

*Tri-County Services  
Board of Trustees'  
Meeting*

*January 27, 2011*



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, January 27, 2011. The Business Committee will convene at 8:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 1506 FM 2854, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:15 a.m.

## **AGENDA**

### **Item**

#### **I. Organizational Items**

- A. Chairman Calls Meeting to Order
- B. Public Comment
- C. Quorum

#### **II. Approve Minutes – December 9, 2010**

#### **III. Executive Director's Report – Cindy Sill**

- A. Department of Aging and Disabilities Services
  - 1. HCS Service Coordination Review
  - 2. HCS Enrollments
  - 3. Rate Reductions
- B. Department of State Health Services
  - 1. Resiliency and Disease Management Changes
  - 2. Rate Reductions
  - 3. Crisis Stabilization Unit Progress Report
- C. East Texas Behavioral Healthcare Network (ETBHN)
  - 1. Strategic Planning
  - 2. ETBHN Services
- D. Texas Department of Housing and Community Affairs Survey
- E. 82<sup>nd</sup> Legislative Session
- F. Gala Planning

#### **IV. Chief Financial Officer's Report – Millie McDuffey**

- A. Cost Accounting Methodology
- B. 95 Series E Bond
- C. FY 2009 ICF/IDD Cost Report Audit
- D. FY 2009 ICF and HCS Cost Reports
- E. CFO Consortium
- F. FY 2011 Budget Revision
- G. Surplus Sale

#### **V. Program Committee**

##### Action Items

- A. Approve Revision to Psychiatric Emergency Treatment Center Patient Transfers Policy.....Pages 1-12

##### Information Items

- B. 1<sup>st</sup> Quarter FY 2011 Corporate Compliance Report and 2<sup>nd</sup> Quarter FY 2011 Corporate Compliance Training Report.....Pages 13-15
- C. 1<sup>st</sup> Quarter FY 2011 Goals & Objectives Progress Report.....Pages 16-19
- D. Community Resources Report for November & December 2010.....Pages 20-22
- E. Consumer Services Reports for November & December 2010.....Pages 23-25
- F. Program Updates for December 2010.....Pages 26-29
- G. Program Presentation – Youth Substance Abuse Prevention

**VI. Executive Committee**

Information Items

- A. Personnel Reports for November & December 2010.....*Pages 30-32*  
B. Texas Council Quarterly Meeting Update.....*Page 33*

**VII. Business Committee**

Action Items

- A. Approve FY 2010 Independent Financial Audit.....*Page 34*  
B. Approve November 2010 Financials.....*Pages 35-48*  
C. Approve December 2010 Financials.....*Page 49-62*  
D. Authorize Executive Director to Execute Necessary Documents Related to  
Securing Property in Cleveland, Texas for a HUD 811 Application.....*Page 63*  
E. Approve Transfer of Funds to Reserve for Debt Retirement.....*Page 64*  
F. Approve Texas Council of Community Centers Commitment Dues Increase  
for FY 2011.....*Pages 65-66*

Information Items

- G. 1<sup>st</sup> Quarter FY 2011 Investment Report.....*Pages 67-71*  
H. November & December 2010 Board of Trustees' Unit Financials.....*Pages 72-74*  
I. Montgomery Supported Housing, Inc. Update.....*Pages 75-78*

**VIII. Executive Session in compliance with Texas Government Code Section 551.071,  
Consultation with Attorney and Section 551.072, Real Property.**

Posted By:

Stacy Blake  
Executive Assistant

# Tri-County Services

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES' MEETING

December 9, 2010

### BOARD MEMBERS PRESENT:

Cecil McKnight  
Len George  
Janet Qureshi  
Brad Browder  
Sharon Walker  
Morris Johnson  
David Walker  
Mark Maltzberger

### BOARD MEMBERS ABSENT:

Patti Atkins

### TRI-COUNTY STAFF PRESENT:

Cindy Sill, Executive Director  
Millie McDuffey, CFO  
Evan Roberson, Director of Organizational Support  
Don Teeler, Director of Operations  
Sandy Kelly, Director of Administrative Services  
Stacy Blake, Executive Assistant  
Kimberly Willing, Coordinator of Community Resources  
David Deaton, Legal Counsel  
Rosario Benhart, Tri-County Staff  
Lisa Bradt, Tri-County Staff  
Terri Newberry, Tri-County Staff  
Michelle Lee, Tri-County Staff  
Jason Paulk, Tri-County Staff  
Ashley Kiser, Tri-County Staff  
Barbara Sefas-Simien, Tri-County Staff  
Amy Anderson, Tri-County Staff  
Jeff Gengenbach, Tri-County Staff

**CALL TO ORDER:** Chairman, Cecil McKnight, called the meeting to order at 10:00 a.m. at 1506 FM 2854, Conroe, TX.

**PUBLIC COMMENT:** There were no public comments.

**QUORUM:** There being eight (8) members present, a quorum was established.

### RESOLUTION #12-11-01

**MOTION MADE BY:** Mark Maltzberger

**SECONDED BY:** Janet Qureshi, with affirmative votes by Cecil McKnight, Len George, Sharon Walker, Brad Browder, Morris Johnson and David Walker that it be...

**RESOLVED:** That the Board excuse the absence of Patti Atkins.

Program Presentation: Huntsville LifeSkills Christmas Carolers.

Presentation of awards to consumer Christmas card contest winners.

Presentation of longevity certificates to Tri-County staff.

**RESOLUTION #12-11-02**

**MOTION MADE BY:** Brad Browder

**SECONDED BY:** Janet Qureshi, with affirmative votes by Cecil McKnight, Len George, Sharon Walker, Mark Maltzberger, Morris Johnson and David Walker that it be...

**RESOLVED:** That the Board approve the minutes of the October 28, 2010 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 #12-11-03**

**MOTION MADE BY:** Len George

**SECONDED BY:** Janet Qureshi, with affirmative votes by Cecil McKnight, Brad Browder, Sharon Walker, Mark Maltzberger, Morris Johnson and David Walker that it be...

**RESOLVED:** That the Board appoint the new Mental Health Planning Network Advisory Committee member, Leelia Stewart.

**RESOLUTION #12-11-04**

**MOTION MADE BY:** Len George

**SECONDED BY:** David Walker, with affirmative votes by Cecil McKnight, Brad Browder, Sharon Walker, Mark Maltzberger, Morris Johnson and Janet Qureshi that it be...

**RESOLVED:** That the Board approve the Board Policy for Crisis Stabilization Unit Patient Transfers after minor grammatical error is corrected.

The October 2010 Community Resources Report was reviewed for information purposes only.

The October 2010 Consumer Services Report was reviewed for information purposes only.

The November 2010 Program Updates for were reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

The October 2010 Personnel Report was reviewed for information purposes only.

The Texas Council quarterly meeting verbal update was presented.

**BUSINESS COMMITTEE:**

**RESOLUTION #12-11-05**

**MOTION MADE BY:** Morris Johnson

**SECONDED BY:** Janet Qureshi, with affirmative votes by Cecil McKnight, Len George, Brad Browder, Sharon Walker, David Walker and Mark Maltsberger that it be...

**RESOLVED:** That the Board approve the October 2010 financial statements.

**RESOLUTION #12-11-06**

**MOTION MADE BY:** Morris Johnson

**SECONDED BY:** Janet Qureshi, with affirmative votes by Cecil McKnight, David Walker, Brad Browder, Mark Maltsberger and Sharon Walker with one abstention by Len George that it be...

**RESOLVED:** That the Board reappoint Mr. Leonard Peck, Ms. Barbara Duren and Mr. Len George to serve an additional two year term on the Independence Communities, Inc. Board of Directors.

**RESOLUTION #12-11-07**

**MOTION MADE BY:** Morris Johnson

**SECONDED BY:** Sharon Walker, with affirmative votes by Cecil McKnight, David Walker, Brad Browder, Mark Maltsberger and Janet Qureshi with one abstention by Len George that it be...

**RESOLVED:** That the Board reappoint Mr. Len George and Mr. William (Bill) Bonito to serve an additional two year term on the Montgomery Supported Housing, Inc. Board of Directors.

**RESOLUTION #12-11-08**      **MOTION MADE BY:** Morris Johnson  
**SECONDED BY:** Brad Browder, with affirmative votes by Cecil McKnight, Len George, David Walker, Janet Qureshi, Mark Maltsberger and Sharon Walker that it be...

**RESOLVED:** That the Board approve the creation of a new reserve fund category and revision to the Board policy.

The October 2010 Board of Trustees' Unit Financials were reviewed for information purposes only.

The Montgomery Supported Housing Inc. update was reviewed for information purposes only.

**There was no need for Executive Session.**

**RESOLUTION #12-11-09**      **MOTION MADE BY:** Morris Johnson  
**SECONDED BY:** Sharon Walker, with affirmative votes by Cecil McKnight, Len George, Brad Browder, Janet Qureshi, David Walker and Mark Maltsberger that it be...

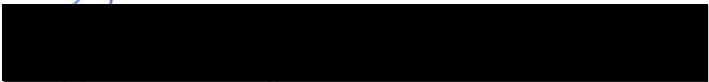
**RESOLVED:** That the December 9, 2010 meeting of the Board of Trustees be adjourned at 11:33 p.m.

**ADJOURNMENT:**

**ATTEST:**

  
Cecil McKnight  
Chairman

Date

  
Janet Qureshi  
Secretary

Date

<b>Agenda Item:</b> Approve Revision to Psychiatric Emergency Treatment Center Patient Transfers Policy  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  As part of the licensure application to the Department of State Health Services (DSHS) for the Psychiatric Emergency Treatment Center (Crisis Stabilization Unit), we must provide a copy of a Patient Transfer Policy, signed by the Board Chairman and Board Secretary. In December 2010, we submitted both a Board Policy and a Center Procedure to DSHS. Feedback from DSHS has been that we must resubmit another Board Policy that incorporates many of the procedure components that were not previously included in the Board Policy. Therefore, a revised Board policy for the Psychiatric Emergency Treatment Center Patient Transfers is included for review and approval.	
<b>Supporting Documentation:</b>  Original Approved Board Policy for Crisis Stabilization Unit Patient Transfers  Revised Board Policy for Psychiatric Emergency Treatment Center Patient Transfers	
<b>Recommended Action:</b>  <b>Approve Revision to Psychiatric Emergency Treatment Center Patient Transfers Policy</b>	

## TRI-COUNTY SERVICES

### STATEMENT OF POLICY

[REDACTED]  
Cecil McKnight, Chairman

[REDACTED]  
Date

[REDACTED]  
Janet Quereshi, Secretary

[REDACTED]  
Date

**Original Effective Date:** December 9, 2010

**Subject:** Crisis Stabilization Unit (CSU) Patient Transfer Policy

Tri-County Services is a unit of local government, established by the Commissioners Courts of Liberty, Montgomery and Walker Counties which sponsor its operation and appoint its Board of Trustees. The nine (9) member Board of Trustees is responsible for the administration of Tri-County Services as defined in Texas Health and Safety Code, Chapter 534, Section 534.008.

It is the policy of Tri-County Services to comply with the Department of State Health Services (DSHS) Licensure Standards for the establishment and operation of a CSU. In compliance with these standards, the Executive Director will ensure the development of:

- A. A CSU Patient Transfer Procedure that describes the operational requirements for patient transfers between the CSU and a receiving hospital. This procedures will address the following practices:
  1. The receiving hospital shall comply with one of the following categories:
    - a. A private psychiatric hospital licensed under HSC, Chapter 577;
    - b. A general or special hospital licensed under HSC, Chapter 241;
    - c. A hospital operated by a federal agency; or
    - d. A chemical dependency treatment facility licensed under HSC, Chapter 464. CSU administration shall have the authority to represent the CSU during the transfer from or receipt of patients into the CSU;
  2. Assure that the transfer of a patient may not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, physical condition, or economic status;
  3. Compliance with the requirements of the Indigent Health Care and Treatment Act (HSC, 61.030-61.032 and 61.057-61.059, relating to mandated

providers) and any contractual, statutory or regulatory obligations, which may apply to a patient; and

4. Protection and assurance of a patient's right to request transfer into the care of a physician or receiving facility of his/her own choosing; however, if a patient is transferred for economic reasons and the patient's choice is predicated upon an influence by representations made by the transferring facility administration regarding the availability of medical care and services at a reduced cost, or no cost to the patient, the physician or facility administration shall fully disclose to the patient the eligibility requirements established by the patient's chosen physician or receiving facility.

## TRI-COUNTY SERVICES

### STATEMENT OF POLICY

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Cecil McKnight, Chairman

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Date

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Janet Qureshi, Secretary

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Date

**Original Effective Date:** December 9, 2010

**Revision Date:** January 27, 2011

Subject: Psychiatric Emergency Treatment Center Patient Transfer Policy

#### **General Policy Statement:**

Tri-County Services is a unit of local government, established by the Commissioners Courts of Liberty, Montgomery and Walker counties which sponsor its operation and appoint its Board of Trustees. The nine (9) member Board of Trustees is responsible for the administration of Tri-County Services as defined in Texas Health and Safety Code, Chapter 534, Section 534.008.

It is the policy of Tri-County Services to comply with the Department of State Health Services (DSHS) Licensure Standards for the establishment and operation of a Psychiatric Emergency Treatment Center. In compliance with these standards, the Executive Director will ensure the development of:

- A. Psychiatric Emergency Treatment Center Patient Transfer Policy that describes the operational requirements for patient transfers between the Psychiatric Emergency Treatment Center and a receiving hospital. This policy will address the following practices:
  - 1. The receiving hospital shall comply with one of the following categories:
    - a. A private psychiatric hospital licensed under HSC, Chapter 577;
    - b. A general or special hospital licensed under HSC, Chapter 241;
    - c. A hospital operated by a federal agency; or

- d. A chemical dependency treatment facility licensed under HSC, Chapter 464. Psychiatric Emergency Treatment Center administration shall have the authority to represent the Psychiatric Emergency Treatment Center during the transfer from or receipt of patients into the Psychiatric Emergency Treatment Center;
2. Assure that the transfer of a patient may not be predicted upon arbitrary, capricious, or unreasonable discrimination base upon race, religion, national origin, age, sex, physical condition, or economic status;
3. Compliance with the requirements of the Indigent Health Care and Treatment Act (HSC, 61.030-61.032 and 61.057-61.059, relating to mandated providers) and any contractual, statutory or regulatory obligations, which may apply to a patient; and
4. Protection and assurance of a patient's right to request transfer into the care of a physician or receiving facility of his/her own choosing; however, if a patient is transferred for economic reasons and the patient's choice is predicated upon an influence by representations made by the transferring facility administration regarding the availability of medical care and services at a reduced cost, or no cost to the patient, the physician or facility administration shall fully disclose to the patient the eligibility requirements established by the patient's chosen physician or receiving facility

**Purpose Statement:** The purpose of this policy is to ensure compliance with Texas Administrative Code (TAC) 134.1 and Health and Safety Code (HSC) 577, which establishes licensing requirements for private psychiatric hospitals and crisis stabilization units. Additionally, the purpose is to establish guidelines for the transfer of patients between crisis stabilization units and receiving facilities, in accordance with Texas Administrative Code Title 25, Chapter 134, Rule 134.43, to protect the rights and safety of the patient.

**Scope:** This policy applies to all patient transfers not covered by a transfer agreement in accordance with TAC, §134.61 (relating to Patient Transfer Agreements). The Psychiatric Emergency Treatment Center's medical staff will implement this transfer policy by adopting transfer agreements with other receiving facilities. If the Psychiatric Emergency Treatment Center is unable to transfer a patient to a facility with which it has a Patient Transfer Agreement, the Psychiatric Emergency Treatment Center shall transfer the patient to the nearest appropriate accepting facility in accordance with this policy.

The movement of a stable patient from a transferring facility to a receiving facility is not considered to be a transfer under this policy if it is the understanding and intent of both facilities that the patient is going to the receiving facility only for tests, the patient will not remain overnight at the receiving facility, and the patient will return to the

transferring facility. This applies only when a patient remains stable during transport to and from the facilities and during testing. For example, a Psychiatric Emergency Treatment Center patient going to Conroe Regional Hospital for testing and returning the same day, if stable during the entire time, does not constitute a “transfer” under these guidelines.

The Psychiatric Emergency Treatment Center’s administration has the authority to represent the Psychiatric Emergency Treatment Center during the transfer from or receipt of patients into the Psychiatric Treatment Center.

**Definitions:**

*“Transferring facility”*- the Crisis Stabilization Unit or a private psychiatric hospital licensed under Health and Safety Code (HSC), Chapter 577

*“Receiving Facility”*- (a) private psychiatric hospital licensed under HSC, Chapter 577; (b) general or special hospital licensed under HSC, Chapter 241; (c) hospital operated by the Texas Department of State Health Services; (d) hospital operated by a federal agency; or (e) chemical dependency treatment facility licensed under HSC, Chapter 464 (f) a CSU.

*“Patient”*- an individual (a) seeking treatment who may or may not be under the immediate supervision of a personal attending physician, and who, within reasonable medical probability, requires immediate or continuing services or medical care; or (b) admitted as a patient.

**Policy:** Patient Transfer Policies

I. General

- A. Transportation for transfer of a Psychiatric Emergency Treatment Center patient shall be provided by the patient’s family, emergency medical services, law enforcement, or other available sources, as deemed appropriate by the transferring physician and/or charge nurse.
- B. Each patient arriving at the Psychiatric Emergency Treatment Center shall be evaluated in accordance with the Texas Department of State Health Services 411.468 (relating to Responding to an Emergency Medical Condition of a Patient, Prospective Patient, or Individual who arrives on Hospital Property Requesting Examination or Treatment).
- C. After receiving a report on the patient’s condition from the nursing staff by telephone, if the physician on call determines that an immediate transfer of the patient is medically appropriate and that the time required to conduct a personal examination and evaluation of a patient will unnecessarily delay the transfer to the detriment of the patient, the physician on call may order the transfer by telephone.

- D. Physician orders for the transfer of a patient, which are issued by telephone, will be written in the patient's medical record, signed by the staff member receiving the order, and signed by physician authorizing the transfer as soon as possible, but not longer than 24 hours after the order was given. Patient transfers resulting from physician orders issued by telephone shall be subject to automatic review by the medical staff.
- E. Psychiatric Emergency Treatment Center licensed nurses and other qualified personnel shall be available and on duty to assist with the patient transfers and to provide accurate information regarding eligibility and payment practices. Written protocols and/or standing orders are in place to guide personnel when a patient requires transfer.
- F. The Psychiatric Emergency Treatment Center shall provide for the receipt of patients who have an emergency medical condition so that upon notification of and prior to a transfer, the Psychiatric Emergency Treatment Center shall, after determining whether or not space, personnel and services necessary to provide appropriate care for the patient are available, respond to the transferring facility, within 30 minutes, either accepting or refusing the transfer. The 30-minute time period begins at the time a member of the staff of the receiving facility receives the call initiating the request to transfer.
  - 1. The policy may permit response within a period of time in excess of 30 minutes but no longer than one hour if there are extenuating circumstances for the delay. If the transfer is accepted, the reason for the delay shall be documented on the memorandum of transfer.
  - 2. The response time may be extended before the expiration of the initial 30 minutes period by agreement among the parties to the transfer. If the transfer is accepted, the agreed extension shall be documented in the memorandum of transfer.

## II. Discrimination

The transfer of a patient may not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, or economic status. The Psychiatric Emergency Treatment Center shall comply with the requirements of the Indigent Health Care and Treatment Act (HSC, §§61.030-61.032 and §§61.057-61.059, relating to Mandated providers) and any contractual, statutory or regulatory obligations, which may apply to a patient.

## III. Disclosure

The Psychiatric Emergency Treatment Center shall protect and ensure a patient's right to request transfer into the care of a physician or receiving facility of his/her own choosing; however, if a patient is transferred for economic reasons and the patient's choice is predicated upon an influence by representations made by the transferring facility administration regarding the availability of medical care and services at a reduced cost or

no cost to the patient, the physician or facility administration shall fully disclose to the patient the eligibility requirements established by the patient's chosen physician or receiving facility.

IV. Patient Transfers: Emergency Medical Conditions

- A. If a patient has an emergency medical condition which has not been stabilized or when stabilization of the patient's medical condition is not possible because the Psychiatric Emergency Treatment Center does not have the appropriate equipment or personnel to correct the underlying process, evaluation and treatment shall be performed and transfer shall be carried out as quickly as possible.
- B. The Psychiatric Emergency Treatment Center may not transfer a patient with an emergency medical condition which has not been stabilized unless:
  1. The patient or a legally responsible person acting on the patient's behalf, including the committing court, after being informed of the Psychiatric Emergency Treatment Center's obligations under this section and of the risks and benefits of transfer, requests transfer in writing; or
  2. A physician has signed a certification, which includes a summary of the risks and benefits, that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at a receiving facility outweigh the increased risks to the patient and, in the case of labor, to the unborn child from effecting the transfer; or
  3. If the physician who made the determination to transfer a patient with an emergency condition is not physically present at the time of transfer, the charge nurse may sign the certificate after the consultation with the physician. The physician shall countersign the physician certification within 24 hours.
- C. The Psychiatric Emergency Treatment Center shall take all reasonable steps to secure the informed refusal of a patient (or a person acting on a patient's behalf) refusing a transfer or a related examination and treatment. Reasonable steps include a factual explanation of:
  1. The increased medical risks to the patient reasonably expected from not being transferred, examined, or treated at the transferring facility;
  2. Any increased risks to the patient from not effecting the transfer; and
  3. The medical benefits reasonably expected from the provision of appropriate treatment at a receiving facility.
- D. The informed refusal of a patient, or of a person acting on the patient's behalf, to examination, evaluation or transfer shall be documented and

signed if possible by the patient or by a person acting on the patient's behalf, dated and witnessed by the attending physician or charge nurse, and placed in the patient's medical record.

- E. Transfer of patients who have emergency medical conditions, as determined by a physician, shall be undertaken for medical or psychiatric reasons only, except that the Psychiatric Emergency Treatment Center shall comply when applicable with the requirements of the Indigent Health Care and Treatment Act (HSC, §§61.030-61.032, and §§61.057-61.059, relating to Mandated providers) which may apply to a patient, and any contractual, statutory or regulatory obligations which may exist concerning a patient and a designated provider.
  - F. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized health care entity.
- V. Patient Transfers Non-Emergent
- A. The Psychiatric Emergency Treatment Center shall comply when applicable with the requirements of the Indigent health Care and Treatment Act (HSC §§61.030-61.032 and §§61.057-61.059, relating to Mandated providers), which may apply to a patient, and any contractual, statutory or regulatory obligations, which may exist concerning a patient and a designated provider.
  - B. The Psychiatric Emergency Treatment Center shall take all reasonable steps to secure the informed refusal of a patient (or a person acting on a patient's behalf) refusing a transfer or a related examination and treatment. Reasonable steps should include a factual explanation of:
    - 1. The increased medical risks to the patient reasonably expected from not being transferred, examined, or treated at the transferring facility;
    - 2. Any increased risks to the patient from not effecting the transfer; and
    - 3. The medical benefits reasonably expected from the provision of appropriate treatment at a receiving facility.
  - C. The informed refusal of a patient, or of a person acting on the patient's behalf, to examination, evaluation or transfer shall be documented and signed if possible by the patient or by a person acting on the patient's behalf, dated and witnessed by the attending physician or charge nurse, and placed in the patient's medical record.
  - D. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized health care entity.
  - E. The Psychiatric Emergency Treatment Center shall ensure and protect a patient's right to request a transfer into the care of a physician and a receiving facility of the patient's own choosing.

## VI. Physician's Duties and Standard of Care

- A. The transferring physician shall determine and order life support measures which are medically appropriate to stabilize the patient prior to transfer and to sustain the patient during transfer.
- B. The Psychiatric Emergency Treatment Center transferring physician shall determine and order the utilization of appropriate personnel and equipment for the transfer.
- C. In determining the use of medically appropriate life support measures, personnel, and equipment, the transferring Psychiatric Emergency Treatment Center physician shall exercise that degree of care, which a reasonable and prudent physician exercising ordinary care in the same or similar locality would use for transfer. Except as allowed under I.C., prior to each patient transfer, the physician who authorized the transfer shall personally examine and evaluate the patient to determine the patient's needs and to ensure that the proper transfer policies are used.
- D. Prior to transfer, the Psychiatric Emergency Treatment Center transferring physician or charge nurse shall secure a receiving physician and a receiving facility that are appropriate to the medical needs of the patient and that will accept responsibility for the patient's medical treatment and care.
- E. The medical staff shall review appropriate records of patients transferred to determine that the appropriate standard of care has been met.

## VII. Medical Record

- A. A copy of those portions of the patient's medical record, which are available and relevant to the transfer and to the continuing care of the patient, shall be forwarded with the patient to the receiving physician and receiving facility as soon as possible. Prior to the forwarding of any client information, the conditions of Health Insurance Portability and Accountability Act CFR 164.506 must be met as follows:
  - 1. A covered health care provider must obtain the individual's consent, in accordance with section 164.506, prior to using or disclosing protected health information to carry out treatment, payment, or health care operations.
  - 2. A covered health care provider may, without prior consent, use or disclose protected health information created or received under paragraph (a)(3)(i)(A)-(C) of section 164.506 to carry out treatment, payment, or health care operations in emergency treatment situations, if the covered health care provider attempts to obtain such consent as soon as reasonably practicable after the delivery of such treatment.
- B. The medical record shall contain:
  - 1. A brief description of the patient's medical history and physical examination;

2. A working diagnosis and recorded observations of a physical assessment of the patient's condition at the time of transfer;
3. The reasons for the transfer;
4. The results of all diagnostic tests such as laboratory tests;
5. Pertinent x-ray films and reports; and
6. Any other pertinent information

#### VIII. Memorandum of Transfer

- A. A memorandum of transfer shall be completed for every patient who is transferred (see most current electronic version of the Memorandum of Transfer form as approved by the Forms Team which is located in the forms section of the Tri-County intranet.) The memorandum shall contain:
  1. Patient's full name if known;
  2. Patient's race, religion, national origin, age, sex, physical handicap, if known;
  3. Patient's address and next of kin, address and phone number if known;
  4. Names, telephone numbers, and addresses of the transferring and receiving physicians;
  5. Names, telephone numbers, and addresses of the transferring and receiving facilities;
  6. Time and date on which the transferring physician secured a receiving physician;
  7. Name, date, and time administration was contacted in the receiving facility;
  8. Signature, time, and title of the transferring facility administrator who contacted the receiving facility;
  9. Certification required by IV. B.2. above, if applicable and attached to the memorandum of transfer form (see most current electronic version of the Certification of Examination of Benefits and Risks of Transfer form as approved by the Forms Team which is located in the forms section of the Tri-County intranet);
  10. The time and date on which the patient first presented or was presented to the transferring physician and transferring facility.
  11. Time and date on which the receiving physician assumed responsibility for the patient;
  12. Time and date on which the patient arrived at the receiving facility;
  13. Signature and date of receiving administration;
  14. Type of vehicle the Center used;
  15. Type of equipment and personnel needed in the transfer;
  16. Name and city of facility to which patient was transported;
  17. Diagnosis by transferring physician; and
  18. Attachments by transferring facility.

- B. A copy of the memorandum of transfer shall be retained by the transferring and receiving facilities. The memorandum shall be filed separately from the patient's medical record and in a manner which facilitates its inspection by the department. All memorandums of transfer forms files separately shall be retained for five (5) years.
- IX. Violations
- The Psychiatric Emergency Treatment Center shall comply with all requirements of this policy and TAC 134.43, and the Psychiatric Emergency Treatment Center governing body shall adopt and enforce this policy and memorandum of transfer form which meets the requirements of VIII above. Failure to do so constitutes a violation of this policy and applicable law.

<b>Agenda Item:</b> 1 <sup>st</sup> Quarter FY 2011 Corporate Compliance Report and 2 <sup>nd</sup> Quarter FY 2011 Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  The Corporate Compliance Officer is required by Policy and Procedure to submit quarterly reports on Corporate Compliance activities to the Board of Trustees. The Corporate Compliance Report for the 1 <sup>st</sup> quarter of FY 2011 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  1 <sup>st</sup> Quarter FY 2011 Corporate Compliance Report  2 <sup>nd</sup> Quarter FY 2011 Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **Corporate Compliance Quarterly Report**

### **1<sup>st</sup> Quarter, FY 2011**

#### **Corporate Compliance Committee Attendance:**

Committee Members Present: Evan Roberson, Millie McDuffey, Heather Hensley, Tanya Bryant, Chuck Lowman, Sami Rutledge

Quarterly meeting held on November 3, 2010

Topics discussed:

- Summary of Recent Compliance Cases and Trends
- Review of FY 2010 Compliance Cases and Trends
- Review of CORE Audit Results, FY 2010
- Review of Current Legal Issues related to Compliance
  - Medicaid Managed Care Rate Setting
  - New York State Audit Office Findings
  - Increased Emphasis on Quality and Compliance

The Corporate Compliance Officer reviewed all Corporate Compliance allegations and results of Corporate Compliance investigation activities since the last Corporate Compliance Committee meeting.

In addition, the Corporate Compliance Officer reviewed audits in compliance with the Corporate Compliance Action Plan with the committee along with discussing recent legal trends associated with Corporate Compliance.

#### **Review of 1<sup>st</sup> Quarter Corporate Compliance Allegations:**

For the 1<sup>st</sup> quarter of FY 2011, there was one Corporate Compliance Allegation involving a staff that was not documenting their services appropriately. The case was not confirmed, but documentation irregularities led to payback of \$1912.32.

#### **Payback for 4<sup>th</sup> Quarter FY 2010 Corporate Compliance Allegation:**

At the end of FY 2010 there was a Corporate Compliance allegation, but the investigation could not be completed until the 1<sup>st</sup> quarter of FY 2011. This allegation involved the use of documentation templates to create notes which were not individualized as is required by Texas Administrative Code. Services documented in this manner cannot be billed to CMS. The case was not confirmed, but payback was made in the amount of \$6209.44.

#### **Corporate Compliance Activities in Response to Audits:**

As a result of recent trends involving quality of service documentation, the Quality Management Department has developed a training curriculum that will be required of all clinical staff. This training began in the 1<sup>st</sup> quarter of FY 2011 for all staff and will be required of all new staff as a part of their orientation. In addition to service documentation training, the Corporate Compliance Officer is also attending department staff meetings to retrain departments in Corporate Compliance and to discuss areas where trends are noticed.

## **Texas' Office of the Inspector General**

### **Actively Pursuing Fraud and Abuse in the State of Texas**

#### **Corporate Compliance Training, 2<sup>nd</sup> Quarter FY 2011**

The Texas Office of the Inspector General (OIG) is actively pursuing fraud and abuse in the State of Texas. According to the Texas OIG website ([oig.hhsc.state.tx.us](http://oig.hhsc.state.tx.us)), the OIG "initiates proactive measures and deploys advanced information technology systems to reduce, pursue, and recover expenditures that are not medically necessary or justified. These measures and automated systems enhance the ability of OIG to identify inappropriate patterns of behavior and allow investigative resources to target cases with the strongest supporting evidence and greatest potential for monetary recovery." Complex algorithms are used by these data systems to target Medicare and Medicaid billing problems.

According to 2009 Medicare audits performed by the Federal Government, 98% of claim errors were explained by insufficient documentation, miscoded claims, and medically unnecessary services and supplies. The most common offenders in these audits were Inpatient Hospitals (40%) and Durable Medical Equipment Suppliers (25%), but investigations of other types of providers, specifically private physician practices, skilled nursing and home health agencies have been an increasing focus of auditors.

The Medicaid Provider Integrity Division of the Texas OIG is made up of 34 staff which have:

"the primary responsibility to conduct field investigations of alleged provider fraud, waste, and abuse. The field investigators formulate an investigative plan including, but not limited to, generating a statistical sample of the providers claim history for a specific time period or targeting specific records in a non-statistical sample, securing records from the provider, having the records reviewed for program compliance and medical necessity by qualified consultants, and conducting applicable interviews with providers and their staff, Medicaid recipients, and other collateral witnesses. Case summaries are then drafted to record the findings and the case is forwarded to the Chief Counsel Sanctions Section with a recommendation to recover potential overpayments and to impose additional administrative sanctions."

In FY 2009, the Medicaid Provider Integrity Division opened 563 fraud and abuse cases and 270, or almost 48% of them, were referred to the Attorney General for prosecution.

In FY 2009, the OIG "recovered \$338,471,594 and achieved cost avoidance of \$342,597,906. All recoveries and cost avoidance activities directly assist our neediest citizens." According to the Texas OIG, "these funds are directed back into the program; we know that the \$681,069,500 has provided needed healthcare and other state-funded assistance to these Texans."

In addition to the emphasis on fraud prevention at the State level, the Patient Protection and Affordable Care Act includes added emphasis on proving up the quality of services to those being covered by the new Federal law. There will be greater emphasis on the scrutiny of the services which are provided to our consumers.

At Tri-County, we need to continue to be aware of the heightened level of scrutiny that health care providers are under from both the Federal and State level. It is very important that we continue to work on both the quality of the service that we provide to our consumers and the quality of the documentation that is used to justify it.

<b>Agenda Item:</b> 1 <sup>st</sup> Quarter FY 2011 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  The Board of Trustees and Leadership Team met on July 10, 2010 for the annual strategic planning retreat and to develop the Goals for FY 2011. Goals were discussed and a consensus was reached. Subsequently, the Leadership Team developed objectives for each of the goals. These goals are in addition to the contractual requirements of the Center's contracts with the Department of State Health Services and the Department of Aging and Disability Services.  This is the 1 <sup>st</sup> quarter progress report of the FY 2011 Goals and Objectives.	
<b>Supporting Documentation:</b>  1st Quarter FY 2011 Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# 1<sup>st</sup> Quarter FY 2011 Goals and Objectives

## Progress Report

<b>GOAL #1</b>	
<b>Successfully Implement and Market the Expanded Substance Abuse Treatment Services</b>	
<b>Objectives</b>	<b>1<sup>st</sup> Quarter</b>
<b>Objective #1:</b> Hire and train staff.	<ul style="list-style-type: none"> <li>➤ We have had difficulty hiring all vacant positions, and did not get all positions filled during the 1<sup>st</sup> quarter.</li> <li>➤ Training occurred in the 1<sup>st</sup> quarter. We are still struggling to get DSHS clarification on billing despite numerous efforts.</li> </ul>
<b>Objective #2:</b> Market SA treatment services to community stakeholders and all potential referral sources.	<ul style="list-style-type: none"> <li>➤ Effectively marketed youth services but have to increase marketing to fully bill the youth award.</li> <li>➤ Marketing for adult services was disrupted due to turnover in existing staff and inability to fill vacant positions.</li> </ul>
<b>Objective #3:</b> Maximize all funding for Substance Abuse Treatment, including DSHS, Medicaid, private insurance and Montgomery County United Way.	<ul style="list-style-type: none"> <li>➤ We have not maximized substance abuse funding due to turnover, vacancies and difficulties in filling positions.</li> <li>➤ We are far below the needed billing levels to fully capture the DSHS funding awards. We must increase billing significantly in the remaining quarters.</li> </ul>
<b>Objective #4:</b> Funders, consumers, families and quality management reviews reflect effective services.	<ul style="list-style-type: none"> <li>➤ A monitoring tool has been created by the Quality Management Department which will be completed for Adult services in the 2<sup>nd</sup> Quarter.</li> <li>➤ Consumer Satisfaction Surveys have been developed and will be provided to consumers regularly.</li> </ul>

<b>GOAL #2</b>	
<b>Increase Community Awareness of Center</b>	
<b>Objectives</b>	<b>1<sup>st</sup> Quarter</b>
<b>Objective #1:</b> Educate consumers, families and stakeholders about CSU, crisis hotline, Mobile Crisis Outreach Teams, other mental health services and intellectual and developmental disability services.	<ul style="list-style-type: none"> <li>➤ We continue to have community meetings to discuss the CSU with law enforcement and the community hospitals.</li> </ul>

<p><b>Objective #2:</b> Promote Center's website to all stakeholders.</p>	<ul style="list-style-type: none"> <li>➤ The Website neared completion in the 1<sup>st</sup> Quarter. Launch activities were planned for the 2<sup>nd</sup> Quarter.</li> </ul>
<p><b>Objective #3:</b> Increase media coverage of Center services and events, including newspapers, radio stations, public service announcements and other media.</p>	<ul style="list-style-type: none"> <li>➤ From the Heart Campaign promoted in all counties; appreciation display will be in all area papers</li> <li>➤ Articles regarding Veterans' program</li> </ul>
<p><b>Objective #4:</b> Implement an educational plan for local and state elected officials regarding diversion of misdemeanor defendants from the criminal justice and state hospital system.</p>	<ul style="list-style-type: none"> <li>➤ Statewide Center committee included diversion of misdemeanants in their report to state.</li> <li>➤ Actively working with Montgomery County new indigent defense program</li> <li>➤ More work to be done.</li> </ul>

<b>GOAL #3</b>	
<b>Diversify Center Revenues and Improve Efficiencies</b>	
<b>Objectives</b>	<b>1<sup>st</sup> Quarter</b>
<p><b>Objective #1:</b> Plan and conduct a gala fundraiser in FY 2011.</p>	<ul style="list-style-type: none"> <li>➤ Committee will soon be formed to begin planning.</li> </ul>
<p><b>Objective #2:</b> Apply for HUD 811 funding for a Liberty County project.</p>	<ul style="list-style-type: none"> <li>➤ A proposal for property purchase has been submitted to a landowner in Cleveland.</li> <li>➤ Consultants are aware of plans to reapply and are reviewing last year's application for any necessary changes.</li> </ul>
<p><b>Objective #3:</b> Apply for funding to support autism spectrum disorder services.</p>	<ul style="list-style-type: none"> <li>➤ Initial meeting held to discuss program design and plans for development.</li> <li>➤ \$3,000 was provided by the Ladies Auxiliary VFW Post #4709 to purchase Adaptive Aides and Library Resources for the Autism Program.</li> </ul>
<p><b>Objective #4:</b> Analyze operations to migrate from paper to electronic documentation wherever possible.</p>	<ul style="list-style-type: none"> <li>➤ ETBHN purchased Laserfische software member centers. Plans to be developed for conversion of paper to electronic storage.</li> <li>➤ HR forms are being created in Microsoft InfoPath for testing of electronic processes.</li> </ul>

<b>GOAL #4</b>	
<b>Recruit and Retain Quality Staff</b>	
<b>Objectives</b>	<b>1<sup>st</sup> Quarter</b>
<p><b>Objective #1:</b> Increase number of bilingual and culturally competent staff.</p>	<ul style="list-style-type: none"> <li>➤ Currently have three support staff, one Service Coordinator and one C&amp;A Therapist.</li> <li>➤ Continue to advertise for bilingual required and/or preferred for various positions.</li> </ul>
<p><b>Objective #2:</b> Identify and develop successor staff in key management positions.</p>	<ul style="list-style-type: none"> <li>➤ Identified key positions for succession planning for discussion at Leadership Team level.</li> <li>➤ Key staff participating in the ETBHN Strategic planning in February.</li> </ul>
<p><b>Objective #3:</b> Expand employee wellness opportunities, including employee health clinic.</p>	<ul style="list-style-type: none"> <li>➤ Implemented “Commit to Quit” using tobacco products for employees.</li> <li>➤ Ordered pedometers for all employees who choose to participate in the Wellness initiative “Steppin’ Out for Wellness”.</li> <li>➤ Ordered Wellness tee shirts to recognize employees who participate in Wellness activities throughout the year.</li> <li>➤ Continue to work on employee health clinic.</li> </ul>
<p><b>Objective #4</b> Foster relationships with colleges and universities to secure practicum and intern students.</p>	<ul style="list-style-type: none"> <li>➤ Staff have contacted the Public Administration program at Sam Houston State University to inquire about administrative interns.</li> <li>➤ Planning underway for contacts to Lone Star College programs where practicum and internships are needed.</li> </ul>
<p><b>Objective #5</b> Expand and enhance employee recognition activities.</p>	<ul style="list-style-type: none"> <li>➤ Re-implement “Above and Beyond” program to recognize employees who do more than required in their job description.</li> <li>➤ Recognize employees who complete bachelor, graduate and certification programs.</li> </ul>

<b>Agenda Item:</b> Community Resources Report for November and December 2010	<b>Board Meeting Date</b>
<b>Committee:</b> Program	January 27, 2011
<b>Background Information:</b>	
None	
<b>Supporting Documentation:</b>	
Community Resources Report for November and December 2010	
<b>Recommended Action:</b>	
<b>For Information Only</b>	

# ***Community Resources Report November & December 2010***

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## **Volunteer Hours:**

<b>Location</b>	<b>November</b>	<b>December</b>
Conroe	46	39
Cleveland	0	6
Liberty	0	6
Huntsville	5	14.5
<b>Total</b>	<b>51</b>	<b>65.5</b>

## **COMMUNITY ACTIVITIES:**

12/15/10	Homeless Coalition Board and General Meetings	Conroe
12/17/10	Panda Express Community Outreach	Conroe
12/21/10	Montgomery County United Way Disaster Recovery Task Force Meeting	The Woodlands
1/6/11	Cleveland Chamber of Commerce Luncheon	Cleveland
1/10/11	Aging & Disability Resource Center Meeting	Houston
1/11/11	Presentation of Check from Conroe Sam's Club	Conroe
1/11/11	Crisis & Substance Abuse Meeting with Montgomery County Clerk	Conroe
1/11/11	Homeless Coalition Point-In-Time Count Meeting	Conroe
1/12/11	Montgomery County United Way Funding Training Meeting	The Woodlands
1/12/11	Woodforest Charitable Foundation Meeting	Conroe
1/18/11	Montgomery County United Way Disaster Recovery Task Force Meeting	The Woodlands
1/18/11	Montgomery County Community Resource Coordination Group	Conroe
1/19/11	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
1/19/11	Montgomery County United Way Campaign Cabinet Meeting	Conroe
1/19/11	Homeless Coalition Board and General Meetings	Conroe
1/24/11	Homeless Coalition Point-In-Time Count Meeting	Conroe
1/27/11	Adult Protective Services Task Force Meeting	Conroe
1/27/11	Greater Conroe/Lake Conroe Chamber of Commerce Luncheon	Conroe
1/27/11	Montgomery County United Way Funding Training Meeting	The Woodlands

## **UPCOMING ACTIVITIES:**

2/2/11	Liberty County Community Resource Coordination Group	Dayton
2/3/11	Cleveland Chamber of Commerce Luncheon	Cleveland
2/4/11	Aging & Disability Resource Center Meeting	Houston
2/7/11	Montgomery County Juvenile Probation Department First Offender Community Information Program	Conroe
2/10/11	Huntsville Chamber of Commerce Breakfast	Huntsville

2/15/11	Montgomery County Jail Diversion Working Group	Conroe
2/15/11	Montgomery County Resource Coordination Group	Conroe
2/16/11	Montgomery County Juvenile Probation Department Risk/Needs Assessment Process Stakeholder Meeting	Conroe
2/17/11	Adult Protective Services Task Force Meeting	Conroe
2/22/11	Montgomery County United Way Disaster Recovery Task Force Meeting	The Woodlands
2/24/11	Liberty/Dayton Chamber of Commerce Annual Dinner	Dayton

**Agenda Item:** Consumer Services Reports for November and December 2010

**Board Meeting Date**

January 27, 2011

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Reports for November and December 2010

**Recommended Action:**

**For Information Only**

# CONSUMER SERVICES REPORT

November 2010 - FY 2011

Crisis Services, MH Adults/Children	MONTGOMERY COUNTY	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Persons Screened, Intakes, Other Crisis Services	219	16	20	16	271
Crisis and Transitional Services (SP 0, SP5)	134	8	8	7	157
Crisis Residential Unit (CRU) Served	50	4	2	5	61
Crisis Residential Unit (CRU) bed days	217	27	28	10	282
Total Contract Hospital Admissions	16	1	0	1	18
Total State Hospital Admissions	44	4	5	5	58
<b>Persons Served by Program, MH Non-Crisis</b>					
Adult Service Packages (SP 1-4)	662	101	63	115	941
Adult Medication Services	597	71	60	89	817
Child Service Packages (SP 1.1-4)	372	16	6	53	447
Child Medication Services	183	11	3	24	221
Adult Jail Diversion Services	19	0	0	0	19
Juvenile Detention Diversion Services	4	0	0	0	4
TCOOMMI (Adult/Child)	106	7	6	11	130
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	13	0	2	0	15
Service Coordination/Case Management	349	24	31	45	449
Center Waiver Services (HCS, Supervised Living, TXHmL)	27	8	13	14	62
Contractor Provided ICF-MR	17	12	12	6	47
Autism Services	8	0	2	0	10
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	193	33	0	0	226
Youth Substance Abuse Treatment Services/COPSD	13	0	0	0	13
Adult Substance Abuse Treatment Services/COPSD	10	0	0	0	10
<b>Waiting/Interest Lists</b>					
Department of State Health Services-Adults	198	20	33	6	257
Department of State Health Services-Children	15	0	0	0	15
Home and Community Based Services Interest List	947	76	77	76	1176
<b>Persons Served Outside of the State Contracts</b>					
Benefit Package 3 Adult/Child	45	3	5	5	58
<b>November Served by County</b>					
Adult Mental Health Services	1182	151	107	161	1601
Child Mental Health Services	412	20	7	57	496
Intellectual and Developmental Disabilities Services	417	44	49	57	567
<b>Total Served by County</b>	<b>2011</b>	<b>215</b>	<b>163</b>	<b>275</b>	<b>2664</b>
<b>October Served by County</b>					
Adult Mental Health Services	1181	137	102	142	1562
Child Mental Health Services	388	19	8	58	473
Intellectual and Developmental Disabilities Services	409	46	55	58	568
<b>Total Served by County</b>	<b>1978</b>	<b>202</b>	<b>165</b>	<b>258</b>	<b>2603</b>
<b>September Served by County</b>					
Adult Mental Health Services	1193	141	127	165	1626
Child Mental Health Services	372	16	3	54	445
Intellectual and Developmental Disabilities Services	392	45	51	59	547
<b>Total Served by County</b>	<b>1957</b>	<b>202</b>	<b>181</b>	<b>278</b>	<b>2618</b>

# CONSUMER SERVICES REPORT

December 2010 - FY 2011

	MONTGOMERY COUNTY	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	274	20	11	24	329
Crisis and Transitional Services (SP 0, SP5)	196	11	14	18	239
Crisis Residential Unit (CRU) Served	41	4	4	5	54
Crisis Residential Unit (CRU) bed days	148	21	24	21	214
Total Contract Hospital Admissions	8	0	1	1	10
Total State Hospital Admissions	39	4	5	6	54
<b>Persons Served by Program, MH Non-Crisis</b>					
Adult Service Packages (SP 1-4)	714	99	75	105	993
Adult Medication Services	640	80	73	85	878
Child Service Packages (SP 1.1-4)	372	15	5	52	444
Child Medication Services	163	5	3	19	190
Adult Jail Diversion Services	12	2	0	0	14
Juvenile Detention Diversion Services	4	0	0	0	4
TCOOMMI (Adult/Child)	106	6	7	10	129
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	8	0	1	0	9
Service Coordination/Case Management	345	24	25	40	434
Center Waiver Services (HCS, Supervised Living, TXHmL)	26	9	14	14	63
Contractor Provided ICF-MR	18	13	11	6	48
Autism Services	9	0	2	0	11
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	158	33	0	0	191
Youth Substance Abuse Treatment Services/COPSD	8	0	0	1	9
Adult Substance Abuse Treatment Services/COPSD	9	0	0	0	9
<b>Waiting/Interest Lists</b>					
Department of State Health Services-Adults	210	19	36	8	273
Department of State Health Services-Children	20	0	0	0	20
Home and Community Based Services Interest List	960	79	77	81	1197
<b>Persons Served Outside of the State Contracts</b>					
Benefit Package 3 Adult/Child	29	5	7	2	43
<b>December Served by County</b>					
Adult Mental Health Services	1192	134	114	162	1602
Child Mental Health Services	393	17	6	51	467
Intellectual and Developmental Disabilities Services	405	41	49	54	549
<b>Total Served by County</b>	<b>1990</b>	<b>192</b>	<b>169</b>	<b>267</b>	<b>2618</b>
<b>November Served by County</b>					
Adult Mental Health Services	1182	151	107	161	1601
Child Mental Health Services	412	20	7	57	496
Intellectual and Developmental Disabilities Services	417	44	49	57	567
<b>Total Served by County</b>	<b>2011</b>	<b>215</b>	<b>163</b>	<b>275</b>	<b>2664</b>
<b>October Served by County</b>					
Adult Mental Health Services	1181	137	102	142	1562
Child Mental Health Services	388	19	8	58	473
Intellectual and Developmental Disabilities Services	409	46	55	58	568
<b>Total Served by County</b>	<b>1978</b>	<b>202</b>	<b>165</b>	<b>258</b>	<b>2603</b>

<b>Agenda Item:</b> Program Updates for December 2010	<b>Board Meeting Date</b>  January 27, 2011
<b>Committee:</b> Program	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates for December 2010	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Program Updates**

## **December 2010**

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### **MH Crisis and Admission Services**

- A. Key Statistics:
  - 1. Number of new admissions during the month: 111
  - 2. Average daily census of the CRU/CSU: 8
- B. Program Comments:
  - 1. We have submitted our application for licensure for the CSU but have been informed that we must provide some additional information for completion. We are now making plans on the physical relocation of the CRU to the new facility when it is completed.
  - 2. We utilized significantly more contract hospital bed days for children in recent weeks due to state hospital diversion issues.

### **MH Adult Services**

- A. Key Statistics:
  - 1. Number of adults served during the month: 1602
  - 2. Number of adults served in Medication Services: 878
- B. Program Comments:
  - 1. In mid-January, the medication clinic at the William E. Hall (WEH) facility was consolidated into the medication clinic services at the Riverpointe (RP) facility in Conroe. This is an effort to reduce costs in conjunction with anticipated funding cuts from the Department of State Health Services (DSHS).
  - 2. We have seen an increase in the number of adults served since last month by about 50 individuals for both total served and those served in Medication Services.

### **MH Child Services**

- A. Key Statistics:
  - 1. Number of children served during the month: 496
  - 2. Number of children served in Medication Services: 190
- B. Program Comments:
  - 1. We are experiencing significant turnover in our MH Child and Adolescent Rehabilitation positions. This has created challenges in adjusting caseloads to avoid disruption of services and to meet state contract requirements.
  - 2. The total number of children served continues to be double our state contract requirements.

## **Criminal Justice Services**

- A. Key Statistics:
  - 1. Number of Children and Adults Served Through Texas Office on Offenders with Medical and Mental Impairments (TCOOMMI):  
33 Juvenile; 98 Adults
  - 2. Number of Jail/Juvenile Diversions:  
6 Jail Diversions in the month of December; 4 Juvenile Diversions
- B. Program Comments:
  - 1. We have submitted plans of correction for a recent state audit of our criminal justice services, and the state has accepted that plan.
  - 2. Our jail diversion program was able to divert six adults from jail to mental health treatment in December, and our juvenile program continued to serve our capacity of four local juvenile detention diversions.

## **Substance Abuse Services**

- A. Key Statistics:
  - 1. Number of children served in prevention services: 191
  - 2. Number of adults served in substance abuse treatment services: 9
  - 3. Number of children served in substance abuse treatment services: 9
- B. Program Comments:
  - 1. Our new Substance Abuse Adult Treatment program manager has completed training and we are now resuming services to adults. We have hired a new adult Co-Occurring Psychiatric Substance Abuse Disorders (COPSD) employee who is now in training.
  - 2. We have hired a new Youth counselor position who is now in training.
  - 3. We have significant work to be done during the remaining seven months of the DSHS contract year in order to successfully provide enough services to fully utilize the DSHS funding we were awarded.

## **IDD Services**

- A. Key Statistics:
  - 1. Total number of admissions for the month: 9
  - 2. Total number served in the HCS program for the month: 63
  - 3. Total number served in all IDD services for the month: 549
- B. Program Comments:
  - 1. A DADS audit will be occurring in January, and there is significant preparation work for the audit.
  - 2. Cleveland Life Skills services have been operating at other Tri-County facilities, but should be able to return to Truman Street in the near future.
  - 3. We now have 17 individuals enrolled in our Autism Spectrum Disorder Program.

## **Personnel Information**

- A. As part of the consolidation of the WEH medication services into the RP medication services, we are transferring support staff from WEH into vacant positions. We are consolidating psychiatrists, nurses, and case coordinators into the RP medication clinic. We decided to not fill one vacant case coordinator position at RP until we determine it is necessary.

## **Support Information**

### **A. Veterans' Services:**

- 1. Bring Everyone in the Zone support groups began on January 20<sup>th</sup> in Conroe and January 25<sup>th</sup> in Huntsville.
- 2. Operation Resilient Families support groups began on January 22<sup>nd</sup> in Conroe.

### **B. Quality Management:**

- 1. Progress note and treatment plan training for all current employees began on January 10<sup>th</sup> and will continue through February.
- 2. The TxHmL and HCS program review was completed with a score of 96.5%.

### **C. Training:**

- 1. The second series of the Intentional Management supervisor workshop was held on January 20<sup>th</sup>.
- 2. All staff were invited to attend a Time Management and Organizational Skills workshop on January 21<sup>st</sup> at the Lone Star Convention and Expo Center.

### **D. Information Services:**

- 1. New Human Resources (HR) forms were created to capture data needed for the HR/Payroll module of Anasazi and training for supervisors has begun.
- 2. Data/Security/CCTV wiring was completed at the CSU.
- 3. Data wiring was completed at Truman Street.

## **Community Activities**

- A. Ten percent (10%) of area Chili's Restaurant sales proceeds each Monday and Tuesday in December were donated to Tri-County.
- B. Twenty percent (20%) of Conroe Panda Express sales proceeds on December 17<sup>th</sup> were donated to Tri-County.
- C. Anadarko Petroleum Corporation's generous donations to From the Heart.
- D. Veteran's of Foreign War (VFW) Women's Auxiliary \$3,000 donation to Autism Services.

<b>Agenda Item:</b> Personnel Reports for November and December 2010  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Reports for November and December 2010	
<b>Recommended Action:</b>  <b>For Information Only</b>	

**TRI-COUNTY SERVICES  
PERSONNEL BOARD REPORT  
NOVEMBER 2010**

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professional	4	7		4		1		3	95	85	0%	5%
Qualified Mental Retardation Professional (State Title)		1							13	13	0%	0%
Licensed Staff	1	1	1	1			1	1	13	11	9%	9%
Medical												
Physicians									5	5	0%	0%
Advanced Practice Nurse									1	1	0%	0%
RN's		1							11	10	0%	0%
LVN's									13	13	0%	0%
Techs/Aides												
MH									10	10	0%	0%
IDD	2	3	2	3	1	2	1	1	53	51	4%	6%
Supervisor/Manager												
MH		1							12	12	0%	0%
IDD									6	5	0%	0%
Program Support	1	1	1	2		1	1	1	42	40	3%	5%
Central Administration	2	3	1	1	1	1			19	18	6%	6%
Business Services									16	16	0%	0%
Maintenance/Janitorial/Lawn		1							25	25	0%	0%
GRAND TOTALS	10	19	5	11	2	5	3	6	334	315	2%	3%
Previous YTD											5%	6%

**TRI-COUNTY SERVICES  
PERSONNEL BOARD REPORT  
DECEMBER 2010**

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professional	3	10	4	8	1	2	3	6	94	83	5%	10%
Qualified Mental Retardation Professional (State Title)		1							13	13	0%	0%
Licensed Staff	1	2		1				1	14	11	0%	9%
Medical												
Physicians									5	5	0%	0%
Advanced Practice Nurse									1	1	0%	0%
RN's		1							10	9	0%	0%
LVN's									13	13	0%	0%
Techs/Aides												
MH									10	10	0%	0%
IDD	1	4		3		2		1	53	52	0%	6%
Supervisor/Manager												
MH		1	1	1			1	1	12	11	9%	9%
IDD									6	5	0%	0%
Program Support		1		2		1		1	41	39	0%	5%
Central Administration		3	2	3	2	3			17	16	13%	19%
Business Services									16	16	0%	0%
Maintenance/Janitorial/Lawn		1	1	1	1	1			25	24	4%	4%
GRAND TOTALS	5	24	8	19	4	9	4	10	330	308	3%	6%
Previous YTD											3%	9%

<b>Agenda Item:</b> Texas Council Quarterly Board Meeting Update  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Approve FY 2010 Independent Financial Audit  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  David N. Miller, LLP audited Tri-County's Financial Statements for the fiscal year which ended August 31, 2010. There were no material findings related to the financial statements.	
<b>Supporting Documentation:</b>  Copy of Preliminary Audited Financial Statements – Mailed Separately to Board Members	
<b>Recommended Action:</b>  <b>Approve FY 2010 Independent Financial Audit</b>	

<b>Agenda Item:</b> Approve November 2010 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  November 2010 Financial Statements	
<b>Recommended Action:</b>  <b>Approve November 2010 Financial Statements</b>	

## November 2010 Financial Summary

Revenues for November 2010 were \$2,391,508 and operating expenses were \$1,875,710 resulting in a gain in operations of \$515,799. Capital Expenditures and Extraordinary Expenses for November were \$517,342 resulting in a loss of \$1,543. Total revenues were 97.95% of the monthly budgeted revenues and total expenses were 97.80% of the monthly budgeted expenses.

Year to date revenues are \$6,520,373 and operating expenses are \$5,515,181 leaving excess operating revenues of \$1,005,191. YTD Capital Expenditures and Extraordinary Expenses are \$834,373 in a gain YTD of \$170,818. Total revenues are 97.91% of the YTD budgeted revenues and total expenses are 95.25% 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
TCOOMMI	113,805	128,325	88.682%	14,520
ICF/MR Program – Title XIX	693,394	711,125	97.51%	17,731
DSHS General Revenue Crisis - PESC	382,284	431,616	88.57%	49,332
DSHS General Revenue - NGM	94,931	187,689	50.58%	92,758
DSHS– SSBG – Contract Inpatient	15,725	50,000	31.45%	34,275
DSHS – Substance Abuse Treatment - Youth	3,826	20,568	18.60%	16,742

TCOOMMI – In both juvenile and adult programs, Medicaid revenue was higher than the budget projected it to be which reduces the direct TCOOMMI revenue. Also, this is a cost reimbursement program and expenses are less than expected.

ICF/MR Program – There have been a series of client vacancies in the homes due to hospitalization, one consumer who moved to a skilled nursing facility, consumers moving to HCS and one consumer that passed away. As a result, the program is under budget for the year. Staff are actively recruiting to fill the vacancies in the homes and revenue will increase as soon as the beds are full.

DSHS General Revenue Crisis – PESC – This is a cost reimbursement program for our Crisis Residential Unit (CRU). Expenses are running under budgeted projections for the beginning of this fiscal year.

DSHS General Revenue – NGM – This line item has been trending under budget for the last few years. We will continue to monitor this line item to determine if the lapse trends will continue.

DSHS – SSBG – Contract Inpatient – This line item reflects the last month of the Social Service Block Grant (SSBG) funding for Contract Inpatient Services and will be adjusted during the first budget revision.

DSHS – Substance Abuse Treatment - Youth – This is a new program for FY 2011. Services are ramping up and revenues should increase as the program becomes fully operational.

**EXPENSES**

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

<b>Revenue Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Contract Hospital - Child	35,925	7,500	479.00%	28,425

Contract Hospital– Child – The number of children admitted to contract hospitals is higher than budgeted so far this fiscal year. We will monitor this item to see if a mid-year budget revision may be necessary.

**TRI-COUNTY SERVICES  
CONSOLIDATED BALANCE SHEET  
As of November 30, 2010**

	<b>TOTALS COMBINED FUNDS November 2010</b>	<b>TOTALS COMBINED FUNDS October 2010</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	5,975	4,275	1,700
Cash on Deposit-General Fund	5,546,286	6,576,903	(1,030,617)
Cash on Deposit-Debt Fund	199,439	161,326	38,113
Accounts Receivable	1,519,614	1,463,615	55,999
Inventory	32,183	32,469	(286)
<b>TOTAL CURRENT ASSETS</b>	<b>7,303,496</b>	<b>8,238,588</b>	<b>(935,092)</b>
<b>FIXED ASSETS</b>	<b>5,050,968</b>	<b>4,557,052</b>	<b>493,916</b>
<b>OTHER ASSETS</b>	<b>62,183</b>	<b>45,777</b>	<b>16,406</b>
AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT	1,720,257	1,720,257	-
<b>TOTAL ASSETS</b>	<b>14,136,904</b>	<b>14,561,675</b>	<b>(424,770)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,186,620</b>	<b>1,217,294</b>	<b>(30,674)</b>
NOTES PAYABLE	407,690	407,690	-
DEFERRED REVENUE	821,869	1,739,461	(917,593)
<b>LONG-TERM LIABILITIES FOR</b>			
Capital Leases-Equipment	82,567	82,567	-
Bond Series 1995	-	-	-
Bond Series 2004	1,230,000	1,230,000	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	228,510	243,209	(14,698)
Debt Service Fund	(374,553)	(412,666)	38,113
<b>FUND EQUITY</b>			
Reserved for Fixed Assets	5,050,968	4,557,052	493,916
Reserved for Worker Comp	269,685	269,685	-
Reserved for Debt Service	573,993	573,993	-
Reserved for Board Policy Requirements	2,109,405	2,109,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Current Year Budgeted Reserve	18,498	12,332	6,166
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,000,000	2,000,000	-
Unrestricted and Undesignated	144,390	144,390	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>14,136,904</b>	<b>14,561,675</b>	<b>(424,769)</b>

**TRI-COUNTY SERVICES**  
**CONSOLIDATED BALANCE SHEET**  
As of November 30, 2010

	General Operating Funds	Debt Service Funds	General Fixed Assets	TOTALS	
				Memorandum Only	
				November 2010	August 2010
					Preliminary
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Imprest Cash Funds	5,975			5,975	2,975
Cash on Deposit-General Fund	5,546,286			5,546,286	4,881,558
Cash on Deposit-Debt Fund		199,439		199,439	558,194
Accounts Receivable	1,519,614			1,519,614	1,583,180
Inventory	32,183			32,183	32,075
TOTAL CURRENT ASSETS	7,104,057	199,439	-	7,303,496	7,057,981
<b>FIXED ASSETS</b>					
			5,050,968	5,050,968	4,557,052
OTHER ASSETS	62,183			62,183	37,835
<b>AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT</b>					
		1,720,257		1,720,257	2,449,809
<b>TOTAL ASSETS</b>	<b>7,166,240</b>	<b>1,919,697</b>	<b>5,050,968</b>	<b>14,136,904</b>	<b>14,102,677</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>					
<b>CURRENT LIABILITIES</b>					
	1,186,620			1,186,620	1,256,501
NOTES PAYABLE		407,690		407,690	375,787
DEFERRED REVENUE	821,869			821,869	90,634
<b>LONG-TERM LIABILITIES FOR</b>					
Capitol Leases	-	82,567		82,567	224,022
Bond Series 1995	-	-		-	215,000
Bond Series 2004		1,230,000		1,230,000	1,635,000
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>					
General Fund	228,510			228,510	45,759
Debt Service Fund	-	(374,553)		(374,553)	(17,170)
<b>FUND EQUITY</b>					
Reserved for Fixed Assets	-		5,050,968	5,050,968	4,557,052
Reserved for Worker's Compensation	269,685			269,685	269,685
Reserved for Debt Service		573,993		573,993	575,364
Reserved for Board Policy Requirements	2,109,405			2,109,405	2,109,405
Reserved for Equipment Reserve	354,290			354,290	354,290
Reserved for Current Year Budgeted Reserve	18,498			18,498	-
Reserved for Inventory Reserve	32,973			32,973	32,973
Reserved for Operations and Programs	2,000,000			2,000,000	2,000,000
Unrestricted and Undesignated	144,390			144,390	378,374
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>7,166,240</b>	<b>1,919,697</b>	<b>5,050,968</b>	<b>14,136,904</b>	<b>14,102,677</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**For the Month Ended November 2010**  
**and YTD as of November 2010**

<b>INCOME:</b>	<b>MONTH OF November 2010</b>	<b>YTD November 2010</b>
Local Revenue Sources	570,928	1,054,993
Earned Income	847,933	2,580,350
General Revenue-Contract	972,647	2,885,029
<b>TOTAL INCOME</b>	<b>2,391,508</b>	<b>6,520,373</b>
 <b>EXPENSES:</b>		
Salaries	965,668	2,941,227
Employee Benefits	198,539	605,346
Medication Expense	60,766	116,136
Travel-Board/Staff	32,710	94,344
Building Rent/Maintenance	13,922	37,839
Consultants/Contracts	414,703	1,171,490
Other Operating Expenses	189,401	548,800
<b>TOTAL EXPENSES</b>	<b>1,875,710</b>	<b>5,515,181</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>515,799</b>	 <b>1,005,191</b>
 <b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	479,229	719,152
Capital Outlay-Debt Service Bonds	38,113	115,221
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>517,342</b>	<b>834,373</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>2,393,051</b>	 <b>6,349,555</b>
 <b>Excess (Deficiency) of Revenues and Expenses</b>	 <b>(1,543)</b>	 <b>170,818</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**Compared to Budgeted**  
**Year to Date as of November 2010**

	YTD November 2010	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,054,993	1,020,488	34,505
Earned Income	2,580,350	2,595,948	(15,598)
General Revenue-Contract	2,885,029	3,043,000	(157,971)
<b>TOTAL INCOME</b>	<b>6,520,373</b>	<b>6,659,436</b>	<b>(139,063)</b>
<b>EXPENSES:</b>			
Salaries	2,941,227	3,001,545	(60,318)
Employee Benefits	605,346	645,984	(40,638)
Medication Expense	116,136	208,892	(92,756)
Travel-Board/Staff	94,344	104,844	(10,500)
Building Rent/Maintenance	37,839	54,975	(17,136)
Consultants/Contracts	1,171,490	1,192,265	(20,775)
Other Operating Expenses	548,800	587,623	(38,823)
<b>TOTAL EXPENSES</b>	<b>5,515,181</b>	<b>5,796,128</b>	<b>(280,947)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>1,005,191</b>	<b>863,308</b>	<b>141,883</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	719,152	755,863	(36,711)
Capital Outlay-Debt Service Bonds	115,221	114,497	724
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>834,373</b>	<b>870,360</b>	<b>(35,987)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>6,349,555</b>	<b>6,666,488</b>	<b>(316,933)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>170,818</b>	<b>(7,052)</b>	<b>177,870</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	115,221	114,497	724
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>115,221</b>	<b>114,497</b>	<b>724</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended November 2010**

<b>INCOME:</b>	<b>MONTH OF November 2010</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	570,928	578,531	(7,603)
Earned Income	847,933	865,317	(17,384)
General Revenue-Contract	972,647	997,669	(25,022)
<b>TOTAL INCOME</b>	<b>2,391,508</b>	<b>2,441,517</b>	<b>(50,009)</b>
<b>EXPENSES:</b>			
Salaries	965,668	986,850	(21,182)
Employee Benefits	198,539	215,503	(16,964)
Medication Expense	60,766	69,630	(8,864)
Travel-Board/Staff	32,710	34,948	(2,238)
Building Rent/Maintenance	13,922	18,325	(4,403)
Consultants/Contracts	414,703	393,756	20,947
Other Operating Expenses	189,401	194,507	(5,106)
<b>TOTAL EXPENSES</b>	<b>1,875,710</b>	<b>1,913,519</b>	<b>(37,810)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>515,799</b>	<b>527,998</b>	<b>(12,199)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	479,229	495,159	(15,930)
Capital Outlay-Debt Service Bonds	38,113	38,161	(48)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>517,342</b>	<b>533,320</b>	<b>(15,978)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,393,051</b>	<b>2,446,839</b>	<b>(53,788)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(1,543)</b>	<b>(5,322)</b>	<b>3,779</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	38,113	38,161	(48)
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>38,161</b>	<b>(48)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With November 2009 Comparative Data**  
**Year to Date as of November 2010**

	YTD November 2010	YTD November 2009	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,054,993	390,936	664,057
Earned Income	2,580,350	2,451,442	128,908
General Revenue-Contract	2,885,029	2,811,478	73,551
<b>TOTAL INCOME</b>	<b>6,520,373</b>	<b>5,653,856</b>	<b>866,517</b>
<b>EXPENSES:</b>			
Salaries	2,941,227	2,728,497	212,730
Employee Benefits	605,346	550,889	54,457
Medication Expense	116,136	185,809	(69,673)
Travel-Board/Staff	94,344	92,906	1,438
Building Rent/Maintenance	37,839	57,476	(19,637)
Consultants/Contracts	1,171,490	1,118,838	52,652
Other Operating Expenses	548,800	553,484	(4,684)
<b>TOTAL EXPENSES</b>	<b>5,515,181</b>	<b>5,287,899</b>	<b>227,282</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>1,005,191</b>	<b>365,957</b>	<b>639,234</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	719,152	8,217	710,935
Capital Outlay-Debt Service Bonds	115,221	135,124	(19,903)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>834,373</b>	<b>143,341</b>	<b>691,033</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>6,349,555</b>	<b>5,431,240</b>	<b>918,315</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>170,818</b>	<b>222,616</b>	<b>(51,798)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	115,221	135,124	(19,903)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>115,221</b>	<b>135,124</b>	<b>(19,903)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With November 2009 Comparative Data**  
**For the Month November 2010**

<b>INCOME:</b>	<b>MONTH OF November 2010</b>	<b>MONTH OF November 2009</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	570,928	107,803	463,125
Earned Income	847,933	721,516	126,417
General Revenue-Contract	972,647	1,000,105	(27,458)
<b>TOTAL INCOME</b>	<b>2,391,508</b>	<b>1,829,424</b>	<b>562,084</b>
<b>EXPENSES:</b>			
Salaries	965,668	882,377	83,291
Employee Benefits	198,539	181,962	16,577
Medication Expense	60,766	46,781	13,985
Travel-Board/Staff	32,710	29,529	3,181
Building Rent/Maintenance	13,922	13,851	71
Consultants/Contracts	414,703	397,219	17,484
Other Operating Expenses	189,401	195,768	(6,367)
<b>TOTAL EXPENSES</b>	<b>1,875,710</b>	<b>1,747,487</b>	<b>128,223</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>515,799</b>	<b>81,937</b>	<b>433,862</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	479,229	-	479,229
Capital Outlay-Debt Service Bonds	38,113	45,041	(6,928)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>517,342</b>	<b>45,041</b>	<b>472,301</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,393,051</b>	<b>1,792,528</b>	<b>600,523</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(1,543)</b>	<b>36,896</b>	<b>(38,439)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	38,113	45,041	(6,928)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>45,041</b>	<b>(6,928)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With October 2010 Comparative Data**  
**As of November 2010**

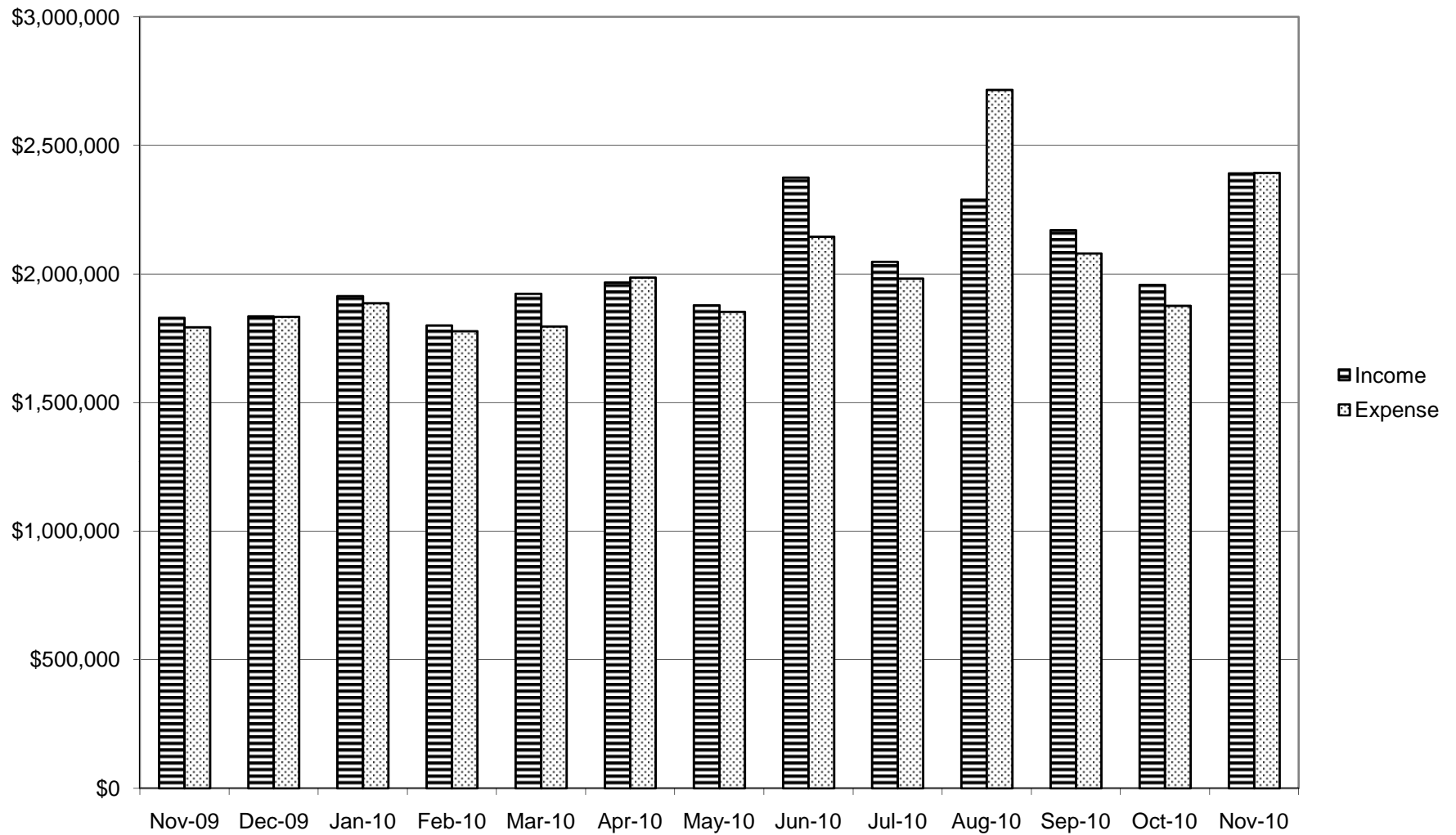
	<b>MONTH OF November 2010</b>	<b>MONTH OF October 2010</b>	<b>Increase (Decrease)</b>
<b>INCOME:</b>			
Local Revenue Sources	570,928	140,337	430,592
Earned Income	847,933	876,370	(28,437)
General Revenue-Contract	972,647	941,376	31,271
<b>TOTAL INCOME</b>	<b>2,391,508</b>	<b>1,958,082</b>	<b>433,426</b>
<b>EXPENSES:</b>			
Salaries	965,668	981,467	(15,799)
Employee Benefits	198,539	202,415	(3,876)
Medication Expense	60,766	22,421	38,345
Travel-Board/Staff	32,710	29,153	3,558
Building Rent/Maintenance	13,922	17,982	(4,059)
Consultants/Contracts	414,703	384,372	30,330
Other Operating Expenses	189,401	192,833	(3,432)
<b>TOTAL EXPENSES</b>	<b>1,875,710</b>	<b>1,830,642</b>	<b>45,068</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>515,799</b>	<b>127,440</b>	<b>388,359</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	479,229	1,366	477,863
Capital Outlay-Debt Service Bonds	38,113	44,819	(6,706)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>517,342</b>	<b>46,184</b>	<b>471,158</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,393,051</b>	<b>1,876,826</b>	<b>516,225</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(1,543)</b>	<b>81,256</b>	<b>(82,799)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	38,113	44,819	(6,706)
Bond Payments Disbursements			-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>44,819</b>	<b>(6,706)</b>

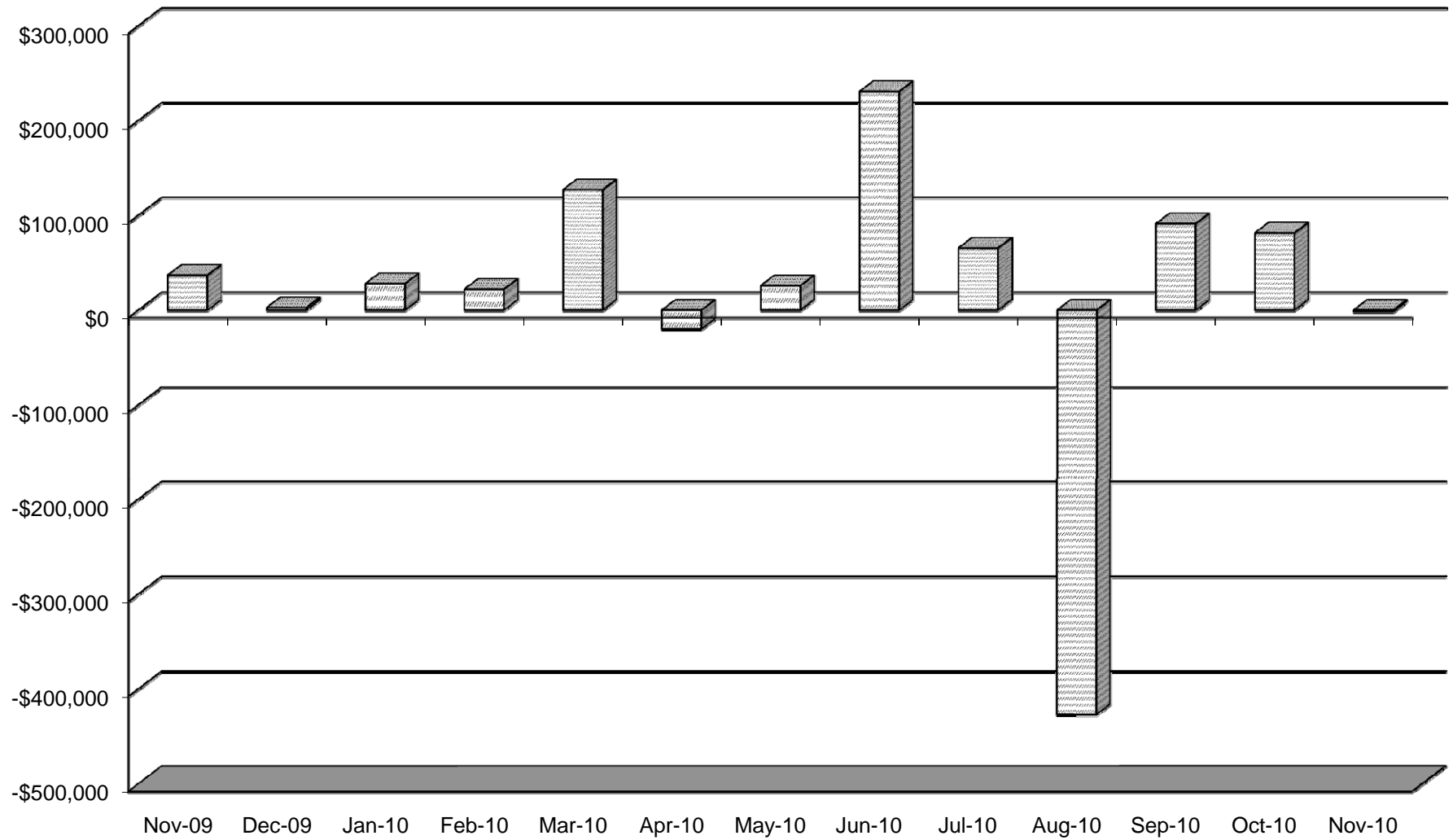
**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**As of YTD Ended November 30, 2010**

	YTD Mental Health November 2010	YTD IDD November 2010	YTD Other Services November 2010	YTD Agency Total November 2010	YTD Approved Budget November 2010	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,039,700	(27,486)	42,778	1,054,993	1,020,488	34,505
Earned Income	770,543	1,494,412	315,396	2,580,350	2,595,948	(15,598)
General Revenue-Contract	2,436,119	448,911	-	2,885,029	3,043,000	(157,971)
<b>TOTAL INCOME</b>	<b>4,246,362</b>	<b>1,915,837</b>	<b>358,174</b>	<b>6,520,372</b>	<b>6,659,436</b>	<b>(139,064)</b>
<b>EXPENSES:</b>						
Salaries	2,153,555	588,172	199,500	2,941,227	3,001,545	(60,318)
Employee Benefits	426,761	138,835	39,749	605,346	645,984	(40,638)
Medication Expense	112,115	-	4,021	116,136	208,892	(92,756)
Travel-Board/Staff	58,966	23,245	12,133	94,344	104,844	(10,500)
Building Rent/Maintenance	27,151	10,688	-	37,839	54,975	(17,136)
Consultants/Contracts	223,095	928,775	19,620	1,171,490	1,192,265	(20,775)
Other Operating Expenses	334,144	141,807	72,849	548,800	587,623	(38,823)
<b>TOTAL EXPENSES</b>	<b>3,335,787</b>	<b>1,831,522</b>	<b>347,872</b>	<b>5,515,182</b>	<b>5,796,128</b>	<b>(280,946)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>910,575</b>	<b>84,315</b>	<b>10,302</b>	<b>1,005,190</b>	<b>863,308</b>	<b>141,882</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	718,662	490	-	719,152	755,863	(36,711)
Capital Outlay-Debt Service Bonds	78,518	28,862	7,841	115,221	114,497	724
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>797,180</b>	<b>29,352</b>	<b>7,841</b>	<b>834,373</b>	<b>870,360</b>	<b>(35,987)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>4,132,967</b>	<b>1,860,874</b>	<b>355,713</b>	<b>6,349,555</b>	<b>6,666,488</b>	<b>(316,933)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>113,395</b>	<b>54,963</b>	<b>2,461</b>	<b>170,818</b>	<b>(7,052)</b>	<b>177,869</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Bond Payments Receipts	78,518	28,862	7,841	115,221	114,497	(35,979)
Bond Payments Disbursements	-	-	-	-	-	-
Interest Income	-	-	-	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>78,518</b>	<b>28,862</b>	<b>7,841</b>	<b>115,221</b>	<b>114,497</b>	<b>(35,979)</b>

# TRI-COUNTY SERVICES Income and Expense



# TRI-COUNTY SERVICES Income after Expenses



**Agenda Item:** Approve December 2010 Financial Statements

**Board Meeting Date**

**Committee:** Business

January 27, 2011

**Background Information:**

None

**Supporting Documentation:**

December 2010 Financial Statements

**Recommended Action:**

**Approve December 2010 Financial Statements**

## December 2010 Financial Summary

Revenues for December 2010 were \$2,113,477 and operating expenses were \$1,867,659 resulting in a gain in operations of \$245,819. Capital Expenditures and Extraordinary Expenses for December were \$243,114 resulting in a gain of \$2,704. Total revenues were 97.48% of the monthly budgeted revenues and total expenses were 97.01% of the monthly budgeted expenses.

Year to date revenues are \$8,633,850 and operating expenses are \$7,382,840 leaving excess operating revenues of \$1,251,010. YTD Capital Expenditures and Extraordinary Expenses are \$1,077,488 resulting in a gain YTD of \$173,522. Total revenues are 97.81% of the YTD budgeted revenues and total expenses are 95.68% 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
TCOOMMI	147,433	171,100	86.00%	23,667
ICF/IDD Program – Title XIX	924,844	948,167	97.54%	23,323
DSHS Gen Rev Crisis - PESC	516,485	575,488	89.75%	59,003
DSHS Gen Rev - NGM	127,472	250,252	50.94%	122,780
DSHS – SSBG–Contract Inpatient	15,725	50,000	31.45%	34,275
DSHS – SA Treatment Adult Svs	2,553	16,000	15.96%	13,447
DSHS – SA Treatment Youth Svs	4,850	27,424	17.69%	22,574
DSHS – COPSD	1,984	14,504	13.68%	12,520

TCOOMMI – In both juvenile and adult programs, Medicaid revenue was higher than the budget projected it to be which reduces the direct TCOOMMI revenue. Also, this is a cost reimbursement program and expenses are less than expected.

ICF/IDD Program – There have been a series of client vacancies in the homes due to hospitalization, one consumer who moved to a skilled nursing facility, consumers moving to HCS and one consumer that passed away. As a result, the program is under budget for the year. Staff is actively recruiting to fill the vacancies in the homes and revenue will increase as soon as the beds are full.

DSHS General Revenue Crisis – PESC – This is a cost reimbursement program for our Crisis Residential Unit (CRU). Expenses are running under budgeted projections for the beginning of this fiscal year.

DSHS General Revenue – NGM – This line item has been trending under budget for the last few years. We will continue to monitor this line item to determine if the lapse trends will continue.

DSHS – SSBG – Contract Inpatient – This line item reflects the last month of the Social Service Block Grant (SSBG) funding for contract inpatient services and will be adjusted during the first budget revision.

DSHS – Substance Abuse Treatment Adult Services – This is a new program for FY 2011. Services are ramping up and revenue should increase as the program gets fully operational.

DSHS – Substance Abuse Treatment Youth Services – This is a new program for FY 2011. Services are ramping up and revenues should increase as the program gets fully operational.

DSHS – COPSD – This also is a new program like the SA Treatment programs and is ramping up as well.

**EXPENSES**

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

<b>Revenue Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Contract Hospital - Child	40,600	10,000	406.00%	30,600

Contract Hospital– Child – The number of children admitted to contract hospitals is higher than budgeted so far this fiscal year. We will monitor this item to see if a mid-year budget revision may be necessary.

**TRI-COUNTY SERVICES**  
**CONSOLIDATED BALANCE SHEET**  
**As of December 31, 2010**

	<b>TOTALS COMBINED FUNDS December 2010</b>	<b>TOTALS COMBINED FUNDS November 2010</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	5,825	5,975	(150)
Cash on Deposit-General Fund	8,310,661	5,546,286	2,764,375
Cash on Deposit-Debt Fund	156,252	199,439	(43,187)
Accounts Receivable	1,532,885	1,519,614	13,271
Inventory	32,787	32,183	604
<b>TOTAL CURRENT ASSETS</b>	<b>10,038,410</b>	<b>7,303,496</b>	<b>2,734,914</b>
<b>FIXED ASSETS</b>	<b>5,050,968</b>	<b>5,050,968</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>60,422</b>	<b>62,183</b>	<b>(1,761)</b>
<b>AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT</b>	<b>1,720,257</b>	<b>1,720,257</b>	<b>-</b>
<b>TOTAL ASSETS</b>	<b>16,870,057</b>	<b>14,136,904</b>	<b>2,733,153</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,198,853</b>	<b>1,186,620</b>	<b>12,233</b>
NOTES PAYABLE	407,690	407,690	-
DEFERRED REVENUE	3,495,805	821,869	2,673,936
<b>LONG-TERM LIABILITIES FOR</b>			
Capital Leases-Equipment	82,567	82,567	-
Bond Series 1995	-	-	-
Bond Series 2004	1,230,000	1,230,000	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	231,215	228,510	2,704
Debt Service Fund	(336,440)	(374,553)	38,113
<b>FUND EQUITY</b>			
Reserved for Fixed Assets	5,050,968	5,050,968	-
Reserved for Worker Comp	269,685	269,685	-
Reserved for Debt Service	492,693	573,993	(81,300)
Reserved for Board Policy Requirements	2,109,405	2,109,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Current Year Budgeted Reserve	24,664	18,498	6,166
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,000,000	2,000,000	-
Unrestricted and Undesignated	225,690	144,390	81,300
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>16,870,057</b>	<b>14,136,904</b>	<b>2,733,154</b>

**TRI-COUNTY SERVICES**  
**CONSOLIDATED BALANCE SHEET**  
As of December 31, 2010

	General Operating Funds	Debt Service Funds	General Fixed Assets	TOTALS	
				Memorandum Only	
				December 2010	August 2010
					Preliminary
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Imprest Cash Funds	5,825			5,825	2,975
Cash on Deposit-General Fund	8,310,661			8,310,661	4,881,558
Cash on Deposit-Debt Fund		156,252		156,252	558,194
Accounts Receivable	1,532,885			1,532,885	1,583,180
Inventory	32,787			32,787	32,075
TOTAL CURRENT ASSETS	9,882,158	156,252	-	10,038,410	7,057,981
<b>FIXED ASSETS</b>					
			5,050,968	5,050,968	4,557,052
OTHER ASSETS	60,422			60,422	37,835
<b>AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT</b>					
		1,720,257		1,720,257	2,449,809
<b>TOTAL ASSETS</b>	<b>9,942,580</b>	<b>1,876,510</b>	<b>5,050,968</b>	<b>16,870,057</b>	<b>14,102,677</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>					
<b>CURRENT LIABILITIES</b>					
	1,198,853			1,198,853	1,256,501
NOTES PAYABLE		407,690		407,690	375,787
DEFERRED REVENUE	3,495,805			3,495,805	90,634
<b>LONG-TERM LIABILITIES FOR</b>					
Capitol Leases	-	82,567		82,567	224,022
Bond Series 1995	-	-		-	215,000
Bond Series 2004		1,230,000		1,230,000	1,635,000
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>					
General Fund	231,215			231,215	45,759
Debt Service Fund	-	(336,440)		(336,440)	(17,170)
<b>FUND EQUITY</b>					
Reserved for Fixed Assets	-		5,050,968	5,050,968	4,557,052
Reserved for Worker's Compensation	269,685			269,685	269,685
Reserved for Debt Service		492,693		492,693	575,364
Reserved for Board Policy Requirements	2,109,405			2,109,405	2,109,405
Reserved for Equipment Reserve	354,290			354,290	354,290
Reserved for Current Year Budgeted Reserve	24,664			24,664	-
Reserved for Inventory Reserve	32,973			32,973	32,973
Reserved for Operations and Programs	2,000,000			2,000,000	2,000,000
Unrestricted and Undesignated	225,690			225,690	378,374
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>9,942,580</b>	<b>1,876,510</b>	<b>5,050,968</b>	<b>16,870,057</b>	<b>14,102,677</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**For the Month Ended December 2010**  
**and YTD as of December 2010**

<b>INCOME:</b>	<b>MONTH OF December 2010</b>	<b>YTD December 2010</b>
Local Revenue Sources	301,700	1,356,693
Earned Income	846,207	3,426,557
General Revenue-Contract	965,571	3,850,600
<b>TOTAL INCOME</b>	<b>2,113,477</b>	<b>8,633,850</b>
 <b>EXPENSES:</b>		
Salaries	1,003,952	3,945,179
Employee Benefits	203,194	808,539
Medication Expense	23,386	139,522
Travel-Board/Staff	25,516	119,859
Building Rent/Maintenance	22,588	60,427
Consultants/Contracts	400,798	1,572,288
Other Operating Expenses	188,225	737,025
<b>TOTAL EXPENSES</b>	<b>1,867,659</b>	<b>7,382,840</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>245,819</b>	 <b>1,251,010</b>
 <b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	205,001	924,153
Capital Outlay-Debt Service Bonds	38,113	153,334
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>243,114</b>	<b>1,077,488</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>2,110,773</b>	 <b>8,460,328</b>
 <b>Excess (Deficiency) of Revenues and Expenses</b>	 <b>2,704</b>	 <b>173,522</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**Compared to Budgeted**  
**Year to Date as of December 2010**

	YTD December 2010	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,356,693	1,325,511	31,182
Earned Income	3,426,557	3,461,267	(34,710)
General Revenue-Contract	3,850,600	4,040,667	(190,067)
<b>TOTAL INCOME</b>	<b>8,633,850</b>	<b>8,827,445</b>	<b>(193,595)</b>
<b>EXPENSES:</b>			
Salaries	3,945,179	3,990,598	(45,419)
Employee Benefits	808,539	860,998	(52,459)
Medication Expense	139,522	278,522	(139,000)
Travel-Board/Staff	119,859	139,794	(19,935)
Building Rent/Maintenance	60,427	73,300	(12,873)
Consultants/Contracts	1,572,288	1,586,021	(13,733)
Other Operating Expenses	737,025	788,637	(51,612)
<b>TOTAL EXPENSES</b>	<b>7,382,840</b>	<b>7,717,870</b>	<b>(335,030)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>1,251,010</b>	<b>1,109,575</b>	<b>141,435</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	924,153	971,799	(47,646)
Capital Outlay-Debt Service Bonds	153,334	152,659	675
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>1,077,488</b>	<b>1,124,458</b>	<b>(46,970)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>8,460,328</b>	<b>8,842,328</b>	<b>(382,000)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>173,522</b>	<b>(14,883)</b>	<b>188,405</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	153,334	152,659	675
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>153,334</b>	<b>152,659</b>	<b>675</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended December 2010**

<b>INCOME:</b>	<b>MONTH OF December 2010</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	301,700	305,023	(3,323)
Earned Income	846,207	865,319	(19,112)
General Revenue-Contract	965,571	997,667	(32,096)
<b>TOTAL INCOME</b>	<b>2,113,477</b>	<b>2,168,009</b>	<b>(54,532)</b>
<b>EXPENSES:</b>			
Salaries	1,003,952	989,053	14,899
Employee Benefits	203,194	215,014	(11,820)
Medication Expense	23,386	69,630	(46,244)
Travel-Board/Staff	25,516	34,950	(9,434)
Building Rent/Maintenance	22,588	18,325	4,263
Consultants/Contracts	400,798	393,756	7,042
Other Operating Expenses	188,225	201,014	(12,789)
<b>TOTAL EXPENSES</b>	<b>1,867,659</b>	<b>1,921,742</b>	<b>(54,083)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>245,819</b>	<b>246,267</b>	<b>(448)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	205,001	215,936	(10,935)
Capital Outlay-Debt Service Bonds	38,113	38,162	(49)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>243,114</b>	<b>254,098</b>	<b>(10,984)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,110,773</b>	<b>2,175,840</b>	<b>(65,067)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>2,704</b>	<b>(7,831)</b>	<b>10,535</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	38,113	38,162	(49)
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>38,162</b>	<b>(49)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With December 2009 Comparative Data**  
**Year to Date as of December 2010**

	YTD December 2010	YTD December 2009	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,356,693	489,931	866,762
Earned Income	3,426,557	3,251,791	174,766
General Revenue-Contract	3,850,600	3,748,333	102,267
<b>TOTAL INCOME</b>	<b>8,633,850</b>	<b>7,490,055</b>	<b>1,143,795</b>
<b>EXPENSES:</b>			
Salaries	3,945,179	3,647,781	297,398
Employee Benefits	808,539	742,700	65,839
Medication Expense	139,522	257,410	(117,888)
Travel-Board/Staff	119,859	114,318	5,541
Building Rent/Maintenance	60,427	70,092	(9,665)
Consultants/Contracts	1,572,288	1,496,310	75,978
Other Operating Expenses	737,025	744,480	(7,455)
<b>TOTAL EXPENSES</b>	<b>7,382,840</b>	<b>7,073,091</b>	<b>309,749</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>1,251,010</b>	<b>416,964</b>	<b>834,046</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	924,153	11,653	912,500
Capital Outlay-Debt Service Bonds	153,334	180,166	(26,832)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>1,077,488</b>	<b>191,819</b>	<b>885,669</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>8,460,328</b>	<b>7,264,910</b>	<b>1,195,418</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>173,522</b>	<b>225,145</b>	<b>(51,623)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	153,334	180,166	(26,832)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>153,334</b>	<b>180,166</b>	<b>(26,832)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With December 2009 Comparative Data**  
**For the Month December 2010**

<b>INCOME:</b>	<b>MONTH OF December 2010</b>	<b>MONTH OF December 2009</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	301,700	98,994	202,706
Earned Income	846,207	800,348	45,859
General Revenue-Contract	965,571	936,855	28,716
<b>TOTAL INCOME</b>	<b>2,113,477</b>	<b>1,836,197</b>	<b>277,280</b>
<b>EXPENSES:</b>			
Salaries	1,003,952	919,284	84,668
Employee Benefits	203,194	191,810	11,384
Medication Expense	23,386	71,601	(48,215)
Travel-Board/Staff	25,516	21,412	4,104
Building Rent/Maintenance	22,588	12,616	9,972
Consultants/Contracts	400,798	377,471	23,327
Other Operating Expenses	188,225	190,996	(2,771)
<b>TOTAL EXPENSES</b>	<b>1,867,659</b>	<b>1,785,190</b>	<b>82,469</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>245,819</b>	<b>51,007</b>	<b>194,812</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	205,001	3,436	201,565
Capital Outlay-Debt Service Bonds	38,113	45,041	(6,928)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>243,114</b>	<b>48,477</b>	<b>194,637</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,110,773</b>	<b>1,833,667</b>	<b>277,106</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>2,704</b>	<b>2,530</b>	<b>174</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	38,113	45,041	(6,928)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>45,041</b>	<b>(6,928)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With November 2010 Comparative Data**  
**As of December 2010**

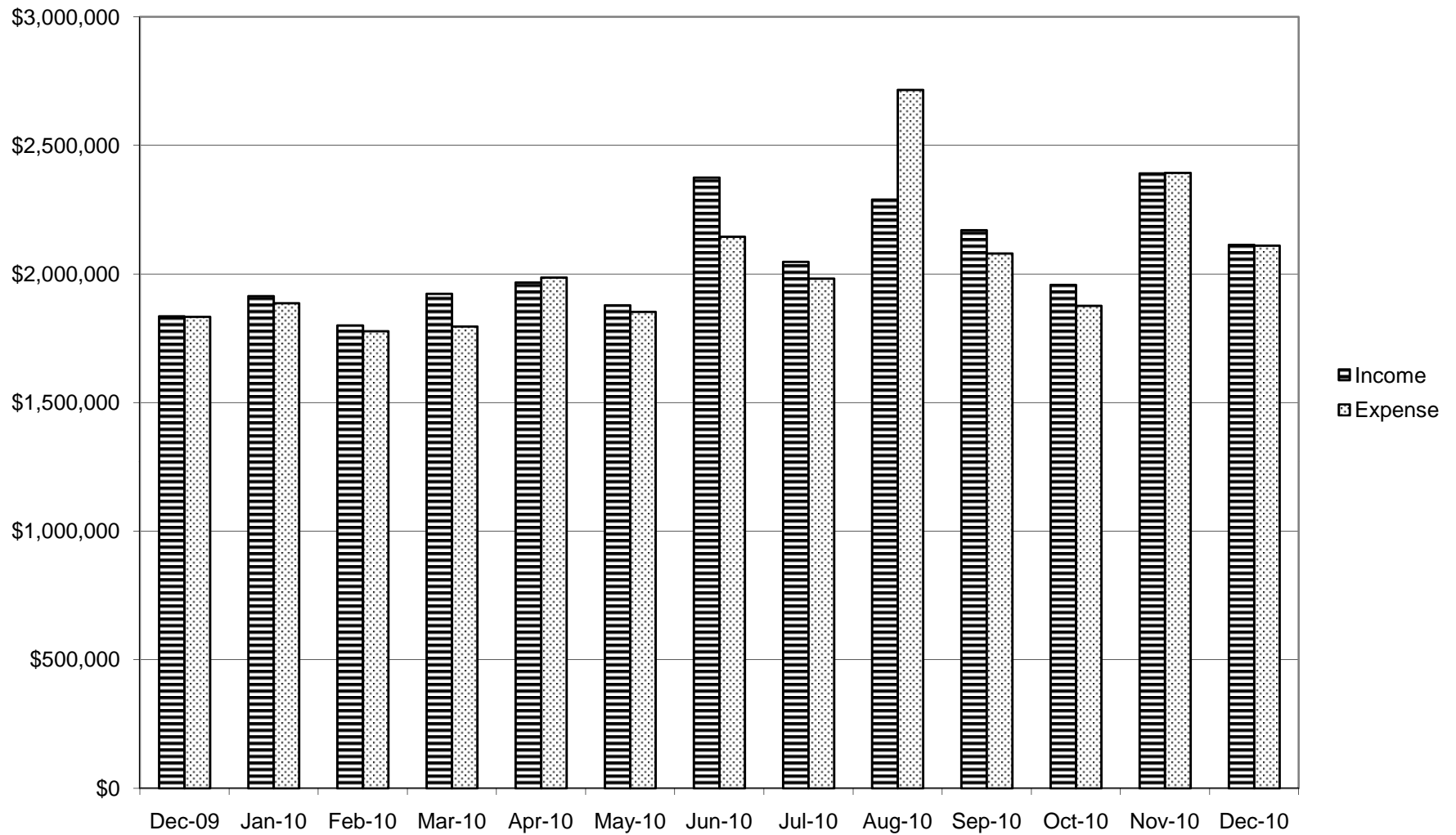
	<b>MONTH OF December 2010</b>	<b>MONTH OF November 2010</b>	<b>Increase (Decrease)</b>
<b>INCOME:</b>			
Local Revenue Sources	301,700	570,928	(269,228)
Earned Income	846,207	847,933	(1,727)
General Revenue-Contract	965,571	972,647	(7,076)
<b>TOTAL INCOME</b>	<b>2,113,477</b>	<b>2,391,508</b>	<b>(278,031)</b>
<b>EXPENSES:</b>			
Salaries	1,003,952	965,668	38,284
Employee Benefits	203,194	198,539	4,655
Medication Expense	23,386	60,766	(37,380)
Travel-Board/Staff	25,516	32,710	(7,195)
Building Rent/Maintenance	22,588	13,922	8,666
Consultants/Contracts	400,798	414,703	(13,905)
Other Operating Expenses	188,225	189,401	(1,176)
<b>TOTAL EXPENSES</b>	<b>1,867,659</b>	<b>1,875,710</b>	<b>(8,051)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>245,819</b>	<b>515,799</b>	<b>(269,980)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	205,001	479,229	(274,227)
Capital Outlay-Debt Service Bonds	38,113	38,113	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>243,114</b>	<b>517,342</b>	<b>(274,227)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,110,773</b>	<b>2,393,051</b>	<b>(282,278)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>2,704</b>	<b>(1,543)</b>	<b>4,247</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	38,113	38,113	-
Bond Payments Disbursements			-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>38,113</b>	<b>38,113</b>	<b>-</b>

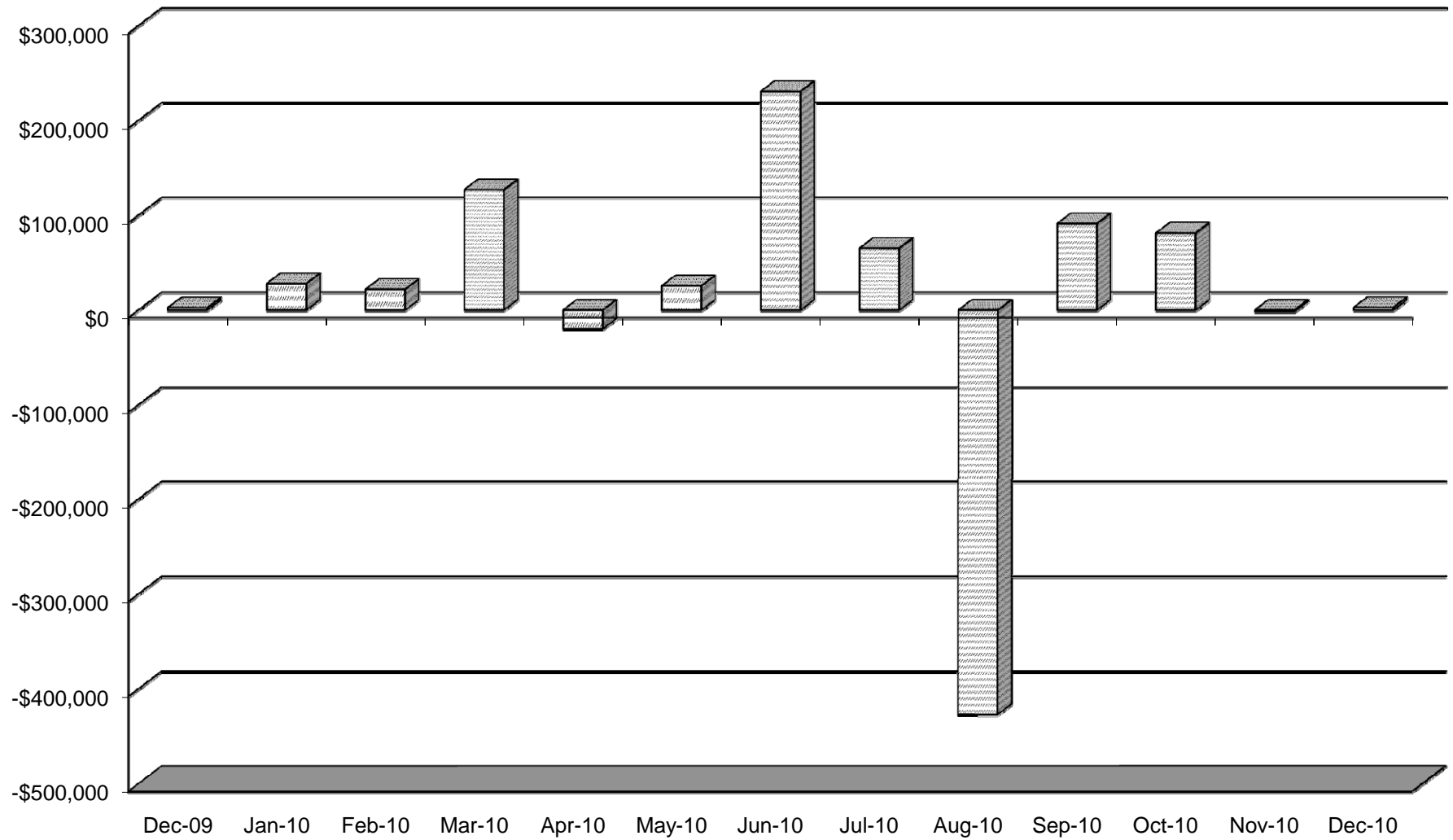
**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**As of YTD Ended December 31, 2010**

	YTD Mental Health December 2010	YTD IDD December 2010	YTD Other Services December 2010	YTD Agency Total December 2010	YTD Approved Budget December 2010	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,328,858	(29,631)	57,466	1,356,693	1,325,511	31,182
Earned Income	1,028,054	1,983,178	415,325	3,426,557	3,461,267	(34,710)
General Revenue-Contract	3,254,394	596,205	-	3,850,600	4,040,667	(190,067)
<b>TOTAL INCOME</b>	<b>5,611,306</b>	<b>2,549,752</b>	<b>472,791</b>	<b>8,633,850</b>	<b>8,827,445</b>	<b>(193,595)</b>
<b>EXPENSES:</b>						
Salaries	2,889,030	789,328	266,821	3,945,179	3,990,598	(45,419)
Employee Benefits	570,371	185,023	53,145	808,539	860,998	(52,459)
Medication Expense	135,010	-	4,512	139,522	278,522	(139,000)
Travel-Board/Staff	74,399	30,210	15,250	119,859	139,794	(19,935)
Building Rent/Maintenance	41,719	18,709	-	60,428	73,300	(12,872)
Consultants/Contracts	306,038	1,240,256	25,994	1,572,288	1,586,021	(13,733)
Other Operating Expenses	457,233	186,409	93,382	737,025	788,637	(51,612)
<b>TOTAL EXPENSES</b>	<b>4,473,800</b>	<b>2,449,935</b>	<b>459,104</b>	<b>7,382,840</b>	<b>7,717,870</b>	<b>(335,030)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>1,137,506</b>	<b>99,817</b>	<b>13,687</b>	<b>1,251,010</b>	<b>1,109,575</b>	<b>141,435</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	923,663	490	-	924,153	971,799	(47,646)
Capital Outlay-Debt Service Bonds	104,444	38,437	10,454	153,334	152,659	675
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>1,028,107</b>	<b>38,927</b>	<b>10,454</b>	<b>1,077,487</b>	<b>1,124,458</b>	<b>(46,971)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>5,501,907</b>	<b>2,488,862</b>	<b>469,558</b>	<b>8,460,327</b>	<b>8,842,328</b>	<b>(382,001)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>109,399</b>	<b>60,890</b>	<b>3,233</b>	<b>173,522</b>	<b>(14,883)</b>	<b>188,406</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Bond Payments Receipts	104,444	38,437	10,454	153,334	152,659	(48,215)
Bond Payments Disbursements	-	-	-	-	-	-
Interest Income	-	-	-	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>104,444</b>	<b>38,437</b>	<b>10,454</b>	<b>153,334</b>	<b>152,659</b>	<b>(48,215)</b>

# TRI-COUNTY SERVICES Income and Expense



### TRI-COUNTY SERVICES Income after Expenses



<p><b>Agenda Item:</b> Authorize the Executive Director to Execute Necessary Documents Related to Securing Property for a Cleveland, Texas HUD 811 Application</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>January 27, 2011</p>
<p><b>Background Information:</b></p> <p>The demand for safe, affordable housing for persons with mental illness remains high in our service area. Independence Village in Huntsville has remained full and there are in excess of 44 approved candidates on the waiting list for housing. The Independence Place Project in Montgomery County is under construction and it appears that the demand for these apartments will also be high.</p> <p>Our first application for the Cleveland, Texas area was not successful. The Department of Housing and Urban Development (HUD) has identified our inability to secure property for the site as the primary reason our application was not successful. Staff expect that the next SuperNOFA for 811 projects will be issued by HUD in the near future.</p> <p>Staff had previously located property which would be ideal for another HUD 811 project in Cleveland, Texas and the owner had indicated that they were willing to sign a long term option on the site with HUD required language. Unfortunately, the owner decided not to sell the property.</p> <p>After consulting with our local realtor, staff would like to try to negotiate a mutually acceptable offer with the owner of the land that was previously considered.</p> <p>Staff requests that the Board authorize the Executive Director to execute necessary documents to negotiate purchase of a Cleveland, Texas site contingent upon HUD SuperNOFA land requirements.</p>	
<p><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p><b>Authorize the Executive Director to Execute Necessary Documents Related to Securing Property for a Cleveland, Texas HUD 811 Application</b></p>	

<b>Agenda Item:</b> Approve Transfer of Funds to Reserve for Debt Retirement  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011						
<b>Background Information:</b>  <p>At the December Board meeting the Board approved the creation of a new reserve fund called Reserve for Debt Retirement. This agenda item is to transfer the total amount of the long-term debt owed by the Center as of our audited Balance Sheets totals on August 31, 2010.</p> <p>This amount is calculated by taking the total Long Term Debt owed less the amount in Reserve for Debt Service which is the Current Fiscal Year's Debt Service obligation.</p> <p>The amount transferred comes from the following reserve categories:</p> <table data-bbox="292 798 1218 903"> <tr> <td>Reserved for Debt Service</td> <td>(\$5,126)</td> </tr> <tr> <td>Reserved for Board Policy Requirements</td> <td>(\$1,224,874)</td> </tr> </table> <p>Into the following reserve category:</p> <table data-bbox="292 987 1218 1050"> <tr> <td>Reserved for Debt Retirement</td> <td>\$1,230,000</td> </tr> </table>		Reserved for Debt Service	(\$5,126)	Reserved for Board Policy Requirements	(\$1,224,874)	Reserved for Debt Retirement	\$1,230,000
Reserved for Debt Service	(\$5,126)						
Reserved for Board Policy Requirements	(\$1,224,874)						
Reserved for Debt Retirement	\$1,230,000						
<b>Supporting Documentation:</b>  None							
<b>Recommended Action:</b>  <b>Approve Transfer of Funds to Reserve for Debt Retirement</b>							

<b>Agenda Item:</b> Approve Texas Council of Community Centers Commitment Dues Increase for FY 2011  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  At the November 6, 2010 Texas Council Board of Director's meeting, a dues increase for FY 2011 for member centers were approved. This increase will provide funding for a new position within the Texas Council. The new Healthcare Policy Director will provide in depth analysis and assistance with respect to the rapidly changing health care environment.	
<b>Supporting Documentation:</b>  Dues Increase Commitment and Payment Schedule for FY 2011	
<b>Recommended Action:</b>  <b>Approve Texas Council of Community Centers Commitment Dues Increase for FY 2011</b>	

# FY 2011 Commitment of Dues Increase for Texas Council of Community Centers

**CENTER: Tri-County Services**

The increase in dues for FY 2011 has been approved by the Texas Council Board of Directors and has been set at **\$1,767.00**.

This dues payment may be paid in one payment or in monthly or quarterly installments. Please identify the dues payment methodology you plan to use:

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
<b>December 2010</b>	_____	<b>\$589</b>	_____
<b>January 2011</b>	_____		
<b>February</b>	_____		
<b>March</b>	_____	<b>\$589</b>	
<b>April</b>	_____		
<b>May</b>	_____		
<b>June</b>	_____	<b>\$589</b>	
<b>July</b>	_____		
<b>August</b>	_____		
<b>TOTALS</b>	<b>\$_____</b>	<b><u>\$1767.00</u></b>	<b>\$_____</b>

Invoice for each payment required?   X   Yes        No

We appreciate your prompt and timely payment!

APPROVED:

\_\_\_\_\_  
Cecil McKnight  
Chairman, Board of Trustees

\_\_\_\_\_  
Cindy Sill  
Executive Director

Date: \_\_\_\_\_

<b>Agenda Item:</b> 1 <sup>st</sup> Quarter FY 2011 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
<b>Supporting Documentation:</b>  Quarterly TexPool Investment Report  Quarterly Interest Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS**

**For the Period Ending November 30, 2010**

### **GENERAL INFORMATION**

This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Chase Bank of Texas National Association; its parent company, The Chase Manhattan Bank; and the First Southwest Asset Management, Inc. The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advises on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum maturity of 13 months;

Fully collateralized repurchase agreements and reverse repurchase agreements with a defined termination date not to exceed 90 days, secured by any obligation of the United States, its agencies or its instrumentalities. These agreements may be placed only with primary government securities dealers, state, or national banks doing business in the State of Texas.

No-load money market mutual funds are regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar-weighted average stated maturity of 60 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days and the maximum maturity for any individual security in the portfolio is limited to thirteen (13) months.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	September	October	November
Uninvested Balance	(37.08)	89.00	334.37
Accrual of Interest Income	12,223,029.18	11,796,840.56	0.00
Interest and Management Fees Payable	(2,549,233.00)	(2,557,242.20)	(2,302,581.74)
Payable for Investments Purchased	0.00	(125,000,000.00)	(90,000,000.00)
Repurchase Agreements	8,682,738,830.00	8,752,898,490.00	7,718,972,000.00
Mutual Fund Investments	0.00	0.00	0.00
Government Securities	5,960,434,543.21	6,115,660,920.94	6,790,644,521.73
U.S. Treasury Bills	0.00	0.00	0.00
<b>TOTAL</b>	<b>\$14,853,604,932.31</b>	<b>\$14,953,486,698.30</b>	<b>\$14,617,853,274.36</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(37.08)	334.37
Accrual of Interest Income	12,223,029.18	6,281,934.26
Interest and Management Fees Payable	(2,549,233.00)	(2,302,581.74)
Payable for Investments Purchased	0.00	(90,000,000.00)
Repurchase Agreements	8,682,761,000.00	7,718,972,000.00
Mutual Fund Investments	0.00	0.00
Government Securities	5,960,154,003.32	6,790,888,368.91
U.S. Treasury Bills	0.00	0.00
<b>TOTAL</b>	<b>\$14,853,323,066.38</b>	<b>\$14,624,362,072.84</b>

### Portfolio By Maturity as of November 30, 2010

2 to 7 days	8 to 90 day	91 to 180 days	181 to 397 days
56.5%	26.4%	13.6%	3.5%

### Portfolio By Type of Investments as of November 30, 2010

Repurchase	T-Bills	Mutual Funds	Agency Notes	Agency Discounts	T-Notes	Treasury Bills
52.5%	None	None	46.1%	None	None	1.4%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 0.2165% for September, 0.2036% for October and 0.19% for November.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of November 30, 2010 was 41 days.

The net asset value as of November 30, 2010 was 0.99999.

The total amount of interest distributed to participants during the period was \$246,625.41.

This quarter TexPool interest rates did not exceed the 90 Day T-Bill rates during the entire reporting period. These rates will continue to be monitored through the next quarter and upcoming fiscal year.


TexPool has a current money market fund rating of AAAm by Standard and Poors.

During the reporting period, the total number of participants has increased to 2,242.


Funds assets are safekept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Services' Investment Policy and with the Public Funds Investment Act.

Submitted by:

  
Millie McDuffey  
Chief Financial Officer / Investment Officer

  
Date

  
Cindy Sill  
Executive Director / Investment Officer

  
Date

**TRI-COUNTY SERVICES  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2010  
AS OF NOVEMBER 2010**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
First Liberty National Bank	\$ 22.39				\$ 22.39
Merrill Lynch - 07152	\$ 78.55				\$ 78.55
Merrill Lynch - 07221	\$ 13.80				\$ 13.80
Prosperity Bank	\$ 14.11				\$ 14.11
TexPool Participants	\$ 337.44				\$ 337.44
Texas Capital Bank	\$ 957.00				\$ 957.00
Renewed 10/21/10 Hillcrest Bank	\$ 928.97				\$ 928.97
Libertad Bank	\$ 1,212.51				\$ 1,212.51
Total Earned	\$ 3,564.77	\$ -	\$ -	\$ -	\$ 3,564.77

<b>Agenda Item:</b> Board of Trustees' Unit Financial Statements for November and December 2010  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Board of Trustees' Unit Financial Statements for November and December 2010	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Unit Financial Statement

November FY 2011

	November 10 Actuals	November 10 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 3,109.00	\$ 3,109.00	\$ -	\$ 9,327.00	\$ 9,327.00	\$ -	0.00%	\$ 37,300.00
Total Revenue	\$ 3,109.00	\$ 3,109.00	\$ -	\$ 9,327.00	\$ 9,327.00	\$ -	0.00%	\$ 37,300.00
Expenses								
80105275 Food Items	\$ 36.24	\$ 209.00	\$ (172.76)	\$ 373.51	\$ 627.00	\$ (253.49)	59.57%	\$ 2,500.00
80105320 Insurance-Worker Compensation	\$ 8.24	\$ 34.00	\$ (25.76)	\$ 40.02	\$ 102.00	\$ (61.98)	39.24%	\$ 400.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 4,500.00	\$ 4,500.00	\$ -	100.00%	\$ 18,000.00
80105415 Miscellaneous Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105715 Supplies - Office	\$ -	\$ 25.00	\$ (25.00)	\$ 1.00	\$ 75.00	\$ (74.00)	1.33%	\$ 300.00
80105750 Training	\$ -	\$ 375.00	\$ (375.00)	\$ -	\$ 1,125.00	\$ (1,125.00)	0.00%	\$ 4,500.00
80105755 Travel - Local	\$ -	\$ 100.00	\$ (100.00)	\$ 293.94	\$ 300.00	\$ (6.06)	0.00%	\$ 1,200.00
80105757 Travel - Non-local Mileage/Air	\$ 144.44	\$ 334.00	\$ (189.56)	\$ 144.44	\$ 1,002.00	\$ (857.56)	14.42%	\$ 4,000.00
80105758 Travel - Non-local Hotel	\$ 161.00	\$ 459.00	\$ (298.00)	\$ 161.00	\$ 1,377.00	\$ (1,216.00)	11.69%	\$ 5,500.00
80105759 Travel - Meals	\$ 40.39	\$ 75.00	\$ (34.61)	\$ 40.39	\$ 225.00	\$ (184.61)	17.95%	\$ 900.00
Total Expenses	\$ 1,890.31	\$ 3,111.00	\$ (1,220.69)	\$ 5,554.30	\$ 9,333.00	\$ (3,778.70)	59.51%	\$ 37,300.00
Total Revenue minus Expenses	\$ 1,218.69	\$ (2.00)	\$ 1,220.69	\$ 3,772.70	\$ (6.00)	\$ 3,778.70	-59.51%	\$ -

# Unit Financial Statement

December FY 2011

	December 10 Actuals	December 10 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 3,109.00	\$ 3,109.00	\$ -	\$ 12,436.00	\$ 12,436.00	\$ -	0.00%	\$ 37,300.00
Total Revenue	\$ 3,109.00	\$ 3,109.00	\$ -	\$ 12,436.00	\$ 12,436.00	\$ -	0.00%	\$ 37,300.00
Expenses								
80105275 Food Items	\$ 176.14	\$ 209.00	\$ (32.86)	\$ 549.65	\$ 836.00	\$ (286.35)	65.75%	\$ 2,500.00
80105320 Insurance-Worker Compensation	\$ 16.48	\$ 34.00	\$ (17.52)	\$ 56.50	\$ 136.00	\$ (79.50)	41.54%	\$ 400.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 6,000.00	\$ 6,000.00	\$ -	100.00%	\$ 18,000.00
80105415 Miscellaneous Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
80105715 Supplies - Office	\$ -	\$ 25.00	\$ (25.00)	\$ 1.00	\$ 100.00	\$ (99.00)	1.00%	\$ 300.00
80105750 Training	\$ -	\$ 375.00	\$ (375.00)	\$ -	\$ 1,500.00	\$ (1,500.00)	0.00%	\$ 4,500.00
80105755 Travel - Local	\$ 138.92	\$ 100.00	\$ 38.92	\$ 432.86	\$ 400.00	\$ 32.86	0.00%	\$ 1,200.00
80105757 Travel - Non-local Mileage/Air	\$ -	\$ 334.00	\$ (334.00)	\$ 144.44	\$ 1,336.00	\$ (1,191.56)	10.81%	\$ 4,000.00
80105758 Travel - Non-local Hotel	\$ -	\$ 459.00	\$ (459.00)	\$ 161.00	\$ 1,836.00	\$ (1,675.00)	8.77%	\$ 5,500.00
80105759 Travel - Meals	\$ -	\$ 75.00	\$ (75.00)	\$ 40.39	\$ 300.00	\$ (259.61)	13.46%	\$ 900.00
Total Expenses	\$ 1,831.54	\$ 3,111.00	\$ (1,279.46)	\$ 7,385.84	\$ 12,444.00	\$ (5,058.16)	59.35%	\$ 37,300.00
Total Revenue minus Expenses	\$ 1,277.46	\$ (2.00)	\$ 1,279.46	\$ 5,050.16	\$ (8.00)	\$ 5,058.16	-59.35%	\$ -

<b>Agenda Item:</b> Montgomery Supported Housing, Inc. (MSHI) Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 27, 2011
<b>Background Information:</b>  <p>The construction on Independence Place continues to progress rapidly. The site was originally scheduled to be completed in August 2011. The site is currently about 75% completed and is scheduled to be completed by early to mid April.</p> <p>The Montgomery Supported Housing, Inc. Board met on January 13<sup>th</sup> and interviewed two potential Management Agents for the project. Evan Roberson has been asked to gather additional information for the Board before decision making on the Management Agent. In addition, targeted marketing for the project has begun this month and marketing the apartments will continue until they open.</p> <p>Staff continues to receive many calls about the project and they remain confident that the apartments will fill quickly when they open.</p>	
<b>Supporting Documentation:</b>  Pictures from Construction in Progress	
<b>Recommended Action:</b>  <b>For Information Only</b>	



**Picture of 1-bedroom duplex on North East Corner before masonry**



**Manufactured stone going up**



**NE 1-bedroom duplex with stone work and exterior lighting**



**Stone work on 2-bedroom duplex up close**



**Eastern 1-bedroom quadplex with exterior lighting**



**Interior countertops with eating surface**

# UPCOMING MEETINGS

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## **FEBRUARY 24, 2011 – Board Meeting**

- Approve Minutes from January 27, 2011 Board Meeting
- Community Resources Report for January 2011
- Consumer Services Report for January 2011
- Program Updates for February 2011
- Program Presentation – From the Heart
- Personnel Report for January 2011
- Approve January 2011 Financials
- 401(a) Account Review
- January 2011 Board of Trustees' Unit Financials
- Montgomery Supported Housing, Inc. Update
- Other Business Committee Issues

## **MARCH 24, 2011 – Board Meeting**

- Approve Minutes from February 24<sup>th</sup>, 2011 Board Meeting
- Longevity Recognition Presentations
- 2<sup>nd</sup> Quarter FY 2011 Goals & Objectives Progress Report
- 2<sup>nd</sup> Quarter FY 2011 Corporate Compliance Report and 3<sup>rd</sup> Quarter Corporate Compliance Training Report
- Community Resources Report for February 2011
- Consumer Services Report for February 2011
- Program Updates for March 2011
- Program Presentation – Assertive Community Treatment (ACT) Program
- Personnel Report for February 2011
- Approve February 2011 Financials
- 2<sup>nd</sup> Quarter FY 2011 Investment Report
- January 2011 Board of Trustees' Unit Financials
- Montgomery Supported Housing, Inc. Update
- Other Business Committee Issues

## **Executive Director's Report January 27, 2011**

### Information

- The next regularly scheduled Board meeting is Thursday, February 24<sup>th</sup>.
- I was appointed to the Montgomery County Oversight Committee for Managed Indigent Defense for persons with mental illness and the first meeting was held January 26<sup>th</sup>.
- Montgomery County is conducting mid-year budget meetings with J.R. Moore and our meeting is February 2<sup>nd</sup>.
- Texas Council Risk Management Fund Board and Advisory Committee quarterly meeting is February 10 & 11<sup>th</sup>.

### Operations

- Department of Aging and Disability Services (DADS) – The Center is currently having its first HCS Service Coordination Survey since the transfer of these responsibilities to the local authority in June. The survey team is exiting this morning and we were told that there are only 4 technical findings. They also stated that our program is the best one they have reviewed; they were very complimentary of our staff and the services they are providing.

There will not be any more HCS slots released this fiscal year due to the state's budget shortfall for the current biennium. We have been authorized to only enroll those individuals who received their slot during the first quarter. We currently have more 1100 individuals waiting for these services so their wait will be even longer.

In response to the Governor's request for state agencies to reduce their current budgets by another 2.5%, DADS and HHSC recommended an additional 2% HCS and Texas Home Living rate reduction effective February 1<sup>st</sup>. As a result of this reduction, we were forced reduce our staff for these programs by one manager. Additionally, rates to HCS foster parents are being reduced by 3% in response to this reduction.

- Department of State Health Services (DSHS) – DSHS plans to make some minor changes to the treatment protocols, known as Resiliency and Disease Management, effective April 1<sup>st</sup>. These changes do not dramatically alter treatment but will require some process and electronic medical record changes.

Also, in response to the Governor's directive to reduce the state budget, all Medicaid rates will be reduced by 1% effective February 1<sup>st</sup>; this is a total of 2% for the fiscal year.

The Crisis Stabilization Unit's anticipated completion date has moved to late February, early March and I have had several communications with the contractor about our expectation that this project get their full attention. Staff are developing plans for the move; we hope to complete the transition within 1 week so that we do not have to use contract hospitals too much for crisis services.

DSHS announced that effective March 1<sup>st</sup>, they are converting 120 beds from acute treatment to long-term residential care. The cost of this service will be less than the acute beds and they hope that by focusing on two distinct levels of care, they can stabilize the acute patients more quickly so they can return to their homes.

- East Texas Behavioral Healthcare Network (ETBHN) – The ETBHN strategic planning with key staff from all member centers is February 3 & 4<sup>th</sup>; the network is attempting to consolidate additional functions in order to achieve greater efficiencies for member centers.

ETBHN has been direct marketing the pharmacy and regional authorization services to other Texas centers. The state budget reductions provide market opportunities for the network.

- The Texas Department of Housing and Community Affairs conducted a survey of our Tenant Based Rental Assistance program and there were no findings. This program provides rent subsidies to adults with mental illness and their families; clients are actively involved in treatment and work on a self-sufficiency plan while they are receiving rental assistance.
- 82<sup>nd</sup> Legislative Session – The original HB1 and SB1 budgets have unprecedented budget reductions for mental health, substance abuse and intellectual/developmental disability services; additionally HB1 and SB1 have the same budget amounts for community services – this is also unprecedented. The Senate Finance Committee is scheduled to start their deliberations on February 2<sup>nd</sup> and the Texas Council is seeking local officials, trustees and others who might speak at these hearings. A conference call will be held on Friday, January 28<sup>th</sup> at 1:30 to discuss strategy for centers' testimony. Attached is a summary of the MH, SA and IDD budget amounts.

Good news – HB 748 has already been introduced to reduce the forensic commitment period from 120 to 60 days for persons deemed incompetent to

stand trial for their minor misdemeanor crimes. It also proposes to give credit for time spent in jail towards the commitment period. Jason Baxter, Senator Williams' office, asked that I provide feedback on the bill and I told him that we support this bill. Another bill will likely be introduced by Rep. Madden that would prohibit individuals who have committed low level misdemeanors from being sent to state hospitals for competency restoration; restoration services would occur in outpatient settings.

Neither HB1 nor SB1 include a recommendation to expand the NorthSTAR managed Medicaid program across Texas and we thanked all our members when we met last Friday.

- Woodlands Children's Museum has scheduled a date for our consumers and their families and our staff (that will be helping consumers). The date is scheduled for February 7, from 2-5.
- The Woodforest Charitable Foundation contacted the Center about our services and programs for Veterans of the Iraq and Afghanistan wars and Evan Roberson and I met with Dr. Gottlieb, President of foundation on January 12<sup>th</sup>. They are interested in recognizing and supporting these Veterans. For the July 3<sup>rd</sup> concert, they have already arranged with Cynthia Woods Pavilion to provide designated seats and a post concert reception.
- Gala planning – we are establishing a committee to begin planning the gala that is included in the FY 2011 goals and objectives and would like to have 1 or 2 Board members to provide guidance.

<b>DSHS</b>	<b>Total FY2010/2011</b>	<b>LBB Base Budget Total (FY2012- 2013)</b>	<b>LBB Total Difference FY12- 13 compared to FY10-11 (Reduction)</b>	<b>% Difference (Reduction)</b>
Community MH - Adults (Strategy B.2.1)*	\$ 578,919,568	\$ 462,885,012	\$ (116,034,556)	-20%
Community MH - Children (Strategy B.2.2)	\$ 132,932,210	\$ 107,593,466	\$ (25,338,744)	-19%
MH Crisis & Transitional Services (Strategy B.2.3)	\$ 164,953,850	\$ 155,868,614	\$ (9,085,236)	-6%
NorthSTAR (Strategy B.2.4)	\$ 201,509,432	\$ 181,415,141	\$ (20,094,291)	-10%
Substance Use Disorder (Strategy B.2.5)	\$ 306,882,698	\$ 283,285,699	\$ (23,596,999)	-8%
MH State Hospitals (Strategy C.1.3)	\$ 778,908,956	\$ 746,784,327	\$ (32,124,629)	-4%
Community MH Hospitals (Strategy C.2.1)	\$ 60,236,154	\$ 58,478,192	\$ (1,757,962)	-3%
<b>Total:</b>			<b>\$ (228,032,417)</b>	

<b>DADS &amp; DARS</b>	<b>Total FY2010/2011</b>	<b>LBB Base Budget 2012/2013</b>	<b>Difference in FY 2010/11 to 2012/13 LBB Base Budget</b>	<b>Difference in FY 2010/11 as % to 2012/13 LBB Base Budget</b>
Intake, Access and Eligibility (Strategy A.1.1)	\$ 363,837,132	\$ 389,678,588	\$ 25,841,456	7%
HCS (Strategy A.3.2)	\$ 1,552,778,820	\$ 1,100,912,466	\$ (451,866,354)	-29%
CLASS (Strategy A.3.3)	\$ 409,185,211	\$ 301,316,080	\$ (107,869,131)	-26%
Texas Home Living (Strategy A.3.7)	\$ 12,813,641	\$ 7,432,596	\$ (5,381,045)	-42%
MR Community Services (Strategy A.4.2)	\$ 204,288,960	\$ 102,228,334	\$ (102,060,626)	-50%
MR In-Home Services (Strategy A.4.5)	\$ 11,443,480	\$ 5,721,740	\$ (5,721,740)	-50%
ICFMR (Strategy A.7.1)	\$ 653,466,927	\$ 433,534,061	\$ (219,932,866)	-34%
State Supported Living Centers (A.8.1)	\$ 1,288,257,844	\$ 1,167,024,191	\$ (121,233,653)	-9%
DARS ECI Services (Strategy A.1.1.)	\$ 373,933,535	\$ 302,929,002	\$ (71,004,533)	-19%
<b>Total:</b>			<b>\$ (988,223,959)</b>	

## Substance Abuse Prevention Program

Tri-County Services

Melissa Zemencsik, M.S., LPC-S, LMFT-S  
Jamie Parker, B.S., CPS

## Prevention Education

- **Prevention Education-** involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision making, refusal skills and critical analysis.

*(Substance Abuse Prevention-The Intersection of Science and Practice)*

## Institute of Medicine

- **Universal-** those programs and strategies designed to target the entire population of a community.
- **Selective-** those programs and strategies designed to target groups at risk.
- **Indicated-** those programs and strategies designed to target individuals at risk.

*(Substance Abuse Prevention-The Intersection of Science and Practice)*

## Curriculum Based Support Groups

- School counselors and community directors identify students for the groups.
- Groups are held weekly for 10 – 12 weeks.
- Students are given a pre and post test to measure outcomes.

## Rainbow Days Kids/Youth Connection

**Mission-** to provide children living in high-risk situations with the skills and support they need to overcome adversity and stay drug free.

Children living in high-risk situations are the least likely to possess essential coping and social skills or the emotional support necessary to overcome traumatic stress and "succeed in spite of adversity."

This curriculum based support group teaches coping and social skills and provides the emotional support needed to reduce anti-social attitudes and rebellious behavior.

## The Group Process

- **Sunshine / Cloud**
- **Guided Discussions-** topics include dreams and goal-setting, making healthy choices, resisting negative peer pressure
- **Hands on Activity-** includes games, arts and crafts, and role-plays

### Alternative Activities

- Drug-free and tobacco-free activities that foster bonding with peers, family, and community.
- This strategy provides adults the opportunity to take part in the substance-free activities.
- Examples include health fairs, Red Ribbon Week, Tar Wars, and other community events.

### Tri-County Group Locations

#### Montgomery

JJAEP  
Willis ISD  
Magnolia ISD  
Conroe YMCA  
Oscar Johnson Center

#### Walker County

New Waverly ISD?

#### Liberty County

Cleveland ISD

### Contract Measures

- For ages 4 – 12, the contract target for skills training is 192. We have met this requirement with a year to date total of 194.
- For ages 13 – 17, the contract target for skills training is 192. Our year to date total is 84. We are planning to start several more groups at Magnolia West H.S. and Magnolia J.H.
- We have exceeded our quarterly targets for Alternative Activities.

### Prevention Staff

#### **Melissa Zemencsik**

Administrator of Mental Health Children's Services

#### **Jamie Parker**

Prevention Program Director

#### **Zaida Meda**

Prevention Specialist

## CBSG® Program Matrix

The following CBSG® Program matrix lists the session titles, major messages, goals, key points and key knowledge and skills.

Session	Goal	Key Points	Key Knowledge & Skills
<b>1 – Getting to Know You</b>  <b>Major Message:</b> I AM Not Alone	To get acquainted and learn about the group process	Our group is: <ul style="list-style-type: none"> <li>different from school and class</li> <li>- there are no right or wrong answers and there are no grades or tests;</li> <li>a time to meet with others we may already know, make new friends, and have fun;</li> <li>a time to learn about ourselves and about each other, and about important choices that can help us make a better life for ourselves;</li> <li>a time for building trust with each other and a safe place where we can talk about our thoughts and feelings;</li> <li>a chance to take a break from our usual routine and spend time thinking and talking about subjects different from the ones in our classroom.</li> <li>Participants were selected and invited to be in group because they can benefit from and enjoy the group, not because they are “in trouble.”</li> </ul>	<ul style="list-style-type: none"> <li>Practicing group decision making;</li> <li>Practicing teamwork and cooperative learning;</li> <li>Practicing positive messages of reinforcement;</li> <li>Practicing respectful behaviors;</li> <li>Learning Group Rules;</li> <li>Learning about trust and confidentiality “What’s said here stays here.”)</li> </ul>

Session	Goal	Key Points	Key Skills
<b>2- A Celebration of Me</b>  <b>Major Message:</b> I AM special, capable, unique and valued.	To recognize and celebrate the unique and special qualities of each participant	<ul style="list-style-type: none"> <li>Each of us is "one-of-a-kind" (unique). There is no one else exactly like me.</li> <li>We are special because of who we are, not because of what we do or what we have.</li> <li>Using alcohol and other drugs will not make me feel better about myself.</li> <li>Part of how we feel about ourselves is how we feel about our family. There are many different kinds of families. Every family is special in some way, but no family is perfect.</li> </ul>	<ul style="list-style-type: none"> <li>Identifying personal attributes/assets;</li> <li>Sharing personal attributes/assets;</li> <li>Practicing respect;</li> <li>Practicing tolerance.</li> </ul>
<b>3 – Feelings</b>  <b>Major Message:</b> All my feelings are okay and I CAN choose how to express them.	To identify feelings and learn appropriate, healthy ways to express them	<ul style="list-style-type: none"> <li>All of us have feelings. All our feelings are okay.</li> <li>We can learn how to handle and show our feelings in healthy, positive ways – even feelings we don't like to have.</li> <li>Drinking alcohol or using tobacco or other drugs to change our feelings is never okay for us to do.</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/explaining feelings;</li> <li>Sharing thoughts and feelings;</li> <li>Practicing skills for dealing with uncomfortable feelings.</li> </ul>

Session	Goal	Key Points	Key Skills
<b>4 – Handling Anger</b>  <b>Major Message:</b> I CAN stay calm when I feel angry and not get into fights.	To identify ways to stay calm and stay out of fights	<ul style="list-style-type: none"> <li>When we lose control and react to situations with an angry behavior like fighting, there can be negative consequences.</li> <li>Steps to handling anger:  <b>S = Stop</b> – cool down and gain control.  <b>I = Identify</b> – what are you feeling and why?  <b>T = Take Action</b> – respond to your feelings in an appropriate way that shows respect for yourself and others.</li> <li>Alcohol and other drugs can cause us to lose control over the way we feel and act</li> </ul>	<ul style="list-style-type: none"> <li>Practicing skills for emotional and personal control and self-mastery;</li> <li>Practicing handling anger in challenging situations.</li> </ul>
<b>5 – Dreams and Goal Setting</b>  <b>Major Message:</b> I BELIEVE there is a purpose for my life.	To gain or strengthen our sense of purpose and feel more confident in setting goals and taking steps that will help us in achieving our dreams	<ul style="list-style-type: none"> <li>Dreams can give us hope and give us a sense of purpose for our future.</li> <li>There are steps we can take to help us set goals and achieve our dreams:            Identify our dreams.            Develop a plan.            Ask for help.            Be flexible.</li> <li>Getting into fights and using alcohol and other drugs can keep us from reaching our dreams or achieving our goals.</li> </ul>	<ul style="list-style-type: none"> <li>Practicing skills in goal setting and steps toward attainment;</li> <li>Linking dreams and goals with behavior and consequences.</li> </ul>

Session	Goal	Key Points	Key Skills
<b>6 – Making Healthy Choices</b>  <b>Major Message:</b> I WILL be alcohol tobacco and drug free.	To recognize that we have the freedom to make choices and that most people our age want to make healthy choices	<ul style="list-style-type: none"> <li>Everyone makes choices every day and all our choices have consequences.</li> <li>Consequences can either be positive (healthy) or negative (unhealthy).</li> <li>Most people your age want to make healthy choices and have chosen not to use alcohol, tobacco, or other drugs.</li> <li>Using alcohol, tobacco, and other drugs is never a healthy choice</li> </ul>	<ul style="list-style-type: none"> <li>Exploring social influences to use ATOD, including the media;</li> <li>Correcting misperceptions about prevalence of ATOD use;</li> <li>Practicing identifying who and how to ask for help.</li> </ul>
<b>7 – Friends</b>  <b>Major Message:</b> I CAN treat others like I want to be treated.	To identify ways to make and maintain healthy friendships	<ul style="list-style-type: none"> <li>To have good friends, we must first BE a good friend.</li> <li>There are some positive, healthy things we can do to have the friendships we want:               <ul style="list-style-type: none"> <li>➤ Be yourself and like yourself.</li> <li>➤ Be a good listener.</li> <li>➤ Be reliable and trustworthy.</li> <li>➤ Understand that having conflict is normal. Friends can disagree and still be friends.</li> <li>➤ Forgive one another.</li> </ul> </li> <li>A true friend will respect our choice not to use alcohol, tobacco, and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>Naming the attributes of a “true friend” ;</li> <li>Naming own assets as a “true friend”;</li> <li>Describing the value of true friendship;</li> <li>Practicing giving and receiving compliments.</li> </ul>

Session	Goal	Key Points	Key Skills
<b>8- Resisting Negative Peer Pressure</b>  <b>Major Message:</b> I WILL resist negative peer pressure and stay out of trouble.	To develop the confidence and skills needed to resist negative peer pressure that could lead to unhealthy choices.	<ul style="list-style-type: none"> <li>• Pressure from our peers can influence us to make healthy choices or unhealthy choices.</li> <li>• We can learn skills that can help us say "no" when we are pressured: The "5-B's of Saying No" – •Beware •Bad idea •Better one •Bye for now •Buzz me later</li> <li>• Resisting peer pressure to use alcohol, tobacco, and other drugs is a healthy choice and keeps us from getting in trouble</li> </ul>	<ul style="list-style-type: none"> <li>• Practicing skills for resisting peer influence and refusing substance use and other anti-social, rebellious, negative, dangerous or self-defeating behaviors.</li> </ul>
<b>9 – Putting It All Together</b>  <b>Major Message:</b> I HAVE learned many things about myself that will help me now and in the future.	To review all the major messages and key points from the previous eight sessions	<ul style="list-style-type: none"> <li>• Review of key point from previous sessions.</li> </ul>	<ul style="list-style-type: none"> <li>• Exploring attitudes, opinions and behaviors;</li> <li>• Analyzing and reframing all that has been learned.</li> </ul>

Session	Goal	Key Points	Key Skills
<b>10 – Celebration and Commitment</b>  <b>Major Messages:</b> I AM likeable, capable, unique and valued; I CAN treat others like I want to be treated; I HAVE strengths, capabilities and people who care about me; I WILL be alcohol, tobacco and drug free; I BELIEVE I have a purpose.	To celebrate one another and our group experience and to make a commitment not to use alcohol, tobacco and other drugs	<ul style="list-style-type: none"> <li>• It is important to take time to celebrate our accomplishments.</li> <li>• I promise to be alcohol, tobacco and drug free.</li> <li>• Each one of us can decide how this group will affect our choices and the way we act both now and in the future.</li> </ul>	<ul style="list-style-type: none"> <li>• Practicing making a public commitment to be alcohol, tobacco and drug free.</li> </ul>

Session	Goal	Key Points	Key Skills
<b>Additional Session:</b> <b>Chemical Dependency:</b> <b>A Family Disease</b>  <b>Major Message:</b> I CAN ask for help.	To learn how to take care of ourselves if living in a family impacted by chemical dependency.	<ul style="list-style-type: none"> <li>• Chemical Dependency (or Alcoholism) is a disease.</li> <li>• Chemical Dependency affects the person physically, emotionally and spiritually.</li> <li>• The whole family is impacted when someone in the family is chemically dependent.</li> <li>• There are four "C's" to remember about Chemical Dependency:               <ul style="list-style-type: none"> <li>➤ We cannot Cause someone to be chemically dependent.</li> <li>➤ We cannot Control the person or the disease.</li> <li>➤ We cannot Cure the disease.</li> <li>➤ We can Cope.</li> </ul> </li> <li>• There are people to help us and ways we can take care of ourselves if Chemical Dependency is in our family.</li> </ul>	<ul style="list-style-type: none"> <li>• Exploring ways to take care on ourselves;</li> <li>• Practicing identifying who and how to ask for help.</li> </ul>
<b>Additional Session:</b> <b>Changes and Challenges In My Life</b>  <b>Major Message:</b> I CAN handle the changes in my life in healthy ways.	To identify ways to handle change and challenging situations, especially change over which we have no control.	<ul style="list-style-type: none"> <li>• Change happens to everyone -- some changes can be good and we like them, while others can be hard and we don't like them.</li> <li>• Some changes in our lives we have control over while others we do not.</li> <li>• We can always control how we react to change.</li> <li>• We can find safe people who can support us and help us cope</li> </ul>	<ul style="list-style-type: none"> <li>• Analyzing and reframing the changes we face</li> <li>• Practicing handling changes in healthy ways.</li> </ul>