

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

**September 26, 2019**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 26, 2019. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## 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 29, 2019

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

- A. HHSC Site Visit-House Bill 13
- B. School-based Clinic Grant Proposal

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

- A. FY 2019 Audit
- B. Update on Software Conversion
- C. CFO Consortium

### V. Program Committee

#### Action Items

- A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members.....Page 10
- B. Reappoint Mental Health Planning Network Advisory Committee Members.....Page 11

#### Information Items

- C. Community Resources Report.....Pages 12-14
- D. Consumer Services Report for August 2019.....Pages 15-16
- E. Program Updates.....Pages 17-21
- F. Annual PNAC Reports.....Pages 22-24
- G. FY 2019 Goals & Objectives Progress Report 4<sup>th</sup> Quarter.....Pages 25-29
- H. 4<sup>th</sup> Quarter FY 2019 Corporate Compliance & Quality Management Report.....Pages 30-32
- I. Annual Corporate Compliance Report & 1<sup>st</sup> Qtr. FY 2020 Corporate Compliance Training.....Pages 33-35

## VI. Executive Committee

### Action Items

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| A. Appoint Texas Council Representative & Alternate for FY 2020..... | Page 36     |
| B. Reappoint Consumer Foundation Board of Directors.....             | Page 37     |
| C. Approve Revisions to Board Policy C.18.....                       | Pages 38-40 |

### Information Items

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|--|-------------|
| D. Personnel Report for August 2019.....   | Pages 41-43 |
| E. Texas Council Risk Management Fund Claims Summary for August 2019.....                        | Pages 44-45 |
| F. Board of Trustees Reappointments & Oaths of Office.....                                       | Pages 46-53 |
| G. Board of Trustees Committee Appointments.....   | Page 54     |
| H. Analysis of Board Members Attendance for FY 2019 Regular & Special Called Board Meetings..... | Pages 55-56 |

## VII. Business Committee

### Action Items

- |   |             |
|---|-------------|
| A. Approve FY 2020 Dues Commitment & Payment Schedule for Texas Council.....  | Pages 57-59 |
| B. Ratify HHSC Treatment Youth (TRY) Substance Abuse Services Contract No. 2016-048317-006, Amendment No. 5.....                                  | Page 60     |
| C. Ratify HHSC Treatment Adult Services (TRA) Contract No. 2016-048497-003 Amend No. 5.....   | Page 61     |
| D. Ratify FY 2019 HHSC IDD Performance Contract No. HHS000609300001.....  | Page 62     |
| E. Ratify HHSC LMHA Performance Agreement Contract No. HHS000576400001.....   | Page 63     |
| F. Ratify HHSC Autism Contract No. HHS000127500001, Amendment No. 2.....  | Page 64     |
| G. Ratify HHSC PATH Grant Program Contract No. HHS000231500002.....   | Page 65     |
| H. Ratify East Texas Behavioral Healthcare (ETBHN) Services Contract.....   | Page 66     |
| I. Ratify HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 1, First Episode Psychosis..... | Page 67     |
| J. Ratify HHSC Contract No. HHS000134400010, Amendment No. 1, Senate Bill 292.....  | Page 68     |
| K. Ratify the FY 2020 RecessAbility, Inc. Contract.....   | Page 69     |
| L. Independence Oaks Apartments.....  | Page 70     |

### Information Items

- |  |             |
|--|-------------|
| M. Review Preliminary August 2019 Financial Statements.....        | Pages 71-84 |
| N. 4 <sup>th</sup> Quarter FY 2019 Investment Report.....          | Pages 85-89 |
| O. Board of Trustees Unit Financial Statement for August 2019..... | Pages 90-91 |
| P. HUD 811 Updates - Cleveland, Montgomery and Huntsville.....     | Pages 92-94 |
| Q. From the Heart Program Update.....                              | Page 95     |

## VIII. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.072, Real Property.

Posted By:

Ava Green  
Executive Assistant

# Tri-County Behavioral Healthcare

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

August 29, 2019

### Board Members Present:

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

### Board Members Absent:

Janet Qureshi  
Tracy Sorensen

### Tri-County Staff Present:

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

### Sheriff Representatives Present:

Sheriff Rand Henderson, Montgomery County Sheriff  
Sheriff Bobby Rader, Liberty County Sheriff  
Lt. Keith DeHart, Walker County Sheriff's Office

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:09 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

**Public Comment:** There was no public comment.

**Quorum:** There being six (6) Board Members present, a quorum was established.

### Resolution #08-19-01

**Motion Made By:** Richard Duren

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

### Resolved:

That the Board excuse the absence of Janet Qureshi and Tracy Sorensen.



**Resolution #08-19-02**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the minutes of the July 25, 2019 meeting of the Board of Trustees.

**Executive Director's Report:**

The Executive Director's report is on file.

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

**PROGRAM COMMITTEE:**

**Resolution #08-19-03**

**Motion Made By:** Jacob Paschal

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

**Resolved:**

That the Board approve the FY 2020 Goals and Objectives.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for July 2019 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

**Resolution #08-19-04**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the annual election of FY 2020 Board Officers; Patti Atkins as Board Chair, Gail Page as Vice-Chair and Jacob Paschal as Secretary.

**Resolution #08-19-05**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board cast the election ballot for the Texas Council Risk Management Fund Board of Trustees as follows:

- Place 1: Ms. Mary Lou Flynn-DuPart
- Place 2: Mr. Steve Hipes
- Place 3: Judge Dorothy Morgan

The Personnel Report for July 2019 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for July 2019 was reviewed for information purposes only.

The Board Meeting Calendar for 2020 was reviewed for information purposes only.

The Texas Council Quarterly Meeting update was presented by Sharon Walker.

**BUSINESS COMMITTEE:**

**Resolution #08-19-06**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the July 2019 Financial Statements.

**Resolution #08-19-07**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2019 Year End Budget Revision.

**Resolution #08-19-08**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Operating Budget.

**Resolution #08-19-09**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the Mental Health First Aid Grant Contract No. HHS000183000001, Amend No. 2.

**Resolution #08-19-10**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the Co-Occurring Mental Health (TCO) Substance Abuse Services Contract No. 2016-048317-005, Amendment No. 5.

**Resolution #08-19-11**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the Youth Prevention Selective Contract No. HHS000539700102.

**Resolution #08-19-12**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the Youth Universal Prevention Contract No. HHS000539700051.

**Resolution #08-19-13**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Bonds Janitorial Contract.

**Resolution #08-19-14**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Lifetime Homecare Services Contract.

**Resolution #08-19-15**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 I Care ABA Therapy, LLC Contract.

**Resolution #08-19-16**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Contract for Dr. Jerri Sethna.

**Resolution #08-19-17**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Aspire Hospital, LLC Contract.

**Resolution #08-19-18**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Avail Solutions, Inc. Contract.

**Resolution #08-19-19**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Cypress Creek Hospital Contract.

**Resolution #08-19-20**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Kingwood Pines Hospital Contract.

**Resolution #08-19-21**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Baptist Hospitals of Southeast Texas Contract.

**Resolution #08-19-22**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2020 Woodland Springs Contract.

Evan Roberson presented an update on the current building issues at 233 Sgt Ed Holcomb Blvd S, Conroe, TX and no action was taken.

Tanya Bryant presented an update on the current status of Independence Oaks Apartments in Cleveland, TX and no action was taken.

The Board of Trustees Unit Financial Report for July 2019 was reviewed for information purposes only.

**The regular meeting of the Board of Trustees adjourned at 11:40 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.**

**The meeting of the Board of Trustees reconvened at 12:08 to go into regular session.**

**Resolution #08-19-23**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve a 3% salary increase, authorize the purchase of an additional, center paid, personal life insurance policy and continue the current contract term.

**The regular meeting of the Board of Trustees adjourned at 12:12 p.m.**

**Adjournment:**

**Attest:**

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Patti Atkins  
Chair

Date

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Jacob Paschal  
Secretary

Date



<b>Agenda Item:</b> Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members  <b>Committee:</b> Program	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  <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. Madeline Brogan has agreed to continue serving on the IDDPNAC for an additional two-year term and we are currently awaiting response from Mrs. Byrne. Both terms, if accepted, will expire on August 31, 2021.</p> <ul style="list-style-type: none"> <li>• Mary Byrne - Parent</li> <li>• Madeline Brogan - Professor of Accounting at Lone Star College and Parent</li> </ul> <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>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members to a Two-Year Term Expiring on August 31, 2021</b>	

<p><b>Agenda Item:</b> Reappoint Mental Health Planning Network Advisory Committee Members</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></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>The following member 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 on August 31, 2021.</p> <ul style="list-style-type: none"> <li>• Richard Duren - Family Member</li> </ul> <p>We currently have four MHPNAC 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><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p><b>Reappoint Mental Health Planning Network Advisory Committee Member to a Two-Year Term Expiring on August 31, 2021</b></p>	

<b>Agenda Item:</b> Community Resources Report  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## August 30, 2019 – September 26, 2019

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### Volunteer Hours:

Location	August
Conroe	517.25
Cleveland	0
Liberty	79.5
Huntsville	9.5
<b>Total</b>	<b>606.25</b>

### COMMUNITY ACTIVITIES:

9/3/19	Lone Star College Creekside – First Episode Psychosis Presentation	Tomball
9/4/19	Cleveland VFW meeting	Cleveland
9/4/19	Outreach, Screening, Assessment and Referral to Treatment Quarterly Meeting (OSAR)	Houston
9/4/19	Training and Community Development Meeting – Montgomery County Mental Health & Suicide Prevention Taskforce	The Woodlands
9/4/19	Conroe Noon Lions Club Luncheon	Conroe
9/4/19	Lone Star College The Woodlands – First Episode Psychosis Presentation	The Woodlands
9/4/19	Montgomery County Jail Veterans Presentation	Conroe
9/5/19	Sam Houston State University Veterans Presentation	Huntsville
9/5/19	Cleveland Chamber of Commerce Luncheon	Cleveland
9/5/19	Splendora ISD – First Episode Psychosis Presentation	Splendora
9/6/19	Conroe ISD Mentor Luncheon	Grangerland
9/9/19	Montgomery County Homeless Coalition Board Meeting	Conroe
9/9/19	Liberty County Probation Meeting – TCOOMMI Referrals	Liberty
9/9/19	Dayton District Parole Office Meetings – TCOOMMI Referrals	Dayton
9/10/19	AVERT Team Meeting	Conroe
9/11/19	Liberty County Community Resource Coordination Group	Liberty
9/11/19	Family and Community Coalition of Montgomery County	Conroe
9/11/19	Veterans Treatment Court	Conroe
9/11/19	Conroe Noon Lions Networking Event	Conroe
9/12/19	Conroe ISD Safety Committee Meeting	Conroe
9/12/19	Walker County Chamber of Commerce Breakfast	Huntsville
9/12/19	Bridgeup Impact Network Meeting	Pasadena
9/13/19	Conroe ISD Mentor Luncheon	Grangerland
9/17/19	North Houston Networking Breakfast	The Woodlands
9/17/19	Montgomery County Child Mental Health Coalition	Conroe
9/17/19	Montgomery County Community Resource Coordination Group	Conroe
9/18/19	Conroe ISD Youth Mental Health First Aid Training	Conroe

9/18/19	Conroe Noon Lions Club Luncheon	Conroe
9/18/19	Montgomery County Hospital District (MCHD) Youth Mental Health First Aid Training	Conroe
9/19/19	Montgomery County Homeless Coalition Meeting	Conroe
9/19/19	Court Appointed Special Advocates (CASA) Youth Mental Health First Aid Training	Conroe
9/20/19	Homeless Coalition Meeting	Conroe
9/20/19	Willis ISD Youth Mental Health First Aid Training	Willis
9/24/19	Homeless Management Information Systems Forum at the Conroe Chamber of Commerce	Conroe
9/25/19	Veterans and Families Symposium	Austin
9/25/19	Walker County Community Resource Coordination Group	Huntsville
9/26/19	Conroe ISD Mentor Lunch	Grangerland

### **UPCOMING ACTIVITIES:**

9/27/19	Magnolia ISD Youth Mental Health First Aid Training	Magnolia
10/1/19	Walker County Chamber of Commerce Breakfast	Huntsville
10/2-10/3/19	Supported Housing Workshop	Austin
10/3/19	Cleveland Chamber of Commerce Luncheon	Cleveland
10/8-10/10/19	Texas Homeless Network Conference on Ending Homelessness	Houston
10/15/19	Montgomery County Child Mental Health Coalition	Conroe
10/15/19	Montgomery County Community Resource Coordination Group	Conroe
10/16/19	Multidisciplinary Behavioral Health Team Quarterly Meeting	Huntsville
10/17/19	Homeless Coalition Meeting	Conroe



<b>Agenda Item:</b> Consumer Services Report for August 2019  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Report for August 2019	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Consumer Services Report

## August 2019

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	561	48	35	66	<b>710</b>
Crisis and Transitional Services (LOC 0, LOC 5)	58	1	0	0	<b>59</b>
Psychiatric Emergency Treatment Center (PETC) Served	61	5	5	7	<b>78</b>
Psychiatric Emergency Treatment Center (PETC) Bed Days	235	15	16	29	<b>295</b>
East Montgomery County Crisis Service Admits	27	7	0	1	<b>35</b>
Contract Hospital Admissions	2	1	1	0	<b>4</b>
Diversion Admits	19	1	0	2	<b>22</b>
Total State Hospital Admissions	0	1	0	0	<b>1</b>
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1m,1s,2,3,4)	1135	152	127	135	<b>1549</b>
Adult Medication Services	887	106	91	92	<b>1176</b>
Child Service Packages (LOC 1-4 and YC)	644	62	33	84	<b>823</b>
Child Medication Services	301	28	17	31	<b>377</b>
TCOOMMI (Adult Only)	126	12	17	10	<b>165</b>
Adult Jail Diversions	2	0	0	0	<b>2</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	3	0	0	0	<b>3</b>
Service Coordination	645	28	40	66	<b>779</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living)	23	3	13	19	<b>58</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	0	0	0	0	<b>0</b>
Youth Substance Abuse Treatment Services/COPSD	8	0	0	0	<b>8</b>
Adult Substance Abuse Treatment Services/COPSD	51	0	0	3	<b>54</b>
<b>Waiting/Interest Lists as of Month End</b>					
Adult Mental Health Services	144	3	0	0	<b>147</b>
Home and Community Based Services Interest List	1775	137	159	204	<b>2275</b>
<b>August Served by County</b>					
Adult Mental Health Services	1575	190	145	196	<b>2106</b>
Child Mental Health Services	742	65	37	95	<b>939</b>
Intellectual and Developmental Disabilities Services	694	43	54	75	<b>866</b>
<b>Total Served by County</b>	<b>3011</b>	<b>298</b>	<b>236</b>	<b>366</b>	<b>3911</b>
<b>July Served by County</b>					
Adult Mental Health Services	1665	189	142	169	<b>2165</b>
Child Mental Health Services	706	68	31	94	<b>899</b>
Intellectual and Developmental Disabilities Services	676	46	51	70	<b>843</b>
<b>Total Served by County</b>	<b>3047</b>	<b>303</b>	<b>224</b>	<b>333</b>	<b>3907</b>
<b>June Served by County</b>					
Adult Mental Health Services	1612	164	153	188	<b>2117</b>
Child Mental Health Services	734	76	30	90	<b>930</b>
Intellectual and Developmental Disabilities Services	673	47	56	74	<b>850</b>
<b>Total Served by County</b>	<b>3019</b>	<b>287</b>	<b>239</b>	<b>352</b>	<b>3897</b>

<b>Agenda Item:</b> Program Updates  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Program Updates**

## **August 30, 2019 – September 26, 2019**

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### **Crisis Services**

1. We continue to seek candidates for several positions in crisis services. Vacancies have largely been the result of internal transfers to other positions within crisis services or other programs in the center. Several of the candidates will start new employee orientation in the coming month. Existing staff are covering essential roles by working different or additional shifts.
2. While we continue to struggle to utilize Rusk State Hospital for adults with severe mental illness even if they have been in private hospitals for extended stays, we have been able to place several high-need kids in Austin State Hospital.

### **MH Adult Services**

1. The First Episode Psychosis program is slowly growing, accepting the first clients into treatment with a goal of admitting several more over the coming weeks. The program is also looking at areas for growth and improvement, focusing currently on the intake process to allow for more comprehensive data gathering ensuring appropriateness for treatment. By making these changes, it is anticipated that the program will not only have better outcomes for those served, but also a more efficient process that is conducive to the needs of this population.
2. The Adult Outpatient program is working to enhance the Peer Support program. Recently both of the current Peer staff received their certifications and are providing services to individuals in multiple levels of care. Peer Specialists recently held an event to raise awareness of service offerings. The informational session was well received and it is anticipated that this event will increase interest in the program moving forward.
3. The Adult Outpatient program is also looking at methods for enhancing qualified applicant flow for vacant positions and attended a recruiting event at Stephen F. Austin University in September to talk to students about internship, volunteer, and employment opportunities. The program also looks forward to welcoming two student interns this semester to learn about the outpatient clinic and the services we provide to both raise awareness of the work we do, but also encourage individuals to consider employment opportunities following graduation.
4. We continue to interview for nurse practitioners to fill in some of the needs in the rural clinics.
5. Recently, we have received several Outpatient Commitment requests from Montgomery County for persons discharging from the criminal justice system after being found incompetent to stand trial. An Outpatient Commitment is only effective if the client is concerned about consequences of violating the commitment (the "black robe effect"), so we accept these persons on a case by case basis. Of the three requests this month, only one had contact with Tri-County prior to involvement in the criminal justice system. Most will need our highest level of treatment upon release, Assertive Community Treatment.

## **MH Child and Youth Services**

1. C&Y continues to grow with our population and our school relationships. We have recently added more positions; however it remains difficult to recruit due to high employment rates.
2. We are expanding our counseling capacity with strategic scheduling and adding supervised interns to provide counseling to clients assessed to be at lower risk.
3. As usual the beginning of the school year is posing some challenges in accessing students as school policies and staff often change over the summer, making it necessary for us to problem-solve and build new relationships. We have had numerous meetings with various schools and districts to improve communication and provide education on mental health needs.

## **Criminal Justice Services**

1. Criminal Justice Services continue to provide quality services to individuals who are incarcerated, linking them with appropriate treatment and ensuring that their mental health needs are being met.
2. The Outpatient Competency Restoration program, sponsored a presentation to local judges and attorneys in August regarding the legislative changes occurring which will impact the OCR program, hospital systems, and the courts. This presentation was well received.

## **Substance Use Disorder Services**

1. The adult treatment program continues to exceed historic revenue and census targets. In addition, both the adult and youth programs are preparing for the busy season and expect a sharp increase in census over the coming months. In preparation for this trend, two staff have been hired to provide specialized services for individuals with co-occurring psychiatric and substance use disorders and those presenting for youth treatment. With these staffing changes, it is anticipated that there will be an increase in successful treatment outcomes.
2. We are in the process of expanding our prevention team by hiring and training four new prevention specialists after receiving new SUD prevention contracts from HHSC for the next five years.
3. The prevention manager is receiving requests for groups faster than we can implement the expanded services due to delay in receiving the new contract; however our relationships with the schools remain strong and they are patiently awaiting new staff to be trained.

## **IDD Services**

1. Cleveland Day Habilitation staff were able to receive approval for eight of our clients, four from Huntsville and four from Cleveland, to attend Music Therapy class at Sam Houston State University one day per week for a semester. The classes are free of charge for our clients.



2. Liberty VFW is planning to provide a bar-b-que dinner to our Liberty Day Habilitation clients and staff on Friday, November 1, 2019. VFW is reaching out to the Elks Lodge to see if they will join on the same day and if the Liberty Vindicator can run an article on the event.
3. Tri-County Autism Program will be posting a position for a Spanish Bi-lingual Registered Behavioral Technician (RBT) position. This will enable us to work with more children here at Tri-County and work with children in pairs who may benefit being around other children while developing social skills.
4. IDD Authority has begun contacting folks who are currently on the HCS and TxHmL Interest Lists for the FY20/21 HHSC contact. At this time, we will speak to the individual and/or family to determine if they want more information concerning services, if not already in services.

## **Support Services**

### **1. Quality Management (QM):**

- a. Staff have begun the TxHmL Program Survey which will allow for an in depth look at the overall health of the program as well as a detailed review of compliance with the Health and Human Services Commission (HHSC) Corrective Action Plan (CAP).
- b. Staff continue to conduct monthly chart audits of various programs to support quality improvement efforts around the Center. Audits conducted this period included a review of client discharges as well as several reviews related to documentation of provision of services for various areas around the Center.
- c. The Quality Management Department has been working with agency staff to update various forms and assessments. They are now in the process of scheduling training for staff in order to release a new Protected Health Information (PHI) Authorization form that will streamline the record release process for the Center.

### **2. Utilization Management:**

The Junior Utilization Management Committee has met to review the new 10% 'At Risk' measure for the FY 20/21 Performance Contract. We will monitor this measure closely this year to ensure that we are not fined for non-compliance.

### **3. Training:**

- a. The Clinical Trainer recently obtained certification as a trainer for the Ask About Suicide to save a life (ASK) training and began providing training to staff who have not yet received this course.
- b. The Clinical Trainer is in the process of implementing the second phase of the Trauma Informed Care rollout to Center staff.

### **4. Veteran Services:**

- a. We have hired the staff for our new Texas Veterans Commission (TVC) grant for Veterans Mental Health and Crisis services. The services will be offered to veterans, spouses and their children over the age of 18. Staff have spent the last couple of weeks talking to community members, non-profits, hospitals and

emergency personnel to tell them about the new program. They have their first client scheduled on Monday.

- b. Our new Veterans Services Liaison has also been busy networking with the local veterans, veterans programs, community members, and non-profits. She is working very hard to fill the very large shoes of Ashley Taylor.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**

An MH PNAC meeting was held on September 11<sup>th</sup> to review reports and provide annual training. Due to the lack of a quorum, the annual training was postponed until the next meeting. Ideas for membership and increased participation were discussed and the Youth Prevention Services program survey was reviewed.

## **Community Activities**

1. We have signed-up again to volunteer at the annual Out of Darkness Walk to be held in The Woodlands in November. Each year licensed staff volunteer to assist anyone who becomes upset or overwhelmed while at the event; which continues to grow into the thousands with each passing year.
2. Director of Strategic Development attended the Conroe ISD Safety Committee meeting. We discussed and reviewed strategies to increase safety within each individual school such as creating a safety vestibule between the front entrance of the school and the hallway into the school. Most of the schools now have this in place and are working on how to prevent students from letting adults into side doors. We also discussed active shooters, classroom phones, and trauma informed care training.
3. Staff attended the Cassidy Joined for Hope Event at Montgomery County Hospital District and due to a suicidal guest, the Director of Strategic Development was asked to attend other events with this group when children were in attendance.

<b>Agenda Item:</b> Planning Network Advisory Committee Annual Reports  <b>Committee:</b> Program	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  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 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.	
<b>Supporting Documentation:</b>  Mental Health PNAC Annual Report  Intellectual and Developmental Disabilities PNAC Annual Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **Mental Health Planning Network Advisory Committee**

### **Annual Report**

#### **FY 2019**

In FY 2019, 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 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 a program presentation on the Integrated Healthcare Services, including a review of the referral process, and received information on the legislative session as well as the required 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 upcoming activities of Tri-County's Consumer Foundation, School Based Mental Health Clinics, Expansion of Crisis Clinic Services to East Montgomery County and Veteran Services as well as staff participation in various community awareness activities such as the Out of the Darkness Walk and the Suicide Prevention Symposium. Additionally, the committee weighed in on some of the unique challenges facing our Center as we are located in close proximity to a large city and experiencing rapid population growth. The committee members expressed the need to continue to expand, retain qualified staff and identify additional funding sources to support the rapid growth in our catchment area.

In FY 2019, the MHPNAC met six times for regularly scheduled meetings. The overall attendance of this committee was 60% during the last year.

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

# **Intellectual and Developmental Disabilities Planning Network Advisory Committee**

## **Annual Report**

### **FY 2019**

In FY 2019, 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 so that they may provide informed feedback. This year the Committee attended presentations on the newly awarded Autism Program, the Veterans Services Program and annual training.

The Committee actively participated in the local planning process providing feedback through a series of meetings and reviews spanning from April 17, 2019 – June 3, 2019. A series of five (5) planning meetings were held across our four (4) primary service areas and the Committee assisted with the distribution of surveys, in both paper and electronic format, to key community stakeholders. The Committee provided valuable feedback for the plan, specifically citing the following items during the planning process:

- Development of additional resources for services and exploring the use of Family Partners for family members of persons with IDD;
- Continued focus on developing community relationships, specifically with regard to the educational system;
- Community education about IDD, available resources, and navigation through the changing system of care; and,
- Improvement of community transportation and affordable housing options to ensure that our service locations and populations served are considered in any future community plans.

In FY 2019, the IDDPNAC met five times and had an overall attendance of 49%.

The IDDPNAC has eight members and we are currently seeking one additional member to be in compliance with contract requirements.

<b>Agenda Item:</b> FY 2019 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  Attached is the final report of the Board Goals and Objectives for FY 2019.	
<b>Supporting Documentation:</b>  FY 2019 Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

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

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*September 1, 2018 – August 31, 2019*

## **Goal #1 – Community Connectedness**

### **Objective 1:**

**Tri-County Consumer Foundation will hold at least two fundraisers in FY 2019.**

- Tri-County's Consumer Foundation held a "Family Fun Night" fundraiser on October 27, 2018 at the City of Panorama raising \$16,365.
- Tri-County's Consumer Foundation hosted "The Green Jacket Dinner and Auction" at Carlton Woods Country Club on Tuesday, April 9, 2019. The dinner raised \$35,530.
- The Foundation Board has begun awarding funds to Tri-County Consumers for items like car repair, hot water heaters and other small home repairs, and General Education Diploma courses.

### **Objective 2:**

**The Executive Director will actively participate in the 86<sup>th</sup> Legislative Session on behalf of the Center and the persons we serve and will make regular reports to the Board of Trustees.**

- Evan Roberson, Catherine Prestigiovanni and Sharon Walker visited the Capitol on January 18, 2019.
- Evan Roberson and Sharon Walker also visited our legislative staff on April 5, 2019 including a direct meeting with Representative Toth.
- Evan Roberson is lead on the Behavioral Health Bill response team made up of staff from five centers and Tri-County's three program directors for the 86<sup>th</sup> Legislative Session.
- Overall, the session yielded mixed results, but included several 'wins' for the Center system including additional outpatient funding and a delay in the transition of IDD long term services and supports to managed care. In addition, we continue to develop stronger relationships with our Senators and Representatives-work that continues after the session is over.

## **Goal #2 – Clinical Excellence**

### **Objective 1:**

**Staff will work with Sam Houston State University and Lone Star Family Health Clinic to enhance School-based Mental Health Clinics and will develop Memorandums of Understanding with each by March 31, 2019.**

- Staff has had multiple meetings with Sam Houston State University and with Lone Star Family Health Clinic in Fiscal Year 2019.

- Conversations with Lone Star included a conversation about a mechanism for billing some services under their Federally Qualified Healthcare Clinic license which would result in more revenue for certain services and a discussion of collaboration in Conroe Independent School District's Caney Creek High School feeder system for continued school's mental health and physical health clinics.
- Conversations with Lone Star have included CISD Administrators and will likely lead to further partnership with both entities. The most likely scenario at this point is that Lone Star would be added to the existing interlocal agreement between CISD and Tri-County. Across the state and nation, collaborations between the Federally Qualified Healthcare Clinic (Lone Star in our case) and the Community Center have resulted in the best school-based clinic partnerships.
- Conversations with Sam Houston have shifted from conversations with the School of Counseling to conversations with the Department of Research and Sponsored Programs and now the Department of Psychology. SHSU continues to be interested in collaborating with us in some way, but has not, at this time, decided to allow interns to work on school campuses. Staff has discussed Mental Health First Aid provided on Sam's Campuses in Huntsville and The Woodlands as a starting point for a more established relationship.
- Our staff psychologist, Dr. Maria Quintero-Conk, will meet with the Chair of the Psychology department at SHSU at the beginning of August to work on an internship agreement for doctorate level Psychology interns.
- We have signed an agreement with SHSU to host residents from the new medical school located in Conroe.
- If there is a Memorandum of Understanding coming with Sam Houston State, it may not be this fiscal year.

## Objective 2:

**Tri-County will develop a work plan and team to guide the Certified Community Behavioral Health Clinic transition by May 31, 2019. Regular reports on progress will be made to the Board of Trustees.**

- The CCBHC kickoff meeting was held on January 14<sup>th</sup>. In addition to a deep review of CCBHC principles and tasks, the assignments for the 12 workgroups were reviewed. Subsequently, the 12 workgroups have been assigned and have met with the CCBHC Leadership group to discuss timelines, tasks and deliverables. There is good energy around working through the steps to become CCBHC Certified.
- The teams include: Leadership; Care Coordination and Recovery Planning; Network Development; Evidence-Based Practices; Value-Based Payments; Crisis; Customer Experience; Wellness; Software Evaluation and Modification; Trauma Informed Care; Data; and Outcome Assessments.
- The Executive Director chose November 2020 as the deadline for submission of the CCBHC Procedures which will be used to certify the agency. However, recently HHSC has changed their timelines for certification and the November 2020 date may have to be modified to a sooner date.



- Two major accomplishments thus far are the submission of the Alternate Payment Model cost report and our first review of potential new clinical software.
- Evan Roberson made a presentation on Risk Stratification at the Texas Council Conference. Risk Stratification is pre-requisite for Care Coordination which is a key component of becoming a CCBHC.
- Evan Roberson will be leading an ETBHN workgroup that will focus on Risk Stratification and Care Coordination.

### Goal #3 – Staff Development

#### Objective 1:

**Leadership Tri-County Class Participants will review the current on-boarding process, including face to face and computer-based training and recommend changes to the current process to Management Team by March 31, 2019.**

- The Leadership Tri-County Cohorts compiled a list of recommendations and representatives of the class met with Evan Roberson and presented an outline of their recommended objectives, along with a possible implementation plan. The Cohorts were able to explain their recommendations, why they felt these changes would be beneficial, and discuss any possible barriers to implementing the recommended changes that they anticipated. Recommendations are under consideration.

### Goal #4 – Administrative Competence

#### Objective 1:

**Staff will select a vendor to update all Tri-County websites by April 30, 2019.**

- The Executive Director posted a Request for Proposals on the current Tri-County website and has sent it to a few companies recommended by other Centers. There was no response to the RFP, so a position was posted for someone that could program in the current website's language, Drupal, while we consider next steps. The Drupal programmer would help us clean up our current site while we look for a vendor.
- Staff will continue to look for a website vendor to update the Tri-County site and the site for the Consumer Foundation.
- The Website vendor was chosen and the cost of the new site was included as a part of the FY 2020 budget.

#### Objective 2:

**Leadership Tri-County Class Participants will review our current employee benefits structure and will make recommendations regarding enhancements which would be valued by staff and which are budget neutral by April 30, 2019.**

- The Leadership Tri-County Cohorts compiled a list of recommendations and representatives of the class met with Evan Roberson and presented an outline of their recommended objectives. The Cohorts were able to explain their recommendations,

why they felt these changes would be beneficial, and discuss the feedback they had received from peers pertaining to this area of concern.

- Their primary recommendation was a shift to alternate work schedules for our staff. The Executive Director authorized a two-month pilot of alternate work schedules. After receiving feedback on the pilot, he will authorize 4-10 alternate work schedules for mental health field-based bachelor level staff starting 9.1.19. Other positions may be incorporated into these procedures over time.
- Based on recommendation from the cohorts, a more casual dress code was implemented beginning September 1, 2019.

## **Goal #5 – Professional Facilities**

### **Objective 1:**

**Staff will develop a facility improvement plan for Cleveland by May 31, 2019.**

- The Executive Director has contacted local relator, Phillip Cameron, to begin looking at options for property or facilities in North Liberty County.
- Mike Duncum has been engaged to look at four options in Cleveland.
  - Option 1: Move one of our service lines (e.g. Child and Youth Services) to the Campbell street building that we currently lease to UTMB/WIC. Make required repairs to Truman (roof, drains and siding).
  - Option 2: Convert the 20 x 60 building in the back of Truman to office space, add a covered or enclosed walkway, fix Truman roof and drainage issues, repair siding on the building.
  - Option 3: New construction at the current site and tear down the existing post construction.
  - Option 4: New location to be determined.
- In May, the Board authorized \$15,000 for the development of architectural drawings and site plans for a new building at two potential sites in Cleveland. After reviewing these recommendations with the Management Team on August 9<sup>th</sup>, Mike will present his findings to the Board for further consideration.
- This objective will be continued in FY 2020.

<b>Agenda Item:</b> 4 <sup>th</sup> Quarter FY 2019 Corporate Compliance and Quality Management Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."  Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.  Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4 <sup>th</sup> quarter of FY 2019 are included in this Board packet.	
<b>Supporting Documentation:</b>  4 <sup>th</sup> Quarter FY 2019 Corporate Compliance and Quality Management Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Corporate Compliance and Quality Management Report**

## **4<sup>th</sup> Quarter, FY 2019**

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### **Corporate Compliance Activities**

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

Two investigations and one review were completed in the 4<sup>th</sup> Quarter.

1. One investigation resulted in \$1464.15 in service payback. The staff was paid \$540 in overtime pay. The staff received a final written warning and resigned the following day.
2. The second investigation resulted in \$1346.50 in service payback. The staff was paid \$12.83 in overtime pay. The staff received a final written warning.
3. The review resulted in \$619.39. The staff was paid \$37.05 in overtime and received a verbal warning.

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

The Corporate Compliance Committee met on July 17, 2019. The committee reviewed the following:

1. A final summary of the 3<sup>rd</sup> Quarter investigations;
2. 4<sup>th</sup> Quarter updates;
3. Legal updates on compliance issues;
4. Trending items and;
5. HIPAA review.

### **Quality Management Initiatives**

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

1. Staff participated in the Superior Foster Care quarterly on-site audit on August 14, 2019. All charts reviewed scored above 90% and there were only minor findings.
2. Staff reviewed and submitted eight record requests, totaling 34 charts.
3. Staff Completed a Program Survey of Youth Prevention Services
4. Staff participated in a Summer Series of Liability Webinars

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

1. Staff prepared and submitted four charts going back three months for the Superior Foster Care quarterly on-site audit.
2. Staff reviewed and submitted one chart to a private insurance company for services they were billed dating back to February 7, 2019.

3. Staff reviewed and submitted 26 charts (three separate requests) to Amerigroup for services they were billed dating back to January 2018.
4. Staff reviewed and submitted one chart to United Healthcare for services they were billed dating back to January 2019.
5. Staff completed a detailed review of the Youth Prevention Services Program to include a review of financial, rules compliance, documentation, contract performance measures, participant satisfaction, and training among other areas. The program is performing well, participants report high levels of satisfaction and only minor areas of improvement were identified.
6. Staff conducted quarterly chart audits in compliance with the IDD Authority Audit Corrective Action Plan which resulted from the annual audit this past January.
7. Seventy-five progress notes were reviewed in detail by staff. Areas needing improvement were communicated to the supervisor and the Clinical Trainer provided re-training as needed.

**C. Other Quality Management Activities:**

1. Staff reviewed 209 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly and follow up was made with supervisors as appropriate to initiate additional education as needed.
2. Several Quality Management staff participated in a summer webinar series held by the Risk Managers Advisory Committee related to selected risk topics such as confidentiality, consent, guardianship, subpoenas and other law enforcement requests for information.
3. Staff reviewed 46 surveys from individuals who were hospitalized in our State Hospital Diversion beds via contract facilities. The majority of the feedback was generally positive. A few surveys provided feedback on concerns related to communication and customer service and this information was relayed to the contract hospital patient advocate. Quality Management staff continue to monitor these surveys to ensure quality of care.
4. Staff continued to review Televideo Surveys with overall feedback received for Q4 being positive. One survey indicated neutral scoring due to feeling the provider was not able to relate to them.
5. Two appeals regarding client termination of services were received in Q4. On both of these appeals, the original decision to terminate from services was upheld. After a clinical review of the chart, it appears that staff followed the discharge procedure appropriately.

<b>Agenda Item:</b> Annual Corporate Compliance Report and 1 <sup>st</sup> Quarter Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  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 2019 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  FY 2019 Annual Corporate Compliance Report  FY 2020 1 <sup>st</sup> Quarter Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **Corporate Compliance Program FY 2019 Annual Report**

### **General Overview:**

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

Last year, the Compliance Department initiated a new training for new hires that occurs after ninety (90) days on the job. This “refresher” training supplements the initial face-to-face training that all new hires complete. This refresher training has proven to be a successful in reminding staff about compliance.

The Corporate Compliance Committee continues to review legal updates on a quarterly basis in order to keep abreast of Compliance related legislation and rulings. Currently the committee is reviewing the Corporate Compliance Action Plan and recommending revisions (as needed).

The Compliance Department is responsible for ensuring Tri-County’s legal compliance with all regulations, and does so through making compliance auditing and oversight a high priority.

### **Corporate Compliance Investigation Results:**

In FY 19, there were fifteen (15) corporate compliance allegations which were reviewed. Of the fifteen (15) allegations reviewed, seven (7) required further investigation by the Chief Compliance Officer.

The Compliance Department continues to conduct intermittent audits and reviews in order to improve Tri-County’s ability to identify and address potential compliance issues as quickly as possible.

### **FY19 Total Corporate Compliance Investigations**



## In This Issue:

Compliance  
Reporting

How to Report  
Compliance  
Concerns

Your Corporate  
Compliance Team

## Compliance Reporting

Tri-County places importance on its Code of Conduct (which articulates the standards of behavior by which all employees agree to abide) as well as our culture of non-retaliation, auditing, and training. Tri-County also prides itself on having a reliable and accessible means of reporting suspected misconduct. Within this Newsletter we will present the multiple means that Tri-County has established for reporting suspected misconduct.

**“It takes twenty years to build a reputation and five minutes to ruin it. if you think about that, you’ll do things differently.”**  
-Warren Buffet

### Reporting of Compliance and Ethics Concerns

Tri-County has established effective and confidential means for individuals to report allegations or concerns that include actual or suspected violations of law, violations of any Tri-County policies or procedures, or any other type of wrongful conduct. Please understand that failure to report policy violations or criminal conduct can be interpreted as condoning the action; therefore the importance of reporting is emphasized!

### How to report compliance concerns to the Compliance Department:

1. 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 may be left confidentially; however, please leave a detailed message about the misconduct you are reporting. Please be as specific as possible.

2. A special email account has been set up for the submission of ethics-related questions or concerns. Email: [corporatecompliance@tcbhc.org](mailto:corporatecompliance@tcbhc.org); or

3. By appointment: Your Corporate Compliance team is located at the Conroe Facility, located at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX 77304.

4. Or feel free to contact any member of the Compliance Team for an appointment.

- ◆ Information communicated to Compliance Department is confidential, within limits of the law.
- ◆ Employees are not required to identify themselves when reporting a concern.
- ◆ Tri-County maintains a non-retaliation policy.
- ◆ Failure to report non-compliance could potentially subject an employee to disciplinary action.

### Your Corporate Compliance Team

Amy Foerster  
Chief Compliance Officer  
[amyf@tcbhc.org](mailto:amyf@tcbhc.org)

Heather Hensley  
Administrator of Compliance  
[heatherh@tcbhc.org](mailto:heatherh@tcbhc.org)

Michelle Walker  
Administrator of Compliance  
[michellew@tcbhc.org](mailto:michellew@tcbhc.org)

Staff Acknowledgement: \_\_\_\_\_

Print

Signature

Date



<b>Agenda Item:</b> Appoint Texas Council Representative and Alternate for FY 2020	<b>Board Meeting Date</b>
<b>Committee:</b> Executive	September 26, 2019
<b>Background Information:</b>	
<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>	
<b>Supporting Documentation:</b>	
None	
<b>Recommended Action:</b>	
<b>Appoint Texas Council Representative and Alternate for FY 2020</b>	

<p><b>Agenda Item:</b> Reappoint Tri-County's Consumer Foundation Board of Directors</p> <p><b>Committee:</b> Executive</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>According to the bylaws for Tri-County's Consumer Foundation (TCCF), 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. All have agreed to continue serving on Tri-County's Consumer Foundation Board for an additional two-year term which will expire on August 31, 2021.</p> <ul style="list-style-type: none"> <li>• Richard Duren</li> <li>• Phillip Dupuis</li> </ul>	
<p><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p><b>Reappoint Richard Duren, and Phillip Dupuis to Tri-County's Consumer Foundation Board of Directors for an Additional Two-Year Term Expiring on August 31, 2021</b></p>	

<p><b>Agenda Item:</b> Approve Revisions to Board Policy C.18</p> <p><b>Committee:</b> Executive</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b>  As required by Board Policy, the Executive Director has reviewed the Policy Manual to determine if anything needed to be revised. There was only one policy that required change and the change below is recommended for approval by the Board.</p> <p><b>Revisions:</b>  <b>C.18-Planning Network Advisory Committee(s)</b>— Incorporates required changes in the LMHA Performance contract that the Mental Health Planning Network Advisory Committee include 'at least one person with lived experience with homelessness or housing instability.'</p> <p>In certain parts of the state the PNACs are very active advocates with the Board of Trustees for persons served, and the performance contract includes an expectation that a representative of the PNAC would make quarterly reports to the Board. Summaries of the PNACs activities are included in the monthly Program Updates, but we will revisit if there should additional reporting to the Board. Historically, the Tri-County PNACs have not been interested in making updates directly to the Board.</p> <p>No other Policy revisions are needed at this time. As we continue to work on becoming a Certified Community Behavioral Health Clinic (CCBHC), we anticipate that we will have several required Policy changes.</p>	
<p><b>Supporting Documentation:</b>  <u>Revised Board Policy (Markup Version)</u>  C.18 – Planning Network Advisory Committee(s)</p>	
<p><b>Recommended Action:</b>  <b>Approve Revisions to Board Policy C.18</b></p>	

# TRI-COUNTY BEHAVIORAL HEALTHCARE

## STATEMENT OF POLICY

\_\_\_\_\_  
Patti Atkins, Chair

September 26, 2019

\_\_\_\_\_  
Date

ORIGINAL EFFECTIVE DATE: April 9, 1988, December 8, 2016

REVISION DATE(S): December 8, 2016

SUBJECT: Planning Network Advisory Committee(s)

The Planning Network Advisory Committee(s) shall be an independent, impartial third party mechanism(s) which is/are charged with protecting, preserving, promoting, and advocating for the health, safety, welfare, and other legal and human rights of clients served by Tri-County Behavioral Healthcare (“Tri-County” or “Center”).

- I. The Tri-County Board of Trustees shall appoint, charge and support one or more Planning and Network Advisory Committees (PNACs) necessary to perform the committee’s advisory functions, as follows:
  - A. The PNAC shall be composed of at least nine members, 50 percent of whom shall be clients or family members of clients, including family members of children or youth, or another composition approved by HHSC; **and include at least one persons with lived experience with homelessness or housing instability;**
  - B. PNAC members shall be objective and avoid even the appearance of conflicts of interest in performing the responsibilities of the committee;
  - C. The Center may develop alliances with other LMHA/LIDDAs to form regional PNACs; and
    1. The Center may develop a combined mental health and Intellectual and Developmental Disability (IDD) and Mental Health (MH) PNAC.
    2. If the Center develops such a PNAC, the 50 percent client and family member representation shall consist of equal numbers of mental health and IDD clients and family members. Expanded membership may be necessary to ensure equal representation.

- II. The Executive Director of Tri-County shall appoint a staff liaison to the PNAC(s), whose responsibility it shall be to provide training for the Committee, obtain needed support services for the Committee and serve as the primary interface between the Committee and Tri-County Board of Trustees.
  - A. The Center PNAC liaison(s) shall establish outcomes and reporting requirements for each PNAC;
  - B. The Center PNAC liaison(s) shall ensure all PNAC members receive initial and ongoing training and information necessary to achieve expected outcomes. Contractor shall ensure that the PNAC receives training and information related to 25 TAC Chapter 412, Subchapter P (Provider Network Development) and that the PNAC is actively involved in the development of the Consolidated Local Service Plan and the Provider Network Development Plan;
  - C. The Center PNAC liaison(s) shall ensure the PNAC has access to all information regarding total funds available through this Statement of Work for services in each program area and required performance targets and outcomes;
  - D. The Center PNAC liaison(s) shall ensure the PNAC receives a written copy of the final annual budget and biennial plan for each program area as approved by Contractor's Board of Trustees, and a written explanation of any variance from the PNAC's recommendations; and
  - E. The Center PNAC liaison(s) shall ensure that the PNAC has access to and reports to Center's Board of Trustees at least quarterly on issues related to: the needs and priorities of the LSA; implementation of plans and contracts; and the PNAC's actions that respond to special assignments given to the PNAC by the local board.

<b>Agenda Item:</b> Personnel Report for August 2019  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Report August 2019	
<b>Recommended Action:</b>  <b>For Information Only</b>	

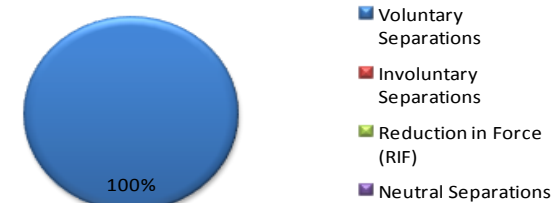
## Personnel Report August 2019

Total Applications received in August= 531
Total New Hires for the month of August= 13
Total New Hires Year to Date = 124

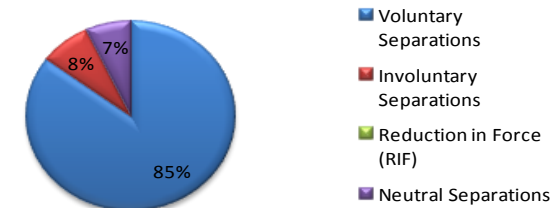
August Turnover - FY19 compared to FY18	FY19	FY18
Number of Active Employees	353	341
Number of Monthly Separations	10	15
Number of Separations YTD	115	121
Year to Date Turnover Rate	33%	35%
August Turnover Rate	3%	4%

Separations by Reason	August Separations	FY19 YTD
Retired	0	2
Involuntarily Terminated	0	10
Neutral Termination	0	8
Dissatisfied	1	6
Lack of Support from Administration	0	6
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	1
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	3
RIF	0	0
Deceased	0	0
Pay	0	1
Health	0	0
Family	0	5
Relocation	3	8
School	0	10
Personal	1	7
Unknown	1	12
New Job	4	36
<b>Total Separations</b>	<b>10</b>	<b>115</b>

**August Voluntary, Involuntary, RIF and Neutral Separations**



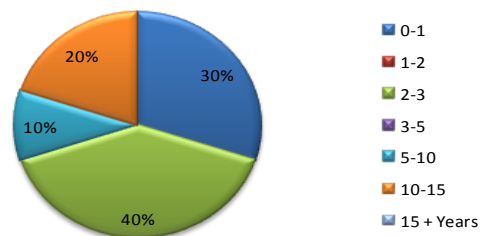
**Year to Date Voluntary, Involuntary, RIF and Neutral Separations**



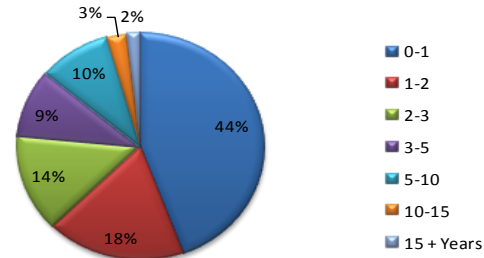
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% August	% Year to Date
Evan Roberson	22	0	8	0%	36%
Millie McDuffey	35	2	6	6%	17%
Amy Foerster	5	0	0	0%	0%
Tanya Bryant	10	0	1	0%	10%
MH Adult	88	2	33	2%	38%
MH Child & Youth	62	2	32	3%	52%
Catherine Prestigiovanni	1	0	1	0%	50%
PETC	55	1	11	2%	20%
Kelly Shropshire	33	3	14	9%	42%
Kathy Foster	33	0	8	0%	24%
Kenneth Barfield	9	0	1	0%	11%
<b>Total</b>	<b>353</b>	<b>10</b>	<b>115</b>		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% August	% Year to Date
Supervisors & Managers	25	0	6	0%	24%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	49	0	16	0%	33%
Professionals (QMHP)	101	5	50	5%	50%
Professionals (QIDP)	28	1	11	4%	39%
Licensed Staff (LCDC, LPC...)	19	0	5	0%	26%
Business Services (Accounting)	14	0	1	0%	7%
Central Administration (HR, IT, Executive Director)	21	1	3	5%	14%
Program Support(Financial Counselors, QA, Training, Med. Records)	46	2	9	4%	20%
Nurse Technicians/Aides	16	0	4	0%	25%
Service/Maintenance	7	1	2	14%	29%
Direct Care (HCS, Respite, Life Skills)	27	0	8	0%	30%
<b>Total</b>	<b>353</b>	<b>10</b>	<b>115</b>		

**August Separations by Tenure**



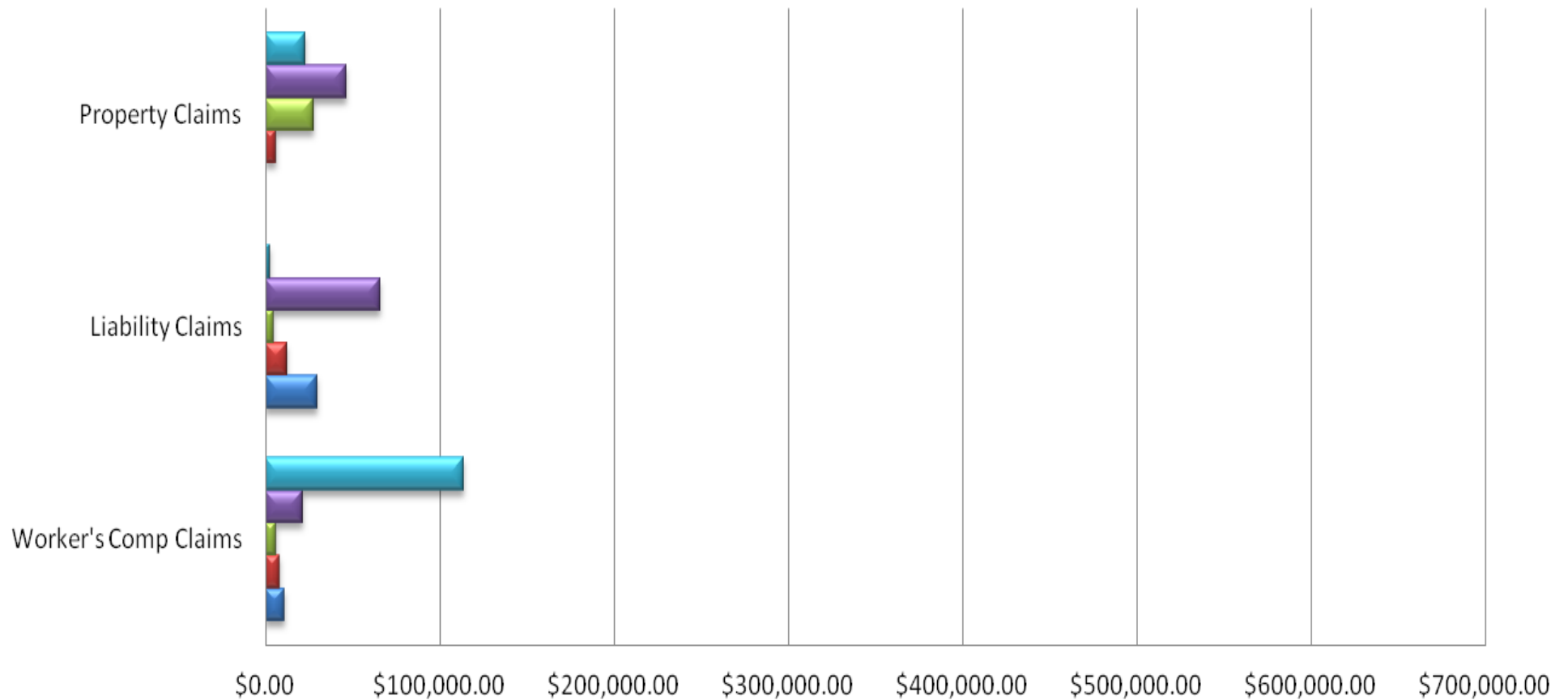
**Year to Date Separations by Tenure**





<b>Agenda Item:</b> Texas Council Risk Management Fund Claims Summary as of August 2019  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Texas Council Risk Management Fund Claims Summary as of August 2019	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## TCRMF Claims Summary August 2019



	Worker's Comp Claims	Liability Claims	Property Claims
2015	\$113,917.00	\$2,556.00	\$22,505.00
2016	\$21,176.00	\$65,795.00	\$46,114.00
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,191.00	\$12,273.00	\$6,126.00
2019	\$10,675.00	\$29,330.00	\$0.00

<p><b>Agenda Item:</b> Board of Trustees Reappointments and Oaths of Office</p> <p><b>Committee:</b> Executive</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></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, 2021.</p> <p>Reappointments:</p> <ul style="list-style-type: none"> <li>• Gail Page, Liberty County</li> <li>• Sharon Walker, Montgomery County</li> <li>• Morris Johnson, Walker County</li> <li>• Tracy Sorensen, Walker County</li> </ul> <p>Oaths of Office will be recited at the Board meeting.</p>	
<p><b>Supporting Documentation:</b></p> <p>Oath of Office Recitation</p> <p>Montgomery County Trustees – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated August 27, 2019.</p> <p>Liberty County Trustees – Copy of Minutes from Liberty County Commissioner's Court Meeting dated July 23, 2019.</p> <p>Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated July 15, 2019.</p>	
<p><b>Recommended Action:</b></p> <p><b>Recite Oaths of Office</b></p>	

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

**JULY 23, 2019**

**THE STATE OF TEXAS           §  
   §  
COUNTY OF LIBERTY         §**

**BE IT REMEMBERED** that at 9:00 A.M. on **TUESDAY, JULY 23, 2019**, a **REGULAR SESSION** of the Commissioners Court of Liberty County, Texas, with the following being present, to wit:

**Present:**       **County Judge Jay Knight**  
                  **Commissioner, Precinct 1, Bruce Karbowski**  
                  **Commissioner, Precinct 2, Greg Arthur**  
                  **Commissioner, Precinct 4, Leon Wilson**  
                  **County Clerk Lee Haidusek Chambers**

**Absent:**         **Commissioner, Precinct 3, James "Boo" Reaves**

**Others Present:**   **Dwayne Gott, County Auditor**  
                          **Harold Seay, County Purchaser**  
                          **David Douglas, County Engineer**  
                          **Bobby Rader, Sheriff**  
                          **Richard Brown, Tax Assessor-Collector**  
                          **Kim Harris, Treasurer**

**PUBLIC FORUM:**

**Richard Brown:** Expressed concerns regarding agenda item # 28 request for proposals for professional tax collection services and requested more involvement in the process.

**NOTICES AND PROCLAMATIONS:**

Notice is been posted for the 30-day comment period for the GLO Grant applications for Hurricane Harvey recovery. The application is posted on the county webpage.

**CONSENT AGENDA:**

The Consent Agenda includes non-controversial and routine items that the Court may act on with one single vote. The Judge or a Commissioner may pull any item from the Consent Agenda in order that the Court discuss and act upon it individually as part of the Regular Session.

1. APPROVAL OF MINUTES FOR COMMISSIONERS COURT ON JUNE 25, 2019, WORKSHOP JUNE 25, 2019, AND SPECIAL MEETING JULY 2, 2019

**DISCUSS AND TAKE ACTION REGARDING PRESENTATION OF FY 2018 AUDITED FINANCIAL STATEMENTS AND SINGLE AUDIT REPORTS BY SWAIM, BRENTS AND ASSOCIATES - COUNTY AUDITOR (DWAYNE GOTT)**

**MOTION TO ACCEPT FY 2018 AUDITED FINANCIAL STATEMENTS AND SINGLE AUDIT REPORTS BY SWAIM, BRENTS AND ASSOCIATES**

**MOTION BY:** Greg Arthur  
**SECOND BY:** Bruce Karbowski  
**AYE:** Bruce Karbowski, Greg Arthur, Leon Wilson, Judge Jay Knight  
**NAYE:** None  
**ABSENT:** James "Boo" Reaves  
**ATTACHMENTS:**

**DISCUSS AND TAKE ACTION REGARDING BIDS ON DELINQUENT TAX PROPERTIES: BID #1: BETTY BERNARD; BID #2 DAVID SCHEFFER; BID #3 EVIA CARREON TIJERINA; BID #4 DAVID SCHEFFER - MIKE FIELDER**

**MOTION TO ACCEPT BIDS ON DELINQUENT TAX PROPERTIES: BID #2 DAVID SCHEFFER; BID #3 EVIA CARREON TIJERINA; BID #4 DAVID SCHEFFER.**

**MOTION BY:** Bruce Karbowski  
**SECOND BY:** Greg Arthur  
**AYE:** Bruce Karbowski, Greg Arthur, Leon Wilson, Judge Jay Knight  
**NAYE:** None  
**ABSENT:** James "Boo" Reaves  
**ATTACHMENTS:**

**DISCUSS AND TAKE ACTION REGARDING APPROVING THE RE-APPOINTMENT OF GAIL PAGE TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES, FOR A TWO-YEAR TERM - COUNTY JUDGE**

**MOTION TO APPROVE THE RE-APPOINTMENT OF GAIL PAGE TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES, FOR A TWO-YEAR TERM**

**MOTION BY:** Greg Arthur  
**SECOND BY:** Bruce Karbowski  
**AYE:** Bruce Karbowski, Greg Arthur, Leon Wilson, Judge Jay Knight  
**NAYE:** None  
**ABSENT:** James "Boo" Reaves  
**ATTACHMENTS:**



#3 8B  
SEP 10 2019

COMMISSIONERS COURT DOCKET  
AUGUST 27, 2019  
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 27<sup>th</sup> day of August, 2019, 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	Mark Keough
Commissioner, Precinct 1	Mike Meador
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack
Commissioner, Precinct 4	James Metts
Also County Clerk's Office	Amber Twiddy

INVOCATION GIVEN BY Billy Graff.

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 Meador, to approve Commissioners Court Agenda for discussion and necessary action. Motion carried. This motion was amended with Motion 4 to defer Agenda items 19C and 23A.

THERE WERE NO PROCLAMATIONS/RESOLUTIONS ON THIS AGENDA.

2. MINUTES APPROVED – COUNTY CLERK

Motion by Commissioner Meador, seconded by Commissioner Noack, to approve the Minutes from Regular Session of Commissioners Court dated August 13, 2019. Motion carried.

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

Request of Traffic Operations to increase salary of Jonathan Boutte, Signal Technician I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of John Bowen, Foreman, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Dylan Cook, Computer Analyst I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Daniel Howell, Signal Technician I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Paul Lightfoot, Signal Technician I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Casey Parchman, Computer Analyst I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Maxwell Peck, Computer Analyst I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of Christian Potter, Computer Analyst I, due to merit increase, effective August 10, 2019.

Request of Traffic Operations to increase salary of David Scardino, Superintendent, due to merit increase, effective August 10, 2019.

#### COUNTY JUDGE – AGENDA ITEMS 9I1-3

11. REAPPOINTMENT APPROVED of Sharon Walker to the Tri-County Board of Directors for a two-year term that expires August 31, 2021.
12. REQUEST APPROVED to authorize Montgomery County Employees' Committee to annually use and manage the parking facilities on Simonton Street in Conroe and collect a fee for public parking of no more than \$10 per vehicle during the Conroe Catfish Festival.
13. RESOLUTION APPROVED certifying Montgomery County's FY 2020 grant funding in the amount of \$269,844 for Meals on Wheels Montgomery County. County Judge Mark J. Keough is authorized to sign related documents.

#### OFFICE OF COURT ADMINISTRATION – AGENDA ITEM 9J1

11. REQUEST APPROVED for use of the CPS Courtroom and connected offices at 301 North Thompson as an Overflow Courtroom for the District and County



MINUTES for Walker County Commissioners Court  
SPECIAL SESSION  
Monday, July 15, 2019, 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 1:38 p.m., in Commissioners Courtroom, 1<sup>st</sup> 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 Daugeffe	Present
Precinct 4, Commissioner	Jimmy D. Henry	Present

County Judge, Danny Pierce stated a quorum was present. County Clerk, Karl 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.

**CONSENT AGENDA**

1. Receive financial information posted as of June 24, 2019, for the fiscal year ended September 30, 2019.
2. Receive financial information as of the Month Ended May 31, 2019, for the fiscal year ending September 30, 2019.

**ACTION:** Report received by Court.

**DEPARTMENT REPORTS**

3. Receive District Clerk Monthly Report for June 2019.
4. Receive County Clerk Monthly Report for June 2019.
5. Receive Walker County Appraisal District monthly tax collection report for June 2019.
6. Receive Planning and Development Department report for June 2019.

**ACTION:** Report received by Court.

**STATUTORY AGENDA**

**EMS**

7. Discuss and take action on Siddons-Martin Emergency Group proposal letter.  
*John Nabors presented information. They would like to get this signed so this year's chassis can be held until we are able to purchase the ambulance.*

**MOTION:** Made by Commissioner Daugeffe to APPROVE the Siddons-Martin Emergency Group proposal letter and when purchased to be funded from the projects contingency.

**SECOND:** Made by Commissioner Henry.

**VOTE:** Motion carried unanimously.

**Purchasing**

8. Discuss and take action Approval of Cooperative Purchasing Agreement for Debris Monitoring.

**ACTION:** PASS at this time.

9. Discuss and take action on water seepage study for District Attorney's Office.  
*Larry Whitmer with Maintenance presented information.*

**MOTION:** Made by Commissioner White to APPROVE the water seepage study for District Attorney's Office in an amount not to exceed \$1,000.00.

**SECOND:** Made by Commissioner Kuykendall.

**VOTE:** Motion carried unanimously.



**Auditor**

10. Discuss and take action on approving claims and invoices for payment.  
*Kim Rerich presented information. Two reports \$ 148,188.43 and \$ 28,025.61.*

**MOTION:** Made by Commissioner White to APPROVE claims and invoices.  
**SECOND:** Made by Commissioner Daugette.  
**VOTE:** Motion carried unanimously.

**Planning and Development**

11. Discuss and take action on county road maintenance list.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner Daugette to APPROVE county road maintenance list with Precinct 1 having 116.17 miles, Precinct 2 with 142.79 miles, Precinct 3 with 143.77 and Precinct 4 with 146.77 miles as presented.  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

**County Clerk**

12. Discuss and take action on Records Management Plan, Records Archival Fee (\$10.00), Vital Records Fee (\$1.00) and Records Management and Preservation Fee (\$10.00).  
*Kari French presented information.*

**MOTION:** Made by Commissioner Daugette to APPROVE the Records Management Plan, Records Archival Fee (\$10.00), Vital Records Fee (\$1.00) and Records Management and Preservation Fee (\$10.00).  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

**Commissioners Court**

13. Discuss and take action on trustee appointments to the Tri-County Behavioral Healthcare Board of Trustees.  
*Judge Pierce presented appointments list.*

**MOTION:** Made by Commissioner Kuykendall to APPROVE the trustee appointments to the Tri-County Behavioral Healthcare Board of Trustees as presented.  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

14. Discuss and take action on commissioner appointments to the Board of Commissioners of the Walker County Housing Authority.  
*Judge Pierce presented appointments.*

**MOTION:** Made by Commissioner White to APPROVE the appointments to the Board of Commissioners of the Walker County Housing Authority as presented.  
**SECOND:** Made by Commissioner Kuykendall.  
**VOTE:** Motion carried unanimously.

15. Discuss and take action on revision to the Rita B. Huff agreement.  
*Jane Ellisor presented information on the changes needed on the contract with the spay and neutering services they provide.*

**MOTION:** Made by Commissioner Daugette to APPROVE the revision to the Rita B. Huff agreement to delete in line 4 in the last sentence, strike out (but outside the city limits of Huntsville).  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

16. Receive Walker County Employee Injury Report.  
*Judge Pierce presented report.*

**ACTION:** Report received by Court.

# ADMINISTERING THE 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.

<b>Agenda Item:</b> Board of Trustees Committee Appointments  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Board of Trustees Attendance Analysis for FY 2019 Regular and Special Called Board Meetings	<b>Board Meeting Date</b>  September 26, 2019
<b>Committee:</b> Executive	
<b>Background Information:</b>	
None	
<b>Supporting Documentation:</b>	
Board of Trustees Attendance Analysis for FY 2019	
<b>Recommended Action:</b>	
<b>For Information Only</b>	

# Board of Trustees Attendance Analysis | FY 2019

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	8/10	80%	-	-	80%
Tracy Sorensen	4/10	40%	-	-	40%
Sharon Walker	10/10	100%	-	-	100%
Richard Duren	10/10	100%	-	-	100%
Morris Johnson	10/10	100%	-	-	100%
Gail Page	9/10	90%	-	-	90%
Jacob Paschal	8/10	80%	-	-	80%
Janet Qureshi	3/10	30%	-	-	30%
(Vacant)					

## **Summary of Attendance**

Total Regular Meetings Held:

**2017**

9

**2018**

9

**2019**

10

Average Attendance:

79%

79%

78%

Total Special Called Meetings Held:

0

0

0

Average Attendance:

N/A

N/A

N/A

Total Number of Meetings Held:

9

9

10

Average Attendance:

79%

79%

78%

Average Number of Members Present:

6.45

6.33

6.20


**NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.**

<p><b>Agenda Item:</b> Approve FY 2020 Dues Commitment and Payment Schedule for the Texas Council</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.</p> <p>The Texas Council Operating Budget for FY 2020 was approved at the Texas Council Board meeting on August 23, 2019.</p> <p>Total dues for Tri-County in FY 2020 were decreased by \$2238 from \$37,280 to \$35,042. The Center pays this fee in quarterly installments.</p>	
<p><b>Supporting Documentation:</b></p> <p>Cover Memorandum from Danette Castle, CEO</p> <p>FY 2020 Dues Commitment and Payment Schedule</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve FY 2020 Dues Commitment and Payment Schedule for the Texas Council</b></p>	



**MEMO**  
**September 5, 2019**

TO: Evan Roberson  
Executive Director, Tri-County Behavioral Healthcare

FROM: Danette Castle   
Chief Executive Officer

SUBJECT: FY 2020 Commitment of Dues for  
Texas Council of Community Centers

Please find attached the FY 2020 (September 1, 2019 – August 31, 2020) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved at the August 24, 2019 meeting of the Texas Council Board of Directors. To assist with local discussions with your Board of Trustees, we include the following information:

- Budget Overview
- FY 2020 Budget (with side-by-side comparison to FY 2019)
- FY 2020 Dues Comparison to FY 2019 Dues
- FY 2020 Commitment of Dues Payment Form

If you have any questions, please contact Jay Snyder at [jsnyder@txcouncil.com](mailto:jsnyder@txcouncil.com) or call the Texas Council office at 512.794.9268.

Enclosure

cc: Sharon Walker, Texas Council Board Delegate

# FY 2020 Commitment of Dues Payment for Texas Council of Community Centers

**CENTER: Tri-County Behavioral Health**

The dues for FY 2020 have been calculated as follows:

Total Dues ... .....\$37,315.00  
**LESS: Credit for Texas Council Risk  
Management Fund Members...(\$2,273.00)**

Net Dues .....\$**35,042.00**

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>
<b>September 2019</b>	_____	<b><u>\$8760.50</u></b>	\$_____
<b>October</b>	_____		
<b>November</b>	_____		
<b>December</b>	_____	<b><u>\$8760.50</u></b>	
<b>January 2020</b>	_____		
<b>February</b>	_____		
<b>March</b>	_____	<b><u>\$8760.50</u></b>	
<b>April</b>	_____		
<b>May</b>	_____		
<b>June</b>	_____	<b><u>\$8760.50</u></b>	
<b>July</b>	_____		
<b>August</b>	_____		
<b>TOTALS</b>	\$_____	<b><u>\$35042.00</u></b>	\$_____

Invoice for each payment required? **XX Yes** \_\_\_\_\_No

We appreciate your prompt and timely payment!

APPROVED:

\_\_\_\_\_  
Chairperson, Board of Trustees

\_\_\_\_\_  
Executive Director

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



<p><b>Agenda Item:</b> Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract #2016-048317-006, Amendment No. 5</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>The HHSC Treatment Services-Youth (TRY) contract provides funds for Youth Substance Use Treatment. The contract is a renewal of the program for FY 2020 in the amount of \$28,218.</p> <p>As is the case for our adult program, we would note that our substance use disorder services have seen a steady increase in the number of persons served over the last year and we have been requesting additional funds for these programs from HHSC. We are hopeful that our continued performance will justify additional funding</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract #2016-048317-006, Amendment No. 5</b></p>	

<p><b>Agenda Item:</b> Ratify HHSC (DSHS) Treatment Adult Services (TRA) Contract #2016-048497-003, Amendment No. 5</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>The HHSC Treatment Adult Services (TRA) contract provides funds for Adult Substance Use Treatment. The contract is a renewal of the program for FY 2020 at the same amount of for the FY 2019 contract, \$76,836.</p> <p>We would note that our substance use disorder services have seen a steady increase in the number of persons served over the last year and we have been requesting additional funds for these programs from HHSC. We are hopeful that our continued performance will justify additional funding.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify HHSC (DSHS) Treatment Adult Services (TRA) Contract #2016-048497-003, Amendment No. 5</b></p>	

<p><b>Agenda Item:</b> Ratify the FY 2020 HHSC IDD Performance Contract No. HHS000609300001</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>The Health and Human Services Local Intellectual and Developmental Disability Performance Contract is the contract for all IDD Authority services, including:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination;</li> <li>• State Supported Living Center Admission and Continuity of Care services.</li> <li>• Service Coordination;</li> <li>• Maintenance of the TxHmL and HCS Interest lists;</li> <li>• Permanency Planning;</li> <li>• IDD Crisis Intervention and Crisis Respite;</li> <li>• Enhanced Community Coordination;</li> <li>• PreAdmission and Resident Review (PASRR); and</li> <li>• Habilitation Coordination.</li> </ul> <p>The total value of the contract for FY 2020 is \$2,074,430, which includes \$180,071 in local match and is \$152,153 reduction from FY 2019. This reduction will be made up with billing for Habilitation Coordination, a service added in July of 2019.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify the FY 2020 HHSC IDD Performance Contract No. HHS000609300001</b></p>	

<p><b>Agenda Item:</b> Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS000576400001</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p>Background Information:</p> <p>The Health and Human Services Local Mental Health Authority Performance Agreement is the contract for all mental health outpatient services and also includes the following programs:</p> <ul style="list-style-type: none"> <li>• Outpatient Competency Restoration;</li> <li>• Psychiatric Emergency Service Centers (CSU);</li> <li>• Private Psychiatric Bedday funding;</li> <li>• Mental Health Supported Housing; and,</li> <li>• Veterans Services.</li> </ul> <p>This contract was effective on September 1, 2019 and terminates on August 31, 2021. Changes of note include the following:</p> <ul style="list-style-type: none"> <li>• Requirement to have an after-hours answering service or voicemail for calls to routine services;</li> <li>• The requirement for the Center to achieve the Culturally and Linguistically Appropriate Services (CLAS) federal standards for treatment. This requirement will involve additional activities and will have additional costs;</li> <li>• Permission to use General Revenue, in the form of 'flexible funds' to provide non-clinical supports like client rents, deposits and moving expenses;</li> <li>• Removal of the 'Assertive Community Treatment Team' Alternative for rural areas and the requirement that all ACT teams meet Fidelity. (NOTE: this item is still under discussion. We would realize significant additional costs if we implemented a full ACT team at the Center);</li> <li>• The replacement of 15 former '10% At Risk' measures with eight new measure that have different valuations. There is 10% of the total General Revenue at risk if we do not meet these outcomes which are measured twice a year. Tri-County has reviewed the new outcome measures and is currently meeting all of the new measures;</li> <li>• New YES Waiver requirements for caseload size, continuity of care and provider network development;</li> </ul> <p>The funding for this year is unchanged and includes 10.25% local match.</p> <p>We anticipate contract revisions in the immediate future to address new legislative requirements, funding and service targets.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p>Supporting Documentation:</p> <p>Contract will be available for review at the Board meeting.</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS000576400001</b></p>	

<p><b>Agenda Item:</b> Ratify Health and Human Services Commission Contract No. HHS000127500001, Amendment No. 2, Autism Services</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p>Background Information:</p> <p>The Center began providing Board Certified Behavioral Analyst services to children with Autism in FY 2019 under contract with the Health and Human Services Department.</p> <p>The contract allows the Center to provide Board Certified Behavioral Analyst therapy for kids with autism and also to contract for these services in the community. Tri-County's program is located on the second floor of the Sgt. Ed Holcomb building, and we have a contractor that is based in The Woodlands.</p> <p>We are required to serve 26 persons in FY 2020. This amendment adds \$150,000. The total not to exceed total for this contract (which includes previous FY's) is \$909,882.</p> <p>Staff are excited to continue to serve kids with autism and are excited about the potential impact on our community.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p>Supporting Documentation:</p> <p>Contract will be available for review at the Board meeting.</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify Health and Human Services Commission Contract No. HHS000127500001, Amendment No. 2, Autism Services</b></p>	

<b>Agenda Item:</b> Ratify Health and Human Service Commission Contract No. HHS000231500002, Projects for Assistance in Transition from Homeless Grant Program (PATH)	<b>Board Meeting Date</b>  September 26, 2019
<b>Committee:</b> Business  <b>Background Information:</b>  In FY 2019, we completed a Request for Proposals to renew our PATH contract and were pleased to again be awarded this grant funded program.  The PATH program is our outreach program to homeless populations with Severe Mental Illness who are not currently connected to mainstream mental health services, primary healthcare and substance abuse service systems. We have two staff in Montgomery County that work with these individuals in the community.  There are no significant changes to terms and no changes to the value of the contract.  Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.	
<b>Supporting Documentation:</b>  The contract will be available for review at the Board meeting.	
<b>Recommended Action:</b>  <b>Ratify Health and Human Service Commission Contract No. HHS000231500002, Projects for Assistance in Transition from Homeless Grant Program (PATH)</b>	

<p><b>Agenda Item:</b> Ratify East Texas Behavioral Healthcare Network (ETBHN) Services Contract</p> <p><b>Committee:</b></p>	<p><b>Board Meeting Date:</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>ETBHN was formed by a group of East Texas Centers to provide administrative efficiencies for the member centers. Tri-County is one of the owners of the organization and the Executive Director serves on the Regional Oversight Committee (ROC).</p> <p>ETBHN sells services to member centers and to other Texas organizations, but members purchase services at lower rates than non-member organizations.</p> <p>Currently Tri-County purchases the following services from ETBHN:</p> <ul style="list-style-type: none"> <li>• Routine (8-5, M-F) Outpatient Telemedicine (one APN);</li> <li>• Regional authorizations (run by Tri-County);</li> <li>• Consultant Administrative Medical Director Services;</li> <li>• Closed-door pharmacy services (for persons without insurance); and,</li> <li>• Patient Assistance Program application processing.</li> </ul> <p>The cost of the services varies based on utilization and need, but are currently estimated to be approximately \$300,000 for FY 2020.</p> <p>Tri-County has a separate contract with ETBHN to purchase the services of our Authorization staff for the region.</p> <p>Staff received permission from the Board Chair to sign and return this contract prior to Board approval.</p>	
<p><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify East Texas Behavioral Healthcare Network (ETBHN) Services Contract</b></p>	

<p><b>Agenda Item:</b> Ratify HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 1, First Episode Psychosis</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>Tri-County Behavioral Healthcare contracted with the Health and Human Services Commission for early psychosis identification and service provision under the Coordinated Specialty Care Implementation grant initiative in January of 2019.</p> <p>The First Episode Psychosis program (FEP) is a designed to provide early interventions to persons who are having their first psychotic break and to provide interventions which can significantly alter the long-term impact of brain damage that is done during a psychotic break. Tri-County will provide FEP services for individuals ranging in age from 15-30 that meet the diagnostic criteria.</p> <p>The amendment is effective September 1, 2019 and will continue until August 3, 2021. The amendment results in the addition of \$600,000 for the two-year period.</p> <p>The contract allows for substitution of certain staff types in areas with a mental health workforce shortage, with HHSC approval. The amendment makes no other changes to the contract approved in January.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment will be Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 1, First Episode Psychosis</b></p>	



<p><b>Agenda Item:</b> Ratify Health and Human Service Commission Contract No. HHS000134400010, Amendment No. 1, Senate Bill 292 (Urban)</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>The Senate Bill 292 Grant funds the East Montgomery County Crisis Center. The initial award for these funds was for three years and we expect to need to compete a Request for Proposals this year to continue the grant funding.</p> <p>As a reminder, this funding has had dollar for dollar cash match coming from the Montgomery County Public Health District. We are still negotiating match for FY 2020 with MCPHD.</p> <p>While the feedback about the need for crisis assessment center in East Montgomery County has been very positive, the utilization remains very low. Staff continue to work with stakeholders, including the Montgomery County Hospital District who runs the ambulance service for the county and local law enforcement agencies, to increase utilization.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment will be available for review at the Board meeting.</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify Health and Human Service Commission Contract No. HHS000134400010, Amendment No. 1, Senate Bill 292 (Urban)</b></p>	

<p><b>Agenda Item:</b> Ratify the FY 2020 RecessAbility, Inc. Contract</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date:</b></p> <p>September 26, 2019</p>
<p><b>Background Information:</b></p> <p>RecessAbility, Inc. is one of our primary providers for Youth Empowerment Services (YES) Waiver ancillary services. They are a licensed provider of Animal-assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Non-medical Transportation and Community Living Supports. YES Waiver requires us to have these services available as a part of the Wraparound Treatment Planning process.</p> <p>Staff received permission from the Board Chair to sign and return these contracts to HHSC prior to Board approval to prevent a gap in services for persons receiving these services.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify the FY 2020 RecessAbility, Inc. Contract in the amount of 81,200</b></p>	

<b>Agenda Item:</b> Independence Oaks Apartments  <b>Committee:</b> Business	<b>Board Meeting Date:</b>  September 26, 2019
<b>Background Information:</b>  Evan Roberson and Tanya Bryant will provide an update to the Board about Independence Oaks in Executive Session.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Take action as needed.</b>	

<b>Agenda Item:</b> Review August 2019 Preliminary Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  August 2019 Preliminary Financial Statements	
<b>Recommended Action:</b>  <b>For Information Only</b>	

### Preliminary August 2019 Financial Summary

Revenues for August 2019 were \$2,431,145 and operating expenses were \$2,377,651; resulting in a gain in operations of \$54,494. Capital Expenditures and Extraordinary Expenses for August were \$209,560; resulting in a loss of \$156,066. Total revenues were 96.93% of the monthly budgeted revenues and total expenses were 105.22% of the monthly budgeted expenses (difference of -8.23%).

Year to date revenues are \$30,606,512 and operating expenses are \$29,054,643; leaving excess operating revenues of \$1,551,869. YTD Capital Expenditures and Extraordinary Expenses are \$1,319,955 resulting in a gain YTD of \$231,914. Total revenues are 100.23% of the YTD budgeted revenues and total expenses are 99.69% of the YTD budgeted expenses (difference of .54%).

#### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Rehab – Title XIX	2,059,289	2,085,050	98.76%	25,761
SA Treatment Adult Services	76,836	138,069	55.65%	61,233
HHSC – Autism Program	150,242	161,000	93.32%	10,758
HHSC – HB292 E. Montg. Crisis	327,210	342,000	95.68%	14,790

**Rehab – Title XIX** – This line item was adjusted during the year end budget revision based on the annual trends in Rehab revenue and staff turnover. Unfortunately, in August we saw another wave of resignations and positions that were filled and the new hires never starting in the positions. So revenue took a nose dive below what was adjusted. At this time, we have a very large number of Bachelor level vacancies in both the adult and children's program. Until we can get some of these positions filled and the staff trained, we will continue to see a variance in this line.

**SA Treatment Adult Services** – This program is funded through HHSC. We received an increase of \$61,233 for this program in April. We continue to provide services, but we have not received any payments from the contract amendment as of this date. We contacted HHSC again this week in regards to payment of the additional funds and they assured us that they are still working through the process on their end. Hopefully this will get sorted out before the August financials are finalized.

**HHSC-Autism Program** – This line item is a new program this fiscal year. This program is influenced by school startup giving us several discharges that caused revenue to come in slightly lower than the projected trend.

**HHSC – HB292 East Montgomery County Crisis Clinic** – This is a cost reimbursement program. While revenue is below expectations, expenses are also lower than were budgeted through year end.

### **EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Contract – Clinical	868,895	843,000	103%	25,895
License Fees – Software	183,150	161,000	114%	22,150
Supplies – Computers	19,332	8,000	242%	11,332

**Contract – Clinical** – This line item is over budget due to the use of contract doctors for coverage in our 1115 Integrated program and for psychiatry in Huntsville and Conroe location due to vacancies. This is offset by salary lapses.

**License Fees – Software** – This line has gone over budget due the purchase of some optional items offered with the HR/Payroll Software product that was purchased. Items purchased were the Advanced Technology Package, which includes the Single Sign on package, DataConnect and RFID badge capability. This package enhances security and enables our employees to use their existing badges to log into the time clock system.

**Supplies - Computers** – This line item was adjusted at year end to move computer equipment under our depreciation amounts to be reclassified into our supply expense line (accounting entry). This line is over the budgeted amount and the fixed asset computer expense line is coming in under budget based on this adjustment.

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended August 31, 2019  
Preliminary

	TOTALS COMBINED FUNDS August 2019	TOTALS COMBINED FUNDS July 2019	Increase (Decrease)
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,500	3,640	(140)
Cash on Deposit-General Fund	8,407,036	11,154,669	(2,747,633)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,164,287	1,062,558	1,101,729
Inventory	4,695	4,695	-
<b>TOTAL CURRENT ASSETS</b>	<b>10,579,518</b>	<b>12,225,561</b>	<b>(1,646,043)</b>
<b>FIXED ASSETS</b>	<b>20,867,904</b>	<b>20,867,904</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>145,190</b>	<b>145,846</b>	<b>(656)</b>
<b>TOTAL ASSETS</b>	<b>\$ 31,592,613</b>	<b>\$ 33,239,312</b>	<b>\$ (1,646,698)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,131,559</b>	<b>1,058,271</b>	<b>73,289</b>
<b>NOTES PAYABLE</b>	<b>618,198</b>	<b>618,198</b>	<b>-</b>
<b>DEFERRED REVENUE</b>	<b>854,313</b>	<b>2,350,402</b>	<b>(1,496,089)</b>
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	435,417	458,333	(22,917)
First Financial Construction Loan	11,675,110	11,713,515	(38,405)
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	231,914	387,980	(156,066)
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,110,527)	(12,171,848)	61,321
Reserved for Debt Retirement	-	-	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment	20,867,904	20,867,904	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	-	67,833	(67,833)
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(618,198)	(618,198)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,951,724	2,951,724	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 31,592,612</b>	<b>\$ 33,239,312</b>	<b>\$ (1,646,700)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
**For the Month Ended August 31, 2019**  
**Preliminary**

	<b>General Operating Funds</b>	<b>Memorandum Only  Final August 2018</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	3,500	3,640
Cash on Deposit-General Fund	8,407,036	7,237,278
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,164,287	2,007,331
Inventory	4,695	4,262
<b>TOTAL CURRENT ASSETS</b>	<b>10,579,518</b>	<b>9,252,511</b>
<b>FIXED ASSETS</b>	<b>20,867,904</b>	<b>20,867,904</b>
<b>OTHER ASSETS</b>	<b>145,190</b>	<b>132,369</b>
	<b>\$ 31,592,613</b>	<b>\$ 30,252,783</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,131,559</b>	<b>1,059,013</b>
<b>NOTES PAYABLE</b>	<b>618,198</b>	<b>618,198</b>
<b>DEFERRED REVENUE</b>	<b>854,313</b>	<b>(181,055)</b>
<b>LONG-TERM LIABILITIES FOR</b>		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	435,417	710,417
First Financial Construction Loan	11,675,110	12,136,358
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	231,914	(479,439)
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(12,110,527)	(12,846,774)
Reserved for Debt Retirement	-	-
<b>COMMITTED</b>		
Net Assets-Property and Equipment-Committed	20,867,904	20,867,904
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
<b>ASSIGNED</b>		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	-	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(618,198)	(618,198)
<b>UNASSIGNED</b>		
Unrestricted and Undesignated	2,951,724	3,431,163
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 31,592,612</b>	<b>\$ 30,252,783</b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended August 2019**  
**and Year To Date as of August 2019**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2019</b>	<b>YTD August 2019</b>
Local Revenue Sources	177,251	1,826,510
Earned Income	1,032,240	12,835,875
General Revenue-Contract	1,221,654	15,944,128
<b>TOTAL INCOME</b>	<b>\$ 2,431,145</b>	<b>\$ 30,606,512</b>
<b>EXPENSES:</b>		
Salaries	1,497,503	17,665,705
Employee Benefits	171,309	3,274,242
Medication Expense	47,813	670,111
Travel-Board/Staff	39,276	465,516
Building Rent/Maintenance	71,784	423,450
Consultants/Contracts	391,227	4,117,424
Other Operating Expenses	158,739	2,438,195
<b>TOTAL EXPENSES</b>	<b>\$ 2,377,651</b>	<b>\$ 29,054,643</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 53,494</b>	<b>\$ 1,551,869</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	116,087	195,609
Capital Outlay-Debt Service	93,473	1,124,346
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 209,560</b>	<b>\$ 1,319,955</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,587,211</b>	<b>\$ 30,374,598</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (156,066)</b>	<b>\$ 231,914</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	93,473	1,124,346
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>93,473</b>	<b>1,124,346</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of August 2019**  
**Preliminary**

	YTD August 2019	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,826,510	1,780,228	46,282
Earned Income	12,835,875	12,820,568	15,307
General Revenue-Contract	15,944,128	15,935,759	8,369
<b>TOTAL INCOME</b>	<b>\$ 30,606,512</b>	<b>\$ 30,536,555</b>	<b>\$ 69,957</b>
<b>EXPENSES:</b>			
Salaries	17,665,705	17,645,207	20,498
Employee Benefits	3,274,242	3,278,800	(4,558)
Medication Expense	670,111	680,000	(9,889)
Travel-Board/Staff	465,516	464,200	1,316
Building Rent/Maintenance	423,450	383,248	40,202
Consultants/Contracts	4,117,424	4,206,811	(89,387)
Other Operating Expenses	2,438,195	2,420,458	17,737
<b>TOTAL EXPENSES</b>	<b>\$ 29,054,643</b>	<b>\$ 29,078,724</b>	<b>\$ (24,081)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,551,869</b>	<b>\$ 1,457,831</b>	<b>\$ 94,038</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	195,609	264,539	(68,930)
Capital Outlay-Debt Service	1,124,346	1,126,096	(1,750)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,319,955</b>	<b>\$ 1,390,635</b>	<b>\$ (70,680)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 30,374,598</b>	<b>\$ 30,469,359</b>	<b>\$ (94,761)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 231,914</b>	<b>\$ 67,196</b>	<b>\$ 164,718</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	1,124,346	1,126,096	(1,750)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>1,124,346</b>	<b>1,126,096</b>	<b>(1,750)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended August 2019**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2019</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	177,251	220,071	(42,820)
Earned Income	1,032,240	1,009,291	22,949
General Revenue-Contract	1,221,654	1,278,767	(57,113)
<b>TOTAL INCOME</b>	<b>\$ 2,431,145</b>	<b>\$ 2,508,129</b>	<b>\$ (76,984)</b>
<b>EXPENSES:</b>			
Salaries	1,497,503	1,388,639	108,864
Employee Benefits	171,309	121,885	49,424
Medication Expense	47,813	66,841	(19,028)
Travel-Board/Staff	39,276	68,047	(28,771)
Building Rent/Maintenance	71,784	90,627	(18,843)
Consultants/Contracts	391,227	445,914	(54,687)
Other Operating Expenses	158,739	128,862	29,877
<b>TOTAL EXPENSES</b>	<b>\$ 2,377,651</b>	<b>\$ 2,310,815</b>	<b>\$ 66,836</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 53,494</b>	<b>\$ 197,314</b>	<b>\$ (143,820)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	116,087	53,707	62,380
Capital Outlay-Debt Service	93,473	94,308	(835)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 209,560</b>	<b>\$ 148,015</b>	<b>\$ 61,545</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,587,211</b>	<b>\$ 2,458,830</b>	<b>\$ 128,381</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (156,066)</b>	<b>\$ 49,299</b>	<b>\$ (205,365)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	93,473	94,308	(835)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>93,473</b>	<b>94,308</b>	<b>(835)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With August 2018 Comparative Data**  
**Year to Date as of August 2019**  
**Preliminary**

<b>INCOME:</b>	<b>YTD August 2019</b>	<b>YTD August 2018</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,826,510	1,246,018	580,492
Earned Income	12,835,875	11,459,073	1,376,802
General Revenue-Contract	15,944,128	16,241,546	(297,418)
<b>TOTAL INCOME</b>	<b>\$ 30,606,512</b>	<b>\$ 28,946,637</b>	<b>\$ 1,659,875</b>
<b>EXPENSES:</b>			
Salaries	17,665,705	17,041,735	623,970
Employee Benefits	3,274,242	3,277,734	(3,492)
Medication Expense	670,111	672,216	(2,105)
Travel-Board/Staff	465,516	450,218	15,298
Building Rent/Maintenance	423,450	249,059	174,391
Consultants/Contracts	4,117,424	3,993,313	124,111
Other Operating Expenses	2,438,195	248,948	2,189,247
<b>TOTAL EXPENSES</b>	<b>\$ 29,054,643</b>	<b>\$ 25,933,223</b>	<b>\$ 3,121,420</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,551,869</b>	<b>\$ 3,013,414</b>	<b>\$ (1,461,545)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	195,609	308,994	(113,385)
Capital Outlay-Debt Service	1,124,346	943,322	181,024
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,319,955</b>	<b>\$ 1,252,316</b>	<b>\$ 67,639</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 30,374,598</b>	<b>\$ 27,185,539</b>	<b>\$ 3,189,059</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 231,914</b>	<b>\$ 1,761,099</b>	<b>\$ (1,529,184)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	1,124,346	943,322	181,024
			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>1,124,346</b>	<b>943,322</b>	<b>181,024</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With August 2018 Comparative Data**  
**For the Month Ended August 2019**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2019</b>	<b>MONTH OF August 2018</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	177,251	123,073	54,178
Earned Income	1,032,240	355,326	676,914
General Revenue-Contract	1,221,654	1,427,880	(206,226)
<b>TOTAL INCOME</b>	<b>\$ 2,431,145</b>	<b>\$ 1,906,279</b>	<b>\$ 524,866</b>
Salaries	1,497,503	1,501,461	(3,958)
Employee Benefits	171,309	213,273	(41,964)
Medication Expense	47,813	55,022	(7,209)
Travel-Board/Staff	39,276	43,249	(3,973)
Building Rent/Maintenance	71,784	16,460	55,324
Consultants/Contracts	391,227	354,695	36,532
Other Operating Expenses	158,739	317,433	(158,694)
<b>TOTAL EXPENSES</b>	<b>\$ 2,377,651</b>	<b>\$ 2,501,593</b>	<b>\$ (123,942)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 53,494</b>	<b>\$ (595,314)</b>	<b>\$ 648,808</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	116,087	82,882	33,205
Capital Outlay-Debt Service	93,473	92,081	1,392
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 209,560</b>	<b>\$ 174,963</b>	<b>\$ 34,597</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,587,211</b>	<b>\$ 2,676,556</b>	<b>\$ (89,345)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (156,066)</b>	<b>\$ (770,277)</b>	<b>\$ 614,211</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	93,473	92,081	1,392
			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>93,473</b>	<b>92,081</b>	<b>1,392</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With July 2019 Comparative Data**  
**For the Month Ended August 2019**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2019</b>	<b>MONTH OF July 2019</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	177,251	115,622	61,629
Earned Income	1,032,240	1,180,397	(148,158)
General Revenue-Contract	1,221,654	1,353,472	(131,818)
<b>TOTAL INCOME</b>	<b>\$ 2,431,145</b>	<b>\$ 2,649,492</b>	<b>\$ (218,347)</b>
<b>EXPENSES:</b>			
Salaries	1,497,503	1,426,153	71,350
Employee Benefits	171,309	279,156	(107,848)
Medication Expense	47,813	54,024	(6,211)
Travel-Board/Staff	39,276	37,674	1,602
Building Rent/Maintenance	71,784	82,579	(10,796)
Consultants/Contracts	391,227	413,617	(22,390)
Other Operating Expenses	158,739	237,368	(78,629)
<b>TOTAL EXPENSES</b>	<b>\$ 2,377,651</b>	<b>\$ 2,530,572</b>	<b>\$ (152,921)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 53,494</b>	<b>\$ 118,920</b>	<b>\$ (65,426)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	116,087	281	115,806
Capital Outlay-Debt Service	93,473	93,486	(13)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 209,560</b>	<b>\$ 93,767</b>	<b>\$ 115,793</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,587,211</b>	<b>\$ 2,624,339</b>	<b>\$ (37,128)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (156,066)</b>	<b>\$ 25,153</b>	<b>\$ (181,219)</b>

**Debt Service and Fixed Asset Fund:**

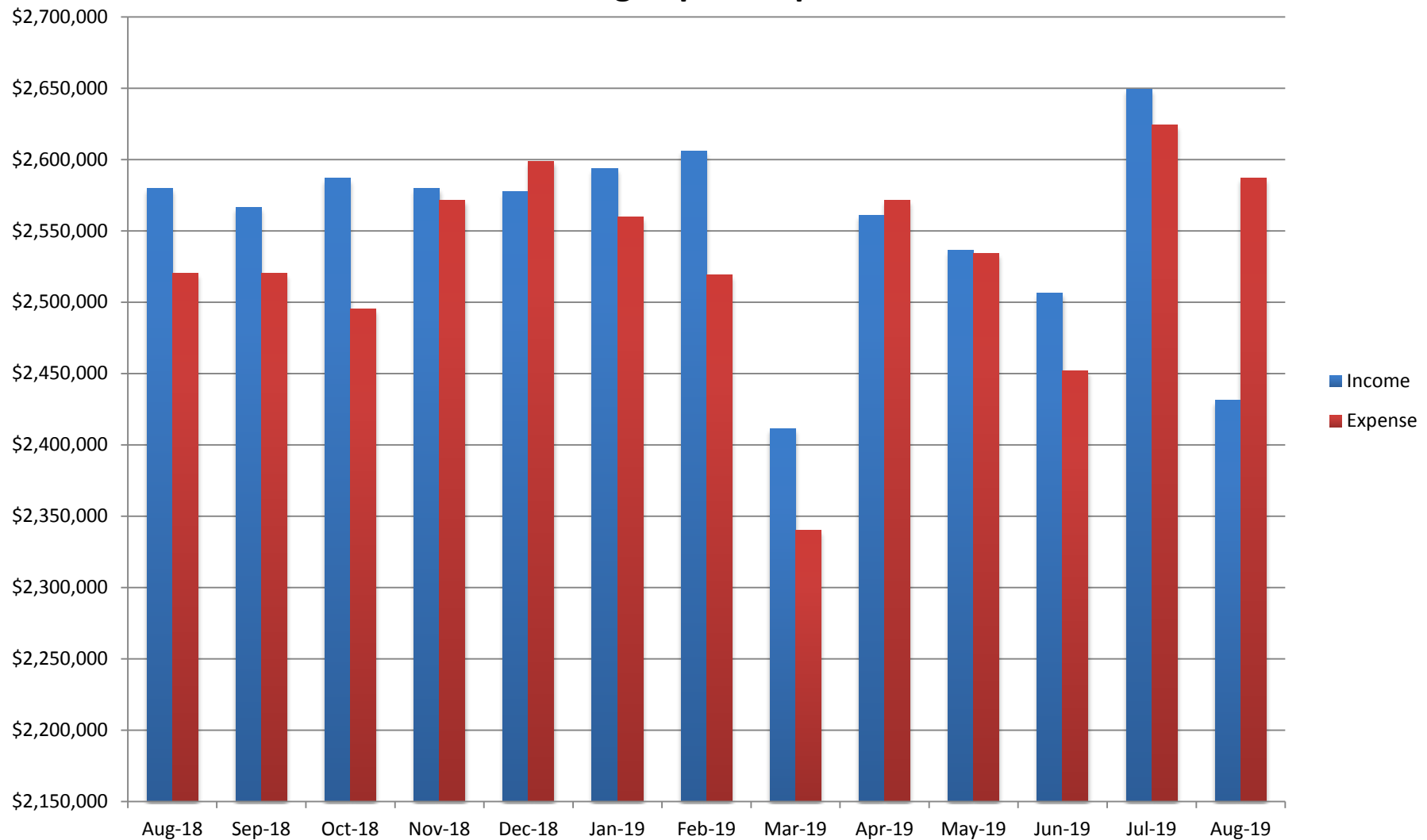
Debt Service	93,473	93,486	(13)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>93,473</b>	<b>93,486</b>	<b>(13)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of August 2019**

	<b>Preliminary</b>					
	<b>YTD Mental Health August 2019</b>	<b>YTD IDD August 2019</b>	<b>YTD Other Services August 2019</b>	<b>YTD Agency Total August 2019</b>	<b>YTD Approved Budget August 2019</b>	<b>Increase (Decrease)</b>
<b>INCOME:</b>						
Local Revenue Sources	1,819,034	(173,245)	180,722	1,826,510	1,780,228	46,282
Earned Income	5,353,982	4,056,144	3,425,748	12,835,875	12,820,568	15,307
General Revenue-Contract	13,445,505	1,911,615	587,007	15,944,128	15,935,759	8,369
<b>TOTAL INCOME</b>	<b>\$ 20,618,521</b>	<b>\$ 5,794,514</b>	<b>\$ 4,193,477</b>	<b>\$ 30,606,513</b>	<b>\$ 30,536,555</b>	<b>\$ 69,958</b>
<b>EXPENSES:</b>						
Salaries	11,966,775	3,134,314	2,564,616	17,665,705	17,645,207	20,498
Employee Benefits	2,172,353	620,314	481,575	3,274,242	3,278,800	(4,558)
Medication Expense	519,047	-	151,064	670,111	680,000	(9,889)
Travel-Board/Staff	263,601	149,086	52,828	465,516	464,200	1,316
Building Rent/Maintenance	386,987	21,243	15,221	423,450	383,248	40,202
Consultants/Contracts	2,730,912	1,128,346	258,167	4,117,424	4,206,811	(89,387)
Other Operating Expenses	1,562,728	571,320	304,147	2,438,195	2,420,458	17,737
<b>TOTAL EXPENSES</b>	<b>\$ 19,602,403</b>	<b>\$ 5,624,623</b>	<b>\$ 3,827,618</b>	<b>\$ 29,054,643</b>	<b>\$ 29,078,724</b>	<b>\$ (24,081)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,016,118</b>	<b>\$ 169,891</b>	<b>\$ 365,859</b>	<b>\$ 1,551,870</b>	<b>\$ 1,457,831</b>	<b>\$ 94,039</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	142,694	31,418	21,497	195,609	264,539	(68,930)
Capital Outlay-Debt Service	763,592	213,357	147,397	1,124,346	1,126,096	(1,750)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 906,286</b>	<b>\$ 244,775</b>	<b>\$ 168,894</b>	<b>\$ 1,319,955</b>	<b>\$ 1,390,635</b>	<b>\$ (70,680)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 20,508,689</b>	<b>\$ 5,869,398</b>	<b>\$ 3,996,512</b>	<b>\$ 30,374,598</b>	<b>\$ 30,469,359</b>	<b>\$ (94,761)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 109,832</b>	<b>\$ (74,884)</b>	<b>\$ 196,965</b>	<b>\$ 231,914</b>	<b>\$ 67,196</b>	<b>\$ 164,719</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	763,592	213,357	147,397	1,124,346	1,126,096	(362,504)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>763,592</b>	<b>213,357</b>	<b>147,397</b>	<b>1,124,346</b>	<b>1,126,096</b>	<b>(362,504)</b>

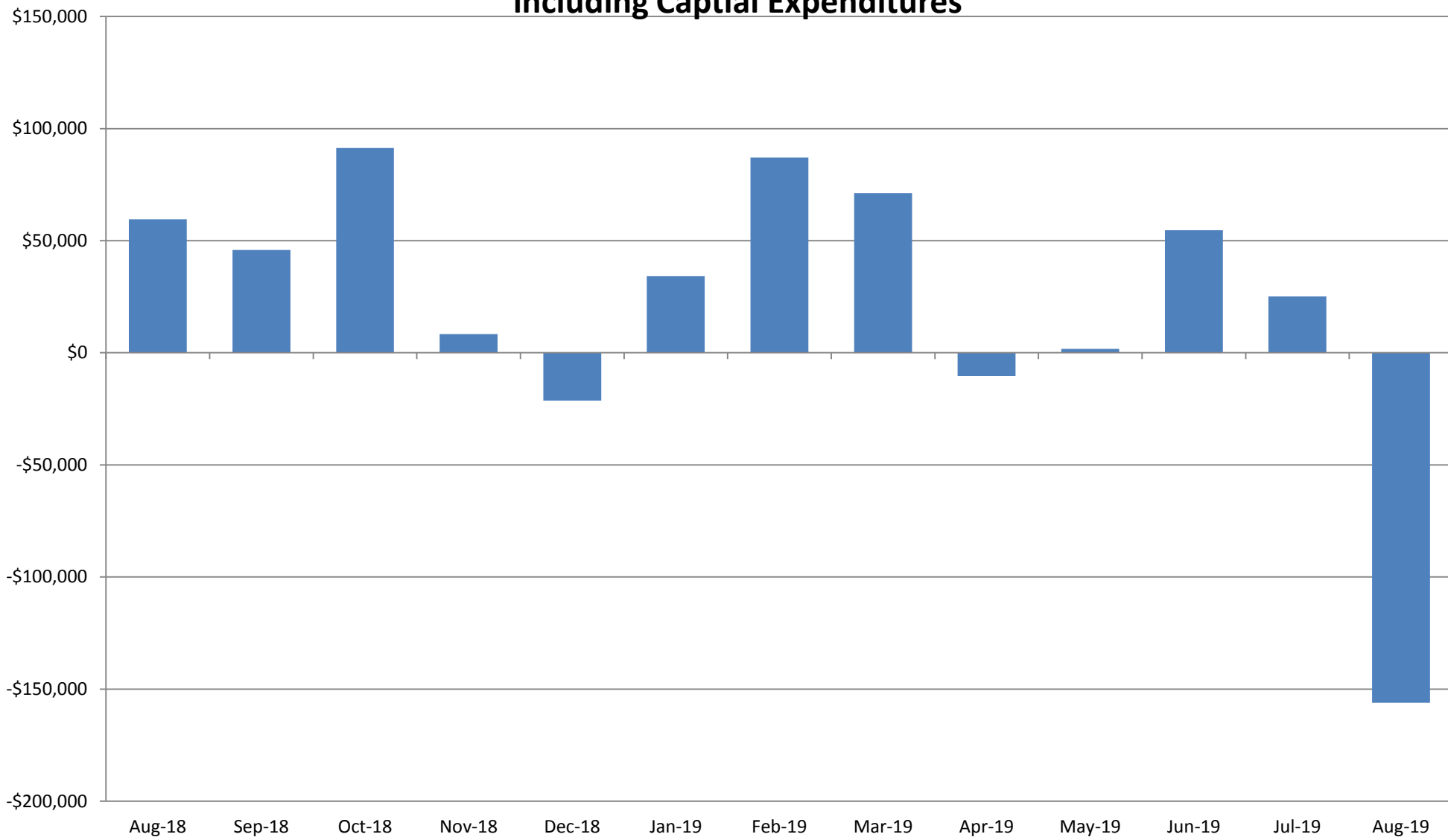
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Preliminary Income and Expense including Capital Expenditures





**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Preliminary Income after Expense**  
**including Capital Expenditures**



<b>Agenda Item:</b> 4 <sup>th</sup> Quarter FY 2019 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  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.	
<b>Supporting Documentation:</b>  Quarterly TexPool Investment Report  Quarterly Interest Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS**

**For the Period Ending August 31, 2019**

### **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	(\$1,640,195.00)	(\$490,849.31)	(\$1,283,767.07)
Accrual of Interest Income	\$26,672,016.75	\$17,771,205.33	\$25,032,198.72
Interest and Management Fees Payable	(\$41,559,080.14)	(\$43,380,982.05)	(\$38,652,520.23)
Payable for Investments Purchased	\$0.00	\$0.00	(\$75,000,000.00)
Accrued Expense & Taxes	(\$75,367.17)	(\$24,382.07)	(\$48,048.58)
Repurchase Agreements	\$9,544,515,000.00	\$9,712,581,000.00	\$8,946,783,000.00
Mutual Fund Investments	\$255,074,000.00	\$652,074,000.00	\$618,074,000.00
Government Securities	\$8,998,298,151.37	\$8,198,754,640.79	\$7,709,468,432.06
U.S. Treasury Bills	\$738,317,523.98	\$877,140,332.99	\$1,147,401,022.02
U.S. Treasury Notes	\$540,502,324.17	\$878,308,161.41	\$1,160,843,706.62
<b>TOTAL</b>	<b>\$21,254,609,790.71</b>	<b>\$21,287,286,375.28</b>	<b>\$20,486,759,957.66</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$1,080,301.72	(\$1,283,767.07)
Accrual of Interest Income	\$20,924,149.85	\$25,032,198.72
Interest and Management Fees Payable	(\$44,863,403.71)	(\$38,652,520.23)
Payable for Investments Purchased	(\$150,000,000.00)	(\$75,000,000.00)
Accrued Expenses & Taxes	(\$24,451.01)	(\$48,048.58)
Repurchase Agreements	\$9,523,560,000.00	\$8,946,783,000.00
Mutual Fund Investments	\$736,074,000.00	\$618,074,000.00
Government Securities	\$9,050,304,612.13	\$7,708,204,205.70
U.S. Treasury Bills	\$539,334,585.79	\$1,146,629,733.49
U.S. Treasury Notes	\$480,507,838.40	\$1,159,725,948.82
<b>TOTAL</b>	<b>\$21,351,858,377.08</b>	<b>\$20,484,500,345.68</b>

### Portfolio by Maturity as of August 31, 2019

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
62.2%	25.0%	6.0%	6.8%

### Portfolio by Type of Investments as of August 31, 2019

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
37.5%	43.5%	16.0%	3.0%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 2.38% for June, 2.39% for July and 2.17% 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, 2019 was 36 days.

The net asset value as of August 31, 2019 was 1.00011.

The total amount of interest distributed to participants during the period was \$123,592,813.27.

This quarter, TexPool rates did exceed the 90 Day T-Bill rates toward the end of the reporting period.

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

During the reporting period, the total number of participants has increased to 2,578.

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:

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Sheryl Baldwin  
Manager of Accounting / Investment Officer

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Date

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Millie McDuffey  
Chief Financial Officer / Investment Officer

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Date

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Evan Roberson  
Executive Director / Investment Officer

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Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2019  
As Of August 31, 2019**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 472.60	\$ 472.60	\$ 462.33	\$ 467.47	\$ 1,875.00
First Financial Bank CD	\$ 3,564.55	\$ 3,536.91	\$ 3,508.94	\$ 3,597.98	\$ 14,208.38
First Liberty National Bank	\$ 3.17	\$ 3.25	\$ 3.48	\$ 3.51	\$ 13.41
JP Morgan Chase (HBS)	\$ 9,584.13	\$ 14,870.36	\$ 16,919.29	\$ 13,911.79	\$ 55,285.57
Prosperity Bank (1060)	\$ 167.17	\$ 177.51	\$ 195.69	\$ 196.05	\$ 736.42
Prosperity Bank (1050)	\$ 9.48	\$ 9.54	\$ 9.86	\$ 9.97	\$ 38.85
TexPool Participants	\$ 328.92	\$ 364.53	\$ 384.41	\$ 369.99	\$ 1,447.85
Total Earned	\$ 14,130.02	\$ 19,434.70	\$ 21,484.00	\$ 18,556.76	\$ 73,605.48

<b>Agenda Item:</b> Board of Trustees Unit Financial Statement as of August 2019  <b>Committee:</b> Business	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  August 2019 Board of Trustees Unit Financial Statement	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Unit Financial Statement

FY 2019

	August 2019 Actuals	August 2019 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,348.00	\$ 2,348.00	\$ -	\$ 28,175.00	\$ 28,175.00	\$ -	100.00%	\$ 28,175.00
Total Revenue	\$ 2,348.00	\$ 2,348.00	\$ -	\$ 28,175.00	\$ 28,175.00	\$ -	100.00%	\$ 28,175.00
Expenses								
Employee Recognition	\$ -	\$ -	\$ -	\$ 90.25	\$ -	\$ 90.25	0.00%	\$ -
Insurance-Worker Compensation	\$ 6.15	\$ 17.00	\$ (10.85)	\$ 97.55	\$ 200.00	\$ (102.45)	48.78%	\$ 200.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 18,000.00	\$ 18,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 15.00	\$ (15.00)	\$ 12.00	\$ 175.00	\$ (163.00)	0.00%	\$ 175.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ 1,505.00	\$ 3,600.00	\$ (2,095.00)	41.81%	\$ 3,600.00
Travel - Local	\$ -	\$ 42.00	\$ (42.00)	\$ 327.60	\$ 250.00	\$ 77.60	131.04%	\$ 250.00
Travel - Non-local Mileage/Air	\$ 178.20	\$ 125.00	\$ 53.20	\$ 1,434.48	\$ 1,500.00	\$ (65.52)	95.63%	\$ 1,500.00
Travel - Non-local Hotel	\$ 340.40	\$ 250.00	\$ 90.40	\$ 1,123.53	\$ 1,500.00	\$ (376.47)	74.90%	\$ 1,500.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 318.32	\$ 750.00	\$ (431.68)	42.44%	\$ 750.00
Total Expenses	\$ 2,024.75	\$ 2,349.00	\$ (324.25)	\$ 22,908.73	\$ 25,975.00	\$ (3,066.27)	88.20%	\$ 25,975.00
Total Revenue minus Expenses	\$ 323.25	\$ (1.00)	\$ 324.25	\$ 5,266.27	\$ 2,200.00	\$ 3,066.27	11.80%	\$ 2,200.00



<b>Agenda Item:</b> HUD 811 Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  September 26, 2019
<b>Background Information:</b>  As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next 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.	
<b>Supporting Documentation:</b>  Fourth Quarter FY 2019 HUD 811 Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## 4<sup>th</sup> Quarter FY 2019 HUD 811 Report

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Steve Colella recently announced his move from the Senior Vice President position at McDougal Property Management to Owner. McDougal Property Management is in the process of updating email addresses and relocating the financial staff from the Lubbock offices to the San Antonio offices. Steve expects to change the company name in the months to come and will keep us updated as changes are made.

**The Cleveland Supported Housing, Inc. Board (CSHI)** held their last meeting on June 28, 2019 where they ratified the renewal of the Directors and Officers Insurance policy for the next year. Following recent repairs, the vacant unit is now being made ready for move-in and we expect to be back at 100% capacity soon.

Staff have continued to make frequent visits to the property since the last update; additional information may be provided as needed in executive session.

Additionally, McDougal Property Management participated in a Management and Occupancy Review (MOR) audit with HUD on August 22, 2019. This type of review is done to determine whether the management process is being done according to HUD policy and procedure, and we are awaiting the final report. Preliminary reports by the on-site property manager indicate that the audit went well with only two recommendations made at the time of the visit.

The CSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

**The Montgomery Supported Housing, Inc. Board (MSHI)** held their last meeting on July 9, 2019, where they reviewed project updates, resident and financial status. The property is at 100% capacity with four approved individuals on the waiting list.

There were no major maintenance issues on the property during this timeframe. The lawn is still being cut every other week and the Winter AC/Heat Maintenance is scheduled for this coming October.

As of July 31, 2019, the payable to Tri-County is \$27,443.86 and the property operated with a net loss of \$2,029.01 for the 7 months of the current fiscal year which was \$2,648.51 worse than budgeted. The majority of the loss is due to audit expense which is \$2,464.00 over budget year to date and will gradually reduce monthly until year end; office supplies which are \$1,665.45 over budget and Resident Activities which are (unable to be budgeted as outlined below) totaling \$1,717.01 for the year.

Following a review by HUD last year related to a budget-based rent increase, the Property Management Agent was notified that they are no longer allowed to budget for community activities. Previously, McDougal would budget for community activities aimed at improving quality of life for the residents through socialization and development of positive activities that assisted the residents cope with their mental illness. Staff are currently researching the HUD documents to determine if there is any argument to be made to HUD or whether we will need to find another source of funding to continue these activities. Prior to this feedback, McDougal was budgeting roughly \$2700.00 a year for these activities. Due to the fact that the residents are made up of both Tri-County and non-Tri-County clients we are exploring options should we not be able to find a solution in the contracts.

The MSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

**The Independence Communities, Inc. Board (ICI)** held their last meeting on July 2, 2019, where they reviewed project updates along with resident and financial status. As of the July meeting, the property was at 100% capacity with three approved applicants on the one-bedroom waiting list and two on the two-bedroom waiting list.

The property went through an MOR audit with HUD on August 24, 2019 and are awaiting the final report with preliminary reports being positive.

As of July 31, 2019, following reduction of the monthly reserve for replacement deposit, the property operated with a net profit of \$3,434.98 which is \$2,000.98 better than budget for the seven month period.

Following an analysis of the 2018 Fiscal Year audit and the first six months of operation for 2019, McDougal Property Management determined that there was insufficient justification to receive an approval for a budget based rent increase and submitted a letter requesting the rent rates be renewed for another 12 months effective November 1, 2019. A slight increase in utility allowance was requested for each resident but they will not have the official approval until sometime in October.

The ICI Board currently has six members.

<b>Agenda Item:</b> "From the Heart" Program Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  September 26, 2019
<p><b>Background Information:</b></p> <p>From the Heart has been a long standing program that provides Christmas assistance for many of Tri-County's high need consumers and their family members. Tri-County's FTH program has been fortunate enough to have had several large corporations, local businesses and churches assisting us in providing Christmas gifts to these families who would otherwise not have anything to open on Christmas day. In 2010 Anadarko began adopting families and proceeded over the next 6 years to adopt at least 100 families each year. Due to significant layoffs over the past several years, Anadarko began to substantially decrease the number of families they were able to adopt and only adopted 47 families in 2018.</p> <p>On August 8, 2019 Occidental Petroleum (Oxy) acquired Anadarko Petroleum. Though Oxy is still very supportive of our cause and what Tri-County stands for, they have decided to forgo adopting families for our From the Heart program and will now be following several of the other larger corporations and offering a "Day of Caring;" in which their employees will come out and provide a beautification day. In addition to Oxy's decision to move away from our From the Heart program; several of the larger churches and businesses in our area who have consistently adopted numerous families in the past, have also begun electing to spread their giving over more agencies or to only give to those directly related to them, such as church members. We believe this has largely been due to the increase in the number of individuals and families moving into Montgomery County; and the areas that are still recovering from Hurricane Harvey.</p> <p>As was noted in the 2018 Campaign Update, our From the Heart program had a 35% decrease in the number of consumers that were adopted, and with the number of adoptions and donations continuing to trend downward; and with a number of our bigger donors choosing different methods of giving; our From the Heart team felt it was time to reevaluate the program.</p> <p>Changes in the program will focus on ensuring that the children who are open to Tri-County's services receive a gift, and then add siblings as money provides. We will have an agency-wide toy drive, and will reach out to Waste Management who donates bicycles each year in hopes that they will continue to support Tri-County's children. In addition, we will continue to request monetary donations from our community, but will no longer offer the option of adopting families. We will also reach out to local grocery stores in hopes to partner with one or more of them to provide free or low-cost Christmas meal vouchers.</p>	
<p><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p>For Information Purposes Only</p>	

# UPCOMING MEETINGS

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## **October 24, 2019 – Board Meeting**

- Longevity Presentations
- Approve Minutes from September 26, 2019 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2019
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- From the Heart Update
- Approve Financial Statements for September 2019
- Personnel Report for September 2019
- Texas Council Risk Management Fund Claims Summary for September 2019
- Approve Financial Statements for September 2019
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement for September 2019
- Unresolved Building Issues at 233 Sgt. Ed Holcomb Blvd, Conroe, TX - Update

## **November 21, 2019 – Board Meeting**

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Community Resources Report
- Consumer Services Report October 2019
- Program Updates
- Personnel Report October 2019
- Texas Council Risk Management Fund Claims Summary for October 2019
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for October 2019
- Board of Trustees Unit Financial Statement October 2019
- Unresolved Building Issues at 233 Sgt. Ed Holcomb Blvd, Conroe, TX - Update

Tri-County Acronyms - Updated 1/9/19	
1115	Medicaid 1115 Transformation Waiver
ACT	Assertive Community Treatment
APS	Adult Protective Services
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APRN	Advanced Practice Registered Nurse
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
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
CCBHC	Certified Community Behavioral Health Clinic
CFRT	Child Fidelity Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CMH	Child Mental Health
COPSD	Co-Occurring Psychiatric and Substance Abuse Disorders
CPS	Child Protective Service
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Service
DFPS	Department of Family and Protective Services
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
FTH	From the Heart
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.
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitative Plan
IMR	Illness Management and Recovery
IPE	Initial Psychiatric Evaluation
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

LMHA	Local Mental Health Authority
LMSW	Licensed Masters Social Worker
LMFT	Licensed Marriage and Family Therapist
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
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
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
OCR	Outpatient Competency Restoration
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PNAC	Planning Network Advisory Committee
PRN	Practice Registered Nurse
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
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TCBHC	Tri-County Behavioral Healthcare
TCCF	Tri-County Consumer Foundation
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
TIC/TOC	Trauma Informed Care-Time for Organizational Change
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
WCHD	Walker County Hospital District
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services