

Tri-County Behavioral Healthcare Board of Trustees Meeting

January 25, 2018



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, January 25, 2018. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

AGENDA

I. Organizational Items

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

II. Program Presentation - From the Heart Campaign

III. Program Presentation - Special Recognition - Retirement for Lessie Frank

IV. Approve Minutes - November 30, 2017

V. Executive Director's Report - Evan Roberson

- A. United Way of Greater Houston Award
- B. City of Conroe Transportation Update
- C. HCS Settings Rule
- D. Certified Community Behavioral Health Center

VI. Chief Financial Officer's Report - Millie McDuffey

- A. Budget Revision
- B. Cost Accounting Methodology (CAM)
- C. HCS, TxHmL, ICF and MEI Cost Reports
- D. DADS Fiscal Monitoring Review

VII. Program Committee

Action Items

- A. Approve Appointment of New IDD Planning Network Advisory Committee Member Page 8

Information Items

- B. Community Resources Report Pages 9-11
- C. Consumer Services Report for November and December 2017 Pages 12-14
- D. Program Updates Pages 15-18
- E. FY 2018 Goals and Objectives Progress Report Pages 19-23
- F. 1st Quarter FY 2018 Corporate Compliance and Quality Management Report Pages 24-29
- G. 2nd Quarter FY 2018 Corporate Compliance Training Pages 27-28
- H. Medicaid 1115 Transformation Waiver Project Status Report Pages 29-30

VIII. Executive Committee

Action Items

- A. Approve Changes to Board Policies Pages 31-56

Information Items

- B. Personnel Report for November and December 2017 Pages 57-61
- C. Texas Council Risk Management Fund Claims Summary as of November & December 2017 Pages 62-64

D. Texas Council Quarterly Board Meeting Update.....	Page 65
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IX. Business Committee

Action Items

A. Approve November 2017 Financial Statements.....	Pages 66-78
B. Approve December 2017 Financial Statements.....	Pages 79-92
C. Approve FY 2017 Independent Financial Audit.....	Page 93
D. Approve Appointment of New Directors for the Cleveland Supported Housing Board.....	Page 94
E. Approve Appointment of New Directors for the Independence Communities, Inc. Board.....	Page 95
F. Approve Appointment of New Directors for the Tri-County Consumer Foundation.....	Page 96
G. Approve Lease Renewal Amendment for 300/302 Campbell St., Cleveland, TX.....	Page 97

Information Items

H. 1 st Quarter FY 2018 Investment Report.....	Pages 98-102
I. Board of Trustees Unit Financial Statements for November and December 2017.....	Pages 103-105
J. HUD 811 Updates - Cleveland, Montgomery and Independence Communities, Inc.....	Pages 106-108
K. Foundation Board Update.....	Page 109

X. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

November 30, 2017

Board Members Present:

Patti Atkins
Richard Duren
Gail Page
Morris Johnson
Sharon Walker
Tracy Sorensen

Board Members Absent:

Janet Qureshi
Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Tanya Bryant, Director of Quality Management and Support
Amy Foerster, Chief Compliance Officer
Kenneth Barfield, Director of Management Info Systems
Tabatha Abbott, Cost Accountant
Catherine Prestigiovanni, Director of Strategic Development
Ava Green, Executive Assistant
Jamila Brinson, Legal Counsel

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:02 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

Public Comment: There was no public comment.

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

Resolution #11-17-01

Motion Made By: Morris Johnson

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

Resolved:

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

Resolution #11-17-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the October 26, 2017 meeting of the Board of Trustees.

Program Presentations:

Huntsville Life Skills Christmas Carolers

Award Presentation to the Christmas Card Contest Winners

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for October 2017 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

Resolution #11-17-03

Motion Made By: Sharon Walker

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

Resolved:

That the Board approve the 2018-2019 Mental Health Quality Management and Utilization Management Plan.

EXECUTIVE COMMITTEE:

Resolution #11-17-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve revised Board Policy D.12 – Abuse, Neglect and Exploitation.

The Personnel Report for October 2017 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for October 2017 was reviewed for information purposes only.

The Texas Council Quarterly Board Meeting update was presented for information purposes only.

BUSINESS COMMITTEE:

Resolution #11-17-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the October 2017 Financial Statements.

Resolution #11-17-06

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve the reappointment of Mr. Morris V. Johnson and Mr. Macka Lee Murrah to serve on the Board of Directors for Independence Communities, Inc. for an additional two year term expiring in January 2020.

Resolution #11-17-07

Motion Made By: Sharon Walker

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

Resolved:

That the Board approve the reappointment of Mr. Michael Cooley, Ms. Barbara Duren and Ms. Jane Fetterman to serve on the Board of Directors for Montgomery Supported Housing, Inc. for an additional two year term expiring in January 2020.

Resolution #11-17-08

Motion Made By: Gail Page

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

Resolved:

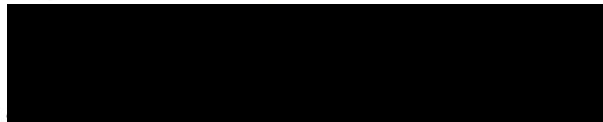
That the Board approve the reappointment of Mr. Joe Bazar to serve on the Board of Directors for Cleveland Supported Housing, Inc. for an additional two year term expiring in January 2020.

The Board of Trustees Unit Financial Statements for October 2017 were reviewed for information purposes only.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:22 a.m.

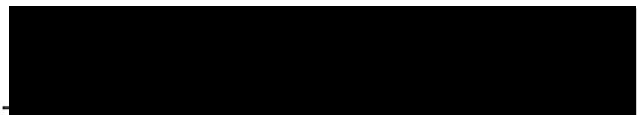
Adjournment:



Patti Atkins
Chair

Date

Attest:



Gail Page
Secretary

Date



Executive Director's Report

January 25, 2018

Announcements

- The next regularly scheduled Board meeting is on February 22, 2018.
- I have attached some pictures from the PETC Lobby remodel. Mike Duncum oversaw this work and the contractors did a good job making the facility much more durable and much easier to keep clean.
- The Health and Human Service Commission notified us on Tuesday of preliminary awards related to three (3) Needs Capacity Assessments (grant applications) that were submitted in response to the legislation approved by the 85th Texas Legislature. The three applications were for 1) additional inpatient psychiatric bed days, 2) an East Montgomery County Emergency Center for crisis assessments, and 3) a Substance Abuse Treatment clinician/manager. We do not yet know if the full funding requests were approved, but if they are fully approved, we would add just over \$850,000 each year for programming in crisis services and substance abuse treatment services. Based on recent experience, it may take HHSC some time to generate the contracts for these new services.
- We also received word on Tuesday that we have been awarded additional 1115 Transformation Waiver Unallocated Funds (UAF) which will allow us to add 1.4 million dollars in new programming. Our UAF application was for integrated healthcare in Walker and Liberty Counties, additional medical supports in the form of a 'wellness center' in Conroe and additional therapy services for persons in mental health services. We are excited about our ability to use these dollars to enhance our service array.
- We anticipate the contract amendment from the Health and Human Services Commission in the next few weeks which will provide just over \$550,000 in new funding for adult mental health services. The dollars were allocated in the final budget for FY 2018 by the 85th Texas Legislature, but have been held up in contracting processes. We have posted a new psychiatrist position which will be paid for out of this additional funding and will be posting other positions soon.

- Tri-County's United Way Campaign, normally in the month of September, was delayed this year due to Hurricane Harvey. Our team has come together and will be fundraising during the month of February. Our agency goal this year is \$20,000.
- Finally, I just wanted to report that Millie is doing fine and is actually planning to be back at work part time next Monday. She seems to think that she will be able to resume regular duties soon, but we will keep a close eye on her. I'm very grateful to her team who have pitched in and covered for her. We are fortunate to have a strong financial team.

United Way of Greater Houston

As you are aware, the Montgomery County United Way (MCUW) merged with the United Way of Greater Houston (UWGH) in February of 2016. As a part of the merger, UWGH agreed to fund programs that had been funded by the MCUW for the remainder of a three year funding cycle. This fall, our programs (currently the Psychiatric Emergency Treatment Center day programming and both Youth and Adult Substance Abuse Treatment) had to reapply with UWGH for ongoing funding. UWGH awards funding based on their fiscal year, which begins in January, and then the Board will send a letter at the end of March which includes the "approved investment for the remainder of 2018." UWGH does not commit for an entire year in January because their funding campaign wraps up in March.

For this cycle, we requested additional funding for both the PETC and SA programs. The award letter, which I have attached, reflects an increase in PETC Funding (\$20,000) and level funding for SA Treatment if the investment is approved for the year. The UWGH fundraising campaign, which usually begins in September, was delayed due to Hurricane Harvey and we are unsure what impact there will be from the Hurricane response on the fundraising campaign this year.

City of Conroe Transportation Update

As the Board is aware, I have been in ongoing conversations with the City of Conroe about adding a third City bus route so that the Sgt. Ed Holcomb site can be accessed by our clients. We have been considering lots of options to facilitate this increased access including responding to their Request for Proposals (RFP) for transportation providers.

In the fall, we had the opportunity to apply for Unallocated Funds (UAF) in the 1115 transformation waiver. At that time, I approached the City about applying for funding to purchase a vehicle that could be used for the additional route. The City did not know if they would need an additional bus because the RFP included the possibility of providing buses, so they declined.

Recently however, the City has resumed conversations with Tri-County about the purchase of a bus. While we applied for and have been awarded the UAF funding, we did not apply for funding for a bus (approximately \$125,000). The City has one other stakeholder that is

interested in helping them purchase a bus and Amy Foerster and I have been working with the City, and Jackson Walker, to see what we might be able to do.

Home and Community-based Services Setting Rule

On March 17, 2014, the ‘final rule’ amending Medicaid regulations became effective. This rule creates new requirements for the settings in which states may provide Home and Community-based Services. In the rule, a “community” setting is defined as a setting that exhibits certain specific qualities. The date for compliance for current programs was extended until March 17, 2022; however, prior to this date the state must submit a Transition Plan which must be approved by the Center for Medicare and Medicaid Services (CMS). They will make their 4th attempt to submit this Transition Plan in early 2018.

Our three Intellectual and Developmental Disability day programs would be impacted by the rule which defines the community setting as a place where:

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

Our staff is comfortable with the philosophy of the settings rule; in short that our clients be integrated with the community, but our current model is designed to provide quality day services with the dollars that are available to us.

HHSC/DADS proposed last year that the Day Habilitation service be replaced by a service called ‘Community Integration’ which would offer 15 hours a week of integrated activities, based from the client’s home, but which would not provide a program location for the client to go to on those days. Advocates have rejected this plan and are looking for the state to fund both the day programs (as a hub or place to go) and integrated activities; which, of course, is going to be more expensive than the current model. Due to the dollars involved to meet this need, we expect this to be an important item for the 86th legislative session.

Certified Community Behavioral Health Clinic (Center)

The Certified Community Behavioral Health Clinic (CCBHC’s) are designed to provide a comprehensive range of mental health and substance use disorder services, particularly to individuals with the most complex needs. CCBHCs provide the comprehensive array of services that are necessary to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious and complex mental illnesses and conditions.

CCBHCs serve, regardless of their ability to pay:

- Adults with Serious Mental Illnesses;
- Children with Serious Emotional Disturbances;
- Persons with long-term chronic addiction;
- Persons with co-morbid mental illnesses and substance use;

- Underserved individuals and families;
- Low income, Medicaid, Uninsured individuals;
- Those with complex health profiles; and,
- Members of our armed services and veterans.

All services are provided based on a case rate with potential for increased payments based on quality.

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded CCBHC demonstration grants to eight (8) states and Texas was not selected as one of those. Several Community Centers in the state applied for and were awarded CCBHC certification as a part of the pilot. Tri-County did not apply for the pilot.

Texas HHSC has decided that the CCBHC model is one that they would like to pursue more fully and many of Executive Directors believe that the time is right to suggest a refinance of General Revenue to pull down Federal matching dollars to fund this new treatment model. The Texas Council believes that new funds could be available in time to plug the hole that would exist once 1115 payments are gone. In essence, the new funds would allow the creation of a Serious Mental Illness benefit by leveraging Medicaid funding. The General Revenue refinance would not include all current GR, but it is uncertain how much would be leveraged.

There will be much more to come on this as I review the requirements again with our staff. If the Council decides to pursue this path, we will have a major initiative to kick off that will likely require most of our focus over the next 2.5 years. Tri-County is in a better position to meet these requirements than some Centers, but Center staff will have to work very hard to become a Certified Community Behavioral Health Clinic.



PETC Lobby Remodel





Triage Room



Triage Hallway



Extended Observation Room



United Way of Greater Houston

United Way Center for
Philanthropy, Leadership
and Volunteerism

50 Waugh Drive
Houston, Texas 77007

P.O. Box 3247
Houston, Texas 77253-3247
Phone 713-685-2300

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Marc Watts

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President and CEO
Anna M. Babin

December 12, 2017

Mr. Evan Roberson
Executive Director
Tri-County Behavioral Healthcare
1506 FM 2854
Conroe, Texas 77304

Dear Mr. Roberson,

On behalf of the United Way of Greater Houston Board of Trustees, we want to thank you for an outstanding Community Investment Process in Montgomery County. Through this process, we were able to demonstrate the impact our partnership is having in Montgomery County. The programs and services you provide every day to people from across the county are a key part of the community fabric.

As previously shared with you, United Way of Greater Houston's investments in agency programs will be made on a calendar year. As with all program investments, a three-month grant is made, January through March. This is to allow for the completion of the annual community campaign by March 31, 2018.

As a result of Hurricane Harvey, our United Way campaign had a delayed start. It is too early to forecast how the community campaign will end, nor the amount available for agency programs. Therefore, with this letter, we are making investments in your programs for the first quarter of 2018 only. Once the campaign is concluded, and we know the amount available to invest, the Board of Trustees will finalize investments for the remainder of the calendar year.

By accepting United Way of Greater Houston's investment, it is our expectation that you will begin in January to track the outcomes and/or outputs agreed to during the Community Investment Process for the programs reviewed. Specifically, your program investment(s) for January, February and March 2018 are detailed as follows:

Program	January through March 2018 Investment
Adult Substance Abuse Treatment Program	\$ 9,577
Psychiatric Emergency Treatment Center – Day Treatment Program	16,320
Youth Substance Abuse Treatment Program	<u>9,577</u>
TOTAL	<u>\$35,474</u>

The agency will receive a letter from United Way of Greater Houston at the end of March 2018 stating the Board of Trustees approved investment for the remainder of

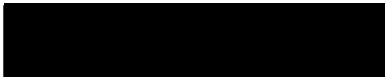
2018 and a service provider agreement stating the deliverables as agreed to during the Community Investment Process. (Please note that the final program investment may be less than the prior year investment.)

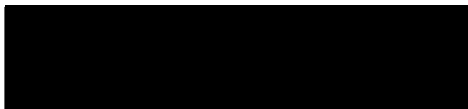
We ask that you acknowledge receipt of this letter and indicate your acceptance by signing and returning a copy within 10 working days of the date of the letter. We will not be able to release your January 15th allocation until we have received the signed copy of this letter.

We value our strengthening relationship and appreciate your continued commitment to our community. Together, our shared vision for a stronger community is truly possible.

Many thanks to you, your board and staff. We wish you all the best during this holiday season.

Very truly yours,


Anna M. Babin
President and CEO


Marc Watts
Chair, Board of Trustees

cc: Ms. Patti Atkins, Board Chair

As an officer of TCBHC, I acknowledge receipt of this letter. By accepting the investment noted above, I acknowledge that all programs and data tracking as agreed to during the Community Investment Process are in effect.

By: 

Signature

Executive Director

Title

1/6/2018

Date

CHIEF FINANCIAL OFFICER'S REPORT

January 25, 2018

Mid-Year Budget Revision – As we have reported the last couple of months, the first budget revision is projected to come to the Board for approval in February or March. This will include a contract revision on the mental health services contract and will also reflect additional programs such as the Hurricane Harvey FEMA contracts. The receipt of the contract revision from HHSC will determine when we can actually get the revision completed and presented to the board.

Cost Accounting Methodology (CAM) – We are in the final stages of getting the preliminary CAM report completed for submission on January 29th. The requirements have not changed over the last few years and we are only required to submit the CAM for mental health services. The due date for the preliminary report is January 29, 2018 and the final report is due on February 27, 2018.

Over the next couple of weeks, we will be spending time reviewing service data with the consolidated payroll data to determine areas that need to be researched prior to the final report being submitted to the state at the end of February. As a part of this review, we will also compare the data to prior year's CAM submissions to ensure that any major changes are correct and reflect current trends accurately.

FY 2017 HCS, TxHmL & ICF and MEI Cost Reports – We are also working on the HCS, Texas Home Living, ICF and MEI cost reports for FY 2017. These are due in the spring of each year.

This year will be the last cost report for the ICF program for Tri-County. We are currently on “vendor hold” since the contracts were sold. Due to the “vendor hold”, the month of August 2017 will not be paid to Tri-County until the cost reports are submitted and HHSC is able to audit the Client Trust Accounts that were held by Educare.

HHSC is requiring a mandatory training this year for all cost reports. Once the training is completed on February 5th, we will know what changes will be implemented to the reports.

DADS Fiscal Monitoring Review – We received the final written report back from HHSC on December 19th. The actual DADS Fiscal Monitoring Review visit was conducted on August 21st thru August 24th. The final written report stated that all corrective actions specified were accepted by HHSC and there are no further actions required by Tri-County.

For information only, the following were the findings:

(1) Finding – Report III – Fiscal Year 2017, Quarter 3

IDD Services reviewed the CARE Report III – Fiscal Year 2017, Quarter 3 to determine if the data agreed with the Center's financial records and whether the report was completed in accordance with Performance Contract guidelines. Staff noted the following:

- Under General Revenue funding, a total of \$90,509 (line 751 in the amount \$1,278 and Line 767 in the amount of \$89,231) is listed under the strategy Crisis Respite In-Home. During interviews with Kelly (IDD Authority Director) and Kathy (IDD Services Director), both indicated the Center did not provide Crisis Respite in Home. These two items listed under Crisis Respite In-Home should be moved to strategy A.4.2.2.4, Crisis Respite Out of Home.
- On Line 751 General Revenue funding, \$5,650 is listed for strategy Crisis Intervention Specialist (CIS). Since CIS has its own funding strategy (Line 766), this funding should be spent before other General Revenue sources are expended. This amount in Line 751 should be moved to Line 766 under strategy A.1.1.2.5.
- On Line 751 General Revenue funding, \$4,689 is listed under strategy A.1.1.2.4, Enhanced Community Coordination (ECC). Since ECC has its own funding source under line 741 – Other Federal Funding (Including ECC and Transitional Support Team), the amount should be moved to Line 741 under strategy A.1.1.2.5.
- Line 710 is considered Other IDD Funding. Revenue designated for this line is billed using Form 1048 (Summary Sheet for Services to Individuals with IDD in NF) and the designated strategy is A.4.2.6.1, Special Therapies Various.
The amount of \$21,000 listed in Line 710 under Independent Living should be moved to the above strategy.

Recommendations - The HHS LIDDA Monitoring team recommends the Center correct the General Revenue allocations mentioned above and move them to the appropriate columns and/or lines. Since the data in the CARE Report III is rolling cumulative data, the Center can make the correction on the next fiscal year 2017 template, Report III – Fiscal Year 2017, Quarter 4 Preliminary or the Report III – Fiscal Year 2017, Quarter 4 final template.

Management Response – Tri-County Behavioral Healthcare is in agreement with the above recommendations and will ensure that all corrections are made to the Report III – Fiscal Year 2017, Quarter 4 final template.

Corrective Action Plan - The corrective action plan is accepted. There is no further action required by Tri-County. Their Report III FY 17 Qtr. 4 has already been received by HHS Monitoring Team. It has been processed and uploaded into CARE.

<p>Agenda Item: Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>January 25, 2018</p>
<p>Background Information:</p> <p>The Department of Aging and Disability Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have two (2) IDDPNAC openings.</p> <p>Staff is recommending the appointment of the volunteer listed below to the Intellectual and Developmental Disabilities Planning Network Advisory Committee.</p> <p><u>Jae Kim, Community Member</u></p> <ul style="list-style-type: none"> • Accountant/Finance Assistant at the Woodlands Area Chamber of Commerce • Daughter receives services at Tri-County • Other Activities – Community relation/reach team at Commerce, Volunteer at Interfaith. <p>Ms. Kim has agreed to serve on the IDDPNAC for the remainder of a two year term which will expire August 31, 2020.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Jae Kim as a New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the Remainder of a Two Year Term Which Expires August 31, 2020</p>	

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: January 25, 2018
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

December 1, 2017 – January 25, 2018

Volunteer Hours:

Location	November	December
Conroe	278.25	62
Cleveland	0	2
Liberty	11	2
Huntsville	7.50	0
Total	296.75	66

COMMUNITY ACTIVITIES:

12/4/17	Homeless Coalition Board Meeting	Conroe
12/4/17	Lone Star College Academy of Lifelong Learning Workshops	Woodlands
12/4/17	Walker County Community Safety Plan – Medical Focus Group	Huntsville
12/5/17	E3 Steering Committee Meeting	The Woodlands
12/5/17	Plum Grove Community Meeting	Cleveland
12/5/17	Conroe ISD Mentor Lunch	Conroe
12/6/17	Conroe Noon Lions Club Lunch	Conroe
12/7/17	Cleveland Chamber of Commerce Luncheon	Cleveland
12/7/17	Liberty County Health Coalition	Liberty
12/11/17	Montgomery County Women’s Center Speaking Engagement-Suicide	Conroe
12/12/17	Montgomery County Child Fatality Review Team	Conroe
12/12/17	Leadership Montgomery County Fundraising Meeting	The Woodlands
12/12/17	Conroe ISD Mentor Lunch	Conroe
12/13/17	Taste of the Town Community Meeting-Chamber of Commerce	The Woodlands
12/13/17	Outreach, Screening, Assessment and Referral to Treatment Meeting	League City
12/13/17	Liberty County Community Resource Coordination Group	Liberty
12/14/17	Huntsville Chamber of Commerce Breakfast	Huntsville
12/14/17	Holiday Cheer for Adoption/Post Adoption Clients at Depelchin Children’s Center	Houston
12/18/17	Spiritual Care Network Meeting	The Woodlands
12/19/17	City of Conroe Community Meeting with Human Resource Director	Conroe
12/19/17	Conroe ISD Mentor Lunch	Conroe
12/19/17	North Houston Networking Group	The Woodlands
12/19/17	Montgomery County Community Resource Coordination Group	Conroe
12/20/17	Conroe Noon Lions Club Committee Meeting	Conroe
12/20/17	Conroe Noon Lions Club Luncheon	Conroe
12/20/17	Liberty Chamber of Commerce Luncheon	Liberty
12/21/17	Montgomery County Food Bank Community Volunteer Day	Conroe
1/3/18	Montgomery County Mental Health Court Meeting	Conroe
1/3/18	Community Relations Team Meeting – Chamber of Commerce	The Woodlands
1/4/18	Lake Conroe Area Republican Women’s Lunch	Montgomery

1/4/18	Cleveland Chamber of Commerce Luncheon	Cleveland
1/9/18	Conroe ISD Mentor Lunch	Conroe
1/10/18	Liberty County Community Resource Coordination Group	Liberty
1/10/18	Conroe Noon Lions Club Luncheon	Conroe
1/11/18	Huntsville Chamber of Commerce Breakfast	Huntsville
1/11/18	Leadership Montgomery County Infrastructure Meeting	Conroe
1/15/18	Spiritual Care Networking Meeting	The Woodlands
1/15/18	Liberty Networking Group	Liberty
1/16/18	North Houston Networking Group	The Woodlands
1/16/18	Montgomery County Community Resource Coordination Group	Conroe
1/16/18	Conroe ISD Mentor Lunch	Conroe
1/17/18	The Woodlands Chamber Networking Breakfast	The Woodlands
1/17/18	Liberty Chamber of Commerce Luncheon	Liberty
1/17/18	Multidisciplinary Behavioral Health Team Quarterly Meeting	Huntsville
1/18/18	Taste of the Town – The Woodlands Chamber	The Woodlands
1/18/18	Homeless Coalition Meeting	Conroe
1/20/18	Conroe ISD Employee Health Fair	Conroe

UPCOMING ACTIVITIES:

1/26/2018	Special Needs Offender Program Meeting – Conroe District Parole	Conroe
2/1/18	Cleveland Chamber of Commerce Luncheon	Cleveland
2/1/18	Homeless Coalition Meeting	Conroe
2/10/18	Liberty Chamber of Commerce Luncheon	Liberty
2/14/18	Liberty County Community Resource Coordination Group	Liberty
2/15/18	Huntsville Chamber of Commerce Breakfast	Huntsville
2/15/18	Homeless Coalition Meeting	Conroe
2/20/18	Montgomery County Community Resource Coordination Group	Conroe
2/21/18	Liberty Chamber of Commerce Luncheon	Liberty

Agenda Item: Consumer Services Report for November and December 2017 Committee: Program	Board Meeting Date: January 25, 2018
Background Information: None	
Supporting Documentation: Consumer Services Report for November and December 2017	
Recommended Action: For Information Only	

Consumer Services Report

November 2017

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	545	50	25	43	663
Crisis and Transitional Services (LOC 0, LOC 5)	52	0	0	1	53
Psychiatric Emergency Treatment Center (PETC) Served	62	3	1	5	71
Psychiatric Emergency Treatment Center (PETC) Bed Days	245	13	2	23	283
Contract Hospital Admissions	4	0	1	0	5
Diversion Admits	11	1	0	0	12
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1272	176	104	91	1643
Adult Medication Services	813	67	54	77	1011
Child Service Packages (LOC 1-4 and YC)	665	51	29	63	808
Child Medication Services	247	16	7	26	296
TCOOMMI (Adult Only)	130	18	21	6	175
Adult Jail Diversions	3	0	0	0	3
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	0	0	0	0	0
Service Coordination	607	37	45	65	754
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	37	5	17	21	80
Substance Abuse Services					
Children and Youth Prevention Services	59	36	22	0	117
Youth Substance Abuse Treatment Services/COPSD	8	0	0	0	8
Adult Substance Abuse Treatment Services/COPSD	23	0	0	0	23
Waiting/Interest Lists as of Month End					
Adult Mental Health Waiting List	6	0	0	0	6
Home and Community Based Services Interest List	1565	127	131	147	1970
November Served by County					
Adult Mental Health Services	1651	168	111	171	2101
Child Mental Health Services	665	51	29	63	808
Intellectual and Developmental Disabilities Services	622	46	51	67	786
Total Served by County	2938	265	191	301	3695
October Served by County					
Adult Mental Health Services	1694	171	136	183	2184
Child Mental Health Services	671	60	19	70	820
Intellectual and Developmental Disabilities Services	669	44	53	74	840
Total Served by County	3034	275	208	327	3844
September Served by County					
Adult Mental Health Services	1695	153	110	184	2142
Child Mental Health Services	586	51	18	65	720
Intellectual and Developmental Disabilities Services	638	45	51	67	801
Total Served by County	2919	249	179	316	3663

Consumer Services Report

December 2017

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	464	35	29	58	586
Crisis and Transitional Services (LOC 0, LOC 5)	40	0	0	2	42
Psychiatric Emergency Treatment Center (PETC) Served	62	4	1	4	71
Psychiatric Emergency Treatment Center (PETC) Bed Days	263	23	3	17	306
Contract Hospital Admissions	9	0	1	1	11
Diversion Admits	16	1	1	5	23
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1174	157	109	82	1522
Adult Medication Services	789	99	66	75	1029
Child Service Packages (LOC 1-4 and YC)	617	49	30	69	765
Child Medication Services	228	18	10	30	286
TCOOMMI (Adult Only)	120	17	20	5	162
Adult Jail Diversions	3	0	0	0	3
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	0	0	0	0	0
Service Coordination	630	36	43	65	774
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	28	5	12	19	64
Substance Abuse Services					
Children and Youth Prevention Services	67	26	12	0	105
Youth Substance Abuse Treatment Services/COPSD	12	0	0	0	12
Adult Substance Abuse Treatment Services/COPSD	22	0	0	0	22
Waiting/Interest Lists as of Month End					
Adult Mental Health Waiting List	6	0	0	0	6
Home and Community Based Services Interest List	1575	127	131	147	1980
December Served by County					
Adult Mental Health Services	1503	167	117	164	1951
Child Mental Health Services	617	49	30	69	765
Intellectual and Developmental Disabilities Services	631	45	51	69	796
Total Served by County	2751	261	198	302	3512
November Served by County					
Adult Mental Health Services	1651	168	111	171	2101
Child Mental Health Services	665	51	29	63	808
Intellectual and Developmental Disabilities Services	622	46	51	67	786
Total Served by County	2938	265	191	301	3695
October Served by County					
Adult Mental Health Services	1694	171	136	183	2184
Child Mental Health Services	671	60	19	70	820
Intellectual and Developmental Disabilities Services	669	44	53	74	840
Total Served by County	3034	275	208	327	3844

Agenda Item: Program Updates Committee: Program	Board Meeting Date: January 25, 2018
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

December 1, 2017 – January 25, 2018

Crisis Services

1. After a collaborative effort with the Mental Health Court, the District Attorney's Office, Conroe Police Department, Mental Health Coalition and Volunteers of America Tri-County was able to assist in securing housing for a long-term homeless patient. She had been in and out of jail since 2014 due to Criminal Trespass charges and determined incompetent to stand trial. She is participating in outpatient services and maintaining mental health stability at this time.
2. New flooring and reinforced walls were installed over the holidays in the Psychiatric Emergency Treatment Center (PETC) lobby and triage areas. These modifications will help the PETC to be more durable and sanitary.
3. Holiday activities were coordinated for the six days leading up to Christmas for patients programming in the Crisis Stabilization Unit (CSU). Patients participated in making gingerbread houses, decorated sugar cookies, watched festive movies, drank hot cocoa/cider and received gifts from "Santa".

MH Adult Services

1. No show rate is holding at around 30% across the Center. Generally, no show rates are slightly lower in Conroe and slightly higher in rural clinics.
2. Medication costs have increased slightly due to increased number of clients and the continued loss of patient assistance programs.
3. Genoa is helping manage all of the long term injectable medications to assure clients have access to the medications on the day the injections are due.
4. We have had three Adult Outpatient nurse resignations in the last six (6) weeks including two (2) in Conroe and one (1) in Liberty County. The Director of Nursing has filled (1) one of these positions and had the other two advertised. The Liberty opening is our longest tenured nurse, Lessie Frank, who is retiring after 29 years with the Center.
5. We will be providing clinical supervision for 2 nurse practitioner students from UT Health this semester and student nurses from Lone Star and Sam Houston State University will start clinical rotation in February. We have an agreement with Sam Houston State University to have students from their planned medical school rotate through outpatient services and the PETC.
6. We have had several openings in Conroe Adult Outpatient services. Application flow was slow in November and December, but three of the vacancies in the department are now filled, with new staff starting in January, including the PATH and ACT positions.
7. Over the last month, the Routine Assessment & Counseling team has been able to significantly reduce the wait time for individuals seeking an intake evaluation. In addition to offering same day appointments, we now consistently have availability within the same week for individuals who are unable to attend a same day appointment.

MH Child Services

1. Supervisors continue to focus on recruiting quality staff for open positions as well as training and coaching new hires in order to keep up with the growing demands for services. Fortunately, application flow has increased since the beginning of the year. C&Y rehab caseloads are temporarily higher than normal due to the growing population and recent turnover.
2. The Clinical Eligibility Determination Assessment for the Youth Empowerment Services (YES) Waiver Requests has been expanded with eight (8) additional data fields as a part of HHSC's efforts to prepare the assessment package for non-center providers. Ultimately, we may just be the LMHA "front door" (eligibility and referral) for the YES Waiver if qualified providers become available in our area.

Criminal Justice Services

The TCOOMMI adult caseloads are meeting contracted numbers, despite low program referrals for December. The Jail Liaison assessed 15 individuals and coordinated the treatment of 35 others in Montgomery County Jail in December and the Jail Diversion program diverted 1 individual in December to make 4 for FY 18. Finally, OCR admitted 3 individuals and has served 7 in FY18.

Substance Abuse Services

1. The United Way grant was approved for the first 3 months of 2018. Staff are being trained on the assessment tool to track and monitor data related to the new measures and will begin implementing the new assessment on 1/8. We anticipate with the use of the new assessment, having an increased ability to effectively monitor and track programmatic successes and areas for improvement.
2. The number of clients presenting for intake to our Youth Substance Abuse Treatment program continues to increase since the beginning of the year. Most of our clients continue to be mandated by Montgomery County Juvenile Probation as a result of increased communication between our program manager and probation officers.
3. Due to contract requirements, we continue to seek an applicant that possesses at least an Associate Prevention Specialist credential to fill our vacant Prevention Program Manager position.
4. Our prevention specialists have scheduled Prevention Groups in all three counties for the Spring and are already starting to schedule groups in summer programs to meet contract requirements for FY 18.

IDD Services

1. PASRR provider rates for several services may be reduced. Most significant reduction would be "Independent Living Skills" by 21%, but it is unchanged at this time.
2. Our Home and Community-based Services (HCS) Provider program has three open slots at this time. Staff is looking for a suitable group home in Huntsville for three current HCS consumers who have requested a group home.

3. Staff are preparing for the annual IDD Authority audit which is scheduled for March 26th through 29th.
4. IDD Authority is awaiting receipt of the HHSC contract for the Autism program.

Support Services

1. **Quality Management:**
 - a. Staff are in the process of finalizing the Program Survey for Criminal Justice Services.
2. **Utilization Management:**
 - a. UM Staff continue to review the frequency by which staff provide services related to substance use to individuals served. As you may recall, Health and Human Services required Centers to track these services through the use of a COPSD modifier. UM staff have continued to monitor and provide feedback to managers to ensure Center staff are using the code appropriately.
 - b. The Center Appeals procedure and forms have been updated and additional training is planned for the next few months following completion of some additional Utilization Management procedures.
3. **Training:**
 - a. The Clinical Trainer and Director of Quality Management have started interviewing applicants for the open Training Coordinator position.
 - b. Staff are currently reviewing and updating Computer Based Competency Trainings to ensure that these trainings continue to provide the most up to date information.
4. **Veteran Affairs:**
 - a. The Veteran Services Liaison hosted a Rural Veterans Needs Assessment Focus Group with key stakeholders and representatives from the Texas Veterans Commission.
 - b. The 2nd Annual Veteran Services Appreciation Banquet was held on Friday January 12, 2017 with over 80 people in attendance.

Community Activities

1. The Crisis Counseling Program for Hurricane Harvey Recovery continues to surpass all expectations in community contacts with individuals, families, schools, and local businesses. The teams goal was 5435 contacts combined for all 3 counties; they currently have over 11,000 contacts.
2. The Director of Strategic Development was appointed as a Montgomery County Civil Service Commissioner on December 14, 2017. The Montgomery County Civil Service Commission was created by Montgomery County to regulate the employment and working conditions of civil servants, oversee hiring and promotions, and promote the values of the public service.

Agenda Item: FY 2018 Goals and Objectives Progress Report Committee: Program	Board Meeting Date January 25, 2018
Background Information: The Management Team met on July 6, 2017 to update the five year strategic plan and to develop the goals for FY 2018. 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 Health and Human Services Commission or other contractors. This report shows progress through the 1 st Quarter of FY 2018.	
Supporting Documentation: FY 2018, 1 st Quarter Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2017 – November 30, 2017

Goal #1 – Professional Facilities

Objective 1:

Facility improvements to the PETC lobby area will be completed by January 1, 2018.

- Flooring was replaced in the PETC lobby, Extended Observation Unit, administrative office and triage hallways by the above deadline.
- Walls in the triage and lobby areas were also reinforced for durability.

Objective 2:

Staff will develop a facility improvement plan for Cleveland by March 31, 2018.

- Mike Duncum is working with staff to develop a plan for the Cleveland Clinic.

Goal #2 – Community Connectedness

Objective 1:

The Tri-County Consumer Foundation will hold at least one fundraising event by March 31, 2018.

- The “Changing Lives Breakfast” will be held on March 8, 2018

Objective 2:

Tri-County will launch the ‘I Chose Life’ website with the youth and caregiver commitments that can be made online by December 31, 2018.

- The I Choose Life website needs additional work before it can be linked to the Tri-County website.

Objective 3:

Tri-County will host, on average, at least one community stakeholder meeting at one of our facilities each month.

- Tri-County facilitated three MC-Cares meetings following Hurricane Harvey at the Sgt. Ed Holcomb location (two in September and one in October).
- A meeting was held at the Sgt. Ed Holcomb building to explore possible grant opportunities designed to divert individuals in a mental health crisis from inappropriate placements such as: emergency centers, jail, etc. A local judge, representatives from adult probation, the mental health court and a lawyer from the Montgomery County District Attorney’s Office all participated in the collaborative discussion.

Objective 4:

At least two different Management Team members will accompany the Executive Director on visits to the capitol to meet with legislative staff.

- Texas Council days at the capitol were not held in the first quarter. Plans to visit the capitol in the second quarter were made.

Goal #3 – Clinical Excellence

Objective 1:

Tri-County will screen persons for substance use and/or the use of tobacco at their initial intake and at each doctor visit by February 28, 2018.

- This is part of an 1115 program goal which will begin in the second quarter.

Objective 2:

Tri-County will develop detailed program manuals for all major adult mental health programs by August 31, 2018.

- The “In House” Level of Care 1 program manual was nearly complete at the end of quarter 1. This manual will be used as a template for Levels of Care 1 and 3 “Field” manuals later this Fiscal Year.

Objective 3:

Tri-County will start the Autism Services Program by February 28, 2018.

- HHSC has accepted our application and we are awaiting a contract for services. HHSC contracts have been much delayed in the last couple of years and we are unsure when the contract will be received.

Objective 4:

A team of staff will evaluate if there is a viable financial model for a children’s inpatient crisis program in our communities, and report on their findings to the Mental Health Planning Network Advisory Committee by May 31, 2018.

- No activity in the first quarter of FY 2018.

Goal #4 – Staff Development

Objective 1:

Tri-County will train all Licensed Professional Counselors/Licensed Clinical Social Workers and any LPC/SW interns in Psychological First Aid by May 31, 2018.

- Nineteen (19) licensed staff have been trained in Psychological First Aid as of November 30, 2017. There are roughly twenty (20) licensed staff (LPC/LPC-1 and LMSW/LCSW) that still require training.

Objective 2:

Tri-County will develop a new annual evaluation process for staff and will complete training on the new process for all supervisors by May 31, 2018.

- Staff is meeting bi-weekly and are in the process of creating a new Performance Management Cycle for Tri-County that will include coaching, performance conversations, disciplinary action, and annual evaluations. Staff are creating tools, templates, and developing the supervisor training that will be conducted to roll out this new system.

Objective 3:

Tri-County will develop a monthly face to face refresher course for new employees at their 6-month anniversary on compliance and documentation guidelines by May 31, 2018.

- Trainings have been developed and are under review. Trainings include documentation refresher, corporate compliance refresher, supervisor training, HIPAA refresher, and boundaries refresher. Once approved, these face to face trainings will be rolled out to supervisors and current employees and a schedule will be created to begin training all new hires at their 6 month mark.

Objective 4:

Tri-County will train all staff in Trauma Informed Care basic training by August 31, 2018.

- Forty (40) staff have been trained in Trauma Informed Care as of November 30, 2017. Two hundred and ninety-eight (298) staff still require training.

Goal #5 – Administrative Competence

Objective 1:

A team will be developed to analyze Human Resources and Fiscal Services software and will make a recommendation to stay with Anasazi or purchase new software by April 30, 2018.

- No activity in the first Quarter of FY 2018.

Objective 2:

Software which will be used in the development of Center forms will be selected and purchased by March 31, 2018.

- An initial assessment of software was completed. Further research and discussion is needed prior to purchase.

Goal #6 – Fiscal Responsibility

Objective 1:

Tri-County fiscal and clinical staff will interview other center staff and will create a plan for revenue diversification opportunities by May 31, 2018.

- No activity in the first quarter of FY 2018.

Objective 2:

The Chief Financial Officer will develop a workgroup to look at revenue maximization in the first quarter of FY 2018.

- No activity in the first quarter of FY 2018.

Agenda Item: 1 st Quarter FY 2018 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date January 25, 2018
Background Information: <p>The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>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.</p> <p>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 1st Quarter of FY 2018 are included in this Board packet.</p>	
Supporting Documentation: 1 st Quarter FY 2018 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

1st Quarter, FY 2018

Corporate Compliance Activities

A. Key Statistics:

1. There were three (3) Corporate Compliance investigations in the 1st quarter of FY 2018. All three (3) cases were reported by supervisors.
 - a. One (1) Corporate Compliance investigation was completed and involved services being documented inappropriately by documenting services on one individual while providing services to another individual. The staff was terminated and payback is pending.
 - b. One (1) Corporate Compliance investigation that was completed involved staff doing personal business while documenting services and timesheet fraud. The staff was neutrally terminated before the case was finalized.
 - c. One (1) Corporate Compliance investigation was completed and involved staff completing services without appropriate individuals present. The staff resigned prior to the close of the investigation and the service in question was written off.

B. Committee Activities:

1. The Corporate Compliance Committee met on October 31, 2017. The committee reviewed the following:
 - a. A summary of the 4th quarter investigations;
 - b. Legal updates on compliance issues;
 - c. Annual review of the Corporate Compliance Action Plan;
 - d. Trending items;
 - e. HIPAA review.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted three (3) record requests, totaling forty-one (41) charts.

B. Reviews/Audits:

1. Staff reviewed and submitted twenty-seven (27) charts to United Behavioral Healthcare during an on-site visit.
2. Staff reviewed and submitted fourteen (14) charts for private payers for services they paid for dating back to January 1, 2016.

C. Internal Programs Reviewed by Quality Management:

1. Staff completed Program Surveys for Child and Youth levels of care 1, 2 and 3 and Criminal Justice Services, which includes TCOOMMI and Outpatient Competency Restoration (OCR).

D. Other Quality Management Activities:

1. Staff completed 25 Telemedicine surveys which indicated very positive reviews of the service.
2. Staff conducted an audit of all training files for Quarter 1 new hires and followed up with managers on any outstanding items.
3. Staff have continued to review documentation of discharges, use of the COPSD modifier and charts for both MH and IDD services.

Agenda Item: 2 nd Quarter FY 2018 Corporate Compliance Training Committee: Program	Board Meeting Date January 25, 2018
Background Information: 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.	
Supporting Documentation: 2 nd Quarter FY 2018 Corporate Compliance Training	
Recommended Action: For Information Only	

Compliance

What is Compliance?

Compliance is the regulation of all company activities to ensure that they are in line (in "compliance") with all internal and external policies, laws and standards. The compliance department works to identify risk areas and implement controls to protect the organization from those risks.

What can the Compliance department help with?

- ♦ Employee Relation Concerns/Complaints
- ♦ Risk/Safety Management
- ♦ Performance Concerns
- ♦ Corporate Compliance

Who do I contact for my compliance concerns?

Amy Foerster
Chief Compliance Officer
Heather Hensley
Administrator of Compliance
Michelle Walker
Administrator of Compliance

♦ Phone: 936-521-6152 or toll free at 1-866-243-9252
(Dial *69 to block your number if you prefer to remain anonymous.)

Messages can be left confidentially.

Please leave a detailed message with helpful information.

♦ Email: corporatecompliance@tcbhc.org; or

♦ By appointment, your Corporate Compliance team is located at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX 77304

Frequently Asked Question of the Quarter

What is reimbursable travel?

It is not considered reimbursable travel when commuting between a staff member's personal residence and a regularly assigned work site. If staff travel from home to another facility or make a business related detour; such as to pick up mail or supplies on the way to a Tri-County location, the mileage claimed should only reflect the difference between the total distance driven and the normal home to office mileage. Mileage reported between multiple offices or multiple locations should be listed separately on the reimbursement form. Travel between facilities is reimbursable when travel is for work purposes. However, if for a personal reason the employee does not go directly from one location to the other, the employee can request reimbursement only for the amount it would have cost to go directly from one work site to another. In no instance should the amount of mileage reimbursed exceed the actual miles driven. More information on mileage reimbursement maybe found in the Tri-County procedure 2.18- Routine and In-Region Travel.

****It is important to remember that your mileage log is an official document and MUST match any documented service.****



Home —→ Primary Office= 5mi

Home —→ Client #1= 8 mi

Eligible Reimbursement= 3 mi

Staff Acknowledgement:

Staff Signature

Print Name

Date

Agenda Item: Medicaid 1115 Transformation Waiver Project Status Report Committee: Program	Board Meeting Date January 25, 2018
<p>Background Information: Texas Health and Human Services (HHS) reviewed and approved, as achieved, all Demonstration Year 6 (DY6) 1115 program metrics submitted in October 2017. Incentive payments for achievement totaling \$2,123,642.32 will be paid on January 29, 2017.</p> <p>The 1115 extension period between October 1, 2017 and December 31, 2017 is referred to as DY6B until renewal is approved, signed, and announced by CMS. Until then, 1115 programs will continue to operate under the extension. Region 2 (Liberty County) funding will be folded into Region 17 in DY7-10.</p> <p>Negotiations between HHSC and CMS agreed upon budget neutrality and length of the waiver with a 5 year renewal. The funding will be level for DY7-8 (100%) with phase down in DY9 (6%) and DY10 (14%). No funding in DY11 (year 5). We will continue to address sustainability plans and evaluations of appropriate phase down prior to the end of DY8.</p> <p>Unallocated Fund (UAF) availability is part of the protocol approval and will remain unknown until the DY7-8 protocol feedback is received from CMS. Tri-County will receive about \$1.6 million of the UAF to address unmet community needs once awarded bringing our total valuation in DY7-8 to \$7.4 million.</p> <p>In DY7-10, Categories 1-4 will be replaced with Categories A-D and assigned a percentage value of the overall performance requirements. In DY7, 20% of our funding will be tied to the submission of the updated Regional Healthcare Partnership (RHP) Plan. RHP 17 is looking at a submission date of February 28, 2018 to be paid in July, 2018.</p> <p>Category A (DY7):0%-Provider level required reporting to include core activities, cost & savings, alternative payment methods, and learning collaborative participation.</p> <p>Category B (DY7):10%-Funding for maintaining Medicaid/low income/uninsured population number.</p> <p>In DY7 (Calendar Year 2018), 65% of funds earned will be tied to Category C Outcome Measures. A minimum point value (MPT) of 15 is assigned based on our valuation of \$7.4M. As we move from the 1115 project level to the Tri-County provider level, all eligible persons served by Tri-County will be considered in the measures chosen. Our proposed measure selections to meet the MPT will address blood pressure control, comprehensive diabetes care, tobacco use, body mass index, and substance abuse screenings.</p> <p>Category D (DY7): 15% - Represents a population health perspective and will report statewide measures showing activities that impact rates on measures to include: crisis response and follow-up, juvenile justice avoidance, adult jail diversion, and community tenure, etc.</p>	
<p>Supporting Documentation: Medicaid 1115 Transformation Waiver Project Status Report</p>	
<p>Recommended Action: For Information Only</p>	

TRI-COUNTY BEHAVIORAL HEALTHCARE DY 7 & 8

Total Valuation per DY: \$6,000,000

Lower Valuation = 12 Points Required

Cat C at 55%; \$6,000,000 x .55 = \$3,300,000

Category D Valuation in DY 7 = 900,000

Region 17 = 15% Category D

Total Valuation per DY: \$7,400,000

Higher Valuation = 15 Points Required

Cat C at 55%; \$7,400,000 x .55 = \$4,070,000

Category D Valuation in DY7: \$1,110,000

Plan A \$1,200,000
Cat A \$0
Cat B \$600,000
Cat C \$3,300,000
Cat D \$900,000
Total \$6,000,000

	DY7	DY8
RHP Plan Update Submission	20%	NA
Category A	0%	0%
Category B	10%	10%
Category C	55%	75%
Category D	15%	15%

Plan B \$1,480,000
Cat A \$0
Cat B \$740,000
Cat C \$4,070,000
Cat D \$1,110,000
Total \$7,400,000

Measure Selection	Points	State Priority Measure	Steward / ID	Minumum DY7 Valuation 3 Point Measures	DY7 Valuation 12 MPT	DY7 Valuation 15 MPT
M1-103: Controlling High Blood Pressure	3	1	NCQA 0018	(\$3,300,000 / 6)/2 = \$275,000 or (\$4,070,000 / 6)/2 = \$339,167	\$550,000	\$678,333
M1-207: Diabetes Care: BP Control (<140/90)	3	N/A	NCQA 0061		\$550,000	\$678,333
M1-115: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	3	N/A	NCQA 0059		\$550,000	\$678,333
M1-105: Prev Care & Screening: Tobacco Use: Screening and Cessation Intervention	1	1	MN Comm Meas NQF 1885	Maximum DY7 Valuation 1-2 Point Measures	\$550,000	\$678,333
M1-147: Prev Care & Screening: Body Mass Index (BMI) Screening and Follow-up	1	N/A	CMS NQF 0421	(\$3,300,000 / 6) = \$550,000 or (\$4,070,000 / 6) = \$678,333	\$550,000	\$678,333
M1-261: Assessment for Substance Abuse Problems of Psychiatric Patients Audit_C; CAGE-Aid (not required)	1	1	CQAIMH		\$550,000	\$678,333
TOTAL	15 Points (met MPT)				\$3,300,000	\$4,070,000

<p>Agenda Item: Approve Board Policy Changes</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>January 25, 2018</p>
<p>Background Information: As staff continues to update Board Policy statements, four (4) Policies are recommended for deletion, two (2) Policies have been updated and two (2) new Policies is recommended for approval by the Board. In addition to formatting changes, the following modifications are recommended:</p> <p><u>Deletion:</u></p> <p>C.2-Reponsibilities of Community MHMR Center Board Members: Guidelines for Business Practice and Ethical Standards—<i>June 29, 1989</i>—These guidelines were incorporated into the Center Bylaws in the most recent revision on September 22, 2016. Recommend <u>deletion</u> of this Policy.</p> <p>C.19-Quality Assurance and Improvement—<i>August 1, 1996</i>—Recommend <u>deletion</u> of this Policy and replacement of key principles in new Policy C.33-Quality Management Plan(s).</p> <p>D.14-Process To Determine Best Value-<i>October 26, 2001</i>—Key principles covered in Policy C.18-Planning Network Advisory Committee(s) which was revised <i>December 8, 2016</i>. Recommend <u>deletion</u> of this Policy.</p> <p>D.15-Process to Evaluate Services—<i>October 26, 2001</i>—Key principles covered in new Policy C.33-Quality Management Plan(s). Recommend <u>deletion</u> of this Policy.</p> <p><u>Modification:</u></p> <p>D.7-Restraint, and Seclusion, Behavioral Therapy, Convulsive Therapy—<i>October 17, 1985</i>—Added use of mechanical restraint (allowed in IDD programs with appropriate Behavioral Intervention Plan). Changed 'drug restraint' to the appropriate term, 'chemical restraint.' Added requirement for detailed program procedures, desk procedures and training before utilization. Added definitions for aversive and convulsive therapies.</p> <p>D.16-Psychiatric Emergency Treatment Center Patient Transfer Policy—<i>December 9, 2010</i>—This Policy required almost complete rewrite as former Policy only quoted parts of Texas Administrative/Health and Safety Code and was incomplete. Distinction made between PETC (facility), programs housed at the PETC, and the CSU (Licensed program in a portion of the facility). This Policy must be approved by the Board at this level of detail according to licensing standards.</p> <p><u>New:</u></p> <p>C.33-Quality Management Plan(s)—This new Policy incorporates portions of former Policies C.19 and D.15 (related to quality management processes) and is in line with current contract expectations.</p> <p>C.34-Social Media—This new Policy is needed as a foundation for two procedures which will be finalized soon. We have three contracts which are now requiring us to participating in Social Media (Veterans Services, Substance Abuse Prevention, FEMA).</p>	

Supporting Documentation:

Board Policies Recommended for Deletion (Current Versions)

C.2-Responsibilities of Community MHMR Center Board Members: Guidelines for Business Practice and Ethical Standards—*June 29, 1989*

C.19-Quality Assurance and Improvement—*August 1, 1996*

D.14-Process To Determine Best Value—*October 26, 2001*

D.15-Process to Evaluate Services—*October 26, 2001*

Revised Board Policies (Markup Versions)

D.7-Restraint, and Seclusion, Behavioral Therapy, Convulsive Therapy

D.16-Crisis Stabilization Unit Patient Transfer Policy

New Policies

C.33-Quality Management Plan(s)

C.34-Social Media

Recommended Action:

Approve Deletion of Policies C.2, C.19, D.14 and D.15, Revisions to Board Policies D.7 and D.16, and New Policies C.33 and C.34.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

STATEMENT OF POLICY

Richard Herpin, Chairman

SUBJECT: Responsibilities of Community MHMR
Center Board Members: Guidelines
for Business Practice and Ethical
Standards

6-29-89
Date

Community MHMR center board members hold a position of public trust and are responsible to the communities they serve. They must be willing not only to conduct the center's business conscientiously and openly, but also to subject their own activities to public scrutiny. As visible representatives whose conduct directly affects the public's perception of the center, they must adhere to high moral, ethical, and legal standards. As stewards of public funds, they must strive to obtain the highest quality services at the lowest possible cost. Foremost in the board's decision making criteria must be the best interest of the center's clients.

All decisions made by a community MHMR center's board of trustees and all resulting actions taken by the center must be fair and without bias. No board member shall have any financial or other interest that conflicts with the interests of the center. Board members must be attentive to potential conflicts and recognize and treat all concerns objectively. They are required to comply with all pertinent statutes and must understand that civil and/or criminal penalties may apply for violation of those provisions within this document that are based in law. Board members must also be aware that administrative sanctions, up to and including recommendation for removal from office, may apply for violation of these policies.

PROHIBITED ACTIVITIES:

I. Violation of Laws

A board member shall not violate any law relating to his or her office.¹

II. Conflicting Interests

1. A board member shall not hold any position outside the center that could tend to impair his or her independence of judgement as a member of the board.

¹ Section 39.10, Texas Penal Code

2. Board members may serve on other boards separate and apart from Tri-County MHMR and as such is not determined a conflict of interest. Board of Trustee members should abstain from voting on any matter which directly or indirectly relates to contracts or reimbursement to or from Tri-County MHMR, or any matter which relates to interrelated issues of the two Boards. Such abstentions should be duly noted in the Board minutes.
3. A Board member shall abstain from a Board decision to contract with any entity having on its board a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the board of trustees of the center.
4. A board member shall not act as surety for a business entity that has work, business, or a contract with the center.²
5. A board member shall not act as surety on any official bond required of an officer of the center.³
6. A board member shall not rely on official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information; a board member shall not speculate or assist another person in speculating on the basis of official information.⁴

III. Conflicting Professional Practices

1. No board member shall be reimbursed for services to patients or clients referred to his or her private practice by the center.⁵
2. No board member shall be allowed use of the center's facilities free of charge for the purpose of conducting a private practice. Any agreement whereby a board member leases property from the center shall be discussed and voted on by the board in an open meeting.
3. No board member shall use his or her unique access to the center to recruit or build private practice clientele.

2 Section 171.003, Texas Local Government Code
 3 Section 171.003, Texas Local Government Code
 4 Section 39.03, Texas Penal Code
 5 Texas Attorney General's Opinion M-340

IV. Personal Benefit by Board Members

1. A board member shall not solicit, accept, nor agree to accept from another person:
 - a. any benefit in return for the board member's decision, opinion, recommendation, vote, or other exercise of discretion as a public servant; or
 - b. any benefit in return for a violation of a duty imposed by law.⁶
2. A board member shall not solicit, accept, nor agree to accept any benefit from a person the board member knows is interested or is likely to become interested in any contract, purchase, payment, claim, or transaction involving the exercise of the board member's discretion.⁷
3. A board member shall not receive any benefit for referral of clients to the center or to other service providers.
4. Neither board members nor their relatives shall receive any preferential services or considerations from the center.
5. A board member shall not misapply anything of value belonging to the government that has come into his or her possession by virtue of his or her office.⁸

V. Nepotism

1. No board member shall appoint or vote for or confirm the appointment of any person related to himself or herself, or to any other board member, by affinity (marriage) within the second degree or by consanguinity (blood) within the third degree, to any office or position of employment with the center paid for directly or indirectly from public funds.⁹
2. An employee of the center who is related to a board member in the prohibited manner described above may continue to be employed if he or she was employed by the center at least 30 days prior to the appointment of the board member. If the individual has been employed by the center for less than 30 days when his or her relative is appointed to the board, either the employee or the board member must resign.¹⁰

6 Section 36.02, Texas Penal Code
 7 Section 36.08, Texas Penal Code
 8 Section 39.01, Texas Penal Code
 9 Article 5996a, Vernon's Texas Civil Statutes
 10 Article 5996a, Vernon's Texas Civil Statutes

3. When a relative of a board member is allowed to continue employment within the provisions outlined above, the board member must not participate in deliberation or voting on any issues specific to that employee unless such issues affect an entire class or category of employees.¹¹

VI. Rights of Clients

1. Board members shall seek to ensure that all human and legal rights of clients, including those outlined in the Texas Mental Health Code and the Mentally Retarded Persons Act, are upheld by the center and its employees.¹²
2. Exploitation of clients shall not be permitted in any form; in particular, sexual relations shall not be initiated between a board member and a client of the center.

VII. Confidentiality

1. The center shall maintain confidentiality of client records.¹³
2. No board member shall accept employment or engage in any business or professional activity that might reasonably be expected to induce him or her to disclose confidential information acquired by reason of official position on the board.

VIII. Conflicting Board Responsibilities

A board member shall not uphold multiple board offices where one is subordinate or accountable to another, where the independence of the positions would be jeopardized, or where responsibilities of the offices conflict.

IX. Applicable Board Procedures

1. All board meetings shall be open to the public except as provided in the "Texas Open Meetings Act."¹⁴
2. A record of all board proceedings shall be kept, and all board records shall be open to the public except as provided in the "Texas Open Records Act."¹⁵

11 Article 5996a, Vernon's Texas Civil Statutes

12 Articles 5547-80 through 87 and 5547-300, Vernon's Texas Civil Statutes

13 25 Texas Administrative Code, Section 403.4

14 Articles 6252-17 and 5547-203, Vernon's Texas Civil Statutes

15 Articles 6252-17a and 5547-203, Vernon's Texas Civil Statutes

3. Matters concerning conflicts of interests shall be discussed by the board in open meetings and shall be recorded in board minutes.
4. The board shall not enter into a contract from which a board member may receive any pecuniary interest if the contract is to be funded wholly or in part by TDMHMR or TDMHMR-required local matching monies.¹⁶
5. If a board member has a substantial interest in a business entity or in real property on which an official action of the board would have a special economic effect distinguishable from the effect on the public, and the source of funding for the action does not contain any TDMHMR or TDMHMR-required local matching monies, the following procedures shall apply:
 - a. The member shall file, before a vote or decision on the matter, an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter.¹⁷
 - b. The affidavit shall be filed with the official record keeper of the board and shall become part of the public records of the center.¹⁸
 - c. The board shall take a separate vote on any budget item specifically dedicated to a contract with an entity in which a member of the board has a substantial interest, and the affected member shall abstain from that vote. The member affected may vote on a final budget only after the matter in which he or she is concerned has been resolved.¹⁹
 - d. If a majority of the members of the board are required to file affidavits of similar interest on a specific board matter, and do file such affidavits, those board members are not required to abstain from participation in the matter.²⁰
6. A board member who is also an officer or director of a bank shall file an affidavit and abstain from voting on issues concerning the selection of a depository of the funds of the center.²¹

16 25 Texas Administrative Code, Section 403.5
 17 Article 171.004, Texas Local Government Code
 18 Article 171.004, Texas Local Government Code
 19 Article 171.005, Texas Local Government Code
 20 Article 171.004, Texas Local Government Code
 21 Article 2529c, Vernon's Texas Civil Statutes

7. All real estate purchases of the center shall include an independent appraisal. If the center buys the property for more than its appraised value, the board shall provide justification in board records for the decision. Large commercial leases could be similarly considered.
8. Competitive bidding procedures and practices are encouraged in conformance with state law, rules and regulations.
9. Any board member who believes there has been a violation of the policies in this document shall report the violation to the full board. The person accused of the violation shall have the opportunity to explain his or her perspective on the issue. The board shall investigate the complaint and take any action it deems necessary to protect the interests of the center.
10. The board shall report all violations of these policies involving civil or criminal law to the appropriate legal authorities.

XI. Definitions

1. Members of community MHMR center boards of trustees are public servants and local public officials under the following state statutory definitions:
 - a. "Local public official" means a member of the governing body or other officer, whether elected or appointed, paid or unpaid, of any...local government entity who exercises responsibilities beyond those that are advisory in nature...²²
 - b. "Public servant" means a person elected, selected, appointed, employed, or otherwise designated as...an officer of government.²³
2. "Business entity" means a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, or any other entity recognized by law.²⁴
3. A person has a "substantial interest in a business entity" if:
 - a. the person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$5,000 or more of the fair market value of the business entity; or

22 Section 171.001, Texas Local Government Code

23 Article 6252-9e, Vernon's Texas Civil Statutes, and Section 1.07, Texas Penal Code

24 Section 171.001, Texas Local Government Code

- b. funds received by the person from the business entity exceed 10 percent of the person's gross income for the previous year.²⁵
- 4. A person has a "substantial interest in real property" if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.²⁶
- 5. A local public official is considered to have substantial interest if a person related to the official in the first degree by consanguinity (blood) or affinity (marriage) has a substantial interest as defined in item 3 or 4 above.²⁷
- 6. "Benefit" means anything reasonably regarded as economic gain or advantage, including benefit to any other person in whose welfare the beneficiary is interested.²⁸
- 7. "Official information" means information to which a public servant has access in his or her official capacity and which has not been made public.²⁹

25 Section 171.002, Texas Local Government Code
 26 Section 171.002, Texas Local Government Code
 27 Section 171.002, Texas Local Government Code
 28 Section 36.01, Texas Penal Code
 29 Section 39.03, Texas Penal Code

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

STATEMENT OF POLICY


William E. Hall, Jr., Chairman

SUBJECT: Quality Assurance and Improvement

8-1-96

Date

It is the policy of the Board of Trustees that Tri-County Mental Health Mental Retardation Services provide high quality services at a competitive cost. We further define quality as the delivery of services that meets or exceeds customer expectations at a cost that represents value to them.

Since quality is an on-going process, Tri-County Mental Health Mental Retardation Services embraces a quality improvement cycle which helps us focus on continually assessing our system to identify opportunities for service enhancements. This improvement cycle consists of five activities which build upon each other throughout the system:

1. **Plan:** Strategically analyze the design and/or redesign of services.
2. **Act:** Act upon the planning via systems functions and processes.
3. **Measure:** Measure the success of the action taken.
4. **Assess:** Assess areas for improvement and prioritize action steps.
5. **Improve:** Implement improvements and innovations into the system.

This repetitive cycle increases the opportunities for Tri-County Mental Health and Mental Retardation Services to deliver high quality services at a competitive cost. Key functions for assuring the integrity of this improvement cycle include:

1. **Contracts Management**
2. **Utilization Review and Management**
3. **Customer Satisfaction**
4. **Risk Management**
5. **Professional Peer Review**

By attending to such systems processes, Tri-County Mental Health Mental Retardation Services better positions itself to meet or exceed the expectations of our customers at a cost that represents value to them.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES**STATEMENT OF POLICY**
Donald L. Kraemer, Chairman**SUBJECT:** Process to Determine Best Value10/26/01
Date

It is the policy of Tri-County MHMR Services that best use of public money must be made in network development. To ensure this, Tri-County MHMR Services will ensure that each of its decisions involving network development and provider procurement achieves the "Best Value" of public money. In general, "Best Value" determination is an evaluation of the overall worth of a service. Many subjective elements come into play in such an assessment, but it is the role of the Board, Tri-County MHMR Services staff, and the Regional Network Advisory Committee to attempt to quantify and qualify various aspects of services into objective measures which can be applied to all services and providers.

RESPONSIBILITIES:

It is the responsibility of Tri-County MHMR Services Network Development Staff and East Texas Behavioral HealthCare Network to include best value evaluation criteria in each and every procurement proposal, including but not limited to each Request for Proposal.

It is the responsibility of the Regional Network Advisory Committee to determine the manner in which the evaluation of the proposal should be conducted and the method for selecting the most responsive proposer, taking into consideration prices and other best value evaluation criteria listed in the proposal.

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES**STATEMENT OF POLICY**
Donald L. Kraemer, Chairman

SUBJECT: Process to Evaluate Services

10/26/01
Date

It is the policy of Tri-County MHMR Services to have a procedure in place for the systematic and objective evaluation of services on a routine basis and that best use of public money must be made in network development. To ensure this, Tri-County MHMR Services will ensure that each of its decisions involving network development and Provider Procurement considers the results of service evaluations. In general, "Service Evaluation" determination is an evaluation of the overall worth of a service. Many subjective elements come into play in such an assessment, but it is the role of the Board, Tri-County MHMR Services staff, and the Regional Network Advisory Committee to attempt to quantify and qualify various aspects of services into objective measures which can be applied to all services and providers.

This process involves identification of specific areas for review (domains):

1. consistent subjects to be measured;
2. standardized reports on the subjects; and
3. thresholds of acceptable performance.

PURPOSE:

This procedure will describe Tri-County MHMR Services' means by which to evaluate services objectively and routinely.

RESPONSIBILITIES:

It is the responsibility of the Quality Management Department/Network Development Staff to implement and track Tri-County MHMR Services' service evaluation processes.

It is the responsibility of the Tri-County MHMR Services Management Team to review the "Service Evaluation" data and make any recommendations to the Regional Network Advisory Committee and/or the Board of Trustees on at least a quarterly basis to ensure that service evaluation determinations are developed.

It is the responsibility of the Regional Network Advisory Committee to review the process for determining service evaluation as well as the "Service Evaluation" data on a quarterly basis and provide recommendations thereon to the Board of Trustees.

DEFINITIONS:

Domains: standardized categories used to determine "Service Evaluation".

Issues: questions pertinent to each domain, which specify the information required for each domain

TRI-COUNTY BEHAVIORAL HEALTHCARE ~~MENTAL HEALTH~~ MENTAL RETARDATION SERVICES

STATEMENT OF POLICY

Richard Herpin, Chairman

Date

Subject: Restraint and Seclusion, Behavior Therapy, Convulsive Therapy

It is the policy of the Board of Trustees that the use of physical, chemical, **or mechanical restraint**, ~~drug restraint~~, or seclusion of a client is prohibited except as when absolutely necessary to protect a client from causing harm to self or others. Physical, **chemical, and mechanical** restraint, ~~drug restraint~~, or seclusion shall not be used under any circumstance(s) as punishment, as a substitute for effective treatment or rehabilitation, or solely for the convenience of staff.

Restraint and seclusion procedures shall be developed by the Executive Director (or designee) and appropriately conform to ~~TDMHMR standards~~ **Texas Administrative Code, Texas Health and Safety Code, or other applicable rule. Specific Center Procedures and Program Desk Procedures, which include proper application and mandatory training, will be required before any type of restraint or seclusion can be used by that program.**

When applied, restraints must be used for the shortest period of time necessary and terminated upon the participant demonstrating release behaviors.

~~Behavior therapy programs are subject to clinical review and approval by committee. Procedures regarding review and approval will be developed.~~

No aversive therapies **(causing avoidance of a thing, situation, or behavior by using an unpleasant or punishing stimulus, as in techniques of behavior modification)** will be used.

No convulsive therapies **(primarily electroconvulsive, but can include convulsions caused by certain drugs)** will be used.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

November 30, 2017

Date

Original Effective Date: December 9, 2010

Revision Date: January 25, 2018

Subject: Psychiatric Emergency Treatment Center Patient Transfer Policy

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

The Psychiatric Emergency Treatment Center (PETC) is the facility located at 706 FM 2854 in Conroe, Texas. The facility houses: the Crisis Stabilization Unit (CSU) which is licensed by the Health and Human Services Commission (HHSC); an Extended Observation Unit (EOU) which is unlicensed; and a variety of crisis programs including office-based crisis assessment and Mobile Crisis Outreach Teams (MCOT).

It is the policy of Tri-County to comply with the HHSC Licensure Standards for the establishment and operation of a Crisis Stabilization Unit.

- I. For purposes of this Policy, the transferring facility is a Crisis Stabilization Unit which is a mental health facility operated by a Community Center in accordance with Texas Health and Safety Code §534.054, that provides treatment to individuals who are the subject of protective custody order issued in accordance with Texas Health and Safety Code §574.022.

- II. The receiving facility is one of the following:
 - A. A private psychiatric hospital licensed under HSC, Chapter 577;
 - B. A general or special hospital licensed under HSC, Chapter 241;
 - C. A hospital operated by the Health and Human Services Commission (e.g. State Hospital);
 - D. A hospital operated by a federal agency; or
 - E. A chemical dependency treatment facility licensed under HSC, Chapter 464.
- III. For purposes of this section, patient is defined as an individual:
 - A. Seeking treatment who may or may not be under the immediate supervision of a personal attending physician, and who, within reasonable medical probability, requires continuing services and medical care; or
 - B. Admitted as a patient to the facility.
- IV. Applicability
 - A. If a transferring or receiving facility is licensed under HSC, Chapter 577, it must comply with all requirements of this section.
 - B. Receiving facilities, other than those licensed under HSC, Chapter 577, are not governed by these rules.
- V. General
 - A. The governing body of each transferring facility shall adopt a policy relating to patient transfers that contains each of the requirements in of this Policy.
 - B. Facility administration has the authority to represent a facility during the transfer from or receipt of patients into the facility.
 - C. The policy shall be adopted after consultation with medical staff.
 - D. In compliance with these standards, the Executive Director, in consultation with the Medical Director and facility administration, will ensure the development of a Psychiatric Emergency Treatment Center Patient Transfer Policy that describes the operational requirements for patient transfers between the Psychiatric Emergency Treatment Center and a receiving hospital.
- VI. Transfers
 - A. This policy shall govern transfers not covered by a transfer agreement in accordance with TAC 25 §134.61 of this title.
 - i. Transfer agreements between transferring facilities and receiving facilities are voluntary.
 - ii. If transfer agreements are executed that are consistent with TAC 25 §134.61 (VII of this Policy, Patient Transfer Agreements), any patient transfers shall be governed by the agreement. The Memorandum of Transfer described by TAC 25 §134.43 (VII of this Policy, Patient Transfer Agreements) is not required for transfers governed by a transfer agreement.
 - iii. To be valid, a patient transfer agreement must contain the following:

1. The transfer of a patient shall not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, physical condition, or economic status.
2. The transfer or receipt of patients in need of emergency care shall not be based upon the individual's inability to pay for the services rendered.

VII. Patient Transfer Agreements

- A. The patient transfer agreement shall require that patient transfers be accomplished in a medically appropriate manner by determining the availability of appropriate facilities, services, and staff for providing care to the patient and by providing:
 - i. Medically appropriate life support measures which a reasonable and prudent physician in the same or similar locality exercising ordinary care would use to stabilize the patient prior to transfer and to sustain the patient during the transfer;
 - ii. Appropriate personnel and equipment which a reasonable and prudent physician in the same or similar locality exercising ordinary care would use for the transfer; and
 - iii. All necessary records for continuing the care for the patient.
- B. The facility shall recognize the right of an individual to request transfer into the care of a physician and facility of the individual's own choosing.
- C. The facility shall recognize and comply with the requirements of the Indigent Health Care and Treatment Act, Health and Safety Code, Chapter 61 (relating to the Transfer of Patients to Mandated Providers).
- D. The patient transfer agreement shall provide that a patient with an emergency medical condition which has not been stabilized shall not be transferred unless the following occurs.
 - i. The patient, or a legally responsible person acting on the patient's behalf, after being informed of the facility's obligations under this section and of the risk of transfer, has requested transfer to another facility in writing.
 - ii. A physician has signed a certification, which includes a summary of the risks and benefits, that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the patient and, in the case of labor, to the unborn child from effecting the transfer.
- E. If a physician is not physically present at the time a patient is transferred, a qualified medical person, after consultation with a physician who has made the determination described, and will subsequently countersign the certification within a reasonable period of time may arrange the transfer.

- VIII. Transfers not governed by a Patient Transfer Agreement for transfers not covered by a transfer agreement in accordance with TAC 25 §134.61 (Section VII above).
- A. The movement of a stable patient from a transferring facility to a receiving facility is not considered to be a transfer under this section if it is the understanding and intent of both facilities that the patient is going to the receiving facility only for tests, the patient will not remain overnight at the receiving facility, and the patient will return to the transferring facility. This paragraph applies only when a patient remains stable during transport to and from the facilities and during testing.
 - B. The transfer shall include a written operational plan to provide for patient transfer transportation services if the transferring facility does not provide its own patient transfer transportation services.
 - C. Each facility, after consultation with the medical staff and facility administration, may implement its transfer policy by adopting transfer agreements with other receiving facilities in accordance with TAC 25 §134.61 of this title.
 - D. Requirements for transfer of patients between facilities.
 - i. Discrimination-transfer of a patient may not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, physical condition, or economic status.
 - ii. The policy shall recognize the right of an individual to request transfer into the care of a physician and a receiving facility of his own choosing; however, if a patient is transferred for economic reasons and the patient's choice is predicated upon or influenced by representations made by the transferring physician or transferring facility administration regarding the availability of medical care and services at a reduced cost or no cost to the patient, the physician or facility administration shall fully disclose to the patient the eligibility requirements established by the patient's chosen physician or receiving facility.
 - iii. The policy shall provide that each patient who arrives at a transferring facility is evaluated in accordance with the Health and Safety Code §411.468 of this title (relating to Responding to an Emergency Medical Condition of a Patient, Prospective Patient, or Individual who Arrives on Hospital Property Requesting Examination or Treatment).
 - E. After receiving a report on the patient's condition from the nursing staff by telephone or radio, if the physician on call determines that an immediate transfer of the patient is medically appropriate and that the time required to conduct a personal examination and evaluation of a patient will unnecessarily delay the transfer to the detriment of the patient, the physician on call may order the transfer by telephone or radio.
 - F. Physician orders for the transfer of a patient which are issued by telephone or radio shall be reduced to writing in the patient's medical record, signed by the staff member receiving the order, and countersigned by the physician authorizing the transfer as soon as possible. The patient transfers resulting from physician orders issued by telephone or radio shall be subject to automatic

review by the medical staff pursuant to paragraph XIV (Related to Medical Records) of this subsection.

- IX. The policy of the transferring facility and receiving facility shall provide that licensed nurses and other qualified personnel are available and on duty to assist with patient transfers and to provide accurate information regarding eligibility and payment practices. The policy shall provide that written protocols or standing delegation orders are in place to guide personnel when a patient requires transfer.
- X. Transfer of patients who have emergency medical conditions.
 - A. If a patient has an emergency medical condition which has not been stabilized or when stabilization of the patient's vital signs is not possible because the transferring facility does not have the appropriate equipment or personnel to correct the underlying process, evaluation and treatment shall be performed and transfer shall be carried out as quickly as possible.
 - B. The policy shall provide that the transferring facility may not transfer a patient with an emergency medical condition which has not been stabilized unless:
 - i. the patient or a legally responsible person acting on the patient's behalf, after being informed of the transferring facility's obligations under this section and of the risks and benefits of transfer, requests transfer in writing; or,
 - ii. a physician has signed a certification, which includes a summary of the risks and benefits, that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at a receiving facility outweigh the increased risks to the patient and, in the case of labor, to the unborn child from effecting the transfer; or,
 - iii. if the physician who made the determination to transfer a patient with an emergency condition is not physically present at the time of transfer, a qualified medical person, as designated by facility policy, may sign a certification described in clause (ii) of this subparagraph after consultation with the physician. The physician shall countersign the physician certification within a reasonable period of time.
 - C. Except as provided by subparagraphs (E) and (F) of this paragraph below and paragraph XI (A) and (B) of this policy (related to transfer of patients without emergency medical conditions), the policy shall provide that the transfer of patients who have emergency medical conditions, as determined by a physician, shall be undertaken for medical reasons only.
 - D. Except as expressly permitted in clauses (i) and (ii) of this subparagraph below, the policy shall provide for the receipt of patients who have an emergency medical condition so that upon notification of and prior to a transfer, the receiving facility shall, after determining whether or not space, personnel and services necessary to provide appropriate care for the patient are available, respond to the transferring facility, within 30 minutes of obtaining medical

exclusionary and nurse and physician consultations have occurred with the receiving hospital, either accepting or refusing the transfer.

- i. The policy may permit response within a period of time in excess of 30 minutes but no longer than one hour if there are extenuating circumstances for the delay. If the transfer is accepted, the reason for the delay shall be documented on the memorandum of transfer.
 - ii. The response time may be extended before the expiration of the initial 30 minutes period by agreement among the parties to the transfer. If the transfer is accepted, the agreed extension shall be documented in the memorandum of transfer.
- E. The policy shall recognize and comply with the requirements of the Indigent Health Care and Treatment Act, HSC, §§61.030-61.032 and §§61.057-61.059 (relating to Mandated Providers) since those requirements may apply to a patient.
- F. The policy shall acknowledge contractual obligations and comply with statutory or regulatory obligations which may exist concerning a patient and a designated provider.
- G. The policy shall require that all reasonable steps are taken to secure the informed refusal of a patient refusing a transfer or a related examination and treatment or of a person acting on a patient's behalf refusing a transfer or a related examination and treatment. Reasonable steps include:
 - i. a factual explanation of the increased medical risks to the patient reasonably expected from not being transferred, examined, or treated at the transferring facility;
 - ii. a factual explanation of any increased risks to the patient from not effecting the transfer; and
 - iii. a factual explanation of the medical benefits reasonably expected from the provision of appropriate treatment at a receiving facility.
- H. The informed refusal of a patient, or of a person acting on a patient's behalf, to examination, evaluation or transfer shall be documented and signed if possible by the patient or by a person acting on the patient's behalf, dated and witnessed by the attending physician or facility employee, and placed in the patient's medical record.
- I. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized health care entity.

XI. Transfer of patients who do not have emergency medical conditions.

- A. The policy shall recognize and comply with the requirements of the Indigent Health Care and Treatment Act, HSC, §§61.030-61.032 and §§61.057-61.059 (relating to Mandated Providers) as those requirements may apply to a patient.
- B. The policy shall acknowledge contractual obligations and comply with statutory or regulatory obligations which may exist concerning a patient and a designated provider.

- C. The policy shall require that all reasonable steps are taken to secure the informed refusal of a patient refusing a transfer or a related examination and treatment or of a person acting on a patient's behalf refusing a transfer or a related examination and treatment. Reasonable steps include:
 - i. a factual explanation of the increased medical risks to the patient reasonably expected from not being transferred, examined, or treated at the transferring facility;
 - ii. a factual explanation of any increased risks to the patient from not effecting the transfer; and
 - iii. a factual explanation of the medical benefits reasonably expected from the provision of appropriate treatment at a receiving facility.
- D. The informed refusal of a patient, or of a person acting on a patient's behalf, to examination, evaluation or transfer shall be documented and signed if possible by the patient or by a person acting on the patient's behalf, dated and witnessed by the attending physician or facility employee, and placed in the patient's medical record.
- E. Transfer of patients may occur routinely or as part of a regionalized plan for obtaining optimal care for patients at a more appropriate or specialized health care entity.
- F. The policy shall recognize the right of an individual to request a transfer into the care of a physician and a receiving facility of the individual's own choosing.

XII. Physician's duties and standard of care.

- A. The policy shall provide that the transferring physician shall determine and order life support measures which are medically appropriate to stabilize the patient prior to transfer and to sustain the patient during transfer.
- B. The policy shall provide that the transferring physician shall determine and order the utilization of appropriate personnel and equipment for the transfer.
- C. The policy shall provide that in determining the use of medically appropriate life support measures, personnel, and equipment, the transferring physician shall exercise that degree of care which a reasonable and prudent physician exercising ordinary care in the same or similar locality would use for the transfer.
- D. The policy shall provide that except as allowed under paragraph VIII E (related to phone/radio orders), prior to each patient transfer, the physician who authorizes the transfer shall personally examine and evaluate the patient to determine the patient's medical needs and to ensure that the proper transfer procedures are used.
- E. The policy shall provide that prior to transfer, the transferring physician shall secure a receiving physician and a receiving facility that are appropriate to the medical needs of the patient and that will accept responsibility for the patient's medical treatment and care.

- XIII. Record review for standard of care. The policy shall provide that the medical staff review appropriate records of patients transferred to determine that the appropriate standard of care has been met.
- XIV. Medical record.
- A. The policy shall provide that a copy of those portions of the patient's medical record which are available and relevant to the transfer and to the continuing care of the patient be forwarded to the receiving physician and receiving facility with the patient. If all necessary medical records for the continued care of the patient are not available at the time the patient is transferred, the records shall be forwarded to the receiving physician and receiving facility as soon as possible.
 - B. The medical record shall contain at a minimum:
 - i. a brief description of the patient's medical history and physical examination;
 - ii. a working diagnosis and recorded observations of physical assessment of the patient's condition at the time of transfer;
 - iii. the reason for the transfer;
 - iv. the results of all diagnostic tests, such as laboratory tests;
 - v. pertinent X-ray films and reports; and
 - vi. any other pertinent information.
- XV. Memorandum of transfer.
- A. The policy shall provide that a memorandum of transfer be completed for every patient who is transferred.
 - B. The memorandum shall contain the following information:
 - i. the patient's full name, if known;
 - ii. the patient's race, religion, national origin, age, sex, physical handicap, if known;
 - iii. the patient's address and next of kin, address, and phone number if known;
 - iv. the names, telephone numbers and addresses of the transferring and receiving physicians;
 - v. the names, addresses, and telephone numbers of the transferring and receiving facilities;
 - vi. the time and date on which the patient first presented or was presented to the transferring physician and transferring facility;
 - vii. the time and date on which the transferring physician secured a receiving physician;
 - viii. the name, date, and time administration was contacted in the receiving facility;
 - ix. signature, time, and title of the transferring facility administration who contacted the receiving facility;
 - x. the certification required by X(B)(ii) of this policy (related to medical benefits outweighing increased risks to patients), if applicable (the

certification may be part of the memorandum of transfer form or may be on a separate form attached to the memorandum of transfer form);

- xi. the time and date on which the receiving physician assumed responsibility for the patient;
 - xii. the time and date on which the patient arrived at the receiving facility;
 - xiii. signature and date of receiving administration;
 - xiv. type of vehicle and company used;
 - xv. type of equipment and personnel needed in transfers;
 - xvi. name and city of facility to which patient was transported;
 - xvii. diagnosis by transferring physician; and,
 - xviii. attachments by transferring facility.
- C. A copy of the memorandum of transfer shall be retained by the transferring and receiving facilities. The memorandum shall be filed separately from the patient's medical record and in a manner which will facilitate its inspection by the department. All memorandum of transfer forms filed separately shall be retained for five years.
- XVI. Violations. A facility violates HSC, Chapter 577 and this section if:
- A. the facility fails to comply with the requirements of this section; or
 - B. the governing body fails or refuses to:
 - i. adopt a transfer policy which is consistent with this section and contains each of the requirements in subsection (d) of this section;
 - ii. adopt a memorandum of transfer form which meets the minimum requirements for content contained in this section; or,
 - iii. enforce its transfer policy and the use of the memorandum of transfer.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2017
Date

ORIGINAL EFFECTIVE DATE: January 25, 2018

REVISION DATE(S):

SUBJECT: Quality Management Plan(s)

It is the Policy of the Board of Trustees of Tri-County Behavioral Healthcare (“Tri-County” or “Center”) that an appropriate Quality Management Plan(s) be developed for Mental Health, Intellectual/ Developmental Disabilities and other funded programs.

The Quality Management Plan shall explain:

- I. The mechanisms used to identify clinical and organizational challenges including data integrity and data accuracy;
- II. The mechanisms to report Quality Management outcomes to the Management Team and Board;
- III. Review of Evidence-Based Practices, accuracy of documentation and person-directed recovery planning;
- IV. Ongoing monitoring of the quality of access to services, service delivery and continuity of care;
- V. Oversight of all services, contracts, and subcontractors; and,
- VI. Mechanisms to measure, assess and reduce incidents of client abuse, neglect and exploitation.

The plan(s) must be approved by the Board of Trustees at least every two years and the current plan must be posted on the Center Website.

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2018
Date

ORIGINAL EFFECTIVE DATE: January 25, 2018

REVISION DATE(S):

SUBJECT: Social Media

Social Media can be used as a tool to promote the Center, advocate for persons served, and to educate both persons served and our community about Center services and programs. However, while the use of Social Media has many benefits to both organizations and individuals, when an employee's professional and private lives overlap through posts or listed connections with the Center, there is potential risk for the Center and the employee.

For this reason, it is the Policy of the Tri-County Behavioral Healthcare ('Tri-County' or 'Center') Board of Trustees that use of Social Media on behalf of the Center be carefully managed; and further, that separate Center Procedures be established for the management of organizational and personal use of Social Media.

I. Definitions

- A. Social Networking: The practice of expanding the number of one's business and/or social contacts by making connections through or with individuals or groups of individuals. While social networking has gone on almost as long as societies themselves have existed, the potential of the internet to promote such connections is only now being fully recognized and exploited.
- B. Social Media: Any networking site (examples include: Facebook, LinkedIn, Twitter, YouTube, Instagram, Snapchat), wikis, blogs, forums/discussion/chat groups, podcasts, or other like media.
- C. Social Media Forms: Forms of social media include but are not limited to written text, audio recording, photography and video recording.

- II. For organizational use of Social Media, it is the Policy of the Board of Trustees that:
 - A. All Tri-County Social Media sites are established by the Management Information Services Department and that all passwords for Social Media accounts are controlled by them.
 - B. Official Social Media posts on behalf of the Board or Center are centrally controlled and managed by staff or staffs designated by the Executive Director.
 - C. Social Media sites are set up with appropriate controls to approve posts which are made on behalf of the Center, or in response to Center posts, before they become viewable by the public.
 - D. The Executive Director is involved in any social media post involving certain topics, including but not limited to, politics or political events.
 - E. Social Media to be used for communication, promotion, education and advocacy, but that controls are put in place to ensure that it is never used for any form of clinical intervention or counseling.

- III. For personal use of Social Media by employees/contractors, it is the Policy of the Board of Trustees that:
 - A. Social Media never be used for clinical intervention or care.
 - B. Staff/contractors should never have dual relationships with individuals served, their family or other involved persons, and should uninvite individuals served, families, and other involved persons from social networks to avoid clinical boundary issues.
 - C. Staff/contractors are forbidden from using Social Media to discriminate, harass, threaten, or act inappropriately toward other employees, individuals served, contractors, other involved individuals or stakeholders, even on their own time.
 - D. It is unacceptable that any information about an individuals served or their treatment be posted to any Social Media site at any time.
 - E. It is unacceptable to post any libelous content on social media sites that would affect the reputation of the Center, staff, individuals served, other involved individuals or stakeholders.

Agenda Item: Personnel Report for November and December 2017 Committee: Executive	Board Meeting Date: January 25, 2018
Background Information: None	
Supporting Documentation: Personnel Report for November and December 2017	
Recommended Action: For Information Only	

Personnel Report November 2017

Total Applications received in November = 319

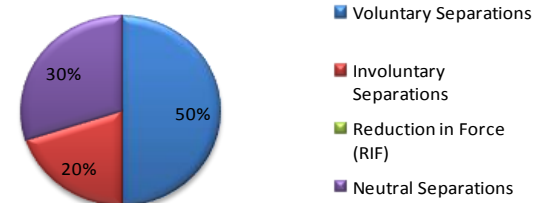
Total New Hires for the month of November = 8

Total New Hires Year to Date = 26

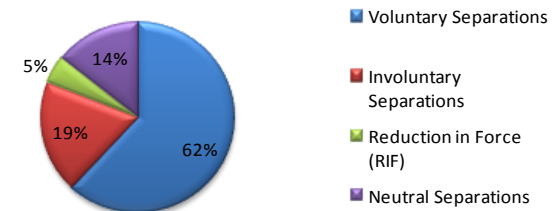
November Turnover - FY18 compared to FY17	FY18	FY17
Number of Active Employees	338	332
Number of Monthly Separations	10	6
Number of Separations YTD	21	19
Year to Date Turnover Rate	6%	6%
November Turnover Rate	3%	2%

Separations by Reason	November Separations	FY18 YTD
Retired	0	0
Involuntarily Terminated	2	4
Neutral Termination	3	3
Dissatisfied	0	0
Lack of Support from Administration	0	0
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	0
RIF	0	1
Deceased	0	0
Pay	0	1
Health	0	0
Family	0	1
Relocation	0	0
School	0	0
Personal	0	0
Unknown	2	3
New Job	3	8
Total Separations	10	21

November Voluntary, Involuntary, RIF and Neutral Separation



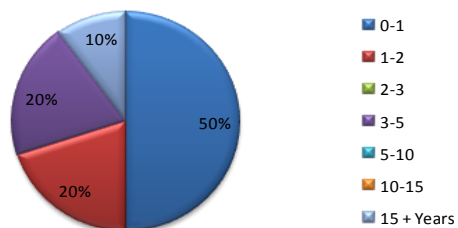
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



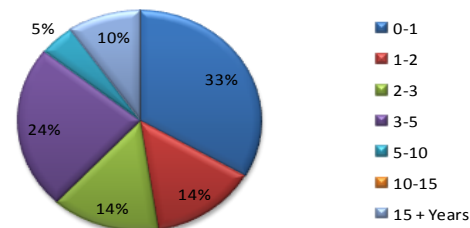
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% November	% YTD
Evan Roberson	17	1	2	6%	12%
Millie McDuffey	31	1	2	3%	6%
Amy Foerster	11	1	1	9%	9%
Tanya Bryant	11	0	0	0%	0%
MH Adult	80	2	3	3%	4%
MH Child & Youth	50	4	5	8%	10%
Catherine Prestigiovanni	8	0	0	0%	0%
Breanna Robertson	58	1	5	2%	9%
Kelly Shropshire	32	0	3	0%	9%
Kathy Foster	31	0	0	0%	0%
Kenneth Barfield	9	0	0	0%	0%
Total	338	10	21		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% November	% Year to Date
Supervisors & Managers	24	0	0	0%	0%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	43	2	4	5%	9%
Professionals (QMHP)	95	5	8	5%	8%
Professionals (QIDP)	27	0	2	0%	7%
Licensed Staff (LCDC, LPC...)	16	0	1	0%	6%
Business Services (Accounting)	14	0	1	0%	7%
Central Administration (HR, IT, Executive Director)	24	0	0	0%	0%
Program Support(Financial Counselors, QA, Training, Med. Records)	45	1	2	2%	4%
Nurse Technicians/Aides	16	1	2	6%	13%
Service/Maintenance	9	1	1	11%	11%
Direct Care (HCS, Respite, Life Skills)	25	0	0	0%	0%
Total	338	10	21		

November Separations by Tenure



Year to Date Separations by Tenure



Personnel Report December 2017

Total Applications received in December = 240

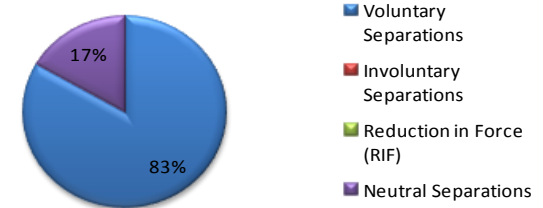
Total New Hires for the month of December = 8

Total New Hires Year to Date = 34

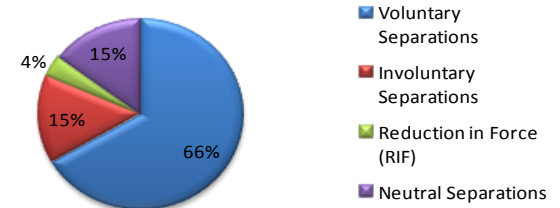
December Turnover - FY18 compared to FY17	FY18	FY17
Number of Active Employees	340	334
Number of Monthly Separations	6	9
Number of Separations YTD	27	37
Year to Date Turnover Rate	8%	11%
December Turnover Rate	2%	3%

Separations by Reason	December Separations	FY18 YTD
Retired	0	0
Involuntarily Terminated	0	4
Neutral Termination	0	3
Dissatisfied	0	0
Lack of Support from Administration	0	0
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	0
RIF	0	1
Deceased	0	0
Pay	0	1
Health	2	2
Family	1	2
Relocation	1	1
School	0	0
Personal	0	0
Unknown	0	3
New Job	2	10
Total Separations	6	27

December Voluntary, Involuntary, RIF and Neutral Separations



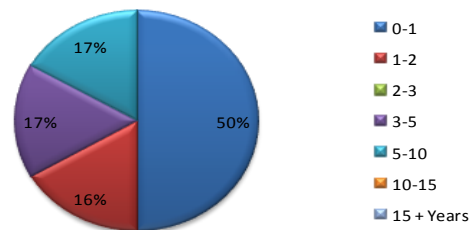
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



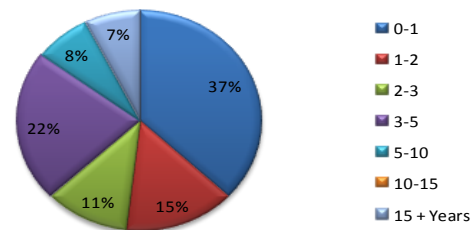
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% December	% YTD
Evan Roberson	18	0	2	0%	11%
Millie McDuffey	29	1	3	3%	10%
Amy Foerster	11	0	1	0%	9%
Tanya Bryant	10	0	0	0%	0%
MH Adult	80	0	3	0%	4%
MH Child & Youth	51	1	6	2%	12%
Catherine Prestigiovanni	9	0	0	0%	0%
Breanna Robertson	58	1	6	2%	10%
Kelly Shropshire	33	3	6	9%	18%
Kathy Foster	32	0	0	0%	0%
Kenneth Barfield	9	0	0	0%	0%
Total	340	6	27		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% December	% Year to Date
Supervisors & Managers	23	0	0	0%	0%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	43	0	4	0%	9%
Professionals (QMHP)	97	2	10	2%	10%
Professionals (QIDP)	28	3	5	11%	18%
Licensed Staff (LCDC, LPC...)	16	0	1	0%	6%
Business Services (Accounting)	14	0	1	0%	7%
Central Administration (HR, IT, Executive Director)	22	1	1	5%	5%
Program Support(Financial Counselors, QA, Training, Med. Records)	46	0	2	0%	4%
Nurse Technicians/Aides	16	0	2	0%	13%
Service/Maintenance	9	0	1	0%	11%
Direct Care (HCS, Respite, Life Skills)	26	0	0	0%	0%
Total	340	6	27		

December Separations by Tenure

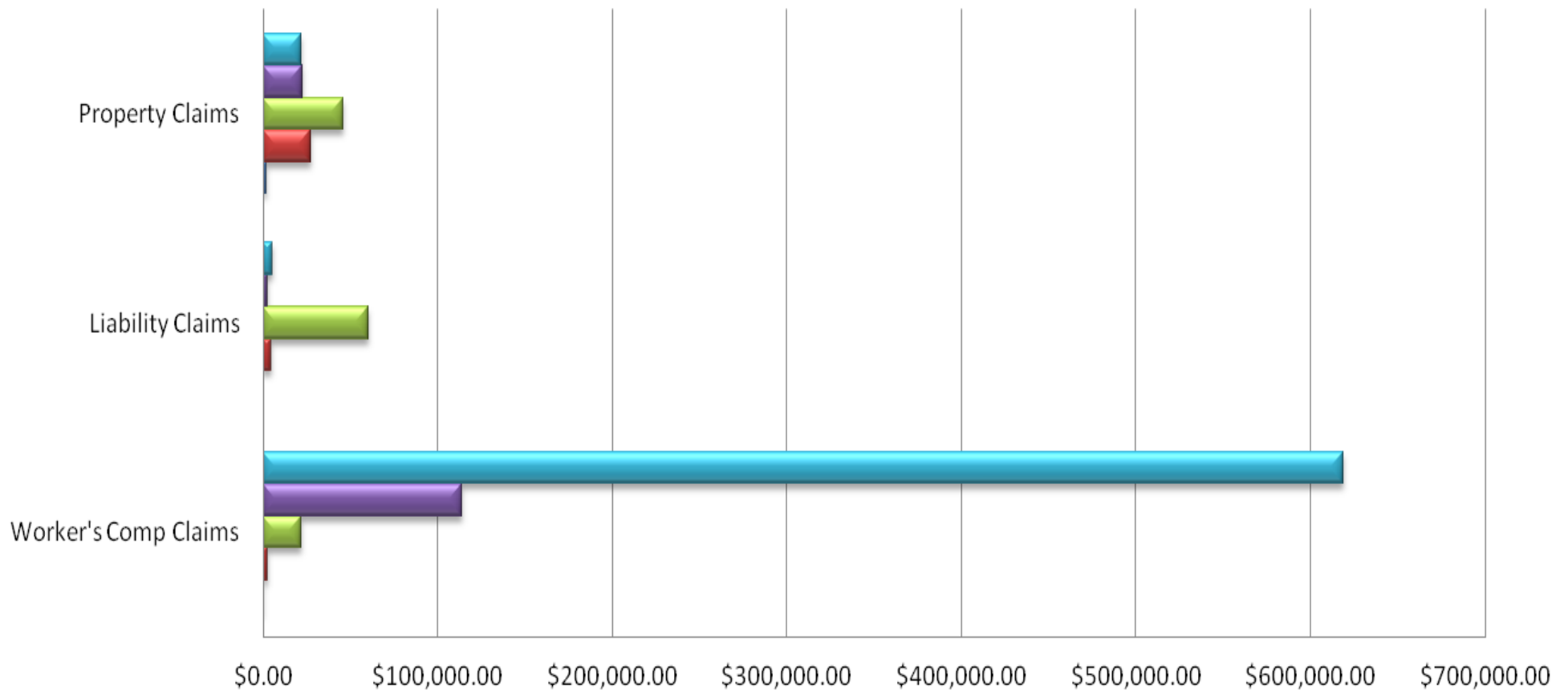


Year to Date Separations by Tenure



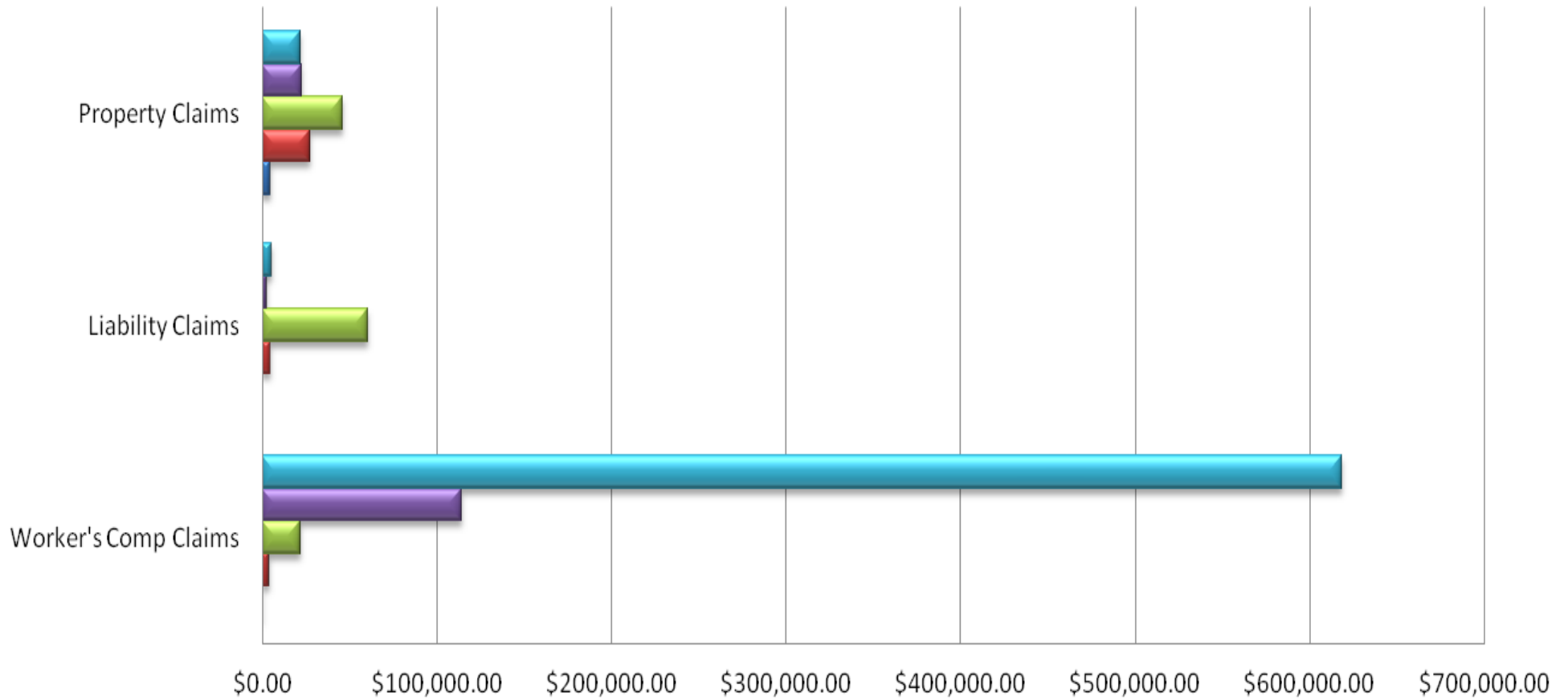
<p>Agenda Item: Texas Council Risk Management Fund Claims Summary as of November and December 2017</p> <p>Committee: Executive</p>	<p>Board Meeting Date:</p> <p>January 25, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Texas Council Risk Management Fund Claims Summary as of November and December 2017</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

TCRMF Claims Summary November 2017



	Worker's Comp Claims	Liability Claims	Property Claims
2014	\$618,699.00	\$5,295.00	\$21,931.00
2015	\$113,917.00	\$2,556.00	\$22,505.00
2016	\$21,879.00	\$60,285.00	\$46,114.00
2017	\$2,847.00	\$4,856.00	\$27,455.00
2018	\$186.00	\$0.00	\$2,301.00

TCRMF Claims Summary December 2017



	Worker's Comp Claims	Liability Claims	Property Claims
2014	\$618,722.00	\$5,295.00	\$21,931.00
2015	\$113,917.00	\$2,556.00	\$22,505.00
2016	\$21,879.00	\$60,436.00	\$46,114.00
2017	\$3,629.00	\$4,893.00	\$27,455.00
2018	\$186.00	\$0.00	\$4,453.00

Agenda Item: Texas Council Quarterly Board Meeting Update	Board Meeting Date
Committee: Executive	January 25, 2018
Background Information:	
The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation:	
Texas Council Staff Report	
Recommended Action:	
For Information Only	

Agenda Item: Approve November 2017 Financial Statements Committee: Business	Board Meeting Date January 25, 2018
Background Information: None	
Supporting Documentation: November 2017 Financial Statements	
Recommended Action: Approve November 2017 Financial Statements	

November 2017 Financial Summary

Revenues for November 2017 were \$2,436,311 and operating expenses were \$2,298,105; resulting in a gain in operations of \$138,206. Capital Expenditures and Extraordinary Expenses for November were \$56,138; resulting in a gain of \$82,069. Total revenues were 101.26% of the monthly budgeted revenues and total expenses were 99.33% of the monthly budgeted expenses.

Year to date revenues are \$7,244,014 and operating expenses are \$6,896,186; leaving excess operating revenues of \$347,828. YTD Capital Expenditures and Extraordinary Expenses are \$209,204; resulting in a gain YTD of \$138,624. Total revenues are 99.93% of the YTD budgeted revenues and total expenses are 98.10% 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	468,838	530,971	88.30%	62,134

Rehab – Title XIX – We continue to see this line item under budget. We have talked about the decrease in the number of clients with Medicaid being served in the adult clinic. And there are numerous vacancies in both the adult and the children's outpatient clinics. An incentive program has been implemented to help generate applicant flow for the vacant positions, so hopefully we will see a change very soon. As always, we will continue to monitor this line and make revisions to the budget as needed.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	92,090	55,975	1.65%	36,115

Building Repairs & Maintenance – During the first quarter of FY 2018, we had major repairs for air conditioning in Huntsville and at our crisis center in Conroe. There were also roof repairs at Truman and Campbell Street in Cleveland. Hopefully the repairs will settle down and we can get a new normal for the remaining months in this fiscal year.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended November 30, 2017**

	TOTALS COMBINED FUNDS November 2017	TOTALS COMBINED FUNDS November 2017	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,954	3,954	-
Cash on Deposit-General Fund	8,540,045	9,132,783	(592,738)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,084,917	1,846,306	238,611
Inventory	4,986	4,986	-
TOTAL CURRENT ASSETS	10,633,901	10,988,029	(354,127)
FIXED ASSETS	20,760,463	20,760,463	-
OTHER ASSETS	48,966	74,858	(25,893)
TOTAL ASSETS	\$ 31,443,330	\$ 31,823,350	\$ (380,019)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,156,313	1,225,065	(68,753)
NOTES PAYABLE	642,552	642,552	-
DEFERRED REVENUE	379,610	752,808	(373,198)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	916,667	939,583	(22,917)
First Financial Construction Loan	12,399,793	12,399,793	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	3,634,469	3,578,703	55,765
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(13,316,459)	(13,339,376)	22,917
Reserved for Debt Retirement	-	-	-
COMMITTED			
Net Assets-Property and Equipment	20,760,463	20,760,463	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	18,498	12,332	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(642,552)	(642,552)	-
UNASSIGNED			
Unrestricted and Undesignated	2,424,625	2,424,625	-
TOTAL LIABILITIES/FUND BALANCE	\$ 31,443,330	\$ 31,823,350	\$ (380,020)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended November 30, 2017**

	General Operating Funds	Memorandum Only Prelim August 2017
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,954	3,840
Cash on Deposit-General Fund	8,540,045	5,498,537
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,084,917	4,163,554
Inventory	4,986	4,986
TOTAL CURRENT ASSETS	10,633,901	9,670,917
FIXED ASSETS	20,760,463	15,648,025
OTHER ASSETS	48,966	212,571
	\$ 31,443,330	\$ 25,531,513
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,156,313	1,078,569
NOTES PAYABLE	642,552	607,292
DEFERRED REVENUE	379,610	(380,384)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	916,667	985,417
First Financial Construction Loan	12,399,793	12,253,313
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	3,634,469	3,652,781
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(13,316,459)	(13,238,730)
Reserved for Debt Retirement	-	963,631
COMMITTED		
Net Assets-Property and Equipment-Committed	20,760,463	15,648,025
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	-
Reserved for Board Initiatives	1,500,000	1,464,542
Reserved for 1115 Waiver Programs	516,833	516,833
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	18,498	74,000
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(642,552)	(607,292)
UNASSIGNED		
Unrestricted and Undesignated	2,424,625	1,460,994
TOTAL LIABILITIES/FUND BALANCE	\$ 31,443,330	\$ 25,531,513

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended November 2017
and Year To Date as of November 2017

INCOME:	MONTH OF November 2017	YTD November 2017
Local Revenue Sources	115,432	313,614
Earned Income	972,792	2,961,481
General Revenue-Contract	1,348,087	3,968,919
TOTAL INCOME	\$ 2,436,311	\$ 7,244,014
EXPENSES:		
Salaries	1,441,175	4,197,805
Employee Benefits	274,952	813,418
Medication Expense	55,601	180,931
Travel-Board/Staff	35,922	113,283
Building Rent/Maintenance	39,061	94,586
Consultants/Contracts	275,634	895,968
Other Operating Expenses	175,758	600,195
TOTAL EXPENSES	\$ 2,298,105	\$ 6,896,186
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 138,206	\$ 347,828
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	(1,704)	37,065
Capital Outlay-Debt Service	57,842	172,140
TOTAL CAPITAL EXPENDITURES	\$ 56,138	\$ 209,204
GRAND TOTAL EXPENDITURES	\$ 2,354,243	\$ 7,105,390
Excess (Deficiency) of Revenues and Expenses	\$ 82,069	\$ 138,624

Debt Service and Fixed Asset Fund:

Debt Service	57,842	172,140
Excess(Deficiency) of revenues over Expenses	57,842	172,140

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of November 2017

	YTD November 2017	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	313,614	285,732	27,882
Earned Income	2,961,481	3,049,540	(88,059)
General Revenue-Contract	3,968,919	3,914,058	54,861
TOTAL INCOME	\$ 7,244,014	\$ 7,249,330	\$ (5,316)
EXPENSES:			
Salaries	4,197,805	4,234,535	(36,730)
Employee Benefits	813,418	810,977	2,441
Medication Expense	180,931	172,405	8,526
Travel-Board/Staff	113,283	109,450	3,833
Building Rent/Maintenance	94,586	58,771	35,815
Consultants/Contracts	895,968	953,421	(57,453)
Other Operating Expenses	600,195	623,556	(23,361)
TOTAL EXPENSES	\$ 6,896,186	\$ 6,963,115	\$ (66,929)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 347,828	\$ 286,215	\$ 61,613
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	37,065	94,375	(57,310)
Capital Outlay-Debt Service	172,140	185,601	(13,461)
TOTAL CAPITAL EXPENDITURES	\$ 209,204	\$ 279,976	\$ (70,772)
GRAND TOTAL EXPENDITURES	\$ 7,105,390	\$ 7,243,091	\$ (137,701)
Excess (Deficiency) of Revenues and Expenses	\$ 138,624	\$ 6,239	\$ 132,385

Debt Service and Fixed Asset Fund:

Debt Service	172,140	185,601	(13,461)
Excess(Deficiency) of revenues over Expenses	172,140	185,601	(13,461)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended November 2017

INCOME:	MONTH OF November 2017	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	115,432	92,379	23,053
Earned Income	972,792	1,028,595	(55,803)
General Revenue-Contract	1,348,087	1,285,080	63,007
TOTAL INCOME	\$ 2,436,311	\$ 2,406,054	\$ 30,257
EXPENSES:			
Salaries	1,441,175	1,417,394	23,781
Employee Benefits	274,952	273,983	969
Medication Expense	55,601	56,134	(533)
Travel-Board/Staff	35,922	36,486	(564)
Building Rent/Maintenance	39,061	11,791	27,270
Consultants/Contracts	275,634	285,307	(9,673)
Other Operating Expenses	175,758	200,419	(24,661)
TOTAL EXPENSES	\$ 2,298,105	\$ 2,281,514	\$ 16,591
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 138,206	\$ 124,540	\$ 13,666
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	(1,704)	26,625	(28,329)
Capital Outlay-Debt Service	57,842	61,867	(4,025)
TOTAL CAPITAL EXPENDITURES	\$ 56,138	\$ 88,492	\$ (32,354)
GRAND TOTAL EXPENDITURES	\$ 2,354,243	\$ 2,370,006	\$ (15,763)
Excess (Deficiency) of Revenues and Expenses	\$ 82,069	\$ 36,048	\$ 46,021

Debt Service and Fixed Asset Fund:

Debt Service	57,842	61,867	(4,025)
Excess(Deficiency) of revenues over Expenses	57,842	61,867	(4,025)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With November 2016 Comparative Data
Year to Date as of November 2017

INCOME:	YTD November 2017	YTD November 2016	Increase (Decrease)
Local Revenue Sources	313,614	401,350	(87,736)
Earned Income	2,961,481	3,577,411	(615,930)
General Revenue-Contract	3,968,919	3,919,211	49,708
TOTAL INCOME	\$ 7,244,014	\$ 7,897,972	\$ (653,958)
EXPENSES:			
Salaries	4,197,805	4,060,798	137,007
Employee Benefits	813,418	791,895	21,523
Medication Expense	180,931	179,113	1,818
Travel-Board/Staff	113,283	125,330	(12,047)
Building Rent/Maintenance	94,586	161,072	(66,486)
Consultants/Contracts	895,968	1,561,973	(666,005)
Other Operating Expenses	600,195	614,047	(13,852)
TOTAL EXPENSES	\$ 6,896,186	\$ 7,494,228	\$ (598,042)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 347,828	\$ 403,744	\$ (55,916)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	37,065	182,107	(145,042)
Capital Outlay-Debt Service	172,140	146,190	25,950
TOTAL CAPITAL EXPENDITURES	\$ 209,204	\$ 328,297	\$ (119,093)
GRAND TOTAL EXPENDITURES	\$ 7,105,390	\$ 7,822,525	\$ (717,135)
Excess (Deficiency) of Revenues and Expenses	\$ 138,624	\$ 75,447	\$ 63,177

Debt Service and Fixed Asset Fund:

Debt Service	172,140	146,190	25,950
Excess(Deficiency) of revenues over Expenses	172,140	146,190	25,950

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With November 2016 Comparative Data
For the Month Ended November 2017

INCOME:	MONTH OF November 2017	MONTH OF November 2016	Increase (Decrease)
Local Revenue Sources	115,432	143,438	(28,006)
Earned Income	972,792	1,229,430	(256,638)
General Revenue-Contract	1,348,087	1,304,541	43,546
TOTAL INCOME	\$ 2,436,311	\$ 2,677,409	\$ (241,098)

Salaries	1,441,175	1,343,626	97,549
Employee Benefits	274,952	261,360	13,592
Medication Expense	55,601	69,477	(13,876)
Travel-Board/Staff	35,922	37,396	(1,474)
Building Rent/Maintenance	39,061	105,494	(66,433)
Consultants/Contracts	275,634	595,791	(320,157)
Other Operating Expenses	175,758	181,923	(6,165)
TOTAL EXPENSES	\$ 2,298,105	\$ 2,595,067	\$ (296,962)

Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 138,206	\$ 82,342	\$ 55,864
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CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	(1,704)	7,678	(9,382)
Capital Outlay-Debt Service	57,842	50,560	7,282
TOTAL CAPITAL EXPENDITURES	\$ 56,138	\$ 58,238	\$ (2,100)

GRAND TOTAL EXPENDITURES	\$ 2,354,243	\$ 2,653,305	\$ (299,062)
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Excess (Deficiency) of Revenues and Expenses	\$ 82,069	\$ 24,104	\$ 57,965
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Debt Service and Fixed Asset Fund:

Debt Service	57,842	50,560	7,282
			-
Excess(Deficiency) of revenues over Expenses	57,842	50,560	7,282

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

INCOME:	MONTH OF November 2017	MONTH OF October 2017	Increase (Decrease)
Local Revenue Sources	115,432	119,872	(4,440)
Earned Income	972,792	1,018,804	(46,012)
General Revenue-Contract	1,348,087	1,312,377	35,710
TOTAL INCOME	\$ 2,436,311	\$ 2,451,053	\$ (14,742)
EXPENSES:			
Salaries	1,441,175	1,346,232	94,943
Employee Benefits	274,952	264,569	10,384
Medication Expense	55,601	72,475	(16,874)
Travel-Board/Staff	35,922	44,661	(8,738)
Building Rent/Maintenance	39,061	37,158	1,904
Consultants/Contracts	275,634	320,854	(45,219)
Other Operating Expenses	175,758	233,092	(57,334)
TOTAL EXPENSES	\$ 2,298,105	\$ 2,319,040	\$ (20,935)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 138,206	\$ 132,014	\$ 6,193
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	(1,704)	38,769	(40,473)
Capital Outlay-Debt Service	57,842	56,771	1,071
TOTAL CAPITAL EXPENDITURES	\$ 56,138	\$ 95,540	\$ (39,402)
GRAND TOTAL EXPENDITURES	\$ 2,354,243	\$ 2,414,580	\$ (60,337)
Excess (Deficiency) of Revenues and Expenses	\$ 82,069	\$ 36,474	\$ 45,595

Debt Service and Fixed Asset Fund:

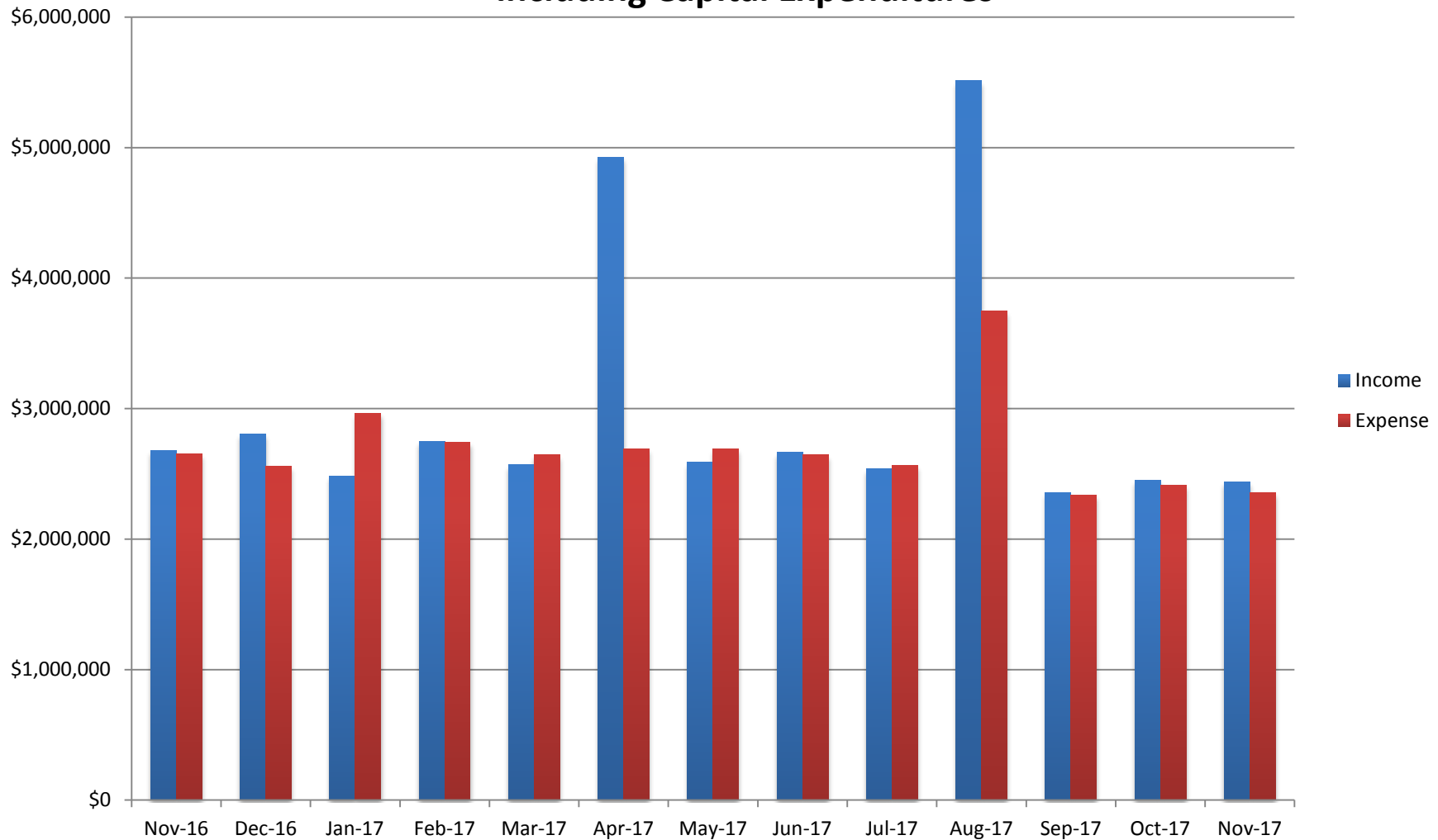
Debt Service	57,842	56,771	1,071
Excess(Deficiency) of revenues over Expenses	57,842	56,771	1,071

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of November 2017

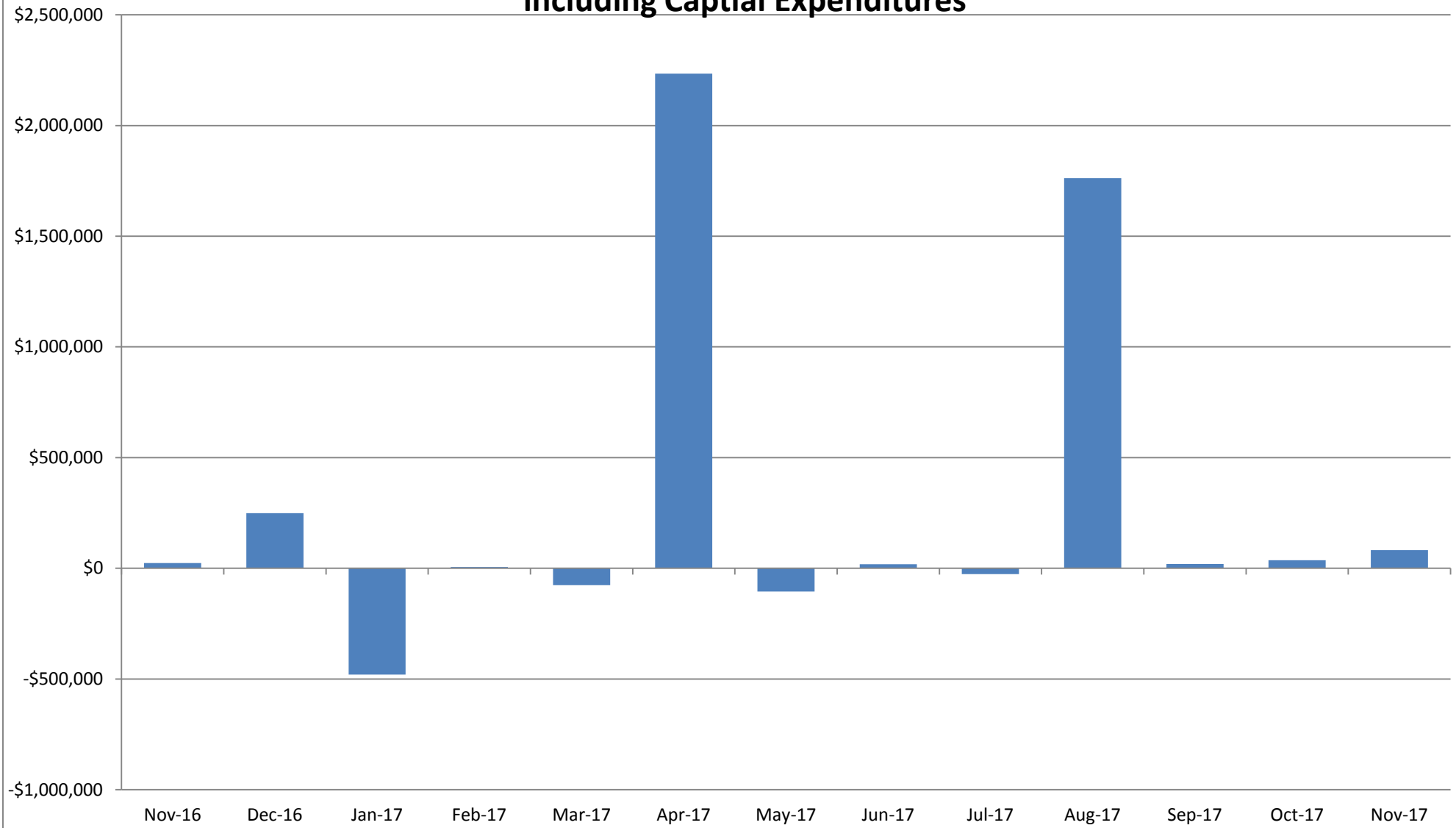
	YTD Mental Health November 2017	YTD IDD November 2017	YTD Other Services November 2017	YTD Agency Total November 2017	YTD Approved Budget November 2017	Increase (Decrease)
INCOME:						
Local Revenue Sources	523,296	26,053	(235,735)	313,614	285,732	27,882
Earned Income	1,036,858	916,078	1,008,545	2,961,481	3,049,540	(88,059)
General Revenue-Contract	3,529,887	439,032		3,968,919	3,914,058	54,861
TOTAL INCOME	\$ 5,090,041	\$ 1,381,163	\$ 772,810	\$ 7,244,014	\$ 7,249,330	\$ (5,316)
EXPENSES:						
Salaries	2,811,279	734,649	651,878	4,197,805	4,234,535	(36,730)
Employee Benefits	536,435	160,530	116,452	813,418	810,977	2,441
Medication Expense	153,197		27,734	180,931	172,405	8,526
Travel-Board/Staff	63,372	31,911	18,000	113,283	109,450	3,833
Building Rent/Maintenance	64,956	15,679	13,951	94,586	58,771	35,815
Consultants/Contracts	563,872	259,580	72,515	895,968	953,421	(57,453)
Other Operating Expenses	383,303	128,163	88,728	600,195	623,556	(23,361)
TOTAL EXPENSES	\$ 4,576,414	\$ 1,330,512	\$ 989,258	\$ 6,896,186	\$ 6,963,115	\$ (66,929)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 513,627	\$ 50,651	\$ (216,448)	\$ 347,828	\$ 286,215	\$ 61,613
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	23,180	7,956	5,928	37,065	94,375	(57,310)
Capital Outlay-Debt Service	33,366	16,108	122,667	172,140	185,601	(13,461)
TOTAL CAPITAL EXPENDITURES	\$ 56,546	\$ 24,064	\$ 128,595	\$ 209,205	\$ 279,976	\$ (70,771)
GRAND TOTAL EXPENDITURES	\$ 4,632,960	\$ 1,354,576	\$ 1,117,853	\$ 7,105,391	\$ 7,243,091	\$ (137,700)
Excess (Deficiency) of Revenues and Expenses	\$ 457,081	\$ 26,587	\$ (345,043)	\$ 138,624	\$ 6,239	\$ 132,384
Debt Service and Fixed Asset Fund:						
Debt Service	33,366	16,108	122,667	172,140	185,601	(152,235)
Excess(Deficiency) of revenues over Expenses	33,366	16,108	122,667	172,140	185,601	(152,235)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Captial Expenditures



Agenda Item: Approve December 2017 Financial Statements Committee: Business	Board Meeting Date January 25, 2018
Background Information: None	
Supporting Documentation: December 2017 Financial Statements	
Recommended Action: Approve December 2017 Financial Statements	

December 2017 Financial Summary

Revenues for December 2017 were \$2,291,345 and operating expenses were \$2,272,454; resulting in a gain in operations of \$18,891. Capital Expenditures and Extraordinary Expenses for December were \$57,722; resulting in a loss of \$38,831. Total revenues were 96.68% of the monthly budgeted revenues and total expenses were 94.38% of the monthly budgeted expenses.

Year to date revenues are \$9,535,359 and operating expenses are \$9,168,640; leaving excess operating revenues of \$366,720. YTD Capital Expenditures and Extraordinary Expenses are \$266,927; resulting in a gain YTD of \$99,793. Total revenues are 99.13% of the YTD budgeted revenues and total expenses are 97.15% 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	589,211	721,633	81.65%	132,422
DSHS – Veteran’s Services	18,319	33,094	55.35%	14,775
DSHS – SA Treatment Adult	17,707	30,576	57.91%	12,869

Rehab – Title XIX – We continue to see this line item under budget due to a decrease in the number of clients with Medicaid being served in the adult clinic. In addition, there are numerous vacancies in both the adult and the children’s outpatient clinics. An incentive program has been implemented to help generate applicant flow for the vacant positions; so hopefully we will see a change very soon. Both November and December are historically low revenue months for Rehab. We will continue to monitor this line and make revisions to the budget as needed.

DSHS – Veteran’s Services – The Veteran’s Services manager was out on maternity leave and budget variance primarily reflects salary dollars which were not expended during her leave. There is a corresponding reduction in expenses for the program.

DSHS – SA Treatment Adult – As the Board is aware, we have struggled to generate revenue in this program for several years. Revenue does tend to drop in November and December due to the holidays as well. We are monitoring this program closely and may need to consider continued participation in this grant this year if performance doesn’t improve.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	111,078	66,834	161%	44,244

Building Repairs & Maintenance – We had more air conditioning expenses hit in December, along with an emergency roof repair at our crisis center. This is in addition to the major repairs that hit during our first quarter of FY2018 for air conditioning and roof repairs. We are expecting these types of repairs to settle down in the coming months, but have identified additional repairs to the PETC which will be needed this year as well. This line item will likely need to be adjusted during the mid-year budget revision.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended December 31, 2017

	TOTALS COMBINED FUNDS December 2017	TOTALS COMBINED FUNDS November 2017	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,904	3,954	(50)
Cash on Deposit-General Fund	11,093,006	8,540,045	2,552,961
Cash on Deposit-Debt Fund			-
Accounts Receivable	1,706,175	2,084,917	(378,742)
Inventory	4,986	4,986	-
TOTAL CURRENT ASSETS	<u>12,808,070</u>	<u>10,633,901</u>	<u>2,174,169</u>
FIXED ASSETS	20,760,463	20,760,463	-
OTHER ASSETS	29,190	48,966	(19,775)
TOTAL ASSETS	<u><u>\$ 33,597,724</u></u>	<u><u>\$ 31,443,330</u></u>	<u><u>\$ 2,154,395</u></u>
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,136,551	1,156,313	(19,762)
NOTES PAYABLE	642,552	642,552	-
DEFERRED REVENUE	2,589,893	379,610	2,210,283
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	893,750	916,667	(22,917)
First Financial Construction Loan	12,399,793	12,399,793	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	3,592,174	3,634,469	(42,294)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(13,293,542)	(13,316,459)	22,917
Reserved for Debt Retirement	-	-	-
COMMITTED			
Net Assets-Property and Equipment	20,760,463	20,760,463	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	24,664	18,498	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(642,552)	(642,552)	-
UNASSIGNED			
Unrestricted and Undesignated	2,424,625	2,424,625	-
TOTAL LIABILITIES/FUND BALANCE	<u><u>\$ 33,597,724</u></u>	<u><u>\$ 31,443,330</u></u>	<u><u>\$ 2,154,395</u></u>

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended December 31, 2017**

	General Operating Funds	Memorandum Only Prelim August 2017
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,904	3,840
Cash on Deposit-General Fund	11,093,006	5,498,537
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	1,706,175	4,163,554
Inventory	4,986	4,986
TOTAL CURRENT ASSETS	12,808,070	9,670,917
FIXED ASSETS	20,760,463	15,648,025
OTHER ASSETS	29,190	212,571
	\$ 33,597,724	\$ 25,531,513
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,136,551	1,078,569
NOTES PAYABLE	642,552	607,292
DEFERRED REVENUE	2,589,893	(380,384)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	893,750	985,417
First Financial Construction Loan	12,399,793	12,253,313
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	3,592,174	3,652,781
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(13,293,542)	(13,238,730)
Reserved for Debt Retirement	-	963,631
COMMITTED		
Net Assets-Property and Equipment-Committed	20,760,463	15,648,025
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	-
Reserved for Board Initiatives	1,500,000	1,464,542
Reserved for 1115 Waiver Programs	516,833	516,833
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	24,664	74,000
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(642,552)	(607,292)
UNASSIGNED		
Unrestricted and Undesignated	2,424,625	1,460,994
TOTAL LIABILITIES/FUND BALANCE	\$ 33,597,724	\$ 25,531,513

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended December 2017
and Year To Date as of December 2017

INCOME:	MONTH OF December 2017	YTD December 2017
Local Revenue Sources	78,189	391,803
Earned Income	909,914	3,871,395
General Revenue-Contract	1,303,242	5,272,161
TOTAL INCOME	\$ 2,291,345	\$ 9,535,359
EXPENSES:		
Salaries	1,378,339	5,576,145
Employee Benefits	269,709	1,083,127
Medication Expense	55,896	231,828
Travel-Board/Staff	31,831	145,114
Building Rent/Maintenance	20,579	115,166
Consultants/Contracts	314,358	1,215,326
Other Operating Expenses	201,741	801,936
TOTAL EXPENSES	\$ 2,272,454	\$ 9,168,640
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 18,891	\$ 366,720
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	1,061	38,126
Capital Outlay-Debt Service	56,661	228,801
TOTAL CAPITAL EXPENDITURES	\$ 57,722	\$ 266,927
GRAND TOTAL EXPENDITURES	\$ 2,330,176	\$ 9,435,567
Excess (Deficiency) of Revenues and Expenses	\$ (38,831)	\$ 99,793

Debt Service and Fixed Asset Fund:

Debt Service	56,661	228,801
Excess(Deficiency) of revenues over Expenses	56,661	228,801

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of December 2017

	YTD December 2017	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	391,803	372,371	19,432
Earned Income	3,871,395	4,041,950	(170,555)
General Revenue-Contract	5,272,161	5,205,083	67,078
TOTAL INCOME	\$ 9,535,359	\$ 9,619,404	\$ (84,045)
EXPENSES:			
Salaries	5,576,145	5,653,918	(77,773)
Employee Benefits	1,083,127	1,083,445	(318)
Medication Expense	231,828	230,539	1,289
Travel-Board/Staff	145,114	145,932	(818)
Building Rent/Maintenance	115,166	70,562	44,604
Consultants/Contracts	1,215,326	1,323,177	(107,851)
Other Operating Expenses	801,936	835,968	(34,032)
TOTAL EXPENSES	\$ 9,168,640	\$ 9,343,541	\$ (174,901)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 366,720	\$ 275,863	\$ 90,857
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	38,126	121,000	(82,874)
Capital Outlay-Debt Service	228,801	247,468	(18,667)
TOTAL CAPITAL EXPENDITURES	\$ 266,927	\$ 368,468	\$ (101,541)
GRAND TOTAL EXPENDITURES	\$ 9,435,567	\$ 9,712,009	\$ (276,442)
Excess (Deficiency) of Revenues and Expenses	\$ 99,793	\$ (92,605)	\$ 192,398

Debt Service and Fixed Asset Fund:

Debt Service	228,801	247,468	(18,667)
Excess(Deficiency) of revenues over Expenses	228,801	247,468	(18,667)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended December 2017

INCOME:	MONTH OF December 2017	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	78,189	86,639	(8,450)
Earned Income	909,914	992,410	(82,496)
General Revenue-Contract	1,303,242	1,291,025	12,217
TOTAL INCOME	\$ 2,291,345	\$ 2,370,074	\$ (78,729)
EXPENSES:			
Salaries	1,378,339	1,419,383	(41,044)
Employee Benefits	269,709	272,468	(2,759)
Medication Expense	55,896	58,134	(2,238)
Travel-Board/Staff	31,831	36,482	(4,651)
Building Rent/Maintenance	20,579	11,791	8,788
Consultants/Contracts	314,358	369,756	(55,398)
Other Operating Expenses	201,741	212,412	(10,671)
TOTAL EXPENSES	\$ 2,272,454	\$ 2,380,426	\$ (107,972)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 18,891	\$ (10,352)	\$ 29,243
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,061	26,625	(25,564)
Capital Outlay-Debt Service	56,661	61,867	(5,206)
TOTAL CAPITAL EXPENDITURES	\$ 57,722	\$ 88,492	\$ (30,770)
GRAND TOTAL EXPENDITURES	\$ 2,330,176	\$ 2,468,918	\$ (138,742)
Excess (Deficiency) of Revenues and Expenses	\$ (38,831)	\$ (98,844)	\$ 60,013

Debt Service and Fixed Asset Fund:

Debt Service	56,661	61,867	(5,206)
Excess(Deficiency) of revenues over Expenses	56,661	61,867	(5,206)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With December 2016 Comparative Data
Year to Date as of December 2017

INCOME:	YTD December 2017	YTD December 2016	Increase (Decrease)
Local Revenue Sources	391,803	706,413	(314,610)
Earned Income	3,871,395	4,772,017	(900,622)
General Revenue-Contract	5,272,161	5,221,328	50,833
TOTAL INCOME	\$ 9,535,359	\$ 10,699,758	\$ (1,164,399)
EXPENSES:			
Salaries	5,576,145	5,405,886	170,259
Employee Benefits	1,083,127	1,059,794	23,333
Medication Expense	231,828	234,993	(3,165)
Travel-Board/Staff	145,114	159,604	(14,490)
Building Rent/Maintenance	115,166	189,921	(74,755)
Consultants/Contracts	1,215,326	2,077,420	(862,094)
Other Operating Expenses	801,936	867,247	(65,311)
TOTAL EXPENSES	\$ 9,168,640	\$ 9,994,865	\$ (826,225)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 366,720	\$ 704,893	\$ (338,173)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	38,126	185,538	(147,412)
Capital Outlay-Debt Service	228,801	201,280	27,521
TOTAL CAPITAL EXPENDITURES	\$ 266,927	\$ 386,818	\$ (119,891)
GRAND TOTAL EXPENDITURES	\$ 9,435,567	\$ 10,381,683	\$ (946,116)
Excess (Deficiency) of Revenues and Expenses	\$ 99,793	\$ 318,075	\$ (218,282)

Debt Service and Fixed Asset Fund:

Debt Service	228,801	201,280	27,521
Excess(Deficiency) of revenues over Expenses	228,801	201,280	27,521

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With December 2016 Comparative Data
For the Month Ended December 2017

INCOME:	MONTH OF December 2017	MONTH OF December 2016	Increase (Decrease)
Local Revenue Sources	78,189	305,063	(226,874)
Earned Income	909,914	1,194,606	(284,692)
General Revenue-Contract	1,303,242	1,302,117	1,125
TOTAL INCOME	\$ 2,291,345	\$ 2,801,786	\$ (510,441)
Salaries	1,378,339	1,345,088	33,251
Employee Benefits	269,709	267,898	1,811
Medication Expense	55,896	55,879	17
Travel-Board/Staff	31,831	34,274	(2,443)
Building Rent/Maintenance	20,579	28,849	(8,270)
Consultants/Contracts	314,358	515,448	(201,090)
Other Operating Expenses	201,741	253,200	(51,459)
TOTAL EXPENSES	\$ 2,272,454	\$ 2,500,636	\$ (228,182)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 18,891	\$ 301,150	\$ (282,259)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,061	3,431	(2,370)
Capital Outlay-Debt Service	56,661	55,090	1,571
TOTAL CAPITAL EXPENDITURES	\$ 57,722	\$ 58,521	\$ (799)
GRAND TOTAL EXPENDITURES	\$ 2,330,176	\$ 2,559,157	\$ (228,981)
Excess (Deficiency) of Revenues and Expenses	\$ (38,831)	\$ 242,629	\$ (281,460)

Debt Service and Fixed Asset Fund:

Debt Service	56,661	55,090	1,571
			-
Excess(Deficiency) of revenues over Expenses	56,661	55,090	1,571

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

INCOME:	MONTH OF December 2017	MONTH OF November 2017	Increase (Decrease)
Local Revenue Sources	78,189	115,432	(37,243)
Earned Income	909,914	972,792	(62,877)
General Revenue-Contract	1,303,242	1,348,087	(44,846)
TOTAL INCOME	\$ 2,291,345	\$ 2,436,311	\$ (144,966)
EXPENSES:			
Salaries	1,378,339	1,441,175	(62,836)
Employee Benefits	269,709	274,952	(5,243)
Medication Expense	55,896	55,601	296
Travel-Board/Staff	31,831	35,922	(4,091)
Building Rent/Maintenance	20,579	39,061	(18,482)
Consultants/Contracts	314,358	275,634	38,724
Other Operating Expenses	201,741	175,758	25,983
TOTAL EXPENSES	\$ 2,272,454	\$ 2,298,105	\$ (25,651)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 18,891	\$ 138,206	\$ (119,315)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,061	(1,704)	2,766
Capital Outlay-Debt Service	56,661	57,842	(1,181)
TOTAL CAPITAL EXPENDITURES	\$ 57,722	\$ 56,138	\$ 1,585
GRAND TOTAL EXPENDITURES	\$ 2,330,176	\$ 2,354,243	\$ (24,066)
Excess (Deficiency) of Revenues and Expenses	\$ (38,831)	\$ 82,069	\$ (120,900)

Debt Service and Fixed Asset Fund:

Debt Service	56,661	57,842	(1,181)
Excess(Deficiency) of revenues over Expenses	56,661	57,842	(1,181)

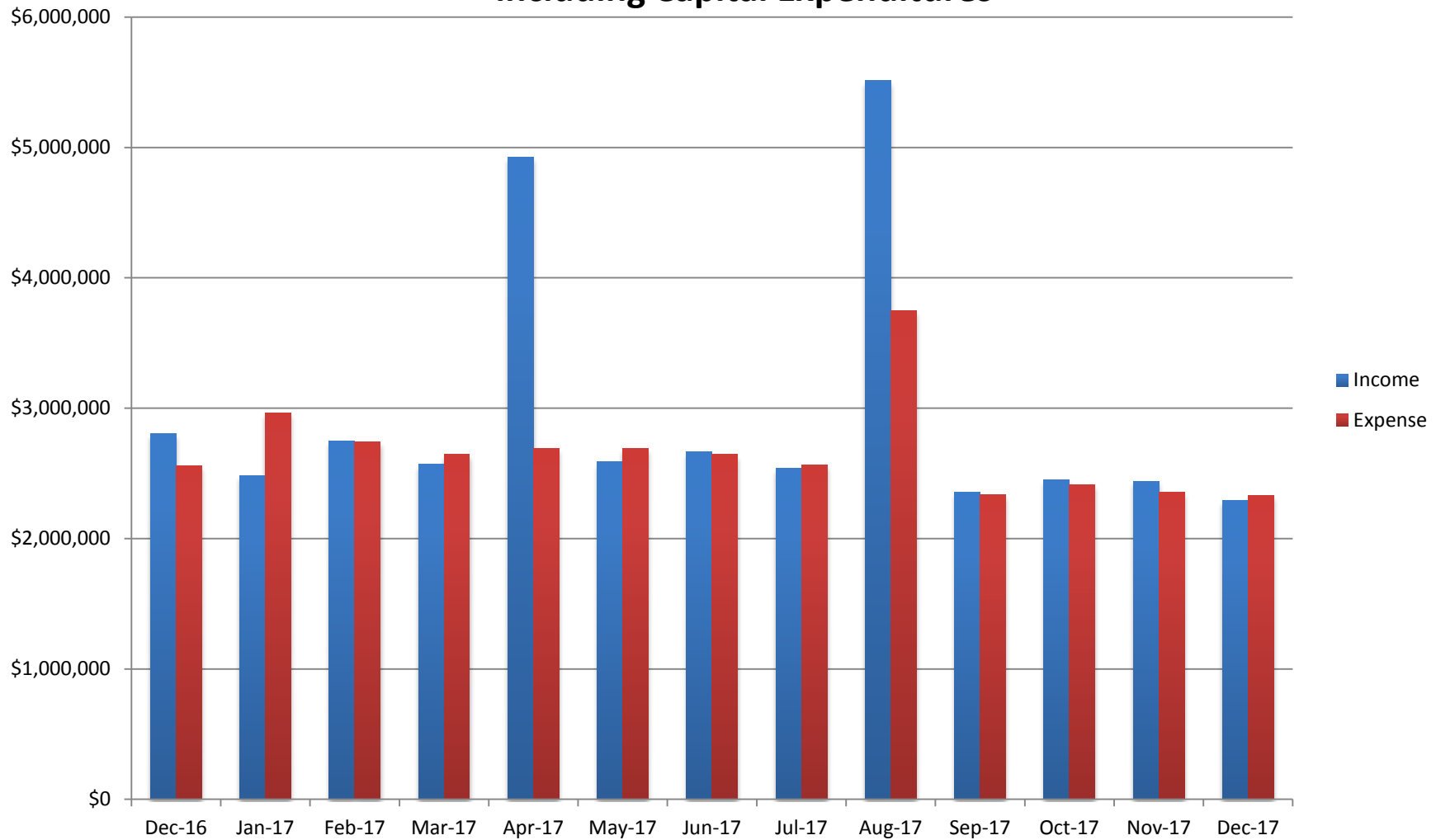
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of December 2017

	YTD Mental Health December 2017	YTD IDD December 2017	YTD Other Services December 2017	YTD Agency Total December 2017	YTD Approved Budget December 2017	Increase (Decrease)
INCOME:						
Local Revenue Sources	679,635	26,683	(314,515)	391,803	372,371	19,432
Earned Income	1,318,796	1,207,296	1,345,302	3,871,395	4,041,950	(170,555)
General Revenue-Contract	4,694,873	577,288		5,272,161	5,205,083	67,078
TOTAL INCOME	\$ 6,693,304	\$ 1,811,267	\$ 1,030,787	\$ 9,535,359	\$ 9,619,404	\$ (84,045)
EXPENSES:						
Salaries	3,733,736	978,189	864,218	5,576,145	5,653,918	(77,773)
Employee Benefits	713,541	213,016	156,567	1,083,127	1,083,445	(318)
Medication Expense	218,345	7,320	6,164	231,828	230,539	1,289
Travel-Board/Staff	80,302	42,655	22,156	145,114	145,932	(818)
Building Rent/Maintenance	81,353	17,815	15,998	115,166	70,562	44,604
Consultants/Contracts	784,610	338,955	91,762	1,215,326	1,323,177	(107,851)
Other Operating Expenses	516,143	174,684	111,108	801,936	835,968	(34,032)
TOTAL EXPENSES	\$ 6,128,030	\$ 1,772,634	\$ 1,267,973	\$ 9,168,642	\$ 9,343,541	\$ (174,899)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 565,274	\$ 38,633	\$ (237,186)	\$ 366,717	\$ 275,863	\$ 90,854
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	23,256	7,993	6,877	38,126	121,000	(82,874)
Capital Outlay-Debt Service	132,704	64,064	32,032	228,801	247,468	(18,667)
TOTAL CAPITAL EXPENDITURES	\$ 155,960	\$ 72,057	\$ 38,909	\$ 266,927	\$ 368,468	\$ (101,541)
GRAND TOTAL EXPENDITURES	\$ 6,283,990	\$ 1,844,691	\$ 1,306,882	\$ 9,435,569	\$ 9,712,009	\$ (276,440)
Excess (Deficiency) of Revenues and Expenses	\$ 409,314	\$ (33,424)	\$ (276,095)	\$ 99,793	\$ (92,605)	\$ 192,395
Debt Service and Fixed Asset Fund:						
Debt Service	132,704	64,064	32,032	228,801	247,468	(114,764)
		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	132,704	64,064	32,032	228,801	247,468	(114,764)

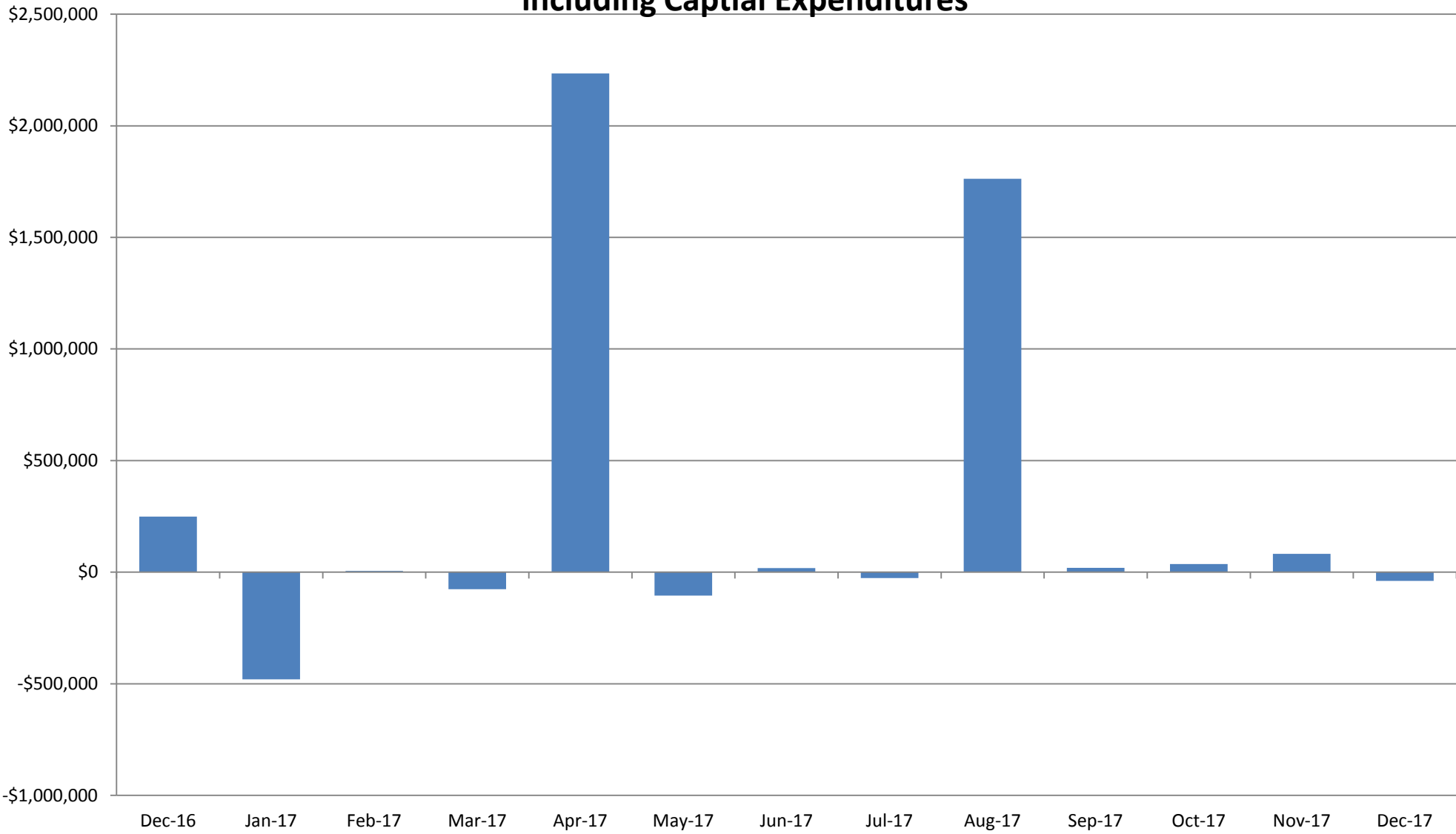
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Captial Expenditures



Agenda Item: Approve FY 2017 Independent Financial Audit Committee: Business	Board Meeting Date January 25, 2018
Background Information: Scott, Singleton, Fincher & Company PC audited Tri-County's Financial Statements for the fiscal year ending August 31, 2017. There were no material findings related to the financial statements.	
Supporting Documentation: Copy of Preliminary Audited Financial Statements – Mailed to Board Members	
Recommended Action: Approve FY 2017 Independent Financial Audit	

<p>Agenda Item: Appoint New Directors for the Cleveland Supported Housing, Inc. (CSHI) Board</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>January 25, 2018</p>
<p>Background Information:</p> <p>Christine Shippey has expressed interest in serving as a director on the Cleveland Supported Housing, Inc. (CSHI) Board for a term that would expire January 1, 2020.</p> <p>The current Board has three (3) members, meeting the minimum requirement, but have expressed interest in having additional members.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Ms. Christine Shippey to Serve on the Cleveland Supported Housing, Inc. Board for a Term Which Expires January 1, 2020</p>	

Agenda Item: Appoint New Directors for the Independence Communities, Inc. (ICI) Board Committee: Business	Board Meeting Date January 25, 2018
Background Information: Ms. Constance Heiland has expressed interest in serving as a director on the Independence Communities, Inc. (ICI) Board and would fill Len George's term which is set to expire January 1, 2019. Mr. Karl Davidson has also expressed interest in serving as a director on the Independence Communities, Inc. (ICI) Board for a term that would expire January 1, 2020. The current Board has four (4) members, meeting the minimum requirement, but have expressed interest in having additional members.	
Supporting Documentation: None	
Recommended Action: Appoint Ms. Constance Heiland to Serve on the Independence Communities, Inc. Board for a Term Which Expires January 1, 2019 and Appoint Mr. Karl Davidson to Serve on the Independence Communities, Inc. Board for a Term Which Expires January 1, 2020	

<p>Agenda Item: Appoint New Directors for the Tri-County's Consumer Foundation (TCCF) Board</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>January 25, 2018</p>
<p>Background Information:</p> <p>The Tri-County's Consumer Foundation (TCCF) Board has nominated Mr. Lynn Scott and Ms. Stacey Jata to serve as directors on the TCCF Board.</p> <p>Mr. Lynn Scott would fill Patti Atkins' term which is set to expire August 31, 2018 and Ms. Stacey Jata would fill Pat Seward's term which is set to expire August 31, 2019.</p> <p>The current Board has two (2) members and has one (1) vacancy. The TCCF Board has expressed the need for additional members.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Mr. Lynn Scott to Serve on Tri-County's Consumer Foundation Board for a Term Which Expires August 31, 2018 and Appoint Ms. Stacey Jata to Serve on Tri-County's Consumer Foundation Board for a Term Which Expires August 31, 2019</p>	

<p>Agenda Item: Approve Lease Renewal Amendment for 300/302 Campbell Street, Cleveland, Texas</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>January 25, 2018</p>
<p>Background Information:</p> <p>Tri-County currently leases the total space within our 300/302 Campbell Street, Cleveland, Texas property to the Department of State Health Services (DSHS) and University of Texas Medical Branch (UTMB) as social services offices. The current five (5) year lease expires April 30, 2018.</p> <p>After analyzing the two leases, less than \$20,000 a year is cleared before repair expenses each year and these buildings, which were constructed in 1980, have both needed repairs.</p> <p>Staff asked Jackson Walker review the contracts. The lease does not contain any provisions about our ability to market the building or sell the building. Therefore, we have the right to sell the building at some point in the future if needed.</p> <p>Staff recommends approval of this lease with the understanding that we could sell the property in the future if the lease becomes unprofitable.</p>	
<p>Supporting Documentation:</p> <p>Copy of lease agreements available at the Board meeting.</p>	
<p>Recommended Action:</p> <p>Approve Lease Renewal Amendment for 300/302 Campbell Street, Cleveland, Texas and Authorize Executive Director to Execute the Necessary Documents</p>	

Agenda Item: 1 st Quarter FY 2018 Quarterly Investment Report Committee: Business	Board Meeting Date January 25, 2018
Background 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.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

**TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2018
As Of November 30, 2017**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 475.91				\$ 475.91
First Financial Bank CD	\$ 3,438.88				\$ 3,438.88
First Liberty National Bank	\$ 0.89				\$ 0.89
JP Morgan Chase (HBS)	\$ 4,123.96				\$ 4,123.96
Prosperity Bank	\$ 63.84				\$ 63.84
Prosperity Bank CD (formerly Tradition)	\$ 3,865.55				\$ 3,865.55
TexPool Participants	\$ 158.12				\$ 158.12
Total Earned	\$ 12,127.15	\$ -	\$ -	\$ -	\$ 12,127.15

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending November 30, 2017

GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare 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	1,400.17	4,238,679,558.44	633,620.75
Accrual of Interest Income	7,649,991.59	8,567,851.08	6,704,935.94
Interest and Management Fees Payable	(12,895,097.42)	(13,414,918.55)	(13,237,541.97)
Payable for Investments Purchased	0.00	(4,638,679,000.00)	(49,998,730.00)
Accrued Expense & Taxes	(38,849.40)	(19,352.27)	(18,655.45)
Repurchase Agreements	3,192,359,000.00	4,738,679,000.00	4,447,597,000.00
Mutual Fund Investments	415,022,103.88	415,022,103.88	415,022,103.88
Government Securities	11,283,107,703.19	9,432,292,215.66	9,983,831,210.90
U.S. Treasury Bills	502,948,312.25	999,791,940.00	0.00
U.S. Treasury Notes	200,524,766.00	350,446,536.50	200,121,094.00
TOTAL	15,588,203,393.13	15,531,365,934.74	14,990,655,038.05

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(1,239,177.39)	633,620.75
Accrual of Interest Income	6,197,552.95	6,704,935.94
Interest and Management Fees Payable	(13,852,433.68)	(13,237,541.97)
Payable for Investments Purchased	0.00	(49,998,730.00)
Accrued Expenses & Taxes	(19,975.52)	(18,655.45)
Repurchase Agreements	3,840,181,000.00	4,447,597,000.00
Mutual Fund Investments	415,022,103.88	415,022,103.88
Government Securities	11,222,763,767.47	9,984,807,577.12
U.S. Treasury Bills	354,442,525.55	0.00
U.S. Treasury Notes	200,763,330.74	200,488,750.52
TOTAL	\$16,024,258,694.00	\$14,991,999,060.79

Portfolio by Maturity as of November 30, 2017

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
37.7%	54.2%	1.4%	6.7%

Portfolio by Type of Investments as of November 30, 2017

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
66.3%	29.6%	1.3%	2.8%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 1.0318% for September, 1.0151% for October and 1.0506% 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, 2017 was 33 days.

The net asset value as of November 30, 2017 was 0.99991.

The total amount of interest distributed to participants during the period was \$39,541,601.93.

This quarter, TexPool rates did not exceed the 90 Day T-Bill rates toward the end of the 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 2,443.

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 Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

[Redacted Signature]

Millie McDuffey
Chief Financial Officer / Investment Officer

12/20/17
Date

[Redacted Signature]

Evan Roberson
Executive Director / Investment Officer

12/21/2017
Date

Agenda Item: Board of Trustees Unit Financial Statement as of November and December 2017 Committee: Business	Board Meeting Date January 25, 2018
Background Information: None	
Supporting Documentation: November and December 2017 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2018

	November 2017 Actuals	November 2017 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,553.00	\$ 2,553.00	\$ -	\$ 7,659.00	\$ 7,659.00	\$ -	100.00%	\$ 30,645.00
Total Revenue	\$ 2,553.00	\$ 2,553.00	\$ -	\$ 7,659.00	\$ 7,659.00	\$ -	100.00%	\$ 30,645.00
Expenses								
Food Items	\$ -	\$ 166.00	\$ (166.00)	\$ -	\$ 498.00	\$ (498.00)	0.00%	\$ 2,000.00
Insurance-Worker Compensation	\$ 7.91	\$ 16.00	\$ (8.09)	\$ 31.63	\$ 48.00	\$ (16.37)	65.90%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 4,500.00	\$ 4,500.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 21.00	\$ (21.00)	\$ -	\$ 63.00	\$ (63.00)	0.00%	\$ 245.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 900.00	\$ (900.00)	0.00%	\$ 3,600.00
Travel - Local	\$ -	\$ 50.00	\$ (50.00)	\$ -	\$ 150.00	\$ (150.00)	0.00%	\$ 600.00
Travel - Non-local Mileage/Air	\$ 259.00	\$ 150.00	\$ 109.00	\$ 259.00	\$ 450.00	\$ (191.00)	57.56%	\$ 1,800.00
Travel - Non-local Hotel	\$ 397.60	\$ 250.00	\$ 147.60	\$ 588.95	\$ 750.00	\$ (161.05)	78.53%	\$ 3,000.00
Travel - Meals	\$ 22.32	\$ 100.00	\$ (77.68)	\$ 153.43	\$ 300.00	\$ (146.57)	51.14%	\$ 1,200.00
Total Expenses	\$ 2,186.83	\$ 2,553.00	\$ (366.17)	\$ 5,533.01	\$ 7,659.00	\$ (2,125.99)	72.24%	\$ 30,645.00
Total Revenue minus Expenses	\$ 366.17	\$ -	\$ 366.17	\$ 2,125.99	\$ -	\$ 2,125.99	27.76%	\$ -

Unit Financial Statement

FY 2018

	December 2017 Actuals	December 2017 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 10,213.00	\$ 10,213.00	\$ -	100.00%	\$ 30,645.00
Total Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 10,213.00	\$ 10,213.00	\$ -	100.00%	\$ 30,645.00
Expenses								
Food Items	\$ -	\$ 166.00	\$ (166.00)	\$ -	\$ 664.00	\$ (664.00)	0.00%	\$ 2,000.00
Insurance-Worker Compensation	\$ -	\$ 16.00	\$ (16.00)	\$ 31.63	\$ 64.00	\$ (32.37)	49.42%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 6,000.00	\$ 6,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 21.00	\$ (21.00)	\$ -	\$ 84.00	\$ (84.00)	0.00%	\$ 245.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 1,200.00	\$ (1,200.00)	0.00%	\$ 3,600.00
Travel - Local	\$ -	\$ 50.00	\$ (50.00)	\$ -	\$ 200.00	\$ (200.00)	0.00%	\$ 600.00
Travel - Non-local Mileage/Air	\$ -	\$ 150.00	\$ (150.00)	\$ 259.00	\$ 600.00	\$ (341.00)	43.17%	\$ 1,800.00
Travel - Non-local Hotel	\$ -	\$ 250.00	\$ (250.00)	\$ 588.95	\$ 1,000.00	\$ (411.05)	58.90%	\$ 3,000.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 153.43	\$ 400.00	\$ (246.57)	38.36%	\$ 1,200.00
Total Expenses	\$ 1,500.00	\$ 2,553.00	\$ (1,053.00)	\$ 7,033.01	\$ 10,212.00	\$ (3,178.99)	68.87%	\$ 30,645.00
Total Revenue minus Expenses	\$ 1,054.00	\$ 1.00	\$ 1,053.00	\$ 3,179.99	\$ 1.00	\$ 3,178.99	31.13%	\$ -

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date January 25, 2018
Background Information: As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
Supporting Documentation: First Quarter FY 2018 HUD 811 Report	
Recommended Action: For Information Only	

1st Quarter FY 2018 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI) held their last meeting on December 8, 2017, where they reviewed project updates and financial status. At the time of this report, the property had one (1) vacancy with one (1) approved application and two (2) applications pending. Staff made a visit to the property on November 17, 2017 and found the property to be well maintained. Additionally, McDougal Property Management Staff noted that the residents are doing well and participation in community activities remains strong.

As you may recall, following continued issues with the flooring at Independence Oaks, Cook Construction filed a claim with the flooring manufacturer, Armstrong, which was denied. Cook Construction then followed up with their installation contractor, TCC Multifamily, and after some discussion about previous attempts to correct the issues, they agreed to donate the material and share the cost of the installation with Cook Construction if the CSHI Board was willing to consider replacing the tile with a vinyl plank product. After consulting with the CSHI Board at the last meeting, we are currently in the process of ensuring that the grade of the vinyl plank meets specific criterion prior to selection.

As of September 2017, the Payable to Tri-County is \$36,706.65. Due to the unfortunate loss of two residents this past year on site and the expenses that followed, we do expect a loss for the fiscal year. As a reminder, it is not abnormal to see a loss in these projects early on as these projects are expected to operate with a break-even/small profit margin which makes unexpected items affect the bottom line significantly but typically even out over time.

Finally, the CSHI Board has made recommendation for one (1) new board member since the last quarterly report and continues to seek recommendations for additional membership.

The Montgomery Supported Housing, Inc. Board (MSHI) met on November 28, 2017 where they reviewed project updates and financial status. The property is at 100% capacity with five (5) approved individuals on the waiting list. Staff made a visit to the property on November 16th, 2017 and the property appeared well maintained. Reports from McDougal Property Management staff indicate that the residents are doing well.

As of September 2017, the payable to Tri-County is \$32,805.69. Due to several unique challenges, Independence Place has struggled to maintain a positive bottom line. The

MSHI Board and McDougal Property Management continue to keep a close eye on the financials to monitor the financial health of the project and to make recommendations/adjustments where needed to continue to work toward improved financial health. This past year, for instance, The City of Montgomery increased water rates impacting the project budget by roughly seven thousand dollars (\$7,000) which had not been accounted for in the original budget projections. After both the Board and McDougal Staff had conducted research and discussed options with The City of Montgomery, McDougal Staff were able to receive approval from HUD to utilize the Reserve for Replacement Fund until the new budget based rent increase was approved which would account for the water rate increase.

The Independence Communities, Inc. Board (ICI) held their last face-to-face meeting on October 3, 2017 where they reviewed project updates and financial status. The property is at 100% capacity with 5 (five) approved applicants on the waiting list. Tri-County Staff made a visit to the property on November 17, 2017 and noted that the property was well maintained and there are no significant maintenance issues reported at the time of this report.

Since the time of the last quarterly report, the ICI Board has made recommendation for two (2) new Board members.

Agenda Item: Tri-County's Consumer Foundation Update Committee: Business	Board Meeting Date January 25, 2018
Background Information: Tri-County's Consumer Foundation Board of Directors held a face-to-face meeting on January 19, 2018 in the Board Room at 233 Sargent Ed Holcomb Boulevard South. The Board nominated two (2) potential Board members to be appointed by the Tri-County Board of Trustees. The Schedule of Events for the "Changing Lives Breakfast", which will be held on March 8, 2018, was reviewed. Friends, local officials, and supporters will be invited to the Breakfast; we look forward to a great first fundraiser.	
Supporting Documentation: None	
Recommended Action: For Information Only	

UPCOMING MEETINGS

February 22, 2018 – Board Meeting

- Approve Minutes from January 25, 2018 Board Meeting
- Longevity Recognition Presentations
- Community Resources Report
- Consumer Services Report for January 2018
- Program Updates
- Program Presentation
- Personnel Report for January 2018
- Texas Council Risk Management Fund Claims Summary for January 2018
- Approve Financial Statements for January 2018
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement as of January 2018
- Building Consolidation Update

March 22, 2018 – Board Meeting

- Approve Minutes from February 22, 2018 Board Meeting
- Community Resources Report
- Consumer Services Report for February 2018
- Program Updates
- Program Presentation
- FY 2018 Goals and Objectives Progress Report
- Approve FY 2018 Budget Revision
- 2nd Quarter FY 2018 Investment Report
- 2nd Quarter FY 2018 Corporate Compliance and Quality Management Report
- 3rd Quarter FY 2018 Corporate Compliance Training
- Personnel Report for February 2018
- Texas Council Risk Management Fund Claims Summary as of February 2018
- Approve Financial Statements for February 2018
- Board of Trustees Unit Financial Statement as of February 2018
- Building Consolidation Update

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

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

Updated 4/17/17