

Tri-County Behavioral Healthcare Board of Trustees Meeting

September 23, 2021



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 23, 2021. The Business Committee will convene at 9:30 a.m., and the Program Committee will convene at 9:15 a.m. In compliance with Section 551.127 of the Texas Open Meetings Act, Tri-County Behavioral Healthcare, as a governmental entity that serves three Texas Counties, will hold the September 23rd meeting via tele video call at 10:00 a.m. The Chair of the Board of Trustees will be at the Liberty Service Center at 2000 Panther Lane, Liberty, TX 77575 and will be residing over the meeting from this location. This location will be open to the public who wish to attend the Board meeting in person. Individuals may also join the meeting via the video link below:

<https://call.lifesizecloud.com/10663849>

www.tcbhc.org/board-documents/
September 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 - August 26, 2021**
- III. Executive Director's Report - Evan Roberson**
 - A. Operational Updates
 - B. County ARPA Funds
 - C. 1115 DSRIP Extension, Funding Updates
 - D. Vaccine Mandates
- IV. Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2021 Audit
 - B. FY 2022 Budget Revision
 - C. SAMHSA Grant Financial Training
 - D. Days of Operation Ratio

V. Program Committee

Action Items

- A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members.....Page 11
- B. Reappoint Mental Health Planning Network Advisory Committee Members.....Page 12
- C. Approve FY 2022 Goals and Objectives.....Pages 13-18

Information Items

- D. Community Resources Report.....Pages 19-21
- E. Consumer Services Report for August 2021.....Pages 22-23
- F. Program Updates.....Pages 24-29
- G. Annual PNAC Reports.....Pages 30-32
- H. FY 2021 Goals & Objectives Progress Report 4th Quarter.....Pages 33-37
- I. 4th Quarter FY 2021 Corporate Compliance & Quality Management Report.....Pages 38-40
- J. Annual Corporate Compliance Report & 1st Qtr. FY 2022 Corporate Compliance Training.....Pages 41-43

VI. Executive Committee

Action Items

- A. Appoint Texas Council Representative & Alternate for FY 2022.....Page 44
- B. Reappoint Consumer Foundation Board of Directors.....Page 45

Information Items

- C. Personnel Report for August 2021.....Pages 46-48
- D. Texas Council Risk Management Fund Claims Summary for August 2021.....Pages 49-50
- E. Board of Trustees Reappointments & Oaths of Office.....Pages 51-59
- F. Board of Trustees Committee Appointments.....Page 60
- G. Analysis of Board Members Attendance for FY 2021 Regular & Special Called Board Meetings.....Pages 61-62

VII. Business Committee

Action Items

- A. Approve FY 2022 Dues Commitment & Payment Schedule for Texas Council.....Pages 63-65
- B. Ratify HHSC LMHA Performance Agreement Contract No. HHS001022200037.....Page 66
- C. Ratify HHSC Treatment Youth (TRY) Substance Abuse Services Contract No. HHS000663700100, Amendment No. 1.....Page 67
- D. Approve Liberty and Cleveland Facility Modifications.....Pages 68-70

Information Items

- E. Review Preliminary August 2021 Financial Statements.....Pages 71-84
- F. 4th Quarter FY 2021 Investment Report.....Pages 85-89
- G. Board of Trustees Unit Financial Statement for August 2021.....Pages 90-91

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

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

August 26, 2021

Board Members Present:

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

Board Members Absent:

Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
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
Kenneth Barfield, Director of Management Information Systems
Melissa Zemencsik, Director of Child & Youth Behavioral Health
Sara Bradfield, Director of Adult Behavioral Health
Catherine Prestigiovanni, Director of Strategic Development
Darius Tuminas, Controller
Tabatha Abbott, Cost Accountant
Ava Green, Executive Assistant
Robyn Gould, Medicaid Transformation Waiver Team Lead
Ashley Ward, COVID 19 Team Leader

Legal Counsel Present:

Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present:

Sheriff Rand Henderson, Montgomery County Sheriff
Major 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 10:04 a.m.

Public Comment: There was no Public Comment.

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

Cont.

Resolution #08-26-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board excuse the absence of Janet Qureshi.

Resolution #08-26-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the July 29, 2021 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

- Operational Updates
- Funding Updates (DPP-BHS, PHP-CCP, 1115 DSRIP)
- American Rescue Plan Act

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2021 Audit
- FY 2022 Budget
- CFO Consortium
- Workers' Compensation Audit

PROGRAM COMMITTEE:

Resolution #08-26-03

Motion Made By: Jacob Paschal

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

Resolved:

That the Board approve the IDD Local Plan for FY 2022-2023.

Resolution #08-26-04

Motion Made By: Jacob Paschal

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

Resolved:

That the Board approve the IDD Quality Management Plan for FY 2022-2023.

Resolution #08-26-05

Motion Made By: Jacob Paschal

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

Resolved:

That the Board appoint Barbara Grogan as a new Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the remainder of a two-year term which expires August 31, 2022.

Resolution #08-26-06

Motion Made By: Jacob Paschal

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

Resolved:

That the Board appoint Barbara Grogan as a new Mental Health Planning Network Advisory Committee Member to a two-year term which expires August 31, 2023.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for July 2021 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Resolution #08-26-07

Motion Made By: Gail Page

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

Resolved:

That the Board approve the annual election of FY 2022 Board Officers; Patti Atkins as Board Chair, Gail Page as Vice-Chair and Jacob Paschal as Secretary.

Resolution #08-26-08

Motion Made By: Morris Johnson

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

Resolved:

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

- Place 7: Mr. Hartley Sappington
- Place 8: Mr. Ken Bernstein
- Place 9: Mr. Jim Lykes

The Personnel Report for July 2021 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for July 2021 was reviewed for information purposes only.

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

BUSINESS COMMITTEE:

Resolution #08-26-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the July 2021 Financial Statements.

Resolution #08-26-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2021 Year End Budget Revision.

Resolution #08-26-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Operating Budget.

Resolution #08-26-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the banking services contract extension with JPMorgan Chase Bank, N.A.

Resolution #08-26-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Interlocal Agreement with Montgomery County for American Rescue Plan Act Funds as approved by Jackson Walker and authorize the Executive Director to execute the Agreement.

Resolution #08-26-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Kingwood Pines Inpatient Hospital Contract in the amount of \$900,000.

Resolution #08-26-15

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Woodland Springs Inpatient Hospital Contract in the amount of \$900,000.

Resolution #08-26-16

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Cypress Creek Inpatient Hospital Contract in the amount of \$900,000.

Resolution #08-26-17

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Avail Solutions, Inc. Contract in the amount of \$66,000.

Resolution #08-26-18

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Contract for Hilary Akpudo, M.D. for Psychiatric Services in the amount of \$75,000.

Resolution #08-26-19

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 RecessAbility, Inc. Contract in the amount of \$85,000.

Resolution #08-26-20

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 2, First Episode Psychosis.

Resolution #08-26-21

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify the HHSC Treatment Adult Services (TRA) Contract No. HHS000663700009, Amendment No. 1.

Resolution #08-26-22

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the HHSC Substance Use Prevention Grant Program Contract No. HHS000539700205.

The Board of Trustees Unit Financial Statement for July 2021 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:33 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.

The meeting of the Board of Trustees reconvened at 11:35 a.m. to go into Executive Session.

Resolution #08-26-23

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board of Trustees extend the contract of the Executive Director by one year and that his 2021 performance evaluation summary be provided to him for review and placement in the personnel file.

The Executive Session of the Board of Trustees adjourned at 12:14 p.m. to go into the regular meeting.

The regular meeting of the Board of Trustees adjourned at 12:18 p.m.

Adjournment:

Patti Atkins
Chair

Date

Attest:

Jacob Paschal
Secretary

Date

Agenda Item: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Committee: Program	Board Meeting Date September 23, 2021
Background Information: <p>According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. All have agreed to continue serving on the IDD PNAC for an additional two-year term which will expire on August 31, 2023.</p> <ul style="list-style-type: none"> • Madeline Brogan - Professor of Accounting at Lone Star College and Parent • Ladana Igler – Volunteer at SIRE Therapeutic Horsemanship and Family Member • Pat Shaw – The Woodlands United Methodist Church Special Needs Taskforce and Parent • Judie Hunter – Parent • Carol Sloan – Community Member 	
Supporting Documentation: None	
Recommended Action: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members to a Two-Year Term Expiring on August 31, 2023	

Agenda Item: Reappoint Mental Health Planning Network Advisory Committee Members Committee: Program	Board Meeting Date September 23, 2021
Background Information: <p>According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.</p> <p>The following members have an expiring term and have been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2023.</p> <ul style="list-style-type: none"> • Richard Duren - Family Member • Bill Wilkins – Community Member • Star Peralta – Family Member, Individual Served <p>We currently have eight MHPNAC members, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
Supporting Documentation: None	
Recommended Action: Reappoint Mental Health Planning Network Advisory Committee Member to a Two-Year Term Expiring on August 31, 2023	

Agenda Item: Review and Approve Goals and Objectives for FY 2022 Committee: Program	Board Meeting Date September 23, 2021
Background Information: <p>The Management Team met on August 13, 2021 for a Strategic Planning meeting. Subsequently, we have created a Strategic Plan for the Center that will be reviewed by the Board today. The goal of this meeting was to envision an ideal FY 2027 and then discuss how the Center could move toward this direction.</p> <p>The Management Team has proposed Goals and Objectives for FY 2022 as we have done in previous years for the Board to review and approve.</p>	
Supporting Documentation: Strategic Plan which includes Goals and Objectives for FY 2022	
Recommended Action: Approve the Goals and Objectives for FY 2022	

Strategic Goals and Objectives, FY 2022

The Management Team met on August 13, 2021 for our annual strategic planning meeting.

Introduction

In the summer of 2014, the Management Team came together to set broad, far-reaching goals for Tri-County Behavioral Healthcare. The idea was to ‘envision’ what the Center would ideally look like five (5) years from then and to, as a group, propose these vision statements to the Tri-County Board of Trustees for approval. In the seven (7) years since this planning session, these goals have served as a foundation for much of the decision making made by the Center’s Management Team as we strove to realize these ideals.

Vision Realization, 2014 to 2021

The Management Team reviewed what we’ve accomplished during these last seven (7) years and have endorsed the following changes, among others, that have occurred as a result of these efforts:

- Facility improvement and efficiency was a big focus of the 2014 planning and as a result we have seen significant improvement in our facilities, with additional improvements planned for upcoming years. We have recognized the importance of professional facilities as an ongoing factor in our perception in the community, our ability to meet the needs of those we serve and as a tool for the attraction and retention of staff.
- We have seen a noticeable shift in the culture in terms of collaboration, cooperation and teamwork. Breaking down the physical walls has also helped us break down the programmatic barriers that impacted our service provision. While there is certainly a need to continue working on communication and collaboration between programs, we have seen significant progress in these areas.
- We have moved from a culture of doing just enough to a culture of doing what is expected. Often referred to in our system of care as the ‘checkbox’ mentality, Tri-County has worked to become an organization that values doing things not only correctly, but in a way that results in meaningful improvements for those we serve.
- Our open access model of intake has made us much more accessible to persons in our community. The idea of open access, or in our terminology a ‘walk-in’ intake process, is the effort to break down bureaucratic hoops which are often difficult for persons who need our care to navigate. As a result of these efforts, we have made ourselves much more accessible to our communities and they have responded positively.
- We continually work on our reputation as an important and reliable community partner and have seen a shift in how the Center is perceived in our community.
- We have made a significant effort to improve the quality of the clinical care that is being provided to the persons we serve. This comes in the form of additional training of our staff in evidence-based practices and more focused program-level training. Our achievement of the CCBHC status is a reminder of the efforts we have undertaken over the years to improve what we do.

- We have focused a great deal of effort on training of our new employees. This investment is critical to developing a system of care that is capable and respected in the community. We have added roles, added focus and shifted much of mechanisms so that they are better absorbed by our new employees. This focus on training has also extended to leadership development of staff across our Center with a goal of having staff ready to step up when opportunities are available.

From Fiscal Year 2022 to An Ideal 2027

The Management Team was challenged with resetting our goals for the coming years, to take a look at our Center with ‘fresh eyes’ and to endorse new goals for the future. The purpose of this exercise was not to examine or discuss how we would achieve these ideas, but to set aspirational goals for our Center across the following program areas:

- Administration
- Behavioral Health (Adult and Child/Youth)
- Community Awareness
- Crisis Services
- Development
- Financial
- Human Resources
- Information Technology
- Intellectual and Developmental Disabilities
- Legislative
- Quality

Goals for these areas are:

- Administration
 - Extreme Customer Service – which is practiced internally and externally
 - An effort to ‘Freshen our Brand’ – as needed to keep ourselves visible in the community
 - A professionally staffed contracting department
 - Appropriate Administrative Bandwidth – which is needed for growth
 - A solid administrative foundation that can withstand sudden change (both good and bad)
- Behavioral Health
 - Meaningful and Mindful Care – providing what people actually want and need
 - Seamless Transitions – clean handoffs between programs and between our Center and the community
 - Competent Complex Care – a system that can handle the toughest of those we serve
 - Robust and Rounded Programming – making sure we have the resources to develop a full system of care
 - Phenomenal Peer Programming – developing staff with lived experience which can reach those we serve when we might not be able to

- Community Awareness
 - Be Everywhere – the capability to respond to community demands for information and outreach
 - The Expert in Our Community – viewed with respect by all sectors of our community (medical, social service, governmental, community, schools, etc.)
 - Solution Focused Connections – ability to find available resources within our center or outside of it to meet community needs
- Crisis Services
 - Stable and consistent leadership
 - Steady Practice – procedures which are honed and used to guide care
 - CSU Excellence
 - A Reflexive Response – a system that can respond to growing community needs
- Development
 - Continued Foundation Board Development
 - Funds to Fund Needed Programming
 - Consistent Grant Development
- Financial
 - Measured Aggressiveness – more aggressive investment into Center operations
 - Reach for 60 – work to become a 60-million-dollar system of care so that there are adequate resources to meet community needs
 - Competitive Compensation – find a way to keep up
- Human Resources
 - People waiting in line for our jobs – a future where our jobs are in demand in our community
 - Key Talent Retention – finding a way to keep our bench ready
 - Multi-cultured Management – diversification as a mechanism for stability
 - Non-material inducements – looking for ways, other than salary, to give employees a sense of connection with the Center and their work
 - Career Completeness – patching the holes in manager education to allow them to have the full set of skills needed to take on bigger roles
- Information Technology
 - Paperless
 - Appropriate Staffing - staffing types needed for new software and hardware solutions
 - Relevant Technology – which appeals to multiple generations of users
 - Millennial Prettiness – figuring out software for an App-centric user
 - Buying the Best – purchasing the best software we can afford to buy
 - Developing Client-facing Technology
- Intellectual and Developmental Disabilities
 - A True System of Care – a system with sustainable funding for services that our clients and families need
 - Complex Care – developing resources for the neediest that are involved in multiple systems of care

- Impactful Information – increasing awareness about services which are available and appropriate planning for future care transitions
- Top of Mind – creating awareness of the population and their needs
- Legislative
 - MH Insurance Parity
 - A Mother’s Love – convincing legislators of the need to invest in the family of persons with disabilities as the best care at the best price
- Quality
 - Ahead of HEDIS – putting systems in place that capture national best practice data gathering and finding what should be next
 - Accreditation – putting a permanent seal on our website
 - Data Driven – data guiding clinical interventions and clinical outcomes
 - Training that Extends – training that is more than compliance and helps us reach all the way to the client

After careful review of these long-term goals, the Management Team has set the following goals for FY 2022:

Goal #1 – Clinical Excellence

- Objective 1:** A consultant will be hired to work with Center staff to create a Peer Development Plan. The plan will be shared with the Board of Trustees by February 28, 2022.
- Objective 2:** Staff will increase access to services by establishing a Child and Youth Clinic in East Montgomery County using Montgomery County American Rescue Plan Act funds (ARPA) by March 31, 2022.
- Objective 3:** Staff will rewrite all Crisis Stabilization Unit and Crisis Services procedures in FY 2022.
- Objective 4:** Tri-County will successfully implement the SAMHSA CCBHC Expansion grant by ensuring all proposed services are being provided by March 31, 2022.

Goal #2 – Intellectual and Developmental Disabilities

- Objective 1:** IDD services will hold at least three (3) community events to educate persons about the IDD System of Care, Transition Plans and Waiver services which may be available in our communities by May 31, 2022. These events may be virtual, as needed.

Goal #3 – Professional Facilities

Objective 1: Remodel of the Liberty Service Facility will be completed by May 31, 2022.

Goal # 4 – Information Technology

Objective 1: Staff will issue a Request for Proposals for a new Electronic Health Record in Fiscal Year 2022, review and score each of the qualified responses and make a recommendation to the Board of Trustees by March 31, 2022.

The Management Team will provide quarterly updates to the Board on these goals and objectives throughout the Fiscal Year.

Agenda Item: Community Resources Report	Board Meeting Date: September 23, 2021
Committee: Program	
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

August 27, 2021 – September 23, 2021

Volunteer Hours:

Location	August
Conroe	132.33
Cleveland	0
Liberty	46
Huntsville	10.75
Total	189.08

COMMUNITY ACTIVITIES:

8/27/21	Walker County Juvenile Probation Staffing Meeting	Huntsville
8/30/21	Veteran Spouse Network State Meeting - Virtual	Montgomery
8/31/21	Montgomery County First Annual Overdose Prevention Endeavor	The Woodlands
9/1/21	Conroe Noon Lions Club Luncheon	Conroe
9/1/21	ASK+ Suicide Prevention Texas Trainer Meeting - Virtual	The Woodlands
9/2/21	Cleveland Chamber of Commerce Luncheon	Cleveland
9/2/21	ExxonMobil N. America Presentation #2 - Virtual	The Woodlands
9/4/21	HEARTS Veteran Museum Breakfast	Huntsville
9/7/21	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe
9/7/21	Veteran Spouse Network State Meeting – Virtual	Conroe
9/7/21	ExxonMobil Asia Pacific Presentation #1 - Virtual	The Woodlands
9/8/21	Civil Service Commissioners Meeting	Conroe
9/8/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
9/8/21	Conroe Noon Lions Club Luncheon	Conroe
9/9/21	Huntsville Chamber of Commerce Breakfast	Huntsville
9/9/21	Huntsville ISD District Leadership Team Meeting	Huntsville
9/10/21	Cleveland ISD School Based Site Planning Meeting – Virtual	Cleveland
9/11/21	HEARTS Veteran Museum 20-Year Anniversary of 9/11 Remembrance	Huntsville
9/11/21	VFW Post 4709 9/11 Remembrance	Conroe
9/13/21	Homeless Coalition of Conroe Meeting	Conroe
9/13/21	Community Resource Symposium – Educational Service Center	Huntsville
9/14/21	ExxonMobil Asia Pacific Presentation #2 – Virtual	The Woodlands
9/14/21	Assisting Victims Escape and Resist Human Trafficking (AVERT) - Virtual	Conroe
9/14/21	Liberty County Veterans Treatment Court	Liberty
9/14/21	Better Living for Texas Committee Meeting - Virtual	Conroe
9/15/21	Conroe Noon Lions Club Luncheon	Conroe
9/15/21	Liberty/Dayton Chamber of Commerce Meeting	Liberty

9/16/21	Montgomery County Homeless Coalition Community Meeting – Virtual	Conroe
9/21/21	Military Veteran Peer Network Annual Conference – Virtual	Conroe
9/21/21	Montgomery County Community Resource Coordination Group Meeting - Virtual	Conroe
9/22/21	Conroe Noon Lions Club Luncheon	Conroe
9/22/21	Montgomery County Veterans Treatment Court – Virtual	Conroe

UPCOMING ACTIVITIES:

9/24/21	Walker County Juvenile Probation Staffing Meeting	Huntsville
9/24/21	Splendora ISD Meeting	Splendora
9/27/21	Basic Certification Training for Veteran Peer Support	Conroe
9/28/21	The Woodlands Family YMCA Senior Service Event	The Woodlands
9/28/21	Walker County Community Resource Coordination Group Meeting - Virtual	Conroe
9/29/21	Conroe Noon Lions Club Luncheon	Conroe
9/29/21	Youth Mental Health First Aid Training – Huntsville ISD	Huntsville
10/04/21	ExxonMobil Executives Presentation – Virtual	The Woodlands
10/06/21	Conroe Noon Lions Club Luncheon	Conroe
10/12/21	Assisting Victims Resist and Escape Human Trafficking (AVERT) - Virtual	Conroe
10/13/21	Conroe Noon Lions Club Luncheon	Conroe
10/14/21	Huntsville ISD District Leadership Team Meeting	Huntsville
10/19/21	Montgomery County Community Resource Coordination Group Meeting – Virtual	Conroe
10/25/21	ExxonMobil – Geoscience Early Career Group Mental Health Presentation – Virtual	The Woodlands
10/26/21	Walker County Community Resource Coordination Group Meeting – Virtual	Huntsville
10/27/21	Liberty County Community Resource Coordination Group Meeting – Virtual	Liberty
10/29/21	Walker County Juvenile Probation Staffing Meeting	Huntsville

Agenda Item: Consumer Services Report for August 2021 Committee: Program	Board Meeting Date: September 23, 2021
Background Information: None	
Supporting Documentation: Consumer Services Report for August 2021	
Recommended Action: For Information Only	

Consumer Services Report

August 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	712	58	34	60	864
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	61	3	4	2	70
Psychiatric Emergency Treatment Center (PETC) Bed Days	226	7	7	10	250
Adult Contract Hospital Admissions	31	1	1	0	33
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)	1339	161	103	117	1720
Adult Medication Services	1001	102	64	114	1281
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	722	64	28	62	876
Child Medication Services	259	13	11	20	303
TCOOMMI (Adult Only)	103	12	8	10	133
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	6	0	0	0	6
Service Coordination	736	40	49	70	895
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	22	3	16	17	58
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	15	0	0	0	15
Adult Substance Abuse Treatment Services/COPSD	48	3	0	4	55
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	0	0	0	0	0
Home and Community Based Services Interest List	1664	128	149	192	2133
August Served by County					
Adult Mental Health Services	1824	177	112	232	2345
Child Mental Health Services	923	83	33	74	1113
Intellectual and Developmental Disabilities Services	819	48	59	77	1003
Total Served by County	3566	308	204	383	4461
August Served by Phone by County					
Adult Mental Health Services	513	33	16	69	631
Child Mental Health Services	403	40	13	26	482
Intellectual and Developmental Disabilities Services	676	42	57	67	842
Total Served by County	1592	115	86	162	1955
August Services by Phone by County					
Adult Mental Health Services	699	35	19	87	840
Child Mental Health Services	521	52	19	26	618
Intellectual and Developmental Disabilities Services	1542	99	169	192	2002
Total Served by County	2762	186	207	305	3460
July Served by County					
Adult Mental Health Services	1723	181	127	220	2251
Child Mental Health Services	814	68	23	66	971
Intellectual and Developmental Disabilities Services	771	45	58	81	955
Total Served by County	3308	294	208	367	4177

Agenda Item: Program Updates	Board Meeting Date: September 23, 2021
Committee: Program	
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

August 27, 2021 – September 23, 2021

Crisis Services

1. A series of circumstances that impacted our Registered Nurse staffing, including COVID-19 related illness, resulted in the closure of the Crisis Stabilization Unit at the Psychiatric Emergency Treatment Center from Thursday September 9th at 7 pm until Monday September 13th at 7 am. This is the third time that the CSU has been closed since it opened ten years ago, but is also the third time in the last two years. Two of the closures were related to COVID-19 and one was during the ice storm when the City of Conroe lost water pressure. All closures have been short with the longest being seven days. The remainder of crisis services stayed open during this closure.
2. At the request of the Executive Director, staff are making a series of changes to CSU operations including changes to the Nursing and Nursing Associate's schedule. The current scheduling system is complex and has resulted in multiple openings on nights and weekends. The new schedule, 12 hour shifts, 3 on/4 off, 4 on/3 off, were helpful in stabilizing staffing in other Crisis programs and hopefully will have the same impact on the CSU.
3. Tri-County's Chief Nursing Officer is managing the CSU during the transition in management. Our Administrator of Crisis Services is serving as Interim Director of Crisis Services and is managing the rest of crisis services during the transition. Both of these roles are reporting to the Executive Director who is providing support as needed.
4. While the CSU was closed, hospitalization costs increased significantly.

MH Adult Services

1. In an effort to most appropriately meet the needs of clients, the Adult Outpatient program has been diligently collaborating with community partners to coordinate care, ensuring that persons with mental illness are successfully linked to necessary treatment. These collaborations have resulted in soft transfers from long-term inpatient care to routine outpatient services as well as allowed connection to resources for individuals with complex needs, such as housing.
2. The Rural Clinics are working to develop new and innovative ways to serve clients with several training opportunities coming up, allowing staff to learn new techniques and skills that will enhance service delivery. Programs are also focusing on the use of care coordination through the development of relationships with staff members at local hospitals and other community providers, allowing for fluid transitions and communication across providers to promote the most efficient and effective care for those served.
3. Routine intake continues to ensure accessibility of care during the pandemic, utilizing a call-in process, which has allowed for a greater number of clients to seek treatment. In FY21, the program averaged 46 requests for services per week, which is an increase of 18% from FY20.

MH Child and Youth Services

1. Staff are working on a Child and Youth Clinic design to be located in the eastern part of Montgomery County as part of ARPA (American Rescue Plan Act) funding from Montgomery County. This clinic will be a priority for the Center during the first few months of Fiscal Year 2022.
2. Staff are working with Cleveland ISD to establish our first school-based mental health clinic program in Cleveland as a part of the Substance Abuse and Mental Health Services Administration CCBHC Expansion Grant. Staff have held a series of meetings with Cleveland ISD and have identified one staff (out of three) for that clinic location.
3. As is the case with much of the Center, the Child and Youth Department has many vacancies impacting the depth of care that can be provided. Staff are excited about the prospect of new Child and Youth therapy associated with the SAMHSA Grant and Montgomery County ARPA funds.
4. C&Y has recently experienced a significant uptick in requests for intakes. This is especially true for our Conroe and Cleveland locations.
5. Our staffing shortage continues to impact the skills training services. Our team has been working together to ensure each client or family is contacted regularly so that we can assess their current needs and provide resources and assistance until a permanent skills trainer can be assigned.
6. Unfortunately, many of the young clients we serve or someone in their family have tested positive for COVID. We continue to utilize our COVID screening process before meeting with each client. If necessary, we offer to provide services via telehealth or reschedule the service.

Criminal Justice Services

1. Despite the challenges presented by the pandemic, including court closures, the Outpatient Competency Restoration (OCR) program maintained close contact with local judicial representatives, including attorneys and judges to ensure that individuals who have complex mental health needs are connected to appropriate care. As such, the OCR program screened 37 individuals in FY21, resulting in seven individuals being admitted and served through the OCR program.
2. The Jail Services Liaison continues to provide important connections to ongoing care for individuals identified as having a mental health need who are in the jail. In August, staff met with 142 individuals to provide screening, connection to care, and discharge planning.

Substance Use Disorder Services

1. The Adult Substance Use Disorder Treatment program is preparing to launch a Medication Assisted Treatment program in September. This short-term treatment option will be available for individuals who need additional support to maintain abstinence from alcohol and/or tobacco. This program will involve the use of FDA-approved medications, in addition to substance use counseling and behavioral interventions.
2. In an effort to keep staff and clients safe and healthy during the pandemic, Adult and Youth Substance Use programming will move treatment to a video-conferencing

platform, in an effort to minimize disruption to services. Three different tracks are offered to accommodate clients' varied schedules, including day and evening availability. Additionally, clients will receive weekly individual counseling sessions either telephonically or via videoconference to complement group processing and psychoeducation.

3. The prevention team has been very short-handed this month with more than half of the team out for COVID precautions and other medical issues.
4. Although the prevention team did a great job setting up groups to start at the beginning of the school year, we had to post-pone most of the groups due to staff being out unexpectedly. The team is working with the schools to get all the missed groups rescheduled so we can fit in all of the groups this school year.
5. We now have a third Certified Prevention Specialist (CPS) on our team. This is quite an achievement due to the strenuous requirements and examination process for this certification.

IDD Services

1. IDD Provider services continues to search for ways to attract applicants. Each of our Day Hab sites and PASRR services have vacancies. There are a total of 27 direct care workers and 15 of those are vacant. Managers are often providing the direct care services at the Hab locations, in client homes and in nursing facilities to ensure services are occurring as required by the contract.
2. IDD Provider area has been hit harder with COVID positive cases than we have over the past 17 months. One of our homes for the first time is on lock down due to positive cases within the home. Just within Walker County alone we have had 15 COVID positive cases.
3. IDD Provider area has seen an increase in hospitalizations over the past month. At one point six people were hospitalized within a two-week period including one death, non COVID related. We are adding a part-time RN to assist our full-time RN due to increasing medical needs.
4. IDD Authority is adding two new positions; an Assistant Administrator and a Continuity of Care staff person. These positions are needed to address growth in demand for IDD services.
5. IDD Authority habilitation coordinators are seeing individuals in nursing facilities where permitted; however, there are changes daily to which facilities will allow visitors.

Support Services

1. Quality Management (QM):

- a. Staff participated in the biannual audit with Superior Health Plan on September 2, 2021. Four charts were reviewed as a part of the audit and all charts scored 95% or above with claims scored at 100%.
- b. Quality Management staff attempted to contact 70 individuals served in the month of August to obtain insight into why they were unable to attend their medication appointments. This information was then provided to the Continuous Quality Improvement (CQI) Committee to be incorporated into efforts to improve medication show rates.

- c. Quality Management staff continue to review monthly quality assurance audits conducted by supervisors from around the Center, as well as conducting independent routine audits of provider documentation for quality assurance purposes. As a part of these audits, staff reviewed 62 notes for a variety of Center programs for the month of August to ensure compliance with documentation standards and regulations and provided additional training to staff as required.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all Center discharges for August to ensure appropriateness and proper notifications to individuals served. Follow up with staff and managers is provided as needed to ensure quality improvement where required.
- b. The Junior Utilization Management (JUM) Committee continues to track and monitor the Center's performance data each week to ensure that required measures are met, monitor Continuous Quality Improvement (CQI) data for change, identify trends in the data that may help guide program services, and continue to utilize the risk stratification tool to assist in identifying the most at-risk individuals served in order to provide targeted Care Coordination as appropriate.
- c. The JUM Committee continues to analyze and report on timeliness of documentation as a part of the HHSC Quality Management Corrective Action Plan.
- d. The Utilization Management Department is currently seeking to fill a Data Analyst Position as a part of the recent SAMHSA Grant that will serve to assist the Care Coordination Team to provide targeted supports to individuals at risk.

3. Training:

- a. The Training Department has adjusted face to face trainings with close physical contact in response to the increase of the COVID-19 pandemic cases in order to ensure the safety of individuals served, providers and staff.

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

- a. The MH PNAC met on September 8, 2021 where they reviewed performance targets, financial summary reports, community activities and program updates. The committee currently has two vacancies and it is seeking a member with lived experience with homelessness or housing instability.

5. Veteran Services and Veterans Counseling/Crisis:

- a. The Veterans Department is collaborating with the new residential program, Camp Valor, which specializes in individuals who have committed a crime related to their PTSD symptoms. We had our first referral this month.
- b. The Veterans Department is also doing a county-wide "Buddy Challenge" for the month of September which is suicide awareness month. Each veteran is being asked to check in with one veteran a day for 30 days and offer support and referral if the individual is struggling with symptoms.
- c. The Veterans MHFA training team trained a group of 30 Veterans and their family members at Honor Café this month; this is their third successful training at the café.

6. COVID-19 Team

- a. The team has recently begun doing groups at the Cleveland ISD DAEP program, and they are having great success with the teens.
- b. The teams are also providing groups at the PETC 3-4 times a week to keep the patients engaged in their recovery.

7. Community Resource and Development

- a. The Strategic Development Director has completed four ExxonMobil presentations to date on "Psychological Safety in the Workplace;" and has two additional trainings scheduled for the month of October.
- b. The Strategic Development Director continues to support our law enforcement and fire fighters as the Chair of the Montgomery County Civil Service Commission. During this month's meeting, the commissioners approved three Conroe police officers for promotion to Sergeant, and one Montgomery County fire fighter to Battalion Chief.
- c. The Mental Health First Aid (MHFA) Training Team has been very busy as we will have completed eight trainings for Huntsville ISD by the middle of October. In addition, we will have two additional staff trained as MHFA trainers due to the increase in demand for MHFA training.

Agenda Item: Planning Network Advisory Committee Annual Reports Committee: Program	Board Meeting Date September 23, 2021
Background Information: According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees' activities for the year and committee attendance. Some of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group's focus. The attached reports on the two committees' activities are provided for your information.	
Supporting Documentation: Mental Health PNAC Annual Report Intellectual and Developmental Disabilities PNAC Annual Report	
Recommended Action: For Information Only	

Mental Health Planning Network Advisory Committee FY 2021 Annual Report

In FY 2021, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

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

Special presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers as well as to receive feedback on areas of quality improvement. This year, the Committee reviewed and discussed the following key areas:

- FY 20 Annual Continuous Quality Improvement (CQI) Reports;
- Proposed Annual CQI goals for FY 21;
- Ongoing CQI Status Reports;
- Tri-County Website Redesign;
- Veteran Service Programs;
- Internal Quality Management Program Survey Reports;
- Ongoing Status Reports as the Center worked toward certification as a Certified Community Behavioral Health Clinic (CCBHC) which was achieved on March 8, 2021.

In FY 21 the Committee received annual training as well as reviewed the final Local Plan draft at the beginning of the year prior to final approval. The committee discussed the unique challenges facing our Center with respect to the COVID-19 pandemic and Winter Storm Uri among other factors which include, but are not limited to, our proximity to Houston as well as continued rapid growth in the areas we serve. Members discussed several needs for our area with focus on continued and growing needs for mental healthcare in the community partially as a result of disasters over the past year, the continued need for community education such as through the Youth Mental Health First Aid Program, and a growing need to identify new ways to retain staff and continue to seek additional funding sources to support needed resources and community need.

Membership continues to be a significant focus of the committee in FY 21 with three resignations and four new members appointed throughout the year. The MHPNAC is required to have nine members and at one point during the year had ten members. As of the end of FY 21, the committee membership was at eight members with one vacancy.

The MHPNAC met five times for regularly scheduled meetings and had a 53% attendance rate. Additionally, MHPNAC member Richard Duren attended and served as a member of the Regional Planning and Network Advisory Committee on behalf of the local MH PNAC committee throughout the year.

Intellectual and Developmental Disabilities Planning Network Advisory Committee

FY 2021 Annual Report

In FY 2021, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

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

Special program presentations are provided to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers so that they may provide informed feedback. This year the Committee reviewed and discussed the following areas:

- Continuous Quality Improvement (CQI) Program;
- HHSC IDD Authority Audit Results;
- HHSC Comprehensive Quality Management Audit Results (including Pre-Admission Screening and Resident Review (PASRR))
- Certified Community Behavioral Health Clinic Status Updates;
- Center Website Redesign;
- Center Response to the COVID-19 pandemic;
- Local Planning Process.

In addition to Annual Training, the Committee actively participated in and provided feedback during the IDD Local Planning Process. Key areas of concern brought up by the committee included, but were not limited to transportation, accessible and affordable residential options outside of the waiver programs, services available to individuals and families after high school, long wait times for waiver services, peer support services for parents and families of individuals served, the need for additional funding and concerns over retaining staff.

In FY 2021, the IDDPNAC met six times and had an overall attendance of 45%.

The IDDPNAC has ten members, which meets the required number per contract.

Agenda Item: FY 2021 Goals and Objectives Progress Report Committee: Program	Board Meeting Date September 23, 2021
Background Information: Attached is the final report of the Board Goals and Objectives for FY 2021.	
Supporting Documentation: FY 2021 Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2020 – August 31, 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. A consultant was hired to assist with the grant and will serve as our project evaluator. The grant, which is for just under two million dollars a year, was funded on July 6, 2021 and 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)
- Staff completed the application for the Community Mental Health Centers (CMHC) grant from SAMHSA. This grant is for up to \$2,500,000 a year for two years. The grant, if funded, will be used to provide the following services:
 - Integrated physical healthcare
 - Client Wellness
 - Enhanced Mobile Crisis Outreach
 - Supported Employment
 - Suicide Prevention and Wellness Coordinator
 - Child and Youth Intensive School-based Coordinator
- We have been awarded a UT Health Grant for Veterans Services. The first-year grant award (partial year) is \$125,000. Subsequent year funding is still being negotiated. The grant will provide funding for the following services:
 - Therapy for Veterans and their family members
 - Case Management for Veterans and their family members
- Staff also completed four letters of interest for foundation funding which were not selected for an application submission, and submitted one foundation grant which was not funded.

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 will 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.

- The Center was Certified by Texas Health and Human Services effective March 1, 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 reviewed 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.
- Estimated costs for a year of operations of the CORE model for Tri-County is \$620,500. There would also be expense for law enforcement entities that participate in the program to provide tablets or laptops and connectivity. The cost per encounter is estimated to be high.
- Tri-County will need to seek a long-term funding partner before developing this CORE response system.

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 Benefits training and is now qualified to assist clients with applying for federal and/or state benefits.
- We have hired a qualified applicant for the Licensed Consumer Benefits Clinician role. This staff will be used to provide narrative summaries of clinical information that can be used in benefits hearings. Staff is currently completing the Texas Consumer Benefits Organizational training to become more familiar with the benefits process.

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.
- The Liberty, Texas property was reviewed and a list of potential improvements was presented to the Board to address appearance of that facility, addition of space to the mental health side of that building, site drainage and security concerns. The Board approved this project, and small safety modifications to the Cleveland project, at a not to exceed price of \$250,000.
- Improvements at the Huntsville facility, including redoing the parking lot, are currently out for bid.

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: 4 th Quarter FY 2021 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date September 23, 2021
Background Information: <p>The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4th quarter of FY 2021 are included in this Board packet.</p>	
Supporting Documentation: 4 th Quarter FY 2021 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

4th Quarter, FY 2021

Corporate Compliance Activities

A. Key Statistics:

There were two compliance concerns reported in the 4th Quarter. These concerns were investigated or reviewed to completion and listed below:

1. The first complaint alleged the employee was inflating billable service time. The allegation was investigated and confirmed. While finalizing the investigation, the staff resigned. Payback was made in the amount of \$6,180.97.
2. The second complaint was that an employee was duplicating documentation on billable services. The allegation was confirmed. This employee also resigned prior to the completion of the investigation. Payback was made in the amount of \$6,292.00.

B. Committee Activities:

The Corporate Compliance Committee met on July 21, 2021. The Committee reviewed the following:

1. A final summary of 3rd Quarter investigations;
2. 4th Quarter complaint and investigation updates; and
3. Analysis and discussion of trending concerns.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted four record requests, totaling 43 charts.
2. Staff conducted several internal audits including progress note reviews, discharge documentation, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.
3. Staff conducted quality assurance calls to individuals served as a part of the Continuous Quality Improvement Committee efforts to remove barriers and improve show rates for the Center medication clinics.
4. Staff trained 40% of all users of the Adult Needs and Strengths Assessment and the Child and Adolescent Needs and Strengths Assessment.

B. Reviews/Audits:

1. Staff prepared and submitted two record requests totaling 38 charts to Amerigroup dating back to January 2020.

2. Staff prepared and submitted one record request totaling three charts to United Healthcare dating back to January 2020.
3. Staff reviewed and submitted one record request totaling two charts to Aetna dating back to January 2020.
4. Staff reviewed 179 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.
5. Staff reviewed 79 discharges that occurred in Q4 and communicated areas that were needing improvement to supervisory staff.
6. Staff reached out to 154 individuals served to gain insight into barriers they may be facing related to pharmacological management appointments.
7. Staff reviewed 84 progress notes in various Center programs for quality assurance utilizing audit tools developed to ensure compliance with documentation standards, fidelity, and best practices.
8. Staff trained 68 users of the ANSA/CANS Assessment in compliance with the Health and Human Service Contract requirement to train 40% of users twice annually.

C. Other Quality Management Activities:

1. The Training Department in Collaboration with Compliance provided a Documentation and Corporate Compliance Refresher Training to All IDD Authority Staff on July 6, 2021.
2. The Junior Utilization Management Committee continues to analyze the Risk Stratification Data to identify and follow up on high risk individuals who could benefit from enhanced Care Coordination.
3. The Continuous Quality Improvement (CQI) Committee met twice in the fourth quarter to review and discuss progress toward annual goals. As of the writing of this report the goals for FY 21 were met with the following areas of focus identified for FY 22:
 - Continue to work on improving the Medication Clinic Show Rate.
 - Continue to work on reduction of 30 Day Hospital Readmissions.
 - Continue to focus on reduction of suicides with a focus on those who exhibit high risk factors.
 - Begin focusing on staff retention as a means of improving quality clinical care across the Center.

Agenda Item: Annual Corporate Compliance Report and 1 st Quarter Corporate Compliance Training Committee: Program	Board Meeting Date September 23, 2021
Background Information: The Corporate Compliance Officer is required by Board Policy to submit quarterly reports on Corporate Compliance activities to the Board of Trustees as well as an Annual Report at the end of each fiscal year. The Annual Corporate Compliance Report for FY 2021 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.	
Supporting Documentation: FY 2021 Annual Corporate Compliance Report FY 2022 1 st Quarter Corporate Compliance Training	
Recommended Action: For Information Only	

Corporate Compliance Program

FY 2021 Annual Report

General Overview:

Tri-County Behavioral Healthcare's Board Policy on Corporate Compliance requires that the Chief Compliance Officer present an annual report on program activities and investigations from the previous year.

Annual Report:

The Compliance Department is responsible for taking appropriate steps to design, implement, and/or modify TCBHC's Compliance program to mitigate risk of any compliance-related misconduct by TCBHC employees or contractors.

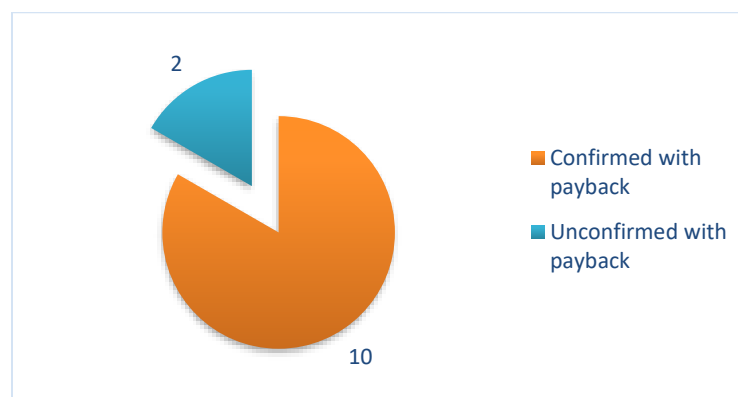
The Compliance Department and the Corporate Compliance Committee reviewed TCBHC's Corporate Compliance Action Plan (CCAP) this past year, as is recommended by the United States Department of Justice. As a result of this review, no changes were made to TCBHC's CCAP. The Compliance Department continues to ensure TCBHC adheres to the CCAP to prevent, detect, and respond to potential compliance violations, while fostering a culture that promotes integrity and ethical behavior.

The Compliance Department requires that all new hires complete a compliance-related computer-based training module, which is followed by face-to-face compliance training and a compliance "refresher" training after ninety (90) days of employment. In addition to new hires, all existing employees and annual contractors receive quarterly compliance training in newsletter form, as well as computer-based training annually. The Compliance Department also provides specific programs with additional training as needed or warranted.

The Compliance Department also receives, investigates, monitors, and provides resolution to all allegations of compliance-related misconduct. The Compliance Department is responsible for reporting the outcome of any such allegations to the Corporate Compliance Committee, Executive Director, and TCBHC's Board of Directors in order to address compliance issues quickly and with as much transparency as possible.

Corporate Compliance Investigation Results:

In FY21, twenty (20) corporate compliance allegations were reviewed. Of the twenty allegations, twelve (12) required further investigation by the Chief Compliance Officer. The outcome of the twelve that were investigated is illustrated below.



**THE PURPOSE OF
COMPLIANCE
PROGRAMS**

A FOUR-PART SERIES

In this Issue:

Building Successful
Compliance Programs

Part 4: Corrective
Action

Your Corporate
Compliance Team

Building Successful Compliance Programs

Tri-County Behavioral Healthcare (TCBHC) strives to provide quality healthcare in a positive and productive work environment. To do so, TCBHC is dedicated to adhering to the highest ethical standards and recognizes the importance of full compliance with all applicable state and federal laws. Through TCBHC's Code of Conduct and on-going training, TCBHC communicates to all personnel the expectation that they comply with all applicable laws.

As part of this on-going training, TCBHC's Compliance Newsletter has highlighted essential parts to an effective compliance program and their purposes, such as:

- Effective programs prevent fraud and abuse.
- Effective programs detect compliance issues.
- And, in Part 4 of the series (below), how effective programs ensure prompt, corrective action.

**Your Corporate
Compliance Team**

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Part 4: Corrective Action



As we've discussed, TCBHC's Compliance Department responds to compliance issues and concerns by acting to remediate the concern, taking steps to mitigate the risk of future occurrences and, if necessary, pay back any excess payments that may have been received. When an instance of non-compliance has been determined through investigation, TCBHC will develop and implement a corrective action plan to prevent similar and/or future occurrences.

Corrective action could include any of the following:

- additional training and education;
- changes in policies and procedures;
- further audits and monitoring;
- self-reporting to relevant government and administrative agencies, as appropriate; and
- disciplinary action to ensure that all TCBHC staff take compliance responsibilities seriously and adhere to all requirements.

REPORT Compliance Concerns

Corporate Hotline: 866-243-9252



- ◆ Reports are kept confidential and may be made anonymously.
- ◆ Reports may be made without fear of reprisal or penalties.
- ◆ Report to your supervisor, or any Compliance team member any concerns of fraud, abuse, or other wrong doing.



Agenda Item: Appoint Texas Council Representative and Alternate for FY 2022 Committee: Executive	Board Meeting Date September 23, 2021
Background Information: The representative attends the Texas Council of Community Centers Inc., Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.	
Supporting Documentation: None	
Recommended Action: Appoint Texas Council Representative and Alternate for FY 2022	

Agenda Item: Reappoint Tri-County's Consumer Foundation Board of Directors Committee: Executive	Board Meeting Date September 23, 2021
Background Information: <p>According to the bylaws for Tri-County's Consumer Foundation (TCCF), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted. All have agreed to continue serving on Tri-County's Consumer Foundation Board for an additional two-year term which will expire on August 31, 2023.</p> <ul style="list-style-type: none"> • Richard Duren • Philip Dupuis • Matthew Blake • Lynn Carr 	
Supporting Documentation: None	
Recommended Action: Reappoint Tri-County's Consumer Foundation Directors to a Two-Year Term Expiring on August 31, 2023	

Agenda Item: Personnel Report for August 2021 Committee: Executive	Board Meeting Date: September 23, 2021
Background Information: None	
Supporting Documentation: Personnel Report for August 2021	
Recommended Action: For Information Only	

Personnel Report August 2021

Total Applications received in August = 165

Total New Hires for August = 10

Total New Hires Year to Date = 109

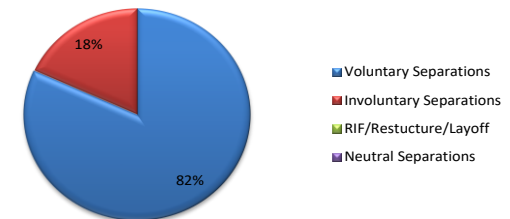
Total Budgeted FTE Positions = 461.15

Vacant FTE Positions = 118.17

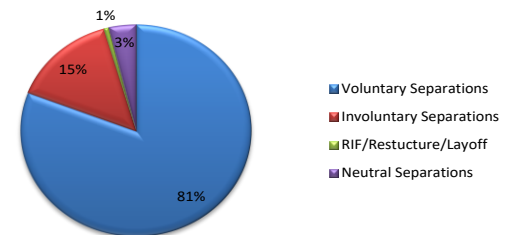
August Turnover - FY21 compared to FY20	FY21	FY20
Number of Active Employees	347	368
Number of Monthly Separations	11	9
Number of Separations YTD	136	106
Year to Date Turnover Rate	39%	29%
August Turnover Rate	3%	2%

Separations by Reason	August Separations	FY21 YTD
Better Pay	0	14
Commute	1	3
Death	0	1
Dissatisfaction with Supervisor/Job	0	0
Family	1	7
Another job	4	37
Lack of Opportunity for Advancement	0	2
Relocating	0	15
Retirement	1	4
Return to School	0	6
Schedule	0	1
Uncomfortable with Job Duties	1	6
Health	1	14
RIF/Restructure/Layoff	0	1
Neutral Termination	0	5
Involuntarily Terminated	2	20
Total Separations	11	136

**August Voluntary, Involuntary,
RIF/Restructure/Layoff and Neutral Separations**



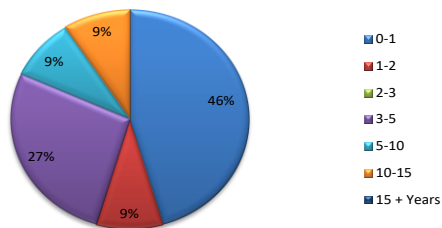
**Year to Date Voluntary, Involuntary,
RIF/Restructure/Layoff and Neutral Separations**



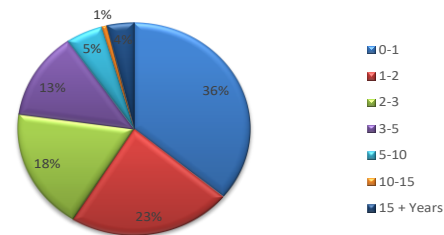
Management Team	# of Employees	August Separations	Year to Date Separations	% August	% Year to Date
Evan Roberson	22	0	2	0%	9%
Millie McDuffey	30	1	15	3%	50%
Amy Foerster	4	0	2	0%	50%
Tanya Bryant	10	0	1	0%	10%
Sara Bradfield	88	3	23	3%	26%
Melissa Zemencsik	70	2	36	3%	51%
Catherine Prestigiovanni	18	1	8	6%	44%
PETC	44	2	22	5%	50%
Kelly Shropshire	32	0	20	0%	63%
Kathy Foster	21	2	7	10%	33%
Kenneth Barfield	8	0	0	0%	0%
Total	347	11	136		

Separation by EEO Category	# of Employees	August Separations	Year to Date Separations	% August	% Year to Date
Supervisors & Managers	27	0	4	0%	15%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	0	9	0%	20%
Professionals (QMHP)	109	4	57	4%	52%
Professionals (QIDP)	25	0	20	0%	80%
Licensed Staff (LCDC, LPC...)	26	0	6	0%	23%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	17	0	2	0%	12%
Program Support (Financial Counselors, QA, Training, Med. Records)	51	4	20	8%	39%
Nurse Technicians/Aides	14	1	9	7%	64%
Service/Maintenance	7	0	1	0%	14%
Direct Care (HCS, Respite, Life Skills)	15	2	7	13%	47%
Total	347	11	136		

August Separations by Tenure

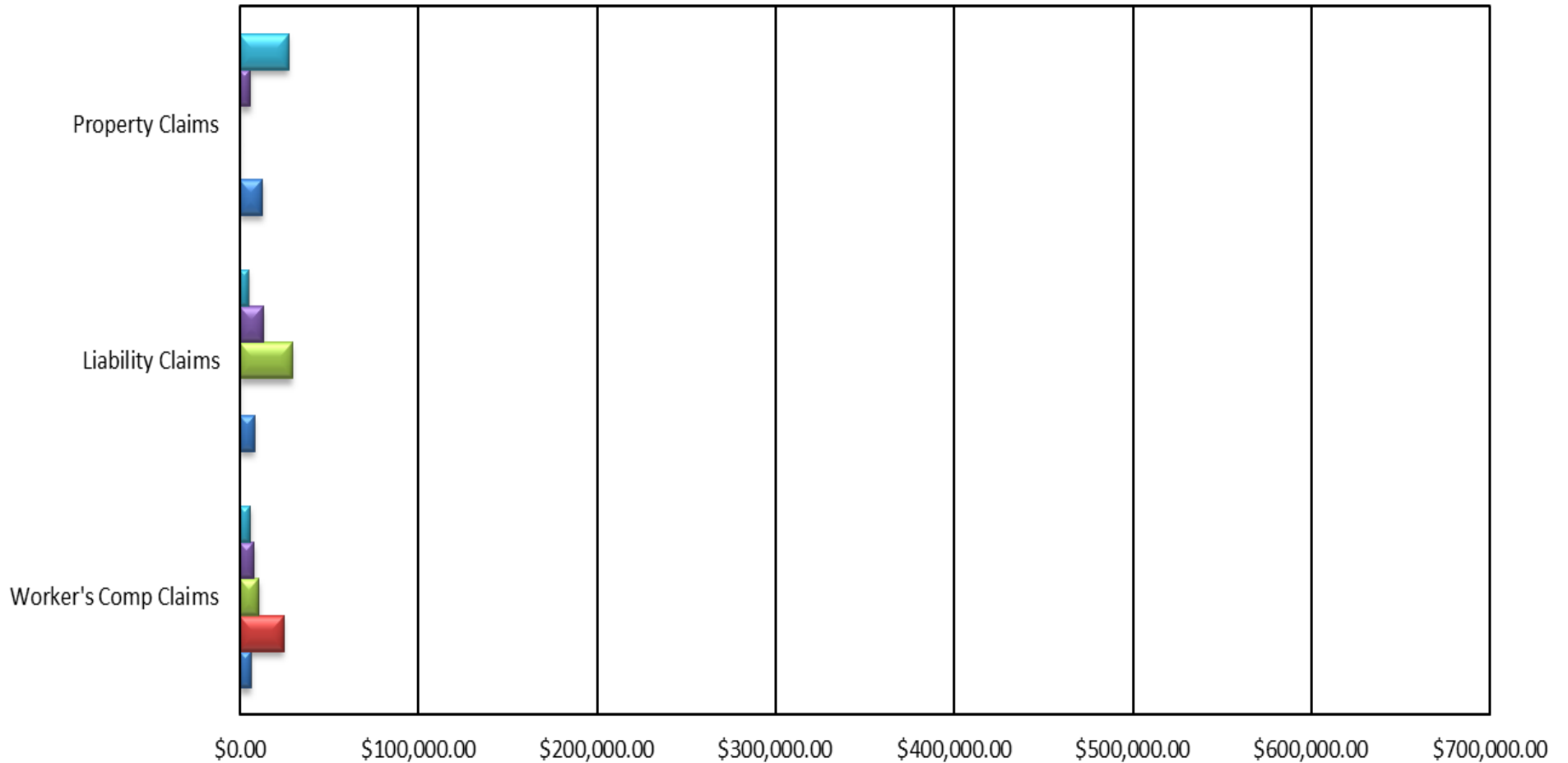


Year to Date by Tenure



Agenda Item: Texas Council Risk Management Fund Claims Summary as of August 2021 Committee: Executive	Board Meeting Date: September 23, 2021
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of August 2021	
Recommended Action: For Information Only	

TCRMF Claims Summary August 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	\$24,636.00	\$0.00	\$0.00
2021	\$6,417.00	\$8,343.00	\$12,751.00

Agenda Item: Board of Trustees Reappointments and Oaths of Office Committee: Executive	Board Meeting Date September 23, 2021
Background Information: Listed below are the Board members who were reappointed by the Commissioner's Court of their respective counties for an additional two-year term expiring August 31, 2023. Reappointments: <ul style="list-style-type: none"> • Gail Page, Liberty County • Morris Johnson, Walker County • Tracy Sorensen, Walker County • Sharon Walker, Montgomery County Oaths of Office will be recited at the Board meeting.	
Supporting Documentation: Oath of Office Recitation Liberty County Trustee – Copy of Minutes from Liberty County Commissioner's Court Meeting dated July 13, 2021. Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated July 19, 2021. Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated July 27, 2021.	
Recommended Action: Recite Oaths of Office	



LIBERTY COUNTY COMMISSIONERS COURT
Regular Meeting of Commissioners Court

July 13, 2021

9:00 a.m.

1923 Sam Houston St., Room 203 - Liberty, Texas 77575

1. CALL TO ORDER :

PRIOR TO THE REGULAR SESSION MEETING, A PUBLIC HEARING ON THE CONTINUATION OF THE \$10.00 ARCHIVE FEE WAS HELD AT 8:45 A.M. COUNTY CLERK, LEE CHAMBERS, SPOKE FOR ITS CONTINUATION FOR FY2022.

BRUCE KARBOWSKI MOVED TO ADJOURN PUBLIC HEARING. LEON WILSON SECONDED. THE VOTE WAS UNANIMOUS AND THE PUBLIC HEARING ENDED AT 8:58 A.M.

BE IT REMEMBERED that on TUESDAY, JULY 13, 2021, at 9:07 A.M., Judge Jay Knight called to order a REGULAR SESSION meeting of the Commissioners Court of Liberty County, Texas, with the following members present, to-wit:

County Judge, Jay Knight
Commissioner Precinct 1, Bruce Karbowski
Commissioner Precinct 2, Greg Arthur
Commissioner Precinct 4, Leon Wilson (via Zoom)
County Clerk, Lee Haidusek Chambers (*Ex-officio*)

Other elected officials and county department executives present:

Dwayne Gott, County Auditor
Harold Seay, County Purchaser
Bobby Rader, Sheriff
Matthew Poston, County Attorney
Kim Harris, Treasurer
Klint Bush, Elections Administrator
Richard Brown, Tax Assessor Collector
David Douglas, County Engineer

Having a quorum established, the Liberty County Commissioners Court considered the following matters:

2. PLEDGE TO THE U.S. FLAG AND TEXAS FLAG :

State and National pledges led by Alfredo Franco, new hire in the Permit Department.

3. INVOCATION :

Prayer led by Sheriff Bobby Rader.

4. NOTICES AND PROCLAMATIONS :

Mary Anne Campbell is retiring this week from the Liberty-Dayton Chamber of Commerce after many years of service.

5. PUBLIC COMMENT :

Lee Chambers / County Clerk - information on registering brands

Liberty County Clerk, Lee Chambers, stated that all brands registered with the county and the state would expire on August 31, 2021. Brands must be re-registered for the next ten years after August

Attachments

1. item 8.1 approved.pdf

MOTION TO APPROVE PAYMENTS TO BURNS ARCHITECTURE, LLC:

1. INVOICE #2 - COUNTY CCL #2: \$7,840.00
2. INVOICE #11 - SHERIFF'S OFFICE: \$14,075.00
3. INVOICE #11 - PCT 3 ANNEX: \$9,525.00.

MADE BY: Leon Wilson
SECOND BY: Greg Arthur
AYES: BRUCE KARBOWSKI, GREG ARTHUR, DAVID WHITMIRE, AND LEON WILSON
NAYES: None
ABSTAINS: JAY KNIGHT
ABSENT FOR VOTE: DAVID WHITMIRE

2. PURCHASING AGENT HAROLD SEAY

CONSIDER AND APPROVE PAY APP # 3 FROM WHITE CONSTRUCTION IN THE AMOUNT \$283,002.43

Attachments

1. item 8.2 approved.pdf

MOTION TO APPROVE PAY APP # 3 FROM WHITE CONSTRUCTION IN THE AMOUNT \$283,002.43.

MADE BY: Bruce Karbowski
SECOND BY: Greg Arthur
AYES: BRUCE KARBOWSKI, GREG ARTHUR, DAVID WHITMIRE, AND LEON WILSON
NAYES: None
ABSTAINS: JAY KNIGHT
ABSENT FOR VOTE: DAVID WHITMIRE

3. COUNTY JUDGE JAY KNIGHT

CONSIDER AND APPROVE THE REAPPOINTMENT OF GAIL PAGE TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TWO YEAR TERM

Attachments

1. item 8.3 approved.pdf

MOTION TO APPROVE THE REAPPOINTMENT OF GAIL PAGE TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TWO YEAR TERM.

MADE BY: Greg Arthur
SECOND BY: Bruce Karbowski
AYES: BRUCE KARBOWSKI, GREG ARTHUR, DAVID WHITMIRE, AND LEON WILSON
NAYES: None
ABSTAINS: JAY KNIGHT
ABSENT FOR VOTE: DAVID WHITMIRE

4. COMMISSIONER PCT. 2 GREG ARTHUR

CONSIDER AND APPROVE REAPPOINTMENT OF SONNY DEBARGE AND PETER BROUSSARD TO ESD #2 BOARD

MOTION TO APPROVE REAPPOINTMENT OF SONNY DEBARGE AND PETER BROUSSARD TO ESD #2 BOARD.

MADE BY: Bruce Karbowski
SECOND BY: Greg Arthur



MINUTES for Walker County Commissioners Court
REGULAR SESSION
Monday, July 19, 2021, 9:00 a.m.



CALL TO ORDER

Be it remembered, Commissioners Court of Walker County was called to order by County Judge, Danny Pierce at 9:01 a.m. in Commissioners Courtroom, 1st Floor, 1100 University Avenue, Huntsville Texas.

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

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

GENERAL ITEMS

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

COMMISSIONERS COURT

26. The Court will convene in Executive Session as authorized by Texas Government Code 551.074, Personnel Matter, to interview applicants for the position of Walker County EMS Director.

EXECUTIVE SESSION

ACTION: County Judge, Danny Pierce called Executive Session under **Section 551.074** at 9:03 a.m.
ACTION: County Judge, Danny Pierce reconvened back in to Regular Session at 9:28 p.m.

CONSENT AGENDA

1. Approve minutes from Commissioners Court Regular Session on July 6, 2021.
2. Approve minutes from Commissioners Court Special Session on July 12, 2021.
3. Receive financial information as of July 13, 2021 for the fiscal year ending September 30, 2021.

MOTION: Made by Commissioner White to **APPROVE** consent agenda as presented.
SECOND: Made by Commissioner Daugette.
VOTE: Motion carried unanimously.

DEPARTMENT REPORTS

4. Receive District Clerk report for June 2021.
5. Receive County Clerk report for May 2021.
6. Receive County Clerk report for June 2021.
7. Receive Planning and Development Report for June 2021.

ACTION: Reports received by Court.

STATUTORY AGENDA

Emergency Management

8. Discuss and take action on Walker County COVID-19 Disaster Declaration Extension issued June 21, 2021.
Butch Davis via zoom presented information.

MOTION: Made by Commissioner Daugette to **APPROVE** Walker County COVID-19 Disaster Declaration Extension issued June 21, 2021 to the next Regular Session of Court.
SECOND: Made by Commissioner Henry.
VOTE: Motion carried unanimously.

22. Discuss and take action on the reappointment of B.J. Gaines and Juanita Hall to the Board of Commissioners of the Walker County Housing Authority.
Judge Pierce presented information.

MOTION: Made by Commissioner White to APPROVE reappointment of B.J. Gaines and Juanita Hall to the Board of Commissioners of the Walker County Housing Authority.

SECOND: Made by Commissioner Kuykendall.

VOTE: Motion carried unanimously.

23. Discuss and take action on the reappointment of Morris Johnson and Tracy Sorensen to the Tri-County Board of Trustees.

Judge Pierce presented information.

MOTION: Made by Commissioner White to APPROVE reappointment of Morris Johnson and Tracy Sorensen to the Tri-County Board of Trustees.

SECOND: Made by Commissioner Kuykendall.

VOTE: Motion carried unanimously.

24. Discuss and take action on nominating a representative to the Walker County Appraisal District Board of Directors.

Judge Pierce presented information. There was discussion among the Court.

ACTION: Pass at this time.

25. Receive the financial audit for the Walker County Appraisal District FY ending August 31, 2020.

Judge Pierce presented information. There was discussion among the Court.

ACTION: No action taken.

County Judge Danny Pierce, took a recess at 10:42 a.m.

County Judge Danny Pierce, reconvened back to Regular Session at 10:56 p.m.

BUDGET WORKSHOP

ACTION: Budget Workshop began at 11:00 a.m.

County Auditor, Patricia Allen, presented information including the proposed requests. There was discussion among the Court.

ACTION: Budget Workshop ended at 11:48 a.m.

ACTION: County Judge Danny Pierce adjourned the meeting at 11:48 a.m.

I, Kari A. French, County Clerk of Walker County, Texas, do hereby certify that these Commissioners Court Minutes are a true and correct record of the proceedings from the Meeting on July 19, 2021.

Walker County Clerk, Kari A. French

Walker County Judge, Danny Pierce

Date Minutes Approved by Commissioners Court

The minutes have not been signed by Judge Pierce as of 9/15/21 due to his absence. Kari French, County Clerk, is following for signature.

#2 8C

AUG 10 2021

COMMISSIONERS COURT DOCKET
JULY 27, 2021
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 27th day of July, 2021, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 1	Robert Walker
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack
Commissioner, Precinct 4	James Metts
Also County Clerk's Office	Holly Pinkard

INVOCATION GIVEN BY JUDGE WAYNE MACK.

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

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

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

CITIZENS – AGENDA ITEM 7

Roland Hargrove addressed the court regarding the difficulties he has had getting things taken care of through his precinct Commissioner.

Michael Chevalhe addressed the court regarding a water issue he has in his yard that he is attempting to get assistance on from his precinct Commissioner.

Billy Graff addressed the court regarding salary increases for Precinct 3.

Ginger Russell addressed the court regarding resolutions concerning school districts not being sent out that she requested be sent out.

H4. REQUEST APPROVED for demolition on the following property that is abandoned, deemed unsafe, or unlivable: Precinct 4, 17513 Woods Dr., New Caney, Texas 77357. Estimated total cost of \$6,000 to be funded by CDBG.

H5. REQUEST APPROVED for demolition on the following property that is abandoned, deemed unsafe, or unlivable: Precinct 2, 31019 Sweetbriar Ln., Magnolia, Texas 77354. Estimated total cost of \$6,000 to be funded by CDBG.

COUNTY JUDGE – AGENDA ITEM 9I1

I1. REAPPOINTMENT APPROVED of Sharon Walker to the Tri-County Board of Directors for two-year term that expires August 31, 2023.

JUSTICE OF THE PEACE PRECINCT 2 – AGENDA ITEM 9J1

J1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2021.

JUSTICE OF THE PEACE PRECINCT 4 – AGENDA ITEMS 9K1-2

K1. MONTHLY COLLECTIONS REPORT ACCEPTED for May 2021.

K2. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2021.

JUSTICE OF THE PEACE PRECINCT 5 – AGENDA ITEM 9L1

L1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2021.

EMERGENCY MANAGEMENT – AGENDA ITEM 9M1

M1. CONTRACT ACCEPTED between Texas Water Development Board (TWDB) and Montgomery County enacting the 2019 FMA for buyouts in Montgomery County. Darren Hess is authorized to execute.

SHERIFF – AGENDA ITEM 9N1

N1. REQUEST APPROVED accepting the Memorandum of Understanding between the U.S. Immigration and Customs Enforcement HSI Joint Operations Program and the Montgomery County Sheriff's Office. The additional funding of \$1,800 is for overtime and must be used during fiscal year 2021. All benefits funded via budget line 100-50-6000-790920.

COUNTY ATTORNEY – REAL PROPERTY - AGENDA ITEMS 9O1-3

O1. PRECINCT 1

ADMINISTERING THE OATH OF OFFICE

Please raise your right hand and repeat after me...

I, STATE YOUR NAME,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

ADMINISTERING THE OATH OF OFFICE

I, _____,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

Agenda Item: Board of Trustees Committee Appointments Committee: Executive	Board Meeting Date September 23, 2021
Background Information: Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.	
Supporting Documentation: None	
Recommended Action: For Information Only	

Agenda Item: Board of Trustees Attendance Analysis for FY 2021 Regular and Special Called Board Meetings Committee: Executive	Board Meeting Date September 23, 2021
Background Information: None	
Supporting Documentation: Board of Trustees Attendance Analysis for FY 2021	
Recommended Action: For Information Only	

Board of Trustees Attendance Analysis | FY 2021

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	8/8	100%	-	-	100%
Tracy Sorensen	5/8	63%	-	-	63%
Sharon Walker	8/8	100%	-	-	100%
Richard Duren	8/8	100%	-	-	100%
Morris Johnson	8/8	100%	-	-	100%
Gail Page	7/8	88%	-	-	88%
Jacob Paschal	7/8	88%	-	-	88%
Janet Qureshi	3/8	38%	-	-	38%
(Vacant)					

<u>Summary of Attendance</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Total Regular Meetings Held:	10	7	8
Average Attendance:	78%	86%	85%
Total Special Called Meetings Held:	0	0	0
Average Attendance:	N/A	N/A	N/A
Total Number of Meetings Held:	10	7	8
Average Attendance:	78%	86%	85%
Average Number of Members Present:	6.20	6.57	6.75


NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.

<p>Agenda Item: Approve FY 2022 Dues Commitment and Payment Schedule for the Texas Council</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 23, 2021</p>
<p>Background Information:</p> <p>The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.</p> <p>The Texas Council Operating Budget for FY 2022 was approved at the Texas Council Board meeting on August 20, 2021.</p> <p>Total dues for Tri-County in FY 2022 were increased by \$504 from \$35,919 to \$36,423. The Center will pay this fee in one installment.</p>	
<p>Supporting Documentation:</p> <p>Cover Memorandum from Danette Castle, CEO</p> <p>FY 2022 Dues Commitment and Payment Schedule</p>	
<p>Recommended Action:</p> <p>Approve FY 2022 Dues Commitment and Payment Schedule for the Texas Council</p>	



MEMO
September 7, 2021

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

FROM: Danette Castle 
Chief Executive Officer

SUBJECT: FY 2022 Commitment of Dues for
Texas Council of Community Centers

Please find attached the FY 2022 (September 1, 2021 – August 31, 2022) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 20, 2021 annual board meeting. To assist with local discussions, we include the following information:

- Budget Overview
- FY 2022 Budget (with side-by-side comparison to FY 2021)
- FY 2022 Dues Comparison to FY 2021 Dues
- FY 2022 Commitment of Dues Payment Form

If you have any questions, please contact Mike Horne at mhorne@txcouncil.com or Tara Brown at tbrown@txcouncil.com.

cc: Texas Council Board Delegate

FY 2022 Commitment of Dues Payment for Texas Council of Community Centers

CENTER: Tri-County Behavioral Healthcare

The dues for FY 2022 have been calculated as follows:

Total Dues\$38,629.00
**LESS: Credit for Texas Council Risk
Management Fund Members... (\$2,206.00)**

Net Dues\$36,423.00

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

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
September 2021	_____	_____	<u>\$36,423.00</u>
October	_____		
November	_____		
December	_____	_____	
January 2022	_____		
February	_____		
March	_____	_____	
April	_____		
May	_____		
June	_____	_____	
July	_____		
August	_____		
TOTALS	\$ _____	\$ _____	\$ <u>36,423.00</u>

Invoice for each payment required? _____Yes _____No

We appreciate your prompt and timely payment!

APPROVED:

Date: _____

(Authorized Signature)

Agenda Item: Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS001022200037

Board Meeting Date

September 23, 2021

Committee: Business

Background Information:

The Health and Human Services Local Mental Health Authority Performance Contract Notebook is the contract for all mental health outpatient services and also includes the following programs:

- Outpatient Competency Restoration;
- Psychiatric Emergency Service Centers (CSU);
- Private Psychiatric Bedday funding;
- Mental Health Supported Housing; and,
- Veterans Services.

This contract was effective on September 1, 2021 and terminates on August 31, 2023. Changes of note include the following:

- Additional requirement for communication with the Court system on outpatient mental health commitments;
- Further requirements for a Center Suicide Prevention Coordinator;
- Further clarification on requirements to separate the Administrative and Fiscal Structures for Authority and Provider services;
- A new requirement that there be two trained 'superusers' for each of the Adult and Youth Needs assessments (CANS/ANSA);
- Addition of multiple new performance measures which "HHSC has not established a minimum threshold for" at this time; and
- An overall statement that "Unless otherwise specified in this Statement of Work, if Grantee cannot complete or otherwise comply with a requirement included in the statement of work, HHSC, at its sole discretion, may impose remedies or sanctions..."

The funding for this year is unchanged from our mid-year contract revision in FY 2021 and includes 10.25% local match. We anticipate that we will receive additional funding, allocated by the HHSC as part of federal funding awards, later in the year.

The Executive Director has signed this contract in advance of the Board meeting to prevent a delay in contract funding.

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS001022200037

<p>Agenda Item: Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract No. HHS000663700100, Amendment No. 1</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 23, 2021</p>
<p>Background Information:</p> <p>The HHSC Treatment Adult Services (TRY) contract provides funds for Youth Substance Use Treatment. For FY 2021, we applied for and were awarded additional funds to provide youth treatment services.</p> <p>This contract amendment includes changes to the Statement of Work, Program Services Requirements, Service Unit Rates and Special Conditions. There is no change in funding associated with this contract. None of the changes in the Statement of Work appear to be significant for program operation.</p> <p>We are eager to get back to previous service levels in SUD treatment and hope the pandemic won't be too much of a barrier for service provision in FY 2022.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding for FY 2022, so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Ratify HHSC Treatment Services Youth (TRY) Substance Abuse Services Contract No. HHS000663700100, Amendment No. 1</p>	

Agenda Item: Approve Liberty and Cleveland Facility Modifications

Board Meeting Date:

September 23, 2021

Committee: Business

Background Information:

As part of the FY 2021 Board Goals and Objectives, staff have been working on a plan to remodel a portion of the Liberty Service Center to add mental health office space and respond to recommendations from the Safety Committee to make the facility safer for staff.

Liberty remodel items include:

1. Reconfiguring one of the conference rooms to create two (2) offices.
2. Addition of five (5) offices to the mental health service area by expanding this side of the building into the unfinished back of the building.
3. Outdoor facelift to include stucco, paint, and new awnings.
4. Drainage improvement.

Liberty safety items include:

1. Modify the existing reception area to change the orientation of the space and add security features.
2. Refinish entrance walkway.

In addition, the Safety Committee has made a series of recommendations for the Cleveland Service Center.

Cleveland safety items include:

1. Enhanced outdoor lighting (on a separate scope of work).
2. Addition of walls and doors with card swipes to ensure office areas are secure.
3. Modification of doors to allow for vision windows to be installed.

At the July Board meeting, the Board approved this project at a not to exceed amount of \$250,000, but bids for the repairs have come in higher than expected.

The lower bid is for \$285,814 with an included contingency budget, however, remodeling projects often uncover other unforeseen issues which must be addressed. Staff are requesting that the Board award the project to Pro-Comm, LLC and authorized a not to exceed price of \$300,000 for the project.

Supporting Documentation:

Liberty Service Center Modifications and Cleveland Security Modifications, Renovation Bid Results

Recommended Action:

Approve Liberty and Cleveland Facility Modifications

Liberty/Cleveland Safety Renovations Bid Results

RFP Submittals:

Liberty Vindicator	August 3, 2021
Houston Chronical	August 4, 2021

Request For Bid Package:

Contractor	DT Construction	Rise Built	Martin Construction	Pro-Comm, LLC
Date Request	8/19/2021	8/4/2021	8/5/2021	8/4/2021
Reply	No Interest	RFI	No Interest	RFI
Initial Bid		\$372,699		\$273,675
Revised Bid		\$372,699		\$230,775

Additions:

Liberty Site Work	Included		\$17,500
IT Allowance	\$3,000		\$3,000
Oversite	\$23,000		\$23,000
Contingency @ 5%	\$18,635		\$11,539

Total		\$417,334	\$285,814
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SCHEDULE OF VALUES
TRI-COUNTY BEHAVIORAL HEALTHCARE

11177 Rose Rd
Conroe, TX 7303

936.718.2163
vwischan@yahoo.com ; bz@procomm.builders

OWNER: Tri-County Services

PROJECT: Tri-County Health Center

ADDRESS:

CITY/STATE: Cleveland, TX / Liberty, TX

DATE: September 16, 2021

DIV	DESCRIPTION	NOTES	LIBERTY	CLEVELAND	TOTAL COST
01	SUPERVISION		9,000	3,000	12,000
02	GENERAL CONDITIONS		5,700	1,050	6,750
03	FINAL CLEAN		800	500	1,300
04	DEMOLITION		14,000	4,000	18,000
05	EARTHWORK	Seperate contract with JSC			-
06	SWPP				-
07	SITE UTILITIES				-
08	SITE CONCRETE (ADA RAMP)		3,000		3,000
09	SITE AMENITIES				-
10	LANDSCAPING & IRRIGATION				-
11	CAST-IN-PLACE CONCRETE				-
12	RENTALS		3,500		3,500
13	MASONRY (STUCCO)		10,500		10,500
14	STRUCTURAL STEEL				-
15	MISC. METALS & FABRICATION - ADA RAMP	\$2,850 is an allowance	2,850		2,850
16	1,095sf ADDITION (incl. HVAC)		44,300		44,300
17	ROUGH & FINISH CARPENTRY		4,500	2,100	6,600
18	MILLWORK & WOODWORK		2,500		2,500
19	CAULKING & WATERPROOFING				-
20	OTHER INSULATION				-
21	ROOFING & SHEETMETAL				-
22	EIFS - PLASTERING				-
23	HARDWARE		500	500	1,000
24	SPECIALTY DOORS		10,800	8,300	19,100
25	SPECIALTY GLASS		5,500	1,600	7,100
26	DRYWALL & WOOD STUD FRAMING		6,325	3,200	9,525
27	CERAMIC TILE, TERRAZO, MARBLE				-
28	ACOUSTICAL CEILING & INSULATION		3,170		3,170
29	RES.FLOORING (CARPET-BASE-VCT)			500	500
30	NICHIHA PANELS				-
31	MISCELLANEOUS FLOORING		800	400	1,200
32	PAINT AND WALLCOVERING		3,500	2,100	5,600
33	TOILET PARTITIONS & ACCESSORIES		2,500		2,500
34	DEMO AND WALL REPLACEMENT		1,000		1,000
35	ENTRANCE		2,800		2,800
36	OWNER FURNISHED-CONTRACTOR INSTALL				-
37	PRE-ENGINEERED MTL BLDG/ERECTION				-
38	CANOPY STRUCTURE		2,400		2,400
39	POWER WASHING- FRONT OF BUILDING		800		800
40					-
41					-
42	PLUMBING		1,500		1,500
43	TOOLS & SMALL HARDWARE		400		400
44	H.V.A.C.				-
45	ELECTRICAL				-
46	MISCELLANEOUS ELECTRICAL		6,000	2,300	8,300
47	TELECOMM				-
48	SECURITY (NEXLAR/CARDSWIPE)		7,000	7,000	14,000
49	ARCHITECTURAL/MEP/STRUCTURAL				-
50					-
51	MOBILIZATION		6,500	1,500	8,000
52	MATERIALS TESTING				-
53	INSURANCE/OFFICE		5,000	2,500	7,500
TOTAL COST			\$ 167,145.00	\$ 40,550.00	\$ 207,695.00
			CONTRACTOR'S FEE:		\$ 23,080.00
			SUB TOTAL:		\$ 230,775.00
			SALES TAX:		\$ -
			TOTAL BASE BID		\$ 230,775.00

Agenda Item: Review August 2021 Preliminary Financial Statements Committee: Business	Board Meeting Date September 23, 2021
Background Information: None	
Supporting Documentation: August 2021 Preliminary Financial Statements	
Recommended Action: For Information Only	

August 2021 Financial Summary

Revenues for August 2021 were \$2,461,590 and operating expenses were \$2,232,017 resulting in a gain in operation of \$229,573. Capital Expenditures and Extraordinary Expenses for August were \$100,566 resulting in a gain of \$129,007. Total revenues were 128.79% of the monthly budgeted revenues and total expenses were 106.33% of the monthly budgeted expenses (difference of 22.45%).

Year to date revenues are \$33,768,528 and operating expenses are \$31,784,219 leaving excess operating revenues of \$1,984,309. YTD Capital Expenditures and Extraordinary Expenses are 1,481,515 resulting in a gain YTD of \$502,793. Total revenues are 100.69% of the YTD budgeted revenues and total expenses are 99.71% of the YTD budgeted expenses (difference of .98%).

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 HCS Program	1,901,608	1,916,551	99.38%	14,943
HHSC – RSP - COVID-19 CCP	657,214	679,920	96.66%	22,706

Title XIX HCS Program – This line item is an earned revenue line. For most of this fiscal year we have had multiple issues with individuals we served being in and out of the hospital. This affects our revenue since we can't bill for the home while the individuals are in the hospital. We do have a small payment that just came in while completing the preliminary financials but the variance will still be over the \$10,000 threshold, so we will get the final number in for the final audited financial statements.

HHSC – RSP – COVID-19 – This revenue line is running under budget due to positions becoming vacant. With the program ending in January we have decided to not fill these positions as they open up and to just carry on with the current staff levels. Services are being completed and this has not affected service delivery requirements of the grant.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Contract Hospitals - Adult	1,713,988	1,681,062	101.96%	32,926
Fixed Assets - Vehicles	26,538	0.00	0.00%	26,538

Contract Hospitals - Adult – This item line is for Contract Hospitals - Adults. As with most years the summers months are unpredictable and we ended up coming in slightly over the amount projected in the year end budget revision.

Fixed Assets - Vehicles – This line item is over budget but it was a planned and approved expense by the OCR Contract Managers to be paid for with lapsed FY 2021 funds.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended August 31, 2021
Preliminary

	TOTALS COMBINED FUNDS August 2021	TOTALS COMBINED FUNDS July 2021	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,037	3,589	(553)
Cash on Deposit-General Fund	7,943,049	7,504,657	438,393
Cash on Deposit-Debt Fund	-	-	-
Accounts Receivable	2,741,539	2,651,960	89,579
Inventory	2,918	2,720	198
TOTAL CURRENT ASSETS	<u>10,690,543</u>	<u>10,162,926</u>	<u>527,617</u>
FIXED ASSETS	18,775,157	18,775,157	-
OTHER ASSETS	212,078	228,099	(16,021)
TOTAL ASSETS	<u><u>\$ 29,677,779</u></u>	<u><u>\$ 29,166,183</u></u>	<u><u>\$ 511,597</u></u>
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,215,575	1,024,630	190,945
NOTES PAYABLE	719,395	719,395	-
DEFERRED REVENUE	(384,768)	(570,245)	185,477
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	-	-	-
First Financial Construction Loan	10,709,095	10,750,066	(40,971)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	502,793	373,786	129,007
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(10,709,095)	(10,750,066)	40,971
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	74,001	67,834	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	<u><u>\$ 29,677,779</u></u>	<u><u>\$ 29,166,183</u></u>	<u><u>\$ 511,596</u></u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended August 31, 2021
Preliminary

	General Operating Funds	Memorandum Only Final August 2020
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,037	3,900
Cash on Deposit-General Fund	7,943,049	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,741,539	2,166,985
Inventory	2,918	3,732
TOTAL CURRENT ASSETS	10,690,543	11,788,361
FIXED ASSETS	18,775,157	18,775,157
OTHER ASSETS	212,078	169,253
	\$ 29,677,779	\$ 30,732,771
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,215,575	1,542,782
NOTES PAYABLE	719,395	719,395
DEFERRED REVENUE	(384,768)	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	10,709,095	11,200,154
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	502,793	849,344
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(10,709,095)	(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	74,001	-
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	\$ 29,677,779	\$ 30,732,771

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

INCOME:	MONTH OF August 2021	YTD August 2021
Local Revenue Sources	105,350	1,938,535
Earned Income	996,880	12,868,586
General Revenue-Contract	1,359,360	18,961,407
TOTAL INCOME	\$ 2,461,590	\$ 33,768,528
EXPENSES:		
Salaries	1,415,049	19,511,221
Employee Benefits	146,271	3,998,269
Medication Expense	33,956	689,693
Travel-Board/Staff	26,444	188,785
Building Rent/Maintenance	22,076	239,674
Consultants/Contracts	384,630	4,752,665
Other Operating Expenses	203,591	2,403,913
TOTAL EXPENSES	\$ 2,232,017	\$ 31,784,219
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 229,573	\$ 1,984,309
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	30,899	645,494
Capital Outlay-Debt Service	69,667	836,022
TOTAL CAPITAL EXPENDITURES	\$ 100,566	\$ 1,481,515
GRAND TOTAL EXPENDITURES	\$ 2,332,583	\$ 33,265,735
Excess (Deficiency) of Revenues and Expenses	\$ 129,007	\$ 502,793

Debt Service and Fixed Asset Fund:		
Debt Service	69,667	836,022
Excess(Deficiency) of revenues over Expenses	69,667	836,022

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

	YTD August 2021	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,938,535	1,746,000	192,536
Earned Income	12,868,586	12,810,236	58,350
	18,961,407	18,981,482	(20,076)
TOTAL INCOME	\$ 33,768,528	\$ 33,537,718	\$ 230,810
EXPENSES:			
Salaries	19,511,221	19,549,658	(38,437)
Employee Benefits	3,998,269	4,027,128	(28,859)
Medication Expense	689,693	710,000	(20,307)
Travel-Board/Staff	188,785	186,518	2,267
Building Rent/Maintenance	239,674	268,212	(28,538)
Consultants/Contracts	4,752,665	4,745,707	6,958
Other Operating Expenses	2,403,913	2,404,757	(844)
TOTAL EXPENSES	\$ 31,784,219	\$ 31,891,980	\$ (107,761)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,984,309	\$ 1,645,738	\$ 338,571
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	645,494	633,463	12,031
Capital Outlay-Debt Service	836,022	836,040	(18)
TOTAL CAPITAL EXPENDITURES	\$ 1,481,515	\$ 1,469,503	\$ 12,012
GRAND TOTAL EXPENDITURES	\$ 33,265,735	\$ 33,361,483	\$ (95,748)
Excess (Deficiency) of Revenues and Expenses	\$ 502,793	\$ 176,235	\$ 326,558

Debt Service and Fixed Asset Fund:			
Debt Service	836,022	836,040	(18)
Excess(Deficiency) of revenues over Expenses	836,022	836,040	(18)

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

INCOME:	MONTH OF August 2021	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	105,350	1,315	104,035
Earned Income	996,880	649,018	347,861
General Revenue-Contract	1,359,360	1,261,042	98,317
TOTAL INCOME	\$ 2,461,590	\$ 1,911,376	\$ 550,214

EXPENSES:			
Salaries	1,415,049	1,344,946	70,103
Employee Benefits	146,271	208,181	(61,909)
Medication Expense	33,956	16,867	17,089
Travel-Board/Staff	26,444	17,208	9,237
Building Rent/Maintenance	22,076	77,410	(55,335)
Consultants/Contracts	384,630	358,213	26,417
Other Operating Expenses	203,591	137,994	65,597
TOTAL EXPENSES	\$ 2,232,017	\$ 2,160,818	\$ 71,199

Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 229,573	\$ (249,442)	\$ 479,015
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CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	30,899	(36,833)	67,732
Capital Outlay-Debt Service	69,667	69,670	(3)
TOTAL CAPITAL EXPENDITURES	\$ 100,566	\$ 32,837	\$ 67,729

GRAND TOTAL EXPENDITURES	\$ 2,332,583	\$ 2,193,655	\$ 138,928
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Excess (Deficiency) of Revenues and Expenses	\$ 129,007	\$ (282,279)	\$ 411,286
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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 August 2020 Comparative Data
Year to Date as of August 2021
Preliminary

INCOME:	YTD August 2021	YTD August 2020	Increase (Decrease)
Local Revenue Sources	1,938,535	1,775,155	163,380
Earned Income	12,868,586	14,237,653	(1,369,067)
General Revenue-Contract	18,961,407	17,649,798	1,311,609
TOTAL INCOME	\$ 33,768,528	\$ 33,662,606	\$ 105,922
EXPENSES:			
Salaries	19,511,221	18,810,488	700,733
Employee Benefits	3,998,269	3,551,269	447,000
Medication Expense	689,693	723,350	(33,657)
Travel-Board/Staff	188,785	261,777	(72,992)
Building Rent/Maintenance	239,674	299,860	(60,186)
Consultants/Contracts	4,752,665	4,864,763	(112,098)
Other Operating Expenses	2,403,913	2,541,670	(137,757)
TOTAL EXPENSES	\$ 31,784,219	\$ 31,053,175	\$ 731,042
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,984,309	\$ 2,609,431	\$ (625,120)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	645,494	321,981	323,513
Capital Outlay-Debt Service	836,022	1,278,658	(442,636)
TOTAL CAPITAL EXPENDITURES	\$ 1,481,515	\$ 1,600,639	\$ (119,124)
GRAND TOTAL EXPENDITURES	\$ 33,265,735	\$ 32,653,814	\$ 611,921
Excess (Deficiency) of Revenues and Expenses	\$ 502,793	\$ 1,008,789	\$ (505,997)

Debt Service and Fixed Asset Fund:			
Debt Service	836,022	1,278,658	(442,636)
			-
Excess(Deficiency) of revenues over Expenses	836,022	1,278,658	(442,636)

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

INCOME:	MONTH OF August 2021	MONTH OF August 2020	Increase (Decrease)
Local Revenue Sources	105,350	(86,468)	191,818
Earned Income	996,880	2,422,038	(1,425,158)
General Revenue-Contract	1,359,360	1,091,658	267,702
TOTAL INCOME	\$ 2,461,590	\$ 3,427,228	\$ (965,638)
Salaries	1,415,049	1,741,966	(326,917)
Employee Benefits	146,271	127,699	18,572
Medication Expense	33,956	35,427	(1,471)
Travel-Board/Staff	26,444	6,923	19,521
Building Rent/Maintenance	22,076	21,780	296
Consultants/Contracts	384,630	608,240	(223,610)
Other Operating Expenses	203,591	163,662	39,929
TOTAL EXPENSES	\$ 2,232,017	\$ 2,705,695	\$ (473,680)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 229,573	\$ 721,533	\$ (491,958)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	30,899	13,994	16,905
Capital Outlay-Debt Service	69,667	253,504	(183,837)
TOTAL CAPITAL EXPENDITURES	\$ 100,566	\$ 267,498	\$ (166,932)
GRAND TOTAL EXPENDITURES	\$ 2,332,583	\$ 2,973,193	\$ (640,610)
Excess (Deficiency) of Revenues and Expenses	\$ 129,007	\$ 454,032	\$ (325,026)

Debt Service and Fixed Asset Fund:

Debt Service	69,667	253,504	(183,837)
Excess(Deficiency) of revenues over Expenses	69,667	253,504	(183,837)

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

INCOME:	MONTH OF August 2021	MONTH OF July 2021	Increase (Decrease)
Local Revenue Sources	105,350	71,420	33,930
Earned Income	996,880	1,031,081	(34,201)
General Revenue-Contract	1,359,360	1,930,927	(571,567)
TOTAL INCOME	\$ 2,461,590	\$ 3,033,428	\$ (571,838)
EXPENSES:			
Salaries	1,415,049	1,807,503	(392,454)
Employee Benefits	146,271	401,995	(255,724)
Medication Expense	33,956	52,761	(18,805)
Travel-Board/Staff	26,444	23,580	2,864
Building Rent/Maintenance	22,076	49,607	(27,531)
Consultants/Contracts	384,630	423,516	(38,886)
Other Operating Expenses	203,591	185,043	18,548
TOTAL EXPENSES	\$ 2,232,017	\$ 2,944,005	\$ (711,988)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 229,573	\$ 89,422	\$ 140,150
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	30,899	13,269	17,629
Capital Outlay-Debt Service	69,667	69,667	-
TOTAL CAPITAL EXPENDITURES	\$ 100,566	\$ 82,937	\$ 17,629
GRAND TOTAL EXPENDITURES	\$ 2,332,583	\$ 3,026,942	\$ (694,359)
Excess (Deficiency) of Revenues and Expenses	\$ 129,007	\$ 6,486	\$ 122,521

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

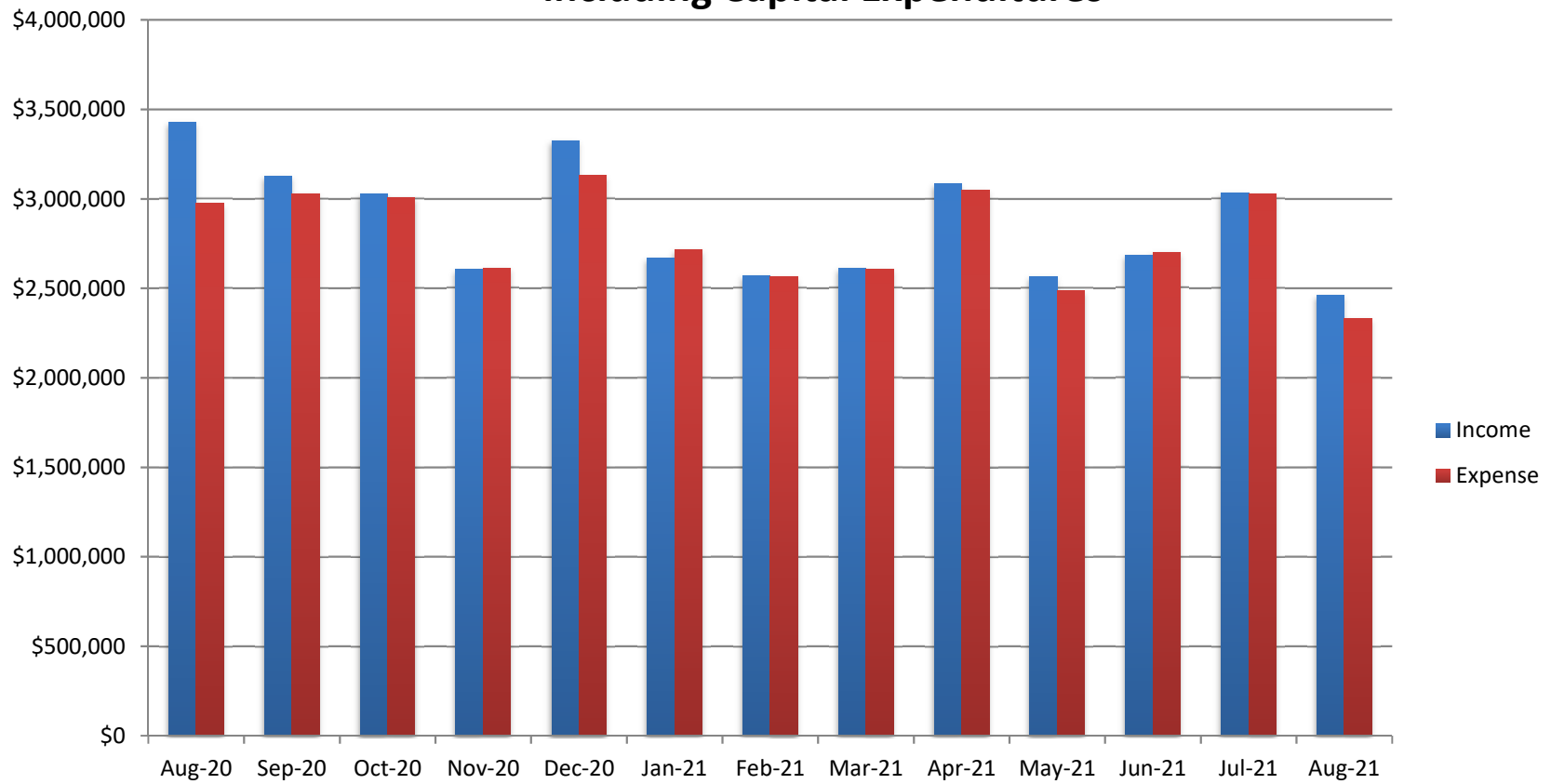
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of August 2021

	YTD Mental Health August 2021	Preliminary YTD IDD August 2021	YTD Other Services August 2021	YTD Agency Total August 2021	YTD Approved Budget August 2021	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,168,543	(542,616)	312,609	1,938,535	1,746,000	192,535
Earned Income	4,633,680	4,096,483	4,138,422	12,868,585	12,810,236	58,349
General Revenue-Contract	15,911,958	1,590,338	1,459,111	18,961,407	18,981,482	(20,075)
TOTAL INCOME	\$ 22,714,181	\$ 5,144,205	\$ 5,910,142	\$ 33,768,527	\$ 33,537,718	\$ 230,809
EXPENSES:						
Salaries	12,829,802	2,762,991	3,918,428	19,511,221	19,549,658	(38,437)
Employee Benefits	2,601,153	573,625	823,492	3,998,269	4,027,128	(28,859)
Medication Expense	555,280		134,413	689,693	710,000	(20,307)
Travel-Board/Staff	133,358	17,693	37,734	188,785	186,518	2,267
Building Rent/Maintenance	164,354	48,500	26,821	239,674	268,212	(28,538)
Consultants/Contracts	3,412,084	992,943	347,638	4,752,665	4,745,707	6,958
Other Operating Expenses	1,505,046	512,581	386,287	2,403,913	2,404,757	(844)
TOTAL EXPENSES	\$ 21,201,077	\$ 4,908,333	\$ 5,674,813	\$ 31,784,218	\$ 31,891,980	\$ (107,760)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,513,104	\$ 235,872	\$ 235,329	\$ 1,984,309	\$ 1,645,738	\$ 338,569
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	432,657	94,819	118,016	645,493	633,463	12,030
Capital Outlay-Debt Service	560,134	125,403	150,484	836,021	836,040	(19)
TOTAL CAPITAL EXPENDITURES	\$ 992,791	\$ 220,222	\$ 268,500	\$ 1,481,514	\$ 1,469,503	\$ 12,011
GRAND TOTAL EXPENDITURES	\$ 22,193,868	\$ 5,128,555	\$ 5,943,313	\$ 33,265,732	\$ 33,361,483	\$ (95,749)
Excess (Deficiency) of Revenues and Expenses	\$ 520,313	\$ 15,650	\$ (33,171)	\$ 502,793	\$ 176,235	\$ 326,558
Debt Service and Fixed Asset Fund:						
Debt Service	560,134	125,403	150,484	836,021	836,040	(275,906)
Excess (Deficiency) of Revenues over Expenses	560,134	125,403	150,484	836,021	836,040	(275,906)

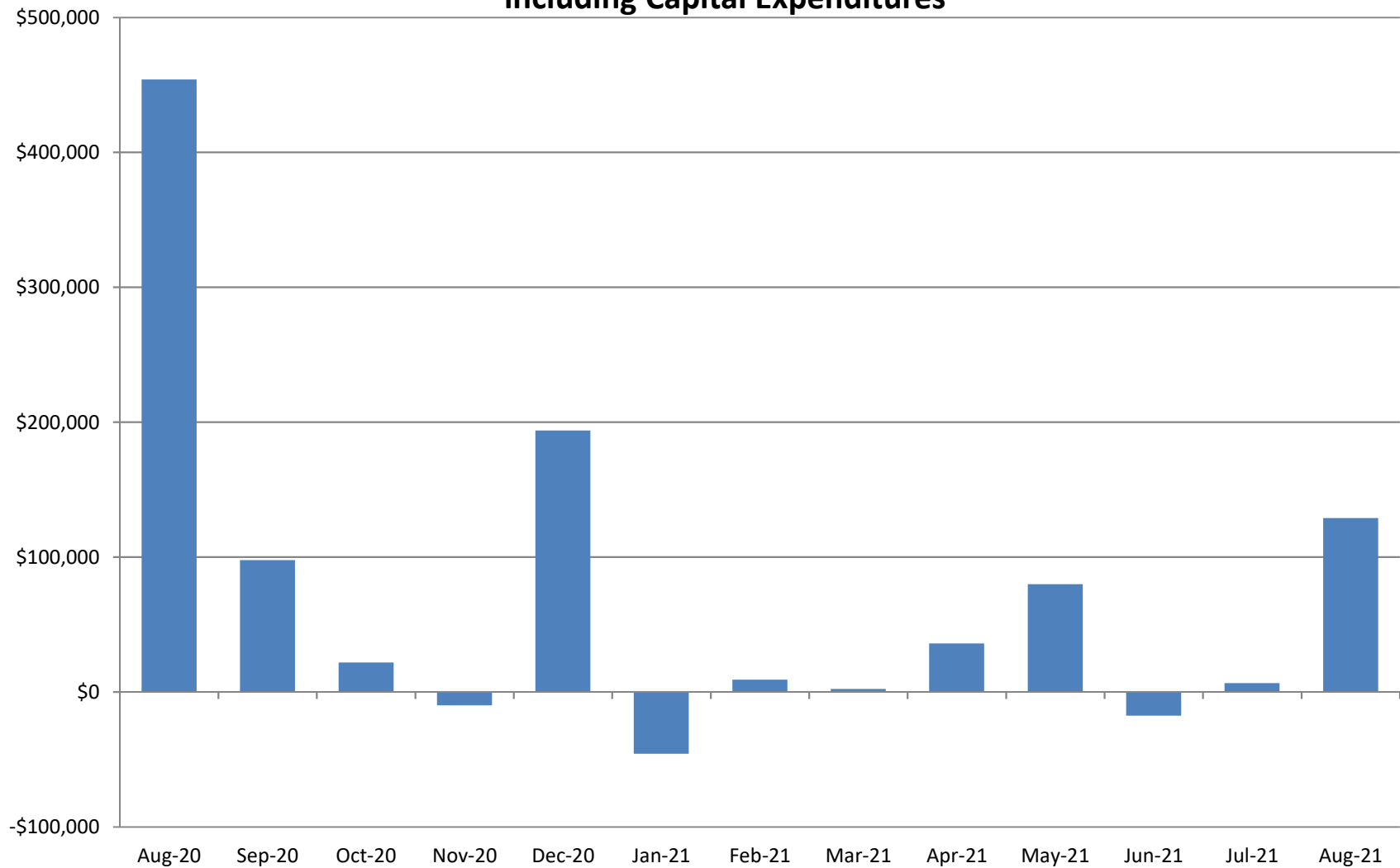
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: 4 th Quarter FY 2021 Quarterly Investment Report Committee: Business	Board Meeting Date September 23, 2021
Background 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.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31, 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	June	July	August
Uninvested Balance	\$673.11	\$308.32	\$5.36
Accrual of Interest Income	\$4,051,750.72	\$5,818,457.35	\$11,137,696.22
Interest and Management Fees Payable	(\$261,265.04)	(\$378,073.29)	(\$425,930.67)
Payable for Investments Purchased	(\$1,324,096,592.50)	(\$100,000,438.92)	\$0.00
Accrued Expense & Taxes	(\$29,377.92)	(\$57,809.80)	(\$27,399.41)
Repurchase Agreements	\$8,024,081,000.00	\$7,340,634,882.00	\$8,278,948,315.00
Mutual Fund Investments	\$3,192,074,000.00	\$1,295,074,000.00	\$1,370,074,000.00
Government Securities	\$3,712,033,891.15	\$3,662,711,514.64	\$3,211,807,101.06
U.S. Treasury Bills	\$8,350,585,078.59	\$9,204,592,356.17	\$6,099,538,823.81
U.S. Treasury Notes	\$1,872,535,609.62	\$2,038,983,534.42	\$3,255,061,897.79
TOTAL	\$23,830,974,767.72	\$23,447,378,730.88	\$22,226,114,509.16

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$337.93)	\$5.36
Accrual of Interest Income	\$5,232,844.17	\$11,137,696.22
Interest and Management Fees Payable	(\$214,328.85)	(\$425,930.67)
Payable for Investments Purchased	(\$249,983,472.20)	\$0.00
Accrued Expenses & Taxes	(\$95,392.58)	(\$27,399.41)
Repurchase Agreements	\$7,558,298,139.00	\$8,278,948,315.00
Mutual Fund Investments	\$3,293,074,000.00	\$1,370,074,000.00
Government Securities	\$3,921,259,153.38	\$3,209,972,745.56
U.S. Treasury Bills	\$8,470,495,788.62	\$6,099,505,647.99
U.S. Treasury Notes	\$1,707,887,171.99	\$3,254,778,947.31
TOTAL	\$24,705,953,565.60	\$22,223,964,027.36

Portfolio by Maturity as of August 31, 2021

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
58.5%	32.1%	5.9%	3.5%

Portfolio by Type of Investments as of August 31, 2021

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
14.9%	37.3%	41.6%	6.2%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was .01% for June, 0.01% for July, and 0.02% for August.

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

The weighted average maturity of the fund as of August 31, 2021 was 31 days.

The net asset value as of August 31, 2021 was 1.00010.

The total amount of interest distributed to participants during the period was \$1,065,246.22.

TexPool interest rates did not exceed 90 Day T-Bill rates during the entire 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 2,662.

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 August 2021**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07	\$ 315.07	\$ 308.22	\$ 311.64	\$ 1,250.00
First Financial Bank CD	\$ 3,644.71	\$ 3,616.43	\$ 3,572.31	\$ -	\$ 10,833.45
First Liberty National Bank	\$ 0.14	\$ 0.42	\$ 0.45	\$ 0.44	\$ 1.45
JP Morgan Chase (HBS)	\$ 693.05	\$ 607.79	\$ 163.10	\$ 144.51	\$ 1,608.45
Prosperity Bank	\$ 38.89	\$ 30.54	\$ 26.30	\$ 26.32	\$ 122.05
Prosperity Bank CD (formerly Tradition)	\$ 5.01	\$ 4.96	\$ 5.11	\$ 5.16	\$ 20.24
TexPool Participants	\$ 21.69	\$ 11.45	\$ 1.83	\$ 3.54	\$ 38.51
Total Earned	\$ 4,718.56	\$ 4,586.66	\$ 4,077.32	\$ 491.61	\$ 13,874.15

Agenda Item: Board of Trustees Unit Financial Statement as of August 2021 Committee: Business	Board Meeting Date September 23, 2021
Background Information: None	
Supporting Documentation: August 2021 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

August 2021

	August 2021 Actuals	August 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,714.64	\$ 1,714.64	\$ -	\$ 19,425.00	\$ 19,425.00	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,714.64	\$ 1,714.64	\$ -	\$ 19,425.00	\$ 19,425.00	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 8.18	\$ (49.44)	\$ 57.62	\$ 63.20	\$ 42.19	\$ 21.01	149.80%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 16,500.00	\$ 18,000.00	\$ (1,500.00)	91.67%	\$ 18,000.00
Supplies-Office	\$ -	\$ 14.65	\$ (14.65)	\$ 12.00	\$ 175.00	\$ (163.00)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ 57.44	\$ (57.44)	\$ -	\$ 349.09	\$ (349.09)	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ 133.35	\$ (133.35)	\$ -	\$ 800.00	\$ (800.00)	0.00%	\$ 800.00
Total Expenses	\$ 1,508.18	\$ 1,656.00	\$ (147.82)	\$ 16,575.20	\$ 19,366.28	\$ (2,791.08)	85.59%	\$ 19,425.00
Total Revenue minus Expenses	\$ 206.46	\$ 58.64	\$ 147.82	\$ 2,849.80	\$ 58.72	\$ 2,791.08	14.41%	\$ -

UPCOMING MEETINGS

October 28, 2021 – Board Meeting

- Longevity Presentations
- Approve Minutes from September 23, 2021 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2021
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- Approve Financial Statements for September 2021
- Personnel Report for September 2021
- Texas Council Risk Management Fund Claims Summary for September 2021
- Approve Financial Statements for September 2021
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement for September 2021
- Foundation Board Update
- HUD 811 Updates – Cleveland, Montgomery & Huntsville

November 18, 2021 – Board Meeting (Cancelled)

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 Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
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
DPP-BHS	Directed Payment Program - Behavioral Health Services
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
MAT	Medication Assisted Treatment
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
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
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 6/28/21