

Tri-County Behavioral Healthcare Board of Trustees Meeting

March 25, 2021



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 25, 2021.

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/
March 2021 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 - January 28, 2021**
- III. Program Presentation - 401(a) Retirement Plan Account Review-Mannix Smith ISC Group, Inc.**
- IV. Executive Director's Report - Evan Roberson**
 - A. COVID-19 Operational Updates
 - B. 1115 Transition Plan
 - C. IDD Authority Survey Results
 - D. Mental Health QM Audit
 - E. Hospitalization Costs
 - F. Huntsville Facility
 - G. Legislative Updates

V. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2020 CAM Cost Report
- B. Updated CCBHC Cost Report Submitted
- C. FY 2020 HCS and MEI Cost Report
- D. Days of Operation Ratio
- E. Budget Revisions
- F. CFO Consortium

VI. Program Committee

Information Items

- A. Community Resources Report..... Pages 10-14
- B. Consumer Services Reports for January & February 2021..... Pages 15-17
- C. Program Updates..... Pages 18-24
- D. FY 2021 Goals and Objectives Progress Report..... Pages 25-29
- E. 2nd Quarter FY 2021 Corporate Compliance and Quality Management Report..... Pages 30-32

VII. Executive Committee

Information Items

- A. Personnel Reports for January through February 2021..... Pages 33-35
- B. Texas Council Risk Management Fund Claims Summary as of February 2021..... Pages 36-37

VIII. Business Committee

Action Items

- A. Approve January 2021 Financial Statements..... Pages 38-52
- B. Approve February 2021 Financial Statements..... Pages 53-64
- C. Approve FY 2021 Budget Revision..... Pages 65-68

Information Items

- D. 401(a) Retirement Plan Account Review..... Page 69
- E. 2nd Quarter FY 2021 Investment Report..... Pages 70-74
- F. Board of Trustees Unit Financial Statements for January & February 2021..... Pages 75-77
- G. Tri-County Consumer Foundation Board Update..... Page 78

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

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

January 28, 2021

Board Members Present:

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

Board Members Absent:

Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Kenneth Barfield, Director of Management Information Systems
Sara Bradfield, Director of Adult Behavioral Health
Darius Tuminas, Controller
Tabatha Abbott, Cost Accountant
Ava Green, Executive Assistant

Via Teleconference:

Millie McDuffey, Chief Financial Officer
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Tanya Bryant, Director of Quality Management and Support
Amy Foerster, Chief Compliance Officer
Kathy Foster, Director of IDD Provider Services
Kelly Shropshire, Directory of IDD Authority Services
Mary Lou Flynn-Dupart, Legal Counsel
Harris Huguenard, Legal Counsel
Diane Terrell, Eide Bailly LLP

Sheriff Representatives Present:

Via Teleconference:

Captain Tim Cannon, Montgomery County Sheriff's Office
Lt. Keith DeHart, Walker County Sheriff's Office

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:00 a.m. via teleconference.

Public Comment: Public Comment presented by John Nicks. Requested to serve on a Tri-County Behavioral Healthcare Committee possibly the Planning Network Advisory Committee, made suggestions about the current appeals process, as well as opportunities to advocate for more state funding. He reported that he was grateful for services and support currently being provided.

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

Resolution #01-28-01

Motion Made By: Sharon Walker

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

Resolved: That the Board excuse the absence of Janet Qureshi.

Program Presentations:

Patti Atkins, Board Chair, suspended the Agenda at 10:05 a.m. to move to Business Committee Action Item VII-D, Approve FY 2020 Independent Financial Audit. Diane Terrell, with Eide Bailly LLP, presented the results from the audit.

Resolution #01-28-02

Motion Made By: Morris Johnson

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

Resolved: That the Board approve the FY 2020 Independent Financial Audit.

The regular meeting of the Board of Trustees adjourned at 10:12 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.072, Real Property.

The meeting of the Board of Trustees reconvened at 10:15 a.m. to go into Executive Session.

The Board received an update on Agenda Item VII-H, Independence Oaks Apartment. No action was taken.

The Executive Session of the Board of Trustees adjourned at 10:38 a.m. to go into the regular meeting.

The regular meeting of the Board of Trustees reconvened at 10:41 a.m.

Resolution #01-28-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the October 22, 2020 meeting of the Board of Trustees.

Patti Atkins, Board Chair, left the regular meeting at 10:42 a.m.

Gail Page, Board Vice-Chair, assumed Chair duties beginning at 10:42 a.m.

Executive Director's Report:

The Executive Director's report is on file.

- Center Operations Update
- CCBHC Certification Update
- SAMHSA CCBHC Expansion Grant
- 1115 DSRIP Transition/PHPCCP
- IDD Provider Survey and Certification
- IDD Authority Survey
- Electronic Health Record RFP
- Legislative Updates
- Sale of 302 Campbell Street, Cleveland, TX
- OIG Utilization Review Audit
- New Website

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- Budget Revision
- FY 2020 Cost Accounting Methodology (CAM)
- FY 2020 HCS and MEI Cost Report

PROGRAM COMMITTEE:

Resolution #01-28-04

Motion Made By: Jacob Paschal

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

Resolved:

That the Board approve the appointment of Ladana Igler as the new Intellectual and Developmental Disabilities Planning Network Advisory Committee Member for the remainder of a two-year term expiring August 31, 2021.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for October, November and December 2020 were reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2021 Goals and Objectives Progress Report was reviewed for information purposes only.

The 1st Quarter FY 2021 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 2nd Quarter FY 2021 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #01-28-05

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve the revisions to Board Policy C.18, Planning Network Advisory Committee(s).

The Personnel Report for October through December 2020 was reviewed for information purposes only.

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

The Texas Council Quarterly Board Meeting Report was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #01-28-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the October 2020 Financial Statements.

Resolution #01-28-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the November 2020 Financial Statements.

Resolution #01-28-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the December 2020 Financial Statements.

Resolution #01-28-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board reappoint Mr. Leonard Peck and Mrs. Barbara Duren to serve on the Independence Communities, Inc. Board of Directors and an additional two year term expiring in January 2023.

Resolution #01-28-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board reappoint Ms. Sharon Walker to serve on the Montgomery Supported Housing, Inc. Board of Directors for an additional two year term expiring in January 2023.

Patti Atkins, Board Chair, rejoined the meeting at 11:38 a.m.

Gail Page, Board Vice-Chair, continued with Chair duties for the remainder of the meeting.

Resolution #01-28-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board reappoint Mrs. Margie Poole and Mrs. Barbara Duren to serve on the Cleveland Supported Housing, Inc. Board of Directors for an additional two year term expiring in January 2023.

The 1st Quarter FY 2021 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for October, November and December 2020 were reviewed for information purposes only.

The HUD 811 Update for Cleveland, Montgomery and Huntsville was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:48 a.m.

Adjournment:

Patti Atkins
Chair

Date

Gail Page
Vice-Chair

Date

Attest:

Jacob Paschal
Secretary

Date

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: March 25, 2021
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

January 29, 2021 – March 25, 2021

Volunteer Hours:

Location	January	February
Conroe	233.75	144.0
Cleveland	0	1.0
Liberty	5.5	1.0
Huntsville	9.0	0
Total	248.25	146.0

COMMUNITY ACTIVITIES:

1/29/21	Veterans Mental Health Workshop by Outside of the Wire - Virtual	Conroe
1/31/21	Military Spouse Resiliency Group – Virtual	Conroe
2/1/21	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe
2/1/21	Military Veteran Peer Network Meeting – In Person	Conroe
2/3/21	Military Veteran Peer Network Meeting – Virtual	Conroe
2/3/21	Women Veterans for Women Veterans – Virtual	Conroe
2/3/21	Montgomery County Child Fatality Review Team – Virtual	Conroe
2/4/21	Women Veterans Weekly Meeting – Virtual	Conroe
2/4/21	CCBHC Grant Meeting with Cleveland ISD Superintendent – Virtual	Cleveland
2/5/21	Langetree Duck Farm Collaborative Veterans Meeting – In Person	Liberty
2/6/21	Military Spouse Resiliency Group – In Person	Conroe
2/8/21	Military Veteran Peer Network Meeting - Virtual	Conroe
2/8/21	Cannon Recovery Meeting – In Person	Conroe
2/9/21	Fire Department Battalion Chief Meeting - Virtual	Conroe
2/9/21	Splendora ISD Counselor Collaboration Meeting – In Person	Splendora
2/9/21	Huntsville ISD Student Health Advisory Committee Meeting – Virtual	Huntsville
2/10/21	Conroe Noon Lions Club Committee Meeting – In Person	Conroe
2/10/21	Conroe Noon Lions Club Luncheon – In Person	Conroe
2/10/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
2/11/21	Women Veterans Weekly Meeting – Virtual	Conroe
2/11/21	Huntsville ISD Leadership Team Meeting – Virtual	Huntsville
2/11/21	Behavioral Health Suicide Prevention Task Force Meeting – Pediatric Workgroup - Virtual	Conroe
2/12/21	Cleveland ISD Director of Special Education Meeting – Virtual	Conroe
2/13/21	Military Veterans Peer Network Warrior Mini Meeting – Virtual	Conroe
2/13/21	Military Spouse Resiliency Group – In Person	Conroe

2/15/21	Military Veterans Peer Network Meeting – Virtual	Conroe
2/18/21	Military Veterans Peer Network Meeting – Virtual	Conroe
2/22/21	Montgomery County Community Assistance Recovery Efforts and Services – Virtual	Conroe
2/22/21	Military Veterans Peer Network Training – Virtual	Conroe
2/23/21	Walker County Community Resource Coordination Group - Virtual	Huntsville
2/24/21	Montgomery County Jail Pod Mentor Meeting – Virtual	Conroe
2/24/21	Conroe Noon Lions Club Luncheon – In Person	Conroe
2/24/21	Montgomery County Veterans Treatment Court - Virtual	Conroe
2/24/21	Liberty County Community Resource Coordination Group Meeting – Virtual	Liberty
2/25/21	Huntsville ISD Parents Night Program – In Person	Huntsville
2/26/21	Behavioral Health Suicide Prevention Task Force Meeting – Military Connected Workgroup	Conroe
2/28/21	COVID Vaccine Community Volunteer – Family First Urgent Care – In Person	Conroe
3/1/21	Emergency Treatment Court Fund Meeting – In Person	Liberty
3/1/21	Combined Arms Vet Fest Vendor Meeting – In Person	Conroe
3/1/21	Veterans 101 Community Resource Education – Virtual	Conroe
3/1/21	Montgomery County Homeless Coalition Board Meeting - Virtual	Conroe
3/1/21	Mayor’s Homeless Taskforce Meeting – In Person	Conroe
3/1/21	Fire Department Probationary Ceremony and Presentation – In Person	Conroe
3/2/21	Voucher Meeting with Salvation Army – In Person	Conroe
3/2/21	Montgomery County Mentor Meeting – In Person	Conroe
3/2/21	COVID-19 Team Training with The Woodlands Township – Virtual	The Woodlands
3/2/21	Family Promise Collaboration Meeting – In Person	Conroe
3/3/21	Symmetry Recovery Center Veterans Meeting – In Person	Conroe
3/3/21	COVID Vaccine Community Volunteer – Lonestar Convention Center – In Person	Conroe
3/4/21	Meals on Wheels Veterans Collaboration – In Person	Conroe
3/4/21	Anderson Food Pantry Drive with COVID-19 Team – In Person	Conroe
3/4/21	COVID-19 Team Collaboration Meeting with Family Promise – In Person	Conroe
3/4/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/5/21	Cleveland ISD Special Education Director Meeting – Virtual	Cleveland
3/5/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/6/21	HEARTs Museum Veterans Event – In Person	Huntsville

3/6/21	Medical Outreach Event with Salvation Army & COVID-19 Team – In Person	Conroe
3/8/21	Lonestar College Wellness Fair - Virtual	Tomball
3/9/21	Fire Department Battalion Chief Meeting – In Person	Conroe
3/9/21	MHFA Networking Breakfast – In Person	Magnolia
3/9/21	Splendora ISD Meeting – In Person	Splendora
3/9/21	Montgomery County Community Resources Coordination Group – Virtual	Conroe
3/9/21	Behavioral Health Suicide Prevention Task Force Meeting – Trauma and Grief Workgroup – Virtual	Conroe
3/9/21	Splendora ISD Lead Counselor Coordination Meeting – Virtual	Splendora
3/10/21	Montgomery County Community Assistance Recovery Efforts and Services – Virtual	Conroe
3/10/21	Conroe Noon Lions Club Luncheon – In Person	Conroe
3/10/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/10/21	Behavioral Health Suicide Prevention Task Force Meeting – Adult Workgroup – Virtual	Conroe
3/11/21	MHFA Networking Breakfast – In Person	Huntsville
3/11/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/11/21	Huntsville ISD District Leadership Meeting – Virtual	Huntsville
3/11/21	Langetree and Combined Arms Meeting – In Person	Liberty
3/11/21	8 th Annual Traumatic Brain Injury Meeting – Virtual	Conroe
3/11/21	Abundant Harvest Veterans Collaboration Meeting – In Person	Conroe
3/15/21	Lonestar College Wellness Fair - Virtual	Tomball
3/16/21	Veterans MHFA at Langetree – In Person	Liberty
3/17/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/18/21	COVID-19 Team Training with Volunteers of America – Virtual	Conroe
3/18/21	Peer Zone Veterans Meeting – Virtual	Conroe
3/19/21	FOB Razor Meeting – In Person	Conroe
3/23/21	Military Veterans Peer Network Court Mentor Meeting – Virtual	Conroe
3/24/21	Montgomery County Veterans Treatment Court Team Meeting – Virtual	Conroe
3/24/21	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity/Special Needs Workgroup - Virtual	Conroe
3/25/21	Behavioral Health Suicide Prevention Task Force Meeting – Virtual	Conroe

UPCOMING ACTIVITIES:

3/26/21	ASK+ Veterans Community Training – In Person	Conroe
3/27/21	Warrior and Mini Event – In Person	Conroe
3/27/21	Viet Nam Veterans Day Celebration – In Person	Huntsville
3/29/21	Spring Fest – In Person	Magnolia
4/1/21	Liberty County Veteran County Service Officer Meeting – In Person	Liberty
4/5/21	Veterans 101 Community Resource Education – In Person	Conroe
4/6/21	MHFA Networking Breakfast – In Person	Magnolia
4/8/21	MHFA Networking Breakfast – In Person	Huntsville
4/10/21	Medical Outreach Day with Salvation Army and COVID-19 Team – In Person	Conroe
4/12/21	Military Veterans Peer Network Conference - Virtual	Conroe
4/13/21	Military Veterans Peer Network Conference - Virtual	Conroe
4/13/21	Splendora ISD Lead Counselor Coordination Meeting – Virtual	Splendora
4/14/21	Military Veterans Peer Network Conference - Virtual	Conroe
4/14/21	Montgomery County Veterans Treatment Court - Virtual	Conroe
4/14/21	HEARTs Veterans Museum Collaborative – In Person	Conroe
4/15/21	Military Veterans Peer Network Conference - Virtual	Conroe
4/16/21	Military Veterans Peer Network Conference - Virtual	Conroe
4/17/21	Meals on Wheels Veterans Outreach – In Person	Conroe
4/19/21	YMHFA Willis ISD – In Person	Willis
4/20/21	Montgomery County Community Resource Coordination Group Meeting- Virtual	Conroe
4/21/21	Behavioral Health Suicide Prevention Task Force Meeting – Adult Workgroup – Virtual	Conroe
4/23/21	Vet Fest Committee Meeting – In Person	Conroe
4/28/21	Liberty County Community Resource Coordination Group Meeting – Virtual	Liberty

Agenda Item: Consumer Services Reports for January and February 2021 Committee: Program	Board Meeting Date: March 25, 2021
Background Information: None	
Supporting Documentation: Consumer Services Reports for January and February 2021	
Recommended Action: For Information Only	

Consumer Services Report January 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	698	55	24	68	845
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	70	6	3	9	88
Psychiatric Emergency Treatment Center (PETC) Bed Days	209	20	12	39	280
Adult Contract Hospital Admissions	24	1	0	3	28
Child and Youth Contract Hospital Admissions	7	0	0	0	7
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1398	235	172	110	1915
Adult Medication Services	998	98	76	97	1269
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	811	62	38	86	997
Child Medication Services	245	16	8	32	301
TCOOMMI (Adult Only)	98	14	7	10	129
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	9	0	1	2	12
Service Coordination	692	35	44	74	845
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	25	4	14	18	61
Substance Abuse Services					
Children and Youth Prevention Services	778	0	17	0	795
Youth Substance Abuse Treatment Services/COPSD	14	0	0	0	14
Adult Substance Abuse Treatment Services/COPSD	61	0	0	0	61
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	24	0	0	0	24
Home and Community Based Services Interest List	1937	149	174	223	2483
January Served by County					
Adult Mental Health Services	1835	182	154	217	2388
Child Mental Health Services	972	81	40	97	1190
Intellectual and Developmental Disabilities Services	743	41	55	78	917
Total Served by County	3550	304	249	392	4495
January Served by Phone by County					
Adult Mental Health Services	895	103	89	131	1218
Child Mental Health Services	671	62	33	77	843
Intellectual and Developmental Disabilities Services	731	41	53	77	902
Total Served by County	2297	206	175	285	2963
January Services by Phone by County					
Adult Mental Health Services	1605	195	151	225	2176
Child Mental Health Services	1417	131	84	204	1836
Intellectual and Developmental Disabilities Services	2335	135	220	279	2969
Total Served by County	5357	461	455	708	6981
December Served by County					
Adult Mental Health Services	1721	185	138	197	2241
Child Mental Health Services	896	78	43	89	1106
Intellectual and Developmental Disabilities Services	780	44	54	75	953
Total Served by County	3397	307	235	361	4300

Consumer Services Report

February 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	610	44	26	51	731
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	57	4	0	4	65
Psychiatric Emergency Treatment Center (PETC) Bed Days	205	7	2	16	230
Adult Contract Hospital Admissions	18	0	0	1	19
Child and Youth Contract Hospital Admissions	7	0	0	0	7
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1212	214	138	95	1659
Adult Medication Services	840	78	56	59	1033
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	775	64	29	65	933
Child Medication Services	195	17	5	19	236
TCOOMMI (Adult Only)	99	14	7	8	128
Adult Jail Diversions	0	0	0	0	0
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	9	0	0	0	9
Service Coordination	744	40	47	71	902
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	25	4	14	17	60
Substance Abuse Services					
Children and Youth Prevention Services	1257	0	29	0	1286
Youth Substance Abuse Treatment Services/COPSD	13	0	0	0	13
Adult Substance Abuse Treatment Services/COPSD	47	0	0	5	52
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	19	0	0	0	19
Home and Community Based Services Interest List	1934	149	174	223	2480
February Served by County					
Adult Mental Health Services	1635	155	119	199	2108
Child Mental Health Services	945	87	36	78	1146
Intellectual and Developmental Disabilities Services	784	44	58	75	961
Total Served by County	3364	286	213	352	4215
February Served by Phone by County					
Adult Mental Health Services	824	88	64	131	1107
Child Mental Health Services	593	49	27	52	721
Intellectual and Developmental Disabilities Services	773	44	56	75	948
Total Served by County	2190	181	147	258	2776
February Services by Phone by County					
Adult Mental Health Services	1389	141	104	222	1856
Child Mental Health Services	1053	78	58	111	1300
Intellectual and Developmental Disabilities Services	2437	145	211	284	3077
Total Served by County	4879	364	373	617	6233
January Served by County					
Adult Mental Health Services	1835	182	154	217	2388
Child Mental Health Services	972	81	40	97	1190
Intellectual and Developmental Disabilities Services	743	41	55	78	917
Total Served by County	3550	304	249	392	4495

Agenda Item: Program Updates Committee: Program	Board Meeting Date: March 25, 2021
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

January 29, 2021 – March 25, 2021

Crisis Services

1. During the winter storm, the CSU had to be closed for two days after the facility lost water pressure and could no longer flush toilets. All persons admitted to the CSU were either discharged home or were transferred to a psychiatric hospital.
2. The census on the CSU remains capped at 14 beds. This allows us to keep two rooms open in case an admitted client develops symptoms consistent with COVID-19 and requires isolation.
3. COVID-19 has been impacting staff coverage of the crisis assessment staff and the staff working on the CSU, both in terms of staff testing positive and staff having to stay home on quarantine due to exposure. When this is added to the fact that there are still vacant positions, staff are often working shifts that are short-staffed.
4. We now are able to conduct crisis assessments via televideo equipment at most of the medical facilities in our three counties. This has facilitated more rapid assessments as well as helped us manage when we have been short-staffed.
5. We continue to hospitalize far more people than in years past and are currently on pace to run out of dedicated hospitalization funds in early May. We continue to hospitalize many persons who are new to Tri-County's services and many children and youth.

MH Adult Services

1. We are continuing to work on catching up with appointments cancelled due to the freeze. Medications were refilled for those clients who had to be rescheduled, but this lost week continues to create problems for scheduling over a month later.
2. Adult services continue to make strides in our CCBHC initiatives as new processes are rolled out. Staff started working with individuals to create Crisis Care Plans, and are now utilizing the evidence-based Suicide Severity Rating Scale during crisis intervention.
3. Adult Outpatient services has been focusing on hiring bilingual staff to meet the needs of our population and now has a bilingual field-based clinician. The program is also interviewing for a bilingual Case Coordinator.
4. Routine Assessment continues to provide screening for admission to services telephonically and then schedules same day intake appointments in most cases. Phone screening has allowed us to manage the 'walk-in' process while ensuring social distancing, and seems to be received well as evidenced by higher than normal requests for services most weeks. Adult intake continues to see requests for assistance with managing depression and anxiety, with many of those served being new to our system of care. Many of these individuals report onset or worsening of symptoms since the pandemic began, which is consistent with national trends.
5. The First Episode Psychosis program continues to report positive outcomes for program participants, with over half of the participants engaging in the full array of services. While there are expected lapses with symptoms, the clients are reporting lower hospitalization rates, ability to manage symptoms without crisis intervention, higher rates of

socialization, and achievement of personal recovery goals. Recently, the program has added a Peer Specialist and anticipate further client benefit as a result.

6. All of the prescribers with the exception of one have had the first dose of vaccine and at least three have had both doses of vaccine.

MH Child and Youth Services

1. To meet the needs of our Spanish-speaking clients, we currently have 11 Bilingual C&Y Mental Health Specialists providing services across our catchment area, including three in Liberty County, one in Walker County, and seven in Montgomery County.
2. Although C&Y intakes do not typically pick back up until after Spring Break, the C&Y Intake team is as busy as ever. In fact, the first week in February was the second busiest week since the pandemic started last year. We are not only receiving more requests for services, but the children and youth coming into services seem to have a higher level of needs. Many have suicidal ideation or have had a recent attempt.
3. The C&Y Team continues to collaborate with schools across our service area, with regular meetings being scheduled with administrators at various schools and districts to discuss referral, engagement, and coordination of services.
4. Although most schools continue to allow us on campus to provide services, we are facing some barriers on campuses with stricter policies about when and how long we can meet with students. If we can't meet with students on campus, we are meeting with them via telehealth which is not always conducive for engaging younger individuals
5. Our School Based team in Conroe ISD has been facing challenges of hiring LPHAs to provide therapy in these schools. We are on track for filing one of the two vacant positions. Fortunately, the team lead is an LPHA and we have a LPC Associate who can provide some therapy in the meantime.

Criminal Justice Services

1. The Outpatient Competency Restoration (OCR) program has been working closely with the local jails, providing screening for individuals who are on the waiting list for competency admission to a hospital. In some cases, OCR is able to admit clients to services, allowing for treatment to begin sooner and in a less restrictive environment.
2. The Criminal Justice Services programs have been pursuing conversations with criminal justice entities in Liberty and Walker counties, seeking to provide education on the programs and how we may work together to address individuals involved with the legal system who have a behavioral health need.
3. We are seeing more clients who are open to services at the Montgomery County Jail during the last few months. Typically we see about five to six open clients per week, but last week we saw 15.

Substance Use Disorder Services

1. The Administrator of Substance Use Treatment services has submitted her resignation. In her tenure, she has grown the SUD programs significantly, making changes and creating opportunities that have led to successful outcomes for those we serve as well as

earned the respect of community partners. The position has filled by someone from outside the Center and we look forward to continuing to serve the community, providing quality care and exemplary service.

2. Adult and Youth Substance Use Treatment saw a significant increase in requests for admission in January, resulting in an increase in census, which is back to pre-pandemic numbers.
3. The Expanded Substance Use Disorder Engagement program has also noticed an increase in referrals in January as well as an increase in the number of individuals who are engaging in the program and successfully linked to ongoing services to address substance use.
4. The Substance Use Prevention Team is busy facilitating prevention skills groups in schools for the remainder of the Spring Semester. They are currently in New Caney ISD, Liberty ISD, Splendora ISD, and Conroe ISD. We also had groups scheduled in Huntsville ISD, but unfortunately encountered some challenges obtaining parental consents.
5. We are seeing an increase in requests for small prevention groups for at-risk students this year at each participating school.
6. Although the State has relaxed measures for FY21 due to COVID, we are on track for meeting most of the measures anyway. The Prevention Team has been working diligently to meet all the requests of each school.
7. Our small prevention groups for at-risk students have been running smoothly and schools are enjoying having our groups. Both students and administrators are consistently providing positive feedback. School Administrators are telling us that their students really need prevention right now.
8. We are working with Texas A&M Agrilife Extension to provide a series of prevention presentations for them.
9. Several of our prevention team members are finishing their requirements to submit applications to take the Certified Prevention Specialist exam. We have two Certified Prevention Specialists on the team already, and this adds to our team's credibility and professional identity in the field of prevention.

IDD Services

1. The IDD Provider Department is working through the new HCS program requirements and adjusting current protocols as required. The team received the report of findings from the Survey and Certification auditor, but they were past due and had errors in them. The audit team agreed to redo the audit findings report before requiring our corrective action plan. Once the audit findings are corrected, the team will have 14 calendar days to submit evidence of compliance with these requirements.
2. One of our long-time residents of one of our two group homes in Huntsville was transferred to a nursing facility and subsequently passed away in February. Staff did a remarkable job supporting this resident, but ultimately the level of care required was beyond what they could provide in a group home environment. We were able to transfer this individual to a nursing facility near her mother in Livingston and the mother was allowed to make visits in this consumer's last days. After discharge of this individual from the home, we admitted a consumer that was interested in this vacated bed and both homes are full again.

3. The winter storm and ice created some challenges staffing the two group homes in Huntsville, but staff stepped up and did a remarkable job of keeping consumers safe. It is certainly not often enough that we recognize these staff who provide some of our most complicated care in less than perfect conditions.
4. On January 1, 2021, mandatory participation began in the Electronic Visit Verification (EVV) system, which requires electronic verification of visits via a smart phone application with GPS for in home Respite and Community First Choice (CFC) services. Managers are continuing to work through some glitches in the vendor's software. This new requirement creates additional work to ensure all times are aligning between EVV system and Anasazi before entry into care.
5. The IDD Provider Department continues to ensure compliance with COVID-19 requirements for Host Home and Supervised Living sites. HCS individuals and their families continue to struggle complying with all of the state-required COVID-19 restrictions. These families have also noted regression in skills and increase behaviors in some of our clients.
6. IDD Provider team is working with consumers, families, care providers within the HCS program to receive the COVID vaccine. This is being made possible by Texas Council and other IDD associations working with Tarrytown Pharmacy state wide to provide the Johnson & Johnson vaccine within March and April. We have no dates for our area at this time.
7. IDD Authority Program administrators are working diligently to fill vacancies. There has been a higher level of turnover in our Service Coordination caseloads this year. When this occurs, caseloads become larger and makes it more difficult for staff to do their jobs. There has been a decline in contacts with individuals and/or families who are becoming tired of answering phone calls. Many staff are struggling with not seeing consumers, families and providers face to face and report decreased job satisfaction with the 'virtual' system we are using during COVID.
8. The IDD Authority Program is in the process of completing multiple HCS enrollments. In addition, HHSC has indicated that Tri-County will receive 28 TxHmL slots within the next few months. Individuals who are receiving HCS slots currently were placed on the interest list in 2005. It is exciting individuals will have the opportunity to utilize these services.

Support Services

1. Quality Management (QM):

- a. Staff coordinated an audit response to the Office of the Inspector General following a request for information related to the PATH Program.
- b. QM staff along with IDD Authority Staff participated in the IDD Authority Audit the on February 8 – 11. Preliminary feedback included confirmation of compliance with the QM Plan, Local Plan and Planning and Network Advisory functions and involved minor revisions to the Center's Emergency Response Procedure.
- c. The Continuous Quality Improvement Committee (CQI) met on March 2nd to continue working on the FY 21 CQI goals which include increasing staff competency of the CQI Program, reduction of the no show rate, suicide reduction, and reduction of 30-day re-hospitalization.
- d. Staff reviewed 80 notes containing the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier for the month of January to ensure proper use

and documentation of this modifier for individuals indicating a need for Substance Use Disorder Intervention and provided additional training to staff as indicated.

- e. Staff prepared and submitted two record requests for five charts for a private insurance company dating back to January 2019.
- f. QM staff submitted requested documents for the upcoming HHSC Comprehensive Quality Management Audit which will take place March 29 – April 5th.
- g. The Administrator of Quality Management completed a Program Survey for Child and Youth Level of Care (LOC) 1,2,3, and corresponding Medication Services.

2. Utilization Management (UM):

- a. The Junior Utilization Management Committee continues to track and monitor the Center's performance data to ensure that required measures are met, and has continued review of the risk stratification tool to assist linking individuals with high risk to targeted support for ongoing care coordination.
- b. Staff reviewed 10% of all Center discharges to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers is provided following each review to ensure appropriate follow up and continued training as needed.

3. Training:

- a. The Clinical Trainer and Administrator of Quality Management provided Child and Adolescent Needs and Strengths Assessment (CANS)/Adult Needs and Strengths Assessment (ANSA) Superuser training to 40% of the Center's users of this assessment as required by our HHSC performance contract.
- b. The Clinical Trainer attended a SAMA train the trainer course from March 1st – 4th and is now certified to assist with providing SAMA training along with our currently certified staff.

4. Veteran Services and Veterans Counseling/Crisis:

- a. We are in the final stages of having our Memorandum of Understanding (MOU) with the Veterans Affairs (VA) signed. Once in place it will allow easier transitioning of veterans to/from the VA and allowing their needs to be met in a timelier manner.
- b. We are collaborating with Sam Houston's College of Osteopathic Medicine and the Salvation Army to begin having monthly health fairs in the Salvation Army parking lot. The plan is to offer free health screenings, veteran resources, and other related services available to veterans, the homeless, and low-income individuals.
- c. At their request, we have begun re-engaging the Huntsville and Liberty Veteran Affairs as COVID concerns increase and veterans stability and support decline. The team is able to meet the veteran at their local VA and offer needs assessment, support, and referrals.
- d. We are now providing licensed clinical counseling to veterans in all three of our counties and have prevented at least two veterans with plans to end their life by suicide, from completing.
- e. The Veterans Team connected with the Montgomery County Jail and has begun virtual case management and counseling to the Veterans Pod.

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

- a. The IDD PNAC met on February 24, 2021 where they reviewed program services and membership needs. The Committee currently has the required nine members after the ninth member was approved by the Board on 1/28/2021. This meeting also served as the IDD Local Planning Kick Off Meeting.
- b. The MH PNAC met on March 10th where they reviewed and provided feedback on a variety of reports including program updates, a review of the ACT Program Survey, performance measures and other status updates.

6. COVID-19 Team

- a. The COVID-19 Crisis Counseling team remains busy. We have seen an increase in volume associated with our expansion to the Brazos Valley MHMR and Texana Center Service areas. We have had contact with 14,469 individuals and have 242 persons receiving therapy services.
- b. Fort Bend ISD school counselors (Texana service area) invited the Tri-County COVID-19 Crisis Counseling team to present our program to all of the school counselors who work for Fort Bend ISD, and this resulted in several requests for presentations at upcoming parent nights.
- c. The COVID-19 Team is offering in person individual counseling and groups sessions four times a week for the patients at the PETC.
- d. The Brazos Valley COVID-19 Team has presented three highly attended, community education groups related to COVID and Storm Uri.

7. Community Activities

- a. The Director of Strategic Development has been asked to join the Montgomery County Homeless Taskforce, created by the new Mayor Jody Czajkoski as a part of his five-year plan.
- b. The Mental Health First Aid Team facilitated a Youth training for the Cleveland Independent School District bus drivers and the Court Appointed Special Advocates (CASA) of Walker County. In addition, the team has been asked by the Willis Independent School District to train over 400 of their employees between now and the end of the school year.
- c. The department collaborated with Family First Urgent Care and volunteered at two different COVID-19 vaccine sights, where they assisted over one thousand community members in getting their first vaccine.

Agenda Item: Year to Date FY 2021 Goals and Objectives Progress Report Committee: Program	Board Meeting Date March 25, 2021
Background Information: <p>The Management Team met on July 31, 2020 to update the five-year strategic plan and to develop the goals for FY 2021. The strategic plan and related goals were approved by the Board of Trustees at the September 2020 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center's contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2021.</p>	
Supporting Documentation: FY 2021, Year to Date Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2020 – March 25, 2021

Goal #1 – Administrative Competence

Objective 1:

Staff will apply for at least four grants for new services in FY 2021.

- Staff completed the application for the CCBHC Expansion grant from SAMHSA. This grant is for up to \$2,000,000 a year for two years. A consultant was hired to assist with the grant and will serve as our project evaluator. The grant, if funded, will be used to provide the following services:
 - Cleveland ISD School-based MH clinic
 - Expanded C&Y Rural access in Liberty County
 - Expanded SUD treatment in all three rural locations
 - Expanded Care Coordination
 - Rural therapy expansion
 - Overall therapy expansion (Adult and Child)

Goal #2 – Clinical Excellence

Objective 1:

Using existing state funding or new revenue source, Tri-County will create a plan to improve the IDD Intake process by April 1, 2021.

The IDD Authority team has contacted everyone on the General Revenue Intake list and determined if the individuals/caregivers had continued interest in IDD services.

- A pre-intake process has been established in which the support staff work with the individuals and families to obtain needed information and offer support. If the individual/caregiver does not participate in the process or does not respond to telephone contacts and a letter, then the intake folder will be closed, but with a guarantee the intake can be re-opened at any time.
- When documents are received from the families, or if the IDD Authority psychologist feels that she can proceed with an eligibility assessment, the assessment is scheduled. After the assessment and eligibility is determined, our Intake Coordinator is assigned and will initiate the intake within three business days if the individual/caregiver has determined to move forward with services.
- The goal for the intake process is to be completed within 90 days of receipt of the documentation received for the eligibility assessment.

Objective 2:

The Center will be certified as a CCBHC by April 1, 2021.

- Our Center CCBHC includes:
 - Millie McDuffey, Chief Financial Officer
 - Amy Foerster, Chief Compliance Officer
 - Kenneth Barfield, Director of Management Information Services
 - Tanya Bryant, Director of Quality Management and Support
 - Sara Bradfield, Director of Adult Behavioral Health Services
 - Melissa Zemencik, Director of Child and Youth Behavioral Health Services
 - Diane Van Lier, Crisis Services Program Director
 - Tanya Bryant, Director of Quality Management and Support
 - Evan Roberson, Executive Director
- This team has provided outstanding leadership and support as we have moved through this process.
- In December, the Tri-County CCBHC team met with the HHSC CCBHC review team and they provided Tri-County with a score of 72 on our original submission and with a list of items which needed to be resubmitted to achieve a score of 90. Over half of the items which needed to be addressed were related to the use of something called a Designated Collaborating Organization (DCO), or clinical partner that we would share our behavioral healthcare responsibility for the clients we serve. We do not plan to have any DCOs, so we just submitted a statement that essentially said these questions were not applicable. The state has since determined that we should apply these DCO requirements of other, non-behavioral health, providers. Several of the other items that the HHSC CCBHC was looking for were present in the original documentation, but were missed by the review team.
- On January 14th, the team submitted roughly 400 new documents to the state for review. We are hopeful that we will hear back on our resubmission in one month or less.
- At the same time, we trained a group of staff and supervisors that were interviewed virtually as the last step for our certification. Sara Bradfield, our Director of Adult Behavioral Health, has provided outstanding leadership and effort in training these staff in what we are calling 'CCBHC University.'
- The Center was Certified by Texas Health and Human Services on March 8, 2021.

Objective 3:

A team will be formed to investigate the CORE model and will create a business plan, including estimated costs for the program by June 1, 2021.

- The team has been reviewing existing documentation about the Clinician & Officer Remote Evaluation (CORE) model that was developed at the Harris Center. The model has two licensed staff available via remote technology to provide clinical evaluations of persons in law enforcement custody at the arrest scene.

Goal #3 – Community Connectedness

Objective 1:

Tri-County will launch the new Tri-County website by February 28, 2021.

- The Tri-County Website went live on January 21st.
- Many staff have been involved since we started with this FY 2019 Board goal, but special thanks to Elizabeth Franklin, Administrative Assistant to the CFO/IT, April Balsamo, Administrator of Managed Care and Resource Development and Kenneth Barfield, Director of Management Information Services for their efforts on this project.

Goal #4 – Fiscal Responsibility

Objective 1:

The Client Benefits Department will be reorganized and additional staff will be hired to improve efficiency by April 1, 2021.

- A staff was hired for the Consumer Benefits Counselor (Specialist) position. He completed NEO and has now started his departmental training in Benefits. He will attend Consumer Benefits Organization training for new employees in April to become qualified to assist clients with applying for federal and/or state benefits.
- The applicant for the Consumer Benefits Clinician (LPC) position sent an email that she would not be coming for testing due to accepting a position elsewhere. There have been no other applicants for this position.

Goal #5 – Professional Facilities

Objective 1:

Staff will review Liberty and Huntsville Service Facilities and will create a plan for improvements, with estimated costs, by April 2, 2021.

- The Huntsville facility was reviewed and needed repairs were noted prior to the damage caused by the pipe that burst during the winter storm. We are currently awaiting a TCRMF adjuster's review of the site and will make further recommendations after we understand those repairs.
- One of the issues that needs to be addressed in Huntsville is that the facility is much larger than needed and much of it is currently unused.
- The Liberty, Texas property was reviewed and a list of potential improvements to address appearance of that facility, addition of space to the mental health side of that building, site drainage and security concerns.
- A plan has been developed for this facility and initial price estimates have been received. Staff will wait until the financial position is clearer before presenting these options to the Board.

Goal #6 – Staff Development

Objective 1:

A Diversity Workgroup will be formed and will develop a plan to increase training and understanding about culture in the workplace and how it impacts the persons we serve.

- The Diversity Workgroup has been formed and is being led by Evan Roberson.
- The Workgroup is currently reviewing cultural awareness training and military culture training. After review of the current trainings, the team will break into sub-teams to update the current training.
- HHSC's CCBHC review team did cite the need for some small changes to the Cultural Diversity training.
- Ultimately, after reviewing and updating the training, the team will work on cultural awareness activities for the Center as a secondary goal.

Agenda Item: 2nd Quarter FY 2021 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date March 25, 2021
Background Information: <p>The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 2nd Quarter of FY 2021 are included in this Board packet.</p>	
Supporting Documentation: 2nd Quarter FY 2021 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

2nd Quarter, FY 2021

Corporate Compliance Activities

A. Key Statistics:

There were six compliance concerns reported in the 2nd Quarter. Of the six, four concerns were deemed to not need a formal investigation or review and resulted in supervisor consultations and staff training. The remaining two reported concerns were investigated or reviewed to completion and listed below:

1. The first report voiced additional concerns related to an earlier (completed) investigation. These new concerns were investigated, but there were no compliance findings. The case; however, was transferred to Employee Relations for work-related performance concerns.
2. A second report alleged the act of copying/pasting documentation for billed services. While the report of copying/pasting documentation was unconfirmed, additional documentation concerns were found during the investigation. Staff involved received a written warning and additional training. Payback was made in the amount of \$1891.39 for the findings.

B. Committee Activities:

The Corporate Compliance Committee met on January 27, 2021. The Committee reviewed the following:

1. A final summary of 1st Quarter investigations;
2. 2nd Quarter complaint and investigation updates; and
3. An analysis and discussion of trending concerns.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted nine record requests, totaling 48 charts.
2. Staff participated in the Quarterly Superior HealthPlan on-site audit on February 24, 2021. All charts reviewed scored 97% and all charts that were reviewed for claims compliance scored 100%. Superior Health Plan has notified us of their decision to move forward with conducting audits every six months rather than quarterly.
3. Staff conducted several internal audits including program surveys, progress note reviews, discharge documentation, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

B. Reviews/Audits:

1. Staff prepared and submitted four charts going back three months for the quarterly Superior HealthPlan on-site audit.
2. Staff reviewed and submitted one record request totaling 30 charts to Superior Health Plan dating back to November 2017.
3. Staff reviewed and submitted four record requests totaling five charts to private insurance companies for services they were billed dating back to January 2019.
4. Staff reviewed and submitted 10 charts to Optum/United Healthcare for services dating back to July 2020.
5. Staff prepared and submitted one request for Medicaid for one client chart for services that were provided on February 5, 2020.
6. Staff reviewed 153 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly. Follow up was made with supervisors as appropriate to initiate additional education and training as needed.
7. Staff reviewed 81 discharges that occurred in Q2 and communicated areas that were needing improvement to supervisory staff as needed.
8. The QM Department participated in the annual IDD Authority Audit where the Quality Assurance portion of the audit scored a 96.53%.

C. Other Quality Management Activities:

1. The Junior Utilization Management Committee in collaboration with the Information Technology Department has created a Risk Stratification Tool and has begun analyzing the data from this tool as well as CCBHC measures reports to identify those individuals who may be appropriate for additional supports services or are in need of specific follow up.

Agenda Item: Personnel Report for January through February 2021 Committee: Executive	Board Meeting Date: March, 2021
Background Information: None	
Supporting Documentation: Personnel Report for January through February 2021	
Recommended Action: For Information Only	

Personnel Report January and February 2021

Total Applications received January and February = 373

Total New Hires for January and February = 12

Total New Hires Year to Date = 54

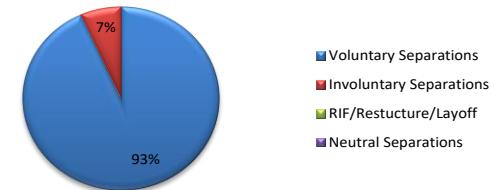
Total Budgeted FTE Positions = 437.75

Vacant FTE Positions = 68.20

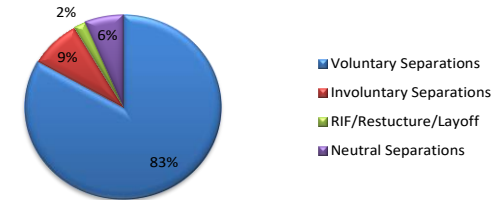
Turnover - FY21 compared to FY20	FY21	FY20
Number of Active Employees	379	379
Number of Monthly Separations (Jan & Feb Combined)	15	20
Number of Separations YTD	48	49
Year to Date Turnover Rate	13%	13%
Turnover Rate (Jan & Feb Combined)	4%	5%

Separations by Reason	Jan & Feb Separations	FY21 YTD
Better Pay	1	6
Commute	0	0
Death	0	1
Dissatisfaction with Supervisor/Job	0	0
Family	0	1
Another job	5	12
Lack of Opportunity for Advancement	0	0
Relocating	2	6
Retirement	1	2
Return to School	0	0
Schedule	1	1
Uncomfortable with Job Duties	1	4
Health	3	7
RIF/Restructure/Layoff	0	1
Neutral Termination	0	3
Involuntarily Terminated	1	4
Total Separations	15	48

January - February Voluntary, Involuntary, RIF/REstructure/Layoff and Neutral Separations



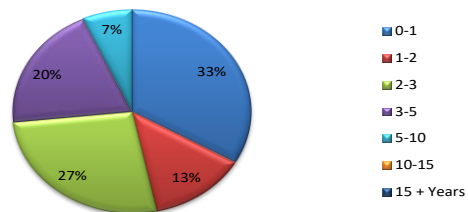
Year to Date Voluntary, Involuntary, RIF/REstructure/Layoff and Neutral Separations



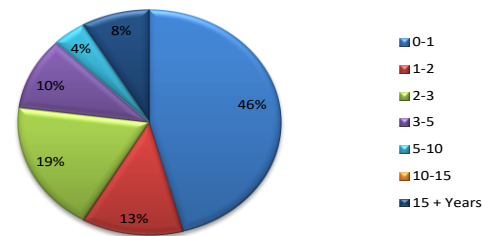
Management Team	# of Employees	Jan - Feb Separations	Year to Date Separations	% Jan - Feb	% Year to Date
Evan Roberson	23	1	1	4%	4%
Millie McDuffey	33	0	6	0%	18%
Amy Foerster	5	1	1	20%	20%
Tanya Bryant	10	0	1	0%	10%
Sara Bradfield	97	2	5	2%	5%
Melissa Zemencsik	82	6	10	7%	12%
Catherine Prestigiovanni	19	1	3	5%	16%
PETC	46	2	12	4%	26%
Kelly Shropshire	38	1	6	3%	16%
Kathy Foster	18	1	3	6%	17%
Kenneth Barfield	8	0	0	0%	0%
Total	379	15	48		

Separation by EEO Category	# of Employees	Jan - Feb Separations	Year to Date Separations	% Jan - Feb	% Year to Date
Supervisors & Managers	28	0	1	0%	4%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	47	2	4	4%	9%
Professionals (QMHP)	124	8	17	6%	14%
Professionals (QIDP)	31	1	6	3%	19%
Licensed Staff (LCDC, LPC...)	27	1	2	4%	7%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	18	1	1	6%	6%
Program Support(Financial Counselors, QA, Training, Med. Records)	56	0	7	0%	13%
Nurse Technicians/Aides	16	1	5	6%	31%
Service/Maintenance	7	0	1	0%	14%
Direct Care (HCS, Respite, Life Skills)	13	1	3	8%	23%
Total	379	15	48		

January - February Separations by Tenure

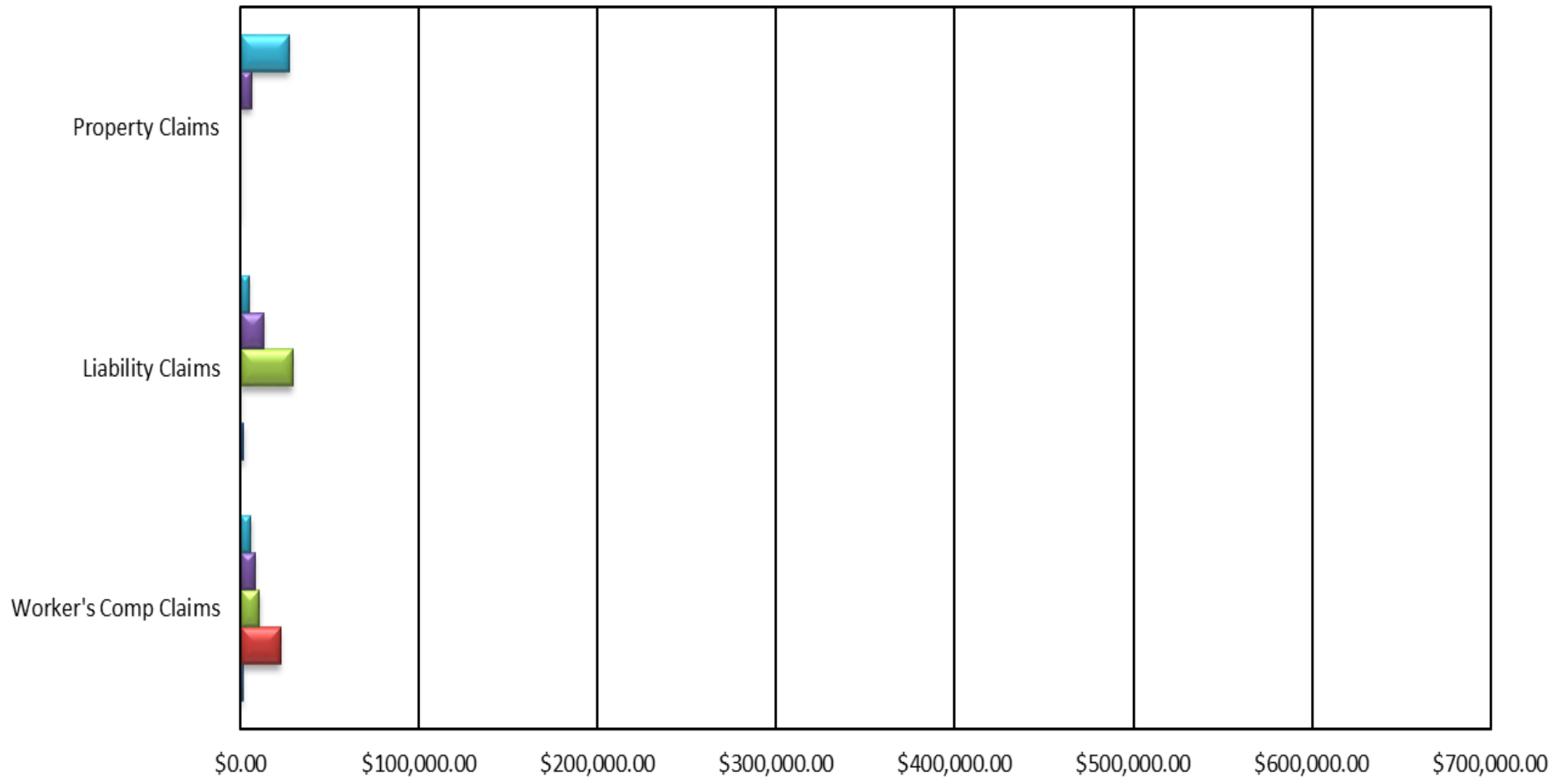


Year to Date Separations by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of February 2021 Committee: Executive	Board Meeting Date: March 25, 2021
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of February 2021	
Recommended Action: For Information Only	

TCRMF Claims Summary YTD 2021



	Worker's Comp Claims	Liability Claims	Property Claims
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$22,518.00	\$0.00	\$0.00
2021	\$1,446.00	\$1,982.00	\$0.00

Agenda Item: Approve January 2021 Financial Statements Committee: Business	Board Meeting Date March 25, 2021
Background Information: None	
Supporting Documentation: January 2021 Financial Statements	
Recommended Action: Approve January 2021 Financial Statements	

January 2021 Financial Summary

Revenues for January 2021 were \$2,668,906, and operating expenses were \$2,637,549, resulting in a gain in operation of \$31,357. Capital Expenditures and Extraordinary Expenses for January were \$77,200, resulting in a loss of \$45,844. Total revenues were 98.84% of the monthly budgeted revenues, and total expenses were 100.16% of the monthly budgeted expenses (difference of -1.32%).

Year to date revenues are \$14,754,639, and operating expenses are \$13,632,387, leaving excess operating revenues of \$1,122,251. YTD Capital Expenditures and Extraordinary Expenses are \$864,502, resulting in a gain YTD of \$257,750. Total revenues are 104.28% of the YTD budgeted revenues, and total expenses are 102.76% of the YTD budgeted expenses (difference of 1.52%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management IDD	706,544	749,123	94.32%	42,579
Medicaid - PASRR	5,883	66,721	8.81%	60,838
Medicaid – Regular - Title XIX	178,397	260,681	68.43%	82,284
Mental Health First Aid	27,063	40,792	66.34%	13,729
HHSC – SA Treatment Adult	20,216	60,917	33.19%	40,701
HHSC - SA Treatment Youth	2,891	25,000	11.56%	22,109
DSHS – OCR	52,446	64,438	81.39%	11,993
Tx Veteran’s Commission Grant	16,157	40,183	40.21%	24,026
BWF - Veterans Services	39,322	52,461	74.95%	13,140

Title XIX Case Management IDD – This revenue line has maintained pretty well through the entire COVID period until the holiday months of November and December. We have also seen a decrease in the phone services provided in the IDD area. Successfully reaching and engaging clients over the phone is becoming more

challenging as they grow tired of receiving phone services. We will continue to monitor this line and try to adapt in order to get services to our clients as needed.

Medicaid - PASRR – As we have seen from the beginning of the COVID-19 virus, the PASRR program is operating under budget based on the nursing home visitation restrictions. We had hoped to see some of these restrictions lifted, but that has not happened. For this reason, we will be adjusting this budget line during the first revision which will be presented at the next board meeting.

Medicaid Regular – Title XIX - This line item continues to be below budget for the fiscal year. We will be making an adjustment to this line in the budget revision.

Mental Health First Aid – This line item pays for the Mental Health First Aid Outreach Coordinator as well as all the training material needed to train in our service area. Since COVID started, we have been unable to provide training to large groups due to meeting restrictions and social distancing requirements. This will probably continue to be a problem throughout this fiscal year.

HHSA – SA Treatment Adult and Youth Services – The Substance Abuse Treatment Adult and Youth Programs both received significant increases to their contract amounts this fiscal year. In a normal fiscal year, we would see the Adult Treatment program providing services that would meet or exceed the monthly budget projections. However, due to the COVID environment, we are facing challenges with providing group meetings that are required with SA treatment programs. Adjustments will be made to these line items since we have not seen improvements in revenue earned.

DSHS – Outpatient Competency Restoration – This line item is a cost reimbursement program. We have had a vacancy in this program for the entire year, so both revenue and expenses are down.

Tx Veteran's Commission Grant – This line is also a cost reimbursement program. The program ended on December 31st. The last couple of months of this program, we had vacant positions which were intentionally not filled due to the coming end of funding for this grant. So, the decrease in revenue was offset by reduced expenses.

BWF – Veterans Services - This line item is a cost reimbursement program. We are currently trending under in most all of the expense categories, with the majority being in fringe benefits lines.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repair & Maintenance	79,960	68,000	117.59%	11,960
Contract – Non-Clinical	231,665	217,204	106.66%	14,461
Fixed Asset - Building	495,088	0	0%	495,088

Building Repair & Maintenance – Since the beginning of the fiscal year, we have had several plumbing and generator repairs at the PETC that have caused this line item to go over budget year to date. Adjustments will be made during the budget revision.

Contract – Non-Clinical – This line it has gone over budget this month due to various reasons. This year we have had an increase in deep cleaning services at all locations and also the cleaning charges added for the portable building in Cleveland. We have also completed the web page redesign and had additional fees associated with the completion. And finally, we contracted with a firm in New York to assist with the writing of the SAMHSA Grant for CCBHC funding.

Fixed Asset Building – This line represents the purchase of the Cleveland land for a possible future building in this community. As approved at the July Board meeting, we transferred funds from reserves to offset the cost of this purchase.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended January 31, 2021**

	TOTALS COMBINED FUNDS January 2021	TOTALS COMBINED FUNDS December 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,800	4,114	(314)
Cash on Deposit-General Fund	10,815,426	11,839,056	(1,023,630)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,547,979	2,425,423	122,557
Inventory	3,226	3,292	(66)
TOTAL CURRENT ASSETS	13,370,432	14,271,885	(901,453)
FIXED ASSETS	18,775,157	18,775,157	-
OTHER ASSETS	130,354	114,516	15,837
TOTAL ASSETS	\$ 32,275,943	\$ 33,161,559	\$ (885,615)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,231,378	1,058,755	172,623
NOTES PAYABLE	719,395	719,395	-
DEFERRED REVENUE	2,485,804	3,504,365	(1,018,561)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	-	-	-
First Financial Construction Loan	10,998,287	11,038,498	(40,210)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	257,750	303,593	(45,844)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(10,998,287)	(11,038,498)	40,210
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	18,775,157	18,775,157	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,004,912	2,004,912	-
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	30,834	24,667	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(719,395)	(719,395)	-
UNASSIGNED			
Unrestricted and Undesignated	4,499,311	4,499,311	-
TOTAL LIABILITIES/FUND BALANCE	\$ 32,275,943	\$ 33,161,559	\$ (885,616)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended January 31, 2021**

	General Operating Funds	Memorandum Only Final August 2020
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,800	3,900
Cash on Deposit-General Fund	10,815,426	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,547,979	2,166,985
Inventory	3,226	3,732
TOTAL CURRENT ASSETS	13,370,432	11,788,361
FIXED ASSETS	18,775,157	18,775,157
OTHER ASSETS	130,354	169,253
	\$ 32,275,943	\$ 30,732,771
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,231,378	1,542,782
NOTES PAYABLE	719,395	719,395
DEFERRED REVENUE	2,485,804	424,724
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	-	-
First Financial Construction Loan	10,998,287	11,200,154
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	257,750	849,344
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(10,998,287)	(11,200,154)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	18,775,157	18,775,157
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,004,912	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	30,834	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(719,395)	(719,395)
UNASSIGNED		
Unrestricted and Undesignated	4,499,311	3,649,967
TOTAL LIABILITIES/FUND BALANCE	\$ 32,275,943	\$ 30,732,771

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended January 2021
and Year To Date as of January 2021

INCOME:	MONTH OF January 2021	YTD January 2021
Local Revenue Sources	94,681	1,321,038
Earned Income	1,064,156	5,439,437
General Revenue-Contract	1,510,068	7,994,163
TOTAL INCOME	\$ 2,668,906	\$ 14,754,639
EXPENSES:		
Salaries	1,538,622	8,319,839
Employee Benefits	355,059	1,731,799
Medication Expense	64,436	322,105
Travel-Board/Staff	9,243	48,901
Building Rent/Maintenance	11,074	102,449
Consultants/Contracts	459,635	2,086,484
Other Operating Expenses	199,480	1,020,811
TOTAL EXPENSES	\$ 2,637,549	\$ 13,632,387
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,357	\$ 1,122,251
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	7,530	516,152
Capital Outlay-Debt Service	69,670	348,350
TOTAL CAPITAL EXPENDITURES	\$ 77,200	\$ 864,502
GRAND TOTAL EXPENDITURES	\$ 2,714,749	\$ 14,496,889
Excess (Deficiency) of Revenues and Expenses	\$ (45,844)	\$ 257,750

Debt Service and Fixed Asset Fund:		
Debt Service	69,670	348,350
Excess(Deficiency) of revenues over Expenses	69,670	348,350

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of January 2021

	YTD January 2021	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,321,038	438,411	882,627
Earned Income	5,439,437	5,619,423	(179,986)
General Revenue-Contract	7,994,163	8,091,557	(97,393)
TOTAL INCOME	\$ 14,754,639	\$ 14,149,391	\$ 605,247
EXPENSES:			
Salaries	8,319,839	8,320,702	(863)
Employee Benefits	1,731,799	1,732,108	(310)
Medication Expense	322,105	325,833	(3,728)
Travel-Board/Staff	48,901	45,232	3,669
Building Rent/Maintenance	102,449	90,550	11,899
Consultants/Contracts	2,086,484	2,151,175	(64,691)
Other Operating Expenses	1,020,811	1,043,677	(22,866)
TOTAL EXPENSES	\$ 13,632,387	\$ 13,709,277	\$ (76,890)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,122,251	\$ 440,114	\$ 682,137
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	516,152	50,333	465,818
Capital Outlay-Debt Service	348,350	348,350	(0)
TOTAL CAPITAL EXPENDITURES	\$ 864,502	\$ 398,683	\$ 465,818
GRAND TOTAL EXPENDITURES	\$ 14,496,889	\$ 14,107,961	\$ 388,928
Excess (Deficiency) of Revenues and Expenses	\$ 257,750	\$ 41,431	\$ 216,319

Debt Service and Fixed Asset Fund:			
Debt Service	348,350	348,350	(0)
Excess(Deficiency) of revenues over Expenses	348,350	348,350	(0)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended January 2021

INCOME:	MONTH OF January 2021	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	94,681	86,286	8,396
Earned Income	1,064,156	1,087,421	(23,264)
General Revenue-Contract	1,510,068	1,526,478	(16,410)
TOTAL INCOME	\$ 2,668,906	\$ 2,700,184	\$ (31,278)
EXPENSES:			
Salaries	1,538,622	1,514,453	24,170
Employee Benefits	355,059	341,938	13,121
Medication Expense	64,436	65,167	(731)
Travel-Board/Staff	9,243	11,421	(2,178)
Building Rent/Maintenance	11,074	17,110	(6,036)
Consultants/Contracts	459,635	471,667	(12,032)
Other Operating Expenses	199,480	202,342	(2,862)
TOTAL EXPENSES	\$ 2,637,549	\$ 2,624,097	\$ 13,452
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,357	\$ 76,087	\$ (44,731)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	7,530	16,667	(9,136)
Capital Outlay-Debt Service	69,670	69,670	(0)
TOTAL CAPITAL EXPENDITURES	\$ 77,200	\$ 86,337	\$ (9,136)
GRAND TOTAL EXPENDITURES	\$ 2,714,749	\$ 2,710,433	\$ 4,316
Excess (Deficiency) of Revenues and Expenses	\$ (45,844)	\$ (10,249)	\$ (35,594)

Debt Service and Fixed Asset Fund:			
Debt Service	69,670	69,670	(0)
Excess(Deficiency) of revenues over Expenses	69,670	69,670	(0)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD January 2020 Comparative Data
Year to Date as of January 2021

INCOME:	YTD January 2021	YTD January 2020	Increase (Decrease)
Local Revenue Sources	1,321,038	728,811	592,227
Earned Income	5,439,437	5,556,050	(116,613)
General Revenue-Contract	7,994,163	7,382,415	611,748
TOTAL INCOME	\$ 14,754,639	\$ 13,667,276	\$ 1,087,363
EXPENSES:			
Salaries	8,319,839	7,807,661	512,178
Employee Benefits	1,731,799	1,555,507	176,292
Medication Expense	322,105	313,343	8,762
Travel-Board/Staff	48,901	174,881	(125,980)
Building Rent/Maintenance	102,449	141,066	(38,617)
Consultants/Contracts	2,086,484	1,842,212	244,272
Other Operating Expenses	1,020,811	1,039,533	(18,722)
TOTAL EXPENSES	\$ 13,632,387	\$ 12,874,201	\$ 758,184
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,122,251	\$ 793,075	\$ 329,178
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	516,152	228,682	287,470
Capital Outlay-Debt Service	348,350	466,653	(118,303)
TOTAL CAPITAL EXPENDITURES	\$ 864,502	\$ 695,335	\$ 169,167
GRAND TOTAL EXPENDITURES	\$ 14,496,889	\$ 13,569,536	\$ 927,353
Excess (Deficiency) of Revenues and Expenses	\$ 257,750	\$ 97,737	\$ 160,012

Debt Service and Fixed Asset Fund:			
Debt Service	348,350	466,653	(118,303)
Excess(Deficiency) of revenues over Expenses	348,350	466,653	(118,303)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January Comparative Data
For the Month Ended January 2021

INCOME:	MONTH OF January 2021	MONTH OF January 2020	Increase (Decrease)
Local Revenue Sources	94,681	194,072	(99,391)
Earned Income	1,064,156	1,186,210	(122,054)
General Revenue-Contract	1,510,068	1,555,392	(45,324)
TOTAL INCOME	\$ 2,668,906	\$ 2,935,674	\$ (266,768)
Salaries	1,538,622	1,793,825	(255,203)
Employee Benefits	355,059	336,276	18,783
Medication Expense	64,436	56,837	7,599
Travel-Board/Staff	9,243	37,729	(28,486)
Building Rent/Maintenance	11,074	20,449	(9,375)
Consultants/Contracts	459,635	345,215	114,420
Other Operating Expenses	199,480	207,028	(7,548)
TOTAL EXPENSES	\$ 2,637,549	\$ 2,797,357	\$ (159,810)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,357	\$ 138,317	\$ (106,958)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	7,530	86,901	(79,371)
Capital Outlay-Debt Service	69,670	93,250	(23,580)
TOTAL CAPITAL EXPENDITURES	\$ 77,200	\$ 180,151	\$ (102,951)
GRAND TOTAL EXPENDITURES	\$ 2,714,749	\$ 2,977,508	\$ (262,759)
Excess (Deficiency) of Revenues and Expenses	\$ (45,844)	\$ (41,837)	\$ (4,008)

Debt Service and Fixed Asset Fund:

Debt Service	69,670	93,250	(23,580)
Excess(Deficiency) of revenues over Expenses	69,670	93,250	(23,580)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With December 2020 Comparative Data
For the Month Ended January 2021

INCOME:	MONTH OF January 2021	MONTH OF December 2020	Increase (Decrease)
Local Revenue Sources	94,681	407,214	(312,532)
Earned Income	1,064,156	1,078,636	(14,479)
General Revenue-Contract	1,510,068	1,837,729	(327,661)
TOTAL INCOME	\$ 2,668,906	\$ 3,323,579	\$ (654,673)
EXPENSES:			
Salaries	1,538,622	1,961,811	(423,189)
Employee Benefits	355,059	382,207	(27,148)
Medication Expense	64,436	63,956	479
Travel-Board/Staff	9,243	10,123	(880)
Building Rent/Maintenance	11,074	28,157	(17,083)
Consultants/Contracts	459,635	412,335	47,301
Other Operating Expenses	199,480	197,722	1,758
TOTAL EXPENSES	\$ 2,637,549	\$ 3,056,311	\$ (418,762)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 31,357	\$ 267,267	\$ (235,911)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	7,530	3,737	3,793
Capital Outlay-Debt Service	69,670	69,670	-
TOTAL CAPITAL EXPENDITURES	\$ 77,200	\$ 73,407	\$ 3,793
GRAND TOTAL EXPENDITURES	\$ 2,714,749	\$ 3,129,718	\$ (414,969)
Excess (Deficiency) of Revenues and Expenses	\$ (45,844)	\$ 193,860	\$ (239,704)

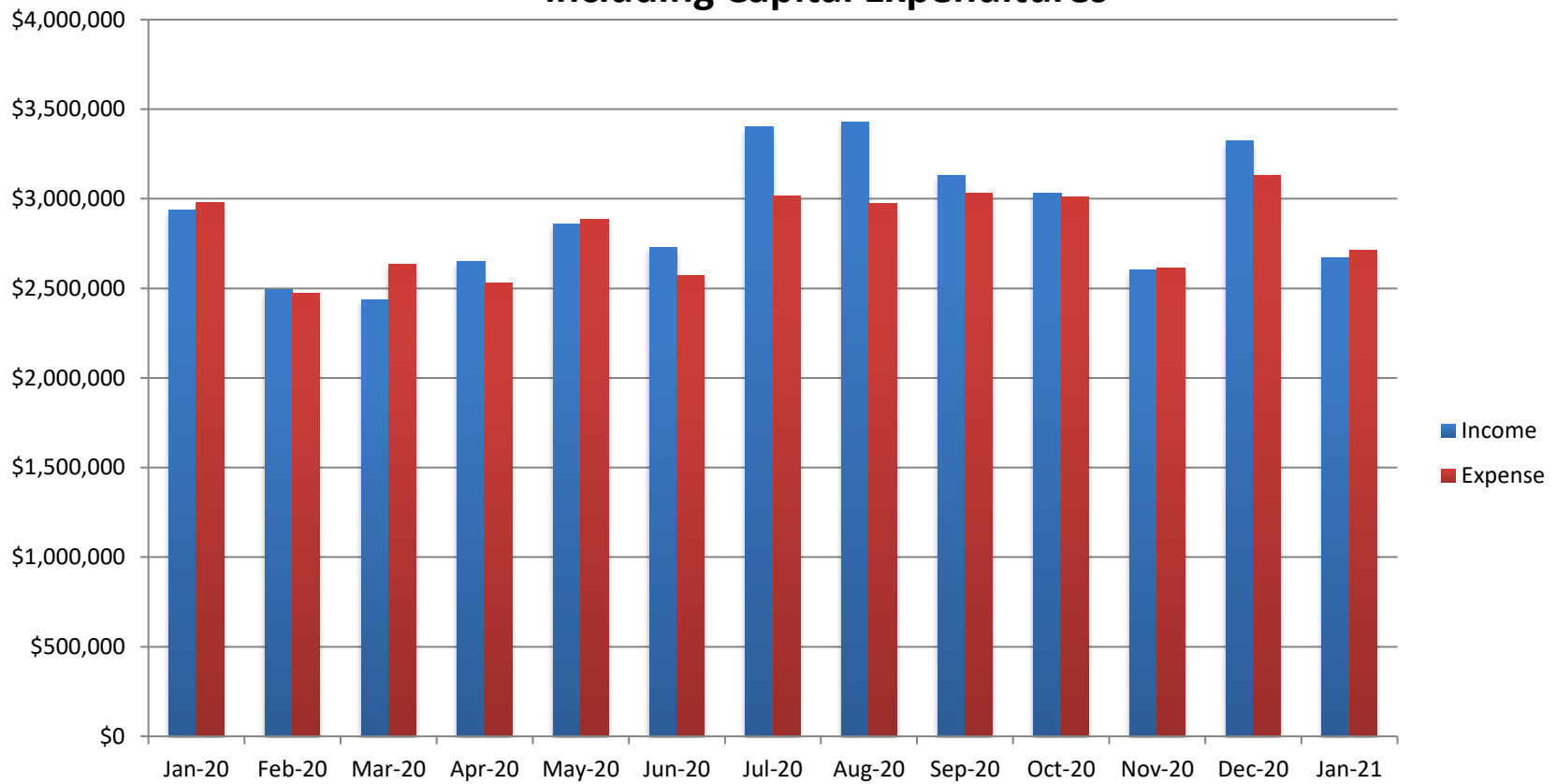
Debt Service and Fixed Asset Fund:			
Debt Service	69,670	69,670	-
Excess(Deficiency) of revenues over Expenses	69,670	69,670	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of January 2021

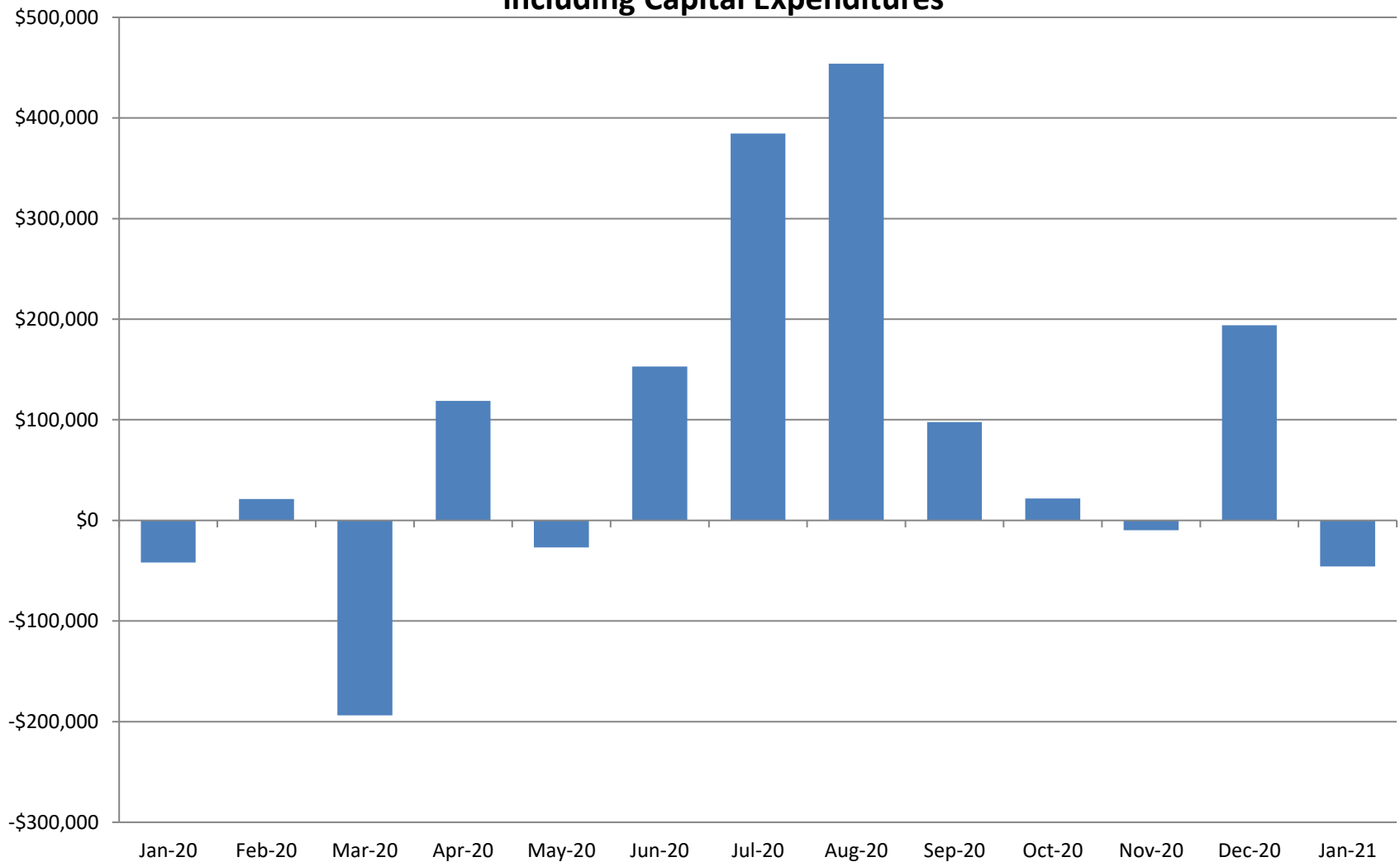
	YTD Mental Health January 2021	YTD IDD January 2021	YTD Other Services January 2021	YTD Agency Total January 2021	YTD Approved Budget January 2021	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,414,063	(192,228)	99,203	1,321,038	438,411	882,627
Earned Income	1,898,073	1,754,880	1,786,484	5,439,437	5,619,423	(179,987)
General Revenue-Contract	6,776,524	685,560	532,079	7,994,163	8,091,557	(97,394)
TOTAL INCOME	\$ 10,088,661	\$ 2,248,212	\$ 2,417,766	\$ 14,754,638	\$ 14,149,391	\$ 605,247
EXPENSES:						
Salaries	5,486,565	1,165,189	1,668,085	8,319,839	8,320,702	(863)
Employee Benefits	1,131,172	247,429	353,197	1,731,799	1,732,108	(309)
Medication Expense	258,525	-	63,581	322,105	325,833	(3,729)
Travel-Board/Staff	41,468	413	7,019	48,901	45,232	3,669
Building Rent/Maintenance	88,209	3,771	10,469	102,449	90,550	11,899
Consultants/Contracts	1,521,724	434,881	129,879	2,086,484	2,151,175	(64,692)
Other Operating Expenses	660,542	197,403	162,865	1,020,811	1,043,677	(22,866)
TOTAL EXPENSES	\$ 9,188,205	\$ 2,049,087	\$ 2,395,095	\$ 13,632,388	\$ 13,709,277	\$ (76,890)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 900,456	\$ 199,125	\$ 22,671	\$ 1,122,250	\$ 440,114	\$ 682,137
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	338,682	85,657	91,812	516,152	50,333	465,819
Capital Outlay-Debt Service	233,257	55,803	59,291	348,350	348,350	0
TOTAL CAPITAL EXPENDITURES	\$ 571,939	\$ 141,460	\$ 151,103	\$ 864,502	\$ 398,683	\$ 465,819
GRAND TOTAL EXPENDITURES	\$ 9,760,144	\$ 2,190,547	\$ 2,546,198	\$ 14,496,890	\$ 14,107,961	\$ 388,929
Excess (Deficiency) of Revenues and Expenses	\$ 328,517	\$ 57,665	\$ (128,432)	\$ 257,750	\$ 41,431	\$ 216,318
Debt Service and Fixed Asset Fund:						
Debt Service	233,257	55,803	59,291	348,350	348,350	(115,093)
Excess (Deficiency) of Revenues over Expenses	233,257	55,803	59,291	348,350	348,350	(115,093)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve February 2021 Financial Statements Committee: Business	Board Meeting Date March 25, 2021
Background Information: None	
Supporting Documentation: February 2021 Financial Statements	
Recommended Action: Approve February 2021 Financial Statements	

February 2021 Financial Summary

Revenues for February 2021 were \$2,571,366, and operating expenses were \$2,490,735, resulting in a gain in operation of \$80,631. Capital Expenditures and Extraordinary Expenses for February were \$71,523, resulting in a gain of \$9,108. Total revenues were 96.70% of the monthly budgeted revenues, and total expenses were 96.43% of the monthly budgeted expenses (difference of .27%).

Year to date revenues are \$17,326,004, and operating expenses are \$16,123,122, leaving excess operating revenues of \$1,202,882. YTD Capital Expenditures and Extraordinary Expenses are \$936,025, resulting in a gain YTD of \$266,857. Total revenues are 103.08% of the YTD budgeted revenues, and total expenses are 101.75% of the YTD budgeted expenses (difference of 1.33%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Interest Income	9,306	21,000	44.31%	11,694
Title XIX Case Management MH	300,922	318,625	94.44%	17,703
Title XIX Case Management IDD	844,601	897,147	94.14%	52,546
Medicaid – PASRR	7,117	79,668	8.93%	72,551
Medicaid – Regular – Title XIX	231,162	312,818	73.90%	81,656
Rehab – Title XIX	897,035	936,450	95.79%	39,415

Interest Income – This is the interest earned on our bank accounts and Certificate of Deposit that are still going. This line item continues to decrease every year, as you probably know from the investment reports.

Title XIX Case Management MH – This revenue line has maintained pretty well through the entire COVID period; however, the winter storm in February finally caused this line to trend under our budgeted amount for year to date. We hope this was just a one-time dip and that we will see this line trend back up going forward.

Title XIX Case Management IDD – This revenue line has maintained pretty well through the entire COVID period until the holiday months of November and December. January was the worse month of the fiscal year, and then in February, we came back just slightly. Adjustments are being made to this line in the revision. We will continue monitoring this line and trying to adapt in order to get services to our clients as needed.

Medicaid - PASRR – As we have seen from the beginning of the COVID-19 virus, the PASRR program is operating under budget based on the nursing home visitation restrictions. We had hoped to see some of these restrictions lifted, but that has not happened. For this reason, we have adjusted this budget in the revision.

Medicaid Regular – Title XIX - This line item continues to be below budget for the fiscal year. This line is also adjusted in the budget revision.

Rehab – Title XIX - This line makes its first appearance this year. We have been able to meet our budget numbers all year – until this month. So, like Case management, we hope this line will get back in line for the rest of the 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	31,917	49,650	64.28%	17,733
HHSA – SA Treatment Adult	25,251	75,500	33.45%	50,249
HHSC – SA Treatment Youth	3,617	30,000	12.06%	26,383
DADS – Autism Program	54,744	67,165	81.51%	12,421
DSHS OCR	62,823	77,764	80.79%	14,941
Tx Veteran’s Commission Grant	15,287	40,183	38.04%	24,896
BWF – Veterans Services	48,032	63,711	75.39%	15,679

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 many clients from home by phone. Some of the above listed programs cannot be served by phone; therefore, services have come to a tickle 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
Fixed Assets - Building	495,088	0	0%	495,088

Fixed Assets – Building – This line represents the purchase of the Cleveland land for a possible future building in this community. As approved at the July Board meeting, we transferred funds from reserves to offset the cost of this purchase.

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of February 2021

	YTD February 2021	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,411,617	528,794	882,823
Earned Income	6,455,153	6,734,475	(279,322)
General Revenue-Contract	9,459,234	9,545,186	(85,952)
TOTAL INCOME	\$ 17,326,004	\$ 16,808,455	\$ 517,549
EXPENSES:			
Salaries	9,842,755	9,845,155	(2,400)
Employee Benefits	2,081,294	2,082,403	(1,109)
Medication Expense	374,190	391,000	(16,810)
Travel-Board/Staff	60,964	56,879	4,085
Building Rent/Maintenance	116,554	107,660	8,894
Consultants/Contracts	2,438,288	2,542,938	(104,651)
Other Operating Expenses	1,209,077	1,254,018	(44,941)
TOTAL EXPENSES	\$ 16,123,122	\$ 16,280,053	\$ (156,931)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 1,202,882	 \$ 528,402	 \$ 674,480
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	518,008	67,000	451,008
Capital Outlay-Debt Service	418,017	418,020	(3)
TOTAL CAPITAL EXPENDITURES	\$ 936,025	\$ 485,020	\$ 451,005
 GRAND TOTAL EXPENDITURES	 \$ 17,059,147	 \$ 16,765,073	 \$ 294,074
 Excess (Deficiency) of Revenues and Expenses	 \$ 266,857	 \$ 43,382	 \$ 223,475

Debt Service and Fixed Asset Fund:			
Debt Service	418,017	418,020	(3)
Excess(Deficiency) of revenues over Expenses	418,017	418,020	(3)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended February 2021

INCOME:	MONTH OF February 2021	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	90,578	90,382	196
Earned Income	1,015,716	1,115,052	(99,336)
General Revenue-Contract	1,465,071	1,453,630	11,442
TOTAL INCOME	\$ 2,571,366	\$ 2,659,064	\$ (87,698)
EXPENSES:			
Salaries	1,522,916	1,524,453	(1,537)
Employee Benefits	349,496	350,295	(799)
Medication Expense	52,085	65,167	(13,082)
Travel-Board/Staff	12,064	11,647	417
Building Rent/Maintenance	14,105	17,110	(3,005)
Consultants/Contracts	351,804	391,763	(39,959)
Other Operating Expenses	188,266	210,342	(22,075)
TOTAL EXPENSES	\$ 2,490,735	\$ 2,570,776	\$ (80,041)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 80,631	\$ 88,288	\$ (7,657)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,856	16,667	(14,811)
Capital Outlay-Debt Service	69,667	69,670	(3)
TOTAL CAPITAL EXPENDITURES	\$ 71,523	\$ 86,337	\$ (14,813)
GRAND TOTAL EXPENDITURES	\$ 2,562,258	\$ 2,657,112	\$ (94,854)
Excess (Deficiency) of Revenues and Expenses	\$ 9,108	\$ 1,952	\$ 7,156

Debt Service and Fixed Asset Fund:			
Debt Service	69,667	69,670	(3)
Excess(Deficiency) of revenues over Expenses	69,667	69,670	(3)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD February 2020 Comparative Data
Year to Date as of February 2021

	YTD February 2021	YTD February 2020	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,411,617	867,745	543,872
Earned Income	6,455,153	6,680,279	(225,126)
General Revenue-Contract	9,459,234	8,613,748	845,486
TOTAL INCOME	\$ 17,326,004	\$ 16,161,772	\$ 1,164,232
EXPENSES:			
Salaries	9,842,755	9,271,556	571,199
Employee Benefits	2,081,294	1,846,140	235,154
Medication Expense	374,190	384,265	(10,075)
Travel-Board/Staff	60,964	214,330	(153,366)
Building Rent/Maintenance	116,554	164,388	(47,834)
Consultants/Contracts	2,438,288	2,158,504	279,784
Other Operating Expenses	1,209,077	1,214,007	(4,930)
TOTAL EXPENSES	\$ 16,123,122	\$ 15,253,188	\$ 869,932
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 1,202,882	 \$ 908,584	 \$ 294,300
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	518,008	229,584	288,424
Capital Outlay-Debt Service	418,017	559,857	(141,840)
TOTAL CAPITAL EXPENDITURES	\$ 936,025	\$ 789,441	\$ 146,584
 GRAND TOTAL EXPENDITURES	 \$ 17,059,147	 \$ 16,042,629	 \$ 1,016,518
 Excess (Deficiency) of Revenues and Expenses	 \$ 266,857	 \$ 119,140	 \$ 147,716
 Debt Service and Fixed Asset Fund:			
Debt Service	418,017	559,857	(141,840)
Excess(Deficiency) of revenues over Expenses	418,017	559,857	(141,840)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2020 Comparative Data
For the Month Ended February 2021

INCOME:	MONTH OF February 2021	MONTH OF February 2020	Increase (Decrease)
Local Revenue Sources	90,578	138,934	(48,356)
Earned Income	1,015,716	1,124,229	(108,513)
General Revenue-Contract	1,465,071	1,231,332	233,739
TOTAL INCOME	\$ 2,571,366	\$ 2,494,495	\$ 76,871
Salaries	1,522,916	1,463,894	59,022
Employee Benefits	349,496	290,633	58,863
Medication Expense	52,085	70,923	(18,838)
Travel-Board/Staff	12,064	39,450	(27,386)
Building Rent/Maintenance	14,105	23,323	(9,218)
Consultants/Contracts	351,804	316,293	35,511
Other Operating Expenses	188,266	174,475	13,791
TOTAL EXPENSES	\$ 2,490,735	\$ 2,378,989	\$ 111,744
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 80,631	\$ 115,506	\$ (34,873)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,856	902	954
Capital Outlay-Debt Service	69,667	93,204	(23,537)
TOTAL CAPITAL EXPENDITURES	\$ 71,523	\$ 94,106	\$ (22,583)
GRAND TOTAL EXPENDITURES	\$ 2,562,258	\$ 2,473,095	\$ 89,163
Excess (Deficiency) of Revenues and Expenses	\$ 9,108	\$ 21,397	\$ (12,290)

Debt Service and Fixed Asset Fund:			
Debt Service	69,667	93,204	(23,537)
Excess(Deficiency) of revenues over Expenses	69,667	93,204	(23,537)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2021 Comparative Data
For the Month Ended February 2021

	MONTH OF February 2021	MONTH OF January 2021	Increase (Decrease)
INCOME:			
Local Revenue Sources	90,578	94,681	(4,103)
Earned Income	1,015,716	1,064,156	(48,440)
General Revenue-Contract	1,465,071	1,510,068	(44,997)
TOTAL INCOME	\$ 2,571,366	\$ 2,668,906	\$ (97,540)
EXPENSES:			
Salaries	1,522,916	1,538,622	(15,706)
Employee Benefits	349,496	355,059	(5,563)
Medication Expense	52,085	64,436	(12,351)
Travel-Board/Staff	12,064	9,243	2,821
Building Rent/Maintenance	14,105	11,074	3,031
Consultants/Contracts	351,804	459,635	(107,832)
Other Operating Expenses	188,266	199,480	(11,214)
TOTAL EXPENSES	\$ 2,490,735	\$ 2,637,549	\$ (146,814)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 80,631	 \$ 31,357	 \$ 49,274
 CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	1,856	7,530	(5,674)
Capital Outlay-Debt Service	69,667	69,670	(3)
TOTAL CAPITAL EXPENDITURES	\$ 71,523	\$ 77,200	\$ (5,677)
 GRAND TOTAL EXPENDITURES	 \$ 2,562,258	 \$ 2,714,749	 \$ (152,491)
 Excess (Deficiency) of Revenues and Expenses	 \$ 9,108	 \$ (45,844)	 \$ 54,951

Debt Service and Fixed Asset Fund:			
Debt Service	69,667	69,670	(3)
Excess(Deficiency) of revenues over Expenses	69,667	69,670	(3)

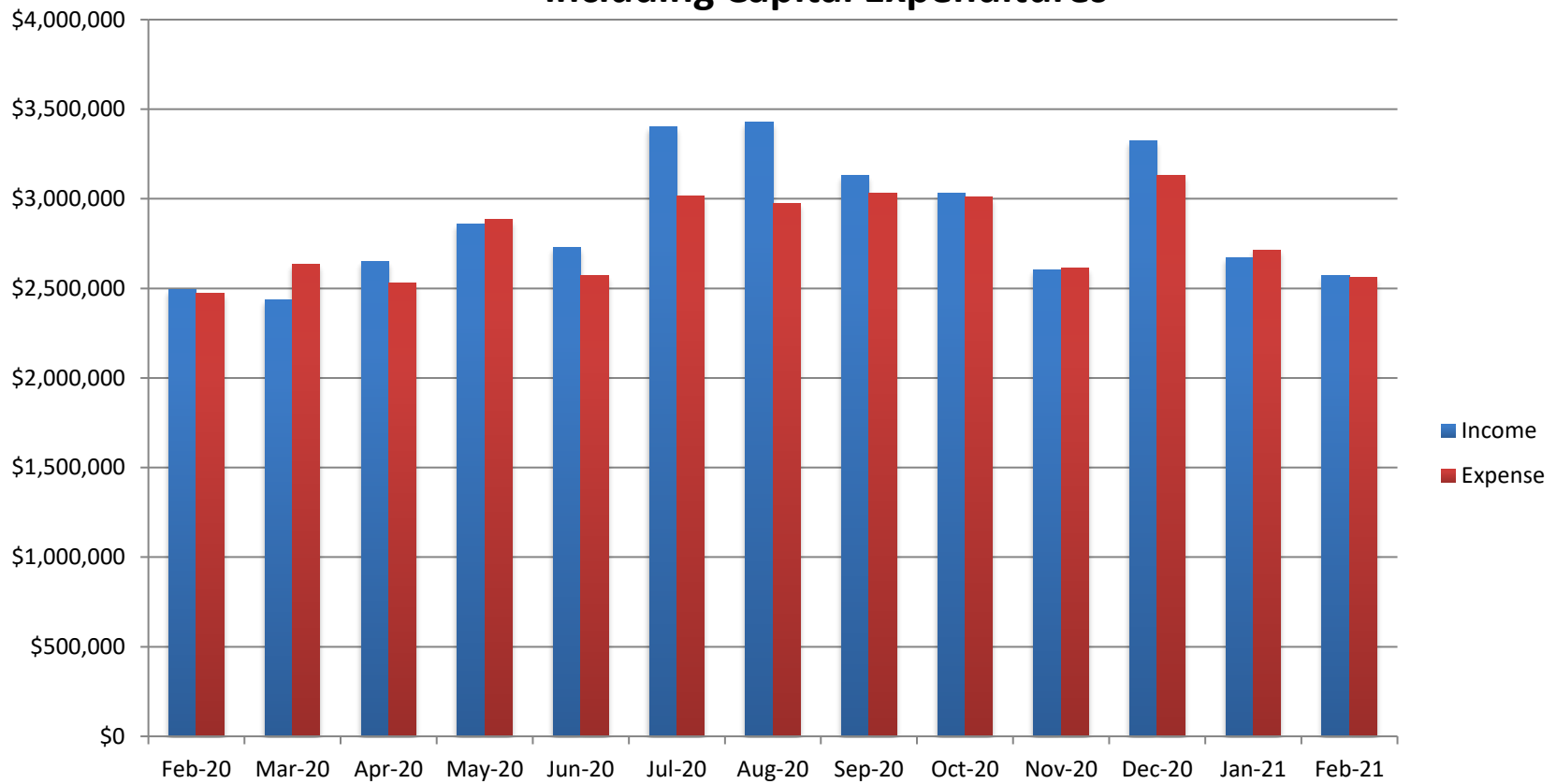
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of February 2021

	YTD Mental Health February 2021	YTD IDD February 2021	YTD Other Services February 2021	YTD Agency Total February 2021	YTD Approved Budget February 2021	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,594,905	(266,778)	83,490	1,411,617	528,794	882,823
Earned Income	2,277,265	2,071,351	2,106,536	6,455,153	6,734,475	(279,322)
General Revenue-Contract	7,977,974	825,547	655,714	9,459,234	9,545,186	(85,952)
TOTAL INCOME	\$ 11,850,144	\$ 2,630,120	\$ 2,845,740	\$ 17,326,004	\$ 16,808,455	\$ 517,549
EXPENSES:						
Salaries	6,486,170	1,361,821	1,994,764	9,842,755	9,845,155	(2,400)
Employee Benefits	1,358,400	294,174	428,720	2,081,294	2,082,403	(1,109)
Medication Expense	300,385		73,804	374,189	391,000	(16,810)
Travel-Board/Staff	50,915	458	9,592	60,964	56,879	4,085
Building Rent/Maintenance	93,455	4,300	18,799	116,554	107,660	8,894
Consultants/Contracts	1,772,412	515,403	150,473	2,438,288	2,542,938	(104,650)
Other Operating Expenses	784,228	233,389	191,460	1,209,077	1,254,018	(44,941)
TOTAL EXPENSES	\$ 10,845,965	\$ 2,409,545	\$ 2,867,612	\$ 16,123,122	\$ 16,280,053	\$ (156,932)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,004,179	\$ 220,575	\$ (21,872)	\$ 1,202,882	\$ 528,402	\$ 674,480
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	340,517	80,724	96,766	518,008	67,000	451,008
Capital Outlay-Debt Service	280,072	62,703	75,243	418,017	418,020	(3)
TOTAL CAPITAL EXPENDITURES	\$ 620,589	\$ 143,427	\$ 172,009	\$ 936,025	\$ 485,020	\$ 451,005
GRAND TOTAL EXPENDITURES	\$ 11,466,554	\$ 2,552,972	\$ 3,039,621	\$ 17,059,148	\$ 16,765,073	\$ 294,074
Excess (Deficiency) of Revenues and Expenses	\$ 383,590	\$ 77,148	\$ (193,881)	\$ 266,857	\$ 43,382	\$ 223,475
Debt Service and Fixed Asset Fund:						
Debt Service	280,072	62,703	75,243	418,017	418,020	(137,948)
Excess (Deficiency) of Revenues over Expenses	280,072	62,703	75,243	418,017	418,020	(137,948)

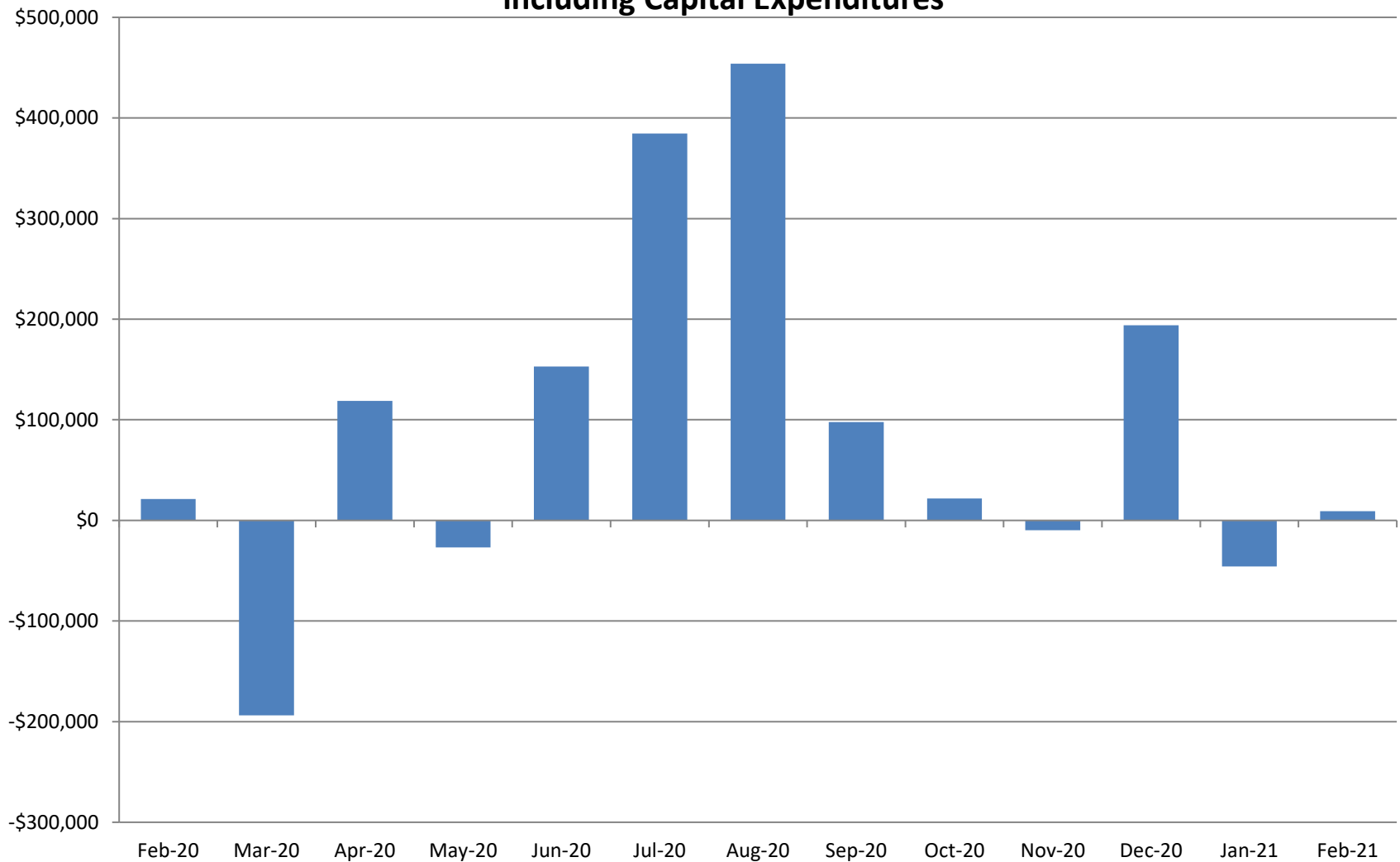
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2021 Budget Revision Committee: Business	Board Meeting Date March 25, 2021
Background Information: Periodically, throughout the budget year, we adjust the budget for changes to funding or other scenarios that may have changed from the initial budget process. This budget revision reflects new programs awarded after the beginning of fiscal year. This revision also shows adjustments made to revenue and expenses based on YTD trends and projections through the end of the fiscal year.	
Supporting Documentation: Summary FY 2021 Budget Revision	
Recommended Action: Approve FY 2021 Budget Revision	

**Tri-County Behavioral Healthcare
Proposed FY 2021 REVISED BUDGET Compared to
Current Approved FY 2021 Budget**

Explanation of line items that have material changes over \$10,000 from Proposed FY 2021 REVISED BUDGET compared to the Current Approved FY 2021 Budget.

REVENUES:

Local Revenue – This line item reflects a large increase, mainly due to the Transfer from Reserves for the purchase of the land in Cleveland as well as the revenue received from the Sale of the Campbell Street property that was sold in December. This line also has a refund received from our PAP program from ETBHN. On the down side, there are decreases in the following lines based on year to date trends: Client Fees, Chip Income, and Sale of Records are lower than in prior years. This line also has a write off of prior year revenue from Walker County Hospital District due to bankruptcy being filed and becoming uncollectable.

Earned Income – This line item, which results from both increases and decreases in earned revenue lines, reflects an overall decrease. The following earned income lines reflect an increase: TCOOMMI is trending as it has in the past years and we have received a contract amendment from the State; HCS IDD Program is trending higher than the beginning budget, mainly by providing in home Day Hab to clients; and we also have Lone Star – Methodist Grant School Based Clinic funds that were added for the remaining part of calendar year 2020.

On the down side, we have decreases in the following earned revenue lines based on year to date trends: Case Management - MH, Service Coordination – IDD, Medicaid – PASRR, Medicaid – Regular, Outpatient Competency, HB 13 – SA Admin, and Texas Veteran’s Commission Grant that ended in December. If you remember, we started the fiscal year budgeting with half year in COVID mode, with the expectation that we would get back to normal after the first 6 months. It was a good plan, but it didn’t happen, and we have recalculated and are moving forward.

General Revenue – This line item reflects a decrease in a couple of state contract lines. The first line is HHSC GR IDD funds for Crisis Intervention, and we have been unable to find a contractor to provide the services needed for our clients for these funds. The next line is Substance Abuse Treatment funds, and these contracts were increased at the beginning of the fiscal year and based on trending we will not be able to earn all of this revenue based on current service delivery. Also, we have a prior year reversal for HHSC – Post Discharge Medication. On the plus side, we received the contract from HHSC for COPSD services after the first of the year, so that is now included and has been billing at very good pace for the fiscal year.

EXPENSES:

Salaries – This line item reflects a decrease based on year to date trends and current vacancies.

Employee Benefits – This line reflects a variance under \$10,000 but needs further explanation. We had adjustments down in all fringe lines based on year to date trends, except for health insurance which has trended significantly higher than prior years. This is a line we will continue to watch.

Travel – Board/Staff – This line item reflects a decrease based on extending COVID service delivery by telephone for a few more months.

Medication Expense – No Change.

Building Rent/Maintenance – Variance under \$10,000.
No Change.

Consultants/Contracts – This line item is lower based mainly on the above-mentioned Respite Contract for the Crisis Intervention Contract. However, this line also reflects adjustments up based on year to date trends in Contract – Non-Clinical, Clinical, and Yes Waiver Services. Part of the increase for the Non-Clinical was an increase for Peace Officers at the PETC.

Other Operating Expenses – This line item is slightly lower than the initial budget, which is the result of adjusts to most every line in this category. We are keeping a close eye on all of our lines this year to ensure the most effective use of all funds received.

Capital Outlay-FF&E, Automobiles – This line item reflects an increase based on the Board approved purchase of Cleveland property that was purchased in September 2020.

Capital Outlay - Debt Service Bonds – No Change.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2021 REVISED BUDGET COMPARED TO
CURRENT APPROVED FY 2021 BUDGET**

	PROPOSED FY 2021 REVISED BUDGET	CURRENT APPROVED FY 2020 BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,901,875	\$ 1,179,763	\$ 722,111
Earned Income	\$ 14,066,245	\$ 14,050,586	\$ 15,659
General Revenue	\$ 17,664,116	\$ 17,901,950	\$ (237,834)
TOTAL INCOME	\$ 33,632,235	\$ 33,132,300	\$ 499,936
EXPENSES:			
Salaries	\$ 19,604,658	\$ 19,710,712	\$ (106,054)
Employee Benefits	\$ 4,114,728	\$ 4,119,780	\$ (5,052)
Travel-Board/Staff	\$ 182,518	\$ 303,146	\$ (120,628)
Medication Expense	\$ 782,000	\$ 782,000	\$ -
Building Rent/Maintenance	\$ 205,912	\$ 205,320	\$ 592
Consultants/Contracts	\$ 4,462,707	\$ 4,502,407	\$ (39,700)
Other Operating Expenses	\$ 2,446,287	\$ 2,472,895	\$ (26,608)
TOTAL EXPENSES	\$ 31,798,810	\$ 32,096,260	\$ (297,450)
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,833,425	\$ 1,036,040	\$ 797,385
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 696,963	\$ 200,000	\$ 496,963
Capital Outlay - Debt Services Bonds	\$ 836,040	\$ 836,040	\$ -
TOTAL CAPITAL EXPENDITURES	\$ 1,533,003	\$ 1,036,040	\$ 496,963
GRAND TOTAL EXPENDITURES	\$ 33,331,813	\$ 33,132,300	\$ 199,513
Excess (Deficiency) of Revenues and Expenses	\$ 300,422	\$ -	\$ 300,422

Agenda Item: 401(a) Retirement Plan Account Review Committee: Business	Board Meeting Date: March 25, 2021
Background Information: A representative from ISC Group will present an update of the 401(a) Retirement Plan account activity and will provide a forecast for the future.	
Supporting Documentation: Information to be Distributed for Review at the Board Meeting	
Recommended Action: For Information Only	

Agenda Item: 2nd Quarter FY 2021 Quarterly Investment Report Committee: Business	Board Meeting Date March 25, 2021
Background Information: This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending February 28, 2021

GENERAL INFORMATION

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	December	January	February
Uninvested Balance	\$1,243.35	(\$429.12)	\$191,566.06
Accrual of Interest Income	\$7,160,432.18	\$10,773,126.44	\$9,995,835.26
Interest and Management Fees Payable	(\$1,716,071.18)	(\$1,772,770.16)	(\$957,719.14)
Payable for Investments Purchased	(\$0.00)	(\$256,227,476.65)	(\$149,977,687.50)
Accrued Expense & Taxes	(\$24,197.48)	(\$211,160.18)	(\$131,655.82)
Repurchase Agreements	\$7,164,236,681.00	\$8,410,276,406.00	\$8,613,601,651.00
Mutual Fund Investments	\$2,965,074,000.00	\$3,671,074,000.00	\$4,395,074,000.00
Government Securities	\$5,924,389,693.68	\$5,386,257,478.20	\$5,182,438,724.78
U.S. Treasury Bills	\$7,443,784,290.18	\$8,671,703,945.15	\$8,551,194,797.95
U.S. Treasury Notes	\$1,915,404,698.22	\$2,249,567,115.88	\$1,699,919,591.30
TOTAL	\$25,418,310,769.95	\$28,141,440,235.55	\$ 28,301,349,103.90

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$128.52)	\$191,566.06
Accrual of Interest Income	\$3,840,705.82	\$9,995,835.26
Interest and Management Fees Payable	(\$2,179,528.94)	(\$957,719.14)
Payable for Investments Purchased	(\$109,979,000.00)	(\$149,977,687.50)
Accrued Expenses & Taxes	(\$23,828.73)	(\$131,655.82)
Repurchase Agreements	\$7,526,903,124.00	\$8,613,601,651.00
Mutual Fund Investments	\$1,317,074,000.00	\$4,395,074,000.00
Government Securities	\$5,719,514,784.76	\$5,179,241,714.36
U.S. Treasury Bills	\$1,609,929,425.95	\$8,550,643,019.71
U.S. Treasury Notes	\$1,109,572,688.37	\$1,699,458,387.15
TOTAL	\$21,302,765,954.70	\$28,297,139,111.08

Portfolio by Maturity as of February 28, 2021

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
65.0%	23.9%	8.9%	2.2%

Portfolio by Type of Investments as of February 28, 2021

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
18.3%	30.3%	35.9%	15.5%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was .09% for December, 0.08% for January, and 0.05% for February.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of February 28, 2021 was 32 days.

The net asset value as of February 28, 2021 was 1.00015.

The total amount of interest distributed to participants during the period was \$4,446,593.99.

TexPool interest rates did not exceed 90 Day T-Bill rates for a portion of the reporting period.

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

During the reporting period, the total number of participants increased to 2,643.

Fund assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

Sheryl Baldwin
Manager of Accounting / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Evan Roberson
Executive Director / Investment Officer

Date

TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2021
As Of February 28, 2021

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07	\$ 315.07			\$ 630.14
First Financial Bank CD	\$ 3,400.00	\$ 3,616.43			\$ 7,016.43
First Liberty National Bank	\$ 0.14	\$ 0.42			\$ 0.56
JP Morgan Chase (HBS)	\$ 693.05	\$ 607.79			\$ 1,300.84
Prosperity Bank	\$ 38.89	\$ 30.54			\$ 69.43
Prosperity Bank CD (formerly Tradition)	\$ 5.01	\$ 4.96			\$ 9.97
TexPool Participants	\$ 21.69	\$ 11.45			\$ 33.14
Total Earned	\$ 4,473.85	\$ 4,586.66	\$ -	\$ -	\$ 9,060.51

Agenda Item: Board of Trustees Unit Financial Statements as of January and February 2021 Committee: Business	Board Meeting Date March 25, 2021
Background Information: None	
Supporting Documentation: January and February 2021 Board of Trustees Unit Financial Statements	
Recommended Action: For Information Only	

**Unit Financial Statement
JANUARY 2021**

	January 2021 Actuals	January 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,522.91	\$ 1,522.91	\$ -	\$ 7,614.55	\$ 7,614.55	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,522.91	\$ 1,522.91	\$ -	\$ 7,614.55	\$ 7,614.55	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 6.69	\$ 8.33	\$ (1.64)	\$ 31.23	\$ 41.65	\$ (10.42)	74.98%	\$ 100.00
Legal Fees	\$ -	\$ 1,500.00	\$ (1,500.00)	\$ 6,000.00	\$ 7,500.00	\$ (1,500.00)	80.00%	\$ 18,000.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
Supplies-Office	\$ -	\$ 14.58	\$ (14.58)	\$ -	\$ 72.67	\$ (72.67)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 800.00
Travel - Meals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
Total Expenses	\$ 6.69	\$ 1,522.91	\$ (1,516.22)	\$ 6,031.23	\$ 7,614.32	\$ (1,583.09)	79.21%	\$ 19,425.00
Total Revenue minus Expenses	\$ 1,516.22	\$ -	\$ 1,516.22	\$ 1,583.32	\$ 0.23	\$ 1,583.09	20.79%	\$ -

**Unit Financial Statement
February 2021**

	February 2021 Actuals	February 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,522.91	\$ 1,522.91	\$ -	\$ 9,137.46	\$ 9,137.46	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,522.91	\$ 1,522.91	\$ -	\$ 9,137.46	\$ 9,137.46	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ -	\$ 8.33	\$ (8.33)	\$ 31.23	\$ 49.98	\$ (18.75)	62.48%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 7,500.00	\$ 9,000.00	\$ (1,500.00)	83.33%	\$ 18,000.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
Supplies-Office	\$ 12.00	\$ 14.58	\$ (2.58)	\$ 12.00	\$ 87.25	\$ (75.25)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 800.00
Travel - Meals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
Total Expenses	\$ 1,512.00	\$ 1,522.91	\$ (10.91)	\$ 7,543.23	\$ 9,137.23	\$ (1,594.00)	82.55%	\$ 19,425.00
Total Revenue minus Expenses	\$ 10.91	\$ -	\$ 10.91	\$ 1,594.23	\$ 0.23	\$ 1,594.00	17.45%	\$ -

Agenda Item: Tri-County's Consumer Foundation Update	Board Meeting Date
Committee: Business	March 25, 2021
Background Information: <p>Tri-County's Consumer Foundation Board of Directors met on March 12, 2021 where they accepted financial statements through February 28th, 2021, set the spending amount for Q2 FY 2021, elected officers, and discussed a virtual kindness challenge fundraiser that is set to take place in the month of May.</p> <p>Zero applications were approved during this meeting. Caseworkers are in process of gathering the needed paperwork to complete applications that have been submitted since the last meeting. Once all the necessary information is gathered, the Board will review each application and approve via email.</p> <p>The TCCF Board discussed putting together a golf tournament at Carlton Woods sometime in October. Further discussions will be scheduled.</p>	
Supporting Documentation: <p>None</p>	
Recommended Action: <p>For Information Only</p>	

UPCOMING MEETINGS

April 22, 2021 – Board Meeting

- Annual Board and Management Team Training
- Approve Minutes from March 25, 2021 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2021
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- Personnel Report for March 2021
- Texas Council Risk Management Fund Claims Summary as of March 2021
- Approve Financial Statements for March 2021
- Consider Selection of FY 2021 Auditor
- HUD 811 Updates (Cleveland, Montgomery and Huntsville)
- Board of Trustees Unit Financial Statement as of March 2021

May 27, 2021 – Board Meeting

- Approve Minutes from April 22, 2021 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2021
- Program Updates
- Personnel Report for April 2021
- Texas Council Risk Management Fund Claims Summary as of April 2021
- Approve Financial Statements for April 2021
- Board of Trustees Unit Financial Statement as of April 2021

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
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
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 Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
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
DCP	Direct Care Provider
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
IP	Implementation Plan
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 on Mental Illness
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
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 Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention

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
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
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated 8/5/2020