

# **Tri-County Services Board of Trustees Meeting**

**January 23, 2014**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, January 23, 2014. The Business Committee will convene at 8:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 1506 FM 2854, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:15 a.m.

## AGENDA

### I. Organizational Items

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

### II. From the Heart Presentation

### III. Approve Minutes - December 12, 2013

### IV. Executive Director's Report - Evan Roberson

- A. DSHS
  - 1. MCOT Review Results
  - 2. Contract Updates
    - RTC
    - VET
- B. DADS
  - 1. LA Audit
  - 2. SB 7 Advisory Committee
- C. PETC
  - 1. Plan of Improvement
- D. 1115 Waiver
  - 1. New Category 3 Measurements

### V. Chief Financial Officer's Report - Millie McDuffey

- A. Cost Accounting Methodology (CAM) Report
- B. MEI Cost Report
- C. FY 2013 HCS, ICF & TxHmL Cost Reports
- D. CFO Consortium
- E. FY 2011 Settle-Up
- F. Worker's Compensation Audit

### VI. Program Committee

#### Information Items

- A. Community Resources Report.....Pages 10-11
- B. Consumer Services Reports for November & December 2013.....Pages 12-14
- C. Program Updates.....Pages 15-17
- D. Year-to-Date FY 2014 Goals & Objectives Progress Report.....Pages 18-21
- E. 1<sup>st</sup> Quarter FY 2014 Corporate Compliance & Quality Management Report.....Pages 22-24
- F. 2<sup>nd</sup> Quarter FY 2014 Corporate Compliance Training.....Pages 25-27

**VII. Executive Committee**

Information Items

- A. Personnel Report for December 2013..... *Pages 28-29*  
B. Texas Council Quarterly Board Meeting Update..... *Page 30*

**VIII. Business Committee**

Action Items

- A. Approve November 2013 Financial Statements..... *Pages 31-43*  
B. Approve December 2013 Financial Statements..... *Pages 44-57*  
C. Approve FY 2013 Independent Financial Audit..... *Page 58*  
D. Approve DSHS Residential Treatment Center Integration Contract #2014-044767-009..... *Pages 59-69*  
E. Approve DSHS Youth Prevention Services Contract Amendment #2014-044724-001A..... *Pages 70-83*  
F. Ratify Loan of Funds to Montgomery Supported Housing, Inc. for Operating Deficits..... *Page 84*

Information Items

- G. 1<sup>st</sup> Quarter FY 2014 Investment Report..... *Pages 85-89*  
H. Board of Trustees Unit Financial Statements for November & December 2013..... *Pages 90-92*

**IX. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney**

Posted By:

Stephanie Eveland  
Executive Assistant

# Tri-County Services

P.O. Box 3067

Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

December 12, 2013

### Board Members Present:

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

### Board Members Absent:

None

### Tri-County Staff Present:

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Tanya Bryant, Director of Quality Management & Support  
Amy Foerster, Director of Human Resources  
Catherine Prestigiovanni, Behavioral Health Director  
Heather Robison, Director of Crisis Services & Community Outreach  
Stephanie Eveland, Executive Assistant  
Shane Burks, Coordinator of Resource Development  
Stella Montemayor, Administrative Assistant  
David Deaton, Legal Counsel  
Lisa Bradt, Staff  
Brian Burney, Staff  
Jennifer Cooks, Staff  
Sandy Kelly, Staff  
Jared Laws, Staff  
Ashley Ready, Staff

### Guests:

Individuals Served and Family Members

**Call to Order:** Chairman, David Walker, called the meeting to order at 10:04 a.m. at 1506 FM 2854, Conroe, Texas.

**Public Comment:** There were no public comments.

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

Cont.

Program Presentation – Huntsville Life Skills Christmas Carolers

Awards were presented to the consumer Christmas card contest winners.

**Resolution #12-13-01**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the minutes of the October 24, 2013 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:**

No action was taken on Program Committee Action Item VII-A, Regional Planning Network Advisory Committee Peer Support Recommendations.

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates were reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

The Oath of Office was recited by Tracy Sorensen.

The Personnel Reports for October and November 2013 were reviewed for information purposes only.

The Texas Council quarterly meeting verbal update was presented by Sharon Walker.

**BUSINESS COMMITTEE:**

**Resolution #12-13-02**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the October 2013 Financial Statements.

**Resolution #12-13-03**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2014 Budget Revision.

**Resolution #12-13-04**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the recommendation from the Business Committee to purchase a Ford Focus from Bill Fick Ford in Huntsville at a cost that does not exceed the price of the bid of \$14,148.69.

**Resolution #12-13-05**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the purchase of new chairs for the PETC from Blockhouse at a cost of \$15,865.20 contingent upon the cost comparison for recovery of the pre-existing chairs.

**Resolution #12-13-06**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the 7<sup>th</sup> payment of non-refundable Option money to the property owner for the Independence Oaks project site in Cleveland, Texas.

**Resolution #12-13-07**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the request by the TDHCA HOME Reservation System to approve a resolution to authorize Sean McElroy, Psychiatric Clinic Administrator, to enter and approve project set-ups and draw requests for the TBRA RSP contracts.

**Resolution #12-13-08**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the DSHS Mental Health First Aid Contract #2014-044767-008.

Business Committee Action Item IX-H, Approve Revised Veterans Contract with DSHS, was tabled for discussion and approval at the Board meeting on January 23, 2014 if the official contract is received.

**Resolution #12-13-09**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the drainage easement for 1508 FM 2854 in Conroe, Texas with changes to the final agreement and authorize the Executive Director to execute any necessary documents as amended.

**Resolution #12-13-10**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board ratify the lease for 302 Campbell St. in Cleveland, Texas.

**Resolution #12-13-11**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board appoint Tracy Sorensen to the Center Name and Logo Committee.

**Resolution #12-13-12**

**Motion Made By:** Sharon Walker

**Seconded By:** Brad Browder, with affirmative votes by David Walker, Tracy Sorensen, Patti Atkins, Cecil McKnight and Janet Qureshi with one abstention by Morris Johnson that it be...

**Resolved:**

That the Board reappoint Morris Johnson and M. Lee Murrah to serve on the Independence Communities, Inc. Board of Directors for an additional two year term expiring in January 2016.

**Resolution #12-13-13**

**Motion Made By:** Patti Atkins

**Seconded By:** Janet Qureshi, with affirmative votes by Brad Browder, Tracy Sorensen, Morris Johnson, Cecil McKnight and Sharon Walker with one abstention by David Walker that it be...

**Resolved:**

That the Board reappoint David Walker and Barbara Duren to serve on the Montgomery Supported Housing, Inc. Board of Directors for an additional two year term expiring in January 2016.



**Resolution #12-13-14**

**Motion Made By:** Morris Johnson

**Seconded By:** Cecil McKnight, with affirmative votes by David Walker, Tracy Sorensen, Patti Atkins, Janet Qureshi and Sharon Walker with one abstention by Brad Browder that it be...

**Resolved:**

That the Board reappoint Brad Browder and Joe Bazar to serve on the Cleveland Supported Housing, Inc. Board of Directors for an additional two year term expiring in January 2016.

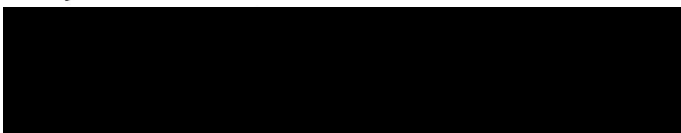
The Board of Trustees' Unit Financial Statement for October 2013 was reviewed for information purposes only.

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

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:40 a.m.

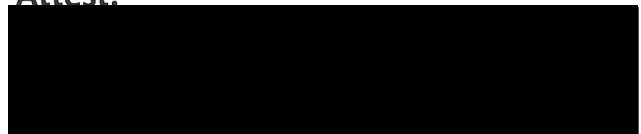
**Adjournment:**



David Walker  
Chairman

Date

**Attest:**



Tracy Sorensen  
Secretary

Date



# Executive Director's Report

---

*January 23, 2014*

## **Announcements**

- The next regularly scheduled Board meeting is February 27, 2014.
- I wanted to let you know that Heather Robison, Director of Crisis Services, has resigned. Heather completed her degree in hospital management in November and hoped to find a hospital CEO track job. She was offered a job in management at a residential treatment facility in Austin which is owned by a large psychiatric hospital chain. She and her family have relocated to the Austin area. Her last day was Monday, January 20<sup>th</sup>.
- The birthday cake this month is in honor of Brad Browder.

## **Department of State Health Services (DSHS)**

- During FY 2012, DSHS completed a statewide desk review of the Mobile Crisis Outreach Teams (MCOT). At the beginning of FY 2013, DSHS program staff visited Tri-County to discuss the findings of the desk review and met with representatives from local law enforcement. At the beginning of this month, we were provided with our **MCOT Review Summary Report** from these two reviews.

Although Tri-County scored 80% or above on 11 of 15 measurements, there are several concerns about the design of our MCOT system and how we perform assessments. The two primary area of concerns were:

- The percentage of crisis assessments which are performed 'in-vivo' (in the clients home or where the crisis occurred) rather than at an emergency room, jail, or in our case, the PETC.

*"It is important that individuals are assessed in the environment in which the crisis occurs if at all possible."*

When DSHS staff arrived on October 18, 2012 (FY 2013) for their technical assistance visit, they spoke with law enforcement (separate of Tri-County staff)

to question them about staying on site so that MCOT staff can perform 'in-vivo' assessments. Law enforcement staff indicated that "extended mental health crisis assessments tie up law enforcement and leave their co-workers short staffed," and that "bringing individuals to the PETC shortens wait-time..."

- DSHS did not think that our Hotline determinations of Emergent, Urgent and Routine case status was always accurate.

In addition to providing our report, DSHS provided Tri-County with information from another center and asked that we consider implementing some of their practices.

In summary, DSHS is not pleased with our MCOT program and how we provide these services in our area. The PETC is serving its intended purpose and using it as a 'safe' location for screenings appears to be both appropriate and friendly to local law enforcement, but this does not meet DSHS expectations and, as a result, is subject to sanction and other potential interventions. Unless DSHS sees changes in how we are providing services, we can expect further scrutiny of the MCOT program. In fact, they already had preliminary discussions with program staff about another face-to-face visit.

In the last few months, some changes to MCOT design have taken place. However, further changes will be required to meet DSHS expectations. The new Crisis Director and I will reopen conversations with local law enforcement and other stakeholders in an attempt to address these concerns.

- I am pleased to announce that we were one of six centers which scored 100% on a recent DSHS Access to Services 'mystery caller' assessment. DSHS has not yet provided us much detail on the number of calls which were made or how the calls were scored, but we are pleased with this result. They have requested the use of our results as a training tool for other centers.
- In your Board packet today, there is a **Residential Treatment Center (RTC)** contract amendment from DSHS. Over the last several years, it has become more common that families will relinquish custody of Severely Emotionally Disturbed (SED) children to Child Protective Services so that their children can receive placement in a RTC. The state has allocated some funding for 20 persons to be placed in an RTC statewide and the RTC contract requires centers to assist in both the screening of a client for placement into the facility, continuity of care while they are at the RTC, and assistance re-entering outpatient services when they are discharged.

Although program staff believe that providing funds to place these kids is a positive development for families, there is some concern about the impact of this new requirement on center operations. Although not technically an 'unfunded mandate' (because there is a possibility of reimbursement under specific circumstances), it

appears to have a lot of administrative responsibility with very little opportunity to cover costs.

- As you will remember, we had the **Veterans Contract Amendment** cover in your Board packet last month because we believed that the amendment (which was provided in a draft format) would be provided in time for that meeting. However, we have been told informally that the contract is undergoing further revision and that additional funding may be forthcoming.
- I am very excited to announce that Sonja Gaines, formerly the Chief of Mental Health Services at Tarrant County MHMR, has been selected by Texas Health and Human Services Commission (HHSC) as the Associate Commissioner for Mental Health Services. Throughout her career, she has been a collaborative, innovative leader at both the local and statewide level. Most recently, Sonja served as the urban representative on the Local Authority Network Advisory Committee.

In directing the creation of this new position at HHSC, the legislature was seeking someone who could coordinate and guide decision making related to mental health services in Texas. We are very excited to have a community center professional in such an important and influential position.

### **Department of Aging and Disability Services (DADS)**

- As I mentioned at the last meeting, we have been notified by DADS that our annual **Local Authority (LA) Audit** will occur January 27-30, 2014. The LA Audit includes review of HCS, General Revenue and Texas Home Living Service Coordination, intake services, continuity of care, etc. in Kelly Shropshire's area and a variety of administrative functions (rights, safety, risk, PNAC, etc.) in Tanya Bryant's area.

There are some portions of the audit that are completed prior to the site visit, and so far, everything is going well. We will provide an update at the February Board meeting.

- I asked Kelly Shropshire, Director of IDD Authority Services, to attend the first **Senate Bill 7 Advisory Committee** in Austin. Two Texas center representatives are on the committee, but I felt that it would be good to get the information first hand rather than from HHSC meeting notes. Overall, the committee focused their first meeting on the areas that would be addressed. The committee decided to have three year terms for committee positions. As most of you know, families have concern about Senate Bill 7 and managed care control of the IDD waiver programs and I feel that it is important that we stay engaged with this process and provide feedback as needed.

One part of Senate Bill 7, the Community First Choice Waiver (CFC), has been delayed and will not start until September 1, 2014 as previously planned. Texas and Centers for Medicare and Medicaid Services (CMS) are in discussions about the design of Texas'

waiver and the two are not close to reaching a consensus. Once implemented, CFC will provide attendant and habilitation to eligible families under managed care.

### **Psychiatric Emergency Treatment Center**

- I wanted to provide a quick update to the Board on the **PETC Plan of Improvement**. Staff were able to find a vendor to replace the cloth on our existing chairs with an appropriate quality vinyl covering. The cost of replacing the cloth will be approximately \$6,000-far less than replacing the chairs.

### **1115 Transformation Waiver**

- As you remember, each of the 1115 projects have payments for outcomes called Category 3. In short, Category 3 measurements are intended to show the programs are transforming the system of care. We have required levels (as a percentage of the project budget) of Category 3 participation for each Demonstration Year (DY). In total, Tri-County expects to receive 1.24 million dollars in new money via Category 3 measurements.

Although our Category 3 measurements were initially approved by the HHSC, CMS has been uncomfortable with the level of outcomes proposed by providers. In the last two weeks, HHSC has proposed a new set of **Category 3 measurements** and new payment methodologies to CMS for approval.

Although we are still awaiting final details, we do know that we will have two categories that will be measured each year for each project. One of the categories will be 'Pay for Reporting' and the other will be 'Pay for Performance.' The Pay for Reporting category will include measurements of the impact of 1115 projects on the service area while the Pay for Performance measures will be tied to the specific projects.

There will be more to come on Category 3, but very little information about the actual measurements is available at this time. However, we know that the HHSC and CMS will have to finalize these proposed measurements soon because the first reports are due to the HHSC in April.

The Texas Council has spoken with the HHSC, and they plan to host a training meeting with centers after the methodology is finalized. The center will probably only have two weeks or so to choose new Category 3 measurements for each program.

## **CHIEF FINANCIAL OFFICER'S REPORT**

### **January 23, 2014**

**Cost Accounting Methodology (CAM)** - We are in the middle of the preliminary CAM process which is due only to DSHS on January 28<sup>th</sup>. The final CAM is due on February 28<sup>th</sup>, also only to DSHS. This year the process is more complex due to a lack of a programmer on staff at this time. So we are completing using excel worksheets. The preliminary version may not be as fine tuned as in the past years but the final version will be completed on time and with accurate information.

**MEI Cost Report** – In addition to the CAM Cost report listed above, we will also have to complete this new MEI Cost Report for Mental Health and IDD programs. This is a new report format that will be used to replace the CAM report. We will be sending staff including myself to training in Austin on February 19<sup>th</sup>. Besides the accounting staff, we will be including IT staff that will help us with the service side data that will be included in these reports. At one point, they had talked about a MEGA cost report that would incorporate all services in one report but that is not the case for FY 2013. The MEI Cost report will be due on April 15<sup>th</sup>.

**FY 2013 HCS, ICF and Texas Home Living Cost Reports** – The training has been set for the HCS, ICF and Texas Home Living Cost Reports. Our staff will be attending this training towards the end of January. This report is also due by April 15<sup>th</sup>.

**CFO Consortium** - The CFO meeting is scheduled for the first week in February. We expect to have some lengthy conversations in regards to the 1115 waiver projects as well as the new DSHS Targets and withholding of the 10% penalty for centers that don't meet these targets. The agenda has not come out yet so as of this time I am not sure of what else may be discussed.

**FY 2011 Settle-Up** – We expect to receive notification any day now about the FY 2011 Medicaid Rehab Settle-up Report. We anticipate that we will receive back from HHSC a fairly large amount as we did last year. This is the last year of the settle-up process so it will be nice to get the money in a year when Rehabilitative services are struggling so much.

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

<b>Agenda Item:</b> Community Resources Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## December 13, 2013 – January 23, 2014

---

### Volunteer Hours:

Location	December
Conroe	74
Cleveland	5
Liberty	13
Huntsville	9
<b>Total</b>	<b>101</b>

### COMMUNITY ACTIVITIES:

12/13/13	United Way Family Mass Fatality Game	Houston
12/17/13	Walker County Community Resource Coordination Group	Huntsville
12/17/13	Montgomery County Community Resource Coordination Group	Conroe
12/17/13	HIPSET Board Meeting	Conroe
12/18/13	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
1/2/14	Cleveland Chamber of Commerce Luncheon	Cleveland
1/2/14	Walker County Community Resource Coordination Group	Huntsville
1/8/14	Montgomery County United Way Funded Partners Meeting	The Woodlands
1/9/14	Huntsville Chamber of Commerce Breakfast	Huntsville
1/14/14	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands
1/15/14	Liberty County Child Fatality Review Team	Dayton
1/16/14	Walker County Child Fatality Review Team	Huntsville
1/16/15	Teen and Family Services Stakeholder Meeting	The Woodlands
1/20/14	Voluntary Organizations Active in Disaster Meeting	Huntsville
1/21/14	Montgomery County Community Resource Coordination Group	Conroe
1/23/14	Criminal Justice Council	Conroe

### UPCOMING ACTIVITIES:

1/29/14	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
2/4/14	MCUW Health and Wellness Impact Council	The Woodlands
2/6/14	Cleveland Chamber of Commerce Luncheon	Cleveland
2/6/14	Walker County Community Resource Coordination Group	Huntsville
2/8/14	Texas Regional Opportunity Index (TROI) One Community, Many Voices Report	Conroe
2/11/14	MC-CARES Disaster Recovery Taskforce	The Woodlands
2/12/14	MCUW Funded Partners Meeting	The Woodlands
2/19/14	Liberty County Child Fatality Review Team	Dayton
2/28/14	Montgomery County Community Resource Coordination Group	Conroe



<b>Agenda Item:</b> Consumer Services Reports for November and December 2013  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Reports for November and December 2013	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Consumer Services Report November 2013

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	412	25	32	50	<b>519</b>
Crisis and Transitional Services (Loc 0, Loc5)	60	2	7	3	<b>72</b>
Psychiatric Emergency Treatment Center (PETC) Served	45	5	3	4	<b>57</b>
Psychiatric Emergency Treatment Center (PETC) bed days	51	6	3	6	<b>66</b>
Contract Hospital Admissions	7	0	0	1	<b>8</b>
Diversion Admits	2	0	3	0	<b>5</b>
Total State Hospital Admissions	0	0	0	0	<b>0</b>
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1m,1s,2,3,4)	682	104	91	111	<b>988</b>
Adult Medication Services	530	62	61	71	<b>724</b>
Child Service Packages (LOC 1-4 and YC)	281	20	9	37	<b>347</b>
Child Medication Services	139	5	7	10	<b>161</b>
TCOOMMI (Adult Only)	96	9	6	12	<b>123</b>
Adult Jail Diversions	2	0	0	0	<b>2</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	2	0	0	0	<b>2</b>
Service Coordination	446	31	46	55	<b>578</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living, TXHmL)	51	7	21	24	<b>103</b>
Contractor Provided ICF-MR	17	10	11	5	<b>43</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	293	186	0	0	<b>479</b>
Youth Substance Abuse Treatment Services/COPSD	22	0	0	0	<b>22</b>
Adult Substance Abuse Treatment Services/COPSD	25	0	0	0	<b>25</b>
<b>Waiting/Interest Lists as of Month End</b>					
Department of State Health Services-Adults	154	13	6	3	<b>176</b>
Department of State Health Services-Children	0	0	0	0	<b>0</b>
Home and Community Based Services Interest List	1342	111	120	127	<b>1700</b>
<b>November Served by County</b>					
Adult Mental Health Services	1104	120	116	167	<b>1507</b>
Child Mental Health Services	299	20	10	38	<b>367</b>
Intellectual and Developmental Disabilities Services	507	47	59	64	<b>677</b>
Total Served by County	<b>1910</b>	<b>187</b>	<b>185</b>	<b>269</b>	<b>2551</b>
<b>October Served by County</b>					
Adult Mental Health Services	1199	124	118	180	<b>1621</b>
Child Mental Health Services	300	21	11	45	<b>377</b>
Intellectual and Developmental Disabilities Services	519	50	70	70	<b>709</b>
Total Served by County	<b>2018</b>	<b>195</b>	<b>199</b>	<b>295</b>	<b>2707</b>
<b>September Served by County</b>					
Adult Mental Health Services	1103	126	130	147	1506
Child Mental Health Services	284	17	10	39	350
Intellectual and Developmental Disabilities Services	515	48	61	62	686
Total Served by County	1902	191	201	248	2542

## Consumer Services Report

### December 2013

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	336	27	27	43	<b>433</b>
Crisis and Transitional Services (Loc 0, Loc5)	54	2	2	4	<b>62</b>
Psychiatric Emergency Treatment Center (PETC) Served	46	5	1	6	<b>58</b>
Psychiatric Emergency Treatment Center (PETC) bed days	53	5	2	8	<b>68</b>
Contract Hospital Admissions	4	0	1	0	<b>5</b>
Diversion Admits	7	0	1	0	<b>8</b>
Total State Hospital Admissions	1	0	0	0	<b>1</b>
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1m,1s,2,3,4)	680	94	79	87	<b>940</b>
Adult Medication Services	509	47	45	65	<b>666</b>
Child Service Packages (LOC 1-4 and YC)	282	20	9	40	<b>351</b>
Child Medication Services	138	9	1	17	<b>165</b>
TCOOMMI (Adult Only)	102	8	6	9	<b>125</b>
Adult Jail Diversions	1	0	0	0	<b>1</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	2	0	0	0	<b>2</b>
Service Coordination	446	29	41	52	<b>568</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living, TXHmL)	51	6	24	24	<b>105</b>
Contractor Provided ICF-MR	17	12	11	6	<b>46</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	96	186	0	0	<b>282</b>
Youth Substance Abuse Treatment Services/COPSD	18	0	0	0	<b>18</b>
Adult Substance Abuse Treatment Services/COPSD	24	0	0	0	<b>24</b>
<b>Waiting/Interest Lists as of Month End</b>					
Department of State Health Services-Adults	142	11	6	4	<b>163</b>
Department of State Health Services-Children	0	0	0	0	<b>0</b>
Home and Community Based Services Interest List	1350	111	120	127	<b>1708</b>
<b>December Served by County</b>					
Adult Mental Health Services	1067	119	113	145	<b>1444</b>
Child Mental Health Services	283	18	10	45	<b>356</b>
Intellectual and Developmental Disabilities Services	513	46	54	59	<b>672</b>
<b>Total Served by County</b>	<b>1863</b>	<b>183</b>	<b>177</b>	<b>249</b>	<b>2472</b>
<b>November Served by County</b>					
Adult Mental Health Services	1104	120	116	167	<b>1507</b>
Child Mental Health Services	299	20	10	38	<b>367</b>
Intellectual and Developmental Disabilities Services	507	47	59	64	<b>677</b>
<b>Total Served by County</b>	<b>1910</b>	<b>187</b>	<b>185</b>	<b>269</b>	<b>2551</b>
<b>October Served by County</b>					
Adult Mental Health Services	1199	124	118	180	<b>1621</b>
Child Mental Health Services	300	21	11	45	<b>377</b>
Intellectual and Developmental Disabilities Services	519	50	70	70	<b>709</b>
<b>Total Served by County</b>	<b>2018</b>	<b>195</b>	<b>199</b>	<b>295</b>	<b>2707</b>

<b>Agenda Item:</b> Program Updates  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Program Updates**

## **December 13, 2013 – January 23, 2014**

---

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

1. The average daily census for the PETC was down in December to 6.9.
2. The PETC is on track to exceed its annual number served target of 630.
3. MCOT staffing was redesigned to increase coverage stability and faster response times.

### **MH Adult Services**

1. Dr. Sneed, Janet Payne, and Jay Conley interviewed a potential APN applicant and a background check is being completed at this time.
2. Janet and Jay are in the process of reviewing applicants for the LVN position and Tech position.
3. There has been some interest in the Psychiatrist position posted by one of our previous psychiatrists. Dr. Sneed continues to be in discussion with the doctor to work out details.

### **MH Child Services**

1. We continue to actively recruit and train quality new hires to fill open rehab positions.
2. Current rehab staff are being trained in Nurturing Parenting, an evidenced-based protocol to support caregivers of children with emotional and behavioral needs.

### **Criminal Justice Services**

1. The number of adults served through TCOOMMI was 113.
2. TCOOMMI revenue remains at the budgeted revenue target.
3. Eleven Jail Diversion assessments completed with 1 being diverted in December.
4. The Outpatient Competency Restoration Program admitted 1 in December to make a total of 5 served for FY 2014; staff are pressing hard to increase that number.

### **Substance Abuse Services**

1. The Adult Substance Abuse Treatment Program staff attended webinar training in preparation for expected incoming DFPS referrals. DSHS now recognizes CPS clients as a priority population group when presenting for substance abuse treatment services. Tri-County will be expected to accommodate these referrals when outpatient services are appropriate for the clients' treatment needs.
2. The Youth Prevention Program is fully staffed and serving more individuals in more schools than in previous years, thanks to increased funding for FY 2014.

## **IDD Services**

1. Internal HCS Program census is at 65 as of January 1<sup>st</sup> and our CAP is 67; providing 2 vacant slots to fill. Vacancies are a result of one moving out of state and one consumer passing away.
2. Internal TxHmL Program census is at 39 and our CAP is 12 so no new admissions into the program are occurring.
3. Preparations are occurring for the upcoming Local Authority audit on January 27 – 30<sup>th</sup>.

## **Support Information**

1. **Utilization Management:** Following DSHS recent creation of several reports which will allow us to track our new contract performance measures, the Junior Utilization Management Committee (JUM) has been meeting frequently to evaluate these new reports and provide feedback to program staff and management on our progress.
2. **Veterans Services:** In preparation for upcoming changes to the Veterans Services Contract, staff are exploring possible office locations that may increase contact with Veterans and improve the potential for success with the Military Veteran Peer Network Program.
3. **Housing:** Residents from Independence Place and Independence Village attended a Christmas Party at the Lonestar Community Center in Montgomery along with McDougal Property Management and Tri-County Staff. At this time, we continue to await word from HUD that the amendment funds for the Independence Oaks project have been secured.
4. **Grants:** A grant request was submitted to the United Way in Walker County for funds to provide respite to families enrolled in Child & Adolescent services.

<b>Agenda Item:</b> FY 2014 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  <p>The Board of Trustees and Management Team met on July 13, 2013 for the annual strategic planning retreat and to develop the goals for FY 2014. Goals were discussed and a consensus was reached. Subsequently, the Management 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.</p> <p>The Board also requested that quarterly progress reports be presented as a "year-to-date summary."</p> <p>This report shows progress through the 1<sup>st</sup> Quarter of FY 2014.</p>	
<b>Supporting Documentation:</b>  FY 2014 Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Year-to-Date Progress Report**

---

*September 1, 2013 – November 30, 2013*

## **Goal #1 – Community Awareness**

### **Objective #1**

**Form a committee, which includes staff and one Board liaison, to identify three/four options for a new organizational name and logo for Tri-County Services by January 31, 2014.**

- Logos for the 39 community centers were evaluated by the Management Team and five (5) centers were contacted to find out information about the consultants that they used.

### **Objective #2**

**Present options for a new organizational name and logo to the Board of Trustees for approval by February 28, 2014.**

- No activity on this Objective in the first quarter.

### **Objective #3**

**Develop marketing materials related to the new organizational name and logo by April 30, 2014.**

- No activity on this Objective in the first quarter.

### **Objective #4**

**Market the new organizational name to area stakeholders during the fourth quarter of FY 2014.**

- No activity on this Objective in the first quarter.

### **Objective #5**

**During Tri-County's Intellectual and Developmental Disabilities (IDD) Local Planning, distribute information and answer questions about Senate Bill 7 and the impact on IDD Services.**

- There were guests at the IDD Planning Network Advisory Committee (IDDPNAC) to discuss Senate Bill 7 and the impact on the community.
- Staff has attended state meetings to learn more about managed care for persons with intellectual and developmental disabilities under Senate Bill 7.



## **Goal #2 – Technology**

### **Objective #1**

**Develop a technology improvement plan by January 31, 2014.**

- A consultant was contacted to discuss a technology assessment for Tri-County.

### **Objective #2**

**Identify two technological improvements from the improvement plan which can be implemented by the end of FY 2014.**

- No activity on this Objective in the first quarter.

## **Goal #3 – Funding**

### **Objective #1**

**Hire a consultant to advise the Management Team about fundraising activities which will generate revenue for the Center by January 31, 2014.**

- A Board member from the Montgomery County United Way has recommended a consultant for fundraising by Tri-County.
- There has been an initial discussion with this consultant.

### **Objective #2**

**Present options for fundraisers to the Board of Trustees for input and approval by June 1, 2014.**

- No activity on this Objective in the first quarter.

### **Objective #3**

**Develop new relationships with at least two new businesses in our service area and seek their involvement in fundraising activities.**

- No activity on this Objective in the first quarter.

## **Goal #4 – Staffing**

### **Objective #1**

**Identify key positions by agency department for additional training and leadership opportunities by November 30, 2013.**

- Key positions were identified by Management and the first training opportunity was offered to these individuals.

### **Objective #2**

**Establish at least four training opportunities for these staff by August 31, 2014.**

- National Council Leadership Development Training
- Mental Health First Aid Training – 02/03/14 – 02/07/14
- Peer Support Training

## **Goal #5 – Facilities**

### **Objective #1**

**Hire a consultant to assist a committee, which includes one staff and one Board liaison, in the development of a plan to move toward the creation of a consolidated service location for Montgomery County and the City of Liberty by February 28, 2014.**

- Staff identified potential consultants in the first quarter.
- Brad Browder was appointed to the staff/Board committee that will be reviewing the consultant's recommendations.

### **Objective #2**

**Create a strategy for the disposition of property currently owned by the Center by February 28, 2014.**

- No activity on this Objective in the first quarter.

<b>Agenda Item:</b> 1 <sup>st</sup> Quarter FY 2014 Corporate Compliance and Quality Management Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."  Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.  Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 1 <sup>st</sup> quarter of FY 2014 are included in this Board packet.	
<b>Supporting Documentation:</b>  1 <sup>st</sup> Quarter FY 2014 Corporate Compliance and Quality Management Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Corporate Compliance and Quality Management Report**

## **1<sup>st</sup> Quarter, FY 2014**

---

### **Corporate Compliance Activities**

#### **A. Key Statistics:**

1. There were two (2) Corporate Compliance reviews in the 4<sup>th</sup> quarter of FY 2013.
  - a. The first case was found during routine quality management activities and involved poor documentation. This case resulted in \$1,249.29 in payback and was followed by additional staff training and education.
  - b. The second case is currently under review and payback is pending. This case was reported by program staff and involves a staff identified as having overlapping service times.
2. Quality Assurance of staff documentation continues to be a focus across the Center. Following the recent departure of our Utilization Manager, the Quality Management Department has undergone restructure and is currently looking to fill a position that will focus on conducting daily quality assurance reviews to ensure adequate monitoring of compliance. As previously mentioned, these reviews are aimed at identifying problems while corrections can still be made. Compliance training continues to be provided to new employees, quarterly to all current staff, and in specific areas identified as having a need.

#### **B. Committee Activities:**

1. The Corporate Compliance Committee met on October 16, 2013. The committee reviewed the following:
  - a. A summary of the 4<sup>th</sup> quarter investigations;
  - b. Audits that were requested by different funding sources;
  - c. Findings of Daily Quality Assurance Reviews; and
  - d. Legal Updates on compliance issues

### **Quality Management Initiatives**

#### **A. Key Statistics:**

1. Staff responded to two (2) DSHS Audit requests

#### **B. Reviews/Audits:**

1. Staff conducted and submitted a self-audit of Substance Abuse Assessments requested from DSHS as a follow-up to a review conducted earlier in FY 2013.
2. Staff conducted and submitted a self-audit of our fidelity to the Assertive Community Treatment Curriculum.

#### **C. Internal Programs Reviewed by Quality Management:**

1. Staff completed the IDD and MH Supported Employment Program Reviews.

**D. Other Quality Management Activities**

1. Staff collected, reviewed, and submitted records requested by the Office of The Inspector General.
2. Staff received notification from the Office of the Inspector General that no aberrant billing practices were noted in the records submitted in the 4<sup>th</sup> quarter of FY 2013.

<b>Agenda Item:</b> 2 <sup>nd</sup> Quarter FY 2014 Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  As part of the Center's Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.  This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  2 <sup>nd</sup> Quarter FY 2014 Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **A Review of Billing Guidelines: Access, Responsibility, and Implementation**

## **Corporate Compliance Training, Quarter 2, FY 2014**

### **Goal:**

- a) To be able to access Billing Guidelines when you have questions.
- b) To be able to identify how understanding and following billing guidelines during the provision and documentation of Mental Health (MH) and Intellectual and Developmental (IDD) Services relates to Corporate Compliance (CC).

### **Introduction:**

With the pending increase of Managed Care Organizations' (MCOs) involvement in the Community Center arena brought forth with the coming implementation of Senate Bill 58 (MH) and Senate Bill 7 (IDD), it is more important than ever that staff not only record services in compliance with the billing guidelines, but also that they understand what is required to be documented in order to validly invoice an MCO as well as what services or parts of services may not be allowed to be included in the invoices to MCO's.

### **How does this relate to Corporate Compliance:**

As MCO's move toward increased involvement in Behavioral Health Services their record reviews regarding the correctness of billing and payment for services are likely to increase. Many times paybacks are associated with these reviews. If substantial, these paybacks could trigger CC Investigations. As you may recall from your annual CC training, identification of fraud requires less evidence than is required for criminal prosecution and may result in heavy fines, exclusion from participating in federal programs such as Medicaid/Medicare, loss of employment, and possible jail time. Since you are invoicing the MCO when you sign a progress note, it is imperative that you understand what you are billing for, what you are not allowed to bill for, and the requirements for documenting these services.

### **How do I access the Billing Guidelines?\*\*\*:**

1. To access Medicaid billing guidelines for MH and/or IDD services go to the following link and then click on the section titled, "Behavioral Health Rehabilitation and Case Management Services Handbook":  
[www.tmhp.com/HTMLmanuals/TMPPM/Current/toc.html](http://www.tmhp.com/HTMLmanuals/TMPPM/Current/toc.html)
2. To access IDD - Home and Community Based Service (HCS) billing guidelines go to the following link: <http://www.dads.state.tx.us/handbooks/hcsbg/>
3. To access IDD - Texas Home Living billing guidelines (TxHmL) go to the following link: <http://www.dads.state.tx.us/providers/txhtml/txhtmlbillingguidelines.pdf>
4. To access TAC code related to Medicaid State Operating procedures for IDD Services go to the following link:  
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=4&ti=40&pt=1&ch=9](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=9)
5. To access MH TAC code related to Medicaid State Operating procedures for Rehabilitative Services go to the following link:  
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=419&sch=L&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=419&sch=L&rl=Y)
6. To access MH TAC code related to Case Management go to the following link:  
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=412&sch=I&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=412&sch=I&rl=Y)

**What are some important questions to ask yourself about Billing Guidelines?:**

- Do you know the definition of the service you are providing?
- Do you know what the documentation requirements are in order to validly invoice a funding source for the service you have provided?
- What parts of the services you are providing are reimbursable?
- What parts of the services you are providing are not reimbursable?

**If you do not know the answers to the above questions...ask your supervisor or you may contact the Corporate Compliance officer, Tanya Bryant at (936) 521-6115 or [tanyab@tricountyservices.org](mailto:tanyab@tricountyservices.org)**

**Summary:**

The good news is that Tri-County has spent a great deal of time over the past couple of years reviewing documentation and providing additional training to ensure that billing guidelines are being followed. In addition, we have recently received positive feedback from the Office of the Inspector General following a sample review of our staff's documentation during a billing audit. Center staff and supervisors continue to review documentation for quality and identify any issues so that they can be immediately corrected, but it is a team effort and starts with the staff providing and invoicing the service. Knowing how to access, implement, and document according to billing guidelines should help us move forward with the coming changes while remaining Compliant and avoiding unnecessary payback.

*\*\* Please note that billing guidelines should not be open to individual interpretation. If you have any questions about the interpretation of items outlined in the billing guidelines please consult with your supervisor and the Quality Management Department.*



<b>Agenda Item:</b> Personnel Report for December 2013  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Report for December 2013	
<b>Recommended Action:</b>  <b>For Information Only</b>	

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

STAFF CLASSIFICATIONS	NEW HIRES		SEPARATED		VOLUNTARY SEPARATION		INVOLUNTARY SEPARATION		BUDGETED POSITIONS	FILLED POSITIONS	MONTHLY TURNOVER PERCENT	YEARLY TURNOVER PERCENT
	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.				
Bachelor's												
Qualified Mental Health Professionals	2	5	2	10	2	9	0	1	90	65	2%	11%
Qualified Developmental Disability Professionals (State Title)		2	1	1	1	1			19	16	5%	5%
Licensed Staff	1	2							17	13	0%	0%
Medical												
Physicians				1		1			7	5	0%	14%
Advanced Practice Nurses		1		1				1	3	1	0%	33%
RN's		1		1		1			12	11	0%	8%
LVN's		1							11	10	0%	0%
Techs/Aides												
MH			1	1	1	1			19	11	5%	5%
IDD		4		1				1	33	32	0%	3%
Supervisor/Manager												
MH				2		2			16	16	0%	13%
IDD									8	8	0%	0%
Program Support	2	7	1	3	1	2		1	44	39	2%	7%
Central Administration				1				1	21	20	0%	5%
Business Services									14	13	0%	0%
Maintenance/Janitorial/Lawn									23	21	0%	0%
GRAND TOTALS	5	23	5	22	5	17	0	5	337	281	1%	7%

<b>Agenda Item:</b> Texas Council Quarterly Board Meeting Update  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  January 23, 2014
<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 by Sharon Walker.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Approve November 2013 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  November 2013 Financial Statements	
<b>Recommended Action:</b>  <b>Approve November 2013 Financial Statements</b>	

## November 2013 Financial Summary

Revenues for November 2013 were \$1,989,534 and operating expenses were \$1,968,708 resulting in a gain in operation of \$20,826. Capital Expenditures and Extraordinary Expenses for November were \$37,206 resulting in a loss of \$16,380. Total revenues were 94.72% of the monthly budgeted revenues and total expenses were 94.59% of the monthly budgeted expenses.

Year to date revenues are \$5,900,670 and operating expenses are \$5,844,232 leaving excess operating revenues of \$56,438. YTD Capital Expenditures and Extraordinary Expenses are \$40,839 resulting in a gain YTD of \$15,599. Total revenues are 96.41% of the YTD budgeted revenues and total expenses are 96.14% of the YTD budgeted expenses

### **REVENUES**

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Rehab – Title XIX	234,992	263,866	89.05%	28,874
DSHS – Gen Rev - NGM	160,782	187,679	85.66%	26,897

**Rehab – Title XIX** – As we have reported the last couple of months, this line item continues to be under budget mainly due to the implementation of the TRR effective September 1<sup>st</sup> as required by our DSHS Contract. The new assessment tool for adult services, the ANSA, has changed historical program assignment patterns and many of our clients are not currently in a service package that receives intensive rehabilitation services. Reorganizing of our program staff so that they are available to serve clients in the appropriate assignment was completed last month. As we expected for November, the numbers continue to be low due to the changes above and also due to the holiday impact that we see each year. December reports will show the same holiday decline impact. We have implemented weekly revenue improvement meetings with all the department managers to ensure that there is a major focus of how this is impacting the agency budget. We expect the month of January to be our month to see a major improvement.

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

### **EXPENSES**

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
No items to report				

**TRI-COUNTY SERVICES  
CONSOLIDATED BALANCE SHEET  
As of November 30, 2013**

	<b>TOTALS COMBINED FUNDS November 2013</b>	<b>TOTALS COMBINED FUNDS October 2013</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	4,175	5,375	(1,200)
Cash on Deposit-General Fund	9,009,778	9,379,394	(369,616)
Cash on Deposit-Debt Fund	3,274	3,274	-
Accounts Receivable	1,464,254	2,004,803	(540,549)
Inventory	7,696	7,953	(257)
<b>TOTAL CURRENT ASSETS</b>	<b>10,489,177</b>	<b>11,400,800</b>	<b>(911,623)</b>
<b>FIXED ASSETS</b>	<b>5,730,985</b>	<b>5,730,985</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>63,570</b>	<b>43,258</b>	<b>20,312</b>
<b>TOTAL ASSETS</b>	<b>16,283,735</b>	<b>17,175,045</b>	<b>(891,310)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	995,929	976,028	19,901
<b>NOTES PAYABLE</b>	473,777	473,777	-
<b>DEFERRED REVENUE</b>	1,331,281	2,232,278	(900,997)
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	1,078,668	1,097,663	(18,995)
Bond Series 2004	-	-	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,108,706	1,125,086	(16,380)
Debt Service Fund	-	-	-
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(1,548,645)	(1,567,640)	18,995
Reserved for Debt Retirement	1,230,000	1,230,000	-
Reserved for Debt Service	-	-	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment	5,730,985	5,730,985	-
Reserved for Board Policy Requirements	879,405	879,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,000,000	2,000,000	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	18,498	12,332	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,223,458	2,223,458	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>16,283,735</b>	<b>17,175,045</b>	<b>(891,311)</b>

**TRI-COUNTY SERVICES  
CONSOLIDATED BALANCE SHEET  
As of November 30, 2013**

**TOTALS  
Memorandum Only**

	<u>General Operating Funds</u>	<u>November 2013</u>	<u>Preliminary August 2013</u>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	4,175	4,175	5,325
Cash on Deposit-General Fund	9,009,778	9,009,778	8,352,038
Cash on Deposit-Debt Fund	3,274	3,274	421,561
Accounts Receivable	1,464,254	1,464,254	1,125,256
Inventory	7,696	7,696	6,661
<b>TOTAL CURRENT ASSETS</b>	<u>10,489,177</u>	<u>10,489,177</u>	<u>9,910,841</u>
<b>FIXED ASSETS</b>	5,730,985	5,730,985	6,084,978
<b>OTHER ASSETS</b>	63,570	63,570	42,427
<b>AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT</b>		-	-
<b>TOTAL ASSETS</b>	<u><u>16,283,734</u></u>	<u><u>16,283,734</u></u>	<u><u>16,038,247</u></u>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCE</b>			
<b>CURRENT LIABILITIES</b>	995,929	995,929	1,450,960
<b>NOTES PAYABLE</b>	473,777	473,777	409,597
<b>DEFERRED REVENUE</b>	1,331,281	1,331,281	797,913
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	1,078,668	1,078,668	1,135,612
Bond Series 2004	-	-	410,000
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,108,706	1,108,706	632,661
Debt Service Fund	-	-	-
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt service-Restricted	(1,548,645)	(1,548,645)	(1,951,408)
Reserved for Debt Retirement	1,230,000	1,230,000	1,230,000
Reserved for Debt Service	-	-	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment-Committed	5,730,985	5,730,985	6,066,064
Reserved for Board Policy Requirements-Committed	879,405	879,405	879,405
Reserved for Equipment Reserve-Committed	354,290	354,290	354,290
Reserved for Inventory Reserve-Committed	32,973	32,973	32,973
Reserved for Operations and Programs -Committed	2,000,000	2,000,000	2,000,000
<b>ASSIGNED</b>			
Reserved for Workers' Compensation-Assigned	274,409	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	18,498	18,498	74,000
Reserved for Insurance Deductibles-Assigned	100,000	100,000	100,000
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,223,458	2,223,458	2,141,773
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<u><u>16,283,734</u></u>	<u><u>16,283,734</u></u>	<u><u>16,038,248</u></u>

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

<b>INCOME:</b>	<b>MONTH OF November 2013</b>	<b>YTD November 2013</b>
Local Revenue Sources	111,856	367,770
Earned Income	738,098	2,248,110
General Revenue-Contract	1,139,580	3,284,790
<b>TOTAL INCOME</b>	<b>1,989,534</b>	<b>5,900,670</b>
 <b>EXPENSES:</b>		
Salaries	1,048,868	3,094,256
Employee Benefits	196,643	572,237
Medication Expense	21,322	84,802
Travel-Board/Staff	31,279	105,044
Building Rent/Maintenance	22,578	62,963
Consultants/Contracts	441,627	1,358,015
Other Operating Expenses	206,390	566,915
<b>TOTAL EXPENSES</b>	<b>1,968,708</b>	<b>5,844,232</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>20,826</b>	 <b>56,438</b>
 <b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	37,206	40,839
Capital Outlay-Debt Service Bonds	-	
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>37,206</b>	<b>40,839</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>2,005,914</b>	 <b>5,885,071</b>
 <b>Excess (Deficiency) of Revenues and Expenses</b>	 <b>(16,380)</b>	 <b>15,599</b>



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

	YTD November 2013	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	367,770	480,768	(112,998)
Earned Income	2,248,110	2,325,861	(77,751)
General Revenue-Contract	3,284,790	3,313,754	(28,964)
<b>TOTAL INCOME</b>	<b>5,900,670</b>	<b>6,120,383</b>	<b>(219,713)</b>
<b>EXPENSES:</b>			
Salaries	3,094,256	3,159,221	(64,965)
Employee Benefits	572,237	601,869	(29,632)
Medication Expense	84,802	84,759	43
Travel-Board/Staff	105,044	108,771	(3,727)
Building Rent/Maintenance	62,963	70,073	(7,110)
Consultants/Contracts	1,358,015	1,425,768	(67,753)
Other Operating Expenses	566,915	616,759	(49,844)
<b>TOTAL EXPENSES</b>	<b>5,844,232</b>	<b>6,067,220</b>	<b>(222,988)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>56,438</b>	<b>53,163</b>	<b>3,275</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	40,839	54,083	(13,244)
Capital Outlay-Debt Service Bonds			-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>40,839</b>	<b>54,083</b>	<b>(13,244)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>5,885,071</b>	<b>6,121,303</b>	<b>(236,232)</b>
<b>Excess (Deficiency) of Revenues and Expenses:</b>	<b>15,599</b>	<b>(920)</b>	<b>16,519</b>

**Debt Service and Fixed Asset Fund:**

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

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

<b>INCOME:</b>	<b>MONTH OF November 2013</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	111,856	217,087	(105,231)
Earned Income	738,098	724,346	13,752
General Revenue-Contract	1,139,580	1,159,031	(19,451)
<b>TOTAL INCOME</b>	<b>1,989,534</b>	<b>2,100,464</b>	<b>(110,930)</b>
<b>EXPENSES:</b>			
Salaries	1,048,868	1,068,617	(19,749)
Employee Benefits	196,643	193,625	3,018
Medication Expense	21,322	28,053	(6,731)
Travel-Board/Staff	31,279	36,259	(4,980)
Building Rent/Maintenance	22,578	30,191	(7,613)
Consultants/Contracts	441,627	514,169	(72,542)
Other Operating Expenses	206,390	226,206	(19,816)
<b>TOTAL EXPENSES</b>	<b>1,968,708</b>	<b>2,097,120</b>	<b>(128,412)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>20,826</b>	<b>3,344</b>	<b>17,482</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	37,206	23,528	13,678
Capital Outlay-Debt Service Bonds	-	-	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>37,206</b>	<b>23,528</b>	<b>13,678</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,005,914</b>	<b>2,120,648</b>	<b>(114,734)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(16,380)</b>	<b>(20,184)</b>	<b>3,804</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	-	-
Bond Payments Disbursements	-	-	-
Interest Income	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

<b>INCOME:</b>	<b>YTD November 2013</b>	<b>YTD November 2012</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	367,770	446,389	(78,619)
Earned Income	2,248,110	2,457,949	(209,839)
General Revenue-Contract	3,284,790	3,130,394	154,396
<b>TOTAL INCOME</b>	<b>5,900,670</b>	<b>6,034,732</b>	<b>(134,062)</b>
<b>EXPENSES:</b>			
Salaries	3,094,256	2,917,603	176,653
Employee Benefits	572,237	546,540	25,697
Medication Expense	84,802	78,810	5,992
Travel-Board/Staff	105,044	93,413	11,631
Building Rent/Maintenance	62,963	74,510	(11,547)
Consultants/Contracts	1,358,015	1,308,473	49,542
Other Operating Expenses	566,915	557,756	9,159
<b>TOTAL EXPENSES</b>	<b>5,844,232</b>	<b>5,577,105</b>	<b>267,127</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>56,438</b>	<b>457,627</b>	<b>(401,189)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	40,839	-	40,839
Capital Outlay-Debt Service Bonds		106,446	(106,446)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>40,839</b>	<b>106,446</b>	<b>(65,607)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>5,885,071</b>	<b>5,683,551</b>	<b>201,520</b>
<b>Excess (Deficiency) of Revenues and Expense:</b>	<b>15,599</b>	<b>351,181</b>	<b>(335,582)</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	106,446	(106,446)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expense:</b>	<b>-</b>	<b>106,446</b>	<b>(106,446)</b>

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

<b>INCOME:</b>	<b>MONTH OF November 2013</b>	<b>MONTH OF November 2012</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	111,856	144,815	(32,959)
Earned Income	738,098	789,917	(51,819)
General Revenue-Contract	1,139,580	1,116,840	22,740
<b>TOTAL INCOME</b>	<b>1,989,534</b>	<b>2,051,572</b>	<b>(62,038)</b>
<b>EXPENSES:</b>			
Salaries	1,048,868	1,018,372	30,496
Employee Benefits	196,643	187,563	9,080
Medication Expense	21,322	34,984	(13,662)
Travel-Board/Staff	31,279	29,002	2,277
Building Rent/Maintenance	22,578	14,479	8,099
Consultants/Contracts	441,627	495,624	(53,997)
Other Operating Expenses	206,390	189,073	17,317
<b>TOTAL EXPENSES</b>	<b>1,968,708</b>	<b>1,969,097</b>	<b>(389)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>20,826</b>	<b>82,475</b>	<b>(61,649)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	37,206	-	37,206
Capital Outlay-Debt Service Bonds	-	35,482	(35,482)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>37,206</b>	<b>35,482</b>	<b>1,724</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,005,914</b>	<b>2,004,579</b>	<b>1,335</b>
<b>Excess (Deficiency) of Revenues and Expense:</b>	<b>(16,380)</b>	<b>46,993</b>	<b>(63,373)</b>

**Debt Service and Fixed Asset Fund:**

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

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

<b>INCOME:</b>	<b>MONTH OF November 2013</b>	<b>MONTH OF October 2013</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	111,856	117,704	(5,848)
Earned Income	738,098	764,544	(26,446)
General Revenue-Contract	1,139,580	1,108,941	30,639
<b>TOTAL INCOME</b>	<b>1,989,534</b>	<b>1,991,189</b>	<b>(1,656)</b>
<b>EXPENSES:</b>			
Salaries	1,048,868	1,020,040	28,828
Employee Benefits	196,643	191,740	4,903
Medication Expense	21,322	37,566	(16,244)
Travel-Board/Staff	31,279	39,808	(8,529)
Building Rent/Maintenance	22,578	21,928	649
Consultants/Contracts	441,627	481,170	(39,543)
Other Operating Expenses	206,390	168,783	37,608
<b>TOTAL EXPENSES</b>	<b>1,968,708</b>	<b>1,961,035</b>	<b>7,673</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>20,826</b>	<b>30,155</b>	<b>(9,329)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	37,206	2,770	34,437
Capital Outlay-Debt Service Bonds	-	-	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>37,206</b>	<b>2,770</b>	<b>34,437</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>2,005,914</b>	<b>1,963,804</b>	<b>42,110</b>
<b>Excess (Deficiency) of Revenues and Expense:</b>	<b>(16,380)</b>	<b>27,385</b>	<b>(43,766)</b>

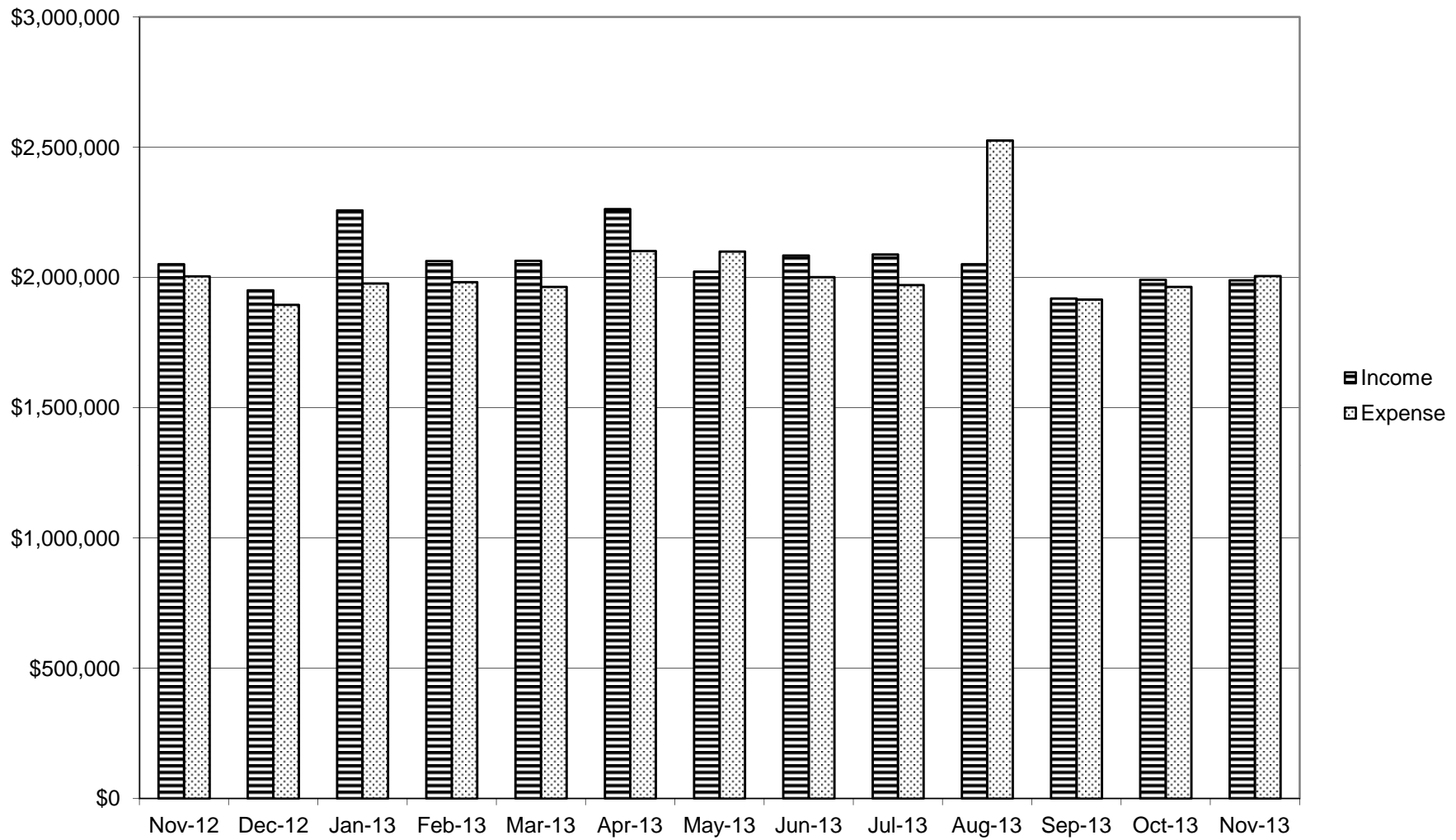
<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	-	-	-
Bond Payments Disbursements	-	-	-
Interest Income	-	-	-
<b>Excess(Deficiency) of revenues over Expense:</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

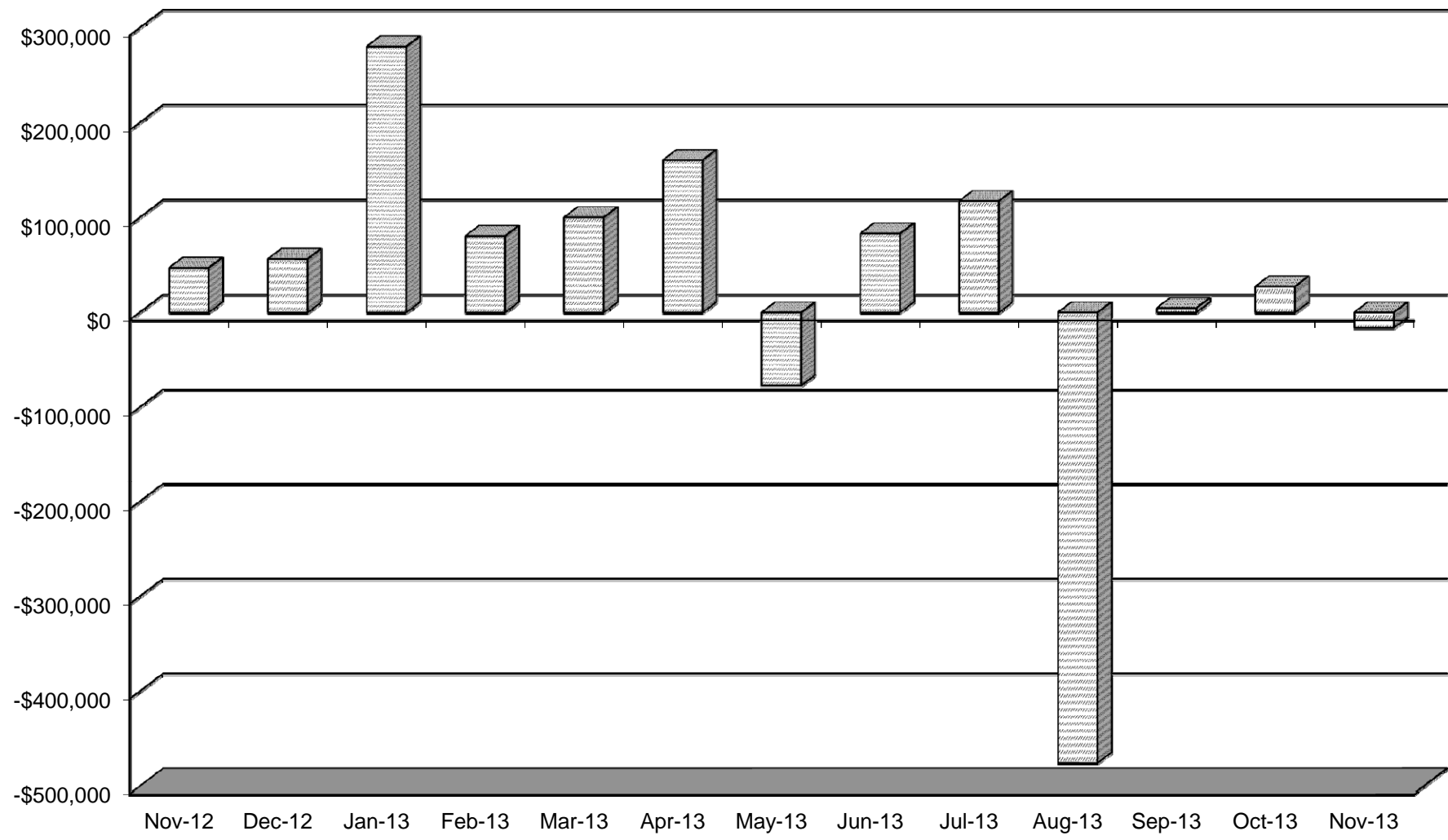
	YTD Mental Health November 2013	YTD IDD November 2013	YTD Other Services November 2013	YTD Agency Total November 2013	YTD Approved Budget November 2013	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	251,705	39,392	76,673	367,770	480,768	(112,998)
Earned Income	469,449	1,466,757	311,904	2,248,110	2,325,861	(77,751)
General Revenue-Contract	2,894,277	390,513		3,284,790	3,313,754	(28,964)
<b>TOTAL INCOME</b>	<b>3,615,431</b>	<b>1,896,662</b>	<b>388,577</b>	<b>5,900,670</b>	<b>6,120,383</b>	<b>(219,713)</b>
<b>EXPENSES:</b>						
Salaries	2,184,265	644,225	265,767	3,094,256	3,159,221	(64,965)
Employee Benefits	393,959	126,488	51,791	572,238	601,869	(29,631)
Medication Expense	78,274		6,528	84,802	84,759	43
Travel-Board/Staff	66,100	27,350	11,596	105,044	108,771	(3,727)
Building Rent/Maintenance	38,065	20,823	4,075	62,963	70,073	(7,110)
Consultants/Contracts	435,827	905,378	16,810	1,358,015	1,425,768	(67,753)
Other Operating Expenses	355,974	142,143	68,798	566,915	616,759	(49,844)
<b>TOTAL EXPENSES</b>	<b>3,552,464</b>	<b>1,866,407</b>	<b>425,365</b>	<b>5,844,233</b>	<b>6,067,220</b>	<b>(222,987)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>62,967</b>	<b>30,255</b>	<b>(36,788)</b>	<b>56,437</b>	<b>53,163</b>	<b>3,274</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	24,204	10,922	5,712	40,839	54,083	(13,244)
Capital Outlay-Debt Service Bonds				-		-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>24,204</b>	<b>10,922</b>	<b>5,712</b>	<b>40,838</b>	<b>54,083</b>	<b>(13,244)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>3,576,668</b>	<b>1,877,329</b>	<b>431,077</b>	<b>5,885,071</b>	<b>6,121,303</b>	<b>(236,231)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>38,763</b>	<b>19,333</b>	<b>(42,500)</b>	<b>15,599</b>	<b>(920)</b>	<b>16,518</b>

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

### TRI-COUNTY SERVICES Income and Expense



**TRI-COUNTY SERVICES**  
**Income after Expense**





<b>Agenda Item:</b> Approve December 2013 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  December 2013 Financial Statements	
<b>Recommended Action:</b>  <b>Approve December 2013 Financial Statements</b>	

## December 2013 Financial Summary

Revenues for December 2013 were \$2,091,147 and operating expenses were \$1,952,794 resulting in a gain in operation of \$138,352. Capital Expenditures and Extraordinary Expenses for December were \$14,802 resulting in a gain of \$153,154. Total revenues were 93.94% of the monthly budgeted revenues and total expenses were 87.05% of the monthly budgeted expenses.

Year to date revenues are \$7,991,817 and operating expenses are \$7,797,026 leaving excess operating revenues of \$194,790. YTD Capital Expenditures and Extraordinary Expenses are \$26,037 resulting in a gain YTD of \$168,753. Total revenues are 95.75% of the YTD budgeted revenues and total expenses are 93.72% of the YTD budgeted expenses.

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
HCS Program – Title XIX	610,223	625,298	97.58%	15,075
ICF Program – Title XIX	798,315	843,723	94.61%	45,408
Rehab – Title XIX	322,914	355,815	90.75%	32,901
DSHS – Gen Rev - NGM	216,418	250,238	86.48%	33,820

HCS Program – Title XIX – This line item is running slightly under budget due to the holidays and the loss of Medicaid eligibility for a client.

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

Rehab – Title XIX – As we have reported the last couple of months, this line item continues to be under budget due mainly due to the implementation of the TRR effective September 1<sup>st</sup> as required by our DSHS Contract. We have implemented weekly revenue improvement meetings with all the department managers to ensure that there is a major focus of how this is impacting the agency budget. We expect the month of January to be our month to see a major improvement.

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

**EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
No items to report				

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

	YTD December 2013	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	504,734	664,584	(159,850)
Earned Income	2,969,223	3,110,393	(141,170)
General Revenue-Contract	4,517,860	4,571,381	(53,521)
<b>TOTAL INCOME</b>	<b>7,991,817</b>	<b>8,346,358</b>	<b>(354,541)</b>
<b>EXPENSES:</b>			
Salaries	4,064,491	4,274,014	(209,523)
Employee Benefits	761,868	823,170	(61,302)
Medication Expense	123,099	113,946	9,153
Travel-Board/Staff	131,128	145,927	(14,799)
Building Rent/Maintenance	83,833	107,513	(23,680)
Consultants/Contracts	1,832,275	1,960,897	(128,622)
Other Operating Expenses	800,332	845,893	(45,561)
<b>TOTAL EXPENSES</b>	<b>7,797,026</b>	<b>8,271,360</b>	<b>(474,334)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>194,790</b>	<b>74,998</b>	<b>119,792</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	26,037	76,305	(50,268)
Capital Outlay-Debt Service Bonds			-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>26,037</b>	<b>76,305</b>	<b>(50,268)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>7,823,064</b>	<b>8,347,665</b>	<b>(524,601)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>168,753</b>	<b>(1,307)</b>	<b>170,060</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	-	-
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expense:</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

	<b>General Operating Funds</b>	<b>TOTALS</b>	
		<b>Memorandum Only</b>	
		<b>December 2013</b>	<b>Preliminary August 2013</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	4,375	4,375	5,325
Cash on Deposit-General Fund	12,068,650	12,068,650	8,352,038
Cash on Deposit-Debt Fund	3,274	3,274	421,561
Accounts Receivable	1,387,549	1,387,549	1,125,256
Inventory	7,610	7,610	6,661
<b>TOTAL CURRENT ASSETS</b>	<b>13,471,459</b>	<b>13,471,459</b>	<b>9,910,841</b>
<b>FIXED ASSETS</b>	<b>5,730,985</b>	<b>5,730,985</b>	<b>6,084,978</b>
<b>OTHER ASSETS</b>	<b>52,146</b>	<b>52,146</b>	<b>42,427</b>
<b>AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT</b>			
<b>TOTAL ASSETS</b>	<b>19,254,591</b>	<b>19,254,591</b>	<b>16,038,247</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>788,657</b>	<b>788,657</b>	<b>1,450,960</b>
<b>NOTES PAYABLE</b>	<b>473,777</b>	<b>473,777</b>	<b>409,597</b>
<b>DEFERRED REVENUE</b>	<b>4,433,144</b>	<b>4,433,144</b>	<b>797,913</b>
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	1,059,570	1,059,570	1,135,612
Bond Series 2004	-	-	410,000
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,277,175	1,277,175	632,661
Debt Service Fund	-	-	-
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt service-Restricted	(1,533,348)	(1,533,348)	(1,951,408)
Reserved for Debt Retirement	1,230,000	1,230,000	1,230,000
Reserved for Debt Service	-	-	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment-Committed	5,730,985	5,730,985	6,066,064
Reserved for Board Policy Requirements-Committed	879,405	879,405	879,405
Reserved for Equipment Reserve-Committed	354,290	354,290	354,290
Reserved for Inventory Reserve-Committed	32,973	32,973	32,973
Reserved for Operations and Programs -Committed	2,046,849	2,046,849	2,000,000
<b>ASSIGNED</b>			
Reserved for Workers' Compensation-Assigned	274,409	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	24,664	24,664	74,000
Reserved for Insurance Deductibles-Assigned	100,000	100,000	100,000
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,082,041	2,082,041	2,141,773
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>19,254,591</b>	<b>19,254,591</b>	<b>16,038,248</b>

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

<b>INCOME:</b>	<b>MONTH OF December 2013</b>	<b>YTD December 2013</b>
Local Revenue Sources	136,964	504,734
Earned Income	721,112	2,969,223
General Revenue-Contract	1,233,070	4,517,860
<b>TOTAL INCOME</b>	<b>2,091,147</b>	<b>7,991,817</b>
<b>EXPENSES:</b>		
Salaries	970,235	4,064,491
Employee Benefits	189,631	761,868
Medication Expense	38,297	123,099
Travel-Board/Staff	26,084	131,128
Building Rent/Maintenance	20,870	83,833
Consultants/Contracts	474,261	1,832,275
Other Operating Expenses	233,417	800,332
<b>TOTAL EXPENSES</b>	<b>1,952,794</b>	<b>7,797,026</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>138,352</b>	<b>194,790</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	(14,802)	26,037
Capital Outlay-Debt Service Bonds	-	
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>(14,802)</b>	<b>26,037</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>1,937,992</b>	<b>7,823,064</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>153,154</b>	<b>168,753</b>

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

	YTD December 2013	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	504,734	664,584	(159,850)
Earned Income	2,969,223	3,110,393	(141,170)
General Revenue-Contract	4,517,860	4,571,381	(53,521)
<b>TOTAL INCOME</b>	<b>7,991,817</b>	<b>8,346,358</b>	<b>(354,541)</b>
<b>EXPENSES:</b>			
Salaries	4,064,491	4,274,014	(209,523)
Employee Benefits	761,868	823,170	(61,302)
Medication Expense	123,099	113,946	9,153
Travel-Board/Staff	131,128	145,927	(14,799)
Building Rent/Maintenance	83,833	107,513	(23,680)
Consultants/Contracts	1,832,275	1,960,897	(128,622)
Other Operating Expenses	800,332	845,893	(45,561)
<b>TOTAL EXPENSES</b>	<b>7,797,026</b>	<b>8,271,360</b>	<b>(474,334)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>194,790</b>	<b>74,998</b>	<b>119,792</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	26,037	76,305	(50,268)
Capital Outlay-Debt Service Bonds			-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>26,037</b>	<b>76,305</b>	<b>(50,268)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>7,823,064</b>	<b>8,347,665</b>	<b>(524,601)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>168,753</b>	<b>(1,307)</b>	<b>170,060</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	-	-
Bond Payments Disbursements		-	-
Interest Income			
<b>Excess(Deficiency) of revenues over Expense:</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

<b>INCOME:</b>	<b>MONTH OF December 2013</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	136,964	183,816	(46,852)
Earned Income	721,112	784,532	(63,420)
General Revenue-Contract	1,233,070	1,257,627	(24,557)
<b>TOTAL INCOME</b>	<b>2,091,147</b>	<b>2,225,975</b>	<b>(134,828)</b>
<b>EXPENSES:</b>			
Salaries	970,235	1,114,793	(144,558)
Employee Benefits	189,631	221,301	(31,670)
Medication Expense	38,297	29,187	9,110
Travel-Board/Staff	26,084	37,156	(11,072)
Building Rent/Maintenance	20,870	37,440	(16,570)
Consultants/Contracts	474,261	535,129	(60,868)
Other Operating Expenses	233,417	229,134	4,283
<b>TOTAL EXPENSES</b>	<b>1,952,794</b>	<b>2,204,140</b>	<b>(251,346)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>138,352</b>	<b>21,835</b>	<b>116,517</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	(14,802)	22,222	(37,024)
Capital Outlay-Debt Service Bonds	-	-	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>(14,802)</b>	<b>22,222</b>	<b>(37,024)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>1,937,992</b>	<b>2,226,362</b>	<b>(288,370)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>153,154</b>	<b>(387)</b>	<b>153,541</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	-	-
Bond Payments Disbursements	-	-	-
Interest Income	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>



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

<b>INCOME:</b>	<b>YTD December 2013</b>	<b>YTD December 2012</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	504,734	586,743	(82,009)
Earned Income	2,969,223	3,223,501	(254,278)
General Revenue-Contract	4,517,860	4,175,628	342,232
<b>TOTAL INCOME</b>	<b>7,991,817</b>	<b>7,985,872</b>	<b>5,945</b>
<b>EXPENSES:</b>			
Salaries	4,064,491	3,888,272	176,219
Employee Benefits	761,868	728,605	33,263
Medication Expense	123,099	93,666	29,433
Travel-Board/Staff	131,128	121,248	9,880
Building Rent/Maintenance	83,833	65,523	18,310
Consultants/Contracts	1,832,275	1,771,984	60,291
Other Operating Expenses	800,332	744,431	55,901
<b>TOTAL EXPENSES</b>	<b>7,797,026</b>	<b>7,413,729</b>	<b>383,297</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>194,790</b>	<b>572,143</b>	<b>(377,353)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	26,037	22,660	3,377
Capital Outlay-Debt Service Bonds		141,928	(141,928)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>26,037</b>	<b>164,588</b>	<b>(138,551)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>7,823,064</b>	<b>7,578,317</b>	<b>244,747</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>168,753</b>	<b>407,555</b>	<b>(238,802)</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	141,928	(141,928)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>-</b>	<b>141,928</b>	<b>(141,928)</b>

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

<b>INCOME:</b>	<b>MONTH OF December 2013</b>	<b>MONTH OF December 2012</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	136,964	140,354	(3,390)
Earned Income	721,112	765,553	(44,441)
General Revenue-Contract	1,233,070	1,045,234	187,836
<b>TOTAL INCOME</b>	<b>2,091,147</b>	<b>1,951,141</b>	<b>140,006</b>
<b>EXPENSES:</b>			
Salaries	970,235	970,669	(434)
Employee Benefits	189,631	182,065	7,566
Medication Expense	38,297	14,856	23,441
Travel-Board/Staff	26,084	27,836	(1,752)
Building Rent/Maintenance	20,870	(8,987)	29,857
Consultants/Contracts	474,261	463,511	10,750
Other Operating Expenses	233,417	186,675	46,742
<b>TOTAL EXPENSES</b>	<b>1,952,794</b>	<b>1,836,625</b>	<b>116,169</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>138,352</b>	<b>114,516</b>	<b>23,836</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	(14,802)	22,660	(37,462)
Capital Outlay-Debt Service Bonds	-	35,482	(35,482)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>(14,802)</b>	<b>58,142</b>	<b>(72,944)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>1,937,992</b>	<b>1,894,767</b>	<b>43,225</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>153,154</b>	<b>56,374</b>	<b>96,780</b>

**Debt Service and Fixed Asset Fund:**

Bond Payments Receipts	-	35,482	(35,482)
Bond Payments Disbursements			-
Interest Income			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>-</b>	<b>35,482</b>	<b>(35,482)</b>

**TRI-COUNTY SERVICES**  
**Revenue and Expense Summary**  
**With November 2013 Comparative Data**  
**As of December 2013**

<b>INCOME:</b>	<b>MONTH OF December 2013</b>	<b>MONTH OF November 2013</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	136,964	111,856	25,108
Earned Income	721,112	738,098	(16,986)
General Revenue-Contract	1,233,070	1,139,580	93,491
<b>TOTAL INCOME</b>	<b>2,091,147</b>	<b>1,989,534</b>	<b>101,613</b>
<b>EXPENSES:</b>			
Salaries	970,235	1,048,868	(78,633)
Employee Benefits	189,631	196,643	(7,012)
Medication Expense	38,297	21,322	16,974
Travel-Board/Staff	26,084	31,279	(5,195)
Building Rent/Maintenance	20,870	22,578	(1,708)
Consultants/Contracts	474,261	441,627	32,633
Other Operating Expenses	233,417	206,390	27,027
<b>TOTAL EXPENSES</b>	<b>1,952,794</b>	<b>1,968,708</b>	<b>(15,913)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>138,352</b>	<b>20,826</b>	<b>117,527</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	(14,802)	37,206	(52,008)
Capital Outlay-Debt Service Bonds	-	-	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>(14,802)</b>	<b>37,206</b>	<b>(52,008)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>1,937,992</b>	<b>2,005,914</b>	<b>(67,921)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>153,154</b>	<b>(16,380)</b>	<b>169,535</b>

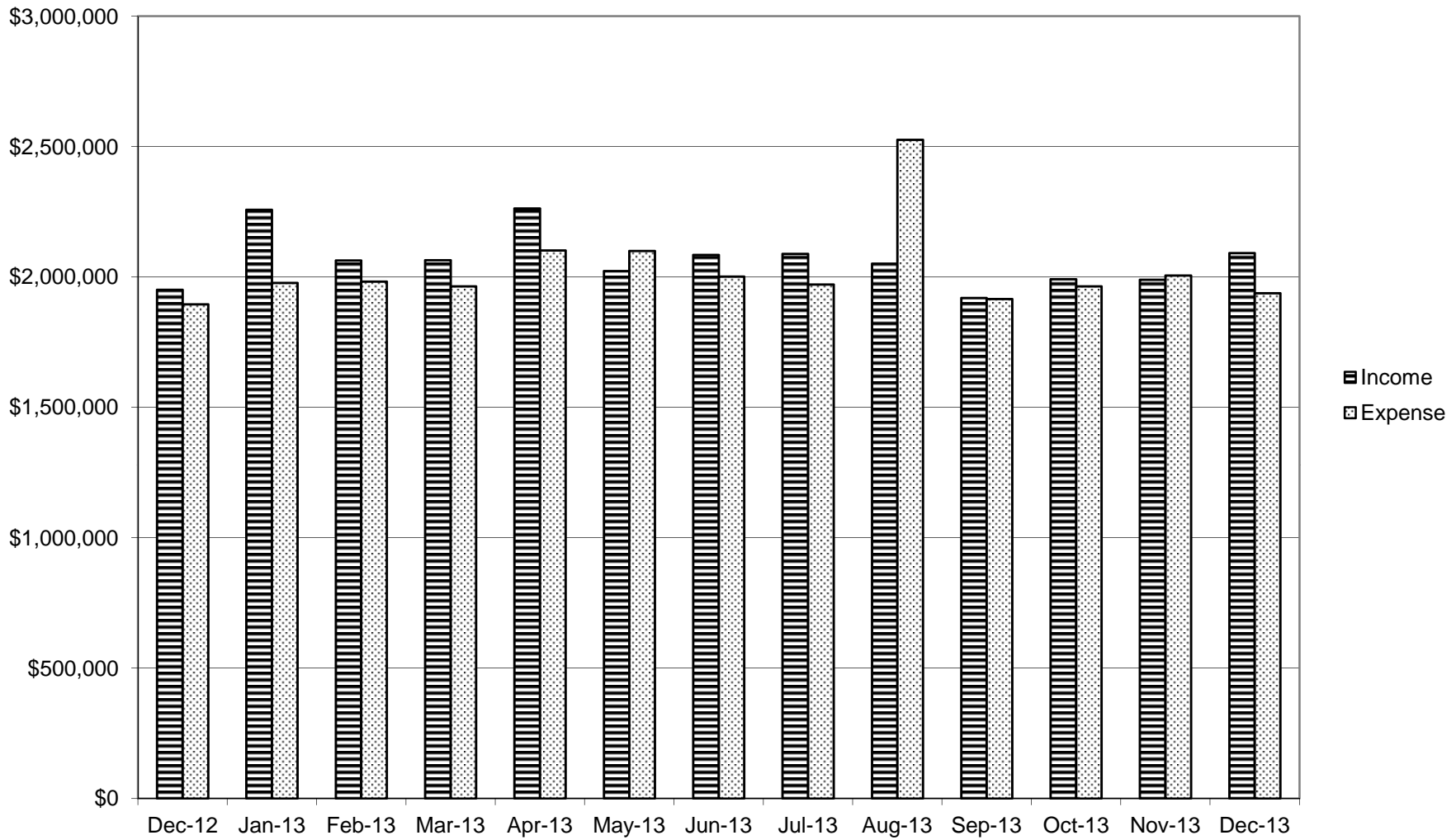
<b>Debt Service and Fixed Asset Fund:</b>			
Bond Payments Receipts	-	-	-
Bond Payments Disbursements			-
Interest Income			
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

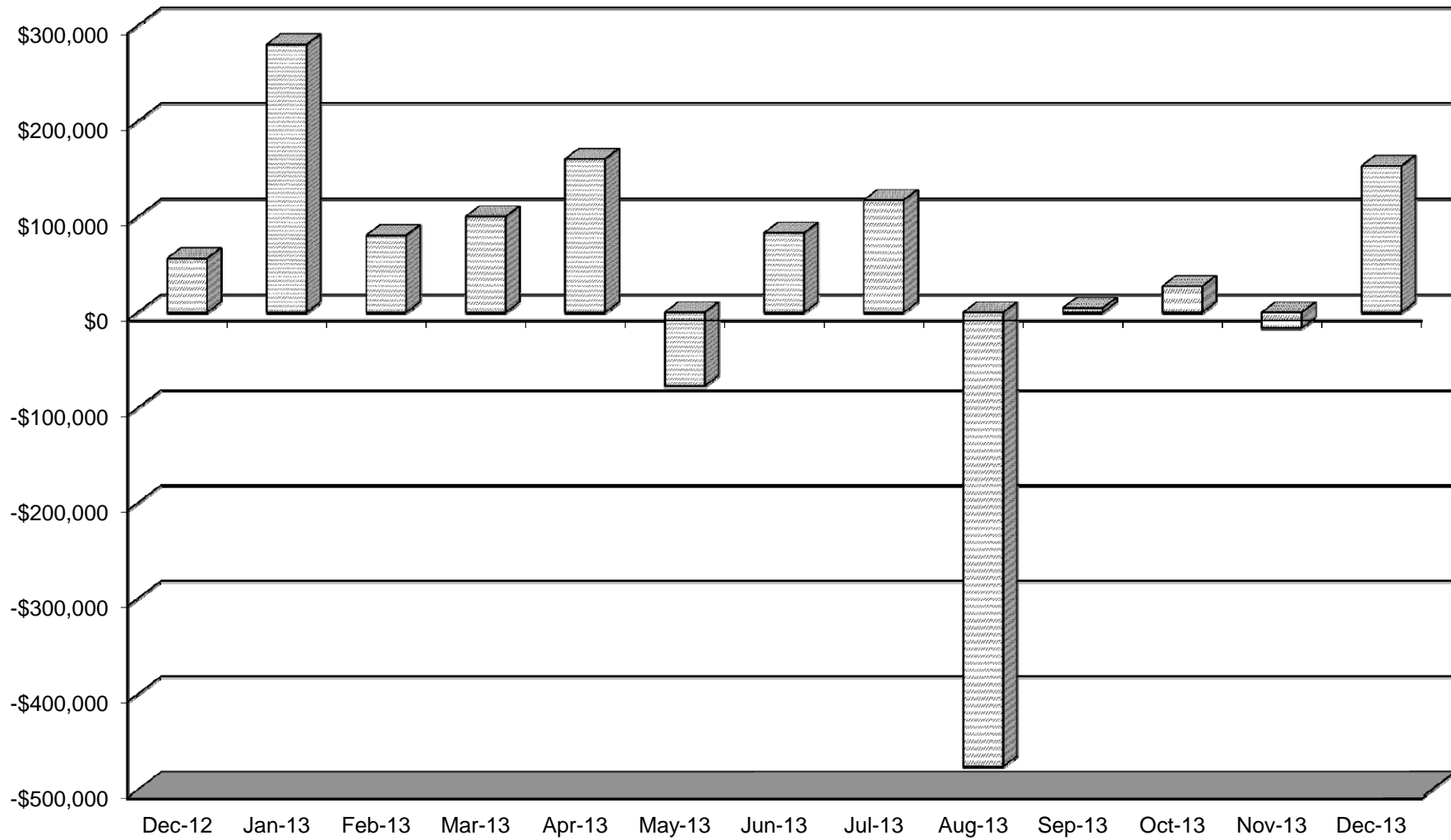
	YTD Mental Health December 2013	YTD IDD December 2013	YTD Other Services December 2013	YTD Agency Total December 2013	YTD Approved Budget December 2013	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	340,680	59,848	104,206	504,734	664,584	(159,850)
Earned Income	608,508	1,918,513	442,202	2,969,223	3,110,393	(141,170)
General Revenue-Contract	4,003,154	514,706		4,517,860	4,571,381	(53,521)
<b>TOTAL INCOME</b>	<b>4,952,342</b>	<b>2,493,067</b>	<b>546,408</b>	<b>7,991,817</b>	<b>8,346,358</b>	<b>(354,541)</b>
<b>EXPENSES:</b>						
Salaries	2,858,567	849,786	356,137	4,064,491	4,274,014	(209,523)
Employee Benefits	523,352	169,294	69,223	761,868	823,170	(61,302)
Medication Expense	114,105		8,994	123,099	113,946	9,153
Travel-Board/Staff	79,795	34,710	16,624	131,128	145,927	(14,799)
Building Rent/Maintenance	50,953	27,208	5,671	83,833	107,513	(23,680)
Consultants/Contracts	613,833	1,185,741	32,702	1,832,275	1,960,897	(128,622)
Other Operating Expenses	506,867	203,000	90,464	800,332	845,893	(45,561)
<b>TOTAL EXPENSES</b>	<b>4,747,472</b>	<b>2,469,739</b>	<b>579,815</b>	<b>7,797,026</b>	<b>8,271,360</b>	<b>(474,334)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>204,870</b>	<b>23,328</b>	<b>(33,407)</b>	<b>194,791</b>	<b>74,998</b>	<b>119,793</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	15,469	5,937	4,631	26,037	76,305	(50,268)
Capital Outlay-Debt Service Bonds				-		-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>15,469</b>	<b>5,937</b>	<b>4,631</b>	<b>26,037</b>	<b>76,305</b>	<b>(50,268)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>4,762,941</b>	<b>2,475,676</b>	<b>584,446</b>	<b>7,823,063</b>	<b>8,347,665</b>	<b>(524,602)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>189,401</b>	<b>17,391</b>	<b>(38,038)</b>	<b>168,753</b>	<b>(1,307)</b>	<b>170,061</b>

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

# TRI-COUNTY SERVICES Income and Expense



**TRI-COUNTY SERVICES**  
**Income after Expense**



<b>Agenda Item:</b> Approve FY 2013 Independent Financial Audit  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  Scott, Singleton, Fincher & Company PC audited Tri-County's Financial Statements for the fiscal year ending August 31, 2013. There were no material findings related to the financial statements.	
<b>Supporting Documentation:</b>  Copy of Preliminary Audited Financial Statements – Mailed to Board Members	
<b>Recommended Action:</b>  <b>Approve FY 2013 Independent Financial Audit</b>	

<b>Agenda Item:</b> Approve Department of State Health Services Residential Treatment Center Integration Contract #2014-044767-009	<b>Board Meeting Date</b>  January 23, 2014
<b>Committee:</b> Business	
<b>Background Information:</b>	
<p>The Department of State Health Services (DSHS) has issued a new Statement of Work for Residential Treatment Center Integration services provided to children who are at risk of residential placement.</p>	
<p>The contract requires that we provide:</p>	
<ul style="list-style-type: none"> <li>• screening/assessment,</li> <li>• track treatment progress,</li> <li>• participate in discharge planning,</li> <li>• and provide outpatient services,</li> </ul>	
<p>to children/youth who are referred by the Department of Family and Protective Services (DPS) for residential treatment funded by DSHS. Children/youth referred for screening/assessment are those (1) whose parents cannot access medically indicated residential treatment center placement due to a lack of financial resources; and (2) who are at risk of their parents relinquishing custody to DFPS solely to obtain mental health services.</p>	
<p>Although there are potentially significant new administrative responsibilities with this contract amendment, there is no increase in funding unless a child gets out of their placement in less than six months and we meet all the reporting guidelines for the contract.</p>	
<p>This reimbursement is determined with the following formula:</p>	
<p>"When the Contractor meets the terms of this Performance Contract up to the child/youth's discharge date and the child/youth is discharged in less than six months, DSHS will pay the Contractor 10% of the monthly amount saved based on a six month average length of stay to assist the Contractor to provide transitional outpatient services to the child/youth. If the Contractor continues to meet Performance Measures while providing outpatient services to the child/youth, DSHS will pay the Contractor up to an additional 40% of the monthly amount saved, up to the first six months, contingent upon amount and availability of such funding at the end of the fiscal year."</p>	
<p>We will not control the length of time that a child is placed in a Residential Treatment Facility and associated revenue will be unpredictable.</p>	
<b>Supporting Documentation:</b>	
<p>DSHS Residential Treatment Center Integration Contract</p>	
<b>Recommended Action:</b>	
<p><b>Approve DSHS Residential Treatment Center Integration Contract #2014-044767-009</b></p>	



## DEPARTMENT OF STATE HEALTH SERVICES



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

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$12,857,720.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2013 and ends on 08/31/2014. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
  - a. Core Contract (this document)
  - b. Program Attachments:
    - 2014-044767-001 Mental Health Performance Contract Notebook
    - 2014-044767-002 Pre-Admission, Screening and Resident Review
    - 2014-044767-003 Mental Health/Outpatient Competency Restoration
    - 2014-044767-004 Supportive Housing Project
    - 2014-044767-005 Veterans Services
    - 2014-044767-006 Psychiatric Emergency Service Center and Associated Projects
    - 2014-044767-007 Mental Health Private Psychiatric Beds
    - 2014-044767-008 Mental Health First Aid
    - 2014-044767-009 Residential Treatment Center Integration

- c. General Provisions (Sub-recipient)
- d. Solicitation Document(s), and
- e. Contractor's response(s) to the Solicitation Document(s).
- f. Exhibits

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

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

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

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

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

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

DEPARTMENT OF STATE HEALTH SERVICES

TRI-COUNTY MHMR SERVICES

By: \_\_\_\_\_  
Signature of Authorized Official

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

David L. Lakey, M.D.

Evan Roberson, Executive Director  
Printed Name and Title

Commissioner

P.O. Box 3067  
Address

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Conroe, TX 77305  
City, State, Zip

512.458.7375

936-521-6119  
Telephone Number

david.lakey@dshs.state.tx.us

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

CONTRACT NO. 2014-044767-  
PROGRAM ATTACHMENT NO.009  
PURCHASE ORDER NO.0000401027

CONTRACTOR: TRI-COUNTY MHMR SERVICES

DSHS PROGRAM: Residential Treatment Center Integration

TERM: 12/15/2013 THRU: 08/31/2014

SECTION I. STATEMENT OF WORK:

A. Contractor shall provide screening/assessment, track treatment progress, participate in discharge planning, and provide outpatient services to children/youth who are referred by the Department of Family and Protective Services (DFPS) for residential treatment funded by the Department of State Health Services (DSHS). Children/youth referred for screening/assessment are those (1) whose parents cannot access medically indicated residential treatment center (RTC) placement due to a lack of financial resources; and (2) who are at risk of their parents relinquishing custody to DFPS solely to obtain mental health services.

B. Provision of Services:

Contractor shall:

1. Designate a Continuity of Care Officer (CCO) as the point of contact for these objectives.
2. Provide screening/assessment to children/youth referred for RTC services.
  - a. Schedule an intake assessment as soon as possible, but no later than five business days for a child/youth when the DSHS RTC Coordinator (RTCC) contacts the CCO about a referral.
  - b. Administer a complete uniform assessment (UA), including the Child and Adolescent Needs and Strengths (CANS) assessment, by a Licensed Practitioner of the Healing Arts or Qualified Mental Health Practitioner, as defined in TAC chapter 25 §419.453
  - c. Administer the CANS for those children/youth currently receiving services from Contractor who are referred for RTC services through these placement funds.
  - d. Notify the DSHS RTCC of the assessment results and provide a copy of the CANS by close of business of the following business day.
  - e. Provide crisis services to any child/youth whose assessment and presentation indicate the need for such services at the time of the assessment.
  - f. Offer services and enter the child into the appropriate Level of Care (LOC) indicated by CANS scores to the Medicaid eligible child/youth and family when CANS scores do not indicate residential treatment as an appropriate LOC.
  - g. Offer services at the appropriate LOC indicated by CANS scores or the next most intensive LOC in which service capacity exists to the child/youth and family who is not Medicaid eligible when CANS scores do not indicate residential treatment as an appropriate LOC.
  - h. Collaborate with the RTCC to request a local Community Resource Coordination Group (CRCG) staffing for the child/youth at the earliest possible date. A mini-

- staffing is adequate if a full CRCG staffing cannot be scheduled within a week's time.
- i. Attend the CRCG staffing in person or telephonically.
  - j. Request the CRCG to develop a wraparound plan of community services and supports for the child/youth and family that augments the Contractor's treatment plan when the CRCG participants determine that immediate RTC placement is not required or in the best interests of the child/youth.
  - k. Notify the RTCC by email of the CRCG's recommendation by close of business the following business day.
  - l. Offer the child/youth and family services in Level of Care (LOC) 4 – Intensive Family Services pending placement at an RTC when CANS scores indicate RTC as an appropriate LOC, there is a waiting list for RTC placement, and the child/youth is Medicaid eligible.
  - m. Offer the most intensive LOC in which there is capacity to serve the child/youth when CANS scores indicate RTC as an appropriate LOC, there is a waiting list for RTC placement, and the child/youth is not Medicaid eligible.
  - n. Refer the child/youth for YES waiver services pending RTC placement if CANS scores indicate that residential treatment is an appropriate LOC, the child can be maintained in the community, and resides in a county served by the Youth Empowerment Services (YES) waiver. If the child/youth cannot be maintained in the community and an RTC bed is available, the child/youth may be admitted directly to an RTC and be referred to YES waiver services upon discharge from the RTC.
3. Follow treatment progress and participate in discharge planning.
- a. Provide assistance to the child/youth's family in completing the RTC common application ([http://www.dfps.state.tx.us/site\\_map/forms.asp](http://www.dfps.state.tx.us/site_map/forms.asp)) and assembling the RTC placement packet, including a psychological assessment completed within the past six months.
  - b. Obtain a psychological assessment for the child/youth if an assessment has not been completed in the past six months.
  - c. Collaborate with the RTCC to assist the family in identifying an approved RTC that is the best match for the child/youth and family based on proximity to the family's county of residence and family choice.
  - d. Coordinate with the RTCC and the RTC to develop a treatment plan that focuses on a six month timeframe for treatment. A longer length of stay (LOS) may be approved, but treatment must be as efficient as possible.
  - e. Receive monthly progress updates from the RTC.
  - f. Communicate at least weekly with the child/youth's case manager at the RTC regarding progress toward discharge and reunification of the child/youth with parents/guardians.
  - g. Assign a Family Partner from the Contractor to provide engagement services and skills training and development to the parents/guardians at least twice a month and more if necessary to prepare the family for reunification. These services may count toward average service hour requirements.
  - h. Attend in person, or telephonically if the RTC is located at a distance from the Contractor, staffings at the RTC for the placed child/youth at least every other month to adequately follow treatment progress and prepare for discharge and re-engagement

- in Contractor's services.
- i. Participate in a meeting with representatives from DSHS, DFPS, the RTC, and the child/youth's family if in the process of utilization management the RTCC determines that a child/youth clinically is ready for discharge. A date on which DSHS will stop payment will be selected. The child/youth may remain in treatment in the RTC if other arrangements are made and agreed upon by the family/guardian and any party or payor other than DSHS. In the event that the child/youth is determined to be clinically eligible for return to the community, but the parent/guardian refuses to accept the child/youth into the home, DFPS will assume responsibility for case coordination. Contractor will participate in any subsequent meetings with DFPS and DSHS to ensure coordination of care if the child/youth returns to the home community.
  - j. Contact the family and schedule a discharge follow-up appointment with the child/youth and family at the LMHA at least one month prior to the expected discharge date.
  - k. Administer a UA that includes the CANS at least two weeks prior to the expected discharge date.
  - l. Upon return to the community, enroll the child/youth in LOC-4 Intensive Family Services to facilitate the maintenance of treatment gains and to minimize return to an RTC. The child/youth shall be reassessed after 90 days or sooner if it is apparent the child/youth does not require LOC-4.
  - m. Provide to the RTCC a list of the planned array of services the child/youth will receive from the Contractor in LOC-4.
4. Provide continuity of care following discharge from residential treatment.
- a. Schedule an appointment to ensure the child/youth meets with a physician or designee authorized by law to prescribe needed medications within seven days of discharge from the RTC.
  - b. Provide transitional outpatient services to the child/youth in the appropriate level of care.

C. Meeting Criteria for Residential Treatment Using the CANS

The following scores on the Uniform Assessment may indicate a need for placement in a residential treatment facility.

1. NOTES:

- a. If Medical (Life Domain Functioning) is rated as a "2" or "3", the youth should be evaluated to determine if medical stability exists and the youth does not require 24-hour medical/nursing care.
- b. If Substance Use is rated as a "3", the youth should be referred to substance abuse treatment services to rule out the need for residential treatment in a substance abuse treatment facility.
- c. Prior to considering residential treatment, a child/youth scoring a "3" on the following three items should be evaluated to rule out immediate hospitalization:
  - 1) Suicide Risk
  - 2) Self-Mutilation

3) Danger to Others

2. SCORING:

Two of the following three items must be scored at a 3:

- a. Living Situation= 3: The child/youth has profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.
- b. Involvement with Care= 3: Caregiver wishes for child to be removed from their care. (The reason for wanting the child removed may be to access residential treatment services through DFPS.)
- c. Family Stress= 3: Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

In addition to meeting the criteria above, one of the following criteria must be met:

- d. Criterion 1: Two or more scores of "3" OR three or more scores of "2" on the following items:
  - 1) Psychosis
  - 2) Impulse/Hyperactivity
  - 3) Depression
  - 4) Anxiety
  - 5) Oppositional
  - 6) Conduct
  - 7) Anger Control
  - 8) Relationship Permanence
- e. Criterion 2: At least one "3" among the following risk behaviors:
  - 1) Suicide Risk: NOTE: This score indicates crisis.
  - 2) Self-Mutilation: NOTE: This score indicates crisis.
  - 3) Other Self Harm: NOTE: This score indicates crisis.
  - 4) Danger to Others: NOTE: This score indicates crisis.
  - 5) Sexual Aggression
  - 6) Fire Setting
  - 7) Delinquency
- f. Criterion 3: Three or more ratings of "2 or 3" among the following risk behaviors.
  - 1) Suicide Risk
  - 2) Self-Mutilation
  - 3) Other Self Harm
  - 4) Danger to Others
  - 5) Runaway
  - 6) Sexual Aggression
  - 7) Fire Setting

- 8) Delinquency
- 9) Judgment
- 10) Social Behavior
- 11) Bullying

## SECTION II. PERFORMANCE MEASURES:

DSHS will use the terms of this Program Attachment, including the following performance measures to assess Contractor's effectiveness in providing the services described in this Program Attachment.

Contractor shall:

- A. Designate a Continuity of Care Officer (CCO) as the single point of contact and notify the DSHS RTCC in writing of the person's name and contact information no later than five business days after execution of this contract. If the single point of contact changes, Contractor shall notify the DSHS RTCC in writing no later than five business days after making the change.
- B. Administer the uniform assessment, including the CANS, to the referred child/youth no later than five business days after being contacted by the RTCC. This is to be administered by a Licensed Practitioner of the Healing Arts or Qualified Mental Health Practitioner. Score the CANS using the criteria outlined in Section I.C. Notify the DSHS RTCC by email of the qualifications of the administrator, assessment date, and results by close of business the following business day. Submit a copy of the CANS by email or fax to the DSHS RTCC by close of business on the business day following the assessment.
- C. Notify the DSHS RTCC by email by close of business the following business day if the uniform assessment indicates a child/youth is in crisis. Include the qualifications of the administrator, assessment date, and crisis services being provided.
- D. Offer services as described in Sections I.B.2.h.-i. within ten business days to the child/youth and family when CANS scores do not indicate residential treatment as an appropriate LOC. Notify the DSHS RTCC by email, no later than five business days after the family provides a response, including the date services were offered, the family's response and the date the response was made, the start date of services if the family agrees to receive services, and the level of care to be provided.
- E. Attend the CRCG staffing in person or telephonically, and notify the RTCC by email of the CRCG's recommendation by close of business the following business day.
- F. Offer services as described in Sections I.B.2.f.-g. within ten business days to the child/youth and family when the DSHS RTCC notifies the Contractor the child/youth is on a waiting list pending RTC placement. Notify the DSHS RTCC by email, no later than five business days after the family provides a response, including the date services were offered,



the family's response and the date the response was made, the start date of services if the family agrees to receive pre-placement services, and the level of care to be provided.

- G. Refer, within ten business days of the CRCG staffing, the child/youth for YES waiver services pending RTC placement if CANS scores indicate that residential treatment is an appropriate LOC, may be maintained in the community, and resides in a county served by the YES waiver. Notify by email the DSHS RTCC of the referral date by close of business the following business day. If the child/youth resides in a county served by the YES waiver, but the Contractor and CRCG determined the child/youth cannot be maintained in the community and the child/youth is on a waiting list pending RTC placement, refer to Section II.F.
- H. Assist the family to complete the RTC common application packet within ten business days of being approved for RTC placement. Obtain a psychological assessment if one is not present from within the past six months. Notify the DSHS RTCC by email when the family's RTC application packet is complete.
- I. Attend, in person or telephonically, treatment planning and review meetings with the RTC at least every other month. Notify by email the DSHS RTCC no later than the close of business the following business day regarding the outcome of the meetings.
- J. Communicate at least weekly with the child/youth's Case Manager at the RTC regarding progress toward discharge and reunification. Provide updates by email or telephonically to the DSHS RTCC when requested.
- K. Assign the Family Partner to provide engagement services and skills training and development to the parents/guardians at least twice a month and more if necessary to prepare the family for reunification. Provide updates about progress with the parents/guardians by email or telephonically to the DSHS RTCC when requested.
- L. Attend, in person or telephonically, meetings organized by the DSHS RTCC to discuss the child/youth's progress or potential discharge.
- M. Schedule a discharge follow-up appointment with the child/youth and family at least one month before discharge and provide the RTCC with a brief report of the meeting by email no later than close of business the following business day after the appointment is held.
- N. Administer the UA, including the CANS at least two weeks prior to the expected discharge date. Notify the DSHS RTCC by email, including the qualifications of the administrator, date of assessment, and results, no later than close of business on the day following the assessment. Submit a copy of the CANS by email or fax to the DSHS RTCC by close of business on the business day following the assessment.
- O. Provide by email to the DSHS RTCC a list of the planned array of services the child/youth will receive from the Contractor in LOC-4 Intensive Family Services no later than one week prior to the child/youth's scheduled discharge date.

- P. Schedule an appointment for the child/youth and family meet with a physician or designee authorized by law to prescribe needed medications within seven days of discharge from the RTC. Notify the DSHS RTCC by email of the date on which the meeting took place no later than close of business of the day following the appointment.
- Q. Provide to the DSHS RTCC monthly progress by email reports of the transitional outpatient services the child/youth is receiving from the Contractor, by the 15<sup>th</sup> of the following month.

### SECTION III SOLICITATION DOCUMENT: Exempt-Government Entity

### SECTION IV RENEWALS:

N/A

### SECTION V PAYMENT METHOD:

Lump Sum

1. DSHS Payments to Contractor:

The expected average length of stay in RTC services through these placement funds is six months. When a child/youth is discharged earlier than six months, the child/youth may be in need of more intensive transition services from the Contractor. When the Contractor meets the terms of this Performance Contract up to the child/youth's discharge date and the child/youth is discharged in less than six months, DSHS will pay the Contractor 10% of the monthly amount saved based on a six month average length of stay to assist the Contractor to provide transitional outpatient services to the child/youth. If the Contractor continues to meet Performance Measures while providing outpatient services to the child/youth, DSHS will pay the Contractor up to an additional 40% of the monthly amount saved, up to the first six months, contingent upon amount and availability of such funding at the end of the fiscal year.

### SECTION VI BILLING INSTRUCTIONS: N/A

### SECTION VII BUDGET:

### SOURCE OF FUNDS:

State

### SECTION VIII SPECIAL PROVISIONS:

<b>Agenda Item:</b> Approve Department of State Health Services Youth Prevention Services Contract Amendment #2014-044724-001A	<b>Board Meeting Date</b>
<b>Committee:</b> Business	January 23, 2014
<b>Background Information:</b>	
<p>Tri-County provides Substance Abuse Prevention Services for kids ages 7-17 under contract with Department of State Health Services (DSHS). This year, because of success in previous years, Tri-County was provided funding to hire an additional program staff. Due to hiring delays, staff requested a revision to the Youth Prevention Services (YPS) budget to move some of the funding from the direct budget line to the indirect budget line. These funds will then be used to purchase equipment and program supplies.</p>	
<p>DSHS has approved the requested revision. There is no change to the budgeted contract total.</p>	
<b>Supporting Documentation:</b>	
DSHS YPS Contract Amendment	
<b>Recommended Action:</b>	
<b>Approve DSHS YPS Contract Amendment #2014-044724-001A</b>	

## DEPARTMENT OF STATE HEALTH SERVICES



### Amendment to Substance Abuse Contract

---

The Department of State Health Services (DSHS) and TRI-COUNTY MHMR SERVICES (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2014-044724 (Contract) in accordance with this Amendment No. 001A: Youth Prevention - Selective, effective 11/25/2013.

The purpose of this Amendment is to revise statement of work language and FY14 budget.

Therefore, DSHS and Contractor agree as follows:

#### **SECTION I. STATEMENT OF WORK** is revised to read as follows:

##### **A. PURPOSE:**

To provide selective prevention services for youth that preclude the onset of the use of alcohol, tobacco and other drugs (ATOD) by those youth and to foster the development of social and physical environments that promote healthy and drug-free lifestyles. Participants for the selective prevention programs are youth who have been determined to be at risk for substance use.

Selective prevention activities promote a proactive process to address health and wellness for individuals, families, and communities by enhancing protective factors and by averting and precluding negative factors that place individuals at risk for substance abuse. Selective prevention activities target subgroups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention strategies are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because of that group's profile, but the degree of individual vulnerability or personal risk of members of the targeted group generally is not assessed. Vulnerability is presumed on the basis of their membership in the at-risk group.

##### **B. GOAL:**

The goal of youth selective prevention activities is to preclude the onset of the use of alcohol, tobacco, and other drugs (ATOD) by youth and to foster the development of positive social and physical environments that promote healthy and drug-free lifestyles.

##### **C. TARGET POPULATION:**

- The primary population is youth ages 6-18 (1<sup>st</sup> – 12<sup>th</sup> grades). The participants are youth who are at high risk for substance use, because they are exhibiting, or are subject to risk factors that increase their chances of developing a drug abuse problem, such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or they have parents that use drugs.
- The secondary population includes the parents, grandparents, guardians, and siblings of the youth population.

##### **D. SERVICE REQUIREMENTS:**

1. Contractor shall provide YPS services in accordance with the rules in Title 25 of the Texas Administrative Code (TAC), Chapter 447.

2. Contractor shall provide prevention services and activities where the target population is located as specified in Contractor's response to the solicitation document, as approved by DSHS.
3. Contractor shall submit a written request for any changes to the target population age or grade range from Contractor's original proposed and approved target population. Any requests for changes or expansion to the target age or grade range shall meet the curriculum requirements. Contractor shall also submit a written request for any change to the approved program service area (Section III.) in this Program Attachment. Contractor shall obtain written approval from DSHS of such changes, prior to the delivery of prevention services.
4. Contractor shall implement the Center for Substance Abuse Prevention (CSAP) prevention strategies, which are as follows:
  - a. **Prevention Education** aims to increase protective factors, foster resiliency, decrease risk factors, and affect critical life and social skills relative to substance abuse and/or Human Immunodeficiency Virus (HIV) risk of the participant and/or family members. This strategy is designed to promote and develop life skills, decision-making and problem-solving skills, as well as to provide accurate information about the harmful effects of ATOD use, abuse, and/or addiction. Sessions are characterized by information exchange and interaction between the educator/facilitator and the participants. Prevention education and skills training shall be designed and implemented to affect critical life and social skills and include decision-making, refusal skills, critical analysis, and systematic judgment abilities. The activities shall include extensive interaction between the facilitator and the participants. All activities shall be conducted according to a written, time-specific curriculum, which is based on proven, effective principles. All activities implemented within this strategy shall help participants gain knowledge and/or skills needed to access assistance or help with a problem. Contractor shall conduct the activities as stated above and document this strategy as follows:
    - (1) date, time, and duration of activity;
    - (2) location of activity;
    - (3) staff/volunteers conducting activity;
    - (4) number of participants;
    - (5) participants demographics;
    - (6) session topic, purpose, and goal of activity; and
    - (7) group progress, successes or challenges, and the outcome of the educational session.

Group cycle documentation shall include the following:

- (1) participant consent forms;
  - (2) participant rights;
  - (3) attendance roster which includes participant demographic information;
  - (4) participant pre/posttests;
  - (5) documentation for each session which shall include the information listed above in items 1-7;
- b. **Information Dissemination** provides awareness and knowledge of ATOD use, abuse, and addictions; and/or HIV infection; their harmful effects on individuals, families and communities; and provides awareness of available curriculum and related prevention strategies and services to adults. Information can be in the form of brochures, pamphlets, resource directories, literature, and information about available resources. Information about available services and resources can be disseminated a number of ways to include, but not be limited to, in-person (e.g., walk-in visitor, at a presentation, at a health fair, etc.), distributed through the mail or electronically (by fax or e-mail). Information dissemination shall include activities to disseminate current information about the following topics as appropriate for the target populations: the nature and extent of alcohol, tobacco, and other drug use, abuse, and addiction; human immunodeficiency syndrome (HIV) infection, tuberculosis (TB), hepatitis, and sexually transmitted diseases (STDs); and information about available services and resources. The information shall be accessible and understandable to the target population in terms of content, mode, time, and location of delivery.

Alcohol and other drug (AOD) presentations for youth and adults are designed to create awareness and knowledge of alcohol and drug use, abuse and addiction; its harmful effects and consequences on individuals, families, and communities. This strategy also increases awareness about alcohol and other drug programs

and services available to the general population. For the youth prevention universal, selective, and indicated programs, this strategy shall include but is not limited to presentations focused on the state's three prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs. The AOD presentations are conducted in-person at both schools and community sites. All presentations shall have an educational goal and objective and be conducted for a minimum of thirty (30) minutes.

Minors and tobacco presentations for youth and adults are designed to create awareness and knowledge of tobacco use, abuse, and addiction; its harmful effects and consequences on individuals, families, and communities; and the Texas tobacco laws as they apply to minors. This strategy also increases awareness about quit and tobacco cessation programs and services available to the general population. The minors and tobacco prevention presentations are conducted in-person at schools and community sites. All presentations shall have an educational goal and objective and be conducted for a minimum of thirty (30) minutes.

Contractor shall conduct the activities as stated above and document this strategy as follows:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) prevention staff/volunteers conducting activity;
- (4) number of participants and/or number of individuals receiving written information/literature;
- (5) educational goal and objective of presentation or purpose and goal of activity; and
- (6) a brief description and details about the presentation or outcome of activity.

- c. **Alternative Activities** - Alcohol and other drugs (AOD) alternative activities and tobacco alternative activities are designed to encourage and foster bonding with peers, family, and community. This strategy provides adults the opportunity to take part in educational, cultural, recreational, and work-oriented substance-free and tobacco-free activities with youth involved in prevention curriculum and related prevention strategies. Alternative activities shall be designed and implemented to assist participants in the following areas: mastering new skills; developing/maintaining relationships with peers and family; bonding with peers, family, school, and community; building cultural understanding and honoring diversity; and identifying substance-free activities which offset attraction to alcohol, tobacco, and other drug use. Alternative activities shall be planned and conducted to complement the existing program design and proposed outcomes. All AOD and tobacco prevention alternative activities shall have an educational goal and objective and be conducted for a minimum of thirty (30) minutes. Contractor shall conduct the activities as stated above and document this strategy as follows:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) prevention staff/volunteers conducting activity;
- (4) number of participants;
- (5) educational goal and objective of activity; and
- (6) a brief summary that describes the outcome of the activity conducted.

- d. **Problem Identification and Referral** is a strategy designed to ensure the participant and/ or family member is provided with information and resources to access support services. This strategy is conducted by the selective program contractor when it is determined that a participant and/or family member is in need of support services or other social services that are not within the scope of prevention service delivery. These referrals may include but are not limited to: medical services; substance abuse or mental health services; housing assistance; financial assistance to pay electric bills; contact information to the local food bank or other social services that the participant or family may need. The Contractor may identify the need for support services through direct requests made by the participant, family member, or school counselor, or other sources. Contractor shall conduct the activities stated above and document this strategy as follows:

- (1) date of inquiry or identification of the need for a referral;
- (2) participant identifier; and
- (3) referrals made (if applicable).

- e. **Community-Based Process** aims to enhance the ability of the community to more effectively provide prevention, intervention, and treatment services for ATOD problems and HIV infection through community

mobilization and empowerment. The program shall establish formal linkages with other service providers to build a continuum of substance abuse services in the community. The program shall document active participation in collaborations to support community resource development. Contractor shall be a member of an ATOD coalition in the Program Service Area. Contractor shall conduct the activities as stated above and document this strategy as follows:

The program's service coordination with another provider shall include a written agreement that is renewed annually (by signature or other documented contact) and includes:

- (1) names of the entities entering into the agreement;
- (2) services or activities each entity will provide;
- (3) signatures of authorized representatives; and
- (4) dates of action and expiration.

Documentation of community-based process activities shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) key contact persons/providers involved;
- (3) purpose and goal of activity;
- (4) further action steps needed; and
- (5) action or change achieved.

- f. **Environmental and Social Policy** aims to influence the incidence and prevalence of ATOD and/or HIV infection in the general population by establishing and/or changing written and unwritten standards, codes, and attitudes within the community. This strategy may include activities that center on legal and regulatory initiatives and those that relate to service and action-oriented initiatives. Contractor shall accomplish this strategy through the work of a local ATOD coalition and minors and tobacco prevention presentations. Each program that provides activities within this strategy shall take steps to influence the incidence and prevalence of substance abuse through: legal and regulatory strategies or service and action-oriented activities. Activities shall involve members of the community and other key stakeholders who will be impacted by the outcome. Efforts must be systematic and sustained. Contractor shall conduct the activities as stated above and document this strategy as follows for environmental strategies focused on coalition involvement:

- (1) date, time, and duration of activity;
- (2) key contact persons/providers involved;
- (3) purpose and goal of activity;
- (4) further action steps needed;
- (5) action or change achieved; and
- (6) for coalition meetings a copy of the coalition's meeting agenda and minutes, which include the information in items above in items 1-6.

5. Contractor shall provide prevention education using the DSHS-approved evidence-based curriculum identified for the target population as specified in Contractor's response to the solicitation document, as approved by DSHS. Contractor shall maintain fidelity of the curriculum design.
6. Contractor shall contact the curriculum developer in writing to request approval for any curriculum adaptation/modification. Contractor shall then submit the curriculum developer's written recommendation for adaptation/modification along with Contractor's justification explaining the need to make the adaptation/modification to the curriculum to DSHS for review and approval. Contractor shall have received written approval from DSHS prior to implementing the curriculum with any adaptation or modification.
7. Contractor shall ensure that the program design, content, communications and materials are culturally, linguistically, and developmentally appropriate to the target population, as evidenced by:
  - a. educational materials that are gender- and age-specific and appropriate for educational and health literacy levels of the target population;
  - b. literature and signage in languages of the target populations;
  - c. use of interpreters, as appropriate;

- d. lobby and office environment welcoming to the target populations; and
  - e. training curricula and personnel records that document adherence to staff competency requirements.
8. Contractor shall complete a Curriculum Implementation Plan (CIP) for each school semester (Fall 2013 and Spring 2014) that details the prevention education activities that will be conducted during the term of this Program Attachment for DSHS review and approval. Contractor shall submit Fall Semester CIP by September 30, 2013 and Spring Semester CIP by January 30, 2014 to DSHS for review and approval.
9. Contractor shall conduct alcohol and other drugs (AOD) presentations for youth and adults in school and/or community settings. The AOD presentations shall have an educational goal and objective specific to the presentation topic to prevent or reduce AOD among youth and adults. The presentation topics shall be inclusive of the state's three prevention priorities, alcohol (underage drinking), marijuana, and prescription drugs. The AOD presentations shall include educational information regarding drugs and their health consequences. Facilitators shall dedicate a minimum of thirty (30) minutes when conducting an AOD presentation.
10. Contractor shall conduct tobacco-specific presentations for youth and adults in school and/or community settings. The tobacco presentations shall have an educational goal and objective specific to the presentation topic to prevent or reduce tobacco use among youth and adults. The presentations shall include educational information including, but not limited to the following: the health consequences of tobacco use, information on tobacco cessation, and information on the state tobacco laws as they apply to minors. Facilitators shall dedicate a minimum of thirty (30) minutes when conducting a minors and tobacco prevention presentation.
11. Contractor shall ensure that all AOD alternative activities are facilitated by prevention program staff and include an educational goal and objective to prevent or reduce substance use/abuse. The AOD alternative activities shall create awareness of the health consequences of substance use/abuse. The AOD alternative activities shall be substance-free, age-appropriate, and teach and/or reinforce skills that promote a healthy and substance-free lifestyle. The AOD alternative activities shall serve as an alternative to activities that may otherwise lead to the use of alcohol and other drugs. AOD alternative activities shall not include trips to theme parks, camping, fishing, overnight activities, or similar outings unrelated to AOD prevention education with the exception of those listed below. Facilitators shall dedicate a minimum of thirty (30) minutes when conducting an AOD alternative activity.

The following are the DSHS-approved substance-free alternative activities that can be tailored to focus on AOD prevention for this Program Attachment. Each example listed below shall include an AOD specific interactive learning activity:

- a. Activities or games that focus on teaching or reinforcing skills learned or taught through the curriculum;
- b. Activities or games that teach leadership skills, and promote team-building and peer-bonding;
- c. Health fairs;
- d. School carnivals;
- e. Substance-free community events or cultural celebrations;
- f. Cultural awareness activities designed to increase knowledge of heritage and/or other cultures;
- g. School dances;
- h. Community service projects;
- i. Arts and crafts activities;
- j. AOD poster contests;
- k. Sport activities that promote team-building and peer-bonding such as basketball, soccer, baseball, etc.;
- l. Lock-in activities with an AOD specific agenda; and
- m. Red Ribbon and related activities.

Equipment rental is an allowable cost for large AOD alternative activities/events conducted for 50 or more individuals and shall not exceed \$150 per event.

Additional guidance for AOD alternative activities may be obtained from the DSHS program staff.



12. Contractor shall ensure that all tobacco prevention alternative activities are facilitated by prevention program staff and include an educational goal and objective to prevent the use of tobacco products. The tobacco prevention alternative activities shall create awareness of the health consequences of tobacco use and include tobacco prevention strategies. The tobacco alternative activities shall be substance-free, age-appropriate, and promote a healthy lifestyle. Tobacco alternative activities shall not include trips to theme parks, camping, fishing, overnight activities or similar outings unrelated to tobacco prevention. Facilitators shall dedicate a minimum of thirty (30) minutes when conducting a tobacco prevention alternative activity.

The following are the DSHS-approved tobacco prevention alternative activities that can be tailored to focus on tobacco prevention for this Program Attachment. Each example listed below shall include a tobacco prevention specific interactive activity:

- a. Activities or games that focus on teaching or reinforcing skills learned or taught through the curriculum;
- b. Activities or games that teach leadership skills, and promote team-building and peer-bonding;
- c. Health fairs;
- d. School carnivals;
- e. Substance-free community events;
- f. School dances;
- g. Community service projects;
- h. Sport activities that promote team-building and peer-bonding such as basketball, soccer, baseball, etc.;
- i. The Store Alert Project;
- j. Tobacco-Free Kids Day;
- k. World Tobacco-Free Day; and
- l. Great American Smokeout (GASO).

Equipment rental is an allowable cost for large tobacco alternative activities/events conducted for 50 or more individuals and shall not exceed \$150 per event.

Additional guidance for tobacco prevention alternative activities may be obtained from the DSHS program staff.

13. Contractor shall establish and maintain working linkages with the schools and community sites where prevention education services will be delivered. Contractor shall document these linkages by securing Community Agreements (CAs)/Memoranda of Understanding (MOUs) prior to service delivery. Contractor shall maintain copies of the signed CAs/MOUs on file for DSHS review upon request.
  - a. All CAs/MOUs shall address the agreed terms between the school and Contractor for service delivery.
  - b. All CAs/MOUs shall be signed by both parties, contain begin and end dates, and be renewed annually based on service delivery.
14. Contractor shall establish and maintain working linkages through CAs/MOUs with a resource network of community and social service agencies serving or having an interest in the target population. The CAs/MOUs shall encourage networking, service coordination, and referrals to help address gaps in services in their respective regions, communities, and service areas and address the needs of the program participants and/or families. The CAs/MOUs shall be in place within 30 days of the start date of this Program Attachment. Contractor shall maintain copies of the signed CAs/MOUs on file for DSHS review upon request.
  - a. All CAs/MOUs shall address the non-duplication of services.
  - b. All CAs/MOUs shall address the agreed terms between the entities entering into the agreement which shall include referrals to ensure accessible prevention and support services.
  - c. All CAs/MOUs shall be signed by both parties, contain begin and end dates, and be renewed annually.
  - d. At a minimum, Contractor shall have CAs/MOUs with the following entities in Contractor's service area:
    - (1) all DSHS-funded substance abuse prevention, intervention, and treatment providers;
    - (2) Education Service Centers (ESCs);
    - (3) Local Mental Health Authorities (LMHAs); and
    - (4) other community social service agencies that may provide support services for the program participants and/or their families.

15. Contractor shall participate in a DSHS-funded coalition. If a non-DSHS-funded coalition is not located within Contractor's service area, then Contractor may participate in a non DSHS-funded coalition.
16. Contractors in regions 8, 9, 10, and 11 shall document the number of participants receiving services who are residents of a Colonia (unincorporated community within 62 miles of the international border), which shall be reported in the monthly performance measures reports submitted in the Clinical Management for Behavioral Health Services (CMBHS) system. Contractors in these regions shall train staff and develop and maintain a current written policy to ensure that information gathered from participants is conducted in a respectful, non-threatening, and culturally competent manner.
17. Contractor shall establish and maintain a current inventory and tracking system that reflects the assignment and return of all program curriculum materials issued to and collected from prevention staff (Curriculum Inventory). The Curriculum Inventory shall be updated any time staff changes occur that affect the Curriculum Inventory. Contractor shall complete the Curriculum Inventory and submit to DSHS by September 30, 2013 and maintain a copy on file, available for DSHS review upon request.
18. Contractor is required to develop and maintain a current written program plan to that will serve as guide for the implementation of the required prevention strategies for the key performance measures, excluding prevention education. Contractor shall maintain a current program plan on file, available for DSHS review upon request. The program plan shall include the following:
  - a. the planned or projected activities that will be conducted to meet the required key performance measures through the term of this Program Attachment;
  - b. the date of the projected activity;
  - c. the projected number of youth and/or adults that will be served; and
  - d. a strategy to address activities that do not occur as planned or projected.
19. Contractor shall provide prevention services in a safe, clean, well-lit, and well-maintained environment. The site where activities will be held (including buildings, electrical, lighting, plumbing, sanitation, ventilation and mechanical systems, appliances, equipment, and furniture) shall be structurally sound, functional, and in good repair. The site's building and grounds shall be clean and free of garbage and debris.
20. Contractor shall develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures shall address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner. Contractor shall maintain current policies and procedures on file and make them available for review by DSHS upon request.
21. Contractor shall post the prevention Participant Rights during the delivery of educational sessions. Postings shall be displayed in English and in a second language(s) appropriate to the populations served. Postings shall be explained in an appropriate manner to a participant who has an impairment of vision, hearing, or cognition. The Participant Rights shall include the following:
  - a. Protection against abuse, neglect, and exploitation. Participants shall have the right to be free from abuse, neglect, and exploitation.
  - b. Dignity and Respect. Participants shall have the right to be treated with dignity and respect.
  - c. Complaints. Participants shall have the right to make a complaint to the Contractor or the department at any time.
  - d. Non-discrimination. Contractor shall not unlawfully discriminate against a participant based on race, color, national origin, religion, sex, age, or disability.
  - e. Program Information. Participants shall have the right to know about the prevention program, including its length.
22. Contractor shall post in a prominent location legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.

23. Contractor's administrative site shall post the hours and days of operation at all building entrances. Standard days of operation shall reflect a forty-hour workweek, Monday through Friday.
24. Contractor shall post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
25. Contractor shall conduct prevention services and implement strategies that target the identified primary and secondary populations as appropriate.

**Criminal Background Verification Requirements:**

Contractor shall -

1. not employ or allow a subcontractor to use any individual who is on probation or parole to deliver prevention services to youth and/or their families.
2. prior to employment, conduct criminal background checks and pre-employment drug testing of Contractor's potential employees and/or subcontractors who will deliver prevention services and/or have direct contact with youth and/or their families.
3. conduct annual criminal background checks for Contractor's current staff and/or subcontractors who will deliver prevention services and/or have direct contact with youth and/or their families.
4. conduct criminal background checks of interns or volunteers who will deliver prevention services and/or have direct contact with youth and/or their families.
5. ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and/or their families.
6. develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, interns, and/or volunteers who work directly with youth and/or their families.
7. develop and maintain policies and procedures that require individuals (staff, subcontractors, interns, and volunteers) to notify the Contractor of an arrest, conviction, investigation, or any other legal involvement.
8. maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement on file and make available to DSHS for review upon request.
9. maintain documentation of each criminal background check and pre-employment drug testing on file and make available to DSHS for review upon request.

**Additional Requirements:**

Contractor shall-

- a. provide prevention education using the evidence-based curricula specified in the Section III. (Program Service Area) of this Program Attachment and maintain the fidelity of the curriculum design.
- b. provide prevention activities as specified in the Service Requirements section where target population is located.
- c. coordinate prevention service delivery with other DSHS-funded Contractors to address gaps in services.
- d. include family-specific strategies, as appropriate.
- e. ensure that activities include informational prevention strategies concerning minors and tobacco.
- f. ensure that activities include informational prevention strategies that include the state's three prevention priorities: alcohol (underage drinking), marijuana, and prescription drugs.
- g. include activities that are tobacco-specific alternative activities. These include, but are not limited to, Store Alert Project, Tobacco-Free Kids Day, and Tar Wars as age-appropriate to the program target population.
- h. submit any additional documents and information as requested by DSHS program staff for the purpose of determining and assessing program technical assistance needs.

**E. STAFFING REQUIREMENTS:**

1. Within 30 days of the start date of this Program Attachment, Contractor shall hire the number of prevention program staff specified in Contractor's response to the solicitation document, as approved by DSHS, to implement evidence-based substance abuse prevention curricula and conduct the related substance abuse prevention strategies and activities.

2. Within 30 days of the start date of this Program Attachment, Contractor shall hire a Prevention Program Director to provide oversight and coordination of the YPS program.

#### **F. STAFF COMPETENCIES:**

1. Contractor shall ensure that the requirements in Section F. Staff Competencies apply to all employees and subcontractors that will work directly with youth and/or their families that will implement the evidence-based curriculum and/or conduct any required prevention strategies or activities.
2. Contractor shall ensure that the requirements in Section F. Staff Competencies apply to all interns and volunteers that implement or assist with the implementation of evidence-based curriculum.
3. Contractor shall ensure that the Prevention Program Director is a Certified Prevention Specialist (CPS) or an Associate Prevention Specialist (APS) working towards CPS certification. Contractor shall submit a copy of the Program Director's CPS or APS Designation certificate to DSHS by September 30, 2013.
4. The Prevention Program Director who does not possess a CPS certification shall obtain a CPS certification within 12 months of employment in this position. Contractor shall maintain a copy of the employee's CPS certification or APS designation in the personnel file and make it available for review by DSHS upon request. Contractor shall ensure that all non-certified prevention staff employed with the organization achieves their APS designation within 18 months of employment for this program.
5. Contractor shall ensure that the Prevention Program Director and all prevention staff complete the following trainings as specified below:
  - a. **Cardio-Pulmonary Resuscitation (CPR) and First Aid Certifications.** Contractor shall ensure that all prevention staff complete and maintain current CPR and first aid certifications within 60 days from the start date of this Program Attachment or 60 days from the date of hire for a prevention position, whichever is later.
  - b. **15-hour Prevention Training.** Prevention staff shall complete the 15-hour Prevention Training within 6 months from the start date of this Program Attachment or 6 months from the date of hire for any prevention position, whichever is later (or be able to provide documentation that the training has been completed at any time). *(This is a one-time requirement that must be completed by the Prevention Program Director and all prevention staff.)* This training is provided by the DSHS-funded Prevention Training Services (PTS) contractor. The fifteen (15) hours shall include a minimum of three (3) hours in each of the following areas:
    - (1) cultural competency;
    - (2) risk and protective factors/building resiliency;
    - (3) child development and/or adolescent development, as appropriate;
    - (4) strategies for strengthening families; and
    - (5) prevention across the life span.
  - c. **Substance Abuse Prevention Skills Training (SAPST).** This training is provided by the DSHS-funded PTS contractor. *(This is a one-time requirement that must be completed by the Prevention Program Director and all prevention staff. Staff that has a certificate of completion for the previously required Substance Abuse Prevention Specialist Training (SAPST) is not required to attend the new SAPST training.)*
    - (1) The Prevention Program Director shall provide documentation of their completion of the SAPST training upon the date of hire for the Prevention Program Director position. Contractor shall maintain a copy of the employee's SAPST certificate in the employee's personnel file and make it available for review by DSHS upon request.
    - (2) Contractor shall ensure that all prevention staff employed with the organization complete the SAPST training within 18 months of employment for this program.
  - d. **Evidence-Based Curriculum Training.** This training is provided by the DSHS-funded PTS contractor.
    - (1) Prevention Program Director for the YPS program shall complete the evidence-based curriculum

training for the specified curriculum in Contractor's response to the solicitation document, as approved by DSHS. The evidence-based curriculum training shall be completed within 60 days from the start date of this Program Attachment or 60 days from the employee's date of hire for the Prevention Program Director position, whichever is later.

- (2) Prevention program staff shall complete the training for the implementation of the evidence-based curriculum specified in Contractor's response to the solicitation document, as approved by DSHS. The evidence-based curriculum training shall be completed within 60 days from the start date of this Program Attachment or 60 days from the date of hire for the Prevention program position, whichever is later. The Prevention program staff shall complete the evidence-based curriculum training prior to service delivery.

- e. **15-Hour Prevention Continuing Education.** A minimum of 15 hours of prevention continuing education specifically related to prevention or job-related duties shall be completed annually. This training may be obtained through the DSHS-funded PTS contractor, DSHS Annual Behavioral Health Institute (BHI), or other entities approved as continuing education providers by the Texas Certification Board of Addiction Professionals (TCBAP). Information for certification may be found on the TCBAP website at [www.tcbap.org](http://www.tcbap.org). This training shall be completed prior to the end of this Program Attachment. The 15 hours of continuing education is not required to be completed during the same contract year as the **15-hour Prevention Training** listed above in 3.b.

6. Contractor shall maintain documentation of credentials and training certificates for all prevention staff and subcontractors in personnel files and make available to DSHS for review upon request.
7. Any interns or volunteers that assist prevention staff with AOD or tobacco presentations, or AOD or tobacco alternative activities at least twelve (12) times per year will be required to complete the following staff competencies:
  - a. Cardio-Pulmonary Resuscitation (CPR) and First Aid Certifications
  - b. 15-Hour Prevention Training;
  - c. Contractor training which must include an overview of the prevention program services.
8. Contractor shall ensure that interns or volunteers conducting alternative activities or presentations shall have a staff member present.
9. Contractor shall maintain on file documentation of the each individual's (interns and volunteers) trainings and make available to DSHS for review upon request.

#### **G. GUIDANCE ON INCENTIVES AND ALTERNATIVE ACTIVITIES:**

1. Purchase of food or snacks for participants is allowed for after-school youth and family-focused curricula programs and afterschool alternative activities to be able to actively engage participants and be effective in these activities. For other youth program alternative activities, snacks may be provided to participants only in events lasting at least one half-day, and snacks or light meals may be provided to participants only in full-day activities and events. The cost of snacks, food, or light meals shall be reasonable.
2. Agency shirts or T-shirts (with Contractor's name and/or logo) for staff conducting program activities are not necessary for performing the duties of this Program Attachment and are not an allowable cost. Reasonable cost to purchase T-shirts for participants with a 'No use' ATOD message that provides education and awareness on the harmful effects of ATOD is allowable.
3. Gift cards are an allowable cost only for family-focused curricula programs for families to purchase food as required by the curriculum. Gift cards shall be given only to families that cannot afford to purchase the groceries to prepare the meal for the family-focused activity. Contractors shall track the gift cards to ensure they are used for food only. Gift cards shall not be used for alcohol, tobacco, and/or other drug products. Contractors shall maintain receipts and detailed accurate records to ensure appropriate documentation for audits. Gift cards are not allowed as an incentive.
4. Incentives used to engage participants in youth prevention activities purchased with DSHS funds shall be of reasonable cost and shall be imprinted with a drug-free message. Incentive items may include an imprint with the name of the youth prevention program, phone number and/or website, but may not include the organization's name.

## H. REPORTING REQUIREMENTS:

1. Contractor shall submit all documents identified below by the dates specified by DSHS. Contractor shall submit documents to the Substance Abuse mailbox (SA mailbox) at SubstanceAbuse.Contracts@dshs.state.tx.us unless otherwise noted.
2. Contractor's duty to submit documents will survive the termination or expiration of this Program Attachment.
3. Contractor shall submit Performance Measures in the CMBHS system by the 15<sup>th</sup> day of the month following the month being reported.
4. Contractor shall complete a separate Curriculum Implementation Plan (CIP) for the Fall and Spring Semesters. Contractor shall submit the completed Curriculum Implementation Plans to DSHS as follows: Fall Semester CIP is due by September 30, 2013, and the Spring Semester CIP is due by January 30, 2014.
5. Contractor shall complete the Curriculum Inventory and submit to DSHS by September 30, 2013 and maintain a copy on file for DSHS review.
6. Contractor shall document the DSHS-defined curriculum outcome measures and the schools and community sites where services were delivered. Contractor shall report each individual curriculum cycle in the CMBHS system within seven (7) days after the curriculum cycle is completed.
7. Contractor shall comply with the Department's definition and minimum performance outcome measure requirements as follows:
  - a. **Completion rate** is the number of youth who complete the curriculum cycle being reported (the number of youth that attend the required number of curriculum sessions) divided by the number of youth who were enrolled per group cycle. Contractor shall achieve an 80% completion rate per curriculum cycle.
  - b. **Success rate** is the number of youth who successfully completed the curriculum cycle (the number of youth that attended the required number of curriculum sessions and completed the pre- and post-surveys and maintained or improved their pre/post scores) divided by the number of youth that completed the curriculum cycle. Contractor shall achieve a 90% success rate per curriculum cycle.
  - c. **Overall success rate** is the number of youth who successfully completed the curriculum cycle divided by the number of youth enrolled in the curriculum cycle. Contractor shall achieve a 70% overall success rate per curriculum cycle.
8. Contractors in regions 8, 9, 10, and 11 shall report the number of participants receiving services who are residents of a Colonia in the monthly performance measures reports submitted in CMBHS.
9. Contractor shall submit a CMBHS Security Attestation Form and list of authorized users by September 15, 2013 and March 15, 2014.
10. Contractor shall submit Financial Status Reports (FSRs) in CMBHS by the last business day of the month following the end of each quarter of the Program Attachment term. The final FSR is due within 60 days after the Program Attachment end date).
11. Contractor shall submit closeout documents in an annual report due 60 days after the Program Attachment end date.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Program Attachment term. <i>* Final Financial Status Report (FSR) due within 60 days after Program Attachment end date.</i>
Performance Measures	15 <sup>th</sup> of the month following the month being reported
CMBHS Security Attestation Form and List of Authorized Users	September 15, 2013 & March 15, 2014
Closeout documents	Annual Reports due 60 days after Program Attachment end date.
Curriculum Implementation Plan (Fall)	September 30, 2013
Curriculum Implementation Plan (Spring)	January 30, 2014
Curriculum Inventory	September 30, 2013

The Categorical Budget is amended as detailed in the attached Categorical Budget Change Request.

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of the Contract and the terms of this Amendment, this Amendment shall control.

**Department of State Health Services**

**Contractor**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

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

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

Michael D. Maples, LPC, LMFT

Name: Evan Roberson

Assistant Commissioner for Mental Health and  
Substance Abuse

Title: Executive Director

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Address: P.O. Box 3067

Conroe, TX 77305

512.206.5968

Phone: 936-521-6119

mike.maples@dshs.state.tx.us

Email: EvanR@tricityservices.org

**DEPARTMENT OF STATE HEALTH SERVICES**



**1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199**

**CATEGORICAL BUDGET CHANGE REQUEST**

**DSHS PROGRAM:** Youth Prevention - Selective

**CONTRATOR:** TRI-COUNTY MHMR SERVICES

**CONTRACT NO:** 2014-044724

**CONTRACT TERM:** 09/01/2013 **THRU:** 08/31/2014

**BUDGET PERIOD:** 09/01/2013 **THRU:** 08/31/2014

**CHG:** 001A

<b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>			
	<b>Current Approved Budget (A)</b>	<b>Revised Budget (B)</b>	<b>Change Requested</b>
Personnel	\$0.00	\$122,844.00	\$122,844.00
Fringe Benefits	\$0.00	\$30,084.00	\$30,084.00
Travel	\$0.00	\$9,240.00	\$9,240.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$16,512.00	\$16,512.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$211,975.00	\$13,780.00	\$(198,195.00)
<b>Total Direct Charges</b>	<b>\$211,975.00</b>	<b>\$192,460.00</b>	<b>\$(19,515.00)</b>
<b>INDIRECT COST</b>			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
<b>Indirect Total</b>	<b>\$0.00</b>	<b>\$19,515.00</b>	<b>\$19,515.00</b>
<b>PROGRAM INCOME</b>			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$10,094.00	\$10,094.00	\$0.00
<b>Income Total</b>	<b>\$10,094.00</b>	<b>\$10,094.00</b>	<b>\$0.00</b>
<b>LIMITS/RESTRICTIONS</b>			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
<b>SUMMARY</b>			
Cost Total	\$211,975.00	\$211,975.00	\$0.00
Performing Agency Share	\$10,094.00	\$10,094.00	\$0.00
Receiving Agency Share	\$201,881.00	\$201,881.00	\$0.00
<b>Total Reimbursements Limit</b>	<b>\$201,881.00</b>	<b>\$201,881.00</b>	<b>\$0.00</b>
<b>JUSTIFICATION</b>			
to revise the FY14 budget.			

Financial status reports are due: 12/30/2013, 03/31/2014, 06/30/2014, 10/30/2014



<b>Agenda Item:</b> Ratify Loan of Funds to Montgomery Supported Housing, Inc. for Operating Deficits	<b>Board Meeting Date</b>
<b>Committee:</b> Business	January 23, 2014
<b>Background Information:</b>	
<p>The income from the Project Rental Assistance Contract (PRAC) and payments from residents of the Independence Place Apartments has not been adequate to cover the costs of the operations in Montgomery.</p>	
<p>Although the project appears to be much more stable than it was early on, the project continues to have unexpected expenses (primarily, maintenance items this year).</p>	
<p>However, as previously reported to the Board, the Department of Housing and Urban Development has taken over a year to approve and provide subsequent funding for an Independence Place rent increase. At the end of December, McDougal used up available funds (including reserve for replacement funds) and requested a loan from Tri-County so that they could pay apartment bills.</p>	
<p>The request for \$10,032 in additional funds came from McDougal shortly after the December Board of Trustees meeting. After requesting back-up for the requested loan from McDougal, Evan Roberson spoke with the Chairman of the Board, David Walker, who authorized the loan to Montgomery Supported Housing, Inc. (MSHI).</p>	
<p>This loan brings the total loan from Tri-County to MSHI to \$36,302. As a reference point, Independence Communities, Inc. required over \$43,000 to supplement their first year of operations.</p>	
<b>Supporting Documentation:</b>	
None	
<b>Recommended Action:</b>	
<b>Ratify Loan of \$10,032 in Funds to MSHI for Operating Deficits</b>	

<b>Agenda Item:</b> 1 <sup>st</sup> Quarter FY 2014 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 23, 2014
<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, 2013**

### **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 Federated Investors, Inc. ("Federated"). 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, advise 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 final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and 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 90 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 calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

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	(\$6,832,807.00)	\$1,355.28	(\$362,920.63)
Accrual of Interest Income	7,530,425.12	10,910,146.95	10,993,259.22
Interest and Management Fees Payable	(452,935.00)	(589,423.40)	(522,518.50)
Payable for Investments Purchased	0.00	(130,748,056.48)	0.00
Accrued Expense & Taxes	0.00	0.00	0.00
Repurchase Agreements	3,663,503,290.00	4,659,396,770.00	(2,610,672,950.00)
Mutual Fund Investments	0.00	0.00	0.00
Government Securities	8,962,850,783.28	8,540,127,973.62	8,025,415,387.55
U.S. Treasury Bills	1,249,973,250.00	427,481,062.50	1,849,952,650.00
U.S. Treasury Notes	301,136,700.00	761,198,243.00	1,529,339,610.00
<b>TOTAL</b>	<b>\$14,177,708,706.40</b>	<b>\$14,267,778,071.47</b>	<b>\$14,026,214,258.90</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$11,020,455.94)	\$362,920.63
Accrual of Interest Income	13,652,605.89	10,993,259.22
Interest and Management Fees Payable	(549,168.22)	(522,518.50)
Payable for Investments Purchased	(85,500,000.00)	0.00
Repurchase Agreements	4,397,115,000.00	2,610,715,000.00
Mutual Fund Investments	0.00	0.00
Government Securities	7,198,272,953.21	8,024,992,680.78
U.S. Treasury Bills	1,768,573,592.52	1,849,940,499.97
U.S. Treasury Notes	1,001,789,747.72	1,529,498,057.90
<b>TOTAL</b>	<b>\$14,285,334,275.18</b>	<b>\$14,025,979,900.00</b>

### Portfolio by Maturity as of November 30, 2013

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
31.4%	52.1%	10.9%	5.6%

### Portfolio by Type of Investments as of November 30, 2012

Agencies	Mutual Funds	Repurchase Agreements	Treasuries
57.3%	None	18.6%	24.1%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 0.04% for September, 0.05% for October and 0.04% 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, 2013 was 48 days.

The net asset value as of November 30, 2013 was 1.00003.

The total amount of interest distributed to participants during the period was \$522,519.75.

This quarter TexPool interest rates did not exceed the 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAM by Standard and Poor's.

During the reporting period, the total number of participants has increased to 2,301.

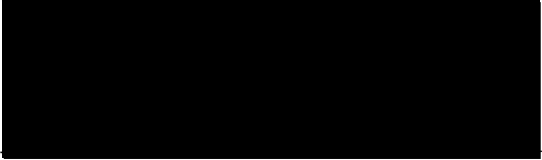
Funds assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

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

  
Evan Roberson  
Executive Director / Investment Officer

  
Date

**TRI-COUNTY SERVICES  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2014  
AS OF November 30, 2013**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 423.87	\$ -	\$ -	\$ -	\$ 423.87
Citizens 1st Bank CD	\$ 277.28	\$ -	\$ -	\$ -	\$ 277.28
First Liberty National Bank	\$ 1.58	\$ -	\$ -	\$ -	\$ 1.58
First Liberty National Bank CD	\$ 405.14	\$ -	\$ -	\$ -	\$ 405.14
JP Morgan Chase (HBS)	\$ 1,568.46	\$ -	\$ -	\$ -	\$ 1,568.46
Prosperity Bank	\$ 12.11	\$ -	\$ -	\$ -	\$ 12.11
TexPool Participants	\$ 73.49	\$ -	\$ -	\$ -	\$ 73.49
Tradition Bank	\$ 4,247.69	\$ -	\$ -	\$ -	\$ 4,247.69
Total Earned	\$ 7,009.61	\$ -	\$ -	\$ -	\$ 7,009.61

<b>Agenda Item:</b> Board of Trustees' Unit Financial Statements for November and December 2013  <b>Committee:</b> Business	<b>Board Meeting Date</b>  January 23, 2014
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Board of Trustees' Unit Financial Statements for November and December 2013	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Unit Financial Statement

FY 2014

	Nov 13 Actuals	Nov 13 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 8,577.00	\$ 8,577.00	\$ -	100.00%	\$ 34,300.00
Total Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 8,577.00	\$ 8,577.00	\$ -	100.00%	\$ 34,300.00
Expenses								
80105275 Food Items	\$ -	\$ 166.00	\$ (166.00)	\$ 273.82	\$ 498.00	\$ (224.18)	54.98%	\$ 2,000.00
80105320 Insurance-Worker Compensation	\$ 7.58	\$ 19.00	\$ (11.42)	\$ 29.36	\$ 59.00	\$ (29.64)	49.76%	\$ 230.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 4,500.00	\$ 4,500.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ 21.10	\$ -	\$ 21.10	0.00%	\$ -
80105715 Supplies-Office	\$ -	\$ -	\$ -	\$ 20.17	\$ -	\$ 20.17	0.00%	\$ -
80105736 Telephone - Air cards	\$ -	\$ 14.00	\$ (14.00)	\$ (12.77)	\$ 42.00	\$ (54.77)	0.00%	\$ 160.00
80105738 Telephone - Mobile Service	\$ -	\$ 46.00	\$ (46.00)	\$ -	\$ 138.00	\$ (138.00)	0.00%	\$ 560.00
80105750 Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 900.00	\$ (900.00)	0.00%	\$ 3,600.00
80105755 Travel - Local	\$ -	\$ 62.00	\$ (62.00)	\$ 79.28	\$ 186.00	\$ (106.72)	42.62%	\$ 750.00
80105757 Travel - Non-local Mileage/Air	\$ 156.98	\$ 350.00	\$ (193.02)	\$ 156.98	\$ 1,050.00	\$ (893.02)	14.95%	\$ 4,200.00
80105758 Travel - Non-local Hotel	\$ 113.85	\$ 300.00	\$ (186.15)	\$ 113.85	\$ 900.00	\$ (786.15)	12.65%	\$ 3,600.00
80105759 Travel - Meals	\$ 15.46	\$ 100.00	\$ (84.54)	\$ 15.46	\$ 300.00	\$ (284.54)	5.15%	\$ 1,200.00
Total Expenses	\$ 1,793.87	\$ 2,857.00	\$ (1,063.13)	\$ 5,197.25	\$ 8,573.00	\$ (3,375.75)	60.62%	\$ 34,300.00
Total Revenue minus Expenses	\$ 1,065.13	\$ 2.00	\$ 1,063.13	\$ 3,379.75	\$ 4.00	\$ 3,375.75	39.38%	\$ -



# Unit Financial Statement

FY 2014

	Dec 13 Actuals	Dec 13 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
<b>Revenues</b>								
80103998 Allocated Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 11,436.00	\$ 11,436.00	\$ -	100.00%	\$ 34,300.00
Total Revenue	\$ 2,859.00	\$ 2,859.00	\$ -	\$ 11,436.00	\$ 11,436.00	\$ -	100.00%	\$ 34,300.00
<b>Expenses</b>								
80105275 Food Items	\$ 235.61	\$ 166.00	\$ 69.61	\$ 509.43	\$ 664.00	\$ (154.57)	76.72%	\$ 2,000.00
80105320 Insurance-Worker Compensation	\$ 16.44	\$ 19.00	\$ (2.56)	\$ 45.80	\$ 78.00	\$ (32.20)	58.72%	\$ 230.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 6,000.00	\$ 6,000.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ -	\$ -	\$ 21.10	\$ -	\$ 21.10	0.00%	\$ -
80105715 Supplies-Office	\$ -	\$ -	\$ -	\$ 20.17	\$ -	\$ 20.17	0.00%	\$ -
80105736 Telephone - Air cards	\$ -	\$ 14.00	\$ (14.00)	\$ (12.77)	\$ 56.00	\$ (68.77)	0.00%	\$ 160.00
80105738 Telephone - Mobile Service	\$ -	\$ 46.00	\$ (46.00)	\$ -	\$ 184.00	\$ (184.00)	0.00%	\$ 560.00
80105750 Training	\$ 675.00	\$ 300.00	\$ 375.00	\$ 675.00	\$ 1,200.00	\$ (525.00)	56.25%	\$ 3,600.00
80105755 Travel - Local	\$ 79.28	\$ 62.00	\$ 17.28	\$ 158.56	\$ 248.00	\$ (89.44)	63.94%	\$ 750.00
80105757 Travel - Non-local Mileage/Air	\$ -	\$ 350.00	\$ (350.00)	\$ 156.98	\$ 1,400.00	\$ (1,243.02)	11.21%	\$ 4,200.00
80105758 Travel - Non-local Hotel	\$ -	\$ 300.00	\$ (300.00)	\$ 113.85	\$ 1,200.00	\$ (1,086.15)	9.49%	\$ 3,600.00
80105759 Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 15.46	\$ 400.00	\$ (384.54)	3.87%	\$ 1,200.00
Total Expenses	\$ 2,506.33	\$ 2,857.00	\$ (350.67)	\$ 7,703.58	\$ 11,430.00	\$ (3,726.42)	67.40%	\$ 34,300.00
Total Revenue minus Expenses	\$ 352.67	\$ 2.00	\$ 350.67	\$ 3,732.42	\$ 6.00	\$ 3,726.42	32.60%	\$ -

# UPCOMING MEETINGS

---

## **February 27<sup>th</sup>, 2014 – Board Meeting**

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

## **March 27<sup>th</sup>, 2014 – Board Meeting**

- Approve Minutes from February 27, 2014 Board Meeting
- Approve Submission of Montgomery County United Way 2014 Request for Funding Application
- Community Resources Report
- Consumer Services Report for February 2014
- Program Updates
- Year-to-Date FY 2014 Goals & Objectives Progress Report
- 2<sup>nd</sup> Quarter FY 2014 Corporate Compliance & Quality Management Report
- 3<sup>rd</sup> Quarter FY 2014 Corporate Compliance Training
- Program Presentation – Supported Housing Program
- Personnel Report for February 2014
- Approve February 2014 Financial Statements
- 2<sup>nd</sup> Quarter FY 2014 Investment Report
- Board of Trustees' Unit Financial Statement for February 2014
- Other Business Committee Issues