

Tri-County Behavioral Healthcare Board of Trustees Meeting

May 28, 2020



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, May 28, 2020.

The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m.

In accordance with section 418.016 of the Texas Government Code, Governor Abbott, as part of his Disaster Declaration related to COVID-19, has suspended various provisions of the Open Meetings Act including the requirement that government officials and members of the public be physically present at a specified meeting location for a Board meeting. In compliance with this suspended rule, the Tri-County Board of Trustees meeting will convene via teleconference at 10:00 a.m. at the number listed below. The public is invited to call and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

Teleconference Line: **800-719-7514**
Access Code: 963492
www.tcbhc.org/board-documents-May 2020 Board Packet

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 - April 23, 2020**
- III. Executive Director's Report - Evan Roberson**
 - A. Center Operations Updates
 - B. COVID-19 FEMA Grant
 - C. Open Records Request (Hospital)
- IV. Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2021 Budget Process
 - B. County Annual Funding Requests
 - C. Texas Council Risk Management Fund Board Meeting
 - D. Reimbursement Manager Position

V. Program Committee

Information Items

- | | |
|---|-------------|
| A. Community Resources Report..... | Pages 9-10 |
| B. Consumer Services Report for April 2020..... | Pages 11-12 |
| C. Program Updates..... | Pages 13-18 |
| D. Medicaid 1115 Transformation Waiver Project Status Report..... | Pages 19-21 |

VI. Executive Committee

Information Items

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| A. Personnel Report for April 2020..... | Pages 22-24 |
| B. Texas Council Risk Management Fund Claims Summary for April 2020..... | Pages 25-26 |
| C. Texas Council Quarterly Board Meeting Update..... | Page 27 |

VII. Business Committee

Action Items

- | | |
|--|-------------|
| A. Approve April 2020 Financial Statements..... | Pages 28-41 |
| B. Approve FY 2020 Auditor Engagement Letter..... | Pages 42-53 |
| C. Approve Closure of the East Montgomery County Crisis Clinic..... | Page 54 |
| D. Approve Non-Refundable Deposit for Property on Liberty Street in Cleveland, TX..... | Pages 55-58 |
| E. Independence Oaks Apartments..... | Page 59 |

Information Items

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| F. Board of Trustees Unit Financial Statement for April 2020..... | Pages 60-61 |
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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

VIA TELECONFERENCE

April 23, 2020

Board Members Present:

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

Board Members Absent:

Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Kenneth Barfield, Sr Director of Management Information Systems
Catherine Prestigiovanni, Sr Director of Strategic Development
Tabatha Abbott, Cost Accountant
Darius Tuminas, Controller
Ava Green, Executive Assistant

Via Teleconference:

Millie McDuffey, Chief Financial Officer
Kathy Foster, Sr Director of IDD Provider Services
Tanya Bryant, Sr Director of Quality Management and Support
Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present:

Via Teleconference:
Captain Tim Cannon, Montgomery County Sheriff's Office

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:02 a.m. via teleconference.

Public Comment: There was no public comment.

Quorum: There being seven (7) Board Members present via teleconference, a quorum was established.

Resolution #04-23-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board excuse the absence of Janet Qureshi.

Resolution #04-23-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the February 27, 2020 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

- COVID-19 Response
 - Furloughs
- HR 6201
- Payroll Protection Program
- FEMA Crisis Counseling Program COVID-19
- Goal Timelines
 - Cleveland Facility
- CCBHC Application

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- Cost Report Update
- Budgeted Software Update
- FY 2021 Budget Process
- Fixed Asset Inventory

PROGRAM COMMITTEE:

Resolution #04-23-03

Motion Made By: Jacob Paschal

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

Resolved:

That the Board appoint Megan (Appia) Erwin and Estrella (Star) Peralta as members of the MH Planning Network Advisory Committee to a two-year term which expires August 31, 2021.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for February and March 2020 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2020 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2020 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 3rd Quarter FY 2020 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for February and March 2020 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for March 2020 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #04-23-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the February 2020 Financial Statements.

Resolution #04-23-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the March Financial Statements.

Resolution #04-23-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2020 Budget Revision.

Resolution #04-23-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board direct staff to solicit an audit engagement letter from Eide Bailly, LLP for the FY 2020 Independent Financial Audit.

Resolution #04-23-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify HHSC Contract No. HHS000740900037, Rider 39 Grant Program.

Resolution #04-23-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2020 contract for Sun Behavioral for inpatient services.

Resolution #04-23-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the FY 2020 contract for Dr. Marshall Lucas.

The 2nd Quarter FY 2020 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for January 2020 was reviewed for information purposes only.

The HUD 811 Updates for Cleveland, Montgomery and Huntsville were reviewed for information purposes only.

Adjournment:

Attest:

Date _____

Date _____



Executive Director's Report

May 28, 2020

Announcements

- The next regular Board meeting will be on July 23, 2020. We are only allowed to meet via phone because of the disaster declaration issued by the state of Texas. I would prefer to continue meeting by phone for the immediate future if possible, but if the disaster declaration is withdrawn our next meeting would need to be in person. I will update you further as I have more information.
- I know in many ways that the 87th Legislative Session (January 12, 2021) seems to be a long way off, but I would like you to begin preparing for the possibility that a resurgence in the COVID-19 virus this fall or winter could prevent us from entering the capital building. It would be a good time to get connections reinforced with all of our Representatives, Senators and their staff in case we have to communicate with them via cell phone or email during the session, rather than making our typical face to face visits. With the impact of the COVID-19 virus on the economy, we are anticipating a challenging session and we will need to be ready.
- Our 'virtual birthday cake' today is in honor of Mr. Morris Johnson who celebrated a birthday on May 2nd, and Mr. Richard Duren who celebrated on May 15th.

Center Operations Update

- On Wednesday the 20th of May we had our first two reports of clients who are positive for COVID-19 and on Tuesday the 26th we had our third client test positive. The first two clients are served by our Intellectual and Developmental Disability Service Coordination Department, but they reside in group homes that are owned by private providers. The third is served in our Adult Mental Health program. I am very sad to report that one of the two IDD clients passed away May 26th, he was 64 years old.
- To date, we have not had any staff test positive for COVID-19.
- On May 22nd, I held an 'All Staff' call where I announced that we would be resuming most of our clinical services by Monday, June 29th; however, later that same day the state provided additional flexibility for our service designs through the month of June. On May 26th, the Management Team and I reevaluated our plans and are instead only bringing in select staff to the office. These staff include Adult and Children's Mental Health managers, our programs that serve the most complex clients (ACT for adults and WRAP for youth), staff that are struggling with performance at home and a few administrators.

Most importantly, we have decided to delay the opening of the Day Habilitation programs until at least Monday, July 6th.

- We will have electrostatic cleaning of all outpatient service locations on Friday, May 29th, and we will close all outpatient clinic operations on that day.
- We continue to spend funds on Personal Protective Equipment and extra cleaning protocols, and expect both to continue for the foreseeable future. We are also hiring up temporary staff called 'runners' that we are using for a variety of extra duties now that our staff that have been filling these roles are returning to their regular jobs. We believe many of the changes we have implemented are safer for clients and staff, like medication pick-up at the front door of the clinics, but they require additional staff to keep them working. We do not expect these expenses to continue indefinitely, but we believe they are important at this time.
- We are also working on professional cleaning contracts for the three rural clinic facilities. We currently have part-time client cleaning crews working at those sites, but we do not believe this will be adequate during our response to the virus.
- We are also working on plans to increase the census at the Crisis Stabilization Unit, but have not yet finalized them. While we believe the current design is safer for clients and staff, it is more expensive for the Center because psychiatric hospitalizations are up with the CSU census capped at nine. Increasing the census of the CSU will be critical if we are going to keep hospital expenditures down during the summer.
- As I have told the staff all along, we are making our decisions with the best information we have and these decisions may need to change again if circumstances change.

FEMA Crisis Counseling Program, COVID-19

As we discussed last month, as part of the crisis response, the Health and Human Services Disaster Behavioral Health team has applied for a state-wide COVID-19 Federal Emergency Management Agency Crisis Counseling Program (CCP) grant. Tri-County applied for, and the state has awarded, the Initial Services Program CCP grant to cover our three counties.

Two of our neighboring centers, Brazos Valley (7 Counties with a base of operations in Bryan) and Texana Center (6 Counties with a base of operations in Sugarland) have opted out of picking up the Regular Services Program CCP grant which will follow the Initial Service Program CCP grant. Because of our performance in other CCP grants, we were asked by the state to pick up these additional 13 counties for the Regular Services Program and I agreed to do so. One of the reasons I agreed to pick up this grant for the other 13 counties is that much of the COVID-19 FEMA grant is supposed completed via phone or televideo service. Catherine Prestigiovanni will be overseeing this grant.

Open Records Request (Hospital)

The Houston Chronicle has been issuing Open Records Act information requests for copies of psychiatric hospital contracts between Centers and private hospitals, and for information on both individual hospital utilization and hospital expense. At this point it appears that every Center in Texas has been contacted.

No one knows what the Chronicle's investigation of these contracts is about, but I thought you'd want to know about this before you read an article in the paper that included information about our hospital contracts. I will let you know more if we hear more.

CHIEF FINANCIAL OFFICER'S REPORT

May 28, 2020

FY 2021 Budget Process – We have started the FY 2021 budget process. This year's process is going to be different than it was in past years. We will be using the PowerPlan budgeting software that we are in the final stages of implementing. We have uploaded the master staff position listing to the software, and since wages and fringe are slightly over 70% of our entire budget, this is a good starting place. This year, more than most years, we have a lot of unknowns at this point in the budget process. Most years, the budget is calculated on actual historical financial data. This year has been out of the ordinary, to say the least. How we delivered services and revenue earned have not followed any sort of historical trend. Planning for next year will be difficult at best, and we will most likely change from our initial projections that we present to the Board at the August meeting.

Since COVID-19 has started, we have been evaluating our revenue, expenses, and our staffing. We will continue to do this after each month end close, and we will continue to gather information until we refine our projected numbers and finalized the FY 2021 budget for the August meeting.

County Annual Funding Request – It is the time of year that we receive the annual budget request for each County. At the time of this writing we had received a request from only Montgomery County.

Texas Council Risk Management Fund Board Meeting – The TCRMF Board of Trustees meeting was held by teleconference on May 8th. Program committee meetings were held by teleconference on May 9th. Considering how many people are on this Board and Advisory committee, the meeting went very smoothly.

The projected rates for reinsurance were announced for FY 2021. They were projecting an increase in each coverage type of 3%. This does not mean that we will pay 3% more. Each center's rate will be based on its own experience and center claims. We normally have our new rates by the middle of July.

Reimbursement Manager Position – One of my key staff retired effective May 29th. Beverly Standley has been with Tri-County for approximately 32 years. She is leaving a big position to fill, and we will miss her, but she and her husband bought a travel trailer and will be taking off on many trips and enjoying life with their two grandkids. We had a going away breakfast for her on May 27th.

Agenda Item: Community Resources Report	Board Meeting Date: May 28, 2020
Committee: Program	
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

April 24, 2020 – May 28, 2020

Volunteer Hours:

Location	April
Conroe	16.5
Cleveland	0
Liberty	5
Huntsville	7.5
Total	29

COMMUNITY ACTIVITIES:

4/24/20	Veterans Weekly Peer Support - Virtual	All Counties
4/29/20	Veterans Mental Health First Aid Virtual Training Discussion	Conroe
4/30/20	Women's Veterans Group - Virtual	Conroe
4/30/20	Peer Support Coordination Check-in with Texas Veterans Commission - Virtual	Conroe
5/5/20	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES) - via Zoom	The Woodlands
5/5/20	How COVID has impacted Veterans Treatment Court - Virtual	Conroe
5/7/20	The Laws of Family Process for Veterans - Virtual	Conroe
5/7/20	"Thoughtful Thursday - Supporting Local Non-Profits" Woodlands Chamber of Commerce – Zoom Meeting	Conroe
5/13/20	Virtual Veterans ASK + Cohort Meeting "Delivering Training Online"	Conroe
5/14/20	Veterans Montgomery County Behavioral Health Suicide Prevention Call	Conroe
5/14/20	Sharing Timely Resources & Information for Veterans, Families, Caregivers & Survivors - Virtual	Conroe
5/14/20	"Thoughtful Thursday - Supporting Local Non-Profits" Woodlands Chamber of Commerce – Zoom Meeting	Conroe
5/15/20	Veterans - Conroe Noon Lions Board Meeting - Virtual	Conroe
5/19/20	Veterans Taskforce Meeting - Virtual	Conroe
5/21/20	Liberty County Community Resource Coordination Group - Virtual	Liberty

UPCOMING ACTIVITIES:

6/4/20	Volunteer Appreciation Day	Liberty and Montgomery
6/12/20	Women's Veterans Appreciation Day	All Counties
6/18/20	Homeless Coalition Meeting	Conroe
6/23/20	Homeless Management Information System Forum	Houston

Agenda Item: Consumer Services Report for April 2020 Committee: Program	Board Meeting Date: May 28, 2020
Background Information: None	
Supporting Documentation: Consumer Services Report for April 2020	
Recommended Action: For Information Only	

Consumer Services Report April 2020

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	421	28	15	67	531
Crisis and Transitional Services (LOC 0, LOC 5)	59	0	0	0	59
Psychiatric Emergency Treatment Center (PETC) Served	45	3	1	6	55
Psychiatric Emergency Treatment Center (PETC) Bed Days	187	9	3	17	216
East Montgomery County Crisis Service Admits	0	0	0	0	0
Adult Contract Hospital Admissions	26	1	1	1	29
Child and Youth Contract Hospital Admissions	4	0	0	0	4
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1463	226	193	110	1992
Adult Medication Services	1026	97	68	102	1293
Child Service Packages (LOC 1-4 and YC)	768	64	34	84	950
Child Medication Services	236	16	8	30	290
TCOOMMI (Adult Only)	114	10	12	8	144
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	7	0	0	0	7
Service Coordination	732	37	45	74	888
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	23	4	14	17	58
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	6	0	0	0	6
Adult Substance Abuse Treatment Services/COPSD	50	0	0	1	51
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	33	0	0	0	33
Home and Community Based Services Interest List	1934	149	174	223	2480
April Served by County					
Adult Mental Health Services	1817	145	125	200	2287
Child Mental Health Services	829	68	34	93	1024
Intellectual and Developmental Disabilities Services	785	44	57	80	966
Total Served by County	3431	257	216	373	4277
April Number Served by Phone by County					
Adult Mental Health Services	1195	85	68	115	1463
Child Mental Health Services	762	66	34	88	950
Intellectual and Developmental Disabilities Services	779	44	55	80	958
Total Served by County	2736	195	157	283	3371
April Number of Services by Phone by County					
Adult Mental Health Services	2693	183	109	225	3210
Child Mental Health Services	3097	277	166	445	3985
Intellectual and Developmental Disabilities Services	3138	184	240	348	3910
Total Served by County	8928	644	515	1018	11105
March Served by County					
Adult Mental Health Services	1673	181	142	174	2170
Child Mental Health Services	847	92	38	83	1060
Intellectual and Developmental Disabilities Services	691	47	53	78	869
Total Served by County	3211	320	233	335	4099

Agenda Item: Program Updates Committee: Program	Board Meeting Date: May 28, 2020
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

April 24, 2020 – May 28, 2020

Crisis Services

1. We reduced the census in the Crisis Stabilization Unit (CSU) to a maximum of nine persons in order to allow each person to have their own room. Since doing so, the CSU has stayed full and psychiatric hospitalization is up.
2. A psychiatrist who only worked for Tri-County as part of the on-call rotation decided to pull out of the rotation for personal reasons. This leaves only three Tri-County psychiatrists for the on-call rotation. We are talking to ETBHN about the possibility of augmenting the on-call psychiatric coverage with ETBHN psychiatrists in the near future.
3. Over the last few months, several Registered Nurses at the PETC have resigned. While RN resignations aren't that unusual, we have been struggling to recruit staff to fill these roles. By closing the Extended Observation Unit, we have been able to help cover these vacancies but we are still having to cover a few CSU shifts with RN's on our as needed (PRN) pool and pay overtime to some fulltime RN's to provide coverage to the CSU. The Human Resources Department is evaluating salaries to ensure that our nursing salaries are still competitive in the market.
4. As expected with school out, the number of children and youth coming in for crisis assessments is significantly down from this same time last year. Last week only two youths were assessed, compared to 23 for the same time period in 2019.
5. We are experiencing a small increase in lengths of stay on the CSU due to the lack of community resources for indigent clients, most especially a lack of housing for homeless individuals. We are also being slightly more lenient in how far our staff are driving clients and in providing bus tickets to areas outside of the Tri-County service area if we can verify the housing situation for the client at that location.

MH Adult Services

1. Most of the prescribers are working from home via televideo services, but we have left three staff in the office to be available to cover any crisis along with regular services.
2. We have allowed clients who are hesitant to come into the office because of COVID-19 to request their current medications be refilled until a date when they are safe to attend an office visit. However, most of our prescribers are uncomfortable with refilling medications when it has been more than six months since a face to face visit and many of our clients may have to come into the office for a traditional visit for their next refill.
3. We are in the process of recruiting candidates to fill the vacant Rural Clinic Coordinator positions in the Liberty and Huntsville offices. These roles provide both adult mental health intake services and crisis services in these rural locations.
4. We have been down in the number of adults seeking intake services in Conroe due to the COVID-19 crisis in April, with an average of 16 per week, down from 36 average per week in previous months. The program is anticipating a significant increase in these requests in May with modifications made to the walk-in clinic process to complete these requests for services over the phone. By making this change, we are not only able to provide open

access to services, we are doing so in a way that seeks to maintain the health and safety of both the client and the staff.

5. We have seen an increase in requests for counseling services over the past several weeks and as a result engagement targets for the month and quarter are being exceeded. At this time, all counseling services are being provided over the phone, which clients are responding well to.
6. The First Episode Psychosis program is currently serving 16 individuals and have four additional candidates who are in the admission process. Individuals served are reporting positive impact from the program, with one graduating high school in May and another who was accepted to college for the Fall and has started a new job. Many of the program participants are taking advantage of the services offered, including Supported Employment and Education, counseling services, psychiatry, and skills training.
7. Adult Outpatient Services continues to use alternative modalities to provide treatment during the COVID-19 crisis, including interventions provided using telehealth and telephone services. Many clients are reporting benefit from this new way of providing care and the program is finding that more services are being provided, though at shorter durations.
8. The Assertive Community Treatment (ACT) team recently participated in efforts with several community partners to meet the needs of a client who has been homeless for several months and as a result has been overutilizing emergency services (ER, EMS, PETC, and Law Enforcement). Since starting this process, the ACT team has been able to keep the client stable and out of the psychiatric hospital for over one month, has found temporary housing, and coordinated with other programs to find more stable, permanent housing.

MH Child and Youth Services

1. We have been fine tuning a temporary process implemented to restart a walk-in clinic. This process reduces the number of people in the waiting room at the same time by allowing triage via phone and asking individuals to come in the same day at a designated time.
2. We have continued to fill C&Y vacancies via Skype interviews and have several scheduled to start when New Employee Orientation begins on June 1st.
3. Child and Youth caseloads are much lower than usual due to a combination of many clients not engaging in phone services and the reduced number of intakes over the last couple of months. This makes caseloads much more manageable at this moment, but we are preparing for a significant increase in intakes and clients requesting to restart services when school starts back up.

Criminal Justice Services

The Criminal Justice Services program continues to provide services to individuals in the jail, providing assessment and coordination of care to over 100 individuals in April. The number of assessments is down from previous months as the jail is operating at half capacity as part of their response to COVID-19. Other Criminal Justice Services are being provided telephonically with coordination between the courts, probation, and parole occurring through televideo.

Substance Use Disorder Services

1. The Substance Use Disorder Treatment program is currently providing services via telehealth and telephone. Despite this change in the delivery mechanism, the program has had success in engaging clients in their care and continue to see positive treatment outcomes. Additionally, the program has noticed an increase in requests for admission in May, for both adult and youth clients.
2. Prevention education groups in the schools were halted when schools were forced to shut down for COVID-19; however, we are working with HHSC and New Caney ISD to develop an agreement that will allow us to provide the last sessions via an internet format that the district uses for on-line schooling.
3. Since the closing of schools, the prevention team continues to help other departments, especially the MH intake teams, to make sure that services continue.
4. Our Youth Substance Abuse Prevention team are developing fun and informative activities for children and youth that can be conducted via social media platforms.

IDD Services

1. All IDD Authority staff are working from home with the exception of our Board Certified Behavioral Analyst and our IDD Crisis Intervention Specialist. These two staff have been available for crisis needs and invaluable in ensuring service coordinators have the documentation needed to fulfill their roles.
2. IDD Authority staff have done well with ensuring the individuals and families are referred to the needed resources during the COVID-19 crisis.
3. The IDD Provider program has furloughed 13 employees due to the closure of our Day Habilitation sites.
4. The IDD Provider Employment Specialist is on partial furlough due to the reduction in need ranging from businesses not hiring at this time to families not wanting their individual to get a job at this time. A consumer was laid off from their job and staff worked together to get that consumer set up with unemployment.
5. IDD Provider continues annual audit preparations with no word at this time on when the audit will occur.
6. IDD Provider staff continues to stay busy ensuring the group home coverage is maintained 24/7. Both homes are fully occupied as of May 1st.
7. The COVID-19 crisis is impacting our IDD clients emotionally and behaviorally because they do not understand the disruption in their routine. A number of families are ready for some normalcy and relief.

Support Services

1. **Quality Management (QM):**
 - a. The Superior Quarterly Site Audit occurred on May 13, 2020 via conference call. Superior reviewed four client charts within the time frames of February 4, 2020 through April 27, 2020.
 - b. QM staff continue to review documentation on a regular basis to assist supervisors and provided necessary training for staff as they adjust to the changes brought forth by COVID-19.

- c. The Continuous Quality Improvement (CQI) Committee, as required by CCBHC standards, met on April 28, 2020 to continue working on the FY 20 CQI Goals which include plans to work on reducing the no show rate, impacting hospital recidivism for individuals hospitalized more than once within 30 days, suicide reduction, and increased staff knowledge and competency of CQI and annual goals for the Center.

2. Utilization Management (UM):

- a. The Junior Utilization Management Committee has been reviewing data frequently in order to analyze the effects of COVID-19 on the data that the State uses to measure our performance. At this time the State data warehouse has not updated their reports to accurately reflect the services that are being provided by telephone, therefore, staff have created internal reports to capture new data needed to monitor services and ensure quality service provision.
- b. Staff have conducted weekly reviews of the utilization information for crisis services to identify trends and needs during the current pandemic. Surprisingly, the number of individuals who have cited COVID-19 as a reason for seeking crisis services has remained low.
- c. Staff reviewed 10% of client discharges that took place in the month of March to ensure compliance with Center procedures.

3. Training:

- a. In compliance with House Bill 3834, all staff who have access to a State Database have completed a certified cyber security training program which was completed by May 8, 2020.
- b. In compliance with CCBHC requirements, staff are working to develop additional trainings that include, but are not limited to, a focused training on Person-centered and Family-centered Care as well as a specialized training for our in-house interpretive staff that will focus on considerations for providing interpretation in a medical setting. After the development of these courses, they will be reviewed by Management Team and incorporated as part of the on-boarding process for new staff.
- c. Progress continues to be made in the transition of computer based trainings into face to face trainings. Once the final drafts of these trainings have been completed they will be presented to Management Team for approval and incorporated into the new employee orientation process.
- d. Due to COVID-19, all face to face trainings have been suspended until June 1st. The training department is tracking all expired trainings and filing training extensions for each staff. Once the precautions have been lifted, the training department plans to adjust the training schedule to allow for more face to face trainings in order to meet the increased need of recertification in trainings such as SAMA and CPR.

4. Veteran Services and Veterans Counseling/Crisis:

- a. Military Veteran Peer Network (MVPN) department continues to provide peer support via LifeSize on a weekly basis.

- b. Montgomery County Veterans Treatment Court has continued to meet virtually. They have noted an increase in substance use for veterans over the past two months.
 - c. The TVC (Texas Veterans Commission) Crisis Counseling Program continues providing therapy over the phone and immediate crisis services as needed at the PETC.
 - d. The Director of Strategic Development recently applied for a grant through the Bob Woodruff Foundation to expand the counseling and case management for veterans; we are waiting for their response.
5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
- a. The MH PNAC met on May 20, 2020 where they received information on financials, program services, Center updates, community involvement and performance measures. The PNAC was provided information about the Continuous Quality Improvement processes and goals for FY 20. Staff continue to seek additional members with lived experience and/or family members of individuals served.
 - b. Since the last update, staff have received two referrals for new members and have reached out to establish their interest and fit for the committee. The next regularly scheduled meeting is set for June 3, 2020.

Community Activities

- 1. Tri-County's Consumer Foundation has placed a hold on all fundraising activities at this time and are awaiting the response for the Wells Fargo grant of \$40,000. In addition, the Board has identified several other grants we will be applying for to ensure the Foundation is able to continue serving our consumers.
- 2. We continue to work virtually with the Montgomery County District Attorney's Office on the Assisting Victims Escape & Resist Trafficking (AVERT) Team. We are currently assisting six young women who were involved in local sex trafficking rings and are helping them to find a safer way of life and stay out of jail.

Agenda Item: Medicaid 1115 Transformation Waiver Project Status Report Committee: Program	Board Meeting Date May 28, 2020
<p>Medicaid 1115 Transformation Waiver reporting of Categories C & D were submitted in April 2020. We reported on all six of our Category C (outcome) measures at 100% achievement and anticipate 100% of our eligible payment in July. Measure data was based on Calendar Year 2019.</p> <p>Category C – Outcome Measures: As the Board will remember, our Calendar Year 2018 (CY18) measure was not fully achieved last year (75%) but we were allowed to ‘carry forward’ achievement into CY19. The measure showed achievement for the remaining 25% balance with the April 2020 report. Category C represents 75% of our total 1115 valuation. Expected payment in July for completion is \$3,512,894.66 for CY19, and \$173,223.94 for CY18 carry forward payment.</p> <p>Category D – State Level Center System Outcome Measures: This includes a reporting on the Statewide Reporting Measure Bundles covering Crisis Response; Crisis Follow-up; Community Tenure (Adult and Child/Youth); Reduction in Juvenile Justice Involvement; and Adult Jail Diversion. In addition to using FY19 data provided by HHSC, we reported on current initiatives that are impacting the rates. The expected July payment for Category D is \$702,578.93.</p> <p>As a reminder, CY 2020 will be our last year for 1115 outcome measure payments unless the waiver is extended because of the impact on measurement that will be caused by COVID-19. In addition, CY 2020 has a reduction of 20% of the measurement value.</p>	
Supporting Documentation: Medicaid 1115 Transformation Waiver Project Status Report	
Recommended Action: For Information Only	

Tri-County Behavioral Healthcare
Medicaid 1115 Transformation Waiver

DY9 - 10/1/2019 - 09/30/2020

Status Update: January 2020 - DY8 PY2

Source: Internal Reporting / HHSC Reports

DY8 Balance

\$5,543,165.25



On Target to Meet DY8 Outcomes



In Process / Partial Achievement in DY 8



Not Started / Not Achieved

Category A				Progress Towards Goals	Status	DY 8 Valuation
Core Activities	Integrated Physical & Behavioral Health Care Services	Prevention & Wellness	Intensive Evaluation & Diversion	Updates evaluating core activities, secondary drivers, & change ideas in the online system. No additional core activities will be added.	<div></div>	\$0 Required October 2019 report submitted for payment of B-D
Alternative Payment Models				No APMs/VBP arrangements with a Medicaid payer were made in DY7.	<div></div>	
Costs & Savings	Selected for Costs & Savings Analysis			Status update on progress of completing the Cost & Savings analysis.	<div></div>	
Collaborative Activities	Attended 7 Learning Collaboratives			Report on up to 3 Learning Collaborative meetings attended.	<div></div>	
Category B				Progress Towards Goals	Status	DY 8 Valuation
Performing Provider Population DY8		MLIU		Payment made 1/31/2020		\$739,088.70
# of unique persons who received a face-to-face or virtual service within our defined system		97.62% unique persons in the system who insurance coverage was Medicaid, Low Income(< 200% FPL), and uninsured		Data entered in online reporting system - October 2019 reporting only	<div></div>	DY 8 Payment after IGT \$450,031.11
Category D				Progress Towards Goals	Status	DY 9 Payment
Effective Crisis Response	% of individuals receiving crisis services who avoid inpatient admission after a crisis. % of individuals receiving crisis services who receive f/up services w/in a period of time. % of individuals who successfully avoid psychiatric inpatient care. % of youth who demonstrate improved indicators of juvenile justice involvement. % adults who demonstrate improvement on indicators of criminal justice involvement.				<div></div>	DY9 July Payment
Crisis Follow-up						
Community Tenure					Valuation	\$1,042,556.66
Reduction in Juvenile Justice Involvement					IGT	\$339,977.73
Adult Jail Diversion					Payment	\$702,578.93




Tri-County Behavioral Healthcare
Medicaid 1115 Transformation Waiver








DY9 - 10/1/2019 - 09/30/2020

Status Update: January 2020 - DY8 PY2 April 2020 Reporting

Measures based on Calendar Year 2019

Source: Internal Reporting / HHSC Reports

-  On Target to Meet DY8 Outcomes
-  In Process
-  Not Started / Not Achieved

Category C			DY9/Round 1 Goal	Rate & Goal as of 12/31/19 (Estimate)	Status	DY 8 PY2 Achievement Amount /April 2020 Submission
M1-103	Controlling High Blood Pressure		56.22%	60.43%		\$868,792.22
M1-105	Tobacco Cessation Assessment/Intervention		44.42%	99.05%		\$868,792.22
M1-115	Diabetes Care: HbA1c >9% (Neg Directionality)		45.14%	25.50%		\$868,792.22
M1-147	BMI/Intervention		89.67%	99.38%		\$868,792.21
M1-147	BMI/Intervention-CY 2018 Carry Forward		NA	Same as CY19		\$242,513.52
M1-207	Diabetes Care: HBP <140/90		66.04%	68.46%		\$868,792.21
M1-261	Substance Use Assessment		95.85%	95.98%		\$868,792.21
				After IGT: \$1,769,178.51		\$3,686,118.60

Estimated: July 2020 Payment: \$4,388,697.53

Agenda Item: Personnel Report for April 2020	Board Meeting Date: May 28, 2020
Committee: Executive	
Background Information: None	
Supporting Documentation: Personnel Report for April 2020	
Recommended Action: For Information Only	

Personnel Report April 2020

Total Applications received in April= 148

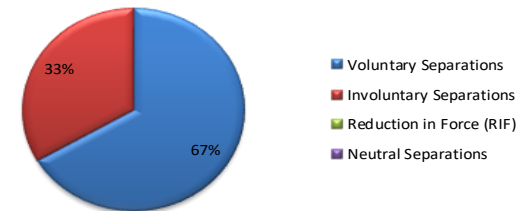
Total New Hires for the month of April= 2

Total New Hires Year to Date = 89

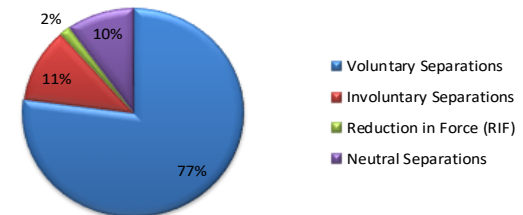
April Turnover - FY20 compared to FY19	FY20	FY19
Number of Active Employees	377	359
Number of Monthly Separations	3	10
Number of Separations YTD	61	70
Year to Date Turnover Rate	16%	19%
April Turnover Rate	1%	3%

Separations by Reason	April Separations	FY20 YTD
Better Pay	0	7
Commute	0	4
Death	0	0
Dissatisfaction with Supervisor/Job	0	3
Family	1	8
Another job	0	9
Lack of Opportunity for Advancement	0	0
Relocating	1	2
Retirement	0	2
Return to School	0	3
Schedule	0	1
Uncomfortable with Job Duties	0	3
Health	0	3
RIF	0	1
Neutral Termination	0	8
Involuntarily Terminated	1	7
Total Separations	3	61

April Voluntary, Involuntary, RIF and Neutral Separations



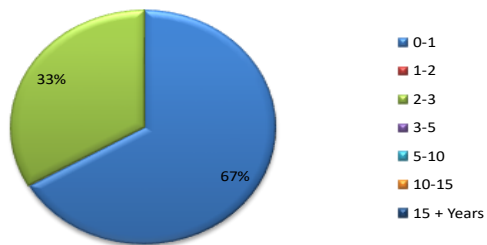
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



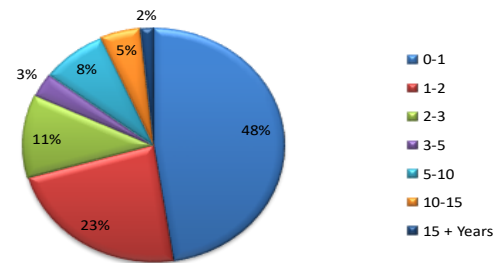
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% April	% Year to Date
Evan Roberson	21	0	0	0%	0%
Millie McDuffey	35	0	9	0%	26%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	2	0%	20%
MH Adult	93	1	16	1%	17%
MH Child & Youth	73	2	15	3%	21%
Catherine Prestigiovanni	12	0	5	0%	42%
PETC	53	0	5	0%	9%
Kelly Shropshire	36	0	2	0%	6%
Kathy Foster	31	0	5	0%	16%
Kenneth Barfield	8	0	1	0%	13%
Total	377	3	61		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% April	% Year to Date
Supervisors & Managers	27	0	2	0%	7%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	45	0	7	0%	16%
Professionals (QMHP)	118	3	25	3%	21%
Professionals (QIDP)	29	0	2	0%	7%
Licensed Staff (LCDC, LPC...)	22	0	1	0%	5%
Business Services (Accounting)	12	0	2	0%	17%
Central Administration (HR, IT, Executive Director)	18	0	5	0%	28%
Program Support(Financial Counselors, QA, Training, Med. Records)	57	0	10	0%	18%
Nurse Technicians/Aides	16	0	2	0%	13%
Service/Maintenance	8	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	25	0	5	0%	20%
Total	377	3	61		

April Separations by Tenure

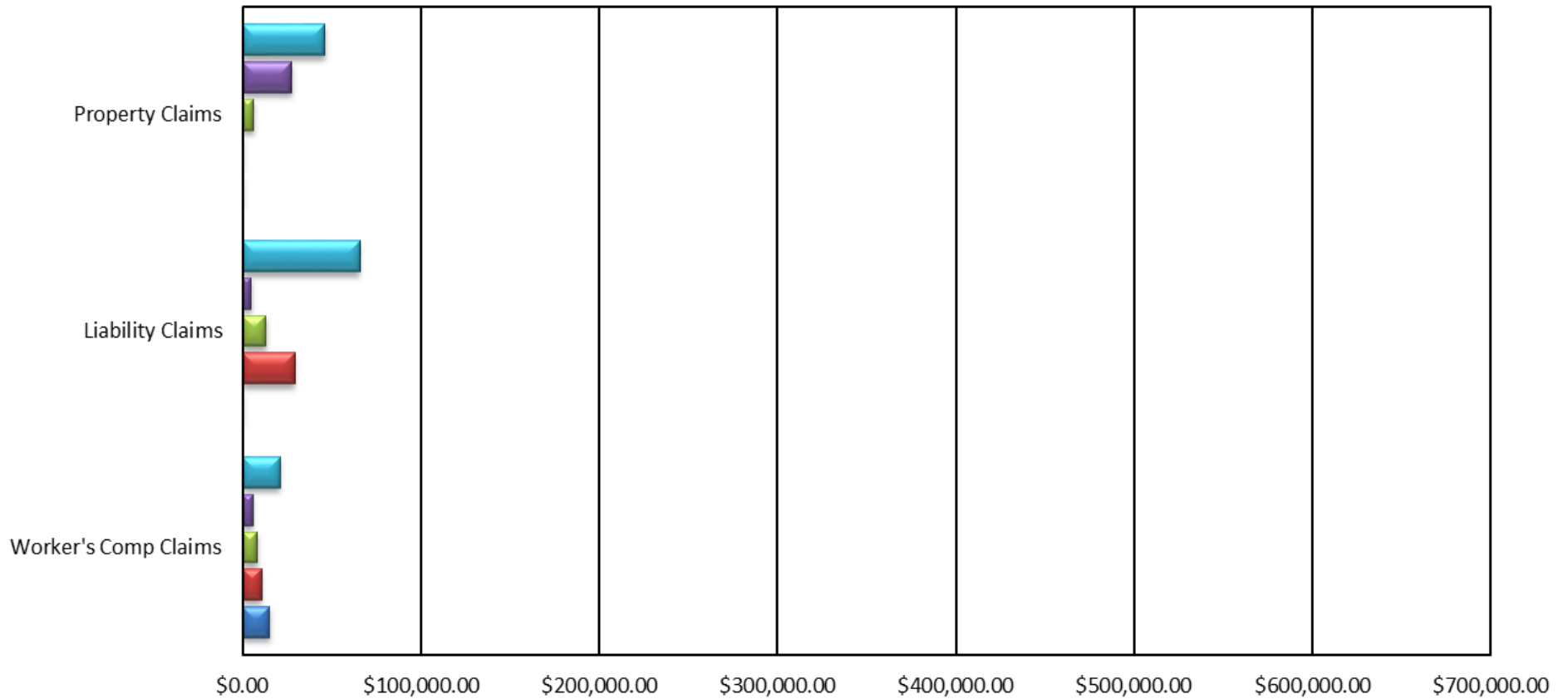


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of April 2020 Committee: Executive	Board Meeting Date: May 28, 2020
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of April 2020	
Recommended Action: For Information Only	

TCRMF Claims Summary April 2020



	Worker's Comp Claims	Liability Claims	Property Claims
2016	\$21,176.00	\$65,750.00	\$46,114.00
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,191.00	\$13,108.00	\$6,126.00
2019	\$10,638.00	\$29,330.00	\$0.00
2020	\$15,222.00	\$0.00	\$0.00

Agenda Item: Texas Council Quarterly Board Meeting Update Committee: Executive	Board Meeting Date May 28, 2020
Background Information: The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation: Texas Council Staff Report for April 2020 meeting.	
Recommended Action: For Information Only	

Agenda Item: Approve April 2020 Financial Statements	Board Meeting Date May 28, 2020
Committee: Business	
Background Information: None	
Supporting Documentation: April 2020 Financial Statements	
Recommended Action: Approve April 2020 Financial Statements	

April 2020 Financial Summary

Revenues for April 2020 were \$2,648,092 and operating expenses were \$2,434,741 resulting in a gain in operation of \$213,351. Capital Expenditures and Extraordinary Expenses for April were \$94,617 resulting in a gain of \$118,734. Total revenues were 99.53% of the monthly budgeted revenues and total expenses were 92.95% of the monthly budgeted expenses (difference of 6.58%).

Year to date revenues are \$21,248,381 and operating expenses are \$20,220,913 leaving excess operating revenues of \$1,027,468. YTD Capital Expenditures and Extraordinary Expenses are \$983,375 resulting in a gain YTD of \$44,093. Total revenues are 98.26% of the YTD budgeted revenues and total expenses are 98.06% of the YTD budgeted expenses (difference of 0.20%).

REVENUES

Earned Revenues items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Private Insurance	83,484	98,370	84.87%	14,886
Title XVII Medicare - Regular	53,434	63,709	83.87%	10,275
HCS – Title XIX	1,186,384	1,210,900	97.98%	24,516
Medicaid - PASRR	92,938	115,767	80.28%	22,829
Medicaid – Regular – Title XIX	404,804	460,470	87.91%	55,666
Rehab – Title XIX	1,181,063	1,274,636	92.66%	93,573

Earned Income – The above listed items are earned revenue lines with variances of over \$10,000. During this period of reduced services at the center, we have been serving clients from home by phone. As can be seen, we have many lines that are under the original projected budget. We expect that this is the trend for May and June as well. And after that, the new normal will start to fall into place.

Medicaid – PASRR services are normally provided in the nursing homes, but due to COVID-19 closures, access to the nursing homes have been suspended until further notice.

We will have another budget revision before year end to adjust to the current conditions and hopefully be able to see the trends for the new budget year.

****NOTE – The following are Grant Funded Cost Reimbursement Programs Under Budget by more than \$10,000 –**

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
DSHS – MH First Aid	54,984	80,066	68.67%	25,082
DSHS – First Episode Psychosis	161,587	184,040	87.80%	22,453
DADS – Autism Program	98,298	128,000	76.80%	29,702
HHSC – Youth Prevention Universal	116,907	128,745	80.81%	11,839
DSHS – SA Prevention	128,991	145,594	88.60%	16,603
HHSC – SB 292 – East Montgomery Crisis	195,218	229,990	84.88%	34,772

Grant Funded Cost Reimbursement Programs - The above listed items are grant funded cost reimbursement programs with variances of over \$10,000. The good thing about these variances is there is an offset of expense lines that aren't being spent. It is important to see all the variances to show the full impact of what is happening at the center during the COVID-19 partial shutdown. During this period of reduced services at the center, we have been serving clients from home by phone. Many of the above listed programs cannot be served by phone therefore services have come to a stop until things get back to normal.

EXPENSES

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

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

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended April 30, 2020**

	TOTALS COMBINED FUNDS April 2020	TOTALS COMBINED FUNDS March 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,550	3,550	-
Cash on Deposit-General Fund	8,634,208	10,278,273	(1,644,065)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,829,021	2,742,678	86,343
Inventory	4,200	4,420	(220)
TOTAL CURRENT ASSETS	11,470,978	13,028,921	(1,557,942)
FIXED ASSETS	19,435,971	19,435,971	-
OTHER ASSETS	66,186	93,109	(26,922)
TOTAL ASSETS	\$ 30,973,135	\$ 32,558,000	\$ (1,584,864)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,150,100	1,136,705	13,395
NOTES PAYABLE	630,692	630,692	-
DEFERRED REVENUE	1,217,485	2,940,633	(1,723,148)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	252,083	275,000	(22,917)
First Financial Construction Loan	11,360,151	11,399,398	(39,247)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	44,093	(74,641)	118,734
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,612,234)	(11,674,398)	62,164
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	19,435,971	19,435,971	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
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	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	49,332	43,165	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(630,692)	(630,692)	-
UNASSIGNED			
Unrestricted and Undesignated	3,585,357	3,585,370	(13)
TOTAL LIABILITIES/FUND BALANCE	\$ 30,973,135	\$ 32,558,000	\$ (1,584,865)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended April 30, 2020**

	General Operating Funds	Memorandum Only Final August 2019
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,550	3,500
Cash on Deposit-General Fund	8,634,208	8,204,549
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,829,021	2,127,671
Inventory	4,200	4,695
TOTAL CURRENT ASSETS	11,470,978	10,340,415
FIXED ASSETS	19,435,971	19,435,971
OTHER ASSETS	66,186	136,153
	\$ 30,973,135	\$ 29,912,539
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,150,100	1,152,521
NOTES PAYABLE	630,692	630,692
DEFERRED REVENUE	1,217,485	183,283
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	252,083	435,417
First Financial Construction Loan	11,360,151	11,675,110
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	44,093	633,843
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(11,612,234)	(12,110,527)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	19,435,971	19,435,971
Reserved for Vehicles & Equipment Replacement	613,712	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
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	49,332	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(630,692)	(630,692)
UNASSIGNED		
Unrestricted and Undesignated	3,585,357	2,951,724
TOTAL LIABILITIES/FUND BALANCE	\$ 30,973,135	\$ 29,912,539

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended April 2020
and Year To Date as of April 2020

INCOME:	MONTH OF April 2020	YTD April 2020
Local Revenue Sources	96,850	1,095,282
Earned Income	1,033,425	8,677,418
General Revenue-Contract	1,517,817	11,475,681
TOTAL INCOME	\$ 2,648,092	\$ 21,248,381
EXPENSES:		
Salaries	1,491,293	12,195,959
Employee Benefits	299,448	2,479,720
Medication Expense	56,519	503,630
Travel-Board/Staff	3,198	245,214
Building Rent/Maintenance	25,937	212,940
Consultants/Contracts	346,047	2,920,701
Other Operating Expenses	212,299	1,662,749
TOTAL EXPENSES	\$ 2,434,741	\$ 20,220,913
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 213,351	\$ 1,027,468
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	1,500	237,277
Capital Outlay-Debt Service	93,117	746,099
TOTAL CAPITAL EXPENDITURES	\$ 94,617	\$ 983,375
GRAND TOTAL EXPENDITURES	\$ 2,529,358	\$ 21,204,288
Excess (Deficiency) of Revenues and Expenses	\$ 118,734	\$ 44,093

Debt Service and Fixed Asset Fund:

Debt Service	93,117	746,099
Excess(Deficiency) of revenues over Expenses	93,117	746,099

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of April 2020

	YTD April 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,095,282	1,134,890	(39,608)
Earned Income	8,677,418	8,972,504	(295,086)
General Revenue-Contract	11,475,681	11,517,212	(41,531)
TOTAL INCOME	\$ 21,248,381	\$ 21,624,606	\$ (376,225)
EXPENSES:			
Salaries	12,195,959	12,432,686	(236,727)
Employee Benefits	2,479,720	2,532,863	(53,143)
Medication Expense	503,630	495,004	8,626
Travel-Board/Staff	245,214	254,943	(9,729)
Building Rent/Maintenance	212,940	204,894	8,046
Consultants/Contracts	2,920,701	3,044,111	(123,410)
Other Operating Expenses	1,662,749	1,665,219	(2,470)
TOTAL EXPENSES	\$ 20,220,913	\$ 20,629,720	\$ (408,807)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,027,468	\$ 994,886	\$ 32,582
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	237,277	246,310	(9,033)
Capital Outlay-Debt Service	746,099	748,576	(2,477)
TOTAL CAPITAL EXPENDITURES	\$ 983,375	\$ 994,886	\$ (11,511)
GRAND TOTAL EXPENDITURES	\$ 21,204,288	\$ 21,624,606	\$ (420,318)
Excess (Deficiency) of Revenues and Expenses	\$ 44,093	\$ (0)	\$ 44,093

Debt Service and Fixed Asset Fund:			
Debt Service	746,099	748,576	(2,477)
Excess(Deficiency) of revenues over Expenses	746,099	748,576	(2,477)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended April 2020

	MONTH OF April 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	96,850	126,352	(29,502)
Earned Income	1,033,425	884,720	148,705
General Revenue-Contract	1,517,817	1,649,515	(131,698)
TOTAL INCOME	\$ 2,648,092	\$ 2,660,587	\$ (12,494)
EXPENSES:			
Salaries	1,491,293	1,489,206	2,087
Employee Benefits	299,448	281,805	17,643
Medication Expense	56,519	86,249	(29,730)
Travel-Board/Staff	3,198	(29,551)	32,749
Building Rent/Maintenance	25,937	52,227	(26,290)
Consultants/Contracts	346,047	484,765	(138,718)
Other Operating Expenses	212,299	196,326	15,973
TOTAL EXPENSES	\$ 2,434,741	\$ 2,561,027	\$ (126,285)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 213,351	 \$ 99,560	 \$ 113,791
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,500	66,587	(65,087)
Capital Outlay-Debt Service	93,117	93,572	(455)
TOTAL CAPITAL EXPENDITURES	\$ 94,617	\$ 160,159	\$ (65,542)
 GRAND TOTAL EXPENDITURES	 \$ 2,529,358	 \$ 2,721,186	 \$ (191,828)
 Excess (Deficiency) of Revenues and Expenses	 \$ 118,734	 \$ (60,599)	 \$ 179,333

Debt Service and Fixed Asset Fund:			
Debt Service	93,117	93,572	(455)
Excess(Deficiency) of revenues over Expenses	93,117	93,572	(455)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD April 2019 Comparative Data
Year to Date as of April 2020

INCOME:	YTD April 2020	YTD April 2019	Increase (Decrease)
Local Revenue Sources	1,095,282	1,179,712	(84,430)
Earned Income	8,677,418	8,534,006	143,412
General Revenue-Contract	11,475,681	10,769,314	706,367
TOTAL INCOME	\$ 21,248,381	\$ 20,483,032	\$ 765,349
EXPENSES:			
Salaries	12,195,959	11,811,172	384,787
Employee Benefits	2,479,720	2,259,037	220,683
Medication Expense	503,630	435,533	68,097
Travel-Board/Staff	245,214	306,855	(61,641)
Building Rent/Maintenance	212,940	182,249	30,691
Consultants/Contracts	2,920,701	2,697,128	223,573
Other Operating Expenses	1,662,749	1,641,795	20,954
TOTAL EXPENSES	\$ 20,220,913	\$ 19,333,767	\$ 887,144
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,027,468	\$ 1,149,265	\$ (121,795)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	237,277	92,548	144,729
Capital Outlay-Debt Service	746,099	750,255	(4,156)
TOTAL CAPITAL EXPENDITURES	\$ 983,375	\$ 842,803	\$ 140,572
GRAND TOTAL EXPENDITURES	\$ 21,204,288	\$ 20,176,570	\$ 1,027,718
Excess (Deficiency) of Revenues and Expenses	\$ 44,093	\$ 306,462	\$ (262,367)

Debt Service and Fixed Asset Fund:			
Debt Service	746,099	750,255	(4,156)
Excess(Deficiency) of revenues over Expenses	746,099	750,255	(4,156)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With April 2019 Comparative Data
For the Month Ended April 2020

	<u>MONTH OF</u> <u>April 2020</u>	<u>MONTH OF</u> <u>April 2019</u>	<u>Increase</u> <u>(Decrease)</u>
INCOME:			
Local Revenue Sources	96,850	156,172	(59,322)
Earned Income	1,033,425	1,175,766	(142,341)
General Revenue-Contract	1,517,817	1,229,155	288,662
TOTAL INCOME	<u>\$ 2,648,092</u>	<u>\$ 2,561,092</u>	<u>\$ 86,999</u>
Salaries	1,491,293	1,583,312	(92,019)
Employee Benefits	299,448	293,610	5,838
Medication Expense	56,519	63,637	(7,118)
Travel-Board/Staff	3,198	42,413	(39,215)
Building Rent/Maintenance	25,937	22,939	2,998
Consultants/Contracts	346,047	279,660	66,387
Other Operating Expenses	212,299	192,185	20,114
TOTAL EXPENSES	<u>\$ 2,434,741</u>	<u>\$ 2,477,756</u>	<u>\$ (43,015)</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 213,351</u>	<u>\$ 83,336</u>	<u>\$ 130,014</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,500	-	1,500
Capital Outlay-Debt Service	93,117	93,652	(535)
TOTAL CAPITAL EXPENDITURES	<u>\$ 94,617</u>	<u>\$ 93,652</u>	<u>\$ 965</u>
GRAND TOTAL EXPENDITURES	<u>\$ 2,529,358</u>	<u>\$ 2,571,408</u>	<u>\$ (42,050)</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 118,734</u>	<u>\$ (10,316)</u>	<u>\$ 129,049</u>

Debt Service and Fixed Asset Fund:

Debt Service	93,117	93,652	(535)
			-
Excess(Deficiency) of revenues over Expenses	<u>93,117</u>	<u>93,652</u>	<u>(535)</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2020 Comparative Data
For the Month Ended April 2020

	MONTH OF April 2020	MONTH OF March 2020	Increase (Decrease)
INCOME:			
Local Revenue Sources	96,850	130,687	(33,837)
Earned Income	1,033,425	963,714	69,710
General Revenue-Contract	1,517,817	1,344,115	173,702
TOTAL INCOME	\$ 2,648,092	\$ 2,438,517	\$ 209,575
EXPENSES:			
Salaries	1,491,293	1,433,111	58,183
Employee Benefits	299,448	334,131	(34,683)
Medication Expense	56,519	62,846	(6,327)
Travel-Board/Staff	3,198	27,686	(24,488)
Building Rent/Maintenance	25,937	22,615	3,322
Consultants/Contracts	346,047	416,149	(70,103)
Other Operating Expenses	212,299	236,442	(24,143)
TOTAL EXPENSES	\$ 2,434,741	\$ 2,532,980	\$ (98,239)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 213,351	 \$ (94,464)	 \$ 307,814
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,500	6,192	(4,692)
Capital Outlay-Debt Service	93,117	93,125	(9)
TOTAL CAPITAL EXPENDITURES	\$ 94,617	\$ 99,317	\$ (4,701)
 GRAND TOTAL EXPENDITURES	 \$ 2,529,358	 \$ 2,632,298	 \$ (102,940)
 Excess (Deficiency) of Revenues and Expenses	 \$ 118,734	 \$ (193,781)	 \$ 312,515

Debt Service and Fixed Asset Fund:

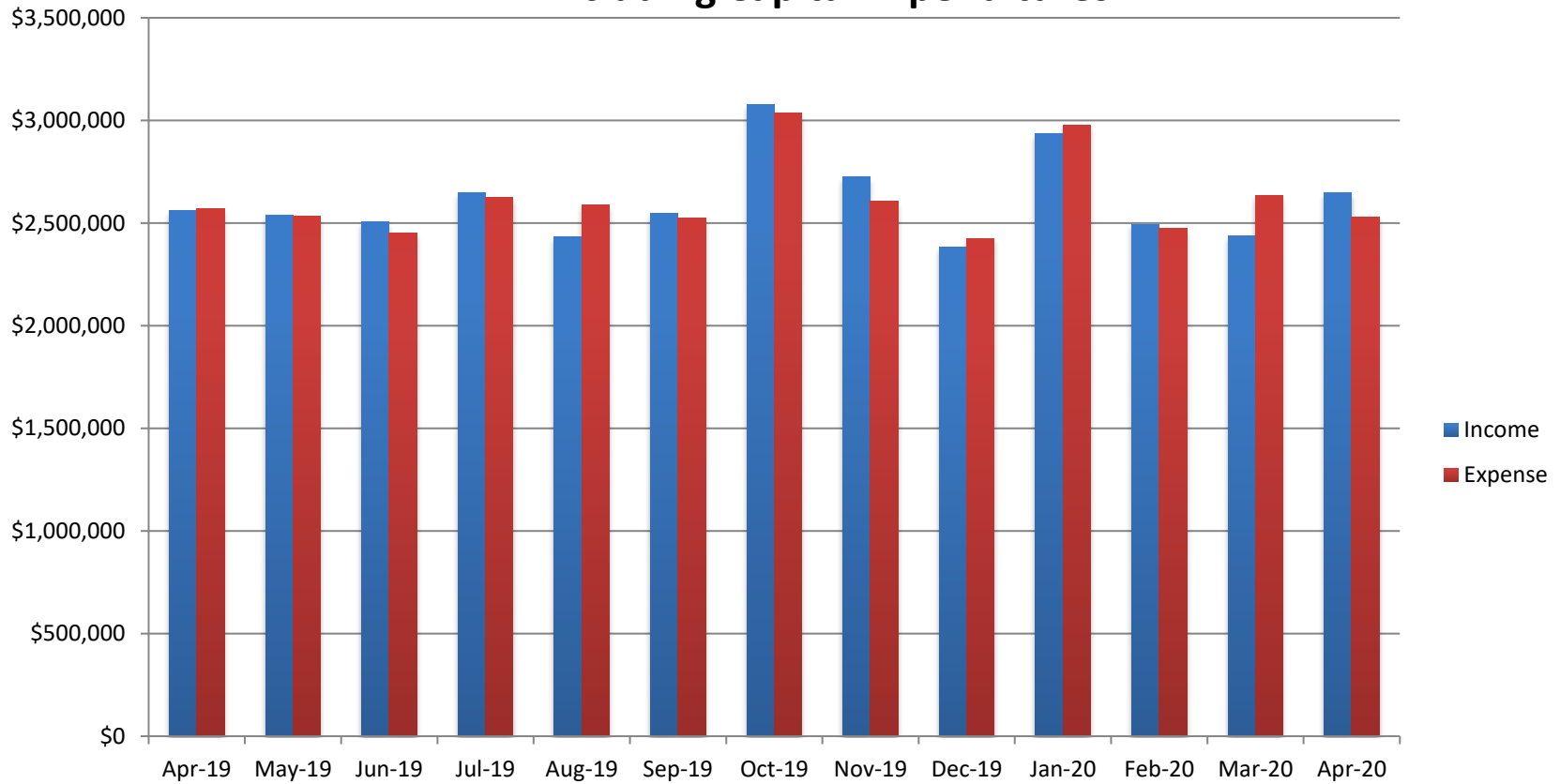
Debt Service	93,117	93,125	(9)
Excess(Deficiency) of revenues over Expenses	93,117	93,125	(9)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of April 2020

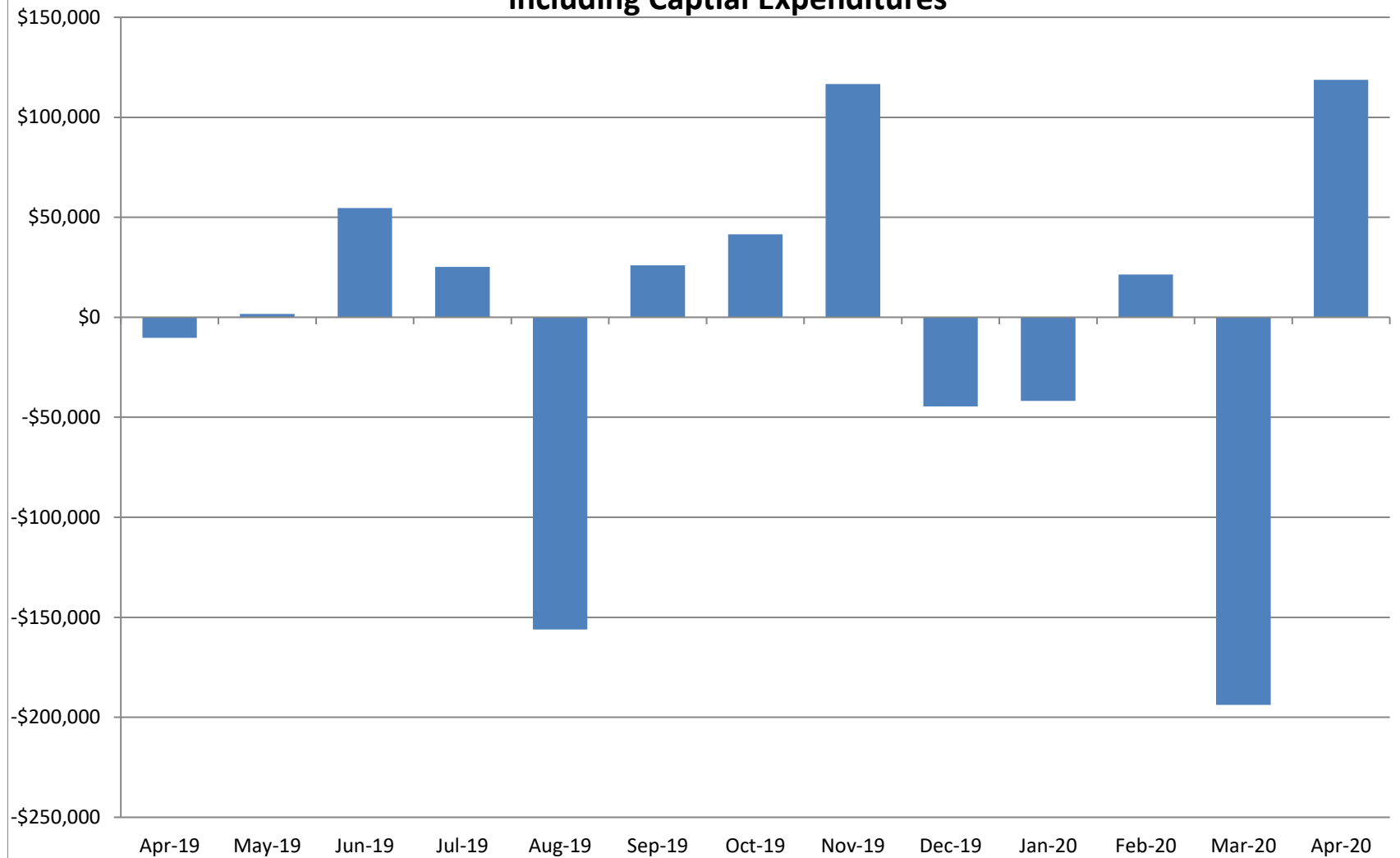
	YTD Mental Health April 2020	YTD IDD April 2020	YTD Other Services April 2020	YTD Agency Total April 2020	YTD Approved Budget April 2020	Increase (Decrease)
INCOME:						
Local Revenue Sources	744,792	208,104	142,387	1,095,282	1,134,890	(39,608)
Earned Income	5,900,644	1,648,709	1,128,064	8,677,418	8,972,504	(295,086)
General Revenue-Contract	7,803,463	2,180,379	1,491,839	11,475,681	11,517,212	(41,531)
TOTAL INCOME	\$ 14,448,899	\$ 4,037,192	\$ 2,762,290	\$ 21,248,381	\$ 21,624,606	\$ (376,225)
EXPENSES:						
Salaries	8,293,252	2,317,232	1,585,475	12,195,959	12,432,686	(236,727)
Employee Benefits	1,686,210	471,147	322,364	2,479,720	2,532,863	(53,143)
Medication Expense	342,468	95,690	65,472	503,630	495,004	8,626
Travel-Board/Staff	166,746	46,591	31,878	245,214	254,943	(9,729)
Building Rent/Maintenance	144,799	40,459	27,682	212,940	204,894	8,046
Consultants/Contracts	1,986,077	554,933	379,691	2,920,701	3,044,111	(123,410)
Other Operating Expenses	1,130,669	315,922	216,157	1,662,749	1,665,219	(2,470)
TOTAL EXPENSES	\$ 13,750,221	\$ 3,841,974	\$ 2,628,719	\$ 20,220,914	\$ 20,629,720	\$ (408,807)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 698,678	\$ 195,218	\$ 133,571	\$ 1,027,467	\$ 994,886	\$ 32,582
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	161,348	45,083	30,846	237,277	246,310	(9,033)
Capital Outlay-Debt Service	507,347	141,759	96,993	746,099	748,576	(2,477)
TOTAL CAPITAL EXPENDITURES	\$ 668,695	\$ 186,842	\$ 127,839	\$ 983,376	\$ 994,886	\$ (11,510)
GRAND TOTAL EXPENDITURES	\$ 14,418,916	\$ 4,028,816	\$ 2,756,558	\$ 21,204,290	\$ 21,624,606	\$ (420,317)
Excess (Deficiency) of Revenues and Expenses	\$ 29,983	\$ 8,376	\$ 5,732	\$ 44,093	\$ (0)	\$ 44,092
Debt Service and Fixed Asset Fund:						
Debt Service	507,347	141,759	96,993	746,099	748,576	(241,229)
Excess(Deficiency) of revenues over Expenses	507,347	141,759	96,993	746,099	748,576	(241,229)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Preliminary Income and Expense including Capital Expenditures



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



Agenda Item: Approve FY 2020 Auditor Engagement Letter Committee: Business	Board Meeting Date May 28, 2020
Background Information: At the April 23rd Board meeting, the Board authorized staff to solicit the Annual Financial Audit Engagement Letter from Eide Bailly, LLP for the FY 2020 Independent Financial Audit.	
Supporting Documentation: Copy of Engagement Letter from Eide Bailly, LLP	
Recommended Action: Approve the Engagement Letter from Eide Bailly, LLP for the FY 2020 Independent Financial Audit	



May 7, 2020

To the Board of Trustees of
Tri-County Behavioral HealthCare
C/O Mr. Evan Roberson
P.O. Box 3067
Conroe, Tx. 77305

You have requested that we audit the financial statements of the governmental activities, the aggregate discretely presented component units, the major fund, and the aggregate remaining fund information of **Tri-County Behavioral HealthCare ("TCBH")** as of August 31, 2020, and for the year then ended, and the related notes to the financial statements, which collectively comprise **TCBH's** basic financial statements. In addition, we will audit the entity's compliance over major federal and state award programs for the period ended August 31, 2020. We understand that the financial statements of the aggregate discretely presented component units will be audited by other auditors. These component units include Independence Communities, Inc., Montgomery Supported Housing, Inc., and Cleveland Supported Housing, Inc. We will rely on the other auditors' reports on the financial statements of these component units in expressing an opinion on the financial statements of the aggregate discretely presented component units of **TCBH**. We also plan to make reference to the other auditors' audits of these component units in our report. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audits will be conducted with the objectives of our expressing an opinion on each opinion unit and an opinion on compliance regarding the entity's major federal and state award programs.

Accounting principles generally accepted in the United States of America require that certain information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

- Management's Discussion and Analysis
- Budgetary Comparison Schedule – General Fund

Supplementary information other than RSI will accompany **TCBH's** basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole:

- Schedule of Expenditures of Federal and State Awards

Schedule of Expenditures of Federal and State Awards

We will subject the schedule of expenditures of federal and state awards to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the schedule to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on whether the schedule of expenditures of federal and state awards is presented fairly in all material respects in relation to the financial statements as a whole.

Also, the document we submit to you will include the following other additional information that will not be subjected to the auditing procedures applied in our audit of the financial statements:

- Supplementary Information

Data Collection Form

Prior to the completion of our engagement, we will complete the sections of the Data Collection Form that are our responsibility. The form will summarize our audit findings, amounts and conclusions. It is management's responsibility to submit a reporting package including financial statements, schedule of expenditure of federal and state awards, summary schedule of prior audit findings and corrective action plan along with the Data Collection Form to the federal audit clearinghouse. The financial reporting package must be text searchable, unencrypted, and unlocked. Otherwise, the reporting package will not be accepted by the federal audit clearinghouse. We will assist you in the electronic submission and certification. You may request from us copies of our report for you to include with the reporting package submitted to pass-through entities.

The Data Collection Form is required to be submitted within the *earlier* of 30 days after receipt of our auditors' reports or nine months after the end of the audit period, unless specifically waived by a federal cognizant or oversight agency for audits. Data Collection Forms submitted untimely are one of the factors in assessing programs at a higher risk.

Audit of the Financial Statements

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America; the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), the State of Texas Uniform Grant Management Standards (UGMS), the Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers promulgated by THHSC; and the State of Texas Single Audit Circular (TSAC). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error, fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. If appropriate, our procedures will therefore include tests of documentary evidence that support the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we will request written representations from your attorneys, and they may bill you for responding. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance (whether caused by errors, fraudulent financial reporting, misappropriation of assets, detected abuse, or violations of laws or governmental regulations) may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS and *Government Auditing Standards* of the Comptroller General of the United States of America and/or state or regulatory audit requirements. Please note that the determination of abuse is subjective, and *Government Auditing Standards* does not require auditors to detect abuse.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any other periods.

We will issue a written report upon completion of our audit of **TCBH's** basic financial statements. Our report will be addressed to the governing body of **TCBH**. We cannot provide assurance that any unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement.

In accordance with the requirements of *Government Auditing Standards*, we will also issue a written report describing the scope of our testing over internal control over financial reporting and over compliance with laws, regulations, and provisions of grants and contracts, including the results of that testing. However, providing an opinion on internal control and compliance over financial reporting will not be an objective of the audit and, therefore, no such opinion will be expressed.

Audit of Major Program Compliance

Our audit of **TCBH's** major federal and state award program(s) compliance will be conducted in accordance with the requirements of the Single Audit Act, as amended; the provisions of the Uniform Guidance and the State of Texas Single Audit Circular (TSAC); and will include tests of accounting records, a determination of major programs in accordance with the Uniform Guidance, TSAC and other procedures we consider necessary to enable us to express such an opinion on major federal and state award program compliance and to render the required reports. We cannot provide assurance that an unmodified opinion on compliance will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or withdraw from the engagement.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the entity has complied with applicable laws and regulations and the provisions of contracts and grant agreements applicable to major federal and state award programs. Our procedures will consist of determining major federal programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs. The purpose of those procedures will be to express an opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Also, as required by the Uniform Guidance, we will perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the entity's major federal and state award programs. However, our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report.

We will issue a report on compliance that will include an opinion or disclaimer of opinion regarding the entity's major federal and state award programs, and a report on internal controls over compliance that will report any significant deficiencies and material weaknesses identified; however, such report will not express an opinion on internal control.

Management Responsibilities

Our audit will be conducted on the basis that management and, when appropriate, those charged with governance, acknowledge and understand that they have responsibility:

1. For the preparation and fair presentation of the basic financial statements in accordance with accounting principles generally accepted in the United States of America;
2. For the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of basic financial statements that are free from material misstatement, whether due to fraud or error;
3. For identifying, in its accounts, all federal and state awards received and expended during the period and the federal programs under which they were received, including federal and state awards and funding increments received prior to December 26, 2014 (if any), and those received in accordance with the Uniform Guidance (generally received after December 26, 2014);
4. For maintaining records that adequately identify the source and application of funds for federally funded activities;
5. For preparing the schedule of expenditures of federal and state awards (including notes and noncash assistance received) in accordance with the Uniform Guidance and TSAC requirements;
6. For the design, implementation, and maintenance of internal control over federal and state awards;
7. For establishing and maintaining effective internal control over federal and state awards that provides reasonable assurance that the nonfederal entity is managing federal and state awards in compliance with federal statutes, regulations, and the terms and conditions of the federal and state awards;
8. For identifying and ensuring that the entity complies with federal statutes, regulations, and the terms and conditions of federal and state award programs and implementing systems designed to achieve compliance with applicable federal statutes, regulations, and the terms and conditions of federal and state award programs;
9. For disclosing accurately, currently, and completely, the financial results of each federal and state award in accordance with the requirements of the award;

10. For identifying and providing report copies of previous audits, attestation engagements, or other studies that directly relate to the objectives of the audit, including whether related recommendations have been implemented;
11. For taking prompt action when instances of noncompliance are identified;
12. For addressing the findings and recommendations of auditors, for establishing and maintaining a process to track the status of such findings and recommendations and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
13. For following up and taking corrective action on current year audit findings and preparing a corrective action plan for such findings;
14. For submitting the reporting package and data collection form to the appropriate parties;
15. For making the auditor aware of any significant contractor relationships where the contractor is responsible for program compliance;
16. To provide us with:
 - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements, and relevant to federal and state award programs, such as records, documentation, and other matters;
 - b. Additional information that we may request from management for the purpose of the audit; and
 - c. Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.
17. For adjusting the basic financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current period under audit are immaterial, both individually and in the aggregate, to the basic financial statements as a whole;
18. For acceptance of nonattest services, including identifying the proper party to oversee nonattest work;
19. For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
20. For informing us of any known or suspected fraud affecting the entity involving management, employees with significant role in internal control and others where fraud could have a material effect on compliance;
21. For the accuracy and completeness of all information provided;
22. For taking reasonable measures to safeguard protected personally identifiable and other sensitive information; and
23. For confirming your understanding of your responsibilities as defined in this letter to us in your management representation letter.

With respect to any nonattest services we perform, we agree to perform the following:

- Prepare the Form 990 for **TCBH**.
- Assist with preparing financial statements, schedule of expenditures of federal and state awards, and related notes of the Organization in conformity with U.S. generally accepted accounting principles and Uniform Guidance and the State of Texas Single Audit Circular based on information provided by you.
- Completion of the auditee's portion of the Data Collection Form.
- Preparing GASB 34 adjusting journal entries.

TCBH's management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) establishing and maintaining internal controls, including monitoring ongoing activities.

With regard to the schedule of expenditures of federal and state awards referred to above, you acknowledge and understand your responsibility (a) for the preparation of the schedule of expenditures of federal and state awards in accordance with the Uniform Guidance, (b) to provide us with the appropriate written representations regarding the schedule of expenditures of federal and state awards, (c) to include our report on the schedule of expenditures of federal and state awards in any document that contains the schedule of expenditures of federal and state awards and that indicates that we have reported on such schedule, and (d) to present the schedule of expenditures of federal and state awards with the audited financial statements, or if the schedule will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the schedule of expenditures of federal and state awards no later than the date of issuance by you of the schedule and our report thereon.

As part of our audit process, we will request from management and, when appropriate, those charged with governance, written confirmation concerning representations made to us in connection with the audit.

We understand that your employees will prepare all confirmations we request and will locate any documents or invoices selected by us for testing.

TCBH will be responsible for ensuring that the audit report is received by the Texas Health and Human Services Commission by February 1, 2021. **TCBH** is further responsible for ensuring that other appropriate governmental agencies receive copies of the audit report according to instructions in the current *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers*.

If you intend to publish or otherwise reproduce the financial statements and make reference to our firm, you agree to provide us with printers' proofs or masters for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed.

Fees and Timing

L. Diane Terrell is the engagement partner for the audit services specified in this letter. Responsibilities include supervising services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report. We expect to begin our interim audit procedures in approximately August/September 2020 and our final audit procedures in approximately November/December 2020.

Our fees are based on the amount of time required at various levels of responsibility, plus actual out-of-pocket expenses. Invoices are payable upon presentation. We estimate that our fee for the audit will be \$36,750 and our fee for the Form 990 will be \$2,400. We will notify you immediately of any circumstances we encounter that could significantly affect this initial fee estimate. Whenever possible, we will attempt to use **TCBH's** personnel to assist in the preparation of schedules and analyses of accounts. This effort could substantially reduce our time requirements and facilitate the timely conclusion of the audit. Further, we will be available during the year to consult with you on financial management and accounting matters of a routine nature.

In addition, we will be compensated for any time and expenses, including time and expenses of legal counsel, we may incur in conducting or responding to discovery requests or participating as a witness or otherwise in any legal, regulatory, or other proceedings as a result of our Firm's performance of these services. You and your attorney will receive, if lawful, a copy of every subpoena we are asked to respond to on your behalf and will have the ability to control the extent of the discovery process to control the costs you may incur.

Should our relationship terminate before our audit procedures are completed and a report issued, you will be billed for services to the date of termination. All bills are payable upon receipt. A service charge of 1% per month, which is an annual rate of 12%, will be added to all accounts unpaid 30 days after billing date. If collection action is necessary, expenses and reasonable attorney's fees will be added to the amount due.

Other Matters

During the course of the engagement, we may communicate with you or your personnel via fax or e-mail, and you should be aware that communication in those mediums contains a risk of misdirected or intercepted communications.

We may use third party service providers and/or affiliated entities (including Eide Bailly Shared Services Private Limited) (collectively, "service providers") in order to facilitate delivering our services to you. Our use of service providers may require access to client information by the service provider. We will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the confidentiality of client information accessed by such service provider and any work performed by such service provider.

The audit documentation for this engagement is the property of Eide Bailly LLP and constitutes confidential information. However, we may be requested to make certain audit documentation available to the Texas Health and Human Services Commission, or its designee and federal agencies and the U.S. Government Accountability Office pursuant to authority given to it by law or regulation. If requested, access to such audit documentation will be provided under the supervision of Eide Bailly LLP's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the Texas Health and Human Services Commission, or its designee and federal agencies and the U.S. Government Accountability Office. The Texas Health and Human Services Commission, or its designee and federal agencies and the U.S. Government Accountability Office may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies. We agree to retain our audit documentation or work papers for a period of at least eight years from the date of our report.

Further, we will be available during the year to consult with you on financial management and accounting matters of a routine nature.

During the course of the audit, we may observe opportunities for economy in, or improved controls over, your operations. We will bring such matters to the attention of the appropriate level of management, either orally or in writing.

Regarding the electronic dissemination of audited financial statements, including financial statements published electronically on your Internet website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic site with the original document.

You agree to inform us of facts that may affect the financial statements of which you may become aware during the period from the date of the auditor's report to the date the financial statements are issued.

At the conclusion of our audit engagement, we will communicate to the Board of Trustees the following significant findings from the audit:

- Our view about the qualitative aspects of the entity's significant accounting practices;
- Significant difficulties, if any, encountered during the audit;
- Uncorrected misstatements, other than those we believe are trivial, if any;
- Disagreements with management, if any;
- Other findings or issues, if any, arising from the audit that are, in our professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process;
- Material, corrected misstatements that were brought to the attention of management as a result of our audit procedures;
- Representations we requested from management;
- Management's consultations with other accountants, if any; and
- Significant issues, if any, arising from the audit that were discussed, or the subject of correspondence, with management.

Government Auditing Standards require that we provide, upon request, a copy of our most recent external peer review report and any subsequent review reports to the party contracting for the audit. Accordingly, a copy of our most recent peer review report accompanies this letter.

Eide Bailly LLP is a member of HLB International, a worldwide organization of accounting firms and business advisors, ("HLB"). Each member firm of HLB, including Eide Bailly LLP is a separate and independent legal entity and is not owned or controlled by any other member of HLB. Each member firm of HLB is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of HLB or any other member firm of HLB and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of HLB.

Eide Bailly LLP formed The Eide Bailly Alliance Network, a network for small to mid-sized CPA firms across the nation. Each member firm of The Eide Bailly Alliance, including Eide Bailly LLP, is a separate and independent legal entity and is not owned or controlled by any other member of The Eide Bailly Alliance. Each member firm of The Eide Bailly Alliance is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of The Eide Bailly Alliance or any other member firm of The Eide Bailly Alliance and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of The Eide Bailly Alliance.

DISPUTE RESOLUTION

The following procedures shall be used to resolve any disagreement, controversy or claim that may arise out of any aspect of our services or relationship with you, including this engagement, for any reason ("Dispute"). Specifically, we agree to first mediate.

Mediation

All Disputes between us shall first be submitted to non-binding mediation by written notice ("Mediation Notice") to the other party. In mediation, we will work with you to resolve any differences voluntarily with the aid of an impartial mediator. The mediator will be selected by mutual agreement, but if we cannot agree on a mediator, one shall be designated by the American Arbitration Association ("AAA").

The mediation will be conducted as specified by the mediator and agreed upon by the parties. The parties agree to discuss their differences in good faith and to attempt, with the assistance of the mediator, to reach an amicable resolution of the Dispute. Mediation will be conducted with the parties in person in Abilene, Texas.

Each party will bear its own costs in the mediation. The fees and expenses of the mediator will be shared equally by the parties.

Either party may commence suit on a Dispute after the mediator declares an impasse.

INDEMNITY

You agree that none of Eide Bailly LLP, its partners, affiliates, officers or employees (collectively "Eide Bailly") shall be responsible for or liable to you for any misstatements in your financial statements that we may fail to detect as a result of knowing representations made to us, or the concealment or intentional withholding of information from us, by any of your owners, directors, officers or employees, whether or not they acted in doing so in your interests or for your benefit, and to hold Eide Bailly harmless from any claims, losses, settlements, judgments, awards, damages and attorneys' fees from any such misstatement, provided that the services performed hereunder were performed in accordance with professional standards, in all material respects.

If a claim is brought against you by a third-party that arises out of or is in any way related to the services provided under this engagement, you agree to indemnify Eide Bailly LLP, its partners, affiliates, officers and employees, against any losses, including settlement payments, judgments, damage awards, punitive or exemplary damages, and the costs of litigation (including attorneys' fees) associated with the services performed hereunder provided that the services were performed in accordance with professional standards, in all material respects.

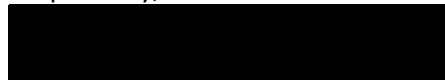
ASSIGNMENTS PROHIBITED

You agree that you will not and may not assign, sell, barter or transfer any legal rights, causes of actions, claims or Disputes you may have against Eide Bailly LLP, its partners, affiliates, officers and employees, to any other person or party, or to any trustee, receiver or other third party.

Please sign and return the attached copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements compliance over major federal and state award programs including our respective responsibilities.

We appreciate the opportunity to be your certified public accountants and look forward to working with you and your staff.

Respectfully,



L. Diane Terrell
Partner

RESPONSE:

This letter correctly sets forth our understanding.

Acknowledged and agreed on behalf of management of **Tri-County Behavioral HealthCare** by:

Name: _____

Title: _____

Date: _____

Acknowledged and agreed on behalf of the Board of Trustees of **Tri-County Behavioral HealthCare** by:

Name: _____

Title: _____

Date: _____

Report on the Firm's System of Quality Control

December 28, 2017

To the Partners of Eide Bailly LLP and the
National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Eide Bailly LLP (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2017. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations [SOC 1 and SOC 2 engagements].

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Eide Bailly LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2017, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Eide Bailly LLP has received a peer review rating of *pass*.

Agenda Item: Approve Closure of the East Montgomery County Crisis Clinic

Board Meeting Date:

May 28, 2020

Committee: Business

Background Information:

Tri-County applied for and was awarded funding for an East Montgomery County Crisis Clinic through Senate Bill 292 grant funding in March of 2018. Our initial match partner for this project was the Montgomery County Public Health District, but they only guaranteed match for the first two fiscal years of the project (1 partial year and 1 full year).

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

The East Montgomery County Crisis Clinic project design:

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

The Annual budget for the program was \$750,448 with the state grant making up half of this amount and the local match making up the other half.

Staff are recommending closure of this clinic because the community response has been very poor (our busiest month was 37 persons served), we have been unable to secure an additional local match partner, and because staff have been needed to fill in vacancies at the PETC in Conroe.

All current staff (5) would be offered an equivalent fulltime role at the Center and would only have their position terminated if they did not select the offered role. For three of the staff, multiple roles are available.

We are able to terminate the lease on the facility and, because of a construction allocation that has remained unpaid, we do not believe there will be any cost to the Center to terminate the contract.

If the Board approves this recommendation, the facility would be officially closed on June 30, 2020.

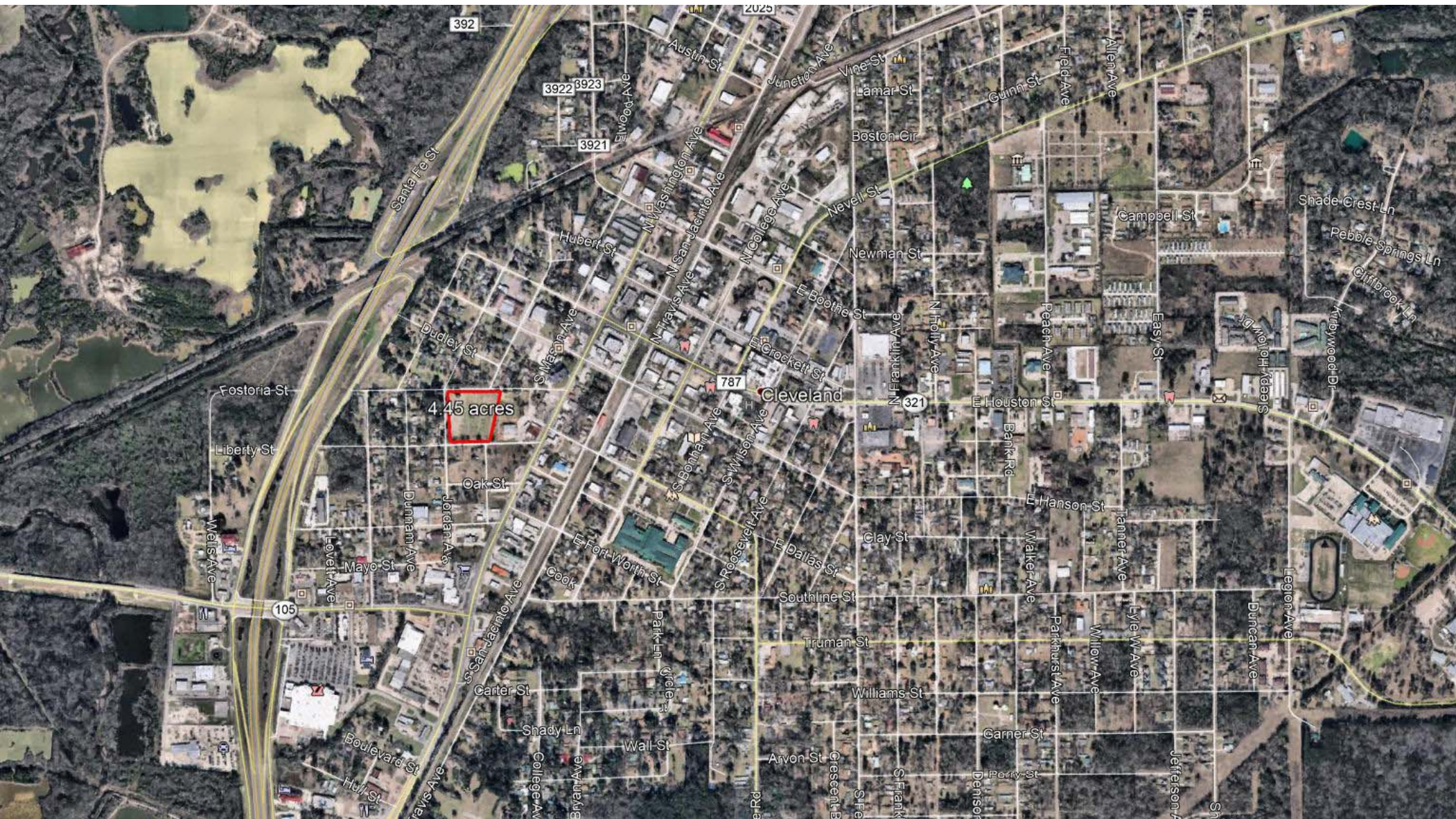
Supporting Documentation:

None

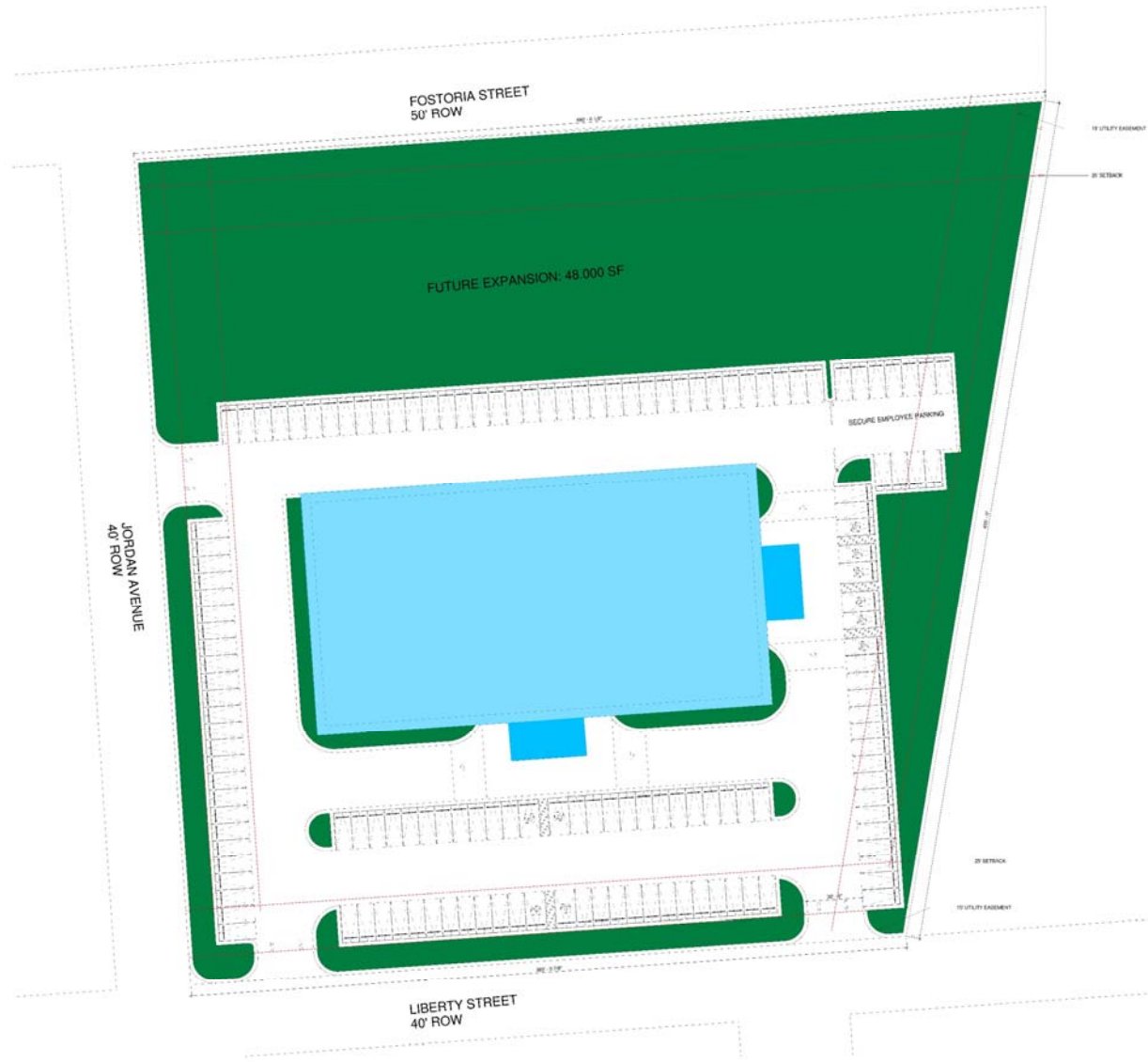
Recommended Action:

Approve Closure of the East Montgomery County Crisis Clinic

<p>Agenda Item: Approve Non-Refundable Deposit for Property on Liberty Street in Cleveland, Texas.</p>	<p>Board Meeting Date:</p> <p>May 28, 2020</p>
<p>Committee: Business</p>	
<p>Background Information:</p> <p>Staff have a contract on a 4.45-acre tract of property on Liberty Street in Cleveland, Texas which would be used for the Center's planned Cleveland Service Facility. At this time, our contract expires on May 20th, but we have an additional 30-day option period that will extend the contract until June 20th. This 30-day option will cost the Center \$5,000 and is refundable.</p> <p>At this time, staff do not feel that we are ready to proceed with purchasing the property. However, we also struggled to find suitable property in Cleveland and do not want to let the option on this property expire. We do have a clean title commitment, the survey, and a clean Phase I Environmental Site Assessment.</p> <p>We are in the process of negotiating a no-cost 60-day extension, but the owner has had a death in the family and is currently unavailable to finish these negotiations. If they are unwilling to agree to the no-cost extension, staff are requesting that the Board authorize up to \$10,000 of additional funds for a total of up to a \$15,000 non-refundable deposit on the property. The deposit would be applied to the \$500,000 purchase price if the Board chooses to move forward with the property purchase.</p>	
<p>Supporting:</p> <p>Site Information Site Plan</p>	
<p>Recommended Action:</p> <p>Approve Up to \$15,000 in Non-Refundable Deposit Money for 4.45-acre tract on Liberty Street in Cleveland, Texas.</p>	







Agenda Item: Independence Oaks Apartments Committee: Business	Board Meeting Date: May 28, 2020
Background Information: Evan Roberson and Tanya Bryant will provide an update to the Board about Independence Oaks in Executive Session.	
Supporting Documentation: None	
Recommended Action: Take action as needed.	

Agenda Item: Board of Trustees Unit Financial Statement as of April 2020 Committee: Business	Board Meeting Date May 28, 2020
Background Information: None	
Supporting Documentation: April 2020 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement								
FY 2020								
	April 2020 Actuals	April 2020 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 17,285.00	\$ 17,285.00	\$ -	100.00%	\$ 25,925.00
Total Revenue	\$ 2,160.00	\$ 2,160.00	\$ -	\$ 17,285.00	\$ 17,285.00	\$ -	100.00%	\$ 25,925.00
Expenses								
Insurance-Worker Compensation	\$ 11.19	\$ 13.00	\$ (1.81)	\$ 82.36	\$ 98.00	\$ (15.64)	84.04%	\$ 150.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 12,000.00	\$ 12,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 15.00	\$ (15.00)	\$ 78.49	\$ 115.00	\$ (36.51)	0.00%	\$ 175.00
Training	\$ -	\$ 300.00	\$ (300.00)	\$ 2,375.00	\$ 2,400.00	\$ (25.00)	98.96%	\$ 3,600.00
Travel - Local	\$ -	\$ 21.00	\$ (21.00)	\$ -	\$ 165.53	\$ (165.53)	0.00%	\$ 250.00
Travel - Non-local Mileage/Air	\$ -	\$ 125.00	\$ (125.00)	\$ 536.76	\$ 1,000.00	\$ (463.24)	53.68%	\$ 1,500.00
Travel - Non-local Hotel	\$ -	\$ 125.00	\$ (125.00)	\$ 228.58	\$ 1,000.00	\$ (771.42)	22.86%	\$ 1,500.00
Travel - Meals	\$ -	\$ 63.00	\$ (63.00)	\$ -	\$ 498.00	\$ (498.00)	0.00%	\$ 750.00
Total Expenses	\$ 1,511.19	\$ 2,162.00	\$ (650.81)	\$ 15,301.19	\$ 17,276.53	\$ (1,975.34)	88.57%	\$ 25,925.00
Total Revenue minus Expenses	\$ 648.81	\$ (2.00)	\$ 650.81	\$ 1,983.81	\$ 8.47	\$ 1,975.34	11.43%	\$ -

UPCOMING MEETINGS

June 2020 – No Board Meeting

July 23, 2020 – Board Meeting

- Approve Minutes from May 28, 2020 Board Meeting
- Program Presentations – Longevity Recognitions, Essay Contest Winners, ISC Group Update and Board and MT Annual Training
- Community Resources Report
- Consumer Services Report for May and June 2020
- Program Updates
- FY 2020 Year to Date Goals & Objectives Progress Report
- 3rd Quarter FY 2020 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2020 Corporate Compliance Training
- Medicaid 1115 Transformation Waiver Project Status Report
- Appoint Nominating Committee for FY 2021 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2020
- Texas Council Risk Management Fund Claims Summary for May and June 2020
- Approve Financial Statements for May and June 2020
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker's Compensation Coverage
- Review Tri-County's FY 2018 990 Tax Return Prepared by Eide Bailly LLP
- 3rd Quarter FY 2020 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2020
- Tri-County Consumer Foundation Board Update
- HUD 811 – Cleveland, Montgomery & Huntsville Updates

August 27, 2020 – Board Meeting

- Approve Minutes from July 23, 2020 Board Meeting
- Approve Goals and Objectives for FY 2021
- Community Resources Report
- Consumer Services Report for July 2020
- Program Updates
- Annual Election of FY 2021 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2021
- Nominations for the Texas Council Risk Management Fund's Board of Trustees
- Personnel Report for July 2020
- Texas Council Risk Management Fund Claims Summary for July 2020
- Texas Council Quarterly Board Meeting Verbal Update

- Approve July 2020 Financial Statements
- Approve FY 2020 Year End Budget Revision
- Approve Proposed FY 2021 Operating Budget
- Approve FY 2021 Dues Commitment & Payment Schedule for the Texas Council
- Board of Trustees Unit Financial Statement for July 2020

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BAD	Bipolar Affective Disorder
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
BPD	Borderline Personality Disorder
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Crisis Counseling Program
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fidelity Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CMH	Child Mental Health
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Abuse Disorders
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Services
DARS	Department of Assistive & Rehabilitation Services
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments

DUA	Data Use Agreement
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave 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
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
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 Master 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
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
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
MCO	Managed Care Organizations

MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
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
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PNAC	Planning Network Advisory Committee
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SCZ	Schizophrenia
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR	Services to At Risk Youth
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention

SZA	Schizoaffective Disorder
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCO	Treatment Co-Occurring Mental Health and Substance Abuse Services
TCOOMMI	Texas Correction Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Abuse)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Universal

Updated 10/18/19