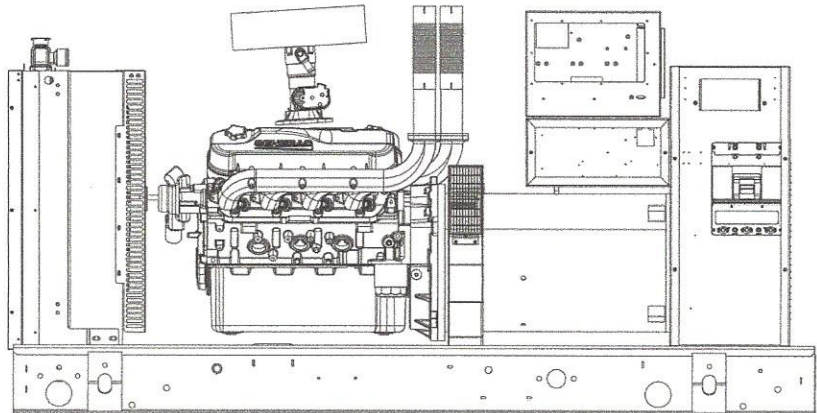
Industrial Spark-Ignited Generator Set

EPA Certified Stationary Emergency

SG100 100 kW

Standby Power Rating
100 kW 125 kVA 60 Hz

Prime Power Rating*
90 kW 113 kVA 60 Hz



*EPA Certified Prime ratings are not available in the U.S. or its Territories

Image used for illustration purposes only

Codes and Standards

Generac products are designed to the following standards:



UL2200, UL508, UL142, UL498



NFPA70, 99, 110, 37



NEC700, 701, 702, 708



ISO9001, 8528, 3046, 7637, Pluses #2b, 4



NEMA ICS10, MG1, 250, ICS6, AB1



ANSI C62.41
American National Standards Institute



IBC 2009, CBC 2010, IBC 2012, ASCE 7-05,
ASCE 7-10, ICC-ES AC-156 (2012)

Powering Ahead

For over 50 years, Generac has led the industry with innovative design and superior manufacturing.

Generac ensures superior quality by designing and manufacturing most of its generator components, including alternators, enclosures and base tanks, control systems and communications software.

Generac's gensets utilize a wide variety of options, configurations and arrangements, allowing us to meet the standby power needs of practically every application.

Generac searched globally to ensure the most reliable engines power our generators. We choose only engines that have already been proven in heavy-duty industrial application under adverse conditions.

Generac is committed to ensuring our customers' service support continues after their generator purchase.

SG100

Standard Features

ENGINE SYSTEM

- General
 - Oil Drain Extension
 - Air Cleaner
 - Fan Guard
 - Stainless Steel flexible exhaust connection
 - Critical Exhaust Silencer
 - Factory Filled Oil
 - Radiator duct adapter (open set only)

Fuel System

- Primary and Secondary Fuel Shutoff
- Flexible Fuel Line - NPT Connection

Cooling System

- Closed Coolant Recovery System
- UV/Ozone resistant hoses
- Factory-installed Radiator
- Radiator drain extension
- 50/50 Ethylene glycol antifreeze

Engine Electrical System

- Battery charging alternator
- Battery Cables
- Battery Tray
- Solenoid activated starter motor
- Rubber-booted engine electrical connections

ALTERNATOR SYSTEM

- UL2200 GENprotect™
- Class H insulation material
- 2/3 Pitch
- Skewed Stator
- Brushless Excitation
- Sealed Bearings
- Amortisseur winding
- Full load capacity alternator

GENERATOR SET

- Internal Genset Vibration Isolation
- Separation of circuits - high/low voltage
- Separation of circuits - multiple breakers
- Wrapped Exhaust Piping
- Standard Factory Testing
- 2 Year Limited Warranty (Standby rated Units)
- 1 Year Warranty (Prime rated units)
- Silencer mounted in the discharge hood (enclosed only)

ENCLOSURE (if selected)

- Rust-proof fasteners with nylon washers to protect finish
- High performance sound-absorbing material
- Gasketed doors
- Stamped air-intake louvers
- Air discharge hoods for radiator-upward pointing
- Stainless steel lift off door hinges
- Stainless steel lockable handles
- Rhino Coat™ - Textured polyester powder coat

CONTROL SYSTEM



Control Panel

- Digital H Control Panel - Dual 4x20 Display
- Programmable Crank Limiter
- 7-Day Programmable Exerciser
- Special Applications Programmable PLC
- RS-232/485
- All-Phase Sensing DVR
- Full System Status
- Utility Monitoring
- Low Fuel Pressure Indication
- 2-Wire Start Compatible
- Power Output (kW)
- Power Factor
- kW Hours, Total & Last Run

- Real/Reactive/Apparent Power
- All Phase AC Voltage
- All Phase Currents
- Oil Pressure
- Coolant Temperature
- Coolant Level
- Engine Speed
- Battery Voltage
- Frequency
- Date/Time Fault History (Event Log)
- Isochronous Governor Control
- Waterproof/sealed Connectors
- Audible Alarms and Shutdowns
- Not in Auto (Flashing Light)
- Auto/Off/Manual Switch
- E-Stop (Red Mushroom-Type)
- NFPA110 Level I and II (Programmable)
- Customizable Alarms, Warnings, and Events
- Modbus protocol
- Predictive Maintenance algorithm
- Sealed Boards
- Password parameter adjustment protection

- Single point ground
- 15 channel data logging
- 0.2 msec high speed data logging
- Alarm information automatically comes up on the display

Alarms

- Oil Pressure (Pre-programmable Low Pressure Shutdown)
- Coolant Temperature (Pre-programmed High Temp Shutdown)
- Coolant Level (Pre-programmed Low Level Shutdown)
- Low Fuel Pressure Alarm
- Engine Speed (Pre-programmed Over speed Shutdown)
- Battery Voltage Warning
- Alarms & warnings time and date stamped
- Alarms & warnings for transient and steady state conditions
- Snap shots of key operation parameters during alarms & warnings
- Alarms and warnings spelled out (no alarm codes)

SG100

Configurable Options

ENGINE SYSTEM

- General
- ☐ Engine Block Heater
- ☐ Oil Heater
- ☐ Air Filter Restriction Indicator
- ☐ Stone Guard (Open Set Only)

Engine Electrical System

- ☐ 10A UL battery charger
- ☐ 2.5A UL battery charger
- ☐ Battery Warmer

ALTERNATOR SYSTEM

- ☐ Alternator Upsizing
- ☐ Anti-Condensation Heater
- ☐ Tropical coating
- ☐ Permanent Magnet Excitation

GENERATOR SET

- ☐ Gen-Link Communications Software (English Only)
- ☐ Extended Factory Testing (3 Phase Only)
- ☐ IBC Seismic Certification
- ☐ 8 Position Load Center
- ☐ 2 Year Extended Warranty
- ☐ 5 Year Warranty
- ☐ 5 Year Extended Warranty

CIRCUIT BREAKER OPTIONS

- ☐ Main Line Circuit Breaker
- ☐ 2nd Main Line Circuit Breaker
- ☐ Shunt Trip and Auxiliary Contact
- ☐ Electronic Trip Breakers

ENCLOSURE

- ☐ Standard Enclosure
- ☐ Level 1 Sound Attenuation
- ☐ Level 2 Sound Attenuation
- ☐ Steel Enclosure
- ☐ Aluminum Enclosure
- ☐ 150 MPH Wind Kit
- ☐ 12 VDC Enclosure Lighting Kit
- ☐ 120 VAC Enclosure Lighting Kit
- ☐ AC/DC Enclosure Lighting Kit
- ☐ Door Alarm Switch

CONTROL SYSTEM

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 21-Light Remote Annunciator <input type="checkbox"/> Remote Relay Panel (8 or 16) <input type="checkbox"/> Oil Temperature Sender with Indication Alarm | <ul style="list-style-type: none"> <input type="checkbox"/> Remote E-Stop (Break Glass-Type, Surface Mount) <input type="checkbox"/> Remote E-Stop (Red Mushroom-Type, Surface Mount) <input type="checkbox"/> Remote E-Stop (Red Mushroom-Type, Flush Mount) | <ul style="list-style-type: none"> <input type="checkbox"/> Remote Communication - Modem <input type="checkbox"/> Remote Communication - Ethernet <input type="checkbox"/> 10A Run Relay <input type="checkbox"/> Ground fault indication and protection functions |
|--|--|--|

Engineered Options

ENGINE SYSTEM

- ☐ Coolant heater ball valves
- ☐ Fluid containment pans

ALTERNATOR SYSTEM

- ☐ 3rd Breaker Systems

GENERATOR SET

- ☐ Special Testing
- ☐ Battery Box

ENCLOSURE

- ☐ Motorized Dampers
- ☐ Enclosure Ambient Heaters

CONTROL SYSTEM

- ☐ Spare inputs (x4) / outputs (x4) - H Panel Only
- ☐ Battery Disconnect Switch

Rating Definitions

Standby – Applicable for a varying emergency load for the duration of a utility power outage with no overload capability.

Prime – Applicable for supplying power to a varying load in lieu of utility for an unlimited amount of running time. A 10% overload capacity is available for 1 out of every 12 hours. The Prime Power option is only available on International applications.

Power ratings in accordance with ISO 8528-1, Second Edition dated 2005-06-01, definitions for Prime Power (PRP) and Emergency Standby Power (ESP).

SG100

application and engineering data

ENGINE SPECIFICATIONS

General

Make	Generac
Cylinder #	8
Type	V
Displacement - L (Cu In)	8.9L (540)
Bore - mm (in)	114.31 (4.5)
Stroke - mm (in)	107.15 (4.25)
Compression Ratio	10.5:1
Intake Air Method	Naturally Aspirated
Number of Main Bearings	5
Connecting Rods	Forged
Cylinder Head	Cast Iron
Cylinder Liners	No
Ignition	High Energy
Pistons	Aluminum Alloy
Crankshaft	Steel
Lifter Type	Hydraulic Roller
Intake Valve Material	Steel Alloy
Exhaust Valve Material	Stainless Steel
Hardened Valve Seats	Yes

Engine Governing

Governor	Electronic
Frequency Regulation (Steady State)	+/- 0.25%

Lubrication System

Oil Pump Type	Gear
Oil Filter Type	Full-flow spin-on cartridge
Crankcase Capacity - L (qts)	8.5 (8.0)

Cooling System

Cooling System Type	Pressurized Closed
Water Pump Flow - gpm (lpm)	26 (98)
Fan Type	Pusher
Fan Speed (rpm)	2330
Fan Diameter mm (in)	558 (22)
Coolant Heater Wattage	1500
Coolant Heater Standard Voltage	120 V

Fuel System

Fuel Type	Natural Gas, Propane Vapor
Carburetor	Down Draft
Secondary Fuel Regulator	Standard
Fuel Shut Off Solenoid	Standard
Operating Fuel Pressure	11" - 14" H2O

Engine Electrical System

System Voltage	12 VDC
Battery Charging Alternator	Standard
Battery Size	See Battery Index 0161970SBY
Battery Voltage	12 VDC
Ground Polarity	Negative

ALTERNATOR SPECIFICATIONS

Standard Model	390 mm
Poles	4
Field Type	Revolving
Insulation Class - Rotor	H
Insulation Class - Stator	H
Total Harmonic Distortion	<5%
Telephone Interference Factor (TIF)	< 50
Standard Excitation	Brushless
Bearings	Sealed Ball
Coupling	Direct Drive
Prototype Short Circuit Test	Yes

Voltage Regulator Type	Full Digital
Number of Sensed Phases	All
Regulation Accuracy (Steady State)	+/- 0.25%

SG100

operating data

POWER RATINGS

	Natural Gas		Propane Vapor	
	100 kW	Amps: 417	100 kW	Amps: 417
Single-Phase 120/240 VAC @1.0pf	100 kW	Amps: 347	100 kW	Amps: 347
Three-Phase 120/208 VAC @0.8pf	100 kW	Amps: 301	100 kW	Amps: 301
Three-Phase 120/240 VAC @0.8pf	100 kW	Amps: 150	100 kW	Amps: 150
Three-Phase 277/480 VAC @0.8pf	100 kW	Amps: 120	100 kW	Amps: 120
Three-Phase 346/600 VAC @0.8pf				

STARTING CAPABILITIES (sKVA)

Alternator		sKVA vs. Voltage Dip											
		480VAC						208/240VAC					
		10%	15%	20%	25%	30%	35%	10%	15%	20%	25%	30%	35%
Standard	100	79	118	157	197	236	275	59	89	118	148	177	206
Upsize 1	130	116	174	232	290	348	406	87	131	174	218	261	305

FUEL CONSUMPTION RATES*

Natural Gas – ft ³ /hr (m ³ /hr)		Propane Vapor – ft ³ /hr (m ³ /hr)	
Percent Load	Standby	Percent Load	Standby
25%	391 (11.1)	25%	157.4 (4.5)
50%	669 (19.0)	50%	269.9 (7.6)
75%	904 (25.6)	75%	364.4 (10.3)
100%	1116 (31.6)	100%	449.8 (12.7)

*Fuel supply installation must accommodate fuel consumption rates at 100% load.

COOLING

		Standby
Air Flow (inlet air combustion and radiator)	ft ³ /min (m ³ /min)	5797 (164.2)
Coolant Flow per Minute	gpm (lpm)	26 (98)
Coolant System Capacity	gal (L)	6.0 (22.7)
Heat Rejection to Coolant	BTU/hr	390,000
Max. Operating Air Temp on Radiator	°F (°C)	122 (50)
Maximum Radiator Backpressure	in H ₂ O	0.5

COMBUSTION AIR REQUIREMENTS

	Standby
Flow at Rated Power cfm (m ³ /min)	282 (7.9)

ENGINE

		Standby
Rated Engine Speed	rpm	1800
Horsepower at Rated kW**	hp	149
Piston Speed	ft/min (m/min)	1275 (389)
BMEP	psi	125

** Refer to "Emissions Data Sheet" for maximum bHP for EPA and SCAQMD permitting purposes.

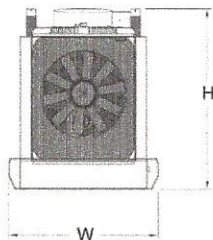
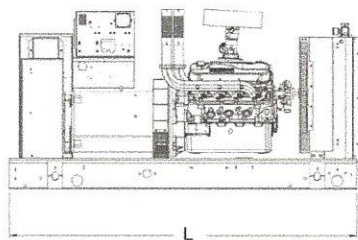
EXHAUST

		Standby
Exhaust Flow (Rated Output)	cfm (m ³ /min)	866 (24.5)
Maximum Recommended Back Pressure	inHg	1.5
Exhaust Temp (Rated Output)	°F (°C)	1230 (666)
Exhaust Outlet Size (Open Set)	in	2.5" I.D. Flex x 2 (No Muffler)

Deration – Operational characteristics consider maximum ambient conditions. Derate factors may apply under atypical site conditions. Please consult a Generac Power Systems Industrial Dealer for additional details. All performance ratings in accordance with ISO3046, BS5514, ISO8528 and DIN6271 standards.

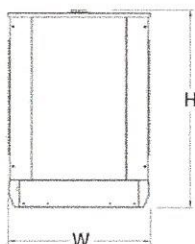
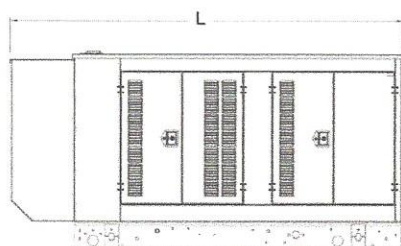
SG100

dimensions, weights, and sound levels



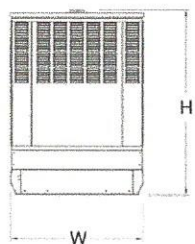
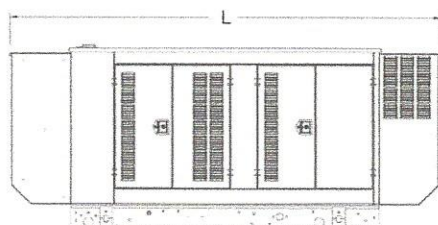
OPEN SET (Includes Exhaust Flex)

L x W x H in (mm)	94.2 (2394) x 40 (1016) x 47.5 (1206)
Weight lbs (kg)	2064 (936.2)
Sound Level (dBA*)	83.8



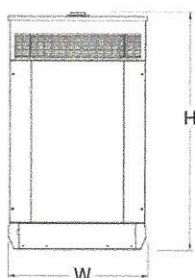
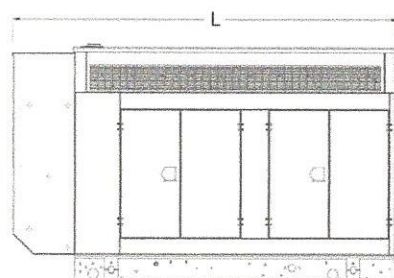
STANDARD ENCLOSURE

L x W x H in (mm)	111.79 (2839.5) x 40.46 (1027.8) x 56.18 (1427)
Weight lbs (kg)	Steel: 2708 (1228) Aluminum: 2413 (1094)
Sound Level (dBA*)	79.7



LEVEL 1 ACOUSTIC ENCLOSURE

L x W x H in (mm)	129.42 (3287.2) x 40.46 (1027.8) x 56.18 (1427)
Weight lbs (kg)	Steel: 2798 (1269.2) Aluminum: 2355 (1068)
Sound Level (dBA*)	75.3



LEVEL 2 ACOUSTIC ENCLOSURE

L x W x H in (mm)	111.81 (2840) x 40.46 (1027.8) x 68.61 (1742.8)
Weight lbs (kg)	Steel: 3022 (1370.8) Aluminum: 2431 (1103)
Sound Level (dBA*)	70.8

*All measurements are approximate and for estimation purposes only. Sound levels measured at 23 ft (7 m) and does not account for ambient site conditions.

YOUR FACTORY RECOGNIZED GENERAC INDUSTRIAL DEALER

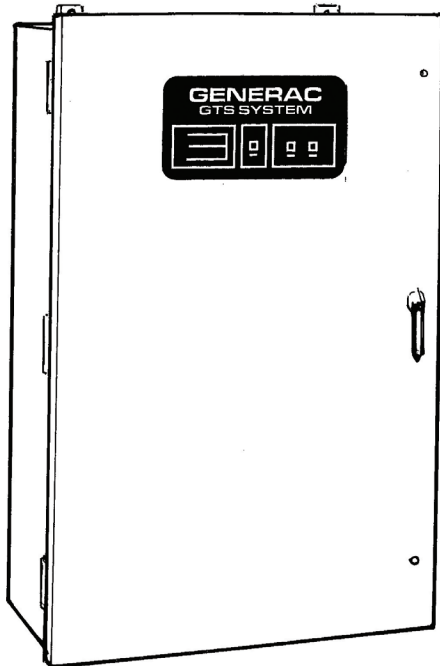
Specification characteristics may change without notice. Please consult a Generac Power Systems Industrial Dealer for detailed installation drawings.

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**100 - 400 Amps,
600 VAC**

Automatic Transfer Switches



- Standard time delay neutral will reduce switchover problems.
- Logic control with inphase monitor regulates switch functions and allows adjustable switch settings with LED indicators.
- Control switches located on the front of the door for ease of operation.
- All switches are UL 1008 listed and CSA certified.
- Electrically-operated, mechanically-held and interlocked main contacts with break before make design for fast, positive connections.
- Rated for all classes of load, 100% equipment rated, both inductive and resistive with no derations.
- 2, 3, and 4 Pole 600 VAC contactors.
- 160 millisecond transfer time.

Standard Features

- Single coil design, electrically operated and mechanically held
- Programmable exerciser
- SPDT auxiliary contacts
- Main contacts are silver alloy to resist welding and sticking
- Conformal coating protects all printed circuit boards
- Indicating LED's for switch position—Normal, Emergency, and Standby Operating
- NEMA 1 enclosure with hinged door and key-locking handle
- Three-position switch—Fast Test, Auto, Normal Test
- Arc chutes on main contacts

Optional Accessories

- NEMA 12 enclosure
- NEMA 3R enclosure
- NEMA 4 & 4X enclosure
- Exterior AC meter package
- Controls accessible through door in door design on NEMA type 3R and 4 enclosures – key lock provided on access door
- 4-pole design for neutral isolation
- Two (2) sets of auxiliary contacts
- Preferred source selector switch
- Manual 3 position selector switch
- Remote automatic control circuit
- Signal before transfer contacts
- Return to normal timer bypass

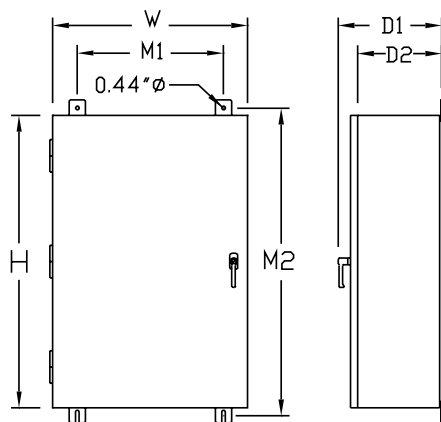
GTS Control Systems

UTILITY VOLTAGE		LOGIC CONTROL w / Inphase Monitor
Dropout		75-95% (Adj.)
Pickup		85-95% (Adj.)
Line Interrupt		0.1-10 Sec. (Adj.)
Engine Minimum Run		5-30 Min. (Adj.)
Engine Warmup		5 Sec.-3 Min. (Adj.)
Return to Utility		1-30 Min. (Adj.)
Engine Cooldown		1-30 Min. (Adj.)
Standby Voltage		85-95% (Adj.)
Standby Frequency		80-90% (Adj.)
Time Delay Neutral		0.1-10 Sec. (Adj.)
Transfer on Exercise		On/Off Switch
Warmup Timer Bypass		On/Off Switch
Time Delay Neutral Bypass		On/Off Switch
Inphase Monitor		On/Off Switch

Withstand Current - 600 Volt GTS Series

GTS Rated Amps	100	150	200	300	400
FUSE PROTECTED					
Maximum RMS Symmetrical Fault Current – Amps	200,000	200,000	200,000	200,000	200,000
Maximum Fuse Size – Amps	200	400	400	600	600
Fuse Class	J,T	J,T	J,T	J,T	J,T
CIRCUIT BREAKER PROTECTED (See separate sheet for specific circuit breakers)					
Maximum RMS Symmetrical Fault Current – Amps	14,000	25,000	25,000	35,000	35,000
Protective Device Continuous Rating (Max) – Amps	150	300	300	600	600

- Tested in accordance with the withstand and closing requirements of UL 1008 and CSA Standards
- Current ratings are listed @ 480 VAC



Unit Dimensions

GTS Rated Amps	Voltage	Enclosure Height	Enclosure Width	Wall Mount Bolt Pattern		Enclosure Depth		Weight (lbs.)
		H	W	M1	M2	D1	D2	
100	All	36	24	18	37.5	12.7	10	180
150-200	120/240	36	24	18	37.5	12.7	10	185
150-200	120/208	36	24	18	37.5	12.7	10	185
150-200	277/480	48*	30*	24	49.5	14.8	12	265
150-200	600	48*	30*	24	49.5	14.8	12	265
300-400	120/240	36	24	18	37.5	12.7	10	245
300-400	120/208	36	24	18	37.5	12.7	10	245
300-400	277/480	48*	30*	24	49.5	14.8	12	325
300-400	600	48*	30*	24	49.5	14.8	12	325

* Note: On NEMA 1 enclosures only, door overlaps enclosure – door dimensions are 48.8 H X 30.8 W. All dimensions in inches.

Terminal Lug Wire Ranges

GTS RATED AMPS	CONTACTOR TERMINALS (1 LUG PER POLE) LUG WIRE RANGE	NEUTRAL BAR*		GROUND LUG (1 PROVIDED) LUG WIRE RANGE
		# LUGS	LUG WIRE RANGE	
100	2/0 – 14 AWG	4	2/0 – 14 AWG	2/0 – 14 AWG
150	400MCM – 4 AWG	4	350MCM – 6 AWG	350MCM – 6 AWG
200	400MCM – 4 AWG	4	350MCM – 6 AWG	350MCM – 6 AWG
300	600MCM – 4 AWG	4	600MCM – 4 AWG	350MCM – 6 AWG
	or 2 – [250MCM – 1/0 AWG]		[250MCM – 1/0 AWG]**	350MCM – 6 AWG
400	600MCM – 4 AWG	4	600MCM – 4 AWG	350MCM – 6 AWG
	or 2 – [250MCM – 1/0 AWG]		[250MCM – 1/0 AWG]**	

* Not included in GTS with switched neutral. ** Allowable wire range in brackets is for 2 wires per lug.

Agenda Item: 401(a) Retirement Plan Account Review Committee: Business	Board Meeting Date February 25, 2016
Background Information: A representative from ISC Group will present an update of the 401(a) Retirement Plan account activity and will provide a forecast for the future.	
Supporting Documentation: Information to be Distributed by an ISC Representative at the Board Meeting	
Recommended Action: For Information Only	

Agenda Item: Board of Trustees' Unit Financial Statements for January 2016 Committee: Business	Board Meeting Date February 25, 2016
Background Information: None	
Supporting Documentation: Board of Trustees' Unit Financial Statements for January 2016	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2016

	January 2016 Actuals	January 2016 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,596.00	\$ 2,596.00	\$ -	\$ 12,978.00	\$ 12,978.00	\$ -	100.00%	\$ 31,150.00
Total Revenue	\$ 2,596.00	\$ 2,596.00	\$ -	\$ 12,978.00	\$ 12,978.00	\$ -	100.00%	\$ 31,150.00
Expenses								
Food Items	\$ 10.96	\$ 208.00	\$ (197.04)	\$ 479.75	\$ 1,044.00	\$ (564.25)	45.95%	\$ 2,500.00
Insurance-Worker Compensation	\$ 6.09	\$ 17.00	\$ (10.91)	\$ 27.84	\$ 81.00	\$ (53.16)	34.37%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 7,500.00	\$ 7,500.00	\$ -	100.00%	\$ 18,000.00
Postage-Express Mail	\$ -	\$ 4.00	\$ (4.00)	\$ -	\$ 22.00	\$ (22.00)	0.00%	\$ 50.00
Supplies-Office	\$ -	\$ 8.00	\$ (8.00)	\$ 244.77	\$ 44.00	\$ 200.77	0.00%	\$ 100.00
Training	\$ 1,850.00	\$ 300.00	\$ 1,550.00	\$ 1,850.00	\$ 1,500.00	\$ 350.00	123.33%	\$ 3,600.00
Travel - Local	\$ -	\$ 75.00	\$ (75.00)	\$ 161.57	\$ 375.00	\$ (213.43)	43.09%	\$ 900.00
Travel - Non-local Mileage/Air	\$ -	\$ 150.00	\$ (150.00)	\$ -	\$ 750.00	\$ (750.00)	0.00%	\$ 1,800.00
Travel - Non-local Hotel	\$ -	\$ 250.00	\$ (250.00)	\$ 342.70	\$ 1,250.00	\$ (907.30)	27.42%	\$ 3,000.00
Travel - Meals	\$ -	\$ 83.00	\$ (83.00)	\$ -	\$ 419.00	\$ (419.00)	0.00%	\$ 1,000.00
Total Expenses	\$ 3,367.05	\$ 2,595.00	\$ 772.05	\$ 10,606.63	\$ 12,985.00	\$ (2,378.37)	81.68%	\$ 31,150.00
Total Revenue minus Expenses	\$ (771.05)	\$ 1.00	\$ (772.05)	\$ 2,371.37	\$ (7.00)	\$ 2,378.37	18.32%	\$ -

Agenda Item: Building Consolidation Update Committee: Business	Board Meeting Date February 25, 2016
Background Information: As a standing information item on the agenda, Tri-County staff, Mike Duncum and/or contractors will continue to provide updates to the Board regarding progress made throughout the construction phase until we have officially moved into the new consolidated facility in Montgomery County.	
Supporting Documentation: None	
Recommended Action: For Information Only	

UPCOMING MEETINGS

March 24th, 2016 – Board Meeting

- Approve Minutes from February 25, 2016 Board Meeting
- Longevity Recognition Presentations
- Community Resources Report
- Consumer Services Report for February 2016
- Program Updates
- FY 2016 Goals & Objectives Progress Report
- 2nd Quarter FY 2016 Corporate Compliance & Quality Management Report
- 3rd Quarter FY 2016 Corporate Compliance Training
- Medicaid 1115 Transformation Waiver Project Status Report
- Program Presentation
- Board Appointment & Oath of Office
- Personnel Report for February 2016
- Texas Council Risk Management Fund Claims Summary for January 2016
- Approve February 2016 Financial Statements
- Appoint Montgomery Supported Housing, Inc. Board of Directors
- 2nd Quarter FY 2016 Investment Report
- Board of Trustees Unit Financial Statement for February 2016
- Cleveland Supported Housing, Inc. Update
- Other Business Committee Issues

April 28th, 2016 – Board Meeting

- Approve Minutes from March 24, 2016 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2016
- Program Updates
- Annual Board & Management Team Training
- Personnel Report for March 2016
- Texas Council Risk Management Fund Claim Summary for March 2016
- Texas Council Quarterly Board Meeting Update
- Approve March 2016 Financial Statements
- Board of Trustees Unit Financial Statement for March 2016
- Other Business Committee Issues