

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

September 28, 2017



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 28, 2017. 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. **Approve Minutes - August 24, 2017**

- III. **Program Presentation - Texas Council Risk Management Fund Claims History - Janina Flores**

- IV. **Executive Director’s Report - Evan Roberson**
 - A. ICF/IID Sale Update
 - B. Quality Management Audit Postponed
 - C. Senate Bill 7, 83rd Session, Managed Care Pilot
 - D. Community Collaboration Grants
 - E. Property Updates

- V. **Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2017 Audit
 - B. CFO Consortium
 - C. Workers’ Compensation Audit
 - D. DADS Fiscal Monitoring Review
 - E. Vehicle Surplus Sale

- VI. **Program Committee**
 - Action Items
 - A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members *Page 12*
 - B. Reappoint Mental Health Planning Network Advisory Committee Members *Page 13*
 - C. Approve FY 2018 Goals and Objectives *Pages 14-24*

 - Information Items
 - D. Community Resources Report *Pages 25-27*
 - E. Consumer Services Report for August 2017 *Pages 28-29*
 - F. Program Updates *Pages 30-33*
 - G. Annual PNAC Reports *Pages 34-36*
 - H. FY 2017 Goals & Objectives Progress Report 4th Quarter *Pages 37-41*
 - I. 4th Quarter FY 2017 Corporate Compliance & Quality Management Report *Pages 42-43*
 - J. Annual Corporate Compliance Report & 1st Q FY 2018 Corporate Compliance Training *Pages 44-46*

- VII. **Executive Committee**
 - Action Items
 - A. Appoint Texas Council Representative & Alternate for FY 2018 *Page 47*
 - B. Reappoint Consumer Foundation Board of Directors *Page 48*

Information Items

C. Board of Trustees Reappointment & Oaths of Office.....	<i>Pages 49-56</i>
D. Board of Trustee Committee Appointments.....	<i>Page 57</i>
E. Analysis of Board Members Attendance for FY 2017 Regular & Special Called Board Meetings.....	<i>Pages 58-59</i>
F. Personnel Report for August 2017.....	<i>Pages 60-62</i>
G. Texas Council Risk Management Fund Claims Summary for August 2017.....	<i>Pages 63-64</i>

VIII. Business Committee

Action Items

A. Approve FY 2018 Dues Commitment & Payment Schedule for Texas Council.....	<i>Pages 65-67</i>
B. Approve HCBS-AMH Pre-Engagement Services FY 2018 Contract #529-17-0144-00037.....	<i>Page 68</i>
C. Authorize Check Signers.....	<i>Page 69</i>

Information Items

D. Review Preliminary August 2017 Financial Statements.....	<i>Pages 70-83</i>
E. 4 th Quarter Investment Report.....	<i>Pages 84-88</i>
F. Board of Trustees Unit Financial Statement for August 2017.....	<i>Pages 89-90</i>
G. HUD 811 Updates - Montgomery, Cleveland and Independence Place.....	<i>Pages 91-93</i>
H. Foundation Board Update.....	<i>Page 94</i>

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

August 24, 2017

Board Members Present:

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

Board Members Absent:

Janet Qureshi

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
Catherine Prestigiovanni, Director of Strategic Development
Amy Foerster, Chief Compliance Officer
Breanna Robertson, Director of Crisis Services
Kenneth Barfield, Director of Management Info Systems
Tabatha Abbott, Cost Accountant
Mary Lou Flynn-Dupart, Legal Counsel
Ava Green, Executive Assistant

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 were no public comments.

Quorum: There being seven (7) members present, a quorum was established.

Resolution #08-17-01

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board excuse the absence of Janet Qureshi.

Resolution #08-17-02

Motion Made By: Patti Atkins

Seconded By: Morris Johnson, with affirmative votes by Sharon Walker, Gail Page, Richard Duren, Jacob Paschal and Tracy Sorensen that it be...

Resolved:

That the Board approve the minutes of the July 27, 2017 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 July 2017 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #08-17-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Annual Election of FY 2018 Board Officers. Patti Atkins – Chair, Richard Duren - Vice-Chair and Gail Page – Secretary.

Resolution #08-17-04

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve new Board Policy C.31 – Policy, Procedure and Desk Procedure, new Board Policy C.32 – Program Eligibility, revised Board Policy D.8 – Program Implementation, revised Board Policy D.11

– Research and revised Board Policy D.13 – Psychotropic Medication (formerly Psychiatric Medication).

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

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

BUSINESS COMMITTEE:

Resolution #08-17-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the July 2017 Financial Statements.

Resolution #08-17-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2017 Year End Budget Revision.

Resolution #08-17-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Proposed FY 2018 Operating Budget.

Resolution #08-17-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the 302 Campbell Street, Cleveland, TX remodel.

Resolution #08-17-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Mental Health First Aid Program Contract #2017-049421-001B Amendment No. 2.

Resolution #08-17-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Youth Empowerment Services Contract #2016-049249-001A Amendment No. 1.

Resolution #08-17-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Youth Prevention Selective Contract #2016-048029 Amendment No. 2.

Resolution #08-17-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Co-Occurring Mental Health and Substance Abuse and Treatment Youth Services Contract #2016-048317 Amendment No. 2.

Resolution #08-17-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Co-Occurring Mental Health and Substance Abuse and Treatment Youth Services Contract #2016-048317 Amendment No. 3.

Resolution #08-17-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Treatment Adult Services Contract #2016-048497 Amendment No. 3.

Resolution #08-17-15

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the Texas Correctional Office on Offenders with Medical and Mental Impairments Contract #696-TC-18-19-L016.

Resolution #08-17-16

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Aspire Hospital, LLC Contract.

Resolution #08-17-17

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Avail Solutions, Inc. Contract.

Resolution #08-17-18

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Cypress Creek Hospital Contract.

Resolution #08-17-19

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Kingwood Pines Hospital Contract.

Resolution #08-17-20

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Dr. Frank Chen Contract.

Resolution #08-17-21

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Lifetime Homecare Services Contract.

Resolution #08-17-22

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the cancellation of the TxHmL Contract.

Resolution #08-17-23

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 Bonds Janitorial Contract.

Resolution #08-17-24

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2018 True Dreams Lawn Service Contract.

The Board of Trustees Unit Financial Statement for July 2017 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:24 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney and Section 551.074, Personnel: Executive Director Evaluation.

The meeting of the Board of Trustees reconvened at 11:39 to go into regular session.

Resolution #08-17-25

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board extend the Executive Director's contract by one year with a 5% salary increase and all other benefits remain the same.

The regular meeting of the Board of Trustees adjourned at 11:54.

Adjournment:



Patti Atkins
Chair

Date

Attest:



Sharon Walker
Secretary

Date



Tri-County Behavioral Healthcare – “How To Win A Safety Award?”

September 28, 2017

Janina Flores, Director of Pool Administration

STABLE. COMPREHENSIVE. COST-EFFECTIVE.



How To Win A Safety Award

- Look at the previous 5 years of claims experience
- Awards (8) given for the best experience in workers' compensation, liability, fleet and overall; including an overall Betty Hardwick Excellence in Risk Management
- Breakdown of centers by comparable size

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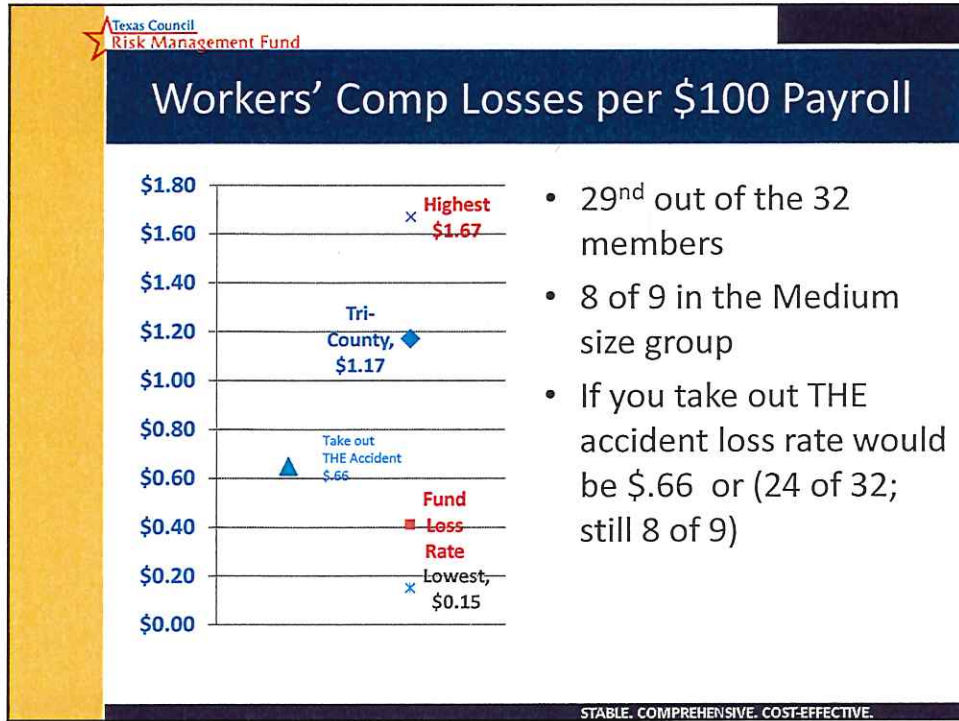
Texas Council
Risk Management Fund

Mid-Size Group Centers

Medium Centers	NOE	Payroll	# of EE
Nueces County MHMR Community Center	\$ 90,421,509	\$ 52,239,319	716
West Texas Centers	\$ 94,612,449	\$ 55,449,512	508
Permian Basin Community Centers for MHMR	\$ 94,745,308	\$ 48,650,167	198
Camino Real Community Services	\$ 104,068,172	\$ 61,393,258	401
Denton County MHMR Center	\$ 106,220,447	\$ 56,219,808	317
Andrews Center	\$ 114,655,841	\$ 66,647,410	509
Burke Center	\$ 116,163,522	\$ 35,080,064	583
Tri-County Services	\$ 122,495,038	\$ 59,335,845	355
Community HealthCORE	\$ 149,106,983	\$ 83,215,252	476

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- Texas Council
Risk Management Fund
- ## What Is The Goal?
- Workers' Compensation (William E. Hall Award; and 2 Outstanding Achievements)
 - Based on 5 years of audited payroll compared to 5 years of claims experience
 - A loss rate per \$100 payroll is calculated and compared to members of comparable size
 - The lower the number the better
- STABLE. COMPREHENSIVE. COST-EFFECTIVE.



Texas Council
Risk Management Fund

Is That Bad?

FY	WC Loss Rate	
2017	1.17	0.66
2016	3.69	
2015	2.04	
2014	1.7	
2013	0.71	

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Texas Council
Risk Management Fund

What Is The Goal?

- Liability (Dick DeSanto Award; and 2 Outstanding Achievements)
 - Based on 5 years of audited Net Operating Expense (NOE) compared to 5 years of Liability (GL, E&O and PL) claims experience
 - A loss rate per \$1,000 of NOE is calculated and compared to members of comparable size
 - The lower the number the better

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Texas Council
Risk Management Fund

Liability Losses per \$1000 NOE

Category	Value
Fund Rate	\$0.86
Tri-County	\$0.72
Lowest	\$0.00

- 19th out of the 32 members
- 6 of 9 in the Medium group

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Texas Council
Risk Management Fund

What Is The Goal?

- Fleet (Outstanding Achievement)
 - Based on the most recent number of center owned vehicles compared to 5 years of Auto Liability and Auto Physical Damage claims experience
 - A loss rate per vehicle for each member is calculated
 - The overall lowest Loss Rate per vehicle is the winner

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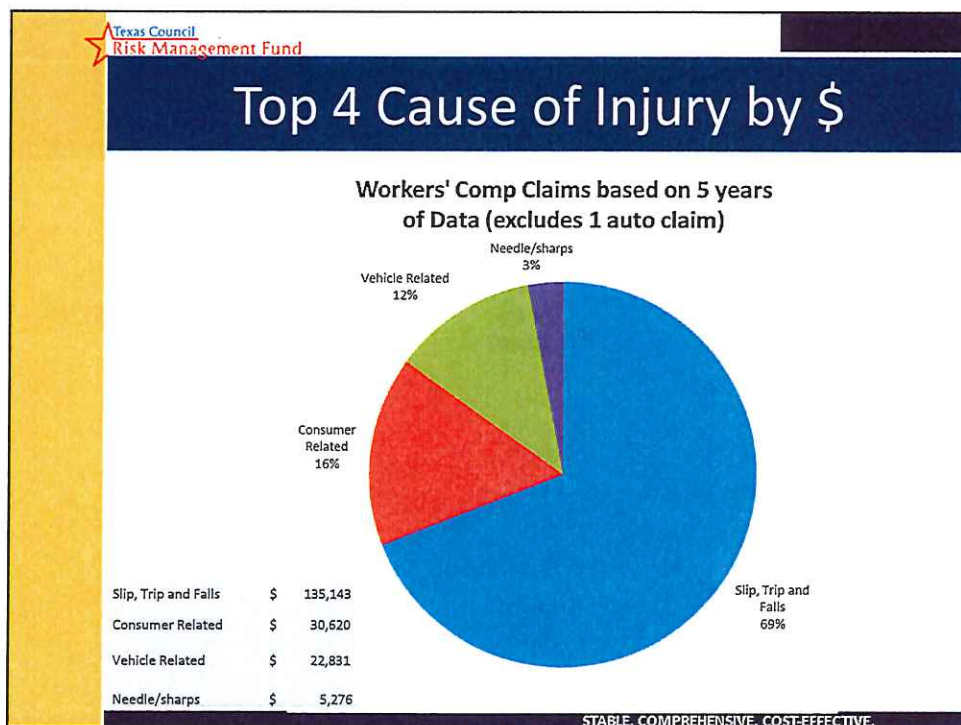
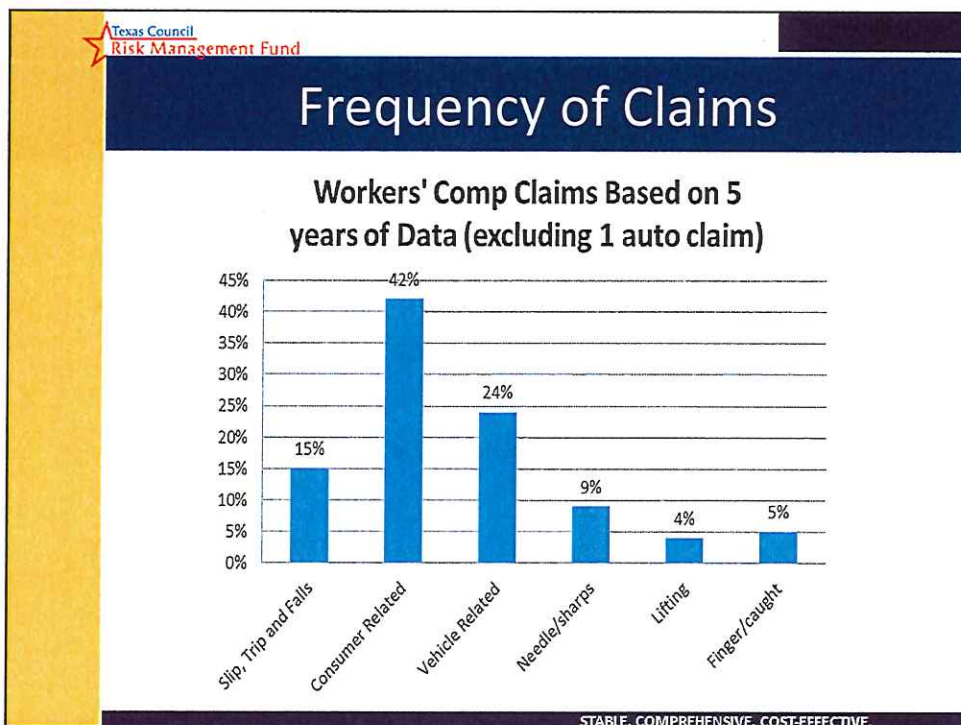
Texas Council
Risk Management Fund

Fleet Losses per Vehicle

Entity	Loss Rate (\$)
Tri-County	\$2,519
Fund Rate	\$2,087
Lowest	~\$300

- 22nd out of the 32 members
- 8 of 9 in Medium size group

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Texas Council
Risk Management Fund

Top 4 Claims

- Slip, Trip and Fall (2 Claims) \$122, 704
 - Fell off porch at client’s home; Mopping
- Vehicle Accident \$12,246
 - Left hand turn
- Client Related \$10,627
 - Employee attacked by dog

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Texas Council
Risk Management Fund

Recommendations

- Could new facility address – Slip, Trip and Fall claims?
 - Proactive approach to keeping facility/walkway clear
 - Manage janitorial services
- Needle Sticks (5 claims) accounted for over \$5,300
 - Implement needle stick program and training

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Texas Council
Risk Management Fund

Recommendations

- Address Consumer Related Claims
 - Offer Remote Site Safety training to staff – this will address preparation in advance of visit –such as dogs, exposure to any illness, etc.
 - Offer training on procedures for lifting clients
- Vehicle Accidents
 - Vehicle training
 - Also offer Online Driver Training

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Texas Council
Risk Management Fund

Recommendations

- Focus on Hiring and the “On-Boarding” process
 - Over 52% of WC claims within the last 2 years were reported by employees with less than 1 year of service
 - Are you hiring the right person/fit?
 - What training are you providing to ensure they perform their job safely

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Executive Director's Report

September 28, 2017

Announcements

- The next Regular Board meeting will be October 26, 2017.
- Many of our staffs were actively involved in our response to Hurricane Harvey. We were not open for services on Monday, August 28th and Tuesday August 29th, but were able to get limited services up in Conroe on Wednesday August 30th, Cleveland on Thursday August 31st and Liberty on Tuesday, September 5th.

We had some small leaks in each facility with the worst leak being attributed to an air conditioner inside the Liberty Service Center which left a good amount of water on the floor. Other than these leaks, all of the facilities did well.

Thirty-one of our staff/families were impacted by the storm including six (6) families that had nearly complete losses. In addition, many of the persons we serve were impacted by the storms. At one point we had approximately 300 families that had been displaced by the storm. Several of these families are still living outside of our service area.

Our staff made 1329 documented contacts in shelters in the days just after the storm. There are many stories I could share with you about the staff response and the outstanding support offered to the community. I would summarize by saying that I continue to be impressed by our staffs' compassion for our community and those we serve and the Board was well represented by our Tri-County team.

An example I would share is that our Mobile Medical Clinic was utilized to assist in Cleveland area shelters to prescribe medication to persons who had left their prescriptions at home, and to provide basic first aid. At that time, there was no medical doctor available in Cleveland to meet these needs. The team which included Kenneth Barfield, Amy Forester and our medical doctor, Michael Hambrick, saw 54 people in 2.5 days there. Attached are some pictures of the Mobile Clinic, delivered by Millie McDuffey and Catherine Prestigiovanni, and our team.

- I have also attached some pictures of what was once our River Pointe site near the hospital. The new owner has now cleared all 5 buildings and is planning to build a new multistory building in its place.
- The birthday Cake today is in honor of Sharon Walker whose birthday was September 16th.

ICF/IID Sale Update

Despite the impact of Hurricane Harvey, we were able to close the sale of the eight (8) Intermediate Care Facility contracts on August 31, 2017 and were able to close the eight (8) properties on September 1, 2017. Much thanks to the team at Jackson Walker for their effort and energy on this sale during this very unusual time. Randy Farber actually finished his legal advice regarding the sale of the property from his flooded home in Meyerland.

I have had contact with D & S Community Services and they have indicated that everything is going well on their end, even though the beginning of the acquisition was a “little unusual.” Their quality assurance and psychiatric teams were coming in to evaluate client needs. In addition, D & S has meetings scheduled with the families to discuss the transition with each of them.

As difficult as it was for staff to make the recommendation to the Board to sell these homes, we are confident that these clients’ care is in good hands.

Quality Management Audit Postponed

As a result of the Hurricane and subsequent disaster response activities, the Center’s mental health and substance abuse quality management audit scheduled for September 19th-22nd was postponed. Our staff had already completed most of the preparation work for the audit and hated to lose the opportunity to show the good work we are doing, but ultimately we felt it was best to focus our energy on disaster response. At this time we understand that HHSC may not be able to get us back on their schedule until FY 2019.

Senate Bill 7, 83rd Session, Managed Care Pilot

As the Board will likely remember, Senate Bill 7, Author Jane Nelson, from the 83rd Legislative Session (2013), was about system redesign for delivery of Medicaid Acute Care Services and Long-Term Services and Supports to persons with Intellectual Disabilities. The legislation, among other things, moves IDD Home and Community-based Services (HCS) and Texas Home Living services (TxHmL) into the managed care program.

The Health and Human Services Commission (HHSC) was required to complete a pilot program for managed care in 2015 and lessons learned from the pilot were to be used to analyze several

concerns spelled out in the legislation, and to inform HCS and TxHmL movement into managed care.

The dates for both the pilot and the movement of HCS and TxHmL into managed care were extended by the 84th Legislature.

HHSC made the decision this week to cancel the IDD HCS and TxHmL managed care pilot. The cancelation came after several inconsistencies were noted in the Request for Proposals and contracts for the two managed care organizations that were selected for the pilot program. One of the concerns that the Texas Council raised was that HHSC was not being clear about the Local Authority performing service coordination. In addition, there were concerns that the Center for Medicare and Medicaid Services (CMS) Final Rule regulations would have to be followed in the pilot. HHSC did not feel that they had time to address these concerns before the pilot was scheduled to begin.

However, HHSC has indicated that instead of the pilot they want to use this time period to adjust the contracts and move forward managed care contracting of these waiver programs. Texas Council leadership brought up that the pilot was to be used to make sure the MCO roll out would work. While the pilot is permissive, the checks on this process that are laid out in statute are not.

As some of you may be aware, I never supported Senate Bill 7 and am concerned about the impact of Managed Care on our most vulnerable citizens who are recipients of these two waiver programs. We will be challenged to ensure the successful implementation of a managed care program for this population without the pilot program.

Community Collaboration Grants Update

House Bill 13, Price, Relating to the Creation of a Matching Grants Program to Support Community Mental Health Programs and Senate Bill 292, Nelson, Relating to the Creation of Grant Programs to Reduce Recidivism, Arrest and Incarceration, both provide opportunities for community collaboratives to come together to leverage new grant funds for needed mental health services. In FY 2018, Senate Bill 292 is only available to Montgomery County. HB 13 is available throughout our service area in FY 2018. Each requires significant match dollars (SB 292 is 1 to 1, HB 13 1 to 1 in Montgomery County and .5 to 1 for Liberty/Walker Counties) which may be in kind.

Staff and I have been in conversations with several community partners including: Montgomery County Sheriff's office; Montgomery County Probation and Parole; Montgomery County Hospital District; the Montgomery County Judge Doyal; Sam Houston State University and the United Way. All have expressed interest in programming and may be able to provide in-kind match for specific programs.

Both grant applications have been delayed by hurricane response activities, but both are expected in the next 4-6 weeks. If you have community partners that you would like for us to visit with regarding these grant opportunities, please let me know. When the applications come out, they are often due very quickly (the last one was due in 2.5 weeks).

We are excited about these opportunities, but thus far it appears that match will be challenging to secure. State and Federal funds cannot be used as match for either program.

Property Updates

Staff is continuing to work with the owners of the two .34 acre lots to the east of 233 Sgt. Ed Holcomb site, but we have not finalized the sale of the lots yet. Both remain under contract. The primary complication for the property purchase has been the identification of an access easement for these two lots which the title company needed to see. Additionally, we also have some cleanup of property ownership issues which show more people who owned the property than were on the tax rolls. Mike and I are confident that we will be able to close on these properties in the next few weeks.

We have requested an extension from the City of Conroe of our Temporary Certificate of Occupancy on the 233 Sgt. Ed Holcomb property while we continue to attempt to resolve the tree issues. Current plans include platting the new lots as a part of the 233 property to address tree coverage concerns.



River Point Building # 3 Remnants



River Point Building # 2 and # 4 Remnants



Mobile Health Clinic at a Cleveland Area Shelter



Red Cross Volunteer, Catherine Prestigiovanni, Amy Foerster, Dr. Michael Hambrick, Kenneth Barfield



Kenneth Barfield and the Red Cross Volunteer Buying Shelter Supplies

CHIEF FINANCIAL OFFICER'S REPORT SEPTEMBER 27, 2017

FY 2017 Audit – We are working on our prep work for the FY 2017 audit. This consists of account reconciliations, copies of contracts, copies of board minutes, backups and approval for any fixed asset purchases. The auditors were to be on site the week of August 29th to September 1st. Due to Hurricane Harvey, they were unable to make the visit. They are scheduled to be here for their 2nd visit starting on October 30th and will be adding on a couple extra days either before or after the end of that week to combine the two visits into one. In the meantime, we are still working with them electronically to get items completed prior to the onsite visit.

CFO Consortium – The next CFO meeting is scheduled for October 5th and 6th. This conflicts with another meeting that is scheduled in Galveston with ETBHN that I will be attending. My staff, Sheryl and Tabatha will be attending the CFO meeting.

The agenda for the meeting is as follows:

- Financial Ratio's and Reporting
- 1115 Waiver Discussion
- Value Based Payments
- Cost Accounting Methodology
- Updates from Texas Council
- Update Contract and Financial Imperatives Committee
- Business Meeting Discussion – this area could include discussions on many different topics.

Workers Compensation Audit – We received notice of our FY 2017 Workers Compensation audit. Texas Council Risk Management Fund's Contractor will be on-site in early October. To assist with the preparation for the auditors being on site, we will be getting the following ready:

- TEC reports for all quarters during the audit period (09/01/2016 - 09/01/2017)
- Federal 941 reports for all quarters during the audit period
- General Ledger detail
- Journal of Cash Disbursements
- General Liability
- List of subcontractors and copies of their certificates of insurance for general liability coverage.

They will be reviewing all the above documents for FY 2017. A reconciliation will be completed to compare the actual payroll and contractor payments to our monthly workers compensation payment submitted throughout the fiscal year. The process usually takes a couple of months before we get the final results from the audit.

DADS Fiscal Monitoring Review - On August 3rd, we received an email notifying us HHSC, Intellectual and Developmental Disability Services and Performance Contracts staff were going to be conducting a Fiscal Monitoring Review the week of August 21st. A team of 3 auditors were here from August 21st to August 24th. Luckily, they left on Thursday night and didn't get stuck in Hurricane Harvey.

We had an exit interview and the review went very well. They mainly focused on fiscal year 2016 and 2017 to determine financial and administrative compliance with federal and state regulations.

We discussed one item that will be changed prior to the final CARE III reports that are submitted in December. It is basically a change in format of the CARE III report that started in FY 2017. They provided clarification on how to submit with the new categories.

Vehicle Surplus Sale - Update on the vehicles that we declared surplus at the last Board meeting. We were able to sell the vehicles for a total of \$2120.

<p>Agenda Item: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire August 31, 2019.</p> <ul style="list-style-type: none"> • Mary Byrne - <i>Special Education Teacher at Conroe Independent School District and Parent</i> • Judie Hunter – <i>Family Member</i> • Madeline Brogan - <i>Professor of Accounting at Lone Star College and Parent</i> <p>We currently have seven IDDPNAC members, but we are in need of nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members to a Two-Year Term Which Expires August 31, 2019</p>	

<p>Agenda Item: Reappoint Mental Health Planning Network Advisory Committee Members</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.</p> <p>Each of the following members has an expiring term and has been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire August 31, 2019.</p> <ul style="list-style-type: none"> • Richard Duren - <i>Family Member</i> • Judie Hunter – <i>Family Member</i> <p>We currently have five MHPNAC members, but we are in need of nine members to be in compliance with the contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Mental Health Planning Network Advisory Committee Members to a Two Year Term Which Expires August 31, 2019</p>	

<p>Agenda Item: Review and Approve Goals and Objectives for FY 2018</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Management Team met on July 6, 2017 for a Strategic Planning meeting. Subsequently, we have created a Strategic Plan for the Center that will be reviewed by the Board today. The goal of this meeting was to envision an ideal FY 2023 and then discuss how the Center could move toward this direction.</p> <p>The Management Team has proposed Goals and Objectives for FY 2018 as we have done in previous years for the Board to review and approve.</p>	
<p>Supporting Documentation:</p> <p>Strategic Plan which includes Goals and Objectives for FY 2018</p>	
<p>Recommended Action:</p> <p>Approve the Goals and Objectives for FY 2018</p>	

Introduction

The Management Team and three program staff of Tri-County Behavioral Healthcare, 'Tri-County' or 'Center', met on July 6, 2017 to review and update the five year strategic plan for the Center. The revised plan will go into effect at the beginning of the fiscal year for Tri-County on September 1, 2017 (Fiscal Year 2018). The plan will be reviewed and modified annually by the Management Team with the goal of continued improvement and refinement of the Center mission and direction.

Executive Summary

Serving Liberty, Montgomery and Walker counties, Tri-County again provided services to more people in Fiscal Year (FY) 2017 than at any time in the history of the Center. This growth, along with changes in almost all levels of Center management staff, has highlighted the need for Center structures which need to be developed or further refined. The Management Team of Tri-County is made up of highly dedicated professionals that work tirelessly to improve the center. As a result, much positive change has occurred at the Center in the last five years. Members, have been, and continue to be, committed to transform Tri-County into a system of care that will effectively and efficiently meet the needs of our community.

Management Team staff have identified long term goals in 6 areas of emphasis and have developed a corresponding list of Objectives for FY 2018.

Background

In response to legislation signed by President John F. Kennedy in 1963, Texas established Community Centers in 1965 to move persons from mental health or Intellectual/Developmental Disability institutions. Formed in 1983 by an interlocal agreement between Liberty, Montgomery and Walker counties, Tri-County is one of 39 Community Centers which provide mental health and IDD services to all 254 counties in the State of Texas. Tri-County is a 'Unit of Government' as established by section 534 of the Texas Health and Safety Code and has also been designated as a non-profit organization by the Internal Revenue Service.

Texas has consistently funded community mental health and intellectual disability services at some of the lowest per capita rates in the United States. The most recent data (2013, Kaiser Family Foundation) had Texas as 49 of 51 (Puerto Rico) in funding for persons with mental illness, 47 of 50 in funding for persons with intellectual disabilities, and funding for persons with substance use disorders is lower than both.

Complicating the funding picture, Tri-County was formed at a time where 'base funding' was less than it was for early Centers that were formed in the 1960s and 1970s and for centers formed in the late 1990s. In addition to this lower base funding Tri-County is also in a quickly growing service area with more persons who need access to services. As a result, Tri-County remains near the bottom of Texas Centers in per capita funding for both mental illness and intellectual disabilities.

Federal and State General Revenue funding, often referred to as grant funding, has decreased significantly over the years as services have been transitioned into Managed Care. State General Revenue is used primarily to cover the cost of care for persons that are medically indigent. Unfortunately, most in the growth of persons served has been growth for persons who are medically indigent, especially for adults with mental illness.

It is important to remember, however, that the cost of institutionalization would be much higher than community care. Serving 210 people year around in an institution costs more than the entire budget for the Center. Tri-County served over 10,000 persons in Fiscal Year 2017.

While management and staff have developed a system that is seeing more persons than at any time in our history, there continue to be more persons in the community with qualifying diagnoses who are unserved than at any time in our history. While the Management Team and staff have worked hard to remove barriers to care and while staff are stretched to provide the care, the community often sees the deficit in service provision. This has been highlighted by many community members including those that work in the criminal justice system.

Center Mission and Vision Statement

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.

The Vision of Tri-County is to develop a mental health and developmental disability care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community. To achieve this vision, we will partner with the community to: 1) expand the availability of new and existing resources; and, 2) assure the availability of technically and culturally competent staff.

Virtual 360 Degree Feedback

In addition to our self-review process, the Management Team and managers involved in the 2018 planning process were each asked to discuss how the Center might be viewed by stakeholders in the community with whom they consistently interact. The idea of this exercise was to evaluate the Center not just from the perspective of insiders, but from the perspective of those that we interact with. 'Virtual stakeholders' included: the Board of Trustees; Planning Network Advisory Committees; IDD family members; first responders; jails, probation and parole; private IDD providers; chamber members; employees including rural employees; law enforcement; schools; and, substance use disorder providers.

In almost all cases, the feedback from the team was that these organizations know us better than they once did and that we have more visibility in our communities. However, the team believes that they still view us as an organization that is not meeting all of the communities needs for the clients we serve and that our processes (e.g. intake, qualification for services) are not well understood despite our efforts.

Areas identified for improvement include: less 'siloes' programs; more proactive service offerings; a Crisis Stabilization program for children; more options to take over for law enforcement for persons in crisis; more housing; quicker admission times for services; more level of care offerings; and, less turn-over of staff.

Future Visioning

As a part of our planning process, the Management Team spent considerable time 'visioning' the ideal future for the Center. These visions are the ideal goals for the future of the work we do, short of a cure for the disorders; and, as such, these goals represent the long term goals for Center operations.

The following ideals were endorsed by the Management Team by area of Responsibility:

Intellectual and Developmental Disability Services:

- Continue to advocate for full funding of all services that are needed by families;
- Creation of system navigators which guide families from contact with the Center;
- Changing terminology so that the community is clear about the terminology 'intellectual and developmental disabilities,' which includes use of stories to communicate about how these disorders effect families;
- Service offerings that have moved from what the state funds to services that truly meet the needs of those that contact us for services;
- Standardized whole person care;
- Proactive services are in place to prevent preventable conditions;

- Automation of processes to make the programs more efficient; and,
- Appropriate preparation for and response to the Centers for Medicare and Medicaid Services' 'Final Rule'.

Behavioral Health Services:

- Patient care is fully patient-centered, trauma informed and recovery based;
- Clinical protocols and evidence-based practices have been implemented which have led to a stable, predictable clinical system;
- Counseling available for everyone that wants or needs it;
- Programs are trained in and are operating from evidence-based practices which have been clearly proceduralized;
- Fully integrated mental health and substance abuse treatment for those we serve;
- A children's service system has been developed that can expand as needed to meet community demand for services;
- The Center is recognized as a leader in inpatient psychiatric treatment;
- Crisis programs and tools are developed to meet community needs;
- The Center has partnerships with universities which maximize the use of interns for mental health treatment; and,
- The Center is a leader the development of community focus groups that would address system needs for adults and children, outpatient and inpatient.

Development:

- Programs are developed that financial partners want to 'buy into';
- Fully utilizing the Tri-County Mobile Vehicle for services and promotion;
- Community Partners ensure that we are always at the table for important conversations about needed services;
- The Centers' Mission and Vision are understood by the community; and,
- Our actions have helped 'normalize' persons with mental illnesses, substance use disorders and or intellectual disabilities.

Support Services:

- Proactive training is in place to ensure staff are better trained and have a better understanding of required tasks;
- Center software systems are updated to meet Human Resources, Fiscal and Clinical needs;
- Technology is implemented which is cutting edge and customer endorsed;
- Consistent validation of Center processes via Accreditation;
- Leadership is developed to continue Component Unit Boards and advisory groups;
- Maximizing grant activities;

- A fund balance exists that supports flexibility and creativity;
- At least 90 days of operations is in reserves at all times; and,
- Revenue has been diversified to ensure Center viability.

Center Structure:

- The Center has professional facilities;
- There is a plan in place for debt retirement;
- Succession Plans have been identified and training is offered for those identified;
- A budget structure is in place which supports a more complex and refined Center operations.

SWOT Analysis

Strengths:

- Tri-County has always had a strong and consistent Board of Trustees that values the mission of the Center. This Board has successfully regenerated many times, including Board leadership, with no disruption to Center services. Board members are connected to the community and are advocates for the persons we serve.
- Our staff is very committed to the consumers and work that we do, including many whose families have been impacted by these disorders.
- The new facilities in Conroe and Liberty along with the remodeled Huntsville facility are significant improvements for both staff and service provision.
- Tri-County has been and continues to be in a solid fiscal position. As of the end of FY 2017, the Center had 93 days of operations in the bank. Despite using reserves to remodel the Liberty Facility and build the Conroe Facility, reserve levels have nearly returned to historic averages.
- Tri-County has a strong fiscal services department with experienced staff. We have been a participant in Managed Care billing for many years and have developed processes to ensure that we are paid by external payers. This billing expertise has more important than ever with many service lines moving into managed care.
- The Center trade organization, the Texas Council of Community Centers, has a strong management team and represents the Centers well.
- Tri-County has improving relationships with our community which has been aided by intentional efforts to complete outreach, Mental Health First Aid training and 1115 Transformation Waiver funding which has allowed us to fill service gaps.
- Tri-County continues to have access to resources (e.g. inpatient hospitals, client respite) that are available in the greater Houston area which are not always

available in other parts of the state. In addition to local resources, the Center has developed Crisis Stabilization and Extended Observation units to meet the needs of persons in crisis.

- Tri-County has placed many senior staff in leadership roles in state-level workgroups and committees. These opportunities allow staff to build relationships with state partners and to have the ability to influence decisions which impact the Center. Roles include: Executive Director Liaison to the Behavioral Health Consortia; Leadership of the Behavioral Health Committee, the Data Evaluation Workgroup; Risk Management Advisory Committee; President of the Human Resources Consortia; Member of the Contract and Fiscal Imperatives Committee; Local Authority Workgroup; State IDD Redesign Committee; Chief Financial Officers Board; Quality Management Consortia Leadership Team; and the Children's Special Interest Group, among others.
- Tri-County has a history of excellent audit findings including near perfect Fiscal audits in most years, perfect IDD Waiver Provider Audits 11 out of 16 years, superior scores on IDD Authority Audits, and outstanding TCOOMMI performance.
- The Leadership Tri-County Courses are providing opportunities for staff leadership development.
- Tri-County is in a desirable part of the state to live and recruitment of staff is aided by our location.

Weaknesses

- Turnover in clinical staff, both mental health and intellectual disabilities, has heightened awareness of our need for more developed clinical protocols and more consistent training to lessen the impact of this turnover.
- Time to recruit staff has increased, especially in key leadership roles.
- While center staff has historically been able ensure compliance with extensive state contracts and guidelines, they can struggle with rapid change.
- Health and Human Services turnover is significant and many of the leaders of the department struggle to support Center operations for which they have oversight responsibilities.
- State contract requirements are complex and grow in complexity each year.
- Administrative structures have not grown as the Center has grown and most are stretched and struggle to be proactive.

Opportunities

- There are requests for the Center to meet more needs in the community, including lines of service which are outside of the Center's historical line of business (e.g. services in the jail/detention).
- The Center has the opportunity to be a leader in the discussion of issues related to mental illness or intellectual disabilities in our service area. More and more often, the Center is being invited into groups that are discussing the impact mental illness, suicide, intellectual disabilities, autism and other related issues. The community relationships can be leveraged for further growth.
- Leveraging new facilities to host and lead community collaborations.
- The 85th Texas Legislature's House Bill 13 and Senate Bill 292 provide opportunities for new grant programs which meet community need.
- Service area growth.

Threats

- 1115 Transformation Waiver programs have added new resources to the Centers and these programs are well utilized. As a rule, these programs have become essential to our operations, but funding of these programs for the next two years comes with significant changes to operations. Without these programs, the agency would have a significant hole in the service array that is currently being offered and the community is not likely to understand a 'withdrawal' of these services.
- Currently, the Center receives more Pharmacy Assistance Program (PAP) value in free medications than we get for all Outpatient Mental Health General Revenue from the state of Texas. These PAP values are supporting Adult Outpatient services in a significant way. Threats on the horizon to PAP include changes in the Texas Drug formulary (which would limit incentives for drug manufactures to provide these medications) and the lack of new medications being developed for psychiatric conditions (older medications become generic and fall off of PAP). Without PAP funds, MH Adult Outpatient services could change drastically.
- Growth in adult mental health services, required with new funding from the State of Texas in recent years, is almost entirely composed of persons who are medically indigent. Medically indigent persons tend to be more complex in presentation, and therefore are more expensive to serve.
- Salaries are starting to be more competitive in the service area and the Center is struggling to match the salary increases that are occurring in industries that recruit similar types of staff (e.g. Schools). As demand increases for these staff, pressure on salaries is likely to increase.

- The Information Technology Infrastructure (both Software and Hardware) is, in many cases, beyond 'end of life'. In addition, IT systems are changing faster than at any time in our history.
- There is a real threat associated with cyber security. Having up to date software is very important to minimize the risk of cyber-attack.
- The loss of institutional knowledge associated with turn-over remains a concern for the center. Services paid for with state funding are complex and require a level of experience for staff to be effect in providing these services or supports.
- Increased administrative requirements for all services being offered, especially those associated with IDD contracts, make it more difficult to be efficient in service provision. Each additional requirement has additional associated costs.
- As the population for our service area grows, so does the need for our services. While the Center desires to meet this demand for our services, resources to provide these services are limited.

Section 7: Fiscal Year 2018 Goals

The 'Future Visioning' section above represents the ideal 5 year goals for Tri-County as envisioned by the Management Team. Goals areas identified would serve as the overall goals for FY 2018.

Community Connectedness
 Clinical Excellence
 Staff Development
 Administrative Competence
 Professional Facilities
 Fiscal Responsibility

Fiscal Year 2018 Objectives

Professional Facilities

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

Objective 2: Staff will develop a facility improvement plan for Cleveland by March 31, 2018.

Community Connectedness

Objective 1: The Tri-County Consumer Foundation will hold at least one fundraising event by March 31, 2018.

Objective 2: Tri-County will launch the 'I Chose Life' website with the youth and caregiver commitments that can be made online by December 31, 2018.

Objective 3: Tri-County will host, on average, at least one community stakeholder meeting at one of our facilities each month.

Objective 4: At least two different Management Team members will accompany the Executive Director on visits to the capital to meet with legislative staff.

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.

Objective 2: Tri-County will develop detailed program manuals for all major adult mental health programs by August 31, 2018.

Objective 3: Tri-County will start the Autism Services Program by February 28, 2018.

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 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.

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.

Objective 3: Tri-County will develop a quarterly face to face refresher course for new employees at their 6-month anniversary on compliance and documentation guidelines by May 31, 2018.

Objective 4: Tri-County will train all staff in Trauma Informed Care basic training by August 31, 2018.

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.

Objective 2: Software which will be used in the development of Center forms will be selected and purchased by March 31, 2018.

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.

Objective 2: The Chief Financial Officer will develop a workgroup to look at revenue maximization in the first quarter of FY 2018.

Closing Summary

Management Team staff have identified long term goals in 6 areas of emphasis and have developed a corresponding list of Objectives for FY 2018. These Goals and Objectives will be approved by the Board of Trustees at the September 28, 2017 Board meeting.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: September 28, 2017
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

August 25, 2017 – September 28, 2017

Volunteer Hours:

Location	August
Conroe	154.5
Cleveland	0
Liberty	45
Huntsville	16.5
Total	216.0

COMMUNITY ACTIVITIES:

8/25/17	Walker County Juvenile Justice Meeting	Huntsville
8/25/17	Recovery Unplugged Meeting and Building Tour	Conroe
9/1/17	American Legion Community Storm Relief Meeting	Conroe
9/6/17	Planning Meeting for Veteran's Day Event	New Caney
9/6/17	United Way of Greater Houston Panel Discussion	The Woodlands
9/6/17	The Woodlands Community Relations Team Meeting	The Woodlands
9/6/17	New Caney Chamber of Commerce Luncheon	New Caney
9/7/17	Cleveland Chamber of Commerce Luncheon	Cleveland
9/8/17	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES) Meeting	Conroe
9/11/17	Conroe ISD Mentor Luncheon	Conroe
9/11/17	Basic Training (Make-up for August 28 th cancellation due to Harvey)	Conroe
9/12/17	American Legion Meeting	Conroe
9/12/17	United Way Campaign Kickoff Breakfast	Houston
9/12/17	The Woodlands Business Afterhours Professionals Meeting	The Woodlands
9/13/17	Conroe Noon Lions Club Luncheon	Conroe
9/13/17	Liberty County Community Resource Coordination Group Meeting	Liberty
9/13/17	New Waverly ISD Superintendent Meeting	New Waverly
9/14/17	Huntsville Chamber of Commerce Breakfast	Huntsville
9/14/17	Suicide Prevention Presentation – Family Violence Center	Houston
9/14/17	Walker County Chamber of Commerce Luncheon	Huntsville
9/14/17	Small Business Breakfast Meeting	Conroe
9/18/17	Conroe ISD Mentor Luncheon	Conroe
9/19/17	North Houston Networking Group Meeting	The Woodlands
9/19/17	Montgomery County Community Resource Coordination Group Meeting	Conroe
9/20/17	SODAS Workshop	Conroe
9/20/17	Conroe Noon Lions Club Luncheon	Conroe
9/20/17	Liberty Chamber of Commerce Luncheon	Liberty
9/20/17	Outreach, Support, Assessment and Referral Quarterly Meeting	League City
9/20/17	Liberty County Community Resource Coordination Group Meeting	Liberty

9/21/17	Veterans Affairs Advisory Board (VAAB) Meeting	Huntsville
9/21/17	Conroe Noon Lions Club Dinner, Dance, and Auction	Conroe
9/21/17	Homeless Coalition Meeting	Conroe
9/21/17	United Way of Greater Houston Panel Discussion – Grant Application	The Woodlands
9/21/17	Montgomery County Mental Health Court	Conroe
9/22/17	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES) Meeting	Conroe
9/23/17	Basic Training (2 nd Make-up for August 28 th cancellation due to Harvey)	Conroe
9/25/17	September Basic Training	Conroe
9/25/17	Conroe ISD Mentor Luncheon	Conroe
9/26/17	Montgomery County Business Women’s Luncheon	Conroe
9/27/17	Conroe Noon Lions Club Luncheon	Conroe
9/27/17	Magnolia Chamber of Commerce Business Luncheon	Magnolia
9/28/17	Suicide Prevention Presentation Sam Houston State University	Huntsville
9/28/17	The Woodlands Chamber After Hours	Spring

UPCOMING ACTIVITIES:

9/29/17	Walker County Juvenile Justice Meeting	Huntsville
9/30/17	YMHFA Conroe ISD Nursing Staff	Conroe
10/5/17	Cleveland Chamber of Commerce Luncheon	Cleveland
10/11/17	Liberty County Community Resource Coordination Group Meeting	Liberty
10/12/17	Huntsville Chamber of Commerce Breakfast	Huntsville
10/17/17	Montgomery County Community Resource Coordination Group Meeting	Conroe
10/18/17	Liberty Chamber of Commerce Luncheon	Liberty
10/19/17	Montgomery County Jail Psychiatric Services Meeting	Conroe
10/21/17	Homeless Coalition Meeting	Conroe
10/27/17	Walker County Juvenile Justice Meeting	Huntsville

Agenda Item: Consumer Services Report for August 2017 Committee: Program	Board Meeting Date: September 28, 2017
Background Information: None	
Supporting Documentation: Consumer Services Report for August 2017	
Recommended Action: For Information Only	

**Consumer Services Report
August 2017**

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	550	40	26	45	661
Crisis and Transitional Services (LOC 0, LOC 5)	43	0	0	1	44
Psychiatric Emergency Treatment Center (PETC) Served	74	3	1	7	85
Psychiatric Emergency Treatment Center (PETC) Bed Days	300	8	3	40	351
Contract Hospital Admissions	14	0	0	3	17
Diversion Admits	12	0	0	1	13
Total State Hospital Admissions	14	0	0	3	17
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1243	145	84	98	1570
Adult Medication Services	816	93	62	103	1074
Child Service Packages (LOC 1-4 and YC)	473	49	15	54	591
Child Medication Services	214	19	6	24	263
TCOOMMI (Adult Only)	127	17	21	6	171
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	6	0	0	0	6
Service Coordination	644	38	45	69	796
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living, TxHmL)	39	5	17	21	82
Contractor Provided ICF-IID	18	12	12	5	47
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	7	0	0	0	7
Adult Substance Abuse Treatment Services/COPSD	28	0	0	0	28
Waiting/Interest Lists as of Month End					
Home and Community Based Services Interest List	1519	125	131	147	1922
August Served by County					
Adult Mental Health Services	1619	162	128	196	2105
Child Mental Health Services	581	56	19	58	714
Intellectual and Developmental Disabilities Services	648	46	48	70	812
Total Served by County	2848	264	195	324	3631
July Served by County					
Adult Mental Health Services	1584	164	129	187	2064
Child Mental Health Services	553	53	19	52	677
Intellectual and Developmental Disabilities Services	635	50	49	70	804
Total Served by County	2772	267	197	309	3545
June Served by County					
Adult Mental Health Services	1672	160	130	191	2153
Child Mental Health Services	584	56	20	64	724
Intellectual and Developmental Disabilities Services	651	48	55	71	825
Total Served by County	2907	264	205	326	3702

Agenda Item: Program Updates Committee: Program	Board Meeting Date: September 28, 2017
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

August 25, 2017 – September 28, 2017

Crisis Services

1. The Psychiatric Emergency Treatment Center (PETC) continued operations during Hurricane Harvey. In addition, PETC prescribers helped to bridge medications for individuals in Tri-County outpatient services that were impacted by appointment cancellations related to the inclement weather.
2. The PETC provided more services to individuals this fiscal year than ever before. The Crisis Stabilization Unit (CSU) assisted 854 adults in need which is a 10% increase when compared to last year.
3. Tri-County was invited to participate in a prosecutor led-diversionary program which focuses on sex trafficking. An initial meeting was held on 9/19 to discuss ways this intervention could be implemented locally.

MH Adult Services

1. Saturday Medication clinic was held on 9/2/17 to catch up on some client appointments that had to be rescheduled due to the storm.
2. We are anticipating seeing some clients of other community centers that have been displaced and are requesting temporary services through Tri-County.
3. The Routine Assessment and Counseling team has a new clinician starting in September and is close to hiring for a Team Lead. By filling these vacancies, the team will be fully staffed, which will benefit the walk-in programs by allowing for additional same day services as well as reduce the amount of time between service request and admission.
4. The Administrator of Adult Outpatient has finalized hiring for all managerial positions, which will allow for increased support to staff. We have also received notice of housing assistance from Volunteers of America, which has allowed several clients to obtain residential stability in both routine services and in the PATH program.
5. The Rural Clinic Administrator reports that the clinics are close to being fully staffed. With the change in staffing, we anticipate an increase in revenue in the new fiscal year. Additionally, the Administrator is continuing to update and implement desk procedures to address medication concerns and methods for ensuring coverage if a prescriber is unable to present for work.

MH Child Services

1. We continue to prioritize recruiting and training new C&Y Rehab Specialists. In late spring we made the decision to add Rehab Specialists to meet current demand and be ready for Fall growth. It has taken some time to find and hire these new positions.
2. We are training more of our staff to provide triage and intake services for backup coverage due to expectations that our C&Y Walk-In Clinic will continue to be busy as our population grows. If past history is an indicator, C&Y Walk-In Clinic should get very busy in the next few weeks.

Criminal Justice Services

1. TCOOMMI adult caseloads are within contracted numbers and revenue has been steady throughout FY 17. The Jail Liaison has assessed 63 individuals and coordinated the treatment of 55 others in Montgomery County Jail in August. Further, 58 individuals were provided discharge planning assistance before leaving the jail in August. OCR served a total of 13 in FY 17 and currently has one admission pending for FY 18. The Jail Diversion clinician assessed 76 individuals at the jail and was able to divert 8 in FY 17.

Substance Abuse Services

1. The Adult Substance Abuse program has sent a Memoranda of Understanding to providers in the community in an effort to establish collaborative relationships and identify the program as a referral source. Some of signed MOUs have been returned and providers are calling to request additional information.
2. Substance Abuse has also completed the second phase of the United Way grant process and will complete the final step in September. We anticipate being notified about the grant funding decision in December of 2017.
3. We continue to work closely with Montgomery County Juvenile Probation to get referred youth with Substance Abuse issues into treatment.
4. Our new prevention specialists are off to a good start in the schools this fiscal year by obtaining MOUs and early coordination of groups and services throughout the year.
5. Our Prevention Program Manager has completed the requirements to become a Certified Prevention Specialist.

IDD Services

1. The Provider team pulled together during Hurricane Harvey and maintained contact daily with assigned groups monitoring their consumer and staff safety.
2. The Provider HCS program is at 63 enrolled, placing us with 4 open slots. Unfortunately, in FY 2017 several of our consumers passed away.
3. Staff has prepared and submitted letters to the Health and Human Services Commission and our consumers regarding our cancelation of the Texas Home Living Provider program. Nineteen persons will need to be transferred to other providers.
4. Authority staff has contacted the majority of the individuals we serve to assist in finding needed services after Hurricane Harvey. There are seven (7) individuals on the IDD Authority caseloads which have lost everything.

Support Services

1. **Quality Management:**
 - a. Staff is currently conducting the Child & Youth Program Survey.
 - b. Staff are currently conducting an audit of training files to ensure all required trainings and certifications are being completed and maintained according to procedure.

2. **Utilization Management:**
 - a. Staff have completed the bi-annual requirement to re-train forty (40) percent of all users of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA).
3. **Training:**
 - a. Trauma Informed Care training is currently available to staff and will continue to be offered until all Center staff have been trained.
 - b. The Clinical Trainer is in the process of developing trainings that will be offered to staff in an effort to increase staff confidence and clinical competency.
 - c. The Training Coordinator is working with the Texas Council to reschedule supervisor trainings that were cancelled due to Hurricane Harvey.
4. **Veteran Affairs:**
 - a. The Annual Appreciation Banquet will be rescheduled to a date in January 2018.
 - b. The Vet Center, a mental health entity of the VA, will be using the Tri-County facility for a bi-weekly support group for Vietnam Veterans beginning September 15, 2017.

Community Activities

1. The Director of Strategic Development is presenting to a group of 200 Sam Houston psychology students on the topic of Suicide Prevention.
2. The Director of Strategic Development will also be speaking to the Family Violence Center on Suicide Prevention.
3. Staff will provide YMHFA training to the Conroe Independent School District Nursing Staff.

<p>Agenda Item: Planning Network Advisory Committee Annual Reports</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees’ activities for the year and reports on committee attendance. Many of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group’s focus. The attached reports on the two committees’ activities are provided for your information.</p>	
<p>Supporting Documentation:</p> <p>Mental Health PNAC Annual Report</p> <p>Intellectual and Developmental Disabilities PNAC Annual Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Mental Health Planning Network Advisory Committee

Annual Report

FY 2017

In FY 2017, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

- MH Performance Measures Status Reports
- Annual Budget and Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates

Special program presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers. This year, the Committee attended presentations on the new Consumer Foundation for Tri-County Behavioral Healthcare, The Local Outreach to Suicide Providers (LOSS) Team, and a review of Annual Training.

The Committee provided ongoing feedback on Center services, activities, and community awareness efforts initiated by Tri-County Behavioral Healthcare (Tri-County). They expressed their support and excitement for the opening of the consolidated Conroe facility, the development of Tri-County's Consumer Foundation, Suicide awareness activities and the continued work being done on building community relationships. Additionally, a staff identified as a suicide survivor was also invited to attend future PNAC meetings to assist the group with understanding and guiding the Center with respect to our Zero Suicide goal.

On May 18th, Tri-County hosted the Regional Planning and Network Advisory Committee (RPNAC) Meeting in which four of our members attended and provided feedback for the FY2017 Transportation Comprehensive Study results. As you may recall, the RPNAC provides us with feedback from a regional perspective as well as fulfills our contract requirements if we should have difficulty meeting the membership requirements locally. Recommendations from this study were provided to the Board on May 25, 2017.

In FY 2017, the MHPNAC met four times for regularly scheduled meetings. The overall attendance of this committee was 70% during the last year.

The MHPNAC has five members and is currently seeking four additional members to be in compliance with contract requirements.

Intellectual and Developmental Disabilities Planning Network Advisory Committee

Annual Report

FY 2017

In FY 2017, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

- IDD Performance Measures Status Reports
- Annual Budget and Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates

Special program presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers. This year the Committee attended presentations on the FY 2017 Local Planning Process, The role of the Center IDD Psychologist, and the IDD Crisis Intervention Program.

The Committee provided feedback to the Center on the development of the FY 2017 Local and Quality Management Plans, the sale of the Intermediate Care Facility homes and licenses, provided considerations during the building of the Consolidated Conroe Facility, provided feedback from community members on experiences navigating services, and continue to stress the importance of educating the community about the various State Interest lists.

Recommendations from the IDDPNAC committee to the Management Team and Board of Tri-County Behavioral Healthcare included the identification of service gaps and needs in our local service area including choice related to day programs, transportation, and early education of family members of individuals with IDD. Four members from the IDD PNAC attended the Regional Planning and Network Advisory Committee (RPNAC) meeting on May 18, 2017, and provided feedback for the FY 2017 Transportation Comprehensive Study results prior to the recommendations going to the Board on May 25, 2017.

In FY 2017, the IDDPNAC met six times and had an overall attendance of 57%.

The IDDPNAC has seven members and one ex-officio member from Brenham State Living Center and we are currently seeking two additional members to be in compliance with contract requirements.

<p>Agenda Item: FY 2017 Goals and Objectives Progress Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>Management Team met on August 5, 2016 for the annual strategic planning meeting to develop the goals for FY 2017. Goals were discussed and a consensus was reached. Subsequently, the Management Team developed objectives for each of the goals. These goals are in addition to the contractual requirements of the Center’s contracts with the Department of State Health Services and the Department of Aging and Disability Services.</p> <p>The Board also requested that quarterly progress reports be presented as a “year-to-date summary.”</p> <p>This report shows progress through the 4th Quarter of FY 2017.</p>	
<p>Supporting Documentation:</p> <p>FY 2017 Goals and Objectives Progress Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Year-to-Date Progress Report

September 1, 2016 – August 31, 2017

Goal #1 – Professional Facilities

Objective #1

Tri-County will successfully move into the 233 Sgt. Ed Holcomb Blvd. S. facility in Conroe by March 31, 2017.

- We moved to the new facility on March 20th.

Objective #2

Staff will develop a timeline for facility improvements in Huntsville and Cleveland by March 31, 2017.

- Huntsville – Work to update facility has been completed as follows: New flooring and paint throughout identified areas, parking lot paving repaired, exterior of building and sidewalks pressure washed, broken windows replaced, and old window screens on front of building replaced. Office and lobby furniture from prior Conroe office sites has been delivered to replace older furniture. New meeting and conference spaces have been created. Roof has been repaired and new gutters installed.
- Cleveland: Lobby and office furnishings from prior Conroe office sites have been delivered to Cleveland to replace older furniture.

Goal #2 – Community Connectedness

Objective #1

Tri-County's Consumer Foundation will hold at least one (1) fundraising event by May 31, 2017

- We will have a "Come and Learn About the Work We Do" breakfast in early September per board chair recommendation.

Objective #2

Tri-County will launch the 'I Choose Life' website with the youth and caregiver commitments that can be made online by March 31, 2017.

- In progress – should be available soon.

Objective #3

Tri-County will begin a Suicide Postvention group in Conroe by May 31, 2017.

- A Local Outreach to Suicide Survivors (LOSS) trainer came to Tri-County on 4/12 to help educate and implement a team in Montgomery County. Volunteers will provide comfort care to individuals that have been impacted by a suicide loss. The hope is that through these interactions a cohesive and viable postvention group will form.
- In June, Conroe Police Department conducted a Crime Scene Etiquette course to educate the team on how to interact with families on the scene without interfering with law enforcement's investigation.

Objective #4

Staff will meet with County Judges and Commissioners quarterly to discuss Tri-County's services and seek feedback about service gaps.

- Evan Roberson met with County Judge Craig Doyal to discuss Senate Bill 292 and possible community collaboratives in August.

Goal #3 – Clinical Excellence

Objective #1

Tri-County will implement Co-Occurring Psychiatric Substance Use Disorder rehabilitation programming by April 15, 2017.

- Staff identified a possible evidence based practice to incorporate into current rehabilitative programming. In an effort to enhance services provided to the COPSD population, Qualified Mental Health Professionals (QMHP) may utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) strategies.
- Permission was granted to utilize materials formulated by Dr. James Bray, Baylor College of Medicine.
- Anasazi has been updated to provide staff with the ability to indicate when their rehabilitation programming is related to COPSD. This will improve our ability to capture data related to how often these services are being provided. Trainings have been provided to clinical staff and this data is being monitored on a weekly basis.

Objective #2

A Zero Suicide Clinical Team will be developed and four (4) recommendations from this team will be implemented by the Center by May 31, 2017.

- An evidenced based assessment tool called, The Columbia Suicide Severity Rating Scale Screen will be incorporated into all risk assessments. Training was disseminated to all applicable staff in preparation for this revision.
- An assessment tool in the form of a pre and post-test has been added to the Ask Training to help measure learning and development related to staff competency on the subject of suicide.

- Tri-County participated as Team Outreach on 11/5 for the Greater Houston Area Out of the Darkness Community Walk to raise awareness about suicide.
- Staff have facilitated 25 suicide prevention trainings to date, meeting the goal set for this fiscal year.
- Staff have identified an employee who is also a suicide survivor to participate in quarterly updates and discussions with the Planning and Network Advisory Committee.

Goal #4 – Staff Development

Objective #1

Tri-County will develop a list of evidence-based training courses to be offered to Adult, Child and Intellectual Disability staff by March 31, 2017.

- The National Center on Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) traveled to Texas to provide Trauma Informed Care training for select agency staff within the East Texas Behavioral Health Network. The training took place at Tri-County Behavioral Healthcare on June 8th through the 9th and resulted in 32 regional staff and 16 TCBHC staff being trained as train the trainers.
- Two staff gained Psychological First Aid Train the Trainer status which will allow us to provide further trainings to our staff on how to respond to individuals mental health during and following a disaster situation.
- Person Centered Planning training has been added to Relias Learning Online for MH Direct Care staff.
- Following research of available Evidence Based Trainings for Individuals with IDD, two IDD staff have been identified to attend face to face EBP trainings related to TIC for IDD and Positive Behavior Management and Support Workshops. Additionally, 6 new training modules have been added to Relias Learning Online for all new IDD Authority staff which include both EBP and trainings recommended by HHSC. The modules include: Co-Occurring Disorders: Intellectual and Developmental Disabilities and Mental Illness, Trauma Informed Care for Individuals with IDD, Functional Behavior Assessment and Behavior Support, Overview of Genetic Syndromes Associated with IDD, Overview of Medical Diagnosis Associated with IDD, and Putting it all Together, Supports and Strategies for Direct Service Workers (DSWs). Additionally the Co-Occurring Disorders Training is now required for all Direct Care Mental Health Workers.
- The new Clinical Trainer has been hired and is in the process of developing trainings on current Evidence Based Practices (EBPs) and other areas of need to improve staff competency. Among these trainings, staff are working on an Evidence Based Training on the Columbia Suicide Severity Rating Scale (CSSR-S) that will provide ongoing support to our recent addition of this assessment as a part of our Zero Suicide goal.

Goal #5 – Administrative Competence

Objective #1

A workgroup will meet to determine if IDD Services can be converted to electronic processes in Anasazi. This analysis will be completed by May 31, 2017.

- The workgroup met to determine the feasibility of converting IDD services to the Anasazi EHR and ascertained that making smaller changes incrementally would best serve due to the complexity and program changes needed to accomplish a total conversion. The steps determined by this group to become electronic are:
 - Implement an electronic form to track individuals waiting for general revenue funded services through Anasazi.
 - Staff began scanning select documents into the client charts to give access to staff working in the field. Through this process, once all documents are scanned, a report will be generated to track the multiple deadlines that assist staff in contract compliance.

Objective #2

The Management Team will develop succession plans for their area which will be approved by the Executive Director by May 31, 2017.

- Management Team has met with the Executive Director and has discussed potential succession plans. It is clear from these conversations that rather than having identified staff to succeed a departing Management Team member, restructure would likely need to occur to ensure program success.

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, 2017.

- IDD Authority is considering the viability of contracting with another state agency for providing alternate services to children.
- The Autism Program Application was being developed in the 4th quarter of FY 2017. It should be submitted in the 1st quarter of FY 2017. Sam Houston State University has expressed interest in collaborating with Tri-County on the grant.

Objective #2

Tri-County will have 90 days of operating funds by August 31, 2017 without the inclusion of general revenue fund allocations.

- All of the Tri-County properties in Conroe have sold. We were also to sell two properties in Cleveland that have each been vacant for more than a decade.
- As of August 31, 2017, we have 93 days of reserves.

<p>Agenda Item: 4th Quarter FY 2017 Corporate Compliance and Quality Management Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4th quarter of FY 2016 are included in this Board packet.</p>	
<p>Supporting Documentation:</p> <p>4th Quarter FY 2017 Corporate Compliance and Quality Management Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Corporate Compliance and Quality Management Report

4th Quarter, FY 2017

Corporate Compliance Activities

A. Key Statistics:

1. There were three (3) Corporate Compliance investigations in the 4th quarter of FY 2017. All three (3) cases were reported by supervisors.
 - a. One (1) Corporate Compliance investigation has been completed and involved services that were not being recorded appropriately and/or in a timely manner. This investigation resulted in \$440.62 in payback as well as services that were never billed due to not being entered in a timely manner.
 - b. The two (2) other Corporate Compliance investigations are still under review as they were received at the end of the 4th quarter.

B. Committee Activities:

1. The Corporate Compliance Committee met on August 2, 2017. The committee reviewed the following:
 - a. A summary of the 3rd quarter investigations;
 - b. Legal updates on compliance issues;
 - c. Trending items at other community centers;
 - d. HIPAA review.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted five (3) MCO record requests, totaling six (44) charts.

B. Reviews/Audits:

1. Staff reviewed and submitted one (1) chart for Aetna dating back to January 2016.
2. Staff reviewed and submitted thirty-one (31) charts to Amerigroup dating back to January 2016.
3. Staff reviewed and submitted twelve (12) charts to Beacon for the time period of January 2016 to December 2016.

C. Internal Programs Reviewed by Quality Management:

1. Staff completed a Program Survey for the Crisis Stabilization Unit

D. Other Quality Management Activities:

1. Staff continue to review monthly discharges
2. Staff completed 37 telemedicine Surveys indicating that, overall, clients are satisfied with this service.

<p>Agenda Item: Annual Corporate Compliance Report and 1st Quarter Corporate Compliance Training</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Corporate Compliance Officer is required by Board Policy to submit quarterly reports on Corporate Compliance activities to the Board of Trustees as well as an Annual Report at the end of each fiscal year. The Annual Corporate Compliance Report for FY 2017 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.</p>	
<p>Supporting Documentation:</p> <p>FY 2017 Annual Corporate Compliance Report</p> <p>FY 2018 1st Quarter Corporate Compliance Training</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Corporate Compliance Program FY 2017 Annual Report

General Overview:

The Board Policy on Corporate Compliance requires that the Corporate Compliance Officer present an annual report on program activities and investigations from the previous year.

In FY 2017, face-to-face training continued for all new employees and quarterly trainings were provided to all Tri-County staff and eligible contractors.

As the Board is likely aware, compliance regulations and auditing have remained a high priority at the state and federal level. Staff remain diligent in our pursuit of legal compliance with all regulations.

The Corporate Compliance Committee has reviewed and made minor revisions to the Corporate Compliance Action Plan.

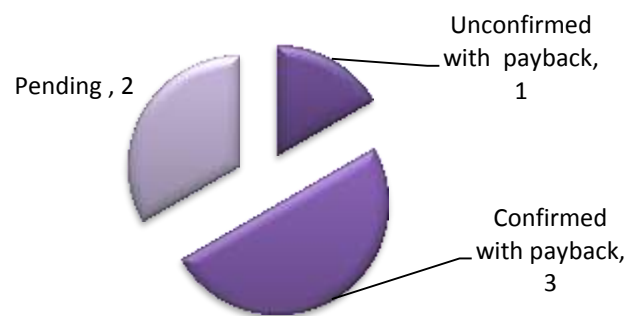
The Committee continues to review legal updates on a consistent basis.

Corporate Compliance Investigation Results:

For FY 2017, there were eight (8) corporate compliance allegations which were reviewed, of these, six (6) required investigation by the Chief Compliance Officer. Of the six (6) cases investigated in FY 2017, one (1) was unconfirmed with payback, three (3) were confirmed with payback, and two (2) are currently under investigation.

Intermittent compliance reviews of staff have continued in FY 2017 to improve identification of potential issues so that they may be addressed as quickly as possible.

Total Corporate Compliance Investigations



Quarterly Compliance Training

1st Quarter, FY 2018

The “Do’s and Don’ts” to Avoiding Compliance Red Flags

Do’s

- “Stop the clock” if your service is paused or interrupted by for restroom breaks, phone calls, etc....
- Know the definitions of the services you are providing (and billing for) to ensure you are appropriately delivering the services to the individual.
- If you are a Non-Exempt Employee, record your actual time worked on your time sheet.
 - Do not work during your reported lunch break.
 - Do not work outside your normal workday/workweek without supervisor approval.

Don’ts

- When entering your time in Anasazi, don’t round! Unlike your timesheet, where you round to the nearest 15 minute increment, in Anasazi, put the actual time you were with the individual such as: 10:10 – 11:37
- Don’t bill for travel time to and from the individual’s home unless it is allowed in the service code you are providing.
- If an individual “no shows,” don’t bill for the service.
- While providing a service to an individual don’t document on other individuals, answer emails, make phone calls, or complete assessments in the system unless the email, phone call, or documentation is related to the individual you are currently working with and it is appropriate for the service you are providing.
- If you are a Non-Exempt Employee, don’t work during your lunch break.
- If you are a Non-Exempt Employee, don’t work outside of your normally scheduled workday/workweek without prior supervisor approval.

If you have concerns please report to your Compliance Team:

[Amy Foerster – Chief Compliance Officer](#)

[Heather Hensley](#)

[Michelle Foster](#)

How to report compliance concerns to the Compliance Department

- Phone: 936-521-6152 or toll free at 1-866-243-9252
 - You may 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. South, Conroe, TX 77304

Staff Signature

Print Name

Date

<p>Agenda Item: Appoint Texas Council Representative and Alternate for FY 2018</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The representative attends the Texas Council of Community Centers, Inc. Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Texas Council Representative and Alternate for FY 2018</p>	

<p>Agenda Item: Re-Appoint Richard Duren, Pat Seward, and Meredith Heimsoth to the Board of Directors for Tri-County's Consumer Foundation.</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Tri-County Consumer Foundation Board of Directors will set the Consumer Foundation policies, communicate with donors and potential donors, manage donations, and attend quarterly board meetings. The Board of Directors will give a verbal update to the Tri-County Board of Trustees at their annual Board meetings.</p> <p>Mr. Duren, Ms. Seward, and Ms. Heimsoth have all agreed to serve an additional 2 year term ending on August 31, 2019</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Re-Appoint Richard Duren, Pat Seward, and Meredith Heimsoth to Tri-County's Consumer Foundation Board of Directors for FY 2018</p>	

<p>Agenda Item: Board of Trustees Reappointments and Oaths of Office</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>Listed below are the Board members who were reappointed by the Commissioner’s Court of their respective counties for an additional two-year term expiring August 31, 2018.</p> <p>Reappointments:</p> <ul style="list-style-type: none"> • Sharon Walker, Montgomery County • Tracy Sorensen, Walker County • Morris Johnson, Walker County • Gail Page, Liberty County <p>Oaths of Office will be recited at the Board meeting.</p>	
<p>Supporting Documentation:</p> <p>Oath of Office Recitation</p> <p>Montgomery County Trustees – Copy of Minutes from Montgomery County Commissioner’s Court Meeting</p> <p>Liberty County Trustees – Copy of Minutes from Liberty County Commissioner’s Court Meeting</p> <p>Walker County Trustees – Copy of Letter from Walker County Judge Danny Pierce</p>	
<p>Recommended Action:</p> <p>Recite Oaths of Office</p>	

OATH OF OFFICE

I, _____,
do solemnly swear,
that I will faithfully execute
the duties of the office of Trustee
of Tri-County Behavioral Healthcare,
and will, to the best of my ability
preserve, protect, and defend the Constitution
and laws of the United States and of this State;
and I furthermore solemnly swear
that I have not directly nor indirectly,
paid, offered, or promised to pay,
contributed, nor promised to contribute
any money, or valuable thing,
or promised any public office or employment,
as a reward for the giving or withholding a vote
to secure my appointment,
and further affirm that I,
nor any company, association, or corporation
of which I am an officer or principal
will act as supplier of services or goods,
nor bid or negotiate to supply
such goods or services, for this Center,
so help me God.

#3 8A
AUG 22 2017

COMMISSIONERS COURT DOCKET
August 8, 2017
REGULAR SESSION

THE STATE OF TEXAS
COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 8th day of August, 2017, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Craig Doyal
Commissioner, Precinct 1	Mike Meador
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack
Commissioner, Precinct 4	Jim Clark
Also County Clerk's Office	Amber Twiddy

INVOCATION GIVEN BY a citizen in the audience.

THE PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA RECITED.

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

Motion by Commissioner Noack, seconded by Commissioner Clark, to approve Commissioners Court Agenda for discussion and necessary action. Motion carried.

AGENDA ITEM 7A – MONTGOMERY COUNTY EMPLOYEES COMMITTEE

DARIN BAILEY PRESENTED HEATHER CHASTAIN, DEPUTY COUNTY CLERK, WITH EMPLOYEE OF THE MONTH OF AUGUST 2017.

2. MINUTES APPROVED – COUNTY CLERK

Motion by Commissioner Noack, seconded by Commissioner Meador, to approve the Minutes from Regular Session of Commissioners Court dated July 25, 2017. Motion carried.

3. RESOLUTION AND ORDER APPROVED – CONSENT AGENDA – AGENDA ITEMS 9A-O

Motion by Commissioner Noack, seconded by Commissioner Meador, to unanimously approve all actions, items, resolutions and authorizations shown on the Consent Agenda and County Judge is appointed and authorized to sign any contracts, approvals and other documents in connection with any items shown on the Consent Agenda save and except the items removed from the consent agenda, as follows:

COUNTY AUDITOR – AGENDA ITEMS 9A1-3

A1. REPORT OF OFFICIALS' FEES ACCEPTED as audited for June, 2017.

A2. PAYMENT OF ACCOUNTS APPROVED, as submitted by the County Auditor.

A3. BUDGET AMENDMENTS FY2017 APPROVED:

Request of Commissioner Precinct 4 to place Michael K. Guyton, Superintendent, on payroll as replacement for Ronald David Tolbert, effective August 1, 2017.

Request of Constable Precinct 5 to place Kim B. Gordon, Deputy Constable, on payroll as replacement for Todd Downing, effective August 1, 2017.

Request of County Auditor to accept the resignation of Emily Paige Kloesel, Part-time Clerk, effective August 4, 2017. [No benefits due]

COUNTY JUDGE – AGENDA ITEM 9H1

H1. RE-APPOINTMENT APPROVED of Sharon Walker to the Tri-County Behavioral Healthcare Board of Trustees for a 2-year term beginning September 28, 2017.

COUNTY ATTORNEY – REAL PROPERTY - AGENDA ITEMS 9I1-3

II. PRECINCT 1

- a. RESOLUTION AND ORDER APPROVED for the funding of closing costs relating to the acquisition of Lots 10, 11, 12, 13, and 14 Block 2 of the Town of Willis from Bill Garrett and Wilma Miller Garrett in the amount of \$2,170.36.
- b. RESOLUTION AND ORDER APPROVED for the acquisition, purchase, and funding of the acquisition of Parcel 77 of the expansion of FM 1097 from Zelda M. Parker a.k.a Zelda M. Davis for the total sum of \$183,194.00.

12. PRECINCT 2

- a. RESOLUTION AND ORDER APPROVED for the Petition for the acceptance of 1520' foot of Brookfield into Montgomery County Road Maintenance System Upon Finding of Prescriptive Right Based on Public Use. Cashier's Check No. 651379 in the amount of \$85,091.82 for the repair and maintenance of Brookfield was submitted with the Petition. Check was forwarded to the Auditor for further processing.
- b. RESOLUTION AND ORDER APPROVED for the Petition for the acceptance of 235' foot of Northfield into Montgomery County Road Maintenance System Upon Finding of Prescriptive Right Based on Public Use. Cashier's Check No. 651381 in the amount of \$13,174.37 for the repair and maintenance of Northfield was submitted with the Petition. Check was forwarded to the Auditor for further processing.
- c. RESOLUTION AND ORDER APPROVED for the Petition for the acceptance of 310' foot of Woodbury Ct. into Montgomery County Road Maintenance System Upon Finding of Prescriptive Right Based on Public Use. Cashier's Check No. 651380 in the amount of \$17,355.91 for the repair and maintenance of Woodbury Ct. was submitted with the Petition. Check was forwarded to the Auditor for further processing.

13. PRECINCT 3

- a. RESOLUTION AND ORDER TO PAY APPROVED for the funding of Moving Expenses relating to the acquisition of Parcel 37 of the expansion of Rayford Road to Johnson Storage and Moving in the amount of \$10,903.18.
- b. THIRD AMENDMENT TO LEASE AGREEMENT APPROVED between The Woodlands Land Development Company, L.P. and Montgomery County.



**MINUTES for Walker County Commissioners Court
SPECIAL SESSION
Monday, July 31, 2017 1:30 P.M.**



CALL TO ORDER

Be it remembered, Commissioners Court of Walker County was called to order by County Judge, Danny Pierce at 1:30 p.m., in Commissioners Courtroom, 1st Floor, 1100 University Avenue, Huntsville Texas.

County Judge	Danny Pierce	Present
Precinct 1, Commissioner	Danny Kuykendall	Present
Precinct 2, Commissioner	Ronnie White	Present
Precinct 3, Commissioner	Bill Daugette	Present
Precinct 4, Commissioner	Jimmy D. Henry	Present

County Judge, Danny Pierce stated a quorum was present. County Clerk, Kari French, certified the notice of the meeting was given in accordance with Section 551.001 of the Texas Government Code.

GENERAL ITEMS

Prayer was led by Pastor, James Necker.
Pledge of Allegiance and Texas Pledge were performed.

CITIZENS INPUT

Mr. Paris Mims spoke before the Court regarding the County neglect on his road and down Birdwell Road. Stated that they have not been cleaned and the drainage system needs to be bigger. There was a survey back in the 1990's and they raised some of the road and now it causes it to flood. When the County mows they leave the debris in the ditches which causes the water to go over the roads. He wants something down by next month, ASAP, due to hurricane season and winter coming.

Mr. Jim McKenzie spoke before the Court regarding his complaint to the taxing authority for his taxes but has an issue with the proposal for the architect for the building for the Commissioner Precinct 3 office building. He is not here to criticize, would like to see the County save some money sometime. Why hire an architect for \$20,000? There are other ways and options to look into, than spend that much money. If this offer is accepted, I would be highly disappointed in the Court. He would like to see the County start saving money in various areas. Also spoke regarding the need for a room and chairs to preach the gospel at the jail. He volunteers his time and the needs are not

STATUTORY AGENDA

Emergency Management – Butch Davis

1. Discuss and take action on paying for hauling and repairs from contingency on the Hyster Forklift, FAS#10280.

Mr. Davis presented information. This is what we bought out of surplus. The master cylinder and the tilt cylinder were leaking. The mechanic stated all are in need of repair with a total bill of \$3,209.58. Other departments use this piece of equipment.

MOTION: Made by Commissioner Ronnie White to APPROVE paying for hauling and repairs from contingency on the Hyster Forklift, FAS#10280. Hauling cost of about \$480.00 and repairs \$3,209.58 out of contingency.

SECOND: Made by Commissioner Jimmy Henry.

VOTE: Motion carried unanimously.

2. Discuss and take action on Houston-Galveston Area Council Interlocal Agreement for Hazard Mitigation Planning.

Mr. Davis presented information. This is a plan that HGAC went out for a Grant with the State. Our match is \$19,501.00 and can be in-kind.

MOTION: Made by Commissioner Danny Kuykendall to APPROVE Houston-Galveston Area Council Interlocal Agreement for Hazard Mitigation Planning.

SECOND: Made by Commissioner Jimmy Henry.

VOTE: Motion carried unanimously.

(Open Discussion) County Judge Danny Pierce stated that a Burn Ban will be effective tomorrow, August 1, 2017 at noon. This will be ratified at the next Commissioners Court Session.

MOTION: Made by County Judge made to approve the application for a change in location of a portion of Wesley Grove Road East as requested; Contingent upon the applicants providing right of way dedication documents for proposed right of way and plans or specifications for an alternate road acceptable to commissioners court to be approved by commissioners court with in the next 180 days.

SECOND: Made by Commissioner Bill Daugette.

FOR: County Judge Danny Pierce, Commissioner Daugette and Commissioner Henry

OPPOSED: Commissioner Ronnie White and Commissioner Danny Kuykendall

VOTE: Motion carried.

There was discussion on the approval and the process to happen. Commissioner Henry stated that basically what yall have agreed on in Court we have approved. You have 180 days to do it or not do it. If you don't, then it's null and void.

Commissioners Court

10. Discuss and take action on accepting donation of concrete rubble from Dan Jones, 106 Oak Creek Drive – Commissioner White
Commissioner White presented information.

MOTION: Made by Commissioner Ronnie White to APPROVE accepting donation of concrete rubble from Dan Jones, 106 Oak Creek Drive.

SECOND: Made by Commissioner Danny Kuykendall.

VOTE: Motion carried unanimously.

11. Discuss and take action on re-appointment of Judge Tracy Sorensen and Mr. Morris Johnson to the Tri-County Behavioral Healthcare Board of Trustees – Judge Pierce
County Judge Danny Pierce presented information.

MOTION: Made by Commissioner Ronnie White to APPROVE re-appointment of Judge Tracy Sorensen and Mr. Morris Johnson to the Tri-County Behavioral Healthcare Board of Trustees.

SECOND: Made by Commissioner Bill Daugette.

VOTE: Motion carried unahimously.

12. Receive Lana Franceschini resignation from Texas A&M AgriLife Extension Service in Walker County – Judge Pierce
County Judge Danny Pierce presented information.

ACTION: Received by Court.

13. Receive Walker County Emergency Services District notification of November 7, 2017 election to establish a local sales and use tax imposed by the Walker County ESD No. 1 pursuant to Texas Health and Safety Code, Section 775.0751(c-1) – Judge Pierce
County Judge Danny Pierce presented information.

ACTION: Received by Court.

14. Discuss and take action on recommendations to be presented to the City of Huntsville concerning the City's Development Code as it pertains to low density residential subdivision standards – Judge Pierce.

County Judge Danny Pierce presented information. From the City of Huntsville; Mr. Gene Woods, Mrs. Janet Ridley, Mr. S.O. Woods and Mr. Aron Kulhavey were present. There was talking on above, some inaudible due to multiple people talking. There was a discussion on bullet points, sidewalks, streetlights sewer etc.. Mr. Kulhavey spoke regarding the process. With the Planning Commission, they have tasked our office to do some updates to the development code of low density sub divisions. Mr. Kulhanry spoke about what is done currently and what direction we need for appropriate standards and recommendation's to the Council. They are requesting for any one with comments, good and bad to submit to them in writing by the end of this week. This was they can review them and will go back to present this to the Planning Commission on or about August 17th. So they can make their final recommendations to Council. There was discussion on the above with Commissioners regarding the Interlocal Agreement with the County and the City of Huntsville. Discussion participants were County Auditor, Mrs. Allen,

**REGULAR MEETING
COMMISSIONERS COURT
LIBERTY COUNTY, TEXAS**

AUGUST 8, 2017

9:00 A.M.

On Tuesday, August 8, 2017, at 9:00 a.m., a Regular Meeting of Commissioners Court was called to order with the following members present:

Jay Knight	County Judge
Bruce Karbowski	Commissioner Precinct#1
Greg Arthur	Commissioner Precinct#2
James Reaves	Commissioner Precinct#3
Leon Wilson	Commissioner Precinct#4
Paulette Williams	County Clerk

And the agenda was taken up, to-wit:

- 1. CALL TO ORDER**
- 2. PLEDGE TO U.S. FLAG AND TEXAS FLAG**
- 3. INVOCATION**

Prayer was led by Pastor Ken Davis.

Kelly McDonald, the city manager of Cleveland, invited the court to the ceremony for McKinley Development.

- 4. CONSENT AGENDA**
 - 1. APPROVAL OF MINUTES FOR COMMISSIONERS COURT MEETINGS ON JULY 25, 2017 AND WORKSHOPS ON JULY 19 & 27, 2017**
 - 2. WARRANTS PAYABLE**
 - 3. REPORTS OF COUNTY AUDITOR**
 - 4. BUDGET AMENDMENTS**
 - MAINT. DEPT. - LINE ITEM TRANSFER FROM MAINT. SUPPLIES AND AUTO EXPENSE TO CONTRACT MAINTENANCE AND PHONES/PAGERS**
 - R&B#1- LINE ITEM TRANSFER FROM EQUIP. LEASE TO CAPITAL OUTLAY**
 - R&B#3 - LINE ITEM TRANSFER FROM FUEL, CONTRACT LABOR AND ROAD MATERIAL TO CAPITAL OUTLAY**
 - R&B#3- LINE ITEM TRANSFER FROM PHONE/PAGERS TO UNIFORMS**

COUNTY JUDGE- LINE ITEM TRANSFER FROM CONTINGENCY TO COURT APPT. ATTORNEYS

CONSTABLE#3- LINE ITEM TRANSFER FROM FUEL TO OFFICE EXPENSE

LSO- LINE ITEM TRANSFER FROM FUEL TO PHONES

5. **PAYROLL CHANGE NOTICES**

R&B#1- DAVID CRAWFORD- PAY OFF VAC-COMP- HOLIDAY (\$4,584.66)

LSO- JOHN BENNETT, TIFFANY YUEN - CERT. PAY

CO.JUDGE - DAVID DOUGLAS - INCREASE IN PAY DUE TO REEVALUATION OF JOB DUTIES - RETROACTIVE TO HIRE DATE

6. **DEPUTATION OF SAVANNA PUTNAM AS DEPUTY DISTRICT CLERK**

7. **REPORT OF CONSTABLE#3**

8. **REPORT OF DISTRICT CLERK**

9. **DECLARE FEMA TRAILER (PCT.#1) AND 2009 FORD EXPLORER VIN#7450 (CONSTABLE#3) AS SURPLUS/SALVAGE AND DISPOSE OF BY SEALED BID OR AUCTION**

10. **DEPUTATION, OATH OF OFFICE AND STATEMENT OF APPOINTED OFFICER OF JAMAUL BLACK AS DEPUTY SHERIFF**

11. **REPORT OF INDIGENT HEALTHCARE**

12. **DECLARE OLD/BROKEN CABINET IN CO. ATTY'S OFFICE AS SALVAGE/SURPLUS AND APPROVE DISPOSAL OF SAME**

The Treasurer said item 5 regarding the pay increase for David Douglas could not be retroactive but it could be paid forward. Motion was made by Leon Wilson, seconded by Greg Arthur, to approve the consent with the addition that David Douglas would receive an additional \$437.50 for the four pay periods left in this budget cycle. A copy is attached and marked Exhibit "A". Motion passed with all commissioners present voting aye

5. **DISCUSSION AND TAKE ACTION REGARDING SETTING 2017 PROPOSED TAX RATE AND IF NEEDED, SETTING TWO PUBLIC HEARINGS ON AUGUST 22ND AND 30TH, 2017 - CO. JUDGE**

Motion was made by Leon Wilson, seconded by Greg Arthur, to set the 2017 Proposed Tax Rate at 0.5788 per \$100, the same as last year's tax rate and set hearings on August 22 and 30. Due to the proposed tax rate being higher than the effective tax rate of 0.5421 per \$100, two public hearings must be held. A copy is attached and marked Exhibit "B". Motion passed with all commissioners present voting aye

6. **DISCUSSION AND TAKE ACTION REGARDING REAPPOINTMENT OF MS. GAIL PAGE TO THE TRI-COUNTY BEHAVIOR HEALTHCARE BOARD OF TRUSTEES**

Motion was made by Greg Arthur, seconded by James Reaves, to reappoint Gail Page to the Tri-County Behavior Healthcare Board of Trustees. A copy is attached and marked Exhibit "C". Motion passed with all commissioners present voting aye

7. **DISCUSSION AND TAKE ACTION REGARDING SETTING FIRE DEPARTMENT PAYMENTS FOR 2018 BUDGET - FIRE MARSHAL**

Motion was made by Greg Arthur, seconded by Leon Wilson, to approve new fire department

<p>Agenda Item: Board of Trustees Committee Appointments</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

<p>Agenda Item: Board of Trustees Attendance Analysis for FY 2017 Regular and Special Called Board Meetings</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Board of Trustees Attendance Analysis for FY 2017</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Board of Trustees Attendance Analysis | FY 2017

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	8/9	89%	-	-	89%
Tracy Sorensen	4/9	45%	-	-	45%
Sharon Walker	9/9	100%	-	-	100%
Richard Duren	9/9	100%	-	-	100%
Morris Johnson	8/9	89%	-	-	89%
Cecil McKnight	3/3	100%	-	-	100%
Gail Page	8/9	89%	-	-	89%
Jacob Paschal	5/9	56%	-	-	56%
Janet Qureshi	4/9	45%	-	-	45%

<u>Summary of Attendance</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Total Regular Meetings Held:	10	9	9
Average Attendance:	81%	87%	79%
Total Special Called Meetings Held:	1	0	0
Average Attendance:	44%	N/A	N/A
Total Number of Meetings Held:	11	9	9
Average Attendance:	78%	87%	79%
Average Number of Members Present:	6.45	7.44	6.45

NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.

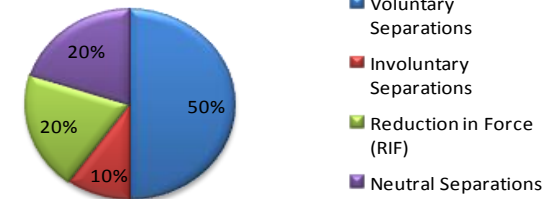
Agenda Item: Personnel Report for August 2017	Board Meeting Date: September 28, 2017
Committee: Executive	
Background Information: None	
Supporting Documentation: Personnel Report for August 2017	
Recommended Action: For Information Only	

Personnel Report August 2017

Total Applications received in August = 362
Total New Hires for the month of August = 7
Total New Hires Year to Date = 97

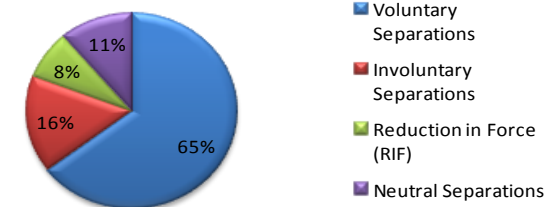
August Turnover	FY17	FY16
Number of Active Employees	335	328
Number of Monthly Separations	10	10
Number of Separations YTD	99	93
Year to Date Turnover Rate	30%	28%
August Turnover	3%	3%

August Voluntary, Involuntary, RIF and Neutral Separations



Separations by Reason	August Separations	Year to Date
Retired	0	3
Involuntarily Terminated	1	16
Neutral Termination	2	11
Dissatisfied	0	0
Lack of Support from Administration	0	1
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	1
RIF	2	8
Deceased	0	0
Pay	0	1
Health	0	0
Family	1	7
Relocation	0	6
School	2	4
Personal	2	7
Unknown	0	4
New Job	0	30
Total Separations	10	99

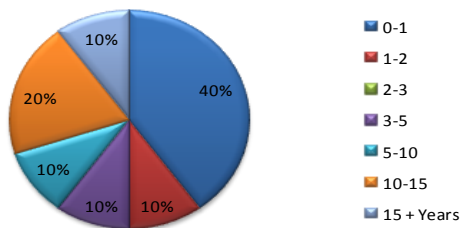
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



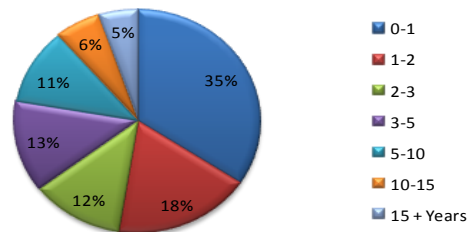
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% August	% YTD
Evan Roberson	18	0	6	0%	33%
Millie McDuffey	31	0	11	0%	35%
Amy Foerster	12	2	9	17%	75%
Tanya Bryant	12	0	0	0%	0%
MH Adult	79	2	27	3%	34%
MH Child & Youth	50	1	17	2%	34%
Catherine Prestigiovanni	1	1	1	100%	100%
Breanna Robertson	58	2	12	3%	21%
Kelly Shropshire	35	1	6	3%	17%
Kathy Foster	32	0	8	0%	25%
Kenneth Barfield	7	1	2	14%	29%
Total	335	10	99		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% August	% Year to Date
Supervisors & Managers	22	0	5	0%	23%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	1	12	2%	27%
Professionals (QMHP)	95	4	37	4%	39%
Professionals (QIDP)	27	1	4	4%	15%
Licensed Staff (LCDC, LPC...)	17	0	2	0%	12%
Business Services (Accounting)	14	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	23	1	1	4%	4%
Program Support(Financial Counselors, QA, Training, Med. Records)	38	1	19	3%	50%
Nurse Technicians/Aides	18	0	3	0%	17%
Service/Maintenance	10	2	10	20%	100%
Direct Care (HCS, Respite, Life Skills)	27	0	6	0%	22%
Total	335	10	99		

August Separations by Tenure

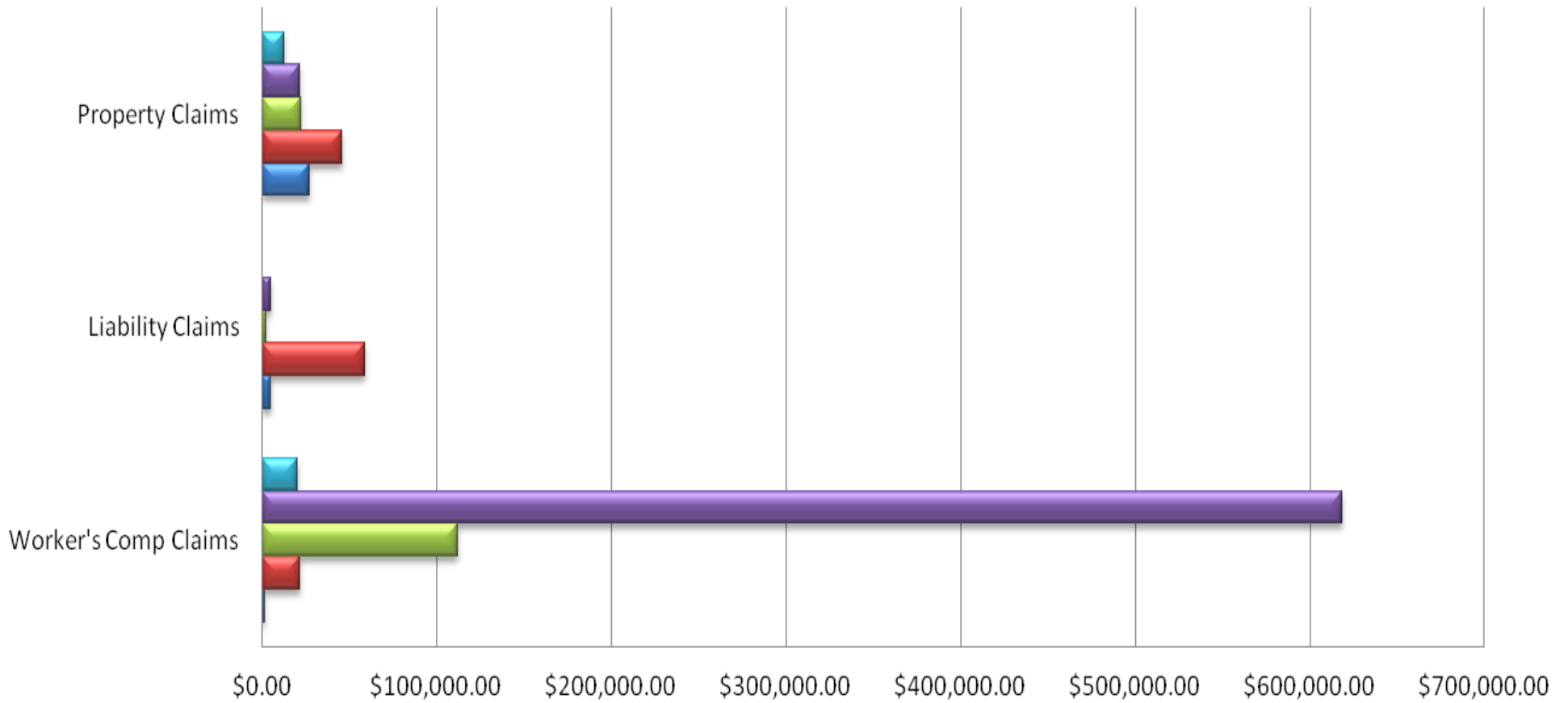


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of August 2017 Committee: Executive	Board Meeting Date: September 28, 2017
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of August 2017	
Recommended Action: For Information Only	

TCRMF Claims Summary August 2017



	Worker's Comp Claims	Liability Claims	Property Claims
2013	\$20,263.00	\$0.00	\$12,869.00
2014	\$618,699.00	\$5,295.00	\$21,931.00
2015	\$112,250.00	\$2,556.00	\$22,505.00
2016	\$21,868.00	\$58,845.00	\$46,114.00
2017	\$1,430.00	\$4,856.00	\$27,125.00

<p>Agenda Item: Approve FY 2018 Dues Commitment and Payment Schedule for the Texas Council</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Texas Council Operating Budget for FY 2018 was approved at the Texas Council Board meeting on August 19, 2017.</p> <p>Total dues for FY 2018 were increased by \$668 from \$35,334 to \$36,002. The Center pays this fee in quarterly installments.</p>	
<p>Supporting Documentation:</p> <p>Cover Memorandum from Danette Castle, CEO</p> <p>FY 2018 Dues Commitment and Payment Schedule</p>	
<p>Recommended Action:</p> <p>Approve FY 2018 Dues Commitment and Payment Schedule for the Texas Council</p>	

Texas Council of Community Centers

Approved FY18 Budget Highlights

REVENUES

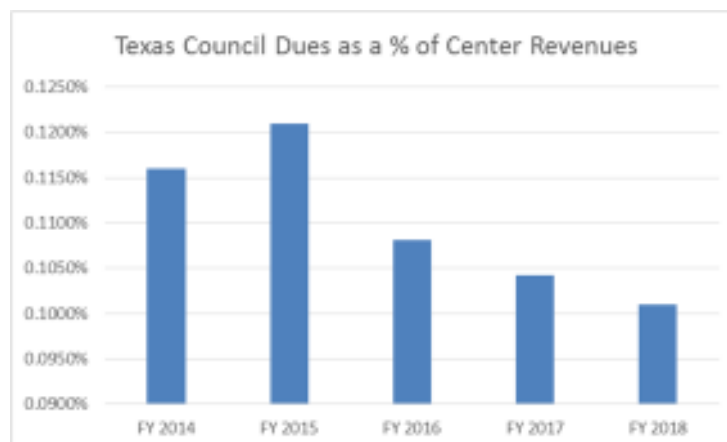
- Bottom line: \$36,132 (1.9%) increase in overall revenues and expenses compared to FY17;
- Associate member dues increases by \$13,000 contingent upon board approval of NTBHA application;
- Assumes \$150,000 TCRMF contribution (no change);
- Assumes \$9,800 decrease in ISC contribution (Texas Council sponsored retirement program tied to employee participation).
- Technology Collaborative funds were fully used in FY 17 towards the Health Opportunities Workgroup.

EXPENSES

- Assumes \$30,000 for staff salary adjustments;
- Reflects scheduled increase in building lease and additional property tax pass-through;
- National Council 3% dues increase.

FY18 DUES HIGHLIGHTS

- Budget increases base dues \$2,000 for each Center. Actual dues assessment fluctuates for individual Centers as a result of proportional changes in comparative net revenues of individual Centers. Net revenues for the FY18 budget are derived from the most recent audited financial statements for each Center (FY16);
- Total Dues were not increased in FY 17;
- Dues are calculated using a board approved formula as follows: a base assessment is applied to each Center (\$13,000) and the remaining amount needed to fund total dues for the year is assessed to each member by determining the net revenue of each Center in proportion to the total net revenues of all members. Using the most current independent audit, the net revenue for each Center equals its gross revenues less local funds, 1115 Transformation Waiver funds and community hospital funds. Total dues assessed equal the base assessment plus the proportionate share;
- Budget assumes continuation of a \$150,000 contribution from the Texas Council Risk Management Fund (TCRMF). As per agreement between the two organizations, \$75,000 of the TCRMF contribution is used to offset dues for its members and \$75,000 to cover administrative support provided by the Texas Council. Renewal of the agreement at these terms for FY18 was approved by the TCRMF Board on August 4, 2017.



**FY 2018 Commitment of Dues Payment for
Texas Council of Community Centers**

CENTER: Tri-County Behavioral Health

The dues for FY 2018 have been calculated as follows:

Total Dues\$38,345.00
**LESS: Credit for Texas Council Risk
Management Fund Members...(\$2,343.00)**

Net Dues\$**36,002.00**

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

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
September 2017	_____	_____	\$ _____
October	_____		
November	_____		
December	_____	_____	
January 2018	_____		
February	_____		
March	_____	_____	
April	_____		
May	_____		
June	_____	_____	
July	_____		
August	_____		
TOTALS	\$ _____	\$ _____	\$ _____

Invoice for each payment required? _____Yes _____No

We appreciate your prompt and timely payment!

APPROVED:

Chairperson, Board of Trustees

Executive Director

Date: _____

<p>Agenda Item: Approve Health and Human Services Commission Contract No. 529-17-0144-00037, HCBS-AMH Pre-Engagement Services</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>Home and Community Based Services-Adult Mental Health (HCBS-AMH) is a state-wide program that provides home and community-based services to adults with serious mental illness. The HCBS-AMH program provides an array of services, appropriate to each individual's needs, to enable him or her to live and experience successful tenure in their chosen community. Services are designed to support long term recovery from mental illness.</p> <p>This contract pays up to \$6,118 for Pre-Engagement (intake and enrollment) services for persons that may be qualified for the program. To qualify for the program, consumers must be 18 or older and meet one of the following criteria:</p> <ul style="list-style-type: none"> • Reside 3 or more years in an inpatient psychiatric hospital; • Have 2 or more psychiatric crises, 4 or more arrests and have active Medicaid; or • Have two or more psychiatric crises, 15 or more total ED visits and have active Medicaid. <p>There is one available provider for HCBS-AMH in the Houston area (Cinco Ranch Behavioral Health in Katy, Texas) and Tri-County may be called upon to enroll someone into the program.</p> <p>The contract includes three additional performance measures;</p> <ul style="list-style-type: none"> • Timely response to 90% of inquiries from individuals seeking enrollment as a participant; • Complete HCBS-AMH Uniform Assessment within 14 days of individual calling inquiry line for 50% of individuals; and • Assist 89% of the individuals determined eligible by HHSC for who Grantee completed the HCBS-AMH UA in completing HCBS-AMH Program Enrollment Forms. 	
<p>Supporting Documentation:</p> <p>Contract will be available for review at the Board meeting.</p>	
<p>Recommended Action:</p> <p>Approve Health and Human Services Commission Contract No. 529-17-0144-00037, HCBS-AMH Pre-Engagement Services</p>	

Agenda Item: Approve Change in Authorized Signers for Financial Accounts

Board Meeting Date

September 28, 2017

Committee: Business

Background Information:

Due to the annual election for FY 2018, it is necessary to add Richard Duren and Gail Page as authorized signers to all financial accounts as listed:

- Alliance Bank
- American Bank
- Citizens 1st Bank
- First Liberty National Bank
- JP Morgan Chase
- Prosperity Bank
- Tradition Bank

Authorized signers are as follows:

- Evan Roberson – Executive Director
- Millie McDuffey – CFO
- Patti Atkins – Board Chair
- Richard Duren – Board Vice-Chair
- Gail Page – Board Secretary
- Sharon Walker – Board Member
- Janet Qureshi – Board Member

Supporting Documentation:

JP Morgan Chase Signature Cards will be provided at Board Meeting.

Other Institutions will Provide Forms and/or Signature Cards upon Receipt of Approved Minutes

Recommended Action:

Approve Authorized Signers for Financial Accounts Effective Immediately

<p>Agenda Item: Review August 2017 Preliminary Financial Statements</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>August 2017 Preliminary Financial Statements</p>	
<p>Recommended Action:</p> <p>Review of August 2017 Preliminary Financial Statements – For Information Only</p>	

August 2017 Preliminary Financial Summary

Revenues for August 2017 were \$5,510,946 and operating expenses were \$2,957,516; resulting in a gain in operations of \$2,553,430. Capital Expenditures and Extraordinary Expenses for August were \$791,362; resulting in a gain of \$1,762,068. Total revenues were 74.63% of the monthly budgeted revenues and total expenses were 103.99% of the monthly budgeted expenses.

Year to date revenues are \$36,724,853 and operating expenses are \$30,581,108; leaving excess operating revenues of \$6,143,745. YTD Capital Expenditures and Extraordinary Expenses are \$2,490,964; resulting in a gain YTD of \$3,652,781. Total revenues are 100.88% of the YTD budgeted revenues and total expenses are 100.56% 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	1,776,040	1,800,933	98.62%	24,893

Rehab – Title XIX – This line item remains under budget mainly due to the decrease in our Medicaid rate in the adult rehab services. We have seen this percentage continue to decrease over the past 3+ years. We will continue to monitor our data to ensure our revenue expectations are realistic in the new fiscal year budget.

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
Contract EduCare	2,496,964	2,370,691	1.05%	126,273
Contract Hospital - Adult	1,248,848	1,237,336	1.00%	11,512
Contract Hospital - Child	181,625	157,336	1.15%	24,289
Contract – Non Clinical	390,244	354,281	1.10%	35,963
Consultant - Other	215,093	166,385	1.29%	48,708
Fixed Asset – CIP	71,937	45,870	1.57%	26,067

Contract EduCare – We have completed the sale of the ICF contracts as well as the 8 houses we rented for this program. We have been receiving some of the back billed Medicaid revenue, so there is an increase on the revenue side to offset the increase on the expense side.

Contract Hospital – Adult – This line item has trended up over the summer months based on an increase of adults admitted to the contract hospitals. We will continue to watch this line item heading into the new fiscal year.

Contract Hospital – Child – This line item is trending up due to an increase in the number of children being admitted to hospitals over the last couple of months. We will continue to watch this line item heading into the new fiscal year.

Contract – Non Clinical – This line item represents the year end invoices for consultant time due to the sale of the Conroe and Cleveland vacant facilities.

Consultant – Other – This line item shows consultant payment for the sale of the ICF licenses and facilities. It was not included in the year end budget revision, so therefore we have a larger than anticipated variance on this line.

Fixed Asset – Construction in Progress – This line item reflects all of the finalized expenses related to the construction of the new building on Sgt. Ed Holcomb.

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

	TOTALS COMBINED FUNDS Aug 2017	TOTALS COMBINED FUNDS July 2017	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,840	3,940	(100)
Cash on Deposit-General Fund	5,498,537	7,587,486	(2,088,949)
Cash on Deposit-Debt Fund			-
Accounts Receivable	4,163,554	1,740,586	2,422,968
Inventory	4,986	4,986	-
TOTAL CURRENT ASSETS	9,670,917	9,336,997	333,919
FIXED ASSETS	15,648,025	15,648,025	-
OTHER ASSETS	212,571	88,108	124,463
TOTAL ASSETS	\$ 25,531,512	\$ 25,073,130	\$ 458,383
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,078,569	1,170,672	(92,103)
NOTES PAYABLE	607,292	607,292	-
DEFERRED REVENUE	(380,384)	837,367	(1,217,751)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	204,414	(204,414)
Note Payable Prosperity Bank	-	463,479	(463,479)
First Financial loan tied to CD	985,417	1,008,333	(22,917)
First Financial Construction Loan	12,253,313	11,007,271	1,246,042
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	3,652,781	1,890,712	1,762,068
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(13,238,730)	(12,683,498)	(555,232)
Reserved for Debt Retirement	963,631	963,631	-
COMMITTED			
Net Assets-Property and Equipment	15,648,025	15,648,025	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
Reserved for Board Initiatives	1,464,542	1,464,542	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	74,000	67,833	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(607,292)	(607,292)	-
UNASSIGNED			
Unrestricted and Undesignated	1,460,994	1,460,994	-
TOTAL LIABILITIES/FUND BALANCE	\$ 25,531,512	\$ 25,073,130	\$ 458,383

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

	General Operating Funds	Memorandum Only Final August 2016
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,840	2,985
Cash on Deposit-General Fund	5,498,537	4,841,244
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	4,163,554	1,703,269
Inventory	4,986	6,455
TOTAL CURRENT ASSETS	9,670,917	6,553,953
FIXED ASSETS	15,648,025	15,648,025
OTHER ASSETS	212,571	68,231
	\$ 25,531,512	\$ 22,270,209
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,078,569	1,235,254
NOTES PAYABLE	607,292	607,292
DEFERRED REVENUE	(380,384)	(107,050)
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	429,919
Note Payable Prosperity Bank	-	606,132
First Financial loan tied to CD	985,417	1,100,000
First Financial Construction Loan	12,253,313	3,113,876
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	3,652,781	(1,941,141)
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(13,238,730)	(5,249,927)
Reserved for Debt Retirement	963,631	963,631
COMMITTED		
Net Assets-Property and Equipment-Committed	15,648,025	15,648,025
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	2,136,013
Reserved for Board Initiatives	1,464,542	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	74,000	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(607,292)	(607,292)
UNASSIGNED		
Unrestricted and Undesignated	1,460,994	1,266,122
TOTAL LIABILITIES/FUND BALANCE	\$ 25,531,512	\$ 22,270,209

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

INCOME:	MONTH OF August 2017	YTD August 2017
Local Revenue Sources	3,112,057	6,973,505
Earned Income	1,257,342	14,648,683
General Revenue-Contract	1,141,546	15,102,665
TOTAL INCOME	\$ 5,510,946	\$ 36,724,853
EXPENSES:		
Salaries	1,606,324	16,714,872
Employee Benefits	264,505	3,170,546
Medication Expense	51,053	663,566
Travel-Board/Staff	35,317	459,921
Building Rent/Maintenance	22,726	427,661
Consultants/Contracts	759,510	6,511,181
Other Operating Expenses	218,081	2,633,362
TOTAL EXPENSES	\$ 2,957,516	\$ 30,581,108
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,553,430	\$ 6,143,745
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	63,464	1,013,478
Capital Outlay-Debt Service	727,898	1,477,487
TOTAL CAPITAL EXPENDITURES	\$ 791,362	\$ 2,490,964
GRAND TOTAL EXPENDITURES	\$ 3,748,878	\$ 33,072,072
Excess (Deficiency) of Revenues and Expenses	\$ 1,762,068	\$ 3,652,781

Debt Service and Fixed Asset Fund:		
Debt Service	727,898	1,477,487
Excess(Deficiency) of revenues over Expenses	727,898	1,477,487

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

	YTD August 2017	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	6,973,505	6,746,928	226,577
Earned Income	14,648,683	14,596,927	51,756
General Revenue-Contract	15,102,665	15,059,202	43,463
TOTAL INCOME	\$ 36,724,853	\$ 36,403,057	\$ 321,796
EXPENSES:			
Salaries	16,714,872	16,708,753	6,119
Employee Benefits	3,170,546	3,170,226	320
Medication Expense	663,566	668,196	(4,630)
Travel-Board/Staff	459,921	463,204	(3,283)
Building Rent/Maintenance	427,661	441,747	(14,087)
Consultants/Contracts	6,511,181	6,274,549	236,632
Other Operating Expenses	2,633,362	2,633,903	(541)
TOTAL EXPENSES	\$ 30,581,108	\$ 30,360,578	\$ 220,530
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 6,143,745	\$ 6,042,479	\$ 101,266
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,013,478	1,076,378	(62,900)
Capital Outlay-Debt Service	1,477,487	1,451,827	25,660
TOTAL CAPITAL EXPENDITURES	\$ 2,490,964	\$ 2,528,205	\$ (37,241)
GRAND TOTAL EXPENDITURES	\$ 33,072,072	\$ 32,888,783	\$ 183,289
Excess (Deficiency) of Revenues and Expenses	\$ 3,652,781	\$ 3,514,274	\$ 138,507

Debt Service and Fixed Asset Fund:			
Debt Service	1,477,487	1,451,827	25,660
Excess(Deficiency) of revenues over Expenses	1,477,487	1,451,827	25,660

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

INCOME:	<u>MONTH OF August 2017</u>	<u>APPROVED BUDGET</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	3,112,057	5,024,779	(1,912,722)
Earned Income	1,257,342	1,207,094	50,248
General Revenue-Contract	1,141,546	1,152,870	(11,324)
TOTAL INCOME	<u>\$ 5,510,946</u>	<u>\$ 7,384,743</u>	<u>\$ (1,873,797)</u>
EXPENSES:			
Salaries	1,606,324	1,581,488	24,836
Employee Benefits	264,505	173,026	91,479
Medication Expense	51,053	17,319	33,734
Travel-Board/Staff	35,317	41,500	(6,183)
Building Rent/Maintenance	22,726	161,364	(138,638)
Consultants/Contracts	759,510	662,559	96,951
Other Operating Expenses	218,081	115,837	102,244
TOTAL EXPENSES	<u>\$ 2,957,516</u>	<u>\$ 2,753,093</u>	<u>\$ 204,423</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 2,553,430</u>	<u>\$ 4,631,650</u>	<u>\$ (2,078,220)</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	63,464	147,862	(84,398)
Capital Outlay-Debt Service	727,898	703,969	23,929
TOTAL CAPITAL EXPENDITURES	<u>\$ 791,362</u>	<u>\$ 851,831</u>	<u>\$ (60,469)</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,748,878</u>	<u>\$ 3,604,924</u>	<u>\$ 143,954</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 1,762,068</u>	<u>\$ 3,779,819</u>	<u>\$ (2,017,751)</u>

Debt Service and Fixed Asset Fund:			
Debt Service	727,898	703,969	23,929
Excess(Deficiency) of revenues over Expenses	<u>727,898</u>	<u>703,969</u>	<u>23,929</u>

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

INCOME:	<u>YTD August 2017</u>	<u>YTD August 2016</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	6,973,505	3,532,876	3,440,629
Earned Income	14,648,683	14,113,594	535,089
General Revenue-Contract	15,102,665	14,834,426	268,239
TOTAL INCOME	<u>\$ 36,724,853</u>	<u>\$ 32,480,896</u>	<u>\$ 4,243,957</u>
EXPENSES:			
Salaries	16,714,872	16,008,766	706,106
Employee Benefits	3,170,546	3,082,663	87,883
Medication Expense	663,566	702,989	(39,423)
Travel-Board/Staff	459,921	476,733	(16,812)
Building Rent/Maintenance	427,661	307,501	120,160
Consultants/Contracts	6,511,181	5,986,902	524,279
Other Operating Expenses	2,633,362	2,608,042	25,320
TOTAL EXPENSES	<u>\$ 30,581,108</u>	<u>\$ 29,173,596</u>	<u>\$ 1,407,512</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 6,143,745</u>	<u>\$ 3,307,300</u>	<u>\$ 2,836,445</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,013,478	2,509,984	(1,496,506)
Capital Outlay-Debt Service	1,477,487	449,572	1,027,915
TOTAL CAPITAL EXPENDITURES	<u>\$ 2,490,964</u>	<u>\$ 2,959,556</u>	<u>\$ (468,592)</u>
GRAND TOTAL EXPENDITURES	<u>\$ 33,072,072</u>	<u>\$ 32,133,152</u>	<u>\$ 938,920</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 3,652,781</u>	<u>\$ 347,744</u>	<u>\$ 3,305,037</u>

Debt Service and Fixed Asset Fund:			
Debt Service	1,477,487	449,572	1,027,915
Excess(Deficiency) of revenues over Expenses	<u>1,477,487</u>	<u>449,572</u>	<u>1,027,915</u>

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

INCOME:	MONTH OF August 2017	MONTH OF August 2016	Increase (Decrease)
Local Revenue Sources	3,112,057	165,163	2,946,894
Earned Income	1,257,342	1,297,130	(39,788)
General Revenue-Contract	1,141,546	1,169,588	(28,042)
TOTAL INCOME	\$ 5,510,946	\$ 2,631,881	\$ 2,879,065
Salaries	1,606,324	1,309,040	297,284
Employee Benefits	264,505	214,656	49,849
Medication Expense	51,053	58,197	(7,144)
Travel-Board/Staff	35,317	45,377	(10,060)
Building Rent/Maintenance	22,726	39,136	(16,410)
Consultants/Contracts	759,510	661,888	97,622
Other Operating Expenses	218,081	287,603	(69,522)
TOTAL EXPENSES	\$ 2,957,516	\$ 2,615,897	\$ 341,619
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,553,430	\$ 15,984	\$ 2,537,446
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	63,464	88,143	(24,679)
Capital Outlay-Debt Service	727,898	45,554	682,344
TOTAL CAPITAL EXPENDITURES	\$ 791,362	\$ 133,697	\$ 657,665
GRAND TOTAL EXPENDITURES	\$ 3,748,878	\$ 2,749,594	\$ 999,284
Excess (Deficiency) of Revenues and Expenses	\$ 1,762,068	\$ (117,713)	\$ 1,879,781

Debt Service and Fixed Asset Fund:			
Debt Service	727,898	45,554	682,344
Excess(Deficiency) of revenues over Expenses	727,898	45,554	682,344

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2017 Comparative Data
For the Month Ended August 2017
Preliminary

INCOME:	<u>MONTH OF August 2017</u>	<u>MONTH OF July 2017</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	3,112,057	83,751	3,028,306
Earned Income	1,257,342	1,229,393	27,949
General Revenue-Contract	1,141,546	1,224,091	(82,545)
TOTAL INCOME	<u>\$ 5,510,946</u>	<u>\$ 2,537,236</u>	<u>\$ 2,973,710</u>
EXPENSES:			
Salaries	1,606,324	1,337,239	269,085
Employee Benefits	264,505	175,315	89,189
Medication Expense	51,053	39,290	11,763
Travel-Board/Staff	35,317	39,220	(3,902)
Building Rent/Maintenance	22,726	66,087	(43,361)
Consultants/Contracts	759,510	603,342	156,168
Other Operating Expenses	218,081	177,982	40,099
TOTAL EXPENSES	<u>\$ 2,957,516</u>	<u>\$ 2,438,475</u>	<u>\$ 519,040</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 2,553,430</u>	<u>\$ 98,761</u>	<u>\$ 2,454,670</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	63,464	35,958	27,506
Capital Outlay-Debt Service	727,898	88,667	639,231
TOTAL CAPITAL EXPENDITURES	<u>\$ 791,362</u>	<u>\$ 124,625</u>	<u>\$ 666,737</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,748,878</u>	<u>\$ 2,563,101</u>	<u>\$ 1,185,777</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 1,762,068</u>	<u>\$ (25,865)</u>	<u>\$ 1,787,933</u>

Debt Service and Fixed Asset Fund:			
Debt Service	727,898	88,667	639,231
Excess(Deficiency) of revenues over Expenses	<u>727,898</u>	<u>88,667</u>	<u>639,231</u>

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

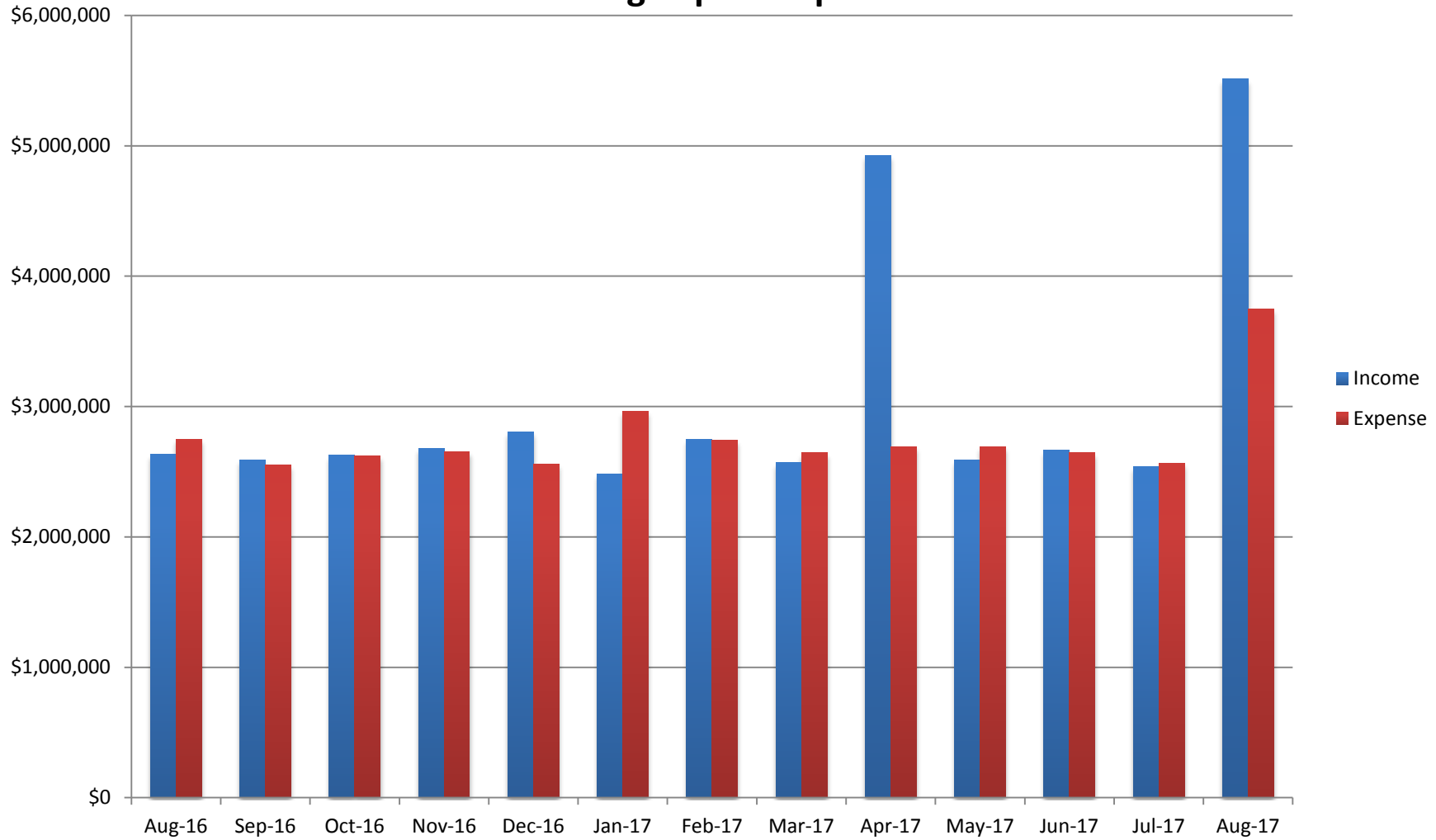
Preliminary

	YTD Mental Health August 2017	YTD IDD August 2017	YTD Other Services August 2017	YTD Agency Total August 2017	YTD Approved Budget August 2017	Increase (Decrease)
INCOME:						
Local Revenue Sources	4,571,801	2,463,768	(62,065)	6,973,505	6,746,928	226,577
Earned Income	3,909,117	6,594,944	4,144,622	14,648,683	14,596,927	51,756
General Revenue-Contract	13,037,170	2,065,494		15,102,665	15,059,202	43,463
TOTAL INCOME	\$ 21,518,088	\$ 11,124,206	\$ 4,082,557	\$ 36,724,853	\$ 36,403,057	\$ 321,796
EXPENSES:						
Salaries	10,712,066	3,349,285	2,653,521	16,714,872	16,708,753	6,119
Employee Benefits	2,007,144	690,783	472,618	3,170,546	3,170,226	320
Medication Expense	514,960		148,605	663,566	668,196	(4,630)
Travel-Board/Staff	259,155	137,860	62,906	459,921	463,204	(3,283)
Building Rent/Maintenance	276,772	103,644	47,245	427,660	441,747	(14,087)
Consultants/Contracts	2,511,225	3,809,380	190,576	6,511,181	6,274,549	236,632
Other Operating Expenses	1,527,825	644,102	461,436	2,633,362	2,633,903	(541)
TOTAL EXPENSES	\$ 17,809,147	\$ 8,735,054	\$ 4,036,907	\$ 30,581,108	\$ 30,360,578	\$ 220,530
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 3,708,941	\$ 2,389,152	\$ 45,650	\$ 6,143,745	\$ 6,042,479	\$ 101,266
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	550,346	305,621	157,512	1,013,478	1,076,378	(62,900)
Capital Outlay-Debt Service	834,509	291,694	351,284	1,477,487	1,451,827	25,660
TOTAL CAPITAL EXPENDITURES	\$ 1,384,855	\$ 597,315	\$ 508,796	\$ 2,490,965	\$ 2,528,205	\$ (37,240)
GRAND TOTAL EXPENDITURES	\$ 19,194,002	\$ 9,332,369	\$ 4,545,703	\$ 33,072,073	\$ 32,888,783	\$ 183,290
Excess (Deficiency) of Revenues and Expenses	\$ 2,324,086	\$ 1,791,837	\$ (463,146)	\$ 3,652,781	\$ 3,514,274	\$ 138,506

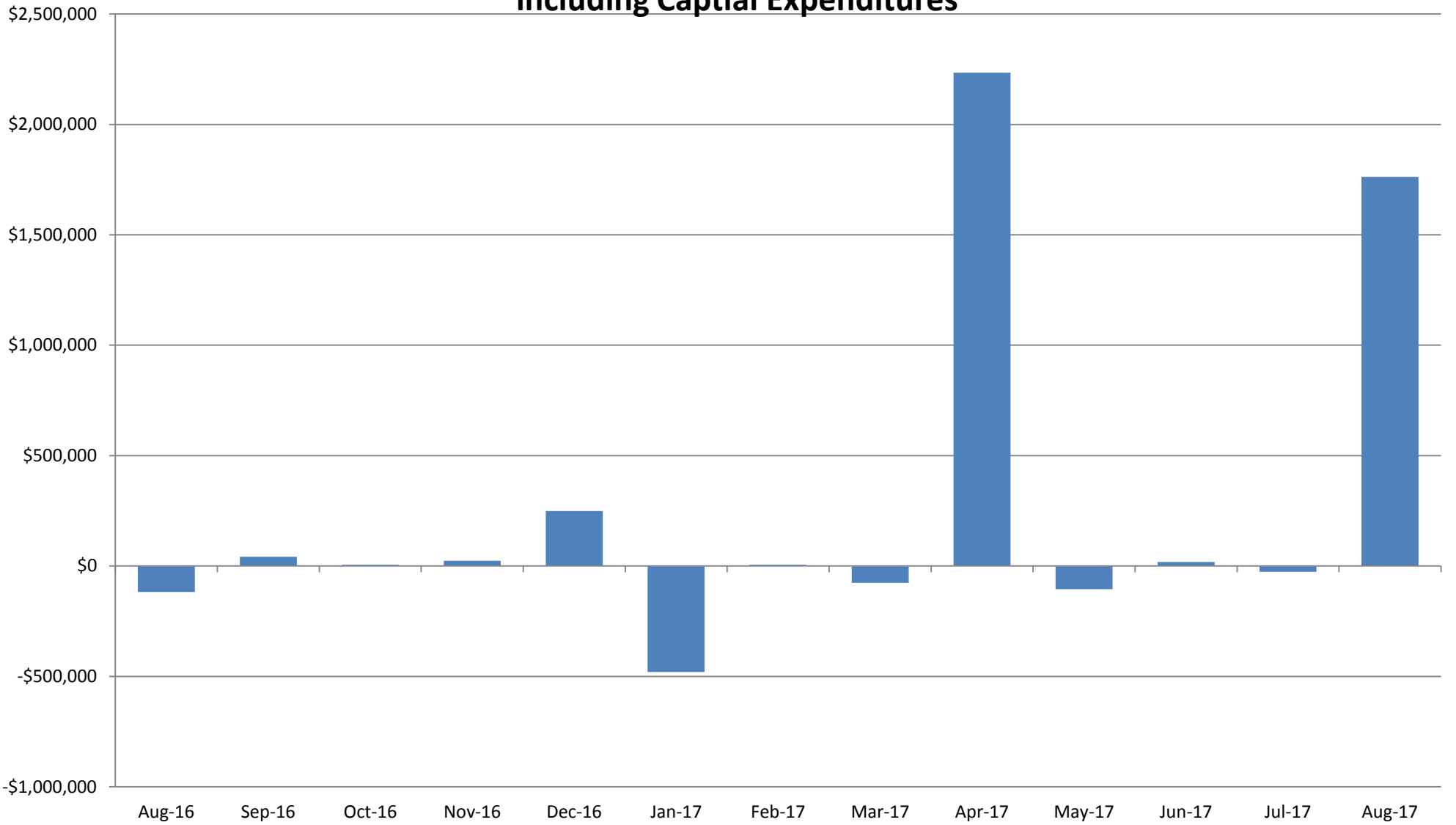
Debt Service and Fixed Asset Fund:						
Debt Service	834,509	291,694	351,284	1,477,487	1,451,827	(617,318)
Excess(Deficiency) of revenues over Expenses	834,509	291,694	351,284	1,477,487	1,451,827	(617,318)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



<p>Agenda Item: 4th Quarter FY 2017 Quarterly Investment Report</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>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.</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>	

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31, 2017

GENERAL INFORMATION

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

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

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

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

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

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

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

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

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	June	July	August
Uninvested Balance	6,058.89	(192.28)	(1,239,177.39)
Accrual of Interest Income	6,272,158.74	5,627,493.54	6,197,552.95
Interest and Management Fees Payable	(12,700,934.31)	(14,066,343.77)	(13,852,433.68)
Payable for Investments Purchased	(250,000,000.00)	0.00	0.00
Accrued Expense & Taxes	(22,256.34)	(21,261.88)	(19,975.52)
Repurchase Agreements	3,920,070,000.00	4,660,818,000.00	3,840,181,000.00
Mutual Fund Investments	315,022,103.88	315,022,103.88	415,022,103.88
Government Securities	12,837,705,884.44	11,204,020,105.05	11,223,305,199.22
U.S. Treasury Bills	174,418,475.00	354,101,960.00	354,454,626.65
U.S. Treasury Notes	638,324,750.00	338,766,860.00	200,683,288.50
TOTAL	17,629,096,240.30	16,864,268,724.54	16,024,732,184.61

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	21,642.47	(1,239,177.39)
Accrual of Interest Income	11,090,135.12	6,197,552.95
Interest and Management Fees Payable	(11,671,031.85)	(13,852,433.68)
Payable for Investments Purchased	0.00	0.00
Accrued Expenses & Taxes	(22,538.32)	(19,975.52)
Repurchase Agreements	4,746,614,000.00	3,840,181,000.00
Mutual Fund Investments	315,022,103.88	415,022,103.88
Government Securities	11,829,268,384.47	11,222,763,767.47
U.S. Treasury Bills	174,317,572.91	354,442,525.55
U.S. Treasury Notes	638,787,573.63	200,763,330.74
TOTAL	\$17,703,427,842.31	\$16,024,258,694.00

Portfolio by Maturity as of August 31, 2017

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
35.6%	56.9%	6.3%	1.3%

Portfolio by Type of Investments as of August 31, 2017

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
70.0%	23.9%	3.5%	2.6%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 0.88% for June, 0.97% for July and 1.00% for August.

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 August 31, 2017 was 30 days.

The net asset value as of August 31, 2017 was 1.00003.

The total amount of interest distributed to participants during the period was \$40,618,888.65.

This quarter, TexPool rates did exceeded 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 2,427.

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

9/15/17
Date

9/14/17
Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE
 QUARTERLY INTEREST EARNED REPORT
 FISCAL YEAR 2017
 As Of August 31, 2017**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 472.35	\$ 473.25	\$ 463.83	\$ 621.41	\$ 2,030.84
First Financial Bank CD	\$ 3,438.88	\$ 3,401.10	\$ 3,476.67	\$ 3,476.67	\$ 13,793.33
First Liberty National Bank	\$ 0.43	\$ 0.44	\$ 0.48	\$ 0.51	\$ 1.86
JP Morgan Chase (HBS)	\$ 1,349.11	\$ 1,843.28	\$ 2,220.25	\$ 2,106.29	\$ 7,518.93
Prosperity Bank	\$ 38.08	\$ 37.75	\$ 55.49	\$ 64.50	\$ 195.82
Prosperity Bank CD (formerly Tradition)	\$ 3,807.62	\$ 3,820.51	\$ 3,578.37	\$ 3,754.65	\$ 14,961.15
TexPool Participants	\$ 58.92	\$ 77.79	\$ 108.06	\$ 146.98	\$ 391.75
Total Earned	\$ 9,165.39	\$ 9,654.12	\$ 9,903.15	\$ 10,171.01	\$ 38,893.67

<p>Agenda Item: Board of Trustees Unit Financial Statement as of August 2017</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>August 2017 Board of Trustees Unit Financial Statement</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Unit Financial Statement
FY 2017

	August 2017 Actuals	July 2017 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 31,195.00	\$ 31,195.00	\$ -	100.00%	\$ 31,195.00
Total Revenue	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 31,195.00	\$ 31,195.00	\$ -	100.00%	\$ 31,195.00
Expenses								
80105236 Employee Recognition	\$ -	\$ -	\$ -	\$ 65.00	\$ -	\$ 65.00	0.00%	\$ -
80105275 Food Items	\$ -	\$ 200.00	\$ (200.00)	\$ 1,462.74	\$ 2,000.00	\$ (537.26)	73.14%	\$ 2,400.00
80105320 Insurance-Worker Compensation	\$ 7.03	\$ (128.00)	\$ 135.03	\$ 57.11	\$ 55.00	\$ 2.11	103.84%	\$ 200.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 18,000.00	\$ 18,000.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ 4.00	\$ (4.00)	\$ -	\$ 50.00	\$ (50.00)	0.00%	\$ 50.00
80105715 Supplies-Office	\$ -	\$ 20.00	\$ (20.00)	\$ 12.00	\$ 245.00	\$ (233.00)	0.00%	\$ 245.00
80105750 Training	\$ -	\$ 300.00	\$ (300.00)	\$ 1,960.00	\$ 3,600.00	\$ (1,640.00)	54.44%	\$ 3,600.00
80105755 Travel - Local	\$ -	\$ 75.00	\$ (75.00)	\$ 199.00	\$ 600.00	\$ (401.00)	33.17%	\$ 900.00
80105757 Travel - Non-local Mileage/Air	\$ 176.00	\$ 150.00	\$ 26.00	\$ 2,272.12	\$ 1,800.00	\$ 472.12	126.23%	\$ 1,800.00
80105758 Travel - Non-local Hotel	\$ 175.97	\$ -	\$ 175.97	\$ 4,699.09	\$ 3,000.00	\$ 1,699.09	156.64%	\$ 3,000.00
80105759 Travel - Meals	\$ 8.99	\$ 83.00	\$ (74.01)	\$ 101.83	\$ 1,000.00	\$ (898.17)	10.18%	\$ 1,000.00
Total Expenses	\$ 1,867.99	\$ 2,204.00	\$ (336.01)	\$ 28,828.89	\$ 30,350.00	\$ (1,521.11)	94.99%	\$ 31,195.00
Total Revenue minus Expenses	\$ 732.01	\$ 396.00	\$ 336.01	\$ 2,366.11	\$ 845.00	\$ 1,521.11	5.01%	\$ -

<p>Agenda Item: HUD 811 Update</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>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.</p>	
<p>Supporting Documentation:</p> <p>Fourth Quarter FY 2017 HUD 811 Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

4th Quarter FY 2017 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI) held their last face-to-face meeting at the property on June 16, 2017, where they reviewed project updates and financial status. The property remains at full capacity and continues to process incoming applications that are received. There are currently two (2) approved applications on the waiting list. Following a decision by the management company not to renew a resident's lease due to multiple violations, we received a discrimination claim from the Texas Workforce Commission and have since been notified of a determination of 'No reasonable cause'. Since the time of the last update to the Board, we have unfortunately had two resident deaths on the property, which are both believed to be of natural causes. Following this news, Tri-County Staff provided clinicians at the property to notify the other residents and provide support. A debriefing group was provided with the residents to process thoughts and feelings and discuss coping strategies and what to do should their symptoms increase as a result of this situation. Residents participated and provided positive support to one another. In early August we learned that the flooring company denied the claim to replace the tile. Cook Construction ensured us that this was not surprising on a first attempt to file a claim and that he will be requesting that their attorney get involved to ensure that either the manufacturer or installer takes responsibility for the issue. We will keep the Board updated as we learn more. Seven (7) months through the current fiscal year the property is operating at a loss of \$8,128.73 which is primarily due to expenses incurred following the deaths of two residents as mentioned above and the addition of a new contract for air and water heater maintenance. The current payable to Tri-County is \$29,895.00.

The Montgomery Supported Housing, Inc. Board (MSHI) met on September 26, 2017 where they reviewed project updates and financial status. Tri-County staff continue to monitor the property and expenditures and provide support to the Board as needed. On August 31, McDougal received word that their full request for budget based rent increase had been approved for the upcoming fiscal year. The clients are doing well and frequently participate in bingo and crafts. The property is currently at 100% occupancy and there are currently six (6) approved applications. The current payable to Tri-County is \$31,943.86.

The Independence Communities, Inc. Board (ICI) As you are aware, since our last update, we received the unfortunate news that our longtime Board member, Len George passed away. We are extremely grateful for the years of service that he has given to ICI and Tri-County. The next Board meeting is scheduled to be held on

October 3, 2017. The residents are reportedly doing well and there are currently zero (0) openings and there are four (4) approved applications. Tri-County staff continue to monitor the property and expenditures and provide support to the Board as needed. The property is currently awaiting approval of a budget based rent increase that is expected to be approved sometime before the end of October.

We are pleased to report that all of the properties held up well during Hurricane Harvey, the drainage and retention ponds worked as designed and all residents were reported to be safe with no damage to the properties. The CSHI, MSHI and ICI Boards continue to seek additional Board members. Potential interest may be forwarded to Tanya Bryant.

<p>Agenda Item: Tri-County's Consumer Foundation Update</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 28, 2017</p>
<p>Background Information:</p> <p>The Tri-County Consumer Foundation Board of Directors held a face-to-face meeting on July 18, 2017 in the Board Room at 233 Sgt. Ed Holcomb Blvd. S., where the committee reviewed the Schedule of Events for the "Changing Lives Breakfast" that was to be held on September 7, 2017. The Board and Tri-County staff invited numerous friends, local officials and supporters, and expected to have at least 30 guests in attendance for the Foundation's first fundraiser.</p> <p>On August 30, 2017, the Foundation Board discussed the postponement of the "Changing Lives Breakfast" due to the devastation caused by Hurricane Harvey to our area. The Board felt the postponement of the Breakfast was the right thing to do under the circumstances and unanimously voted to postpone the Breakfast to an undetermined date. All guests were contacted and informed of the decision with the promise that the event would be rescheduled as soon as possible.</p> <p>The Board will meet at its next quarterly meeting on October 12, 2017 to discuss an alternative date of the "Changing Lives Breakfast" Fundraiser.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

UPCOMING MEETINGS

October 26, 2017 – Board Meeting

- Longevity Presentations
- Approve Minutes from September 28, 2017 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2017
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- Cast Election Ballot for TCRMF Board of Trustees
- Consider Dates of Scheduled Board Meetings for Next Year
- Approve Financial Statements for September 2017
- Personnel Report for September 2017
- Texas Council Risk Management Fund Claims Summary for September 2017
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement for September 2017
- Building Consolidation Update

November 30, 2017 – Board Meeting

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Community Resources Report
- Consumer Services Report October 2017
- Program Updates
- Personnel Report October 2017
- Texas Council Risk Management Fund Claims Summary for October 2017
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for October 2017
- Board of Trustees Unit Financial Statement October 2017
- Building Consolidation Update

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

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

Updated 4/17/17