

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

March 22, 2018



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 22, 2018. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 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 - Life Skills Program

III. Approve Minutes - February 22, 2018

IV. Executive Director's Report - Evan Roberson

- A. Transportation Update
- B. IDD Summit
- C. Child and Youth Waiting List
- D. In the Belly of The Whale
- E. Property Updates

V. Chief Financial Officer's Report - Millie McDuffey

- A. Cost Accounting Methodology (CAM)
- B. FY 2017 HCS, ICF, TxHmL & MEI Cost Reports
- C. Days of Operation
- D. Fixed Asset Inventory
- E. Budget Revision

VI. Program Committee

Action Items

- A. Approve Mental Health Local Plan for FY 2018-2019 *Pages 7-59*
- B. Approve Appointment of New IDD Planning Network Advisory Committee Member *Page 60*

Information Items

- C. Community Resources Report *Pages 61-64*
- D. Consumer Services Report for February 2018 *Pages 65-66*
- E. Program Updates *Pages 67-71*
- F. FY 2018 Goals and Objectives Progress Report *Pages 72-76*
- G. 2nd Quarter FY 2018 Corporate Compliance and Quality Management Report *Pages 77-79*
- H. 3rd Quarter FY 2018 Corporate Compliance Training *Pages 80-81*

VII. Executive Committee

Action Items

- A. Approve Changes to Board Policy *Pages 82-95*

Information Items

- B. Personnel Report for February 2018 *Pages 96-98*
- C. Texas Council Risk Management Fund Claims Summary February 2018 *Pages 99-100*

VIII. Business Committee

Action Items

- A. Approve February 2018 Financial Statements..... *Pages 101-114*
- B. Approve the Purchase of a Minivan and 12 Passenger Van..... *Pages 115-153*
- C. Ratify HHSC Contract No. 529-17-0038-00035B, Amendment No. 2..... *Page 154*
- D. Authorize Executive Director to Execute a Lease for the East Montgomery County Crisis Expansion Center and Authorize Remodel Costs..... *Pages 155-161*

Information Items

- E. 2nd Quarter FY 2018 Investment Report..... *Pages 162-166*
- F. Board of Trustees Unit Financial Statement for February 2018..... *Pages 167-168*
- G. HUD 811 Updates (Cleveland, Montgomery and Huntsville)..... *Pages 169-171*
- H. Tri-County Consumer Foundation Board Update..... *Page 172*

IX. 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

February 22, 2018

Board Members Present:

Patti Atkins
Richard Duren
Gail Page
Morris Johnson
Sharon Walker
Tracy Sorensen
Janet Qureshi
Jacob Paschal

Board Members Absent:

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
Kelly Shropshire, Director of IDD Authority Services
Kenneth Barfield, Director of Management Info Systems
Breanna Robertson, Director of Crisis Services
Amy Foerster, Chief Compliance Officer
Catherine Prestigiovanni, Director of Strategic Development
Ava Green, Executive Assistant
Mary Lou Flynn-Dupart, Legal Counsel via Remote Conference Call

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:04 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

Public Comment: There was no public comment.

Quorum: There being eight (8) Board Members present, a quorum was established.

Program Presentations:

Longevity Recognitions

Patti Atkins, Board Chair, suspended the Agenda at 10:29 a.m. to move to Business Committee Action Item IX-C, 401(a) Retirement Plan Account Review. Scott Hayes, from ISC Group Advisors, presented the report.

Crisis Counseling Program Presentation – Hurricane Harvey

Resolution #02-18-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the January 25, 2018 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for January 2018 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #02-18-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the revisions to Board Policies C.28, D.9, D.10 and E.20. That the Board also approve New Policy C.35.

The Personnel Report for January 2018 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for January 2018 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #02-18-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the January 2018 Financial Statements.

Resolution #02-18-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board Ratify the Health and Human Services Commission Immediate Services Program (ISP) Contract #HHS 000072800001.

The Board of Trustees Unit Financial Statements for January 2018 was reviewed for information purposes only.

An update was given on the Consumer Foundation Breakfast to be held on March 8, 2018 in the Tri-County Training Room, 233 Sgt. Ed Holcomb Blvd S, Conroe, TX.

There was no need for Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:42 a.m.

Adjournment:

[Redacted Signature]

Patti Atkins
Chair

Date

Attest:

[Redacted Signature]

Gail Page
Secretary

Date



Executive Director's Report

March 22, 2018

Announcements

- Our next regularly scheduled Board meeting will be April 26, 2018.
- At the April Board meeting, we will have our annual training for the Board and Management Team. Please plan to attend this important meeting. In light of some recent events, we have decided to have Pam Beach, a lawyer for the Texas Council Risk Management Fund, provide the Board training this year. I think you will find Pam interesting and informative.
- I wanted to make each of you aware that the Annual Texas Community Center Conference will be held in Dallas June 20th- 22nd. If you are interested in attending, please contact Ava or me.
- This week marks our first anniversary in this new building. Last year at this time, we were moving boxes, organizing offices, hanging pictures and getting ready for our first day of operations. This has been a quick year and we are grateful for what our new facility has meant to our operations. Thank you again to the Board for your support in this endeavor.
- We had Republican and Democratic primaries since our last meeting. In Montgomery County, the Incumbent County Judge, Craig Doyal, was defeated by Republican Mark Keough who was most recently the State Representative for District 15 in the Woodlands. Steve Toth, a former State Representative for District 15, was reelected to this office. Both remaining Commissioner's in Montgomery County (West County-Riley, East County-Clark) will be in a primary runoff election in May. Overall, the remainder of our area had fairly predictable primary results. We look forward to working with the new politicians in 2019.
- I wanted to let you know that I am still considering a possible grant application for Montgomery County Community Development Block Grant funds to build a client services facility that might be based on the 'Clubhouse Model', an evidence-based practice for a peer run facility. I am still working on application details and I am not sure of the cost, but I wanted to let you know because it is due around the next meeting.

- We did not end up having an interested provider as part of the Local Planning and Network Development process as we thought we might at the last meeting. We have the LPND plan posted currently and unless there is further interest in service provision, we should be able to complete this process in April.
- Our cake today is in honor of Tracy Sorensen, who celebrated a birthday on March 5th.

Conroe Transportation Update

We continue to work with the City of Conroe on locating a bus stop here at 233 Sgt. Ed Holcomb. Since the last meeting, we had our clients and staff in Conroe complete transportation surveys for the City of Conroe. I also attended a public Conroe/The Woodlands Urbanized Area (UZA) Transit advisory Board meeting on March 13th. City of Conroe staff has expressed optimism about getting a bus stop at our location soon. The consultant for the City, The Goodman Corporation, shared draft bus route maps with me, which included our site, after the meeting. We will continue to stay engaged in the process of getting the bus service to our site.

Intellectual and Developmental Disability Summit

Staff and I have begun initial planning meetings for an Intellectual and Developmental Disability 'summit' which we hope to hold in May of this year. The idea of the summit is to bring together local advocates for persons with IDD and their providers and to educate the community about the issues that impact both groups. As the Board is aware, Community Centers have had substantial cuts in funding in each session beginning in 2011 and staff is convinced that part of the reason for these cuts is a lack of understanding of IDD vs. our former terminology, Mental Retardation. At this point, we are unsure of the agenda for the meeting, but hope to have a section of the meeting where legislative officials can be involved. There will be more to come as we finalize plans.

Child and Youth Waiting List

I wanted to let the Board know that I have approached the state about the process to set up a Child and Youth Waiting List if this is required. When we talk about a waiting list for adults, the reason for the list is usually that we do not have enough funding to pay for the amount of services that are required. However, as we have discussed before, the issue is staffing for Child and Youth services at Tri-County, particularly bachelor's level caseworkers that have much of the day to day contact with the kids. We continue to have a hard time recruiting and training staff for these positions and are at risk of providing too little care.

I am not aware of anyone starting a list which includes Medicaid recipients, so I have sought further feedback from HHSC. If we receive permission to start a list, I will place this on a future Board agenda for further discussion.

In the Belly of the Whale

I was honored to speak at the First Baptist Church of the Woodlands' and Spiritual Care Network's "In the Belly of the Whale" conference on March 3rd. The overall object for the conference was for participants to leave with a better understanding of mental illness and addictions and to feel like they know how to move forward with next steps. I was encouraged to hear speakers talk about the intersection of mental illness/substance addiction and church and look forward to future events.

Property Updates

I am pleased to report that we have completed the Health and Human Service Commission's notification process for the .87 acre tract (lots 9-13) behind Sgt. Ed Holcomb and are expected to close of the property next week (March 27th). As is always the case, these processes get very complex once we have to involve HHSC, but I am pleased that everything went smoothly and that we are nearly finished with this purchase.

We are still awaiting word on lots 16-17, but may have to wait for them to go to tax sale.

CHIEF FINANCIAL OFFICER'S REPORT
March 22, 2018

Cost Accounting Methodology (CAM) – Many hours were spent working on the FY 2017 CAM report. The completed Final CAM was submitted to DSHS on February 27th. We ended up with a variance of 0.00% and in dollars; the variance was off by -\$80 on the final submittal. We will now compare these CAM costs to prior year reports to see any major changes in the cost of providing services.

FY 2017 HCS, ICF and Texas Home Living and MEI Cost Reports – Tabatha is getting closer to the completion of all the listed cost reports for FY 2017. The reports are all submitted into a program called the “Fairbanks System”. The Fairbanks System has been used for many years, so the process has not changed for this fiscal year. Staff did complete the required annual cost report training. The cost reports are all due on April 15th.

Days of Operation Ratio – Updated Days of Operation Ratio is 126 as of the end of February 28, 2018. This amount is up from 59 days as of the final August 31, 2017 financials.

Fixed Asset Inventory – The fixed asset inventory process will be starting toward the end of April. Every two years we conduct a complete inventory count of all assets. Last year we conducted a complete inventory for Montgomery County due to the consolidation of buildings. The building coordinators will be asked to assist due to the amount of work that goes into a complete count. We will update the Board on our status at upcoming board meetings.

Budget Revision – As we have reported the last couple of months, we are still planning for the first budget revision to come to the Board for approval in April. We are currently working on the review. We have completed the new program designs for the use of the new funds received in HB 13, SB 292 and the additional 1115 Waiver. This revision will include a contract revision on the mental health services contract that was reported last month. Also, we will reflect additional programs such as the Hurricane Harvey FEMA contracts.

<p>Agenda Item: Mental Health (MH) Local Plan</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services. In the past, Tri-County had a combined Local Plan for mental health (MH) and intellectual and developmental disabilities (IDD) services. In 2008, a Local Planning and Network Development statute required the development of a separate plan for mental health services.</p> <p>For Fiscal Years 2018 and 2019, staff has completed the planning process for stakeholders of persons with mental health conditions. A series of six (6) planning meetings were held across our four (4) primary service areas. Four (4) evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. In addition to face-to-face meetings, staff distributed surveys to consumers and stakeholders in both in paper and electronic format.</p> <p>The Mental Health Local Plan serves as the main mental health planning document for the Center and includes Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development including Jail Diversion.</p>	
<p>Supporting Documentation:</p> <p>Mental Health Local Plan for Fiscal Years 2018 - 2019</p>	
<p>Recommended Action:</p> <p>Approve the Mental Health Local Plan for Fiscal Years 2018 - 2019</p>	



Consolidated Local Service Plan FY 2018 - 2019

Health and Human Services

Form O

Consolidated Local Service Plan (CLSP)

Local Mental Health Authorities and Local
Behavioral Health Authorities

September, 2017

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Introduction

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

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

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

Section I: Local Services and Needs

I.A Mental Health Services and Sites

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

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
Tri-County Behavioral Healthcare	233 Sgt. Ed. Holcomb Blvd. Conroe 77304	Montgomery	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • Criminal Justice Services • SA Screening, Assessment, Outpatient Treatment, COPSD (adults and children) • Substance Abuse Prevention services for at risk youth • YES Waiver and RTCI for at risk youth • PASRR Assessments • IDD Crisis Intervention

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Integrated Healthcare • Peer Services • Continuity of Care
Tri-County Behavioral Healthcare	706 FM 2854 Conroe 77301	Montgomery	<ul style="list-style-type: none"> • MH Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0 and 5) • Crisis Stabilization Unit • Extended Observation Unit • Mobile Crisis Outreach Team (MCOT) • Crisis Intervention Response Team (CIRT) • IDD Crisis Intervention • Peer Services • Continuity of Care
Tri-County Behavioral Healthcare	7045 Highway 75 South Huntsville 77340	Walker	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • Criminal Justice Services • Substance Abuse Prevention services for at risk youth • YES Waiver and RTCI for at risk youth • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0) • PASRR Assessments • IDD Crisis Intervention • Peer Services • Continuity of Care
Tri-County Behavioral Healthcare	2004 Truman Cleveland 77327	Liberty	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • Criminal Justice Services

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip	County	Services & Target Populations Served
			<ul style="list-style-type: none"> • Substance Abuse Prevention services for at risk youth • YES Waiver and RTCI for at risk youth • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0) • PASRR Assessments • IDD Crisis Intervention • Peer Services • Continuity of Care
Tri-County Behavioral Healthcare	2000 Panther Lane Liberty 77575	Liberty	<ul style="list-style-type: none"> • MH Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (adults and children) • Criminal Justice Services • Substance Abuse Prevention services for at risk youth • YES Waiver and RTCI for at risk youth • MH Crisis Screening, Assessment, Intake, Selected levels of care (LOC 0) • PASRR Assessments • IDD Crisis Intervention • Peer Services • Continuity of Care
Kingwood Pines Hospital	2001 Ladbrook Drive Kingwood 77339	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults, Children and Youth)
Cypress Creek Hospital	17750 Cali Drive Houston 77090	Harris	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults and Youth)
Aspire Hospital	2006 South Loop 336W #500	Montgomery	<ul style="list-style-type: none"> • Contract Inpatient Hospitalization (Adults)

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

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

1115 Waiver Projects					
RHP Region(s)	Project Title (include brief description if needed)	Years of Operation	Capacity (Individuals)	Population Served	Number Served/Year
17	Intensive Evaluation and Diversion	4	500	Adults & Children	1035
17	Integrated Primary and Behavioral Health Care	5	180	Adults currently receiving MH services	256
17	IDD ACT	5	50	Adults & Children w/IDD	51
17	Expanded Psychiatry Delivery	5	175	Adults	223
2	Expanded Psychiatry Delivery	5	75	Adults	121

I.C Community Participation in Planning Activities

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

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

Describe the key methods and activities you used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in your planning process.

- | |
|--|
| <ul style="list-style-type: none"> • TCBHC Management Team participated in quarterly Mental Health Collaborative Meetings held at local hospitals. Participants included local hospital staff including emergency room personnel, judges, law enforcement, District Attorney, local private psychiatric inpatient providers, Crisis Intervention Response Team members, etc. |
| <ul style="list-style-type: none"> • TCBHC Criminal Justice Management Staff attended meetings with Community stakeholders on a quarterly basis where Jail Diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and District Attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning. |
| <ul style="list-style-type: none"> • TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Health First Aid (YMHFA), Crisis Management, collaborating with other agencies, general mental health overviews, information about TCBHC and services provided, other suicide prevention for those individuals/agencies unable to participate in the 8 hour YMHFA, and trainings on military and veteran culture including trainings offered to local law enforcement to assist them with better understanding and working with veterans in a mental health crisis. These trainings provided several opportunities and quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community. |
| <ul style="list-style-type: none"> • TCBHC Management Team and Child and Adolescent Management Staff participated in meetings with representatives from local educational institutions (including school counselors and administrators of local colleges, universities, elementary, middle and high schools) to discuss the mental health needs and challenges unique to their populations. |
| <ul style="list-style-type: none"> • Six Face to Face Local Planning Meetings were held throughout our three county area. Meetings were advertised in local newspapers, through the PNAC members and emailed and mailed out to our stakeholder list. A Spanish local planning meeting was also held to ensure stakeholders were able to reach us with their concerns. |
| <ul style="list-style-type: none"> • Local Planning Surveys were sent out to stakeholders via email, PNAC members, planning meetings and were placed in our clinics to ensure our consumers unable to attend meetings had an opportunity to provide feedback. Surveys were provided in paper and electronic format. |

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

• The need for public transportation
• The continued need for low income housing and housing for individuals with mental illness (including those who may not qualify for certain housing assistance programs due to criminal backgrounds)
• Continued education and awareness efforts
• Increased options for local residential placement of children and adolescents
• Diversion of individuals from ERs and Jails when appropriate
• The need for affordable residential substance abuse treatment
• The desire for additional peer run services such as a psychosocial clubhouse
• Continuity of Care for those individuals who experience a crisis outside of our service system

Section II: Psychiatric Emergency Plan

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

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers
- Users of crisis services and their family members

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

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

II.A Development of the Plan

Describe the process used to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

- Ensuring all key stakeholders were involved or represented
- Ensuring the entire service area was represented

- Soliciting input

- Six (6) Local Planning meetings were held in our three counties to seek feedback from local stakeholders. Stakeholders from several different areas of the community were invited (as listed above in Section 1.C). Feedback was sought on local service needs including needs related to crisis response, jail diversion, and quality management.
- Surveys were sent out to both community stakeholders and individuals served to seek feedback on service gaps, community needs, and to assess current services provided by Tri-County. Over 152 surveys were returned prior to the deadline.
- Regular communication between Tri-County staff and law enforcement, court representatives, and Hospital district staff is ongoing and meetings are scheduled as needed and/or to involve additional agencies as indicated.

II.B Crisis Response Process and Role of MCOT

1. How is your MCOT service staffed?
 - a. During business hours

- We have shifts scheduled from 6:00a to 3:00p, 3:00p to 11:00p and 11:00p to 7:00a.
- Crisis services have been greatly expanded, made possible with 1115 funding. 1115 programs such as our Extended Observation Unit, have provided us with the additional resources to more easily and efficiently activate our MCOT team for community evaluation purposes. The continued success that we are having with this program is strongly tied to these additional resources which include twenty-four (24) hour awake staff and additional crisis response positions.

- b. After business hours

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

c. Weekends/holidays

- Staff are scheduled 24 hours a day, 7 days a week, including holidays. Shifts are from 7:00a to 7:00p and 7:00p to 7:00a. Additionally, awake staff are housed at the PETC during these times that can deploy quickly to local Emergency rooms and other community locations which reduces response time.

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

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

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

- Our Mobile Crisis Outreach Team's role is to be able to expand services such as assessments and crisis interventions that may reduce the risk of hospitalization to other community settings such as natural homes, nursing homes, shelters, offices, schools and emergency rooms. Our Mobile Crisis Outreach Team consists of a combination of Qualified Mental Health Professionals and Licensed staff on all shifts. Following assessment the MCOT Team will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a licensed staff or psychiatrist as needed. Additionally, staff provide follow up and prevention services within 24 hours of the assessment including making a follow-up call to the individual or to the hospital if placement was coordinated to ensure the safety and/or arrival of the individual.

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

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

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

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

- Emergency rooms: The MCOT team assesses an individual's mental health symptoms and determines what level of care is needed. This assists in getting the individual moved and connected with appropriate services as soon as feasible. If needed an MCOT staff is available to be deployed 24 hours a day 7 days a week directly from the PETC with the intent to provide faster response times.
- Law enforcement: Persons brought to the PETC via peace officer detention can be left in the custody of a contract peace officer at the site, reducing the time that law enforcement would have to wait on MCOT.

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

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

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

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

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

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

- An individual is assessed and is offered one of the programs provided at this location according to clinical needs. The Extended Observation Unit is offered if an individual is trying to avoid a mental health crisis but is likely to deteriorate without the benefit of starting or modifying psychotropic medication more immediately. If more than 48 hours is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit will be offered.

- For IDD clients in a mental health crisis, our crisis intervention specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to provide crisis respite services through a contractor if indicated.

d. Describe your process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, or under a bridge:

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances staff may request law enforcement assistance with a response. In Montgomery County, the Crisis Intervention Response Team is typically available daily from 11:00am – 11:00pm to respond to these situations. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. For other areas where a CIRT team is unavailable, MCOT may request the assistance of a Mental Health Peace officer or other law enforcement personnel.

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

a. During business hours

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

b. After business hours

- The same information above applies. Due to the distance to the PETC, we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our tele video equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible.

c. Weekends/holidays

- The same information above applies.

7. If an inpatient bed is not available:

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

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

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

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

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

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

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

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

Crisis Stabilization

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

Name of Facility	Psychiatric Emergency Treatment Center (PETC)
Location (city and county)	Conroe; Montgomery County
Phone number	936-538-1102
Type of Facility (see Appendix A)	Crisis Stabilization Unit/Extended Observation Unit
Key admission criteria (type of patient accepted)	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment.
Circumstances under which medical clearance	The individual reports severe or persistent pain, is not coherent, has

is required before admission	abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our medical exclusionary.
Service area limitations, if any	N/A
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24 hour Tri-County Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936-538-1150.
Accepts emergency detentions?	Yes

Inpatient Care

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

Name of Facility	Kingwood Pines Hospital
Location (city and county)	Kingwood; Harris
Phone number	281-404-1001
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.
Service area limitations, if any	Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Name of Facility	Cypress Creek Hospital
Location (city and county)	Houston; Harris
Phone number	281-586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.

Service area limitations, if any	Medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None

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

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

a. Identify and briefly describe available alternatives.

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

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

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

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

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

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

- N/A

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

- Tri-County continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all Judicial entities involved are aware of the program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the OCR program when appropriate for an individual incompetent to stand trial. Additionally, Center Criminal Justice staff coordinate with State Forensic Hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious offender.

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

- Tri-County Behavioral Healthcare is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration pilot program.

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

- At this time there are several barriers to a jail based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

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

13. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who have you collaborated with in these efforts?

- With 1115 waiver funding, the Extended Observation Unit (EOU) was formed in January of 2015 and the Integrated Healthcare program was started on August 1, 2014. Both Adult and Youth Outpatient Treatment Services are also available to individuals served with a qualifying substance use diagnosis. These programs were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. Additionally, Utilization Management staff at Tri-County continue to monitor and make recommendations to program areas related to continuity of care, including referrals made following emergency psychiatric care, to ensure that they are appropriate and that issues affecting mental health such as substance use and physical healthcare are addressed upon follow up.

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

- This past fall, Montgomery County Sheriff's Office (MCSO) received approval from the commissioner's court for three crisis intervention trained officers (CIT). Currently, the CIT officers do not have a clinician partner, whereas the Crisis Intervention Response Team (CIRT) model has a Tri-County clinician ride along with a trained Conroe Police Officer for 12-hour shifts. The CIRT program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions. Ultimately the hope is that the CIRT program will be available county-wide, 24-hours a day. Tri-County was recently awarded funds to expand the crisis response to East Montgomery County via Senate Bill 292. The Montgomery County Sheriff's Office and the Montgomery County Hospital District have requested a drop-off site for mental health crisis evaluation and assessment services. Currently, law enforcement utilizes local emergency departments or makes the lengthy drive to the Psychiatric Emergency Treatment Center (PETC) in Conroe for this purpose. This satellite location will have staff on-site as well as tele video access to make level of care recommendations. This program is anticipated to begin the summer of 2018. As the community becomes more aware of this local service option, it is likely that psychiatric 911 calls will decrease as more individuals are connected with the appropriate behavioral health referrals. This will help divert psychiatric patients from emergency rooms allowing more capacity for individuals encountering a medical crisis. In addition, individuals experiencing a mental health or substance abuse crisis will have more timely and appropriate interventions to help resolve or manage their unique needs. Referrals to healthcare and substance use treatment, as appropriate, will continue to be an area of focus and Tri-County will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery. These improvements will assist in assessing the quality and effectiveness of continuity of services moving forward.

II.E Communication Plans

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

- Tri-County continues to hold regular meetings with key stakeholders including Crisis Services and Jail Diversion Taskforce meetings. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunity for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, Tri-County continues to benefit from having an active Mental Health Planning and Network Advisory Committee (MHPNAC). Several of the MHPNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. The funding received prior to the previous planning cycle that allowed us to develop the Crisis Intervention Response Team (CIRT) which involves two licensed mental health clinicians who are teamed up with law enforcement to respond to higher intensity situations within our community have helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In 2015, Tri-County added a position focusing on strategic development aimed at increasing our visibility in the community, improving community relationships, increasing understanding of the services we provide as well as the needs that the community has of our Center. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

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

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

II.F Gaps in the Local Crisis Response System

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

Counties	Service System Gaps
Montgomery	<ul style="list-style-type: none"> • Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities • Substance Abuse Inpatient Treatment, Residential Treatment and Detox options • Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals
Walker	<ul style="list-style-type: none"> • Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities. • Substance Abuse Outpatient Treatment, Inpatient Treatment, Residential Treatment and Detox options • Lack of needed county Mental Health Officers • Lack of Crisis Intervention Response Team (CIRT) • Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals

Liberty	<ul style="list-style-type: none">• Inpatient psychiatric options for children, adolescents and persons with intellectual development disabilities.• Substance Abuse Outpatient Treatment, Inpatient Treatment, Residential Treatment and Detox options• Lack of Crisis Intervention Response Team (CIRT)• Distance to the Psychiatric Emergency Treatment Center• Unavailability of State hospital beds for complex patients that are too acute for local contract hospitals
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Section III: Plans and Priorities for System Development

III.A Jail Diversion

The [Texas Statewide Behavioral Health Services Plan](#) highlights the need for effective jail diversion activities:

- *Gap 5: Continuity of care for individuals exiting county and local jails*
- *Goal 1.1.1, Address the service needs of high risk individuals and families by promoting community collaborative approaches, e.g., Jail Diversion Program*
- *Goal 1.1.2: Increase diversion of people with behavioral health needs from the criminal and juvenile justice systems*

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

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input checked="" type="checkbox"/> Co-mobilization with Crisis Intervention Team (CIT) <input type="checkbox"/> Co-mobilization with Mental Health Deputies <input type="checkbox"/> Co-location with CIT and/or MH Deputies <input checked="" type="checkbox"/> Training dispatch and first responders <input checked="" type="checkbox"/> Training law enforcement staff <input checked="" type="checkbox"/> Training of court personnel <input checked="" type="checkbox"/> Training of probation personnel <input checked="" type="checkbox"/> Documenting police contacts with persons with mental illness <input checked="" type="checkbox"/> Police-friendly drop-off point <input checked="" type="checkbox"/> Service linkage and follow-up for individuals who are not hospitalized	<ul style="list-style-type: none"> • Tri-County continues to provide clinicians for the Crisis Intervention Response Team which enhances our ability to respond to crisis situations through collaboration and contract with specially trained law enforcement. • Tri-County continues to offer Youth Mental Health First Aid to our stakeholders free of charge. • Tri-County Jail Diversion staff provide training to key stakeholders related to our involvement in diverting appropriate individuals from the

Intercept 1: Law Enforcement and Emergency Services	
Components	Current Activities
<input type="checkbox"/> Other: Click here to enter text.	<p>criminal justice system.</p> <ul style="list-style-type: none"> • Tri-County Veteran’s staff provides training to law enforcement personnel related to veteran culture and PTSD. This information is key for law enforcement personnel responding to veterans who may be in crisis.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Tri-County provides frequent trainings within the community and continuously seeks opportunities to expand our educational and outreach efforts within the community to address issues related to both mental health crisis and jail diversion. Regular community meetings will continue to be a priority and opportunities for collaboration and increased communication will be sought. Staff will continue to report any service or communication gaps to our Center Management Team so that we can quickly address and make improvements as indicated. Additionally, Tri-County has a member of local law enforcement on our Planning and Network Advisory Committee and the Director of Strategic Development continues to stay in contact with key community stakeholders which allows us to tap into the training and collaboration needs of local law enforcement and emergency personnel on a more meaningful level. 	

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<input checked="" type="checkbox"/> Staff at court to review cases for post-booking diversion <input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Staff assigned to help defendants comply with conditions of diversion <input checked="" type="checkbox"/> Staff at court who can authorize alternative services to incarceration <input checked="" type="checkbox"/> Link to comprehensive services	<ul style="list-style-type: none"> • Regular screening for Jail Diversion by COC/Program Clinician at the jail for eligible candidates for diversion and presentation to the Court. • Specialized case manager assigned to monitor diversions and compliance with conditions of the court. Linkage to needed community services to increase compliance with the

Intercept 2: Post-Arrest: Initial Detention and Initial Hearings	
Components	Current Activities
<input type="checkbox"/> Other: Click here to enter text.	<p>criminal justice system and avoid new involvement continues to be a focus of our case managers.</p> <ul style="list-style-type: none"> • Staff connected with the court that can assist with identifying and accepting court approved individuals into alternative services when incarceration is not the most appropriate solution.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Prior to the last planning cycle, we received funding to expand the Case management services to carry a caseload out in Liberty County and we believe this has strengthened our relationships with stakeholders in this area and allowed improved communication with court staff on the alternatives available to incarceration. We plan to continue to build on these relationships over the next two years and through our improved communication and collaborative efforts, we can better identify and assist those individuals appropriate for alternatives to incarceration. Additionally, the placement of a Jail Services Liaison at the Montgomery County jail to assess individuals for mental illness, educate jail staff about mental health issues, make recommendations for treatment, and continuity of care upon discharge from the jail, has assisted us in identifying the gaps for this population and improved collaboration with jail staff. Tri-County will continue to monitor Walker and Liberty counties for trends that might indicate a need for a similar liaison in those areas. 	

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
<input checked="" type="checkbox"/> Routine screening for mental illness and diversion eligibility <input checked="" type="checkbox"/> Mental Health Court <input checked="" type="checkbox"/> Veterans' Court	<ul style="list-style-type: none"> • Routine screening for mental illness and diversion is completed weekly with the Jail. • Our Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our

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

Intercept 3. Post-Initial Hearing: Jail, Courts, Forensic Evaluations, and Forensic Commitments	
Components	Current Activities
	be served through the mental health court.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> Over the next two years we plan to continue to provide peer mentorship and linkage to comprehensive services for Veterans in Montgomery County and we continue to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed. We plan to continue to provide outpatient competency restoration and will focus on educating key stakeholders on the eligibility, benefits, and how to access this program as an alternative to incarceration for appropriate non-violent offenders. It is our intent to continue to seek opportunities to partner with the criminal justice system when appropriate to divert individuals from jails to outpatient mental health treatment, when the outpatient mental health treatment is deemed the more appropriate solution. As a part of our diversion efforts our case managers will continue to link individuals served with a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment. 	

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

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
	<p>needs and coordinate treatment and or transition for individuals identified as having a mental illness.</p> <ul style="list-style-type: none"> • Tri-County Continuity of Care staff continues to monitor all State hospital discharges to ensure proper follow up care is offered. • The Tri-County Veteran Services Liaison has recently established a jail mentorship program for individuals in the Veterans Jail Dorm in Montgomery County and currently has 9 mentors that will be available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration. • Staff meet monthly with State Forensic Hospitals to identify individuals who may be appropriate to step down into the OCR program. • TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ.

Intercept 4: Re-Entry from Jails, Prisons, and Forensic Hospitalization	
Components	Current Activities
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> As funding and resources permit, our Veteran Services Liaison will continue to provide mentorship where needed within our catchment area and will continue to link Veterans discharging from the criminal justice system to needed community services. We plan to continue to house our Jail services Liaison in the Montgomery County jail and will continue to monitor for trends other counties such as Walker and Liberty. Our continuity of Care staff will continue to monitor discharges from State hospitals to ensure appropriate follow up and reduce recidivism. 	

Intercept 5: Community corrections and community support programs	
Components	Current Activities
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Routine screening for mental illness and substance use disorders <input checked="" type="checkbox"/> Training for probation or parole staff <input checked="" type="checkbox"/> TCOOMMI program <input type="checkbox"/> Forensic ACT <input checked="" type="checkbox"/> Staff assigned to facilitate access to comprehensive services; specialized caseloads <input checked="" type="checkbox"/> Staff assigned to serve as liaison with community corrections <input checked="" type="checkbox"/> Working with community corrections to ensure a range of options to reinforce positive behavior and effectively address noncompliance <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> Regular screening for Jail Diversion by COC/Program Clinician at the jail for eligible candidates for diversion and presentation to the Court. Mental Health and Substance Abuse training has been provided to the Probation and Parole officers. Specialized intensive case managers for adult mental health offenders on felony probation and parole to provide rehabilitative services to enhance community integration and reduce recidivism. TCOOMMI case managers and community corrections officer jointly make recommendation to the court to reinforce positive behavior and address sanctions for

	noncompliance with supervision.
<p>Plans for the upcoming two years:</p> <ul style="list-style-type: none"> • Tri-County continues to work collaboratively with criminal justice staff to reinforce positive behaviors and effectively address non-compliance. Additionally, we will continue to provide assistance and assess needs through coordination of our Jail Services Liaison as a means of better understanding the needs and gaps of both the incarcerated population and the jail system as a whole which allows us to make improvement to our system as indicated. It is our intent to continue to work closely with probation, parole, and other criminal justice staff to positively affect the outcomes for individuals in our community with a mental illness as well as to reduce the burden on the criminal justice system when the individual could be better served in outpatient treatment. 	

III.B Other Behavioral Health Strategic Priorities

The [Texas Statewide Behavioral Health Strategic Plan](#) identifies other significant gaps in the state’s behavioral health services system, including the following:

- *Gap 1: Access to appropriate behavioral health services for special populations (e.g., individuals with co-occurring psychiatric and substance use services, individuals who are frequent users of emergency room and inpatient services)*
- *Gap 2: Behavioral health needs of public school students*
- *Gap 4: Veteran and military service member supports*
- *Gap 6: Access to timely treatment services*
- *Gap 7: Implementation of evidence-based practices*
- *Gap 8: Use of peer services*
- *Gap 10: Consumer transportation and access*
- *Gap 11: Prevention and early intervention services*
- *Gap 12: Access to housing*
- *Gap 14: Services for special populations (e.g., youth transitioning into adult service systems)*

Related goals identified in the plan include:

- *Goal 1.1: Increase statewide service coordination for special populations*
- *Goal 2.1: Expand the use of best, promising, and evidence-based behavioral health practices*
- *Goal 2.3: Ensure prompt access to coordinated, quality behavioral healthcare*
- *Goal 2.5: Address current behavioral health service gaps*
- *Goal 3.2: Address behavioral health prevention and early intervention services gaps*
- *Goal 4.2: Reduce utilization of high cost alternatives*

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

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	<ul style="list-style-type: none"> • Gap 6 • Goal 2 	<ul style="list-style-type: none"> • This past year we have made several steps to improve access to timely outpatient services while meeting the needs of our growing population including cross training additional staff to provide triage and intake services for backup coverage, adding additional resources to intake psychiatry, and developing detailed scheduling templates for prescribers. These changes have allowed us to significantly 	<ul style="list-style-type: none"> • Tri-County Quality and Utilization staff continue to monitor data related to timely outpatient services and include satisfaction surveys as a part of the standard internal audit process. This information continues to be shared with appropriate staff to ensure continuous quality improvement in this area. • Adjustments will be made to the process as feasible to meet the needs of the individuals we serve.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		reduce the wait time for individuals seeking an intake evaluation.	
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2,4 	<ul style="list-style-type: none"> • Individuals that are funded by Tri-County to stabilize at a contract inpatient psychiatric hospital have regular clinical reviews by a Tri-County staff member and assigned hospital utilization review personnel. Clinical reviews are facilitated to demonstrate ongoing need for services at that level of care. Reviews are documented in the individuals electronic chart record. Discharges are also coordinated so that medication can be ordered and seven-day follow-up appointments can be coordinated. 	<ul style="list-style-type: none"> • Continue the existing system. Have individual meetings with contract hospitals to continue to improve collaboration and creativity relating to discharge plans and placement. • Continue monitoring private funded inpatient hospitalization to ensure individuals in Tri-County's catchment areas are connected with appropriate follow-up appointments to continue ongoing mental health stabilization.
Transitioning long-term	<ul style="list-style-type: none"> • Gap 14 	<ul style="list-style-type: none"> • COC staff participate in 	<ul style="list-style-type: none"> • Continue the existing

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	<ul style="list-style-type: none"> • Goals 1,4 	telephonic and face to face meetings/conferences pertaining to the clinical progress of individuals receiving care at a state hospital.	system.
Implementing and ensuring fidelity with evidence-based practices	<ul style="list-style-type: none"> • Gap 7 • Goal 2 	<ul style="list-style-type: none"> • The Center is maintaining fidelity with evidence-based practices through frequent reviews by managers which are then submitted to the Quality Management Department for monitoring and review. 	<ul style="list-style-type: none"> • The Quality Management Department will continue to monitor fidelity with evidence-based practices as a part of its internal review process over the next local planning cycle.
Transition to a recovery-oriented system of care, including use of peer support services	<ul style="list-style-type: none"> • Gap 8 • Goals 2,3 	<ul style="list-style-type: none"> • Center Quality Management have been trained in the State provided Recovery Planning training and have continued to explore ways to shift our current process to be more person centered and recovery focused. We currently have 2 Certified family partners providing 	<ul style="list-style-type: none"> • The Center will continue to seek additional training opportunities to guide our organization to further develop a person centered recovery focused system of care as well as exploring ways to better integrate the recovery model of care into our electronic health record. Tri-County continues to seek opportunities for Peer

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>services to the families in our Child and Adolescent Services who are also receiving wraparound level of care which is a person centered/team focused approach to assisting a youth with high level of need by focusing on strengths and supports. In addition to having our own Planning and Network Advisory Committee, Tri-County participates in the Regional Planning and Network Advisory Committee which includes planning and evaluation from committee members including consumers.</p>	<p>Support and consumer involvement in Center activities. Additionally, Tri-County recognizes the important role that trauma plays in recovery for many of the individuals we serve and has established a Board goal to train all employees in Trauma Informed Care by the end of fiscal year 2018 with a plan to become a recognized Trauma Informed Center over the next planning Cycle.</p>
<p>Addressing the needs of consumers with co-occurring substance use disorders</p>	<ul style="list-style-type: none"> • Gaps 1,14 • Goals 1,2 	<ul style="list-style-type: none"> • Tri-County has added a Clinical Trainer position since the last planning cycle to address staff training needs including trainings that will benefit 	<ul style="list-style-type: none"> • Staff training will continue to be a focus for our Center over the next planning cycle. • Tri-County will continue to explore ways to use data to

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>staff working with the COPSD population.</p> <ul style="list-style-type: none"> • COPSD training continues to be provided to our staff including all new employees working in direct clinical care. • The Quality and Utilization Management Department continues to focus on reviewing services provided to ensure individuals with needs related to COPSD are being addressed appropriately and that additional referrals and follow up to these referrals are made as indicated. 	<p>monitor needs and outcomes for individuals served with COPSD and will use this data to guide system improvements as indicated.</p> <ul style="list-style-type: none"> • Using House Bill 13 grant funds, plans are in place to hire an engagement specialist to assist in bridging the gap for some individuals between routine mental health services and needed substance abuse services.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	<ul style="list-style-type: none"> • Gap 1 • Goals 1,2 	<ul style="list-style-type: none"> • The Center continues to provide basic integrated healthcare to the individuals we serve through the 1115 Medicaid Transformation 	<ul style="list-style-type: none"> • The Center recognizes that physical health is often comorbid with mental health and we remain interested in assisting our clientele learn ways to care

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Waiver.	for both aspects of their health. We will continue to seek opportunities to expand and increase our ability to provide integrated healthcare to those we serve.
Consumer transportation and access to treatment in remote areas	<ul style="list-style-type: none"> • Gap 10 • Goal 2 	<ul style="list-style-type: none"> • Transportation options for individuals we serve are limited. Many of these individuals do not have their own transportation or may not have the finances to pay for transportation. In addition, public transportation in our remote areas is virtually non-existent. • Tri-County utilizes strategies such as regionalizing caseloads for field based staff to assist staff with assisting and reaching individuals in their natural settings while minimizing the transportation costs. 	<ul style="list-style-type: none"> • Tri-County will continue conversations with City and County officials related to transportation options for the population we serve as well as advocating for a stop at our routine service locations when public transportation options become available. • Tri-County will continue to utilize transportation strategies for routine care to maximize our ability to serve individuals in our remote areas. • Tri-County will continue collaboration with law enforcement as needed and will continue to seek

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<ul style="list-style-type: none"> • Tri-County Management has participated in a series of meetings in Montgomery County to attempt to get our primary routine service location added onto the new public transportation bus route that is now functioning in the City of Conroe. 	<p>opportunities to develop a system that minimizes needs for lengthy transportation.</p>
<p>Addressing the behavioral health needs of consumers with Intellectual Disabilities</p>	<ul style="list-style-type: none"> • Gap 14 • Goals 2,4 	<ul style="list-style-type: none"> • For IDD clients in a mental health crisis, our Crisis Intervention Specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to provide crisis respite services through a contractor if indicated. • For individuals with IDD that may have complex behavioral healthcare needs that are putting them at risk for crisis and being 	<ul style="list-style-type: none"> • Tri-County plans to continue positive collaboration between programs and agencies, utilization of our IDD ACT and Crisis Intervention Specialist to improve behavioral health outcomes for individuals with IDD over the next two years. • Tri-County is open to other options made available to assist this population with behavioral health needs and will continue to keep the dialogue open with

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>displaced from the family home, Tri-County has an IDD ACT program with an Applied Behavior Analyst on staff that works closely with these individuals and family/significant others to provide interventions prior to needing alternative assistance outside of the home.</p> <ul style="list-style-type: none"> • This past year, Tri-County consolidated its Montgomery County Service locations which allowed for easier access and communication between routine service programs. Staff frequently staff cases for dually diagnosed individuals needing behavioral health interventions outside of the typical IDD service system. 	<p>stakeholders and funding agencies as opportunities to expand these options may present.</p>
Addressing the behavioral health needs of veterans	<ul style="list-style-type: none"> • Gap 4 • Goals 2,3 	<ul style="list-style-type: none"> • Tri-County currently has a staff trained to provide Cognitive Processing 	<ul style="list-style-type: none"> • Tri-County is dedicated to the Veteran population of our service area and fully

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		<p>Therapy which is available for individuals with Post Traumatic Stress Disorder that are seeking this service through our Center. Our community has a local Veteran Administration (VA) Clinic in Conroe, which many of our Veterans choose to access, but we remain a resource for those who may seek this service outside of the VA.</p> <ul style="list-style-type: none"> • Tri-County has an active Veteran Services Liaison and Military Veteran Peer Network Mentorship program that is available to assist any Veteran in our service area (receiving services or not) connect with needed resources in the community, including behavioral health needs that they may not feel comfortable seeking through the traditional 	<p>supports the ongoing efforts of the MVPN program as funding remains available.</p> <ul style="list-style-type: none"> • Additionally, Tri-County continues to seek viable grant opportunities to expand and continue to meet the behavioral healthcare needs of our Veterans.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		channels. <ul style="list-style-type: none"> The Tri-County Veteran Liaison has direct and frequent communication with Center Management and is able to coordinate behavioral healthcare needs of Veterans as needed/requested. 	

III.C Local Priorities and Plans

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

Local Priority	Current Status	Plans
Diverting individuals with mental illness from ERs and Jails	<ul style="list-style-type: none"> We currently have an MCOT staff on site 24 hours a day, 7 days a week at the PETC who is ready to deploy into the community or assess clients as walk in’s occur. We currently contract with law enforcement officers who are 	<ul style="list-style-type: none"> In addition to the activities currently in process to divert individuals with mental illness from ERs and Jails, Tri-County will continue to monitor the effects of these diversion efforts over the next planning cycle through continued collaboration with key

Local Priority	Current Status	Plans
	<p>located at the PETC to reduce the burden on law enforcement.</p> <ul style="list-style-type: none"> • Tri-County has a staff member at the Montgomery County Jail to serve as a liaison between Tri-County and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment. • Tri-County is able to provide response from a Crisis Intervention Response Team (CIRT) which pairs law enforcement with a licensed mental health clinician. This team has had positive outcomes responding to situations that were not previously accessible due to safety concerns. 	<p>stakeholders and by seeking new and innovative ways to capture data which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated.</p>
Stronger community relations	<ul style="list-style-type: none"> • Tri-County continues to hold regular meetings with key stakeholders involved in Crisis response and Jail diversion. • Tri-County continues to build relationships with local Schools in order to collaborate and wrap around children and adolescents at high risk. Participation in the Community Resource Coordination 	<ul style="list-style-type: none"> • Continued collaboration with the criminal justice system to identify individuals with mental illness and continue to provide alternatives to incarceration in all three counties. • Continue to collaborate with hospital, court and law enforcement staff to reduce the burden on local ERs and to provide individuals in crisis appropriate levels of care in the

Local Priority	Current Status	Plans
	<p>Groups and provision of Youth Mental Health First Aid are two such examples.</p> <ul style="list-style-type: none"> • Tri-County’s Director of Strategic Development and other staff continue to educate the community and stakeholders about Tri-County, the services we provide, the population we serve and the challenges we as a community face. 	<p>shortest amount of time possible.</p> <ul style="list-style-type: none"> • Continue to provide opportunities for collaboration and education to the community to enhance knowledge about mental illness, how to access services, and who might be appropriate. Examples may include courses such as Youth Mental Health First Aid, as well as continuing to educate the community on how to access services as well as eligibility criteria.
Integrated Care	<ul style="list-style-type: none"> • Tri-County currently provides outpatient Substance abuse treatment services to both Adults and Youth. • Tri-County currently provides basic integrated physical healthcare to individuals with mental illness seeking assistance through Tri-County to maintain their basic physical healthcare needs. • There are currently no Substance Abuse rehabilitation or residential options for indigent adults or youth in Montgomery County. 	<ul style="list-style-type: none"> • Continue to focus on opportunities to continue to enhance and expand integration of co-occurring services (i.e. substance abuse and integrated healthcare) into mental health treatment • Continue to seek local opportunities for Substance Abuse detox and/or residential services.
Local Child & Youth Psychiatric Inpatient	<ul style="list-style-type: none"> • We currently have minimal options for child and youth psychiatric inpatient in our area and minimal 	<ul style="list-style-type: none"> • Tri-County continues to seek local options for contracting with additional hospitals and is open to any viable

Local Priority	Current Status	Plans
	options for children 12 and under.	options for providing such services with available funding.

III.D System Development and Identification of New Priorities

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

In the table below, identify your service area’s priorities for use of any *new* funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

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

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	Detox Beds	<ul style="list-style-type: none"> • Purchase Inpatient Detox beds from a provider in Harris County. 	<ul style="list-style-type: none"> • \$550 per day *700 beddays-\$385,000

2	Mental Health Deputy Program, Liberty County	<ul style="list-style-type: none"> Funding would be provided to Liberty County Sheriff's office to pay for two staff. Liberty County would pick up all other charges. Staff would be dedicated to MH calls and needs. 	<ul style="list-style-type: none"> \$165,000
3	Jail Liaison Expansion	<ul style="list-style-type: none"> Identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area. 	<ul style="list-style-type: none"> \$170,000
4	CIRT Expansion	<ul style="list-style-type: none"> Identify four licensed mental health clinicians to contract with two trained law enforcement officers in coordination with at least two additional law enforcement entities within our catchment area. 	<ul style="list-style-type: none"> \$380,000
5	Child Inpatient	<ul style="list-style-type: none"> Development of a local inpatient hospitalization unit that would serve children and youth. 	<ul style="list-style-type: none"> \$6,000,000
6	Transportation	<ul style="list-style-type: none"> Purchase vans and staff salary to provide transportation to medication clinic appointments for individuals in need in our 4 primary service areas (i.e. Montgomery, Walker, Cleveland and Liberty) 	<ul style="list-style-type: none"> \$500,000 initial/\$300,000 each additional year
7	Psychosocial Rehabilitative Clubhouse	<ul style="list-style-type: none"> Development of a peer led day treatment model for individuals with Severe and persistent mental illness that would provide them with regular group services during the day and increase access to peer providers to guide them through recovery. 	<ul style="list-style-type: none"> \$1,500,000 initial/\$150,000 each additional year
8	Adult Residential Group Home	<ul style="list-style-type: none"> Development of a post-hospitalization residential setting to assist individuals transitioning from significant crisis events back into the community. The goal would be to improve engagement into 	<ul style="list-style-type: none"> \$3,000,000 initial/\$200,000 each additional year

		regular outpatient services and reduce recidivism back into the hospital system for the vulnerable population.	
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Appendix A: Levels of Crisis Care

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

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

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

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

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

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

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

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

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

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

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

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

<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>March 22, 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 one (1) IDDPNAC opening.</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>Carol Sloan, Community Member</u></p> <ul style="list-style-type: none"> • Accountant at Tom Sloan, MD • Special interest in Autism • Other Activities – Founding Member of FEAT (Families for Effective Autism Treatment) <p>Ms. Sloan has agreed to serve on the IDDPNAC for the remainder of a two year term which will expire August 31, 2019.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Carol Sloan as a New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the Remainder of a Two Year Term Which Expires August 31, 2019</p>	

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: March 22, 2018
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

February 23, 2018 – March 22, 2018

Volunteer Hours:

Location	February
Conroe	143.5
Cleveland	0
Liberty	17
Huntsville	13
Total	173.5

COMMUNITY ACTIVITIES:

2/23/18	New Mentor Program Training in the Montgomery County Jail	Conroe
2/23/18	Outpatient Competency Restoration Meeting with Judges	Conroe
2/23/18	Hurricane Preparedness Community Meeting	Huntsville
2/26/18	MVPN Basic Training	Conroe
2/26/18	Liberty Community Resource Meeting	Liberty
2/27/18	Hurricane Preparedness Training	Cleveland
2/27/18	E3 Steering Committee Meeting	The Woodlands
2/27/18	Conroe ISD Mentor Luncheon	Conroe
2/28/18	JJAEP Presentation	Conroe
2/28/18	Conroe Noon Lions Club Luncheon	Conroe
2/28/18	Liberty County Judge and Jail Warden Meeting	Liberty
2/28/18	Splendora ISD Director of Counseling Meeting	Splendora
2/28/18	Violence Prevention Steering Committee Meeting	The Woodlands
3/1/18	Leadership Montgomery County – Healthcare Training	The Woodlands
3/1/18	Hurricane Preparedness Presentation	Huntsville
3/1/18	CISD Transition Fair – College Park High School	The Woodlands
3/1/18	Cleveland Chamber of Commerce Luncheon	Cleveland
3/1/18	Garden and Beyond Class with Agrilife	Conroe
3/2/18	Veteran 101 Class	Cleveland
3/3/18	In the Belly of the Whale Conference – The Woodlands First Baptist Church	The Woodlands
3/5/18	Montgomery County Homeless Coalition Board Meeting	Conroe
3/6/18	VA Mental Health Summit Steering Committee	Houston
3/6/18	JJAEP Presentation	Conroe
3/6/18	E3 Steering Committee Meeting	The Woodlands
3/6/18	Conroe ISD Mentor Luncheon	Conroe
3/7/18	VFW Meeting	Conroe
3/7/18	Parenting Group Presentation	Willis
3/7/18	American Legion E-Board Meeting	Conroe
3/7/18	Veteran Service Officer Planning Meeting	Liberty
3/7/18	Conroe Noon Lions Club Luncheon	Conroe

3/7/18	The Woodlands Chamber of Commerce Community Relations Team	The Woodlands
3/7/18	Outreach, Screening, Assessment and Referral (OSAR) Meeting	League City
3/8/18	Huntsville Chamber of Commerce Breakfast	Huntsville
3/8/18	Hurricane Presentation	Liberty
3/8/18	Liberty County Health Coalition	Liberty
3/8/18	Memorial Herman Hospital Employee Health Fair	The Woodlands
3/8/18	Small Business Breakfast	Huntsville
3/10/18	Employment Workshop	Conroe
3/13/18	Conroe ISD Mentor Luncheon	Conroe
3/13/18	American Legion Meeting	Conroe
3/13/18	UZA Mobility Committee Meeting	Conroe
3/14/18	Veterans Treatment Court	Conroe
3/14/18	Conroe Noon Lions Club Luncheon	Conroe
3/14/18	Liberty County Community Resource Coordination Group	Liberty
3/15/18	Garden and Beyond Class with Agrilife	Conroe
3/15/18	Veterans Affairs Advisory Board (VAAB) Meeting	Huntsville
3/15/18	Homeless Coalition Meeting	Conroe
3/19/18	Lay-In for Female Veterans at Plane State Jail	Dayton
3/19/18	Spiritual Care Networking Meeting	The Woodlands
3/19/18	Liberty Community Resource Meeting	Liberty
3/20/18	CRCG Meeting	Huntsville
3/20/18	Montgomery County Community Resource Coordination Group	Conroe
3/20/18	Conroe ISD Mentor Luncheon	Conroe
3/20/18	North Houston Area Networking Partnership Meeting	The Woodlands
3/21/18	Candidate Forum Networking Luncheon	Conroe
3/21/18	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
3/21/18	Conroe Noon Lions Club Luncheon	Conroe
3/22/18	Homeless Information Management System Training – PATH Program	Houston
3/22/18	Montgomery County Homeless Coalition Community Meeting	Conroe
3/22/18	Monthly Business Luncheon	Magnolia

UPCOMING ACTIVITIES:

3/27/18	Conroe ISD Mentor Lunch	Conroe
3/27/18	Monthly Networking Luncheon	Cleveland
3/28/18	Conroe Noon Lions Luncheon	Conroe
3/30/18	Walker County Juvenile Probation Meeting	Huntsville
4/5/18	Cleveland Chamber of Commerce Luncheon	Cleveland
4/11/18	Liberty County Community Resource Coordination Group	Liberty
4/12/18	Huntsville Chamber of Commerce Breakfast	Huntsville
4/12/18	Liberty County Health Coalition	Liberty
4/17/18	North Houston Area Networking Partnership Meeting	The Woodlands
4/17/18	Montgomery County Community Resource Coordination Group	Conroe
4/18/18	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
4/18/18	Multidisciplinary Behavioral Health Team Quarterly Meeting	Huntsville
4/19/18	Homeless Coalition Meeting	Conroe

<p>Agenda Item: Consumer Services Report for February 2018</p> <p>Committee: Program</p>	<p>Board Meeting Date:</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Consumer Services Report for February 2018</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

**Consumer Services Report
February 2018**

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	590	35	46	58	729
Crisis and Transitional Services (LOC 0, LOC 5)	36	0	0	1	37
Psychiatric Emergency Treatment Center (PETC) Served	63	6	5	8	82
Psychiatric Emergency Treatment Center (PETC) Bed Days	258	21	19	36	334
Contract Hospital Admissions	10	1	0	2	13
Diversion Admits	9	1	0	1	11
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1301	169	90	132	1692
Adult Medication Services	886	83	62	97	1128
Child Service Packages (LOC 1-4 and YC)	588	51	18	70	727
Child Medication Services	264	25	12	30	331
TCOOMMI (Adult Only)	124	18	23	6	171
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	636	37	44	64	781
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	26	4	13	19	62
Substance Abuse Services					
Children and Youth Prevention Services	93	12	0	35	140
Youth Substance Abuse Treatment Services/COPSD	9	0	0	0	9
Adult Substance Abuse Treatment Services/COPSD	27	0	0	0	27
Waiting/Interest Lists as of Month End					
Adult Mental Health Waiting List	6	0	0	0	6
Home and Community Based Services Interest List	1578	132	136	154	2000
February Served by County					
Adult Mental Health Services	1668	174	121	199	2162
Child Mental Health Services	698	57	31	81	867
Intellectual and Developmental Disabilities Services	642	45	55	68	810
Total Served by County	3008	276	207	348	3839
January Served by County					
Adult Mental Health Services	1625	175	121	193	2114
Child Mental Health Services	648	56	27	71	802
Intellectual and Developmental Disabilities Services	634	46	53	70	803
Total Served by County	2907	277	201	334	3719
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

Agenda Item: Program Updates Committee: Program	Board Meeting Date: March 22, 2018
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

February 23, 2018 – March 22, 2018

Crisis Services

1. In late February, a member from the Crisis Department participated in a Child Sex Exploitation Identification Tool training. This is a training that is anticipated to become mandatory if working with victims that have been impacted by human trafficking. Previously, the Crisis Stabilization Unit (CSU) has identified and treated a few individuals that were victims of this type of exploitation.
2. A client presented to the CSU under an Emergency Detention Warrant. He was suicidal with a plan after seeing his brother pass away. Upon admission, he was pessimistic about the future and was adamant about ending his life. After regular involvement with the CSU treatment team and consistent group and individual interventions, his disposition improved. Staff were aware that the client would need stable housing upon discharge in order to continue improvement on his overall well-being. Staff and the client persisted in identifying housing that would provide structure to help support his newly identified coping skills. A placement in Dayton that can house individuals up to one year was located. The client was accepted and transported to the program by CSU staff. Recently, the client wrote staff a letter expressing gratitude and shared his hope for opportunities ahead of him.

MH Adult Services

1. There has been an increase in the average number of individuals presenting to the walk-in clinic each week requesting services since the opening of the new Conroe facility from 32 in the past to 40 per week, a 25% increase.
2. The Adult Outpatient program is working to hire several positions. In an effort to bolster training during the initial months of employment, staff are utilizing a comprehensive training curriculum that includes shadowing and reverse shadowing opportunities as well as in-depth discussions on completion of recovery plans, ANSAs, and other daily tasks.
3. There was a meeting in Liberty County to discuss the intersection of criminal justice services and mental health services. From this meeting, we will plan further meetings with criminal justice staff in Liberty County in hopes of designing a Senate Bill 292 grant application for FY 2019.

MH Child Services

1. We are excited about being able to fill many of our C&Y rehabilitation positions, but we are continuing to have higher than normal turn over in these positions. The turnover has made it difficult to serve clients at the levels that we would like to and is making it difficult to earn projected revenue.
2. The addition of two part-time, temporary Paid Internships in C&Y has benefitted our walk-in clinic as well as provided trained recruits for permanent positions.

3. We are meeting monthly with the Walker County Juvenile Probation Department to collaborate regarding the needs of mutually served youth.

Criminal Justice Services

1. The Outpatient Competency Restoration program has admitted two new individuals in February and anticipates one additional in March. Further, the Jail Services Liaison assessed 24 individuals and coordinated the treatment of 113 others in the Montgomery County Jail in January.

Substance Abuse Services

1. The Adult Substance Abuse program is working on the 2017 Year End Report for the United Way. In this process, the program is further investigating methods for improving overall quality of service, identifying gaps in treatment, and working on filling those gaps.
2. We continue to work closely with Montgomery County Juvenile Probation to ensure youth are receiving appropriate referrals to treatment and to encourage participation in services.
3. Our Spanish speaking parenting class continues to grow.
4. We have separated our adolescent treatment group into two, with one being for males and the other for females, as we found it helps with participation and engagement.
5. We have finally found a Certified Prevention Specialist to lead our Youth Substance Abuse Program Manager. A conditional offer has been signed for a start date of April 9th.
6. We have filled multiple requests for prevention presentations regarding Marijuana as well as the Vaping and Opioid Epidemics.

IDD Services

1. Our Home and Community-based Services (HCS) program has located and opened a second group home in Huntsville as of March 8th. This home will serve three individuals in the HCS program.
2. The IDD Authority staff are preparing for annual survey. The survey is March 26 through March 29th.
3. Authority staff were exhibitors at the annual Conroe ISD Family Resource and Transition Fair. This fair was sponsored by the Special Education Department Parent Resource Center. Students of all ages and families were invited to meet with up to 80 community-based providers including vocational/educational and college support services, residential community options, recreational/social opportunities, support groups, estate planning/guardianship, and community outreach.
4. IDD Crisis Services has been utilized 9 times this fiscal year.

Support Services

1. Quality Management:

- a. Staff collated and submitted requested pre-site review documents in preparation for the upcoming Quality Assurance Authority Review scheduled for the end of March.
- b. Staff prepared for and assisted with the Quarterly Cenpatico on-site review which took place on March 5, 2018. The review went well and the feedback was mostly positive with only a few minor documentation recommendations which have already been addressed by managers.
- c. Staff reviewed and submitted two (2) records requests totaling five (5) charts.
- d. Following a series of local planning meetings, staff have finalized the FY 18-19 Local Plan and have posted the the Local Planning Network Development Plan (LPND) for Public comment as required by the rule. The LPND plan must be posted for 30 days prior to final approval.

2. Training:

- a. The Clinical Trainer is seeking certification as an ASK (A – Ask about suicide, S – Seek more information and keep safe, K – Know where and how to refer), Trainer following the departure of one of our staff trainers. This training is provided to all staff during new hire orientation and is aimed at preparing staff to effectively handle situations involving suicide.
- b. The Clinical Trainer continues to work toward our Board goal to train selected employees in Psychological First Aid by May 31, 2018 and all Center staff in Trauma Informed Care by August 31, 2018.

3. Veteran Affairs:

- a. Staff have finalized and implemented the newest mentor program at the Montgomery County Veteran Jail Dorm. Seven trained mentors who have cleared both state and federal background checks, and signed liability waivers through both Tri-County Behavioral Healthcare and the Montgomery County Sherriff's Office will be paired with no more than 3 mentees and will be mentoring weekly inside the jail. Mentors are key to the success of the Veterans in the Veteran Dorm and encouraged to attend court dates when available.
- b. The Veterans Liaison started an eight (8) week class in collaboration with Texas A&M Agrilife Extension office for gardening and harvesting. Twenty-five (25) service members, veterans, and/or their family members (SMVF) were registered to attend and twenty-one (21) attended. Our collaboration is attracting attention from state Agrilife officials because of our high participation numbers. Attendees come from all three of our area counties.

Community Activities

1. Hurricane Harvey staff have already surpassed the required number of contacts for the remainder of the Regular Services Program grant which is scheduled to end in October.
2. Tri-County's Consumer Foundation website is now online.

3. Staff have updated the I Choose Life! website and it is functioning with downloadable documents.

<p>Agenda Item: Second Quarter FY 2018 Goals and Objectives Progress Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>The Management Team met on July 6, 2017 to update the five year strategic plan and to develop the goals for FY 2018. The strategic plan and related goals were approved by the Board of Trustees at the August 2017 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center’s contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress through the 2nd Quarter of Fiscal Year 2018.</p>	
<p>Supporting Documentation:</p> <p>FY 2018, 2nd Quarter Goals and Objectives Progress Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Year-to-Date Progress Report

September 1, 2017 – February 28, 2018

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” was held on March 8, 2018.

Objective 2:

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

- The I Choose Life website is up and functioning at www.IChooseLife.us.
- We are looking forward to promoting this site via social media in the coming months.

Objective 3:

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

- Tri-County hosted three MC-Cares meetings following Hurricane Harvey at the Sgt. Ed Holcomb location (two in September, one in October and one in January).
- A meeting was held in October 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.

- Tri-County held several Local Planning meetings open to the public in February, including one Spanish planning meeting, to gather community feedback on the direction of Tri-County Behavioral Healthcare over the next two years.
- Beginning in early FY 18, Tri-County entered into an MOU with the Veterans Affairs Readjustment Counseling Program through the Vet Center to host bi-monthly PTSD support groups for Vietnam Veterans at the Sgt. Ed. Holcomb location.

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 and the second quarter conflicted with Evan Roberson's Behavioral Health Consortium meeting. Evan Roberson and Kelly Shropshire will be going to the capital in April.

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.

- Assessment questions have been identified and will be added to the doctor's intake assessment and the doctor's pharmacological management assessment.

Objective 2:

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

- All four Adult Mental Health program manuals are in draft format.

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.

- Staff met on January 29, 2018 to brainstorm ideas, advantages, disadvantages and to discuss known factors related to cost for developing a financially viable model for a children's inpatient crisis program in our community. Following research of the governing codes, accreditation and consult with other Centers that operate children's inpatient crisis programs around the State.

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.

- Twenty-eight (28) staff have been trained in Psychological First Aid as of February 28, 2018. Including staff hired during the second quarter, there are seventeen (17) 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 have created a new Annual Evaluation tool and are in the process of creating other documents to be used in this new “system” such as standardized forms for progressive discipline. Staff are preparing to conduct supervisor training in May 2018 – that will introduce the new system and forms – with special attention given to creating a coaching culture, what TIC Supervision is and Employment Law Update.

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.

- Following further analysis on the training needs of new hires as well as a review of optimal timeframe for promoting long-term retention of information, staff have determined that a cursory overview of Corporate Compliance and Documentation shall be provided during onboarding and a more in-depth face to face training on these topics will be provided at some point prior to their 6 month mark. Draft trainings have been created and are currently under revision. Once approved, the face to face training timelines will be established and these face to face trainings will be rolled out to supervisors, current employees and new hires as appropriate.

Objective 4:

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

- One hundred and fifty-seven (157) staff has been trained in Trauma Informed Care as of February 28, 2018. One hundred and eighty-seven (187) 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.

- A team has been selected to review software options.

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 two quarters 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.

- We have identified targets for revenue discussions which will occur in the 3rd Quarter of FY 2018.

<p>Agenda Item: 2nd Quarter FY 2018 Corporate Compliance and Quality Management Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <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.</p> <p>The Corporate Compliance and Quality Management Report for the 2nd Quarter of FY 2018 are included in this Board packet.</p>	
<p>Supporting Documentation:</p> <p>2nd Quarter FY 2018 Corporate Compliance and Quality Management Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Corporate Compliance and Quality Management Report

2nd Quarter, FY 2018

Corporate Compliance Activities

A. Key Statistics:

1. First Quarter Updates
 - a. Compliance initially reported on an investigation in the 1st Quarter which resulted in staff termination. At the end of the 1st Quarter, this case was not yet finalized. This investigation was completed in the 2nd Quarter and payback was made in the amount of \$1,710.23. Write-offs made prior to billing equaled \$775.62. The total loss for this case was \$2,485.85.
 - b. Compliance initially reported on an investigation in the 1st Quarter which was pending completion. This investigation was completed in the 2nd Quarter and resulted in payback totaling \$88.86.
2. Second Quarter Statistics
 - a. Compliance conducted four (4) investigations in the 2nd Quarter.
 - b. One (1) of these investigations has been finalized. This investigation was completed and the complaint resolved upon review. All services were reported correctly and there were no paybacks or write-offs made in this case.

B. Committee Activities:

The Corporate Compliance Committee met on October 31, 2017. The committee reviewed the following:

- a. A summary of the 1st Quarter investigations;
- b. Legal updates on compliance issues;
- c. Trending items;
- d. HIPAA review.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted four (4) record requests, totaling thirty-four (34) charts.

B. Reviews/Audits:

1. Staff reviewed and submitted ten (10) charts for Optum/UBH for services they were billed for dating back to October 1, 2016.
2. Staff reviewed and submitted nineteen (19) entire charts for OIG for services dating back as far as May 16, 2015.
3. Staff reviewed and submitted four (4) charts for WellCare-Centauri Health Solutions for services they were billed for during timeframes January 1, 2016 to December 31, 2017.

4. Staff reviewed and submitted one (1) chart for Aetna-Episource for services they were billed during timeframes January 1, 2017 to December 31, 2017.

C. Other Quality Management Activities:

1. Staff completed 28 Telemedicine surveys which indicated very positive reviews of the service.
2. Staff distributed surveys during our MH Local Planning process via front desk and case workers to gain feedback from stakeholders, including individuals served, on services provided by Tri-County. Results from roughly 75 clients indicated that the majority of individuals served responding to the survey are pleased with the services currently provided by Tri-County but would benefit from additional services such as increased housing options and transportation.

<p>Agenda Item: 3rd Quarter FY 2018 Corporate Compliance Training</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.</p> <p>This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.</p>	
<p>Supporting Documentation:</p> <p>3rd Quarter FY 2018 Corporate Compliance Training</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Tri-County Behavioral Healthcare Compliance

March 2018
FY 2018, 3rd Quarter

**Documentation should be entered in a timely manner
and should be of good quality.**



Why is this important?

Documentation that is entered promptly and is a thorough and accurate description of the individual's last service gives other Tri-County providers information on how to best assist clients and quickly address their needs if concerns arise.

Tips for Timely Documentation:

- When a staff documents into a client's clinical record, the documentation should be entered into the chart within the mandated time frames for the service they are providing.
- All documentation should be entered on time. The entire entry (including a detailed progress note) is to be completed within the mandated time frames. Entering just a "shell" for the service is not okay.

Tips for Quality Documentation:

- All client documentation should be a detailed representation of the contact or service provided. Staff should be able to see a timeline of progress (or regress) in a client's chart.
- All documentation should be individualized and should not be copied from a prior note, from the chart of another client, or from another staff's documentation to use as your own.

Who can 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

Quality

Means doing it right when no
one is looking.

~ Henry Ford

Staff Acknowledgement: _____

Print

Signature

Date

<p>Agenda Item: Approve Revisions to Board Policies C.29, Corporate Compliance</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information: In addition to formatting changes, the following modifications are recommended:</p> <p>Revisions: C.29-Corporate Compliance—<i>July 19, 2001</i>—This policy was reviewed by Jackson Walker. The following changes were recommended:</p> <ul style="list-style-type: none"> • Express permission for the Chief Compliance Officer or Chief Financial Officer to contact either Board Legal Counsel or the Chair of the Board of Trustees if there is concern that the Executive Director is involved in a compliance case; • Clarifications regarding compliance expectations for independent contractors; • Clarifications on required training; and, • Compliance investigation documentation standards. <p>Staff has completed the process of updating all existing Board Policies. We expect that additional Policy work may be required for new programs or expectations, but the Board Policy is currently up to date. Going forward, staff will plan an annual review of Policy to ensure that it stays up to date.</p>	
<p>Supporting Documentation: <u>Revised Board Policies (Markup Versions)</u> C.29-Corporate Compliance</p>	
<p>Recommended Action: Approve Revisions to Board Policies C.29, Corporate Compliance</p>	

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

STATEMENT OF POLICY

Donald L. Kraemer, Chairman

SUBJECT: Corporate Compliance

Date

EFFECTIVE DATE: March 22, 2018

It is the policy of Tri-County Behavioral Healthcare MHMR ('Tri-County' or 'Center') to conduct its business ethically and to comply with all laws and regulations relating to its operations; and

WHEREAS, in furtherance of this objective, the Board desires to adopt an effective Corporate Compliance Program (see attachment A) ("Compliance Program") for the Center which shall include the adoption of a Business Code of Conduct; and

WHEREAS, the Board has decided to appoint a Corporate Compliance Officer ("Compliance Officer") to be responsible to the Board and the Executive Director for the design, implementation and enforcement of the Compliance Program (attachment A); and

WHEREAS, the Board has decided to appoint a Corporate Compliance committee ("Compliance Committee") to be responsible for oversight of the Compliance Program (attachment A) and recommending actions with respect to the same to the Board.

THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. The Board hereby directs management of Center to dedicate the necessary resources toward the development of an effective Compliance Program (attachment A) designed to prevent and detect potential violations of federal or state law in the conduct of its business activities.

2. The attached Compliance Program is adopted to meet or exceed the essential elements of an effective corporate compliance program as outlined in the Federal Sentencing Guidelines. These elements include (1) written policies and procedures; (2) designation of a compliance officer with high level of responsibility and oversight; (3) effective training and education; (4) effective communication; (5) enforcement; (6) auditing and monitoring; and (7) response and correction. The Board

authorizes the Executive Director to make necessary modifications in the Compliance Program to keep it current and effective.

3. As a part of the Compliance Program (attachment A), the Board hereby adopts the attached Business Code of Conduct for the Center. The Business Code of Conduct sets forth the ethical framework within which Center operates and to place employees and agents on notice that they will be held accountable for complying with applicable legal standards, which govern the business activities of Center. **The Business Code of Conduct may be reproduced in alternative languages, as needed. The Code of Conduct is to represent the fundamental guidelines to be followed to help prevent violations of federal or state law.**

4. The Board directs **the Executive Director** management to appoint a Compliance Officer and Compliance Committee. The duties of the Compliance Officer shall include, but are not limited to the following: developing and implementing specific compliance policies and standards; conducting the day-to-day operations of the Compliance Program (attachment A); monitoring of all compliance activities; reporting on compliance activities to **the Executive Director**, the Compliance Committee and the Board, as appropriate; arranging for compliance education and training programs for employees; developing processes to identify areas in which there is substantial risk that unlawful or unethical conduct may occur; ensure that responsible steps are taken to respond appropriately to ethical and legal compliance violations; to prevent further violations and to discipline violators appropriately and consistently; and dedicating such other resources as appropriate to ensure that the Center is operating an effective Compliance Program. The Compliance Officer shall serve as the chair of the Compliance Committee, which will assist in carrying out these duties.

5. The Board hereby designates the Program Committee of the Board to provide general oversight of the Compliance Program (attachment A). The Program Committee shall review information submitted by the Compliance Officer and the Compliance Committee.

BUSINESS CODE OF CONDUCT

PURPOSE

This Business Code of Conduct had been adopted by the Board of Trustees of Tri-County MHMR (~~“Center”~~) to provide standards by which employees of Center will conduct themselves in order to protect and promote organization- wide integrity and to enhance Center’s ability to achieve the Center’s mission. **The mission of Tri-County is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.**

INTRODUCTION

The Business Code of Conduct sets forth the policy of the Center. The Business Code of Conduct and its principles and all applicable compliance policies and procedures shall be distributed periodically to all employees. All employees are responsible to ensure that their behavior and activities are consistent with the Business Code of Conduct.

As used in this Business Code of Conduct, the term Center, means Tri-County MHMR—and each of its divisions, subsidiaries and operating or business units. The terms “officer,” “director,” employee,” “independent contractor,” and “volunteer” include any persons who fill such roles or provide services on behalf of Center or any of its divisions, subsidiaries, or operating or business units.

Principle 1 – Legal Compliance

Center will strive to ensure all activity by or on behalf of the organization is in compliance with applicable laws.

Principle 2 – Business Ethics

In furtherance of Center’s commitment to the highest standards of business ethics and integrity, employees and independent contractors will accurately and honestly represent Center and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

Principle 3 – Confidentiality

Center employees and independent contractors shall strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

Principle 4 – Conflicts of Interest

Directors, officers, committee members, independent contractors, and key employees owe a duty of loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

Principle 5 – Business Relationships

Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 6 – Protection of Assets

All employees will strive to preserve and protect the Center’s assets by making prudent and effective use of Center’s resources and properly and accurately reporting its financial condition.

REVISIONS TO BUSINESS CODE OF CONDUCT

The Business Code of Conduct is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. The Compliance Officer and Compliance Committee will assess the need for changes and make the appropriate recommendations as part of a regular review of the Code of Conduct. The Code of Conduct will be revised as experience demonstrates that changes will produce a more effective and better alternative. Such changes will be submitted to the Executive Director and **Management Team for review and approval and to the Board of Trustees for adoption.**

ATTACHMENT A CORPORATE COMPLIANCE PROGRAM

I. *Introduction and Statement of Purpose.* It is the policy of Tri-County MHMR (“Center”) to follow ethical standards of business practice established by the Center’s management team and local board; by oversight agencies; and state and federal law. The Center has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. The Tri-County MHMR Board of Trustees, employees, contract providers, affiliate providers and external providers are fully informed of applicable laws and regulations to which the Center is obliged so that they do not inadvertently engage in conduct that may raise compliance issues. **Employees receive initial and annual training and quarterly training updates.** The Center recognizes that its business relationships with contractors, other providers, vendors and clients are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its employees, contract providers, affiliate providers and external providers, the Center places emphasis on its Corporate Compliance Program to address regulatory issues likely to be of most consequence to Center operations. The Corporate Compliance Program establishes the following framework for legal and corporate compliance by the Tri-County MHMR Board of Trustees, employees, contract providers, affiliate providers and external providers:

- ◆ Designation of responsible persons charged with directing the effort to enhance compliance and implement the Corporate Compliance Program.
- ◆ Incorporation of standards, policies and administrative guidelines directing Center personnel and others involved with operational practices;
- ◆ Identification of legal issues that may apply to business relationships and methods of conducting business;
- ◆ Development and implementation of an education program for the Board of Trustees, clinical staff, administrative staff, advisory committees, contract providers, affiliate providers and external providers addressing obligations for adherence to applicable compliance requirements;
- ◆ Implementation of a mechanism for employees, contract providers, affiliate providers, and external providers to raise questions and receive appropriate guidance concerning operational compliance issues;
- ◆ Development and implementation of an ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education;
- ◆ Development and implementation of a process for employees, contract providers, affiliate providers and external providers to report possible

compliance issues including a process for such reports to be fully and independently reviewed;

- ◆ Enforcement of standards through documented disciplinary guidelines and policies and training addressing expectations, sanctions and consequences;
- ◆ Formulation of plans for corrective action to address identified areas of noncompliance;
- ◆ Coordination with contract providers, affiliate providers and external providers to ensure effective compliance in areas where activities of Center and contract providers, affiliate providers and external providers overlap; and
- ◆ Implementation of regular reviews of the overall compliance efforts of the Center requirements and address strategic goals for improving Center operations.

This Corporate Compliance Program is not intended to set forth all of the substantive programs and practices of the Center that are designed to achieve compliance. In addition to this plan, the Center has developed and implemented ~~a Local Plan and Quality Management~~ a **Corporate Compliance Action** Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance practices included in ~~each of these plans~~ are **this plan is** coordinated to direct the Center's overall compliance efforts.

II. Scope. This Corporate Compliance Program applies to all Center operational activities and administrative actions and includes those activities defined in federal and state regulations relating to healthcare professionals. The Center places particular focus upon the following concerns:

- ◆ Adhering to requirements relating to the quantitative and qualitative documentation of professional services and associated billing practices;
- ~~◆ Evaluating and managing over and underutilization of services;~~
- ◆ Ensuring delivery of medically necessary services providing the best value of the clients and communities served by Tri-County;
- ◆ Complying with regulatory guidelines for data collection and submission processes;
- ◆ Developing, implementing and adhering to policies and procedures relating to high risk activities;
- ◆ **Physician Compensation Mechanisms;**
- ◆ Developing and implementing policies for credentialing clinical staff including a process for suspension or revocation of professional privileges; and
- ◆ Addressing other notable areas identified by the Center through findings from the ~~Quality Management~~ monitoring and self-assessment process.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the state values of Tri-County.

III. Administrative Responsibility. The primary responsibility for implementing, managing and monitoring the Center's compliance effort is assigned to the Compliance Officer. The Compliance Officer will report all compliance efforts and identified issues directly to the Executive Director and indirectly, as required, to the Tri-County MHMR Board of Trustees. Investigation findings will be reported to the Program Committee in a summary format. **The Chief Compliance Officer or the Chief Financial Officer is authorized by this plan to go directly to the Board Attorney or Board Chair if there is reason to believe the Executive Director is involved in a compliance investigation.** The Executive Director will discuss specific details of the investigation findings with the full Board of Trustees **during quarterly updates as requested.** Both the summary report and detailed closed session report will occur at the first Board meeting following the completion of the investigation. The Center's Executive Director has supervisory responsibility for implementation of the Corporate Compliance Program. The Center's Board of Trustees is accountable for governing the Center as a knowledgeable body regarding compliance expectations, practices, identified risk issues and plans for corrective action. With the oversight of the Executive Director and with the assistance of the Center's legal counsel, when appropriate, the Compliance Officer is responsible for the following activities:

- ◆ Assist the **Management** Leadership Team in the review, revision and formulation of appropriate policies and procedures to guide all activities and functions of the Center that involve issues of compliance;
- ◆ Ensure the processes for compliance integrate with and support the Center's ~~quality management monitoring~~ **Corporate Compliance Action Plan** and self-assessment processes;
- ◆ Assist the **Management** Leadership Team with the review and amendment, as necessary, of the Business Code of Conduct for all Center employees, contract providers, affiliate providers, and external providers;
- ◆ Assist the **Management** Leadership Team with developing methods to ensure that employees, contract providers, affiliate providers and external providers are aware of the Center Business Code of Conduct and understand the importance of compliance;
- ◆ ~~Assist Human Resources with~~ **Provide guidance to the Training Department in developing** and delivering educational and training programs;
- ◆ Receive and review instances of suspected compliance issues and communicate findings and develop action plans with the program suspected of noncompliance and the Center's Corporate Compliance Committee, as set forth in this Plan;
- ◆ Prepare a quarterly compliance summary for review by the Board of Trustees.
- ◆ Review and update the Corporate Compliance Program **and Corporate Compliance Action Plan** annually.

- ◆ Ensure the goals within the annual Corporate Compliance Action Plan are considered in the Center Local Plan and Quality Management Plan as appropriate;
- ◆ Coordinate with appropriate body to disseminate and ensure understanding of policies defining compliance initiatives;
- ◆ Provide other assistance with initiatives regarding corporate compliance, as directed by the Executive Director.

IV. *Compliance Committee.* To assist the Compliance Officer with the development and implementation of compliance efforts, a compliance committee will be formed representative of the clinical and administrative services of the Center. The Compliance Officer will serve as the chair of the Committee. The role of the Compliance Committee is to advise the Compliance Officer and assist in the implementation of the compliance program. The Committee's responsibilities include:

- ◆ Analyzing the organization's regulatory obligations;
- ◆ Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program;
- ◆ Working with employees, contract providers, affiliate providers, and external providers to develop standards of conduct and policies and procedures that promote compliance;
- ◆ Recommending, developing and monitoring internal systems and controls to carry out Tri-County's standards, policies and procedures as part of the Center's daily operations;
- ◆ Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
- ◆ Assisting with the development of preventive and corrective action plans;
- ◆ Developing a system to solicit, evaluate and respond to complaints and problems;
- ◆ Monitoring findings of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventative and corrective action;
- ◆ ~~Assist with enforcement of disciplinary actions necessitated because of non-compliance;~~ and
- ◆ Assist the compliance officer in the annual compliance training and education process.

V. *Policy Guidelines.* The Center has adopted policies and procedures specific to the Center's operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to the Center's compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

The Center has also adopted a Business Code of Conduct to guide all business activity. This Code reflects a common sense approach to ensuring appropriate and ethical behavior. All new employees, ~~contract providers, affiliate providers and external providers~~ receive training and provide acknowledgement of receipt of the Center's Business Code of Conduct. As a condition of employment, the Business Code of Conduct is reviewed and acknowledged annually thereafter, by each employee, contract provider, affiliate provider and external provider as part of the annual compliance training. **The Business Code of Conduct represents the most essential elements in efforts to comply with state or federal laws and will receive the greatest emphasis in compliance efforts.**

VI. *Education and Training.* The Compliance Officer and Compliance Committee are responsible for ensuring the Center's policies regarding compliance are disseminated and understood by employees, contract providers, affiliate providers and external providers. To accomplish this objective, the Compliance Officer will assist ~~Human Resources~~ **the Training Department** with the development of a systematic and ongoing training program that enhances and maintains awareness of the Center's policies. Training materials directed to clinical, administrative or other regulatory compliance issues will be submitted to the Compliance Officer for review with the Compliance Committee.

All Center employees, contract providers, affiliate providers and external providers participate in compliance training whereby a system is in place to document that such training has occurred. Training materials will identify the Center contact person(s) available to respond to questions specific to compliance training or regulatory issues. Employees, contract providers, affiliate providers, and external providers are made aware of their compliance obligations as a condition of employment or as a condition of the contract, respectively. Adherence to policies will be addressed within the Center's orientation and ongoing training programs, employee position, descriptions and provider contracts. Employees, contract providers, affiliate providers and external providers will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer and Compliance Committee may recommend that identified persons attend training addressing the risk issue. **Training acknowledgement of employees, Independent contract providers, affiliate providers, and external providers will be obtained in different formats including computer based training documentation and acknowledgement of training forms that may be used in conjunction with training. Large contractors that have their own Compliance program can provide evidence of this program in lieu of participating in the Tri-County Program. Unless otherwise indicated in a contract, initial and annual training will be in the form of Computer Based Training.**

Certain employees, contract providers, affiliate providers, programs or other external providers may be designated as "High Risk" by the Corporate Compliance Committee. This represents those persons whose opportunity to violate state or federal law, or opportunity to benefit from violations of state or federal law, is considered greater than other persons. When persons are designated as "High Risk", Tri-County may require those persons or programs to complete additional training to ensure compliance with state or federal law.

As required by the Deficit Reduction Act of 2005, required training will include information for employees, contract providers, affiliate providers and external providers, about the Federal False Claims act, State Medicaid Fraud Prevention Act and Qui Tam provisions of the law.

VII. *Monitoring.* ~~In coordination with the monitoring practices outlined in the Center Quality Management Plan, ongoing review will occur of all Center operations, including contracted services. The results of the routine ongoing reviews~~ The Corporate Compliance Action plan will include monitoring activities that will be communicated completed by the Corporate Compliance Officer and Compliance Committee; ~~communicated to the operational area;~~ A report on these activities will be provided to the Executive Director and the ~~reviewed by Management Team for review. A summary of these activities will be provided to~~ and summarized for the Board of Trustees in the Annual Compliance Report summary.

The Compliance Officer shall have access with the Center's legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for the Center, the Compliance Officer will report the facts to the Executive Director and to the Center legal counsel. In consultation with legal counsel, the Compliance Officer will review the situation to determine whether there appears to have been activity inconsistent with Center policies, procedures or Business Code of Conduct.

VIII. *Reporting Compliance Issues.* As a general practice, and as stated in the Center training materials, employees, contract providers, affiliate providers, and external providers are directed to address questions about operational issues to person(s) having supervisory responsibility for the service area. As another reporting option, training materials will inform employees, contract providers, affiliate providers, and external providers that they may report to the Center Compliance Officer any activity they believe to be inconsistent with Center policies or legal requirements. The training materials will provide a contact method(s) to address compliance issues to the Compliance Officer. The Compliance Officer will use various communication methods, including available electronic and telephonic communication methods, to ensure timely

communication of the elements of this compliance program. The various communication methods will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure convenience for employees, contract providers, affiliate providers and external providers and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Employees, contract providers, affiliate providers, and external providers reporting in good faith possible compliance issues will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Executive Director or the Chief Compliance Officer.

The Compliance Officer will maintain a log of the reported compliance concerns. This log will record the compliance issue reported; indication if sufficient information was received to conduct an investigation; information regarding the affected units/departments/organizations; indication of development of a preventative or corrective action plan; and the resolution. To the extent practical and appropriate, this log will be codified to support effort to maintain confidentiality. The log will be used to manage the development and resolution of action plans to improve the quality of healthcare provided by the Center. The log will be treated as a confidential document whereby access will be limited to those persons at the Center with specific responsibility for supervision or compliance matters.

The log of compliance cases and all final reports will be maintained by the Chief Compliance Officer for seven (7) years. All other process notes or documentation of a compliance case will only be kept until the report is finalized and billing refunds, if indicated, have been made.

IX. Investigating Compliance Issues. When conduct is reported that is determined to be inconsistent with the Center's operating policy, the Compliance Officer will determine whether there is a reasonable cause to believe that a risk issue may exist. If this preliminary review indicates that a problem may exist, the Compliance Officer reports the risk issue to the Executive Director and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from the Center's legal counsel. **If the risk issues involve the Executive Director, the Chief Compliance Officer may take the case to the Board Legal Counsel or Chair of the Board of Trustees.** The Center employees, contract providers, affiliate providers, and external providers will be expected to cooperate fully with any inquiries undertaken.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the Executive Director. ~~The person(s) responsible for the review will use the monitoring tools from the Center's Quality Management Plan associated with the identified compliance issue.~~ The findings will be reviewed by the Compliance Officer to ensure consistency in the review process. The results of the inquiry will be made to the Executive Director and, if appropriate, to the Center legal counsel.

The investigative process will adhere to any applicable Center Human Resources policies regarding personnel action to be taken. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with the Center's operating policy will be addressed according to the provisions identified in the applicable Center's Human Resources policies or executed provider contract, and according to the provisions identified in other applicable Center policies and procedures or applicable federal or state law.

- X. *Corrective Action Plans.*** When a compliance issue has been identified through routine monitoring, report by employee, contract provider, affiliate providers, external providers or investigation, the Compliance Officer will ensure the issue is reported to the supervisor with responsibility for the service areas, employee, contract provider, affiliate provider, or external providers. The supervisor will be responsible for development of an action plan. Assistance may be solicited from the Compliance Officer and other staff, as appropriate, for documentation and the performance of the action plan. The Compliance Officer may seek guidance from the Center Compliance Committee, Executive Director or legal counsel. Information about preventative and corrective action plans will be reported to and monitored by the Compliance Committee as well as reported to the Board of Trustees.

Action plans will be designed to ensure not only correction of the specific issue but also, when appropriate, preventative measures to ensure the issue **does** ~~do~~ not recur within the Center system of care. In accordance with Center policy, corrective action may require provision of training; reassignment of duties or functions; personnel action; terminating contractual relationships; repayment; or external disclosure to the appropriate oversight body of the risk issue and action taken.

If the investigation finds that any non-compliance act has been willful, that finding will be reported to the Executive Director and Compliance Committee. In accordance with Center policies, employees, contract providers, affiliate providers and external providers who have engaged in willful misconduct will be subject to disciplinary action, including consideration of termination of employment or contract for services, respectively. **If the investigation uncovers**

activity that might be considered criminal, the Corporate Compliance Officer in consultation with the Executive Director and Center Legal Counsel will turn such cases over to the appropriate law enforcement agency.

The action plans will be maintained in a secured file for at least five years. The action plans will be used as historical reference tools whereby identified issues may be included in the Center's provider profiling and supervisory review processes.

XI. Annual Compliance Review. In conjunction with the Center's established self-assessment process, the Compliance Officer will ensure a review of the Center's status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of the Center are within substantial compliance with Center policy and regulatory requirements. A review of the compliance reports, action plans and resolutions will be conducted and synopsis by compliance category. The Compliance Officer, with review and comments provided by the Compliance Committee, will prepare the annual compliance report. The resulting report will be included with the documented conclusions of the Center's self-assessment process.

XII. Annual Report and Corporate Compliance Work Plan. Included within the results of the Center self-assessment process, a report of the compliance efforts during the preceding year will be reported to the Board of Trustees. The Compliance Officer with the Compliance Committee will develop a work plan addressing plans for maintaining and improving Center compliance efforts. Recommendations within the work plan will be considered in the:

- ◆ Development of the goals within the Center's Local Plan; and
- ◆ Development of ongoing monitoring mechanisms within the Center Quality Management Plan

XIII. Revisions to the Corporate Compliance Program. This Corporate Compliance Program is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. The Compliance Officer and the Compliance Committee to assess the viability of the Plan and the inclusion of all-appropriate Center policies and regulatory requirements will regularly review the Plan. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Center Compliance Committee will revise or amend the plan as appropriate and submit it to the Executive Director and Leadership Team for review and approval and to the Board of Trustees for adoption.

<p>Agenda Item: Personnel Report for February 2018</p> <p>Committee: Executive</p>	<p>Board Meeting Date:</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Personnel Report for February 2018</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Personnel Report February 2018

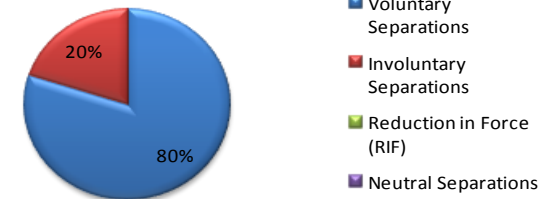
Total Applications received in February = 280

Total New Hires for the month of February = 9

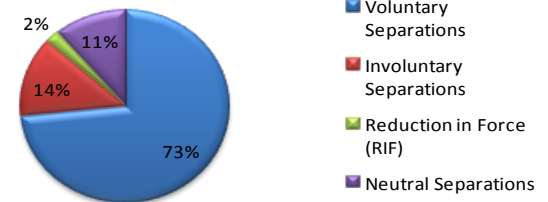
Total New Hires Year to Date = 56

February Turnover - FY18 compared to FY17	FY18	FY17
Number of Active Employees	344	345
Number of Monthly Separations	10	7
Number of Separations YTD	45	49
Year to Date Turnover Rate	13%	14%
February Turnover Rate	3%	2%

February Voluntary, Involuntary, RIF and Neutral Separations



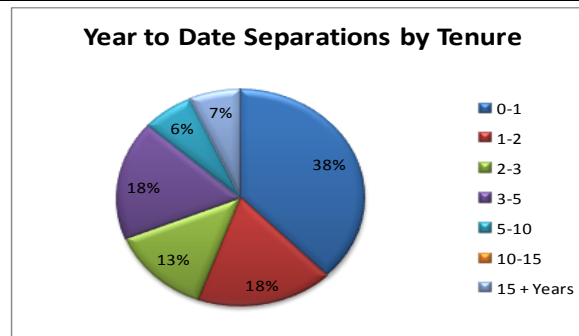
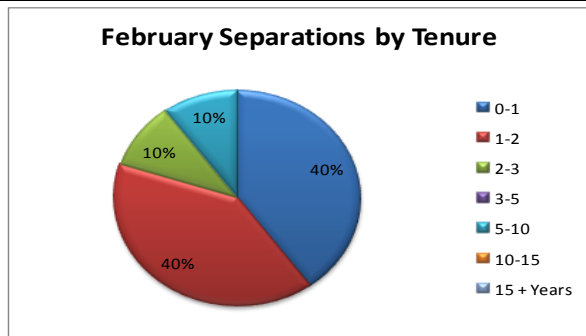
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



Separations by Reason	February Separations	FY18 YTD
Retired	0	1
Involuntarily Terminated	2	6
Neutral Termination	0	4
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	4
Family	0	3
Relocation	2	3
School	0	0
Personal	1	1
Unknown	1	4
New Job	4	17
Total Separations	10	45

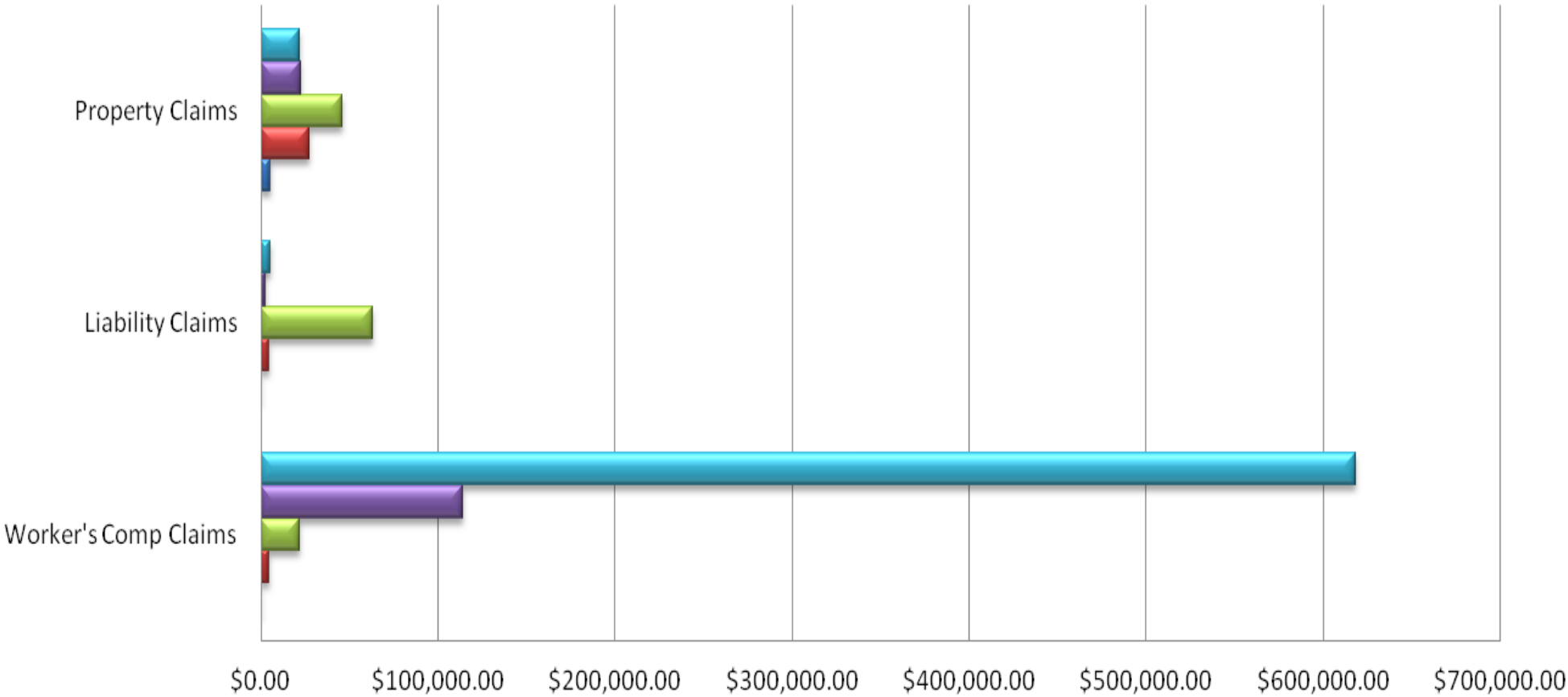
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% February	% YTD
Evan Roberson	18	1	3	6%	17%
Millie McDuffey	29	2	5	7%	17%
Amy Foerster	11	0	1	0%	9%
Tanya Bryant	12	0	0	0%	0%
MH Adult	80	2	9	3%	11%
MH Child & Youth	52	3	10	6%	19%
Catherine Prestigiovanni	9	0	1	0%	11%
Breanna Robertson	57	1	8	2%	14%
Kelly Shropshire	34	1	7	3%	21%
Kathy Foster	33	0	1	0%	3%
Kenneth Barfield	9	0	0	0%	0%
Total	344	10	45		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% February	% Year to Date
Supervisors & Managers	24	0	0	0%	0%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	41	2	8	5%	20%
Professionals (QMHP)	98	5	20	5%	20%
Professionals (QIDP)	29	1	6	3%	21%
Licensed Staff (LCDC, LPC...)	16	0	1	0%	6%
Business Services (Accounting)	14	0	1	0%	7%
Central Administration (HR, IT, Executive Director)	23	0	1	0%	4%
Program Support(Financial Counselors, QA, Training, Med. Records)	45	2	4	4%	9%
Nurse Technicians/Aides	18	0	2	0%	11%
Service/Maintenance	9	0	1	0%	11%
Direct Care (HCS, Respite, Life Skills)	27	0	1	0%	4%
Total	344	10	45		



<p>Agenda Item: Texas Council Risk Management Fund Claims Summary as of February 2018</p> <p>Committee: Executive</p>	<p>Board Meeting Date:</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Texas Council Risk Management Fund Claims Summary as of February 2018</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

TCRMF Claims Summary February 2018



	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	\$62,913.00	\$46,114.00
2017	\$4,517.00	\$4,893.00	\$27,455.00
2018	\$198.00	\$303.00	\$5,626.00

<p>Agenda Item: Approve February 2018 Financial Statements</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>February 2018 Financial Statements</p>	
<p>Recommended Action:</p> <p>Approve February 2018 Financial Statements</p>	

February 2018 Financial Summary

Revenues for February 2018 were \$2,482,585 and operating expenses were \$2,324,302; resulting in a gain in operations of \$158,284. Capital Expenditures and Extraordinary Expenses for February were \$152,576; resulting in a gain of \$5,707. Total revenues were 99.07% of the monthly budgeted revenues and total expenses were 99.68% of the monthly budgeted expenses.

Year to date revenues are \$14,517,597 and operating expenses are \$13,836,044; leaving excess operating revenues of \$681,553. YTD Capital Expenditures and Extraordinary Expenses are \$478,971; resulting in a gain YTD of \$202,582. Total revenues are 100.38% of the YTD budgeted revenues and total expenses are 98.66% 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	900,045	1,102,961	81.60%	202,916
DSHS – Veteran’s Services	30,116	49,642	60.67%	19,526
DSHS – SA Treatment Adult	28,914	50,866	56.84%	21,952

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. We also still have numerous vacancies in both the adult and the children’s clinics. As discussed last month, we have implemented an incentive program to help generate applicant flow for the vacant positions, so hopefully we will see a change very soon. We will continue to monitor this line and make revisions to the budget as needed.

DSHS – Veteran’s Services – This line item will be on the narrative until the budget revision is completed. As reported in prior months, the Veteran’s Services manager was out on maternity leave and budget variance primarily reflects salary and fringe 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. We are monitoring this program closely and may need to reconsider continued participation 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	177,557	97,646	1.82%	79,911
Medication	355,242	337,823	1.05%	17,419

Building Repairs & Maintenance – This line item reflects major repairs that hit during the first quarter of FY2018 for air conditioning and roof repairs. This month again, includes repairs made to our crisis center.

Medication Expense – This line item is trending mainly due to the increased number of people that we are seeing. We will continue to watch this line to determine if an adjustment is needed in the budget revision.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 28, 2018**

	TOTALS COMBINED FUNDS February 2018	TOTALS COMBINED FUNDS January 2018	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,854	3,904	(50)
Cash on Deposit-General Fund	10,036,451	11,917,261	(1,880,810)
Cash on Deposit-Debt Fund			-
Accounts Receivable	1,870,624	1,684,360	186,264
Inventory	4,682	4,986	(304)
TOTAL CURRENT ASSETS	11,915,610	13,610,511	(1,694,900)
FIXED ASSETS	20,760,463	20,760,463	-
OTHER ASSETS	80,676	100,246	(19,570)
TOTAL ASSETS	\$ 32,756,750	\$ 34,471,221	\$ (1,714,470)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,246,150	1,389,411	(143,261)
NOTES PAYABLE	642,552	642,552	-
DEFERRED REVENUE	1,524,196	3,107,281	(1,583,085)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	847,917	870,833	(22,917)
First Financial Construction Loan	12,363,223	12,399,793	(36,569)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	202,582	196,875	5,706
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(13,211,140)	(13,270,626)	59,486
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	36,998	30,831	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(642,552)	(642,552)	-
UNASSIGNED			
Unrestricted and Undesignated	5,917,008	5,917,006	2
TOTAL LIABILITIES/FUND BALANCE	\$ 32,756,750	\$ 34,471,221	\$ (1,714,470)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 28, 2018**

	General Operating Funds	Memorandum Only Final August 2017
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,854	3,854
Cash on Deposit-General Fund	10,036,451	5,383,227
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	1,870,624	4,136,003
Inventory	4,682	4,986
TOTAL CURRENT ASSETS	11,915,610	9,528,070
FIXED ASSETS	20,760,463	20,760,463
OTHER ASSETS	80,676	205,342
	\$ 32,756,750	\$ 30,493,875
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,246,150	1,169,877
NOTES PAYABLE	642,552	642,552
DEFERRED REVENUE	1,524,196	(422,827)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	847,917	985,417
First Financial Construction Loan	12,363,223	12,399,793
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	202,582	3,492,382
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(13,211,140)	(13,385,209)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	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-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	36,998	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(642,552)	(642,552)
UNASSIGNED		
Unrestricted and Undesignated	5,917,008	2,424,625
TOTAL LIABILITIES/FUND BALANCE	\$ 32,756,750	\$ 30,493,875

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended February 2018
and Year To Date as of February 2018

INCOME:	MONTH OF February 2018	YTD February 2018
Local Revenue Sources	111,714	628,825
Earned Income	1,074,948	6,012,155
General Revenue-Contract	1,295,924	7,876,617
TOTAL INCOME	\$ 2,482,585	\$ 14,517,597
EXPENSES:		
Salaries	1,447,312	8,399,184
Employee Benefits	279,936	1,635,986
Medication Expense	57,486	355,271
Travel-Board/Staff	32,801	207,372
Building Rent/Maintenance	34,007	184,975
Consultants/Contracts	273,755	1,890,493
Other Operating Expenses	199,006	1,162,763
TOTAL EXPENSES	\$ 2,324,302	\$ 13,836,044
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 158,284	\$ 681,553
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	58,317	98,169
Capital Outlay-Debt Service	94,260	380,802
TOTAL CAPITAL EXPENDITURES	\$ 152,576	\$ 478,971
GRAND TOTAL EXPENDITURES	\$ 2,476,878	\$ 14,315,015
Excess (Deficiency) of Revenues and Expenses	\$ 5,707	\$ 202,582

Debt Service and Fixed Asset Fund:		
Debt Service	94,260	380,802
Excess(Deficiency) of revenues over Expenses	94,260	380,802

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of February 2018

	YTD February 2018	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	628,825	554,605	74,220
Earned Income	6,012,155	6,150,612	(138,457)
General Revenue-Contract	7,876,617	7,757,890	118,727
TOTAL INCOME	\$ 14,517,597	\$ 14,463,107	\$ 54,490
EXPENSES:			
Salaries	8,399,184	8,461,074	(61,890)
Employee Benefits	1,635,986	1,640,459	(4,473)
Medication Expense	355,271	338,821	16,450
Travel-Board/Staff	207,372	218,914	(11,542)
Building Rent/Maintenance	184,975	103,242	81,733
Consultants/Contracts	1,890,493	1,999,048	(108,555)
Other Operating Expenses	1,162,763	1,236,066	(73,303)
TOTAL EXPENSES	\$ 13,836,044	\$ 13,997,624	\$ (161,580)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 681,553	\$ 465,483	\$ 216,070
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	98,169	140,750	(42,581)
Capital Outlay-Debt Service	380,802	371,202	9,600
TOTAL CAPITAL EXPENDITURES	\$ 478,971	\$ 511,952	\$ (32,981)
GRAND TOTAL EXPENDITURES	\$ 14,315,015	\$ 14,509,576	\$ (194,561)
Excess (Deficiency) of Revenues and Expenses	\$ 202,582	\$ (46,469)	\$ 249,051

Debt Service and Fixed Asset Fund:

Debt Service	380,802	371,202	9,600
Excess(Deficiency) of revenues over Expenses	380,802	371,202	9,600

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended February 2018

INCOME:	MONTH OF February 2018	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	111,714	92,400	19,314
Earned Income	1,074,948	1,100,354	(25,406)
General Revenue-Contract	1,295,924	1,313,229	(17,305)
TOTAL INCOME	\$ 2,482,585	\$ 2,505,983	\$ (23,398)
EXPENSES:			
Salaries	1,447,312	1,408,077	39,235
Employee Benefits	279,936	282,508	(2,572)
Medication Expense	57,486	54,141	3,345
Travel-Board/Staff	32,801	36,489	(3,688)
Building Rent/Maintenance	34,007	20,889	13,118
Consultants/Contracts	273,755	358,562	(84,807)
Other Operating Expenses	199,006	199,087	(81)
TOTAL EXPENSES	\$ 2,324,302	\$ 2,359,753	\$ (35,451)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 158,284	\$ 146,230	\$ 12,054
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	58,317	63,125	(4,808)
Capital Outlay-Debt Service	94,260	61,867	32,393
TOTAL CAPITAL EXPENDITURES	\$ 152,576	\$ 124,992	\$ 27,584
GRAND TOTAL EXPENDITURES	\$ 2,476,878	\$ 2,484,745	\$ (7,867)
Excess (Deficiency) of Revenues and Expenses	\$ 5,707	\$ 21,238	\$ (15,531)

Debt Service and Fixed Asset Fund:

Debt Service	94,260	61,867	32,393
Excess(Deficiency) of revenues over Expenses	94,260	61,867	32,393

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2017 Comparative Data
Year to Date as of February 2018

INCOME:	<u>YTD February 2018</u>	<u>YTD February 2017</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	628,825	918,875	(290,050)
Earned Income	6,012,155	7,232,736	(1,220,581)
General Revenue-Contract	7,876,617	7,779,756	96,861
TOTAL INCOME	<u>\$ 14,517,597</u>	<u>\$ 15,931,367</u>	<u>\$ (1,413,770)</u>
EXPENSES:			
Salaries	8,399,184	8,176,125	223,059
Employee Benefits	1,635,986	1,656,149	(20,163)
Medication Expense	355,271	342,216	13,055
Travel-Board/Staff	207,372	240,866	(33,494)
Building Rent/Maintenance	184,975	245,493	(60,518)
Consultants/Contracts	1,890,493	3,013,496	(1,123,003)
Other Operating Expenses	1,162,763	1,304,559	(141,796)
TOTAL EXPENSES	<u>\$ 13,836,044</u>	<u>\$ 14,978,904</u>	<u>\$ (1,142,860)</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 681,553</u>	<u>\$ 952,463</u>	<u>\$ (270,910)</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	98,169	778,268	(680,099)
Capital Outlay-Debt Service	380,802	329,947	50,855
TOTAL CAPITAL EXPENDITURES	<u>\$ 478,971</u>	<u>\$ 1,108,215</u>	<u>\$ (629,244)</u>
GRAND TOTAL EXPENDITURES	<u>\$ 14,315,015</u>	<u>\$ 16,087,119</u>	<u>\$ (1,772,104)</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 202,582</u>	<u>\$ (155,752)</u>	<u>\$ 358,334</u>

Debt Service and Fixed Asset Fund:

Debt Service	380,802	329,947	50,855
Excess(Deficiency) of revenues over Expenses	<u>380,802</u>	<u>329,947</u>	<u>50,855</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2017 Comparative Data
For the Month Ended February 2018

INCOME:	<u>MONTH OF February 2018</u>	<u>MONTH OF February 2017</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	111,714	122,999	(11,285)
Earned Income	1,074,948	1,277,810	(202,862)
General Revenue-Contract	1,295,924	1,345,539	(49,615)
TOTAL INCOME	<u>\$ 2,482,585</u>	<u>\$ 2,746,348</u>	<u>\$ (263,763)</u>
Salaries	1,447,312	1,410,423	36,889
Employee Benefits	279,936	297,951	(18,015)
Medication Expense	57,486	58,808	(1,322)
Travel-Board/Staff	32,801	40,629	(7,828)
Building Rent/Maintenance	34,007	23,088	10,919
Consultants/Contracts	273,755	554,872	(281,117)
Other Operating Expenses	199,006	259,545	(60,539)
TOTAL EXPENSES	<u>\$ 2,324,302</u>	<u>\$ 2,645,316</u>	<u>\$ (321,014)</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 158,284</u>	<u>\$ 101,032</u>	<u>\$ 57,252</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	58,317	30,083	28,234
Capital Outlay-Debt Service	94,260	65,025	29,235
TOTAL CAPITAL EXPENDITURES	<u>\$ 152,576</u>	<u>\$ 95,108</u>	<u>\$ 57,468</u>
GRAND TOTAL EXPENDITURES	<u>\$ 2,476,878</u>	<u>\$ 2,740,424</u>	<u>\$ (263,546)</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 5,707</u>	<u>\$ 5,924</u>	<u>\$ (217)</u>

Debt Service and Fixed Asset Fund:

Debt Service	94,260	65,025	29,235
			-
Excess(Deficiency) of revenues over Expenses	<u>94,260</u>	<u>65,025</u>	<u>29,235</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2018 Comparative Data
For the Month Ended February 2018

INCOME:	MONTH OF February 2018	MONTH OF January 2018	Increase (Decrease)
Local Revenue Sources	111,714	125,308	(13,594)
Earned Income	1,074,948	1,065,812	9,136
General Revenue-Contract	1,295,924	1,308,532	(12,608)
TOTAL INCOME	\$ 2,482,585	\$ 2,499,652	\$ (17,067)
EXPENSES:			
Salaries	1,447,312	1,375,727	71,585
Employee Benefits	279,936	272,924	7,012
Medication Expense	57,486	65,958	(8,472)
Travel-Board/Staff	32,801	29,457	3,344
Building Rent/Maintenance	34,007	35,802	(1,795)
Consultants/Contracts	273,755	401,412	(127,657)
Other Operating Expenses	199,006	161,822	37,184
TOTAL EXPENSES	\$ 2,324,302	\$ 2,343,102	\$ (18,800)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 158,284	\$ 156,550	\$ 1,734
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	58,317	1,726	56,591
Capital Outlay-Debt Service	94,260	57,742	36,518
TOTAL CAPITAL EXPENDITURES	\$ 152,576	\$ 59,468	\$ 93,108
GRAND TOTAL EXPENDITURES	\$ 2,476,878	\$ 2,402,570	\$ 74,308
Excess (Deficiency) of Revenues and Expenses	\$ 5,707	\$ 97,082	\$ (91,375)

Debt Service and Fixed Asset Fund:

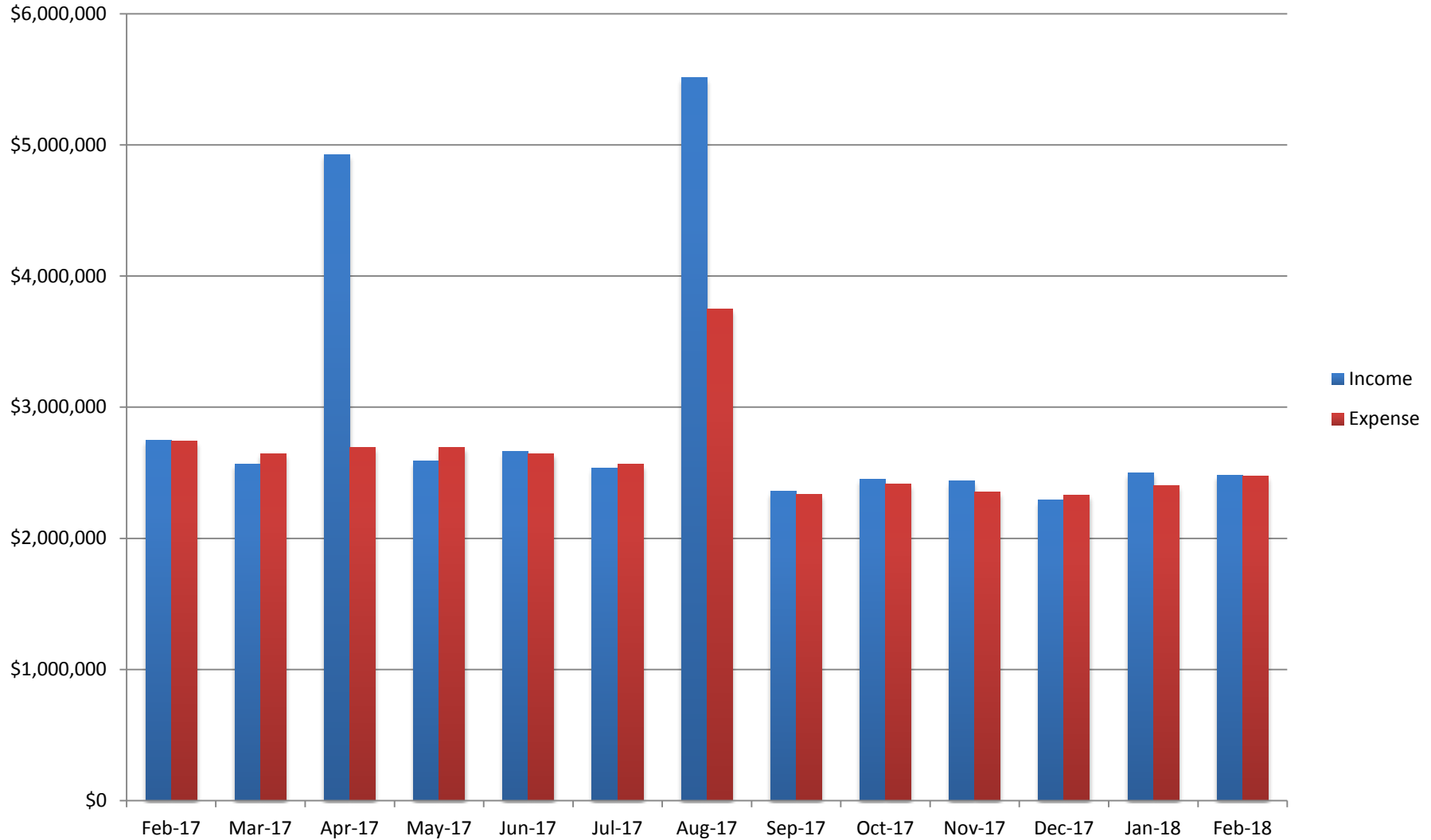
Debt Service	94,260	57,742	36,518
Excess(Deficiency) of revenues over Expenses	94,260	57,742	36,518

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of February 2018

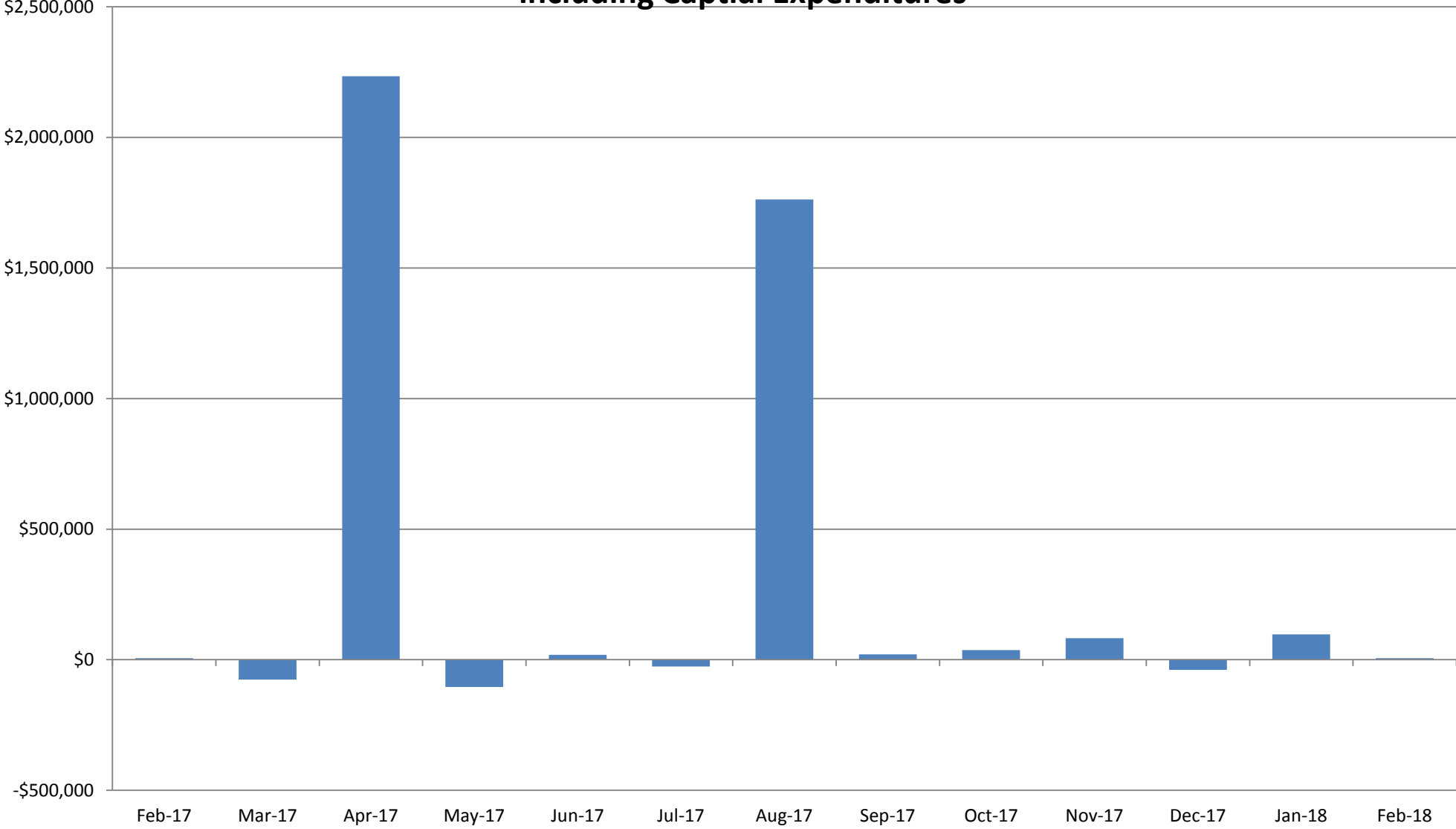
	YTD Mental Health February 2018	YTD IDD February 2018	YTD Other Services February 2018	YTD Agency Total February 2018	YTD Approved Budget February 2018	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,043,185	57,470	(471,831)	628,825	554,605	74,220
Earned Income	2,048,248	1,871,543	2,092,364	6,012,155	6,150,612	(138,457)
General Revenue-Contract	6,777,263	853,515	245,839	7,876,617	7,757,890	118,727
TOTAL INCOME	\$ 9,868,696	\$ 2,782,528	\$ 1,866,372	\$ 14,517,597	\$ 14,463,107	\$ 54,490
EXPENSES:						
Salaries	5,622,884	1,466,232	1,310,068	8,399,184	8,461,074	(61,890)
Employee Benefits	1,076,635	317,473	241,878	1,635,986	1,640,459	(4,473)
Medication Expense	294,082		61,190	355,271	338,821	16,450
Travel-Board/Staff	113,023	62,167	32,180	207,372	218,914	(11,542)
Building Rent/Maintenance	137,628	24,891	22,455	184,975	103,242	81,733
Consultants/Contracts	1,185,075	565,615	139,802	1,890,492	1,999,048	(108,556)
Other Operating Expenses	749,040	256,156	157,567	1,162,763	1,236,566	(73,803)
TOTAL EXPENSES	\$ 9,178,367	\$ 2,692,534	\$ 1,965,140	\$ 13,836,043	\$ 13,998,124	\$ (162,081)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 690,329	\$ 89,994	\$ (98,768)	\$ 681,554	\$ 464,983	\$ 216,571
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	80,586	8,960	8,622	98,169	140,750	(42,581)
Capital Outlay-Debt Service	254,413	122,820	3,568	380,802	371,202	9,600
TOTAL CAPITAL EXPENDITURES	\$ 334,999	\$ 131,780	\$ 12,190	\$ 478,971	\$ 511,952	\$ (32,981)
GRAND TOTAL EXPENDITURES	\$ 9,513,366	\$ 2,824,314	\$ 1,977,330	\$ 14,315,014	\$ 14,510,076	\$ (195,062)
Excess (Deficiency) of Revenues and Expenses	\$ 355,330	\$ (41,786)	\$ (110,958)	\$ 202,582	\$ (46,969)	\$ 249,552
Debt Service and Fixed Asset Fund:						
Debt Service	254,413	122,820	3,568	380,802	371,202	(116,789)
Excess(Deficiency) of revenues over Expenses	254,413	122,820	3,568	380,802	371,202	(116,789)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve Purchase of a Minivan & 12 Passenger Van

Board Meeting Date

Committee: Business

March 22, 2018

Background Information:

Due to the total loss of a 2008 Ford Taurus used by the Psychiatric Emergency Treatment Center, staff recommends the purchase of a 2017 or newer minivan to be purchased at the dealership chosen by the Board. We received \$2260 from Texas Council Risk Management Fund for the totaled car.

Huntsville Intellectual and Developmental Disability Services are in need of a new 12 passenger van to replace a high mileage van which is traveling approximately 4,000 miles a month. Staff requested bids for a 2017 or newer 12 passenger van to be purchased at the dealership chosen by the Board.

Due to the lack of inventory for 12 passenger vans, we have also requested bids for 15 passenger vans. All bids are available for review.

Listed below are the bids received for the purchase of a **Minivan:**

- BJ Ford – Liberty, Texas – Could not fulfill request
- Gullo Ford – Conroe, Texas – \$23,705.75 (Factory order 20-24 weeks or possible dealer trade)
- Liberty-Dayton Chrysler Dodge Jeep – Liberty, Texas – \$23,093
- Martin Chevrolet – Cleveland, Texas – \$23,393
- Team Chrysler Dodge Jeep – Huntsville, Texas – \$22,500

Listed below are the bids received for the purchase of a **12 Passenger Van:**

- BJ Ford – Liberty, Texas – \$28,077.66 (Factory order 18-20 weeks)
- Gullo Ford – Conroe, Texas – \$29,829.75 (Factory order 10-12 weeks or possible dealer trade)
- Liberty-Dayton Chrysler Dodge Jeep – Liberty, Texas – Could not fulfill request
- Martin Chevrolet – Cleveland, Texas – \$24,170.51 (Factory order 6-8 weeks) or \$28,776.45 (possible dealer trade)
- Team Chrysler Dodge Jeep – Huntsville, Texas – Could not fulfill request

Listed below are the bids received for the purchase of a **15 Passenger Van:**

- BJ Ford – Liberty, Texas – Could not fulfill request
- Gullo Ford – Conroe, Texas – \$31,587.75 (Factory order 10-12 weeks or possible dealer trade)
- Liberty-Dayton Chrysler Dodge Jeep – Liberty, Texas – Could not fulfill request
- Martin Chevrolet – Cleveland, Texas – \$30,377.61 (Possible dealer trade)
- Planet Ford – Spring, Texas - \$41,439.19
- Team Chrysler Dodge Jeep – Huntsville, Texas – Could not fulfill request

Supporting Documentation:

Bid Information

Recommended Action:

Approve the Purchase of Vehicles as Recommended

Minivan Bids



Gullo Ford of Conroe
925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500
Fax: 936-788-2683

Customer Proposal

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by:

Rick Camp
Office: 936-756-5500
Email: RCAMP@GULLOFORD.COM

Date: 02/07/2018

Vehicle: 2018 Transit Connect XL
Passenger Wagon LWB





Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit Connect, Passenger Wagon
LWB
 Passenger Wagon LWB XL(S9E)
 Price Level: 815

Pricing - Single Vehicle

MSRP

Vehicle Pricing

Base Vehicle Price	\$25,805.00
Options & Colors	\$0.00
Upfitting	\$0.00
Destination Charge	\$1,120.00

Subtotal \$26,925.00

Pre-Tax Adjustments

Code	Description	
GPC	Government Price Concession	-\$1,200.00
GFD	Gullo Ford Discount	-\$2,041.00

Subtotal \$23,684.00

Post-Tax Adjustments

Code	Description	
STATE	State Inspection	\$21.75

Total \$23,705.75

Customer Signature _____

Acceptance Date 

Rick Camp

ESTIMATED DATE OF DELIVERY: ORDER 20-24 WEEKS OR POSSIBLE DEALER TRADE.

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 02/07/2018



Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit Connect, Passenger Wagon LWB
 Passenger Wagon LWB XL(S9E)
 Price Level: 815

Major Equipment

(Based on selected options, shown at right)

2.5L I-4 DOHC w/SMPI 169hp
 6 speed automatic w/OD

- * 4-wheel ABS
- * Traction control
- * Battery with run down protection
- * Air conditioning
- * AM/FM stereo with seek-scan, auxiliary audio input
- * Variable intermittent wipers
- * Dual front airbags
- * Airbag occupancy sensor
- * Rear window defroster
- * Reclining front bucket seats
- * Bucket

- Exterior:Frozen White
 Interior:Pewter
- * Brake assistance
 - * P 215/55R16 BSW AS H-rated tires
 - * Advance Trac w/Roll Stability Control
 - * Tinted glass
 - * Dual manual mirrors
 - * 16 x 6.5 steel wheels
 - * Driver and front passenger seat mounted side airbags
 - * SecuriLock immobilizer
 - * Tachometer
 - * 60-40 folding 2nd row split-bench
 - * Steering-wheel mounted audio controls

Fuel Economy

City
19 mpg



Hwy
27 mpg

Selected Options

MSRP

STANDARD VEHICLE PRICE	\$25,805.00
Order Code 200A	N/C
Engine: 2.5L Duratec I4	Included
* Transmission: <u>6-Speed SelectShift Automatic</u>	Included *
3.21 Axle Ratio	Included
GVWR: 5,280 lbs	Included
Tires: P215/55R16 97H XL AS	Included
Wheels: 16" Steel w/XL Full Wheel Covers	Included
Driver & Front Passenger Vinyl Buckets	Included
Monotone Paint Application	STD
121" Wheelbase	STD
Radio: AM/FM Stereo Receiver	STD
Frozen White	N/C
Pewter	N/C

SUBTOTAL	\$25,805.00
Destination Charge	\$1,120.00
TOTAL	\$26,925.00

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 02/07/2018



LIBERTY-DAYTON CHRYSLER-DODGE-JEEP, INC.

320 HWY. 146 BY-PASS - P.O. BOX 10205 - LIBERTY, TEXAS 77575 - LOCAL (936) 336-8841 - WWW.LIBERTYDAYTONCHRYSLER.COM

Bid for 2017 or Newer Mini-Van on 03/05/2018

Thank you for the opportunity to Earn you Business and serve you vehicle needs again.

2018 Dodge Grand Caravan White in Color with Automatic Transmission Ready for Delivery on Date of bid Decision 03/22/2018.

Bid Amount \$23,093.00

Thank you,
Cameron Graham
Liberty Dayton Chrysler
320 Hwy 146 Bypass
Liberty Tx. 77575
936-336-8841 Business
936-336-8530 Fax

Martin Chrysler LLC
KEN SYPHRETT

Tri-County Behavioral Healthcare
Pricing: 2018 Dodge Grand Caravan Minivan
Quote is for: STOCK VAN *AT ONCE DELIVERY

Pricing:

MSRP	27,780.00
Selling price	27,481.00
Bid Assistance	< 4100 >
Equipment adds	0
Purchase Price	23,381.00
Drive out	23,393.00

*Quote is based on vehicle being in stock at the time of bid award.

162015

FCA US LLC INVOICE

3504-A
 PLANT ZONE DEALER VEHICLE ID NUMBER INVOICE NO. INVOICE DT.
 WINDSOR 63 45230 2C4RDGBG1JR162015 J-RTK-40126978 11/30/17
 SHIP MARTIN CHRYSLER LLC
 TO: 1006 HWY 59 SOUTH CLEVELAND TX 77327-
 SOLD MARTIN CHRYSLER LLC
 TO: 1006 HWY 59 SOUTH CLEVELAND TX 77327-
 PAID FOR BY: ALLY CREDIT SALE XX CASH SALE
 IGN KEY
 TRK KEY
 ACC KEY
 9103-01-BJ30
 SHIPPING WT. 4342
 SAE HP 34.3
 631-072404-00

BODY & EQUIP.	DESCRIPTION	FACTORY WHOLESALE PRICE
RTKH53	DODGE GRAND CARAVAN SE	25,760.00
PW7	White Knuckle Paint	
H7X1	Cloth Low-Back Bucket Seats	NO CHARGE
AAJ	Uconnect Hands-Free Group	614.00
DG2	6-Speed Automatic 62TE Transmission	NO CHARGE
ERB	3.6L V6 24-Valve VVT Engine	NO CHARGE
XKN	Flex Fuel Vehicle	
YGE	5 Additional Gallons of Gas	12.00
2DS	Customer Preferred Package 2DS	
29S	Customer Preferred Package 29S	
385	DESTINATION CHARGE	1,095.00
	HB 80100	
	MDH # 113009	
	EP 26306	
	PP 27281	
	DR 26806	

USE DEALERCONNECT TO OBTAIN KEY INFORMATION

HB (D/T) _____
 State Insp. Labor 7⁰⁰
 State Insp. Sticker 116⁷⁵
 Registration 105⁵⁰
 Road & Bridge 20⁰⁰
 Temp Tag Fee 5⁰⁰

MSRP RETAIL TOTAL	27,780.00	TOTAL	27,481.00
		ORIGINAL INVOICE	

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE THE UNITED STATES.



130 I-45 South
Huntsville, TX 77340
(936) 295-2277
www.teamhuntsville.com

2018 Dodge Grand Caravan SE
6 Speed automatic transmission
\$22,500
Delivery Date depends on availability

3-7-18

Ryan Gimpel
Sales Manager
Team Dodge Huntsville
W 936-295-2277
F 936-295-5630

12 Passenger Van Bids

BJ FORD

3560 Hwy 90 - P.O. Box 2080 - Liberty, Texas 77575
 (936) 36-2215 - (800) 374-7646 - Fax: (936) 336-2503 - bjford.com

Buyer:		Go Buyer:		Deal #: 40736																														
TRI-COUNTY MHMR SERVICES				Deal Date: 03/14/2018																														
1506 FM 2854 RD				Print Time: 01:41pm																														
CONROE, TX 77304																																		
Home #:		Home #:																																
Work #:	(936) 756-8331	Work #:		Salesperson: ROY W POINDEXTER																														
New <input checked="" type="checkbox"/>		Vehicle																																
Used <input type="checkbox"/>	Stock #:	Description:	VIN:	Mileage:																														
Demo <input type="checkbox"/>		2018 FORD TRANSIT PASSENGER WAG...																																
Trade																																		
Aftermarkets:		<table style="width:100%; border-collapse: collapse;"> <tr> <td>Sale Price:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">28,024.16</td> </tr> <tr> <td>Total Financed Aftermarkets:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total Trade Allowance:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Trade Difference:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">28,024.16</td> </tr> <tr> <td>Documentary Fee:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>State & Local Taxes:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Total License and Fees:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">53.50</td> </tr> <tr> <td>Total Cash Price:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">28,077.66</td> </tr> <tr> <td>Total Trade Payoff:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Delivered Price:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">28,077.66</td> </tr> </table>			Sale Price:	\$	28,024.16	Total Financed Aftermarkets:	\$	0.00	Total Trade Allowance:	\$	0.00	Trade Difference:	\$	28,024.16	Documentary Fee:	\$	0.00	State & Local Taxes:	\$	0.00	Total License and Fees:	\$	53.50	Total Cash Price:	\$	28,077.66	Total Trade Payoff:	\$	0.00	Delivered Price:	\$	28,077.66
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Amount Financed:	\$	28,077.66																																

CUSTOMER: _____ SALESPERSON: _____

SALES MGR: _____

Qty	Description
1	2018 Ford Transit 350 Wagon XL Trim (New) ***3.7L V-6 Engine ***6 Speed Automatic Transmission ***Power Steering ***Power Brakes W/ABS ***Power Windows ***Power Locks ***Power Mirrors ***Tilt ***Cruise ***Air Condion ***AM/FM Stero ***Rear View Camera ***Full Size Spare Tire And Wheel ***Tinted Glass ***Front License Plate Bracket ***Pewter Vinyl 12 Passenger Seating ***Oxford White Paint

This Vehicle Must Be Ordered. Apx 18 to 20 Weeks.



Gullo Ford of Conroe
925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500
Fax: 936-788-2683

Customer Proposal

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by:

Rick Camp
Office: 936-756-5500
Email: RCAMP@GULLOFORD.COM

Date: 02/21/2018

Vehicle: 2018 Transit-350 XL
Low Roof Passenger Wagon 147.6" WB

Quote ID: tri-county





Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
 Low Roof Passenger Wagon 147.6" WB XL(X2Y)
 Price Level: 820 Quote ID: tri-county

Pricing - Single Vehicle

MSRP

Vehicle Pricing

Base Vehicle Price	\$38,805.00
Options & Colors	\$990.00
Upfitting	\$0.00
Destination Charge	\$1,395.00

Subtotal \$41,190.00

Pre-Tax Adjustments

Code	Description	
GPC	Government Price Concession	-\$8,300.00
GFD	Gullo Ford Discount	-\$3,082.00

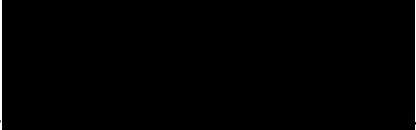
Subtotal \$29,808.00

Post-Tax Adjustments

Code	Description	
STATE	State Inspection	\$21.75

Total \$29,829.75

Customer Signature _____

Acceptance Date 

RICK CAMP

EST. DELIVERY DATE: ORDER 10-12 WEEKS OR POSSIBLE DEALER TRADE.

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 02/21/2018



Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
 Low Roof Passenger Wagon 147.6" WB XL(X2Y)
 Price Level: 820 Quote ID: tri-county

Major Equipment

(Based on selected options, shown at right)

3.7L V-6 DOHC w/SMPI 275hp
 6 speed automatic w/OD

- * 4-wheel ABS
- * Traction control
- * Battery with run down protection
- * Air conditioning
- * AM/FM stereo with seek-scan, single in-dash CD player, MP3 decoder, external memory control
- * Dual power remote mirrors
- * 16 x 7 steel wheels
- * Driver and front passenger seat mounted side airbags
- * Tachometer
- * Underseat ducts
- * 2nd row bench
- * Audio control on steering wheel
- * Rear axle capacity: 5515 lbs.
- * Rear spring rating: 5730 lbs.

Exterior:Oxford White
 Interior:Pewter

- * Brake assistance
- * LT 235/65R16 C BSW AS S-rated tires
- * Advance Trac w/Roll Stability Control
- * Tinted glass
- * Bluetooth wireless streaming
- * Variable intermittent wipers
- * Dual front airbags
- * Airbag occupancy sensor
- * Message Center
- * Reclining front bucket seats
- * Bench
- * Front axle capacity: 4130 lbs.
- * Front spring rating: 4130 lbs.

Fuel Economy

City
N/A



Hwy
N/A

Selected Options

MSRP

STANDARD VEHICLE PRICE	\$38,805.00
Order Code 301A	N/C
Monotone Paint Application	STD
148" Wheelbase	STD
Front License Plate Bracket	N/C
Radio: AM/FM Stereo w/Single CD/SYNC	\$665.00
Cruise Control w/Message Center	\$325.00
Oxford White	N/C
Pewter	N/C
Engine: 3.7L Ti-VCT V6	Included
Transmission: 6-Speed Automatic w/OD & SelectShift	Included
3.73 Axle Ratio	Included
GVWR: 9,000 lbs	Included
Tires: 235/65R16C AS BSW	Included
Wheels: 16" Steel w/Black Center Hubcap	Included
Pewter Vinyl Dual Bucket Seats	Included
Driver & Passenger Side Thorax Airbags	Included
Safety Canopy Side-Curtain Airbags	Included
Vinyl Front Bucket Seats	Included
SYNC Communications & Entertainment System	Included

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Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 02/21/2018



Gullo Ford of Conroe
925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500
Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
Low Roof Passenger Wagon 147.6" WB XL(X2Y)
Price Level: 820 Quote ID: tri-county

Leather-Wrapped Steering Wheel	Included
Vinyl Sun Visors	Included
<hr/>	
SUBTOTAL	\$39,795.00
Destination Charge	\$1,395.00
<hr/>	
TOTAL	\$41,190.00

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Prepared for: **TRI-COUNTY BEHAVIORAL HEALTHCARE**
By: Rick Camp Date: 02/21/2018

Martin Chevrolet Buick GMC
KEN SYPHRETT

Tri-County Behavioral Healthcare
Pricing: 2018 Chevrolet 12 Passenger Van
FACTORY ORDER
Estimated Delivery 6-8 Weeks from Bid Award

Pricing:

MSRP	34,710.00
Selling price	31,382.51
Bid Assistance	< 7200 >
Equipment adds	0
Purchase Price	24,158.51
Drive out	24,170.51



Martin Chevrolet Buick GMC

Ken Syphrett | Office:281-593-1195 Cell:713-703-7234 | ksyphrett@martingm.com

Tri-County Behavioral Healthcare

Prepared For: Maegan Richards





Martin Chevrolet Buick GMC

Ken Syphrett | Office:281-593-1195 Cell:713-703-7234 | ksyphrett@martingm.com

Martin Chevrolet Buick GMC

Dealership Information

All Prices are Plus Delivery and Plus TT&L

Prepared By:

Ken Syphrett
Martin Chevrolet Buick GMC
Office:281-593-1195 Cell:713-703-7234
ksyphrett@martingm.com

Price Summary

PRICE SUMMARY

	VQ2	MSRP
Base Price	\$30,163.51	\$33,515.00
Total Options	(\$7,188.00)	\$0.00
Vehicle Subtotal	\$22,975.51	\$33,515.00
Adjustments	\$0.00	\$0.00
Destination Charge	\$1,195.00	\$1,195.00
Grand Total	\$24,170.51	\$34,710.00

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Data Version: 4915. Data Updated: Feb 12, 2018 10:41:00 PM PST.



Martin Chevrolet Buick GMC

Ken Syphrett | Office:281-593-1195 Cell:713-703-7234 | ksypthrett@martingm.com

[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"


Technical Specifications

Exterior

Doors

Side Door Type

Swing-Out

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Selected Model and Options

MODEL				
CODE	MODEL	VQ2	MSRP	
CG23406	2018 Chevrolet Express Passenger RWD 2500 135" LS	\$30,163.51	\$33,515.00	

COLORS				
CODE	DESCRIPTION	VQ2	MSRP	
GAZ	Summit White	\$0.00	\$0.00	

OPTIONS				
(† Denotes a Custom Equipment Option)				
CODE	DESCRIPTION	VQ2	MSRP	
1LS	LS Preferred Equipment Group Includes Standard Equipment	\$0.00	\$0.00	
93W	Medium Pewter, Custom Vinyl	\$0.00	\$0.00	
AR7	Seats, front bucket with vinyl trim and head restraints, includes inboard armrests (STD) (Requires (93W) interior trim. When ordering a seating arrangement that includes rear seats, includes rear bench seats with vinyl trim. Head restraints are not available on rear bench seats.)	\$0.00	\$0.00	
Deduct†	Bid Assistance†	(\$7,200.00)	\$0.00	
E Tag†	Add†	\$5.00	\$0.00	
FE9	Emissions, Federal requirements	\$0.00	\$0.00	
GAZ	Summit White	\$0.00	\$0.00	
GU6	Rear axle, 3.42 ratio (Reference the Engine/Axle page for availability.)	\$0.00	\$0.00	
Inspection†	Inspection†	\$7.00	\$0.00	
LV1	Engine, 4.3L V6 with Direct Injection and Variable Valve Timing, includes aluminum block construction (276 hp [206 kW] @ 5200 rpm, 298 lb-ft of torque [404 Nm] @ 3900 rpm) (Reference the Engine/Axle page for availability.) (STD)	\$0.00	\$0.00	

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

OPTIONS

(† Denotes a Custom Equipment Option)

CODE	DESCRIPTION	VQ2	MSRP
M5U	Transmission, 8-speed automatic, electronically controlled with overdrive and tow/haul mode. Includes Cruise Grade Braking and Powertrain Grade Braking (Requires (LV1) 4.3L V6 SIDI engine or (LWN) 2.8L Duramax Turbo-Diesel engine.) (STD)	\$0.00	\$0.00
U0F	Audio system, AM/FM stereo with MP3 player seek-and-scan, digital clock, TheftLock, random select, auxiliary jack and 2 front door speakers (Not available with (U2K) SiriusXM Satellite Radio or (WP9) Communications Package.) (STD)	\$0.00	\$0.00
VK3	License plate kit, front (will be shipped to orders with ship-to states that require front license plate)	\$0.00	\$0.00
VQ2	Fleet processing option	\$0.00	\$0.00
ZX5	Seating, 12-passenger, (2-3-3-4 seating configuration) 4-passenger seat is a 50/50 split, 2-piece configuration (STD)	\$0.00	\$0.00
ZY1	Paint, solid (STD)	\$0.00	\$0.00
Options Total		(\$7,188.00)	\$0.00

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Standard Equipment

Package

Power Convenience Package includes (A31) power windows and (AU3) power door locks

Mechanical

Engine, 4.3L V6 with Direct Injection and Variable Valve Timing, includes aluminum block construction (276 hp [206 kW] @ 5200 rpm, 298 lb-ft of torque [404 Nm] @ 3900 rpm) (Reference the Engine/Axle page for availability.) (STD)

Transmission, 8-speed automatic, electronically controlled with overdrive and tow/haul mode. Includes Cruise Grade Braking and Powertrain Grade Braking (Requires (LV1) 4.3L V6 SIDI engine or (LWN) 2.8L Duramax Turbo-Diesel engine.) (STD)

Rear axle, 3.42 ratio (Reference the Engine/Axle page for availability.)

Tow/haul mode selector, instrument panel-mounted

Rear-wheel drive

Transmission oil cooler, external (Not available with (LWN) 2.8L Duramax Turbo-Diesel engine.)

Battery, 600 cold-cranking amps, maintenance-free with rundown protection and retained accessory power

Alternator, 105 amps (Not available with (LWN) 2.8L Duramax Turbo-Diesel engine or (C69) rear air conditioning.)

Frame, ladder-type

Suspension, front independent with coil springs and stabilizer bar

Suspension, rear hypoid drive axle with multi-leaf springs

GVWR, 8600 lbs. (3901 kg) (Reference the Engine/Axle page for availability.)

Steering, power

Brakes, 4-wheel antilock, 4-wheel disc

Fuel tank capacity, mid-frame and approximately 31 gallons (117.3L)

Exhaust, aluminized stainless-steel muffler and tailpipe

Exterior

Wheels, 4 - 16" x 6.5" (40.6 cm x 16.5 cm) steel includes Gray center caps and steel spare

Tires, front LT245/75R16E all-season, blackwall

Tires, rear LT245/75R16E all-season, blackwall

Tire, spare LT245/75R16 all-season, blackwall

Body, standard

Bumpers, front and rear painted Black with step-pad (Deleted when (V37) front and rear chrome bumpers is ordered.)

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Exterior

Grille, Black composite

Headlamps, dual halogen composite

Mirrors, outside manual, Black

Glass, Solar-Ray deep-tinted (all windows except light-tinted glass on windshield and driver- and front passenger-side glass)

Glass, swing-out side door windows

Glass, swing-out rear cargo door windows

Glass, enhanced-technology, rearmost side windows. 3-layer special glass is designed to help reduce the risk of ejection during a crash

Glass, full-body window package (Includes (A18) swing-out rear cargo door window glass and (A19) swing-out side door window glass.)

Wipers, front intermittent wet-arm with pulse washers

Door, swing-out passenger-side, 60/40 split

Entertainment

Audio system, AM/FM stereo with MP3 player seek-and-scan, digital clock, TheftLock, random select, auxiliary jack and 2 front door speakers (Not available with (U2K) SiriusXM Satellite Radio or (WP9) Communications Package.) (STD)

OnStar 4G LTE and built-in Wi-Fi hotspot to connects to the internet at 4G LTE speeds; includes OnStar Data Trial for 3 months or 3GB (whichever comes first) (Included and only available with (UE1) OnStar. Visit www.onstar.com for coverage map, details and system limitations. Services vary by model. OnStar acts as a link to existing emergency service providers. Not all vehicles may transmit all crash data. Available Wi-Fi requires compatible mobile device, active OnStar service and data plan. Data plans provided by AT&T.)

Interior

Seats, front bucket with vinyl trim and head restraints, includes inboard armrests (STD) (Requires (93W) interior trim. When ordering a seating arrangement that includes rear seats, includes rear bench seats with vinyl trim. Head restraints are not available on rear bench seats.)

Seating, 12-passenger, (2-3-3-4 seating configuration) 4-passenger seat is a 50/50 split, 2-piece configuration (STD)

Console, engine cover with open storage bin

Cup holders, 3 on the engine console cover

Power outlets 2 auxiliary on engine console cover with covers, 12-volt

Power outlet, 120-volt

Floor covering, full-length Black rubberized-vinyl

Steering wheel steel sieve column with theft-deterrent locking feature, Black

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Interior

Instrumentation, analog with speedometer, odometer with trip odometer, fuel level, voltmeter, engine temperature and oil pressure

Driver Information Center includes fuel range, average speed, oil life, tire pressure monitoring, fuel used, ice warning, engine hours, average fuel economy, tachometer, and maintenance reminders. Compass and outside temperature available if equipped.

Oil life monitor

Warning tones, headlamp on and key-in-ignition

Windows, power (Included with (ZQ2) Power Convenience Package.)

Door locks, power with lock-out protection (NOTE: Does not include (ATG) Remote Keyless Entry. (ATG) Remote Keyless Entry must be ordered separately.)

Theft-deterrent system, vehicle, PASS-Key III

Air conditioning, single-zone manual

Defogger, front and side windows

Mirror, inside rearview, with Rear Vision Camera display

Headliner, cloth

Visors, driver and front passenger, cloth, padded (Not available with (TR9) auxiliary lighting or (C69) rear air conditioning or (DAA) driver and front passenger vinyl visors or (DH6) driver and front passenger visors padded with cloth trim.)

Assist handles, driver and right-front passenger

Lighting, interior with 2 dome lights defeat switch and door handle-activated switches

OnStar Basic Plan for 5 years includes select vehicle mobile app features, Advanced Diagnostics and Dealer Maintenance Notification (Basic Plan available for 5 years from the date of vehicle delivery and is transferable. Does not include Emergency, Security or Navigation services.)

Safety-Mechanical

StabiliTrak, traction assistance and vehicle stability enhancement system

Brake/transmission shift interlock for automatic transmissions


Hill Start Assist

Safety-Exterior

Door beams, steel-side

Daytime Running Lamps

Rear Vision Camera (Display is included with (DRJ) Inside rearview mirror.)

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[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Safety-Interior

Air bags, frontal, driver and right-front passenger (Includes passenger-side air bag deactivation switch. Always use safety belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

Air bags, driver and right front passenger seat-mounted side-impact and head curtain side-impact, provides coverage for first 3-rows only. Enhanced-technology glass is provided for the fourth and fifth rows (Always use safety belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

Air bag deactivation switch, frontal passenger side (Always use safety belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

OnStar Guidance plan for 3 months including Automatic Crash Response, Stolen Vehicle Assistance, Roadside Assistance, Turn-by-Turn Navigation, Advanced Diagnostics and more (trial excludes Hands-Free Calling) (Fleet orders receive a 6-month trial. Visit www.onstar.com for coverage map, details and system limitations. Services vary by model. OnStar acts as a link to existing emergency service providers. Not all vehicles may transmit all crash data.)

Child seat anchors all three passenger rear seats have four anchors and two tethers

Tire Pressure Monitoring System (does not apply to spare tires)

WARRANTY

- Basic Years: 3
- Basic Miles/km: 36,000
- Drivetrain Years: 5
- Drivetrain Miles/km: 60,000
- Drivetrain Note: Qualified Fleet Purchases: 5 Years/100,000 Miles
- Corrosion Years (Rust-Through): 6
- Corrosion Years: 3
- Corrosion Miles/km (Rust-Through): 100,000
- Corrosion Miles/km: 36,000
- Roadside Assistance Years: 5
- Roadside Assistance Miles/km: 60,000
- Roadside Assistance Note: Qualified Fleet Purchases: 5 Years/100,000 Miles
- Maintenance Years: 2
- Maintenance Miles/km: 24,000
- Maintenance Note: 2 Visits

At the user's request, prices for this vehicle have been formulated on the basis of Initial Pricing for the vehicle, however GM cannot guarantee that Initial Pricing is available. This document contains information considered Confidential between GM and its Clients uniquely. The information provided is not intended for public disclosure. Prices, specifications, and availability are subject to change without notice, and do not include certain fees, taxes and charges that may be required by law or vary by manufacturer or region. Performance figures are guidelines only, and actual performance may vary. Photos may not represent actual vehicles or exact configurations. Content based on report preparer's input is subject to the accuracy of the input provided.
Data Version: 4915. Data Updated: Feb 12, 2018 10:41:00 PM PST.



Martin Chevrolet Buick GMC

Ken Syphrett | Office:281-593-1195 Cell:713-703-7234 | ksyphrett@martingm.com

[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

Window Sticker

SUMMARY

[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"

MSRP:\$33,515.00

Interior:No color has been selected.

Exterior 1:Summit White

Exterior 2:No color has been selected.

Engine, 4.3L V6 with Direct Injection

Transmission, 8-speed automatic, electronically controlled

OPTIONS

CODE	MODEL	MSRP
CG23406	[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"	\$33,515.00
OPTIONS		
1LS	LS Preferred Equipment Group	\$0.00
93W	Medium Pewter, Custom Vinyl	\$0.00
AR7	Seats, front bucket with vinyl trim	\$0.00
FE9	Emissions, Federal requirements	\$0.00
GAZ	Summit White	\$0.00
GU6	Rear axle, 3.42 ratio	\$0.00
LV1	Engine, 4.3L V6 with Direct Injection	\$0.00
M5U	Transmission, 8-speed automatic, electronically controlled	\$0.00
U0F	Audio system, AM/FM stereo with MP3 player	\$0.00
VK3	License plate kit, front	\$0.00
VQ2	Fleet processing option	\$0.00
ZX5	Seating, 12-passenger, (2-3-3-4 seating configuration)	\$0.00
ZY1	Paint, solid	\$0.00
CUSTOM EQUIPMENT		
Deduct	Bid Assistance	\$0.00
E Tag	Add	\$0.00
Inspection	Inspection	\$0.00

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Data Version: 4915. Data Updated: Feb 12, 2018 10:41:00 PM PST.



Martin Chevrolet Buick GMC

Ken Syphrett | Office:281-593-1195 Cell:713-703-7234 | ksyphrett@martingm.com

[Fleet] 2018 Chevrolet Express Passenger (CG23406) RWD 2500 135"


SUBTOTAL	\$33,515.00
Adjustments Total	\$0.00
Destination Charge	\$1,195.00
TOTAL PRICE	\$34,710.00

FUEL ECONOMY

Est City:N/A

Est Highway:N/A

Est Highway Cruising Range:N/A

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Data Version: 4915. Data Updated: Feb 12, 2018 10:41:00 PM PST.

Martin Chevrolet Buick GMC
KEN SYPHRETT

Tri-County Behavioral Healthcare
Pricing: 2017 GMC 12 Passenger Van
OUT OF STOCK

Pricing:

MSRP	37,705.00
Selling price	35,564.45
Bid Assistance	< 6800 >
Equipment adds	0
Purchase Price	28,764.45
Drive out	28,776.45

12 PASS



Vehicle Locator

Detail Report for Customer

MARTIN CHEVROLET BUICK GMC
 420 W SOUTHLINE ST, CLEVELAND, TX, 77327
 281-592-2644

Customer/Company:
 Address:

Sales Consultant:

Ken Syphrett

Vehicle #1: 2017 Chevrolet Express	VIN/Order #	MSRP	Stock #
	1GAWGEFG2H1340353	\$37,705.00	N/A
Additional Vehicle Information			
GM Marketing Information			

Body Style: CG23406-2500 Passenger Van
 PEG: 1LS-Gas LS Equipment Group
 Primary Color: GAZ-Summit White
 Trim: 93W-Trim, Vinyl, Medium Pewter
 Engine: L96-Engine: Vortec 6.0L V8
 Transmission: MYD-6-Speed Auto Trans w/Overdrive

Options: 1LS-Gas LS Equipment Group
 93W-Trim, Vinyl, Medium Pewter
 A18-Glass, Rear Door Window, Swing-Out
 A19-Glass, Rear Side Door Window, Swing Out
 A31-Power Windows
 AJ1-Glass: Deep Tinted
 AK5-Air Bags, Frontal, Driver & Rt Front. Passenger
 AR7-Seat: Front Bucket
 ASF-Head Curtain Side Airbags
 ATG-Keyless Remote Entry
 AU3-Power Door Locks
 B38-Floor Covering, Vinyl, Frt & RR, Full Width
 C36-Heater, Rear Auxiliary
 C60-Air Conditioning, Front Manual
 C6P-GVWR--8600 LBS
 DE2-Mirrors, Outside Rearview, Black
 DRJ-Rearview Mirror, Partial Video Display
 E24-Door, Swing-Out Pass. Side 60/40 Split
 EF7-Country Code--USA
 FE9-Federal Emissions
 FHS-Vehicle Fuel--Gasoline E85
 GAZ-Summit White
 GU6-Rear Axle, 3.42 Ratio
 JL4-StabiliTrak, Stability Control System
 K34-Cruise Control
 K68-Alternator, 105 Amp
 KI4-110 Volt Electrical Receptacle, In Cab
 L96-Engine: Vortec 6.0L V8
 MYD-6-Speed Auto Trans w/Overdrive
 N33-Tilt-Wheel

NP5-Steering Wheel, Leather Wrapped
 QB5-Wheel 16 X 6.5, Steel
 U2K-SiriusXM Satellite Radio (subscription)
 UD7-Rear Parking Assist
 UE1-OnStar Comm. System
 UJM-Tire Pressure Indicator
 UPF-Bluetooth for Phone
 US8-AM/FM Stereo, CD,
 w/Seek/Scan,Clock,MP3,RDS
 USR-USB Port / Receptacle
 UVC-Rear View Camera System
 UY7-Trailer Wiring
 V14-Transmission Oil Cooler, External
 V22-Grille, Chrome W/ Dual Composite Headlamp
 V37-Bumpers, Chrome, Front & Rear
 VK3-License Plate Mounting Provisions, Front
 VV4-Onstar with 4G LTE Wi-Fi Hotspot
 W1Y-Steering Wheel Controls for Sound System
 X88-Chevrolet
 XLP-Tires, Front LT245/75R16E All-Season, B/W
 YLP-Tires, Rear LT245/75R16E All-Season, B/W
 Z82-Trailer Equipment, Heavy Duty
 ZLP-Tires, Spare LT245/75R16E All-Season, B/W
 ZQ2-Power Door Locks & Windows Pkg.
 ZQ3-Tilt-Wheel & Cruise Control Pkg.
 ZR7-Chrome Appearance Package
 ZW6-Glass, Full Body
 ZW9-Standard Body
 ZX5-Seating, 12 Passenger
 ZY1-Paint, Exterior Solid

Disclaimer:

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15 Passenger Van Bids



Gullo Ford of Conroe
925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500
Fax: 936-788-2683

Customer Proposal

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE
User FIN: QL778

Prepared by:

Rick Camp
Office: 936-756-5500
Email: rcamp@gulloford.com

Date: 03/15/2018

Vehicle: 2018 Transit-350 XL *15 Pass.*
Low Roof Passenger Wagon 147.6" WB

Quote ID: TriCnty





Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
 Low Roof Passenger Wagon 147.6" WB XL(X2Y)
 Price Level: 835 Quote ID: TriCnty

Pricing - Single Vehicle

MSRP

Vehicle Pricing

Base Vehicle Price	\$38,900.00
Options & Colors	\$2,485.00
Upfitting	\$0.00
Destination Charge	\$1,395.00

Subtotal \$42,780.00

Pre-Tax Adjustments

Code	Description	
GPC	Government Price Concession	-\$8,300.00
GFD	Gullo Ford Discount	-\$2,914.00

Subtotal \$31,566.00

Post-Tax Adjustments

Code	Description	
STATE	State Inspection	\$21.75

Total \$31,587.75

Customer Signature _____ Acceptance Date 

Rick Camp

EST. DELIVERY DATES ORDER 10-12 WEEKS OR POSSIBLE DEALER TRADE
 Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 03/15/2018



Gullo Ford of Conroe
 925 I-45 South, Conroe, Texas, 77301
 Office: 936-756-5500
 Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
 Low Roof Passenger Wagon 147.6" WB XL(X2Y)
 Price Level: 835 Quote ID: TriCnty

Major Equipment

(Based on selected options, shown at right)

3.7L V-6 DOHC w/SMPI 275hp
 6 speed automatic w/OD

- * 4-wheel ABS
- * Traction control
- * Battery with run down protection
- * Air conditioning
- * AM/FM stereo with seek-scan, single in-dash CD player, MP3 decoder, external memory control
- * Dual power remote mirrors
- * 16 x 7 steel wheels
- * Driver and front passenger seat mounted side airbags
- * Tachometer
- * Underseat ducts
- * 2nd row bench
- * Audio control on steering wheel
- * Rear axle capacity: 5515 lbs.
- * Rear spring rating: 5730 lbs.

Exterior:Oxford White
 Interior:Pewter

- * Brake assistance
- * LT 235/65R16 C BSW AS S-rated tires
- * Advance Trac w/Roll Stability Control
- * Tinted glass
- * Bluetooth wireless streaming
- * Variable intermittent wipers
- * Dual front airbags
- * Airbag occupancy sensor
- * Message Center
- * Reclining front bucket seats
- * Bench
- * Front axle capacity: 4130 lbs.
- * Front spring rating: 4130 lbs.

Fuel Economy

City
N/A



Hwy
N/A

Selected Options

MSRP

STANDARD VEHICLE PRICE	\$38,900.00
Order Code 301A	N/C
Engine: 3.7L Ti-VCT V6	Included
Transmission: 6-Speed Automatic w/OD & SelectShift	Included
3.73 Axle Ratio	Included
GVWR: 9,000 lbs	Included
Tires: 235/65R16C AS BSW	Included
Wheels: 16" Steel w/Black Center Hubcap	Included
Pewter Vinyl Dual Bucket Seats	Included
Vinyl Front Bucket Seats	Included
Monotone Paint Application	STD
148" Wheelbase	STD
Driver & Passenger Side Thorax Airbags	Included
Safety Canopy Side-Curtain Airbags	Included
15-Passenger Seating	\$1,495.00
Front License Plate Bracket	N/C
Radio: AM/FM Stereo w/Single CD/SYNC	\$665.00
Cruise Control w/Message Center	\$325.00
SYNC Communications & Entertainment System	Included
Leather-Wrapped Steering Wheel	Included

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Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
 By: Rick Camp Date: 03/15/2018



Gullo Ford of Conroe
925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500
Fax: 936-788-2683

2018 Transit-350, Low Roof Passenger Wagon
Low Roof Passenger Wagon 147.6" WB XL(X2Y)
Price Level: 835 Quote ID: TriCnty

Vinyl Sun Visors	Included
Oxford White	N/C
Pewter	N/C
<hr/>	
SUBTOTAL	\$41,385.00
Destination Charge	\$1,395.00
<hr/>	
TOTAL	\$42,780.00

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
By: Rick Camp Date: 03/15/2018

Martin Chevrolet Buick GMC
KEN SYPHRETT

Tri-County Behavioral Healthcare
Pricing: 2017 GMC 15 Passenger Van
OUT OF STOCK

Pricing:

MSRP	39,995.00
Selling price	37,565.61
Bid Assistance	< 7200 >
Equipment adds	0
Purchase Price	30,365.61
Drive out	30,377.61

15 PASS

GM Vehicle Locator

Detail Report for Customer

MARTIN CHEVROLET BUICK GMC
420 W SOUTHLINE ST, CLEVELAND, TX, 77327
281-592-2644

Customer/Company:
Address:

Sales Consultant:

Ken Syphrett

Vehicle #1: 2017 GMC Savana	VIN/Order #	MSRP	Stock #
	1GJZ7PFF5H1115134	\$39,995.00	N/A

Additional Vehicle Information

GM Marketing Information

- Body Style: TG33706-3500 Extended Passenger Van
- PEG: 1LT-Gas LT Equipment Group
- Primary Color: GAZ-Summit White
- Trim: 93G-Trim, Cloth, Med Dark Pewter
- Engine: L20-Engine, Vortec 4.8L V8
- Transmission: MYD-6-Speed Auto Trans w/Overdrive
- Options:
 - 1LT-Gas LT Equipment Group
 - 93G-Trim, Cloth, Med Dark Pewter
 - A18-Glass, Rear Door Window, Swing-Out
 - A19-Glass, Rear Side Door Window, Swing Out
 - A31-Power Windows
 - AJ1-Glass: Deep Tinted
 - AK5-Air Bags, Frontal, Driver & Rt Front. Passenger
 - AS5-Seat: Front Bucket Deluxe
 - ASF-Head Curtain Side Airbags
 - ATG-Keyless Remote Entry
 - AU3-Power Door Locks
 - B30-Floor Covering, Full Floor Carpet
 - BA3-Console with Swing-out Storage Bin
 - C36-Heater, Rear Auxiliary
 - C60-Air Conditioning, Front Manual
 - C69-Air Conditioning, Rear
 - C6Y-GVWR--9600 LBS
 - D31-Mirror, Inside, Rearview, Tilt
 - DE2-Mirrors, Outside Rearview, Black
 - DH6-Mirrors, Visor LH/RH Pass. Illum. Sunshade
 - E24-Door, Swing-Out Pass. Side 60/40 Split
 - EF7-Country Code--USA
 - FE9-Federal Emissions
 - FHO-Vehicle Fuel--Gasoline E10
 - GAZ-Summit White
 - GU6-Rear Axle, 3.42 Ratio
 - JL4-StabiliTrak, Stability Control System
 - K34-Cruise Control
 - KG4-150 Amp Alternator
 - KI4-110 Volt Electrical Receptacle, In Cab
 - L20-Engine, Vortec 4.8L V8
 - MYD-6-Speed Auto Trans w/Overdrive
 - N33-Tilt-Wheel
 - P03-Chrome Center Cap Wheel Cover
 - QB5-Wheel 16 X 6.5, Steel
 - TR9-Auxiliary Lighting
 - U0H-AM/FM Stereo, w/ MP3 Player and USB Port
 - U80-Compass
 - UD7-Rear Parking Assist
 - UE1-OnStar Comm. System
 - UJM-Tire Pressure Indicator
 - USR-USB Port / Receptacle
 - UY7-Trailer Wiring
 - V14-Transmission Oil Cooler, External
 - V22-Grille, Chrome W/ Dual Composite Headlamp
 - V37-Bumpers, Chrome, Front & Rear
 - V8D-Vehicle Statement U.S.
 - VK3-License Plate Mounting Provisions, Front
 - VV4-Onstar with 4G LTE Wi-Fi Hotspot
 - XLP-Tires, Front LT245/75R16E All-Season, B/W
 - YC6-Trim Decor
 - YLP-Tires, Rear LT245/75R16E All-Season, B/W
 - Z82-Trailer Equipment, Heavy Duty
 - Z88-GMC
 - ZLP-Tires, Spare LT245/75R16E All-Season, B/W
 - ZP3-Seating, 15-Passenger
 - ZQ2-Power Door Locks & Windows Pkg.
 - ZQ3-Tilt-Wheel & Cruise Control Pkg.
 - ZR7-Chrome Appearance Package
 - ZW6-Glass, Full Body
 - ZW9-Standard Body
 - ZY1-Paint, Exterior Solid

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Quote

March 15, 2018

Year	Make	Model
2017	FORD	T350 TRANSIT PASSENGER WAGON OXFORD WHITE - 1FBAX2CGXHKA25030

Suggested MSRP	\$48,305.00
Invoice Price	\$46,117.00
Your Cost	\$45,100.00
Delivery cost to Conroe, TX	\$75.00
Government Incentive	-\$6,500.00
Your Cost Plus TT&L	\$38,675.00
Drive Out (each)	\$41,439.19

Notice:

This quote is for informational purposes only, does not constitute an agreement to extend credit or to approve credit, and may not be relied upon by any third party. This quote is based on certain specific assumptions which may change and is subject to the approval of FMCC.

Customer Name: Tri-County Behavioral Healthcare **Signature:**

Dealer Name: Planet Ford / Mark Foxworth **Signature:**

281-719-3728 - Office
281-719-3719 - Fax
281-770-1773 - Cell

Mark Foxworth
Commercial sales Manager

mfoxworth@planetford.com

	Suggested Retail Price	Invoice Amount
X2CH TRANSIT 350 MR WAGON XLT	40770.00	39028.00
148" WHEELBASE		
2017 MODEL YEAR		
YZ OXFORD WHITE		
CK PEWTER CLOTH		
INCLUDED ON THIS VEHICLE		
DESC UNKNOWN		
OPTIONAL EQUIPMENT/OTHER		
PREFERRED EQUIPMENT PKG.302A		
.XLT TRIM		
57B .MANUAL AIR CONDITIONER	NC	NC
99G 3.5L GTDI V6 ENGINE	1865.00	1716.00
446 .6-SPD AUTO SELECT SHIFT TR		
TC8 .235/65R16 BSW ALL-SEASON		
X3L 3.31 LIMITED SLIP AXLE X3L	325.00	299.00
JOB #1 ORDER		
153 FRONT LICENSE PLATE BRACKET	NC	NC
20H 9150# GVWR PACKAGE	NC	NC
425 50 STATE EMISSIONS	NC	NC
43R REVERSE PARK AID	295.00	272.00
53B TRAILER TOW PACKAGE	485.00	447.00
59B .TRAILER WIRING PROVISIONS		
57N REAR WINDOW DEFOGGER	NC	NC
58Y AM/FM/SGL-CD/HD/SIRIUS W/SYNC	540.00	496.00
63C HEAVY DUTY ALTERNATOR	NC	NC
64S EASY CLEAN STYLED ALUMINUM	425.00	391.00
68H RUNNING BOARD PASSENGER DOOR	160.00	148.00
765 15 PASSENGER	1495.00	1376.00
FRONT FLOOR MATS		
86F KEYS 2 ADDITIONAL	75.00	69.00
92E PRIVACY GLASS	675.00	621.00
TOTAL OPTIONS/OTHER		
TOTAL VEHICLE & OPTIONS/OTHER	47110.00	44863.00
DESTINATION & DELIVERY	1195.00	1195.00
TOTAL FOR VEHICLE		
	48305.00	
FUEL CHARGE		
		59.00
SHIPPING WEIGHT 6148 LBS.		
TOTAL		
	48305.00	46117.00

2017 T350 TRANSIT WAGON, MEDIUM ROOF, LWB

MSRP = \$48,305.00
 INVOICE = \$46,117.00
 YOUR COST = \$45,100.00
 DELIVERY = \$75.00 (Conroe, TX)
 GOVERNMENT INCENTIVE = \$6,500.00 (QL778)

SUB-TOTAL = \$38,675.00 PLUS TT&L

DRIVE OUT = \$41,439.19

This Invoice may not reflect the final cost of the vehicle in view of the possibility of future rebates, allowances, discounts and incentive awards from Ford Motor Company to the dealer.

Sold to		Order Type 2		Ramp Code CW5B		Batch ID GK042		Price Level 745	
Ship to (if other than above)		Date Inv. Prepared		Item Number		Transit Days			
		10 04 16		52-8024		10			
		Ship Through							
Invoice & Unit Identification NO. 1FBAX2CGXHKA25030		Final Assembly Point KANSAS CITY		Finance Company and/or Bank Ford Motor Credit		000001			
HB	Invoice Total	A & Z Plan	D Plan	X Plan	FPA	AA			
1114	46117.00	43889.00	43989.00	46209.53	472.00	706.00			

<p>Agenda Item: Ratify Health and Human Service Commission Contract No. 529-17-0038-00035B, Amendment No. 2</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>We have received Amendment No. 2 to the FY 2017 HHSC mental health contract to provide funding for changes approved by the 85th Legislature.</p> <p>Changes include:</p> <ul style="list-style-type: none"> • An increase in funding of \$301,100 to the value of the contract. The increase includes \$550,000 in new funding approved by the 85th Legislature, and a reduction in funds from General Revenue and into the Medicaid Managed Care strategy (these dollars are used for match against Managed Medicaid spending). • New contract language which only requires Centers to contract with Medicaid and CHIP Managed Care Organizations “provided the contractor can reach mutually-agreeable terms and conditions.” • Our Adult target is revised from 2694 to 2961. • Our ‘10% Withhold outcomes’ have been moved to ‘10% at risk’ outcomes. (Previously we had 10% of our Texas General Revenue funds withheld until we met certain quality measures. The new process is to give us the GR upfront and take the funding back if we miss certain quality measures). <p>The contract amendment arrived on March 5th, so Evan Roberson spoke with Patti Atkins who approved signature of the amendment.</p>	
<p>Supporting Documentation:</p> <p>Amendment will be available for review at the Board meeting.</p>	
<p>Recommended Action:</p> <p>Ratify Health and Human Service Commission Contract No. 529-17-0038-00035B, Amendment No. 2</p>	

Agenda Item: Authorize the Executive Director to Execute a Lease for the East Montgomery County Crisis Expansion Center and Authorize Remodel Costs

Board Meeting Date:

March 22, 2018

Committee: Business

Background Information:

Tri-County applied for and was awarded funding for an East Montgomery County Crisis Expansion Center through the Senate Bill 292 grant funding. Our match partner for this project is the Montgomery County Public Health District.

The idea of the Crisis Center came from a meeting with the Montgomery County Sheriff's Office Captains in September of 2017 where they requested a drop off location like the PETC in East and West Montgomery County.

The East Montgomery County Crisis Expansion Center project design:

- Store front in East County, remodeled to ensure safety.
- Staffed 12 hours a day, based on the busiest hours for Tri-County, the Ambulance Service and MCSO.
 - Currently anticipated to be Noon to Midnight.
- Staffed with clinical staff, medical staff, and contracted Peace Officers.
- Not treatment, but evaluation and facilitation of treatment as needed.
- East over West County because of relationships with Kingwood Medical and Kingwood Pines.

Staff has located a storefront in the Porterwood Shopping Center (at the corner of I-69 and 1314) which is in the right location and is approximately the right size. The storefront was previously a bank and will require extensive remodeling. The rent for the facility is within budget (\$4083 a month + utilities) and the owner will provide \$24,500 in remodel allowance.

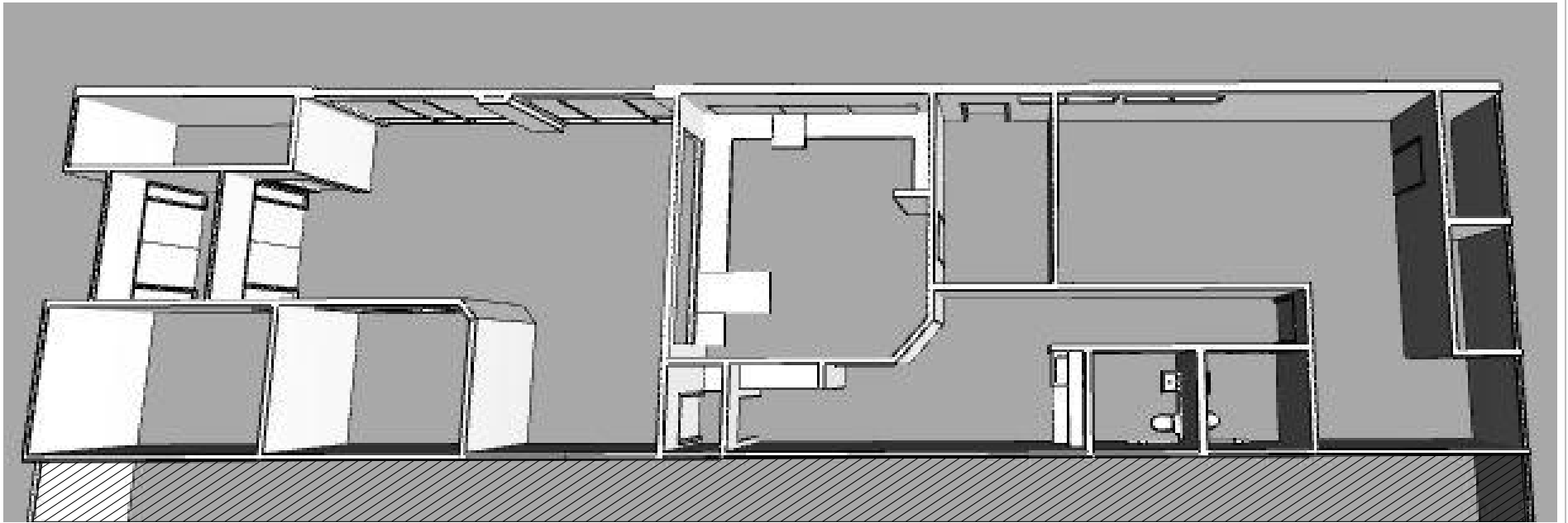
Mike Duncum has provided the attached budget for remodel. The budget of \$81,664 (attached) does not account for the remodel allowance. Staff is recommending a \$94,500 budget (\$70,000+24,500 owner allowance) to cover contingencies in construction costs. This would be an additional \$12,836 over Mike's budget.

Supporting Documentation:

- Porterwood Shopping Center storefront floor plan
- Porterwood Shopping Center storefront floor plan with construction markup
- 5 month budget for project (FY 2018)
- Remodel construction budget
- Remodel budget explanation

Recommended Action:

Authorize the Executive Director to Execute a Lease for the East Montgomery County Crisis Expansion Center and Authorize Remodel Costs not to exceed \$70,000.



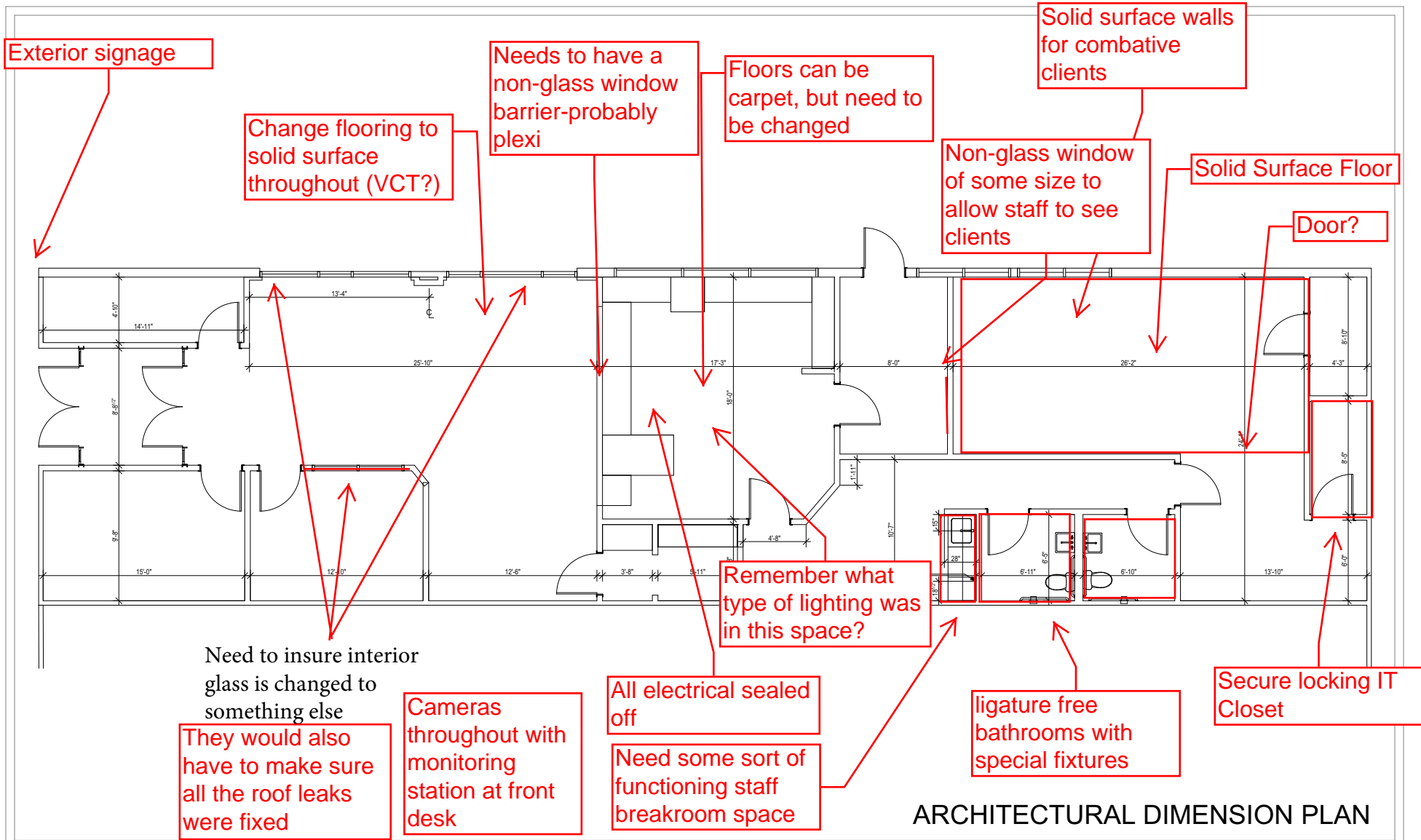
OVERHEAD PERSPECTIVE



PORTERWOOD SHOPPING CENTER

23741 HWY 59N
PORTER, TX
EXISTING BANK SUITE

RSF 2,450



PORTERWOOD SHOPPING CENTER

23741 HWY 59N
PORTER, TX
EXISTING BANK SUITE

RSF 2,450

East Montgomery County Crisis Center 5-Month Budget

East County Program Design	12/7	One-Time Start Expenses	
LPC Supervisors (2 FTE) Base Pay \$65,000 (3.5 months)	\$ 37,917	Facility Renovations	\$ 80,000
LVN's (2 FTE) Base Pay \$41,110 (3.5 months)	\$ 23,981	Credit from Owner for Facility Renovations	\$ (24,500)
LVN's OT (3 months)	\$ 3,120	IT Equipment	\$ 20,000
Support Staff/Tech (2 FTE) Base Pay \$27,000 (3.5 months)	\$ 15,750	Vehicle Purchase	\$ 30,000
Support Staff OT	\$ 1,875	Phone Equipment	\$ 4,000
Shift Differential (for Non 8 to 5 shifts)	\$ 3,750	Staff Computers	\$ 5,000
		Desk, Chairs & Office Equipment	\$ 5,000
Subtotal Wages	\$ 86,393		
Fringe Rate	\$ 17,279	Total One-Time Start Up Expenses	\$ 119,500
Total Wages & Fringe Benefits	\$ 103,671		
Contract Staff		Grand Total 5 Months Operation & Start-up Costs	\$ 312,000
Peace Officers 24/7 (Rate \$35 per hour) (3.5 months)	\$ 44,713		
Peace Officers Coordinator	\$ 2,000		
Other Expenses			
Food, Supplies, Labs	\$ 6,500		
Medication	\$ 3,000		
Rent (2,450 Sq. Foot) @ \$1.67 Per Square Foot	\$ 20,417		
Utilities (Waer, Sewer, Electric & Phone)	\$ 9,700		
Copier	\$ 2,500		
Subtotal	\$ 192,500		
Total 5 Months FY 2018 Operations	\$ 192,500		

TRI-COUNTY BUDGET
Porterwood Shopping Center
2/27/2018

Demolition:

Suspended Ceiling	\$ 100.00
Cabinets	\$ 500.00
Electrical	\$ 2,000.00
Bathrooms	\$ 500.00
Flooring	\$ 500.00

Sub Total \$ 3,600.00

Construction:

	Area	Cost/Ft			
Ceiling Material	1000	0.58	\$ 580.00		
Labor	1000	0.25	\$ 250.00	\$ 830.00	
Vinyl Flooring	1326	2.6	\$ 3,447.60		
Labor	1326	3	\$ 3,978.00	\$ 7,425.60	
Carpet	1124	0.8	\$ 899.20		
Labor	1124	1.5	\$ 1,686.00	\$ 2,585.20	
Door Material			\$ 1,200.00		
Labor			\$ 250.00	\$ 1,450.00	
Paint			\$ 500.00		
Labor			\$ 5,500.00	\$ 6,000.00	
Plumbing Appliances			\$ 750.00		
Labor			\$ 750.00	\$ 1,500.00	
Lighting/Electrical			\$ 2,500.00		
Outlets			\$ -		
Labor			\$ 1,500.00	\$ 4,000.00	
Counter Glass			\$ 1,438.00		
Framing Material			\$ 1,000.00		
Labor			\$ 2,500.00	\$ 4,938.00	
Hardware			\$ 225.00		
Labor			\$ 500.00	\$ 725.00	
Window material			\$ 542.00		
Labor			\$ 500.00	\$ 1,042.00	

IT Services					\$ 10,000.00
Counter Resurface					\$ 3,500.00
Additions:					
Solid surface walls	555		25	\$ 13,875.00	\$ 13,875.00
Lexan window covering	3	36X48		\$ 548.13	
	3	24X96		\$ 548.13	
	3	48X96		\$ 1,012.35	
Labor				\$ 1,500.00	\$ 3,608.61
Sub Total					<u>\$ 65,079.41</u>
Final Clean					\$ 600.00
Permitting					\$ 25.00
General Conditions					\$ 2,000.00
Oversite				10%	\$ 7,421.24
Contingency				10%	<u>\$ 6,507.94</u>
Total					\$ 81,633.59

Budget inclusions:

1. Front office glass to be replaced with 1/4" Lexan
2. Reception window to be built out with three windows of 1/2" Lexan (this can be reduced to one window for some cost savings)
3. Lobby flooring to be replaced with vinyl tiles
4. Replace all flooring behind reception window with commercial grade carpet
5. Replace toilets in both bathrooms, clean and repair remaining fixtures and flooring. Repair and install sink in break room area
6. Demo all nonessential electrical and seal open conduits
7. Modify and resurface all counters in office area.
8. Replace up to 1,000 square feet of ceiling tiles
9. \$1,450 allowance for replacing doors which can be used for building wall and adding door in rear EOB area
10. \$725 allowance for hardware replacement
11. Paint all interior walls
12. Allowance to replace up to 10 2'X4' lay-in light fixtures throughout
13. \$10,000 allowance for all IT additions (if we know what we want exactly, I will get a hard bid from DataLink)

Items not included in initial budget (added to new budget):

1. Exterior signage
2. Observation window for EOB area. Funds are available in reception windows to transfer one to EOB
3. Solid surface in EOB similar to Conroe PETC
4. 3/8" Lexan window covering on exterior windows
5. Modify EOB flooring to vinyl tile

<p>Agenda Item: 2nd Quarter FY 2018 Quarterly Investment Report</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>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.</p>	
<p>Supporting Documentation:</p> <p>Quarterly TexPool Investment Report</p> <p>Quarterly Interest Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

**TRI-COUNTY BEHAVIORAL HEALTHCARE
 QUARTERLY INTEREST EARNED REPORT
 FISCAL YEAR 2018
 As Of February 28, 2018**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 475.91	\$ 475.21			\$ 951.12
First Financial Bank CD	\$ 3,438.88	\$ 3,401.09			\$ 6,839.98
First Liberty National Bank	\$ 0.89	\$ 1.13			\$ 2.02
JP Morgan Chase (HBS)	\$ 4,123.96	\$ 5,057.21			\$ 9,181.17
Prosperity Bank	\$ 63.84	\$ 63.18			\$ 127.02
Prosperity Bank CD (formerly Tradition)	\$ 3,865.55	\$ 3,877.63			\$ 7,743.18
TexPool Participants	\$ 158.12	\$ 193.03			\$ 351.15
Total Earned	\$ 12,127.15	\$ 13,068.48	\$ -	\$ -	\$ 25,195.64

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending February 28, 2018

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	December	January	February
Uninvested Balance	(5514.92)	(650.64)	(500,056.66)
Accrual of Interest Income	15,196,559.10	6,664,259.07	7,019,102.00
Interest and Management Fees Payable	(16,282,851.92)	(21,411,393.84)	(22,106,258.87)
Payable for Investments Purchased	(71,671,400.00)	(150,000,000.00)	(328,302,403.01)
Accrued Expense & Taxes	(68,067.51)	(26,485.36)	19,708.05
Repurchase Agreements	4,163,454,000.00	5,135,959,000.00	4,335,693,000.00
Mutual Fund Investments	15,022,103.88	1,160,022,103.88	976,022,103.88
Government Securities	12,134,295,869.39	13,806,123,309.14	14,983,117,685.25
U.S. Treasury Bills	1,088,995,115.70	999,534,400.00	228,883,303.11
U.S. Treasury Notes	200,000,000.00	199,933,593.50	299,203,013.00
TOTAL	17,528,935,813.72	21,136,798,135.75	20,479,049,196.75

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	633,620.75	(500,056.66)
Accrual of Interest Income	6,704,935.94	7,019,102.00
Interest and Management Fees Payable	(13,237,541.97)	(22,106,258.87)
Payable for Investments Purchased	(49,998,730.00)	(328,302,403.01)
Accrued Expenses & Taxes	(18,655.45)	19,708.05
Repurchase Agreements	4,447,597,000.00	4,335,693,000.00
Mutual Fund Investments	415,022,103.88	976,022,103.88
Government Securities	9,984,807,577.12	14,985,592,007.92
U.S. Treasury Bills	0.00	228,862,864.97
U.S. Treasury Notes	200,488,750.52	299,719,528.94
TOTAL	\$14,991,999,060.79	\$20,482,019,597.22

Portfolio by Maturity as of February 28, 2018

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
37.4%	54.5%	3.7%	4.4%

Portfolio by Type of Investments as of February 28, 2018

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
72.0%	20.8%	4.7%	2.5%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 1.1764% for December, 1.2989% for January and 1.3438% for February.

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 February 28, 2018 was 26 days.

The net asset value as of February 28, 2018 was 0.99986.

The total amount of interest distributed to participants during the period was \$59,798,464.67.

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 2,455.

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:



Millie McDuffey
Chief Financial Officer / Investment Officer



Evan Roberson
Executive Director / Investment Officer

3/6/18

Date

3/6/18

Date

<p>Agenda Item: Board of Trustees Unit Financial Statement as of February 2018</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>February 2018 Board of Trustees Unit Financial Statement</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Unit Financial Statement

FY 2018

	February 2018 Actuals	February 2018 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 15,321.00	\$ 15,321.00	\$ -	100.00%	\$ 30,645.00
Total Revenue	\$ 2,554.00	\$ 2,554.00	\$ -	\$ 15,321.00	\$ 15,321.00	\$ -	100.00%	\$ 30,645.00
Expenses								
Food Items	\$ -	\$ 167.00	\$ (167.00)	\$ -	\$ 998.00	\$ (998.00)	0.00%	\$ 2,000.00
Insurance-Worker Compensation	\$ 9.67	\$ 17.00	\$ (7.33)	\$ 50.97	\$ 98.00	\$ (47.03)	52.01%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 9,000.00	\$ 9,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ 12.00	\$ 20.00	\$ (8.00)	\$ 12.00	\$ 125.00	\$ (113.00)	0.00%	\$ 245.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ -	\$ 1,800.00	\$ (1,800.00)	0.00%	\$ 3,600.00
Travel - Local	\$ -	\$ 50.00	\$ (50.00)	\$ -	\$ 300.00	\$ (300.00)	0.00%	\$ 600.00
Travel - Non-local Mileage/Air	\$ -	\$ 150.00	\$ (150.00)	\$ 259.00	\$ 900.00	\$ (641.00)	28.78%	\$ 1,800.00
Travel - Non-local Hotel	\$ -	\$ 250.00	\$ (250.00)	\$ 588.95	\$ 1,500.00	\$ (911.05)	39.26%	\$ 3,000.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 153.43	\$ 600.00	\$ (446.57)	25.57%	\$ 1,200.00
Total Expenses	\$ 1,521.67	\$ 2,554.00	\$ (1,032.33)	\$ 10,064.35	\$ 15,321.00	\$ (5,256.65)	65.69%	\$ 30,645.00
Total Revenue minus Expenses	\$ 1,032.33	\$ -	\$ 1,032.33	\$ 5,256.65	\$ -	\$ 5,256.65	34.31%	\$ -

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date March 22, 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: Second Quarter FY 2018 HUD 811 Report	
Recommended Action: For Information Only	

2nd Quarter FY 2018 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI) will hold their Annual meeting on March 26, 2018, where they will review project updates, FY17 Audit & 990, and financial status. The property is at 100% capacity with three (3) approved applications and several pending. Residents are reported to be doing well at this time and participation in community activities remains strong.

Staff made a visit to the property on February 8, 2018 and discussed property concerns with McDougal Property Management including a piece of siding that had come loose and an area in the roof outside one of the units where a pipe had burst during a hard freeze and was pending repair. Tri-County staff followed up with Cook Construction on the pending items and they have since been corrected.

Following consultation with the CSHI Board at the last meeting, it was recommended that we pursue the possibility of a slightly higher grade of the vinyl plank prior to selection. Tri-County staff reached out to Cook Construction who sought additional options from TCC multifamily and we have been provided with an 8 mil wear option for the flooring. The primary concern at this point is that the installation is done correctly. Once the board members are comfortable with the assurances from Cook and TCC multifamily that the flooring can be successfully installed, we will work with McDougal to plan the removal of the current flooring and installation of the vinyl plank.

As of January 31, 2017, the Payable to Tri-County is \$36,707.00.

The CSHI Board has gained one (1) new Board Member bringing the total to four (4) members and the Board continues to seek recommendations for additional membership as they become available.

The Montgomery Supported Housing, Inc. Board (MSHI) will hold their Annual meeting on March 27, 2018, where they will review project updates, FY17 Audit & 990, and financial status. The property is at 100% capacity with three (3) approved individuals on the waiting list. Staff made a visit to the property on March 16, 2018 to meet with property management and discuss any maintenance issues as well as resident status. Updates from McDougal Property Management to date include a report of one evaporator coil and one air conditioning unit being replaced in two separate units and the control board for the access gate has also been replaced.

As of January 31, 2017, the payable to Tri-County is \$31,943.86 and the property operated with a net profit of \$4,239.82 for the month which was \$3,701.82 better than budgeted.

The Independence Communities, Inc. Board (ICI) will hold their Annual meeting on March 27, 2018, where they will review project updates, the FY 2017 Audit, 990, and financial status. The property is at 100% capacity with 4 (four) approved applicants on the waiting list. Tri-County Staff made a visit to the property on February 9, 2018 and noted that the property was well maintained and there are no significant maintenance issues reported at the time of this report.

The ICI Board has gained two (2) new Board members bringing the total to six (6) members.

<p>Agenda Item: Tri-County’s Consumer Foundation Update</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>March 22, 2018</p>
<p>Background Information:</p> <p>Tri-County’s Consumer Foundation Board of Directors held a face-to-face meeting on February 16, 2018 where they reviewed and discussed policies and procedures. Included in these Board Policies was a policy on fund distribution.</p> <p>The Board now has two (2) additional Board members that have been appointed by the Tri-County Board of Trustees bringing the total to four (4) members.</p> <p>The “Changing Lives Breakfast”, was held on March 8, 2018. The breakfast fundraiser had 43 friends, local officials, and supporters who enjoyed a phenomenal presentation, a silent auction, and an amazing breakfast.</p> <p>The Breakfast had \$7,001 in current year receipts and an additional \$4,000 in future year pledges for a grand total of \$11,001. We were very pleased with this inaugural fundraising event and are looking forward to additional fundraisers in the future.</p> <p>Our last program feature was a video about one of our staff’s children, Maddie. We loved this video and would like to play it for you today as a part of this update.</p> <p>Thanks to all who were able to attend and for your support of Tri-County’s Consumer Foundation.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

UPCOMING MEETINGS

April 26, 2018 – Board Meeting

- Approve Minutes from March 22, 2018 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2018
- Program Updates
- Program Presentation – Annual Board and Management Team Training
- Approve Revisions to General Administration Board Policies
- Personnel Report for March 2018
- Texas Council Risk Management Fund Claims Summary as of March 2018
- Approve Financial Statements for March 2018
- Board of Trustees Unit Financial Statement as of March 2018
- Texas Council Quarterly Board Meeting Update

May 24, 2018 – Board Meeting

- Approve Minutes from April 26, 2018 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2018
- Program Updates
- Program Presentation – Longevity Recognitions
- Approve Revisions to General Administration Board Policies
- Personnel Report for April 2018
- Texas Council Risk Management Fund Claims Summary as of April 2018
- Approve Financial Statements for April 2018
- Consider Selection of FY 2019 Auditor
- Board of Trustees Unit Financial Statement as of April 2018

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