

Tri-County Behavioral Healthcare Board of Trustees Meeting

August 25, 2022



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, August 25, 2022. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

I. Organizational Items

- A. Chair Calls Meeting to Order
- B. Public Comment
- C. Quorum
- D. Review & Act on Requests for Excused Absence

II. Approve Minutes - July 28, 2022

III. Executive Director's Report - Evan Roberson

- A. CSU Funding Update

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2022 Audit
- B. FY 2023 Budget
- C. CFO Consortium
- D. Workers' Compensation Audit
- E. Update on Vehicle Purchase

V. Program Committee

Information Items

- A. Community Resources Report..... 10-13
- B. Consumer Services Report for July 2022..... 14-15
- C. Program Updates..... 16-21

VI. Executive Committee

Action Items

- A. Approve Board Policy E.28 - Public Health Provider - Charity Care Pool (PHP-CCP)..... 22-27
- B. Annual Election of FY 2023 Board Officers..... 28
- C. Executive Director's Evaluation, Compensation & Contract for FY 2023..... 29

Information Items

- C. Personnel Report for July 2022..... 30-32
- D. Texas Council Risk Management Fund Claims Summary for July 2022..... 33-34

VII. Business Committee

Action Items

| | |
|---|-------|
| A. Approve July 2022 Financial Statements..... | 35-50 |
| B. Approve FY 2022 Year End Budget Revision..... | 51-54 |
| C. Approve Proposed FY 2023 Operating Budget..... | 55-58 |
| D. Approve Banking Services with JP Morgan Chase, N.A..... | 59 |
| E. Approve the FY 2023 Kingwood Pines Inpatient Hospital Contract..... | 60 |
| F. Approve the FY 2023 Woodland Springs Inpatient Hospital Contract..... | 61 |
| G. Approve the FY 2023 Cypress Creek Inpatient Hospital Contract..... | 62 |
| H. Approve the FY 2023 Aspire Inpatient Hospital Contract..... | 63 |
| I. Approve the FY 2023 Contract for Ralph Horne - Peace Officer..... | 64 |
| J. Approve the FY 2023 Contract for Hilary Akpudo, M.D. for Psychiatric Services..... | 65 |
| K. Approve the FY 2023 RecessAbility, Inc. Contract..... | 66 |
| L. Approve FY 2023 Lifetime Homecare Services Contract..... | 67 |
| M. Approve FY 2023 T.E.A.M. Abilities, Inc. Contract..... | 68 |
| N. Approve HHSC FY 2023 Children's Autism Grant Program Contract No. HHS000693900003, Amendment No. 2..... | 69 |
| O. Approve Purchase of Mid-Size SUV..... | 70 |
| P. Approve Purchase of 5.7 acres NW Corner of Veterans Memorial Parkway and State Highway 30, Huntsville..... | 71 |

Information Items

| | |
|--|-------|
| Q. Board of Trustees Unit Financial Statement for July 2022..... | 72-73 |
|--|-------|

VIII. Executive Session in Compliance with Texas Government Code Section 551.071 - Consultation with Attorney; Section 551.072 - Real Property; and Section 551.074 - Personnel: Executive Director Evaluation.

Posted By:

Ava Green - Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

July 28, 2022

Board Members Present:

Patti Atkins
Gail Page
Morris Johnson
Sharon Walker
Tracy Sorensen
Tim Cannon
Richard Duren

Board Members Absent:

Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Yolanda Gude, Directory of IDD Authority Services
Sara Bradfield, Director of Adult Behavioral Health
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Tanya Bryant, Director of Quality Management and Support
Kenneth Barfield, Director of Management Information Systems
Catherine Prestigiovanni, Director of Strategic Development
Darius Tuminas, Controller
Tabatha Abbott, Cost Accountant
Ashley Bare, HR Manager
Ava Green, Executive Assistant

Legal Counsel Present:

Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present: None present.

Guest: Mike Duncum, WhiteStone Realty Consulting to present on remodel budget for PETC.

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:06 a.m.

Public Comment: There was no public comment.

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

Resolution #07-28-01

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board excuse the absence of Jacob Paschal.

Resolution #07-28-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the May 26, 2022 meeting of the Board of Trustees.

Program Presentation: Longevity Recognition Presentations

Patti Atkins, Board Chair, suspended the Agenda at 10:18 a.m. to move to Executive Committee Information Item VII-F, Board Trustee Appointment and Oath of Office. Major Tim Cannon, with the Montgomery County Sheriff's Department, recited his oath to fulfill the remaining term of previous Board Member Janet Qureshi expiring August 31, 2022.

Executive Director's Report:

The Executive Director's report is on file.

- Center Operations Update
- CSU Closure Discussion
- 988 Implementation
- System of Care Planning

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2023 Budget Update
- FY 2022 Year End Budget Revision
- FY 2022 Audit
- Fixed Asset Inventory
- Texas Council Risk Management Fund – FY 2023 Rates

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for May and June 2022 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2022 Goals and Objectives Progress Report was reviewed for information purposes only.

The 3rd Quarter FY 2022 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 4th Quarter FY 2022 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Board Chair, Patti Atkins, nominated Morris Johnson, Sharon Walker, Tim Cannon and Jacob Paschal to the Nominating Committee for the FY 2023 Board Officers. Morris Johnson was chosen as the Chair of this committee.

Board Chair, Patti Atkins, nominated Gail Page, Tracy Sorenson and Richard Duren to the Executive Director's Evaluation Committee. Gail Page was chosen as the Chair of this committee.

The Personnel Report for May and June 2022 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of June 2022 was reviewed for information purposes only.

Dates of Scheduled Board Meetings for Calendar Year 2023 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #07-28-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the May 2022 Financial Statements.

Resolution #07-28-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the June 2022 Financial Statements.

Resolution #07-28-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the recommendation for FY 2023 Employee Health Insurance, Basic Life/Accidental & Dismemberment, and Long-Term Disability Plans.

Resolution #07-28-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Amendment to the Interlocal Agreement to participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage.

Resolution #07-28-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2022 Amendment for The Grove, ABA to a contract maximum of \$60,000.

Resolution #07-28-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify HHSC Contract No. HHS00047710006, Amendment No. 1, Community Mental Health Grant Program (HB13).

Resolution #07-28-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve an increase in contract maximum for Hilary Akpudo, M.D. for Psychiatric Services in FY 2022 to \$110,000.

Resolution #07-28-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2023 Avail Solutions, Inc. contract for Crisis Hotline Assessment Services in the amount of \$72,000.

Resolution #07-28-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001, Amendment No. 2.

Resolution #07-28-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve an increase in contract maximum for Ralph Horne, in FY 2022 to \$58,000 for on-site Peace Officer services for the PETC.

Resolution #07-28-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the sale of vehicles at auction to the highest bidder.

Resolution #07-28-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the purchase of up to eight (8) mid-size SUV's at a price of not to exceed \$39,500 each, based on availability of vehicles at time of purchase, and approve the purchase of a ¾ ton truck at a price of not to exceed \$72,000, based on availability of vehicle at the time of purchase.

Resolution #07-28-15

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve a not to exceed budget of \$140,126 for remodeling staff areas and updating security at the PETC.

Review of Tri-County's 2020 990 Tax Return prepared by Eide Bailly LLP was reviewed for information purposes only.

3rd Quarter FY 2022 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for May and June 2022 was reviewed for information purposes only.

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

Tri-County Consumer Foundation Board Meeting update was reviewed for information purposes only.

Adjournment:

Attest:

Date _____

Date _____

| | |
|--|---|
| Agenda Item: Community Resources Report | Board Meeting Date: August 25, 2022 |
| Committee: Program | |
| Background Information: None | |
| Supporting Documentation: Community Resources Report | |
| Recommended Action: For Information Only | |

Community Resources Report

July 29, 2022 – August 25, 2022

Volunteer Hours:

| Location | July |
|--------------|--------------|
| Conroe | 67.5 |
| Cleveland | 0 |
| Liberty | 31 |
| Huntsville | 14 |
| Total | 112.5 |

COMMUNITY ACTIVITIES:

| | | |
|--------------|---|---------------|
| 7/29/22 | Walker County Juvenile Services Staffing | Huntsville |
| 8/2/22 | Conroe Rotary Club Meeting | Conroe |
| 8/2/22 | Veterans of Foreign Wars Monthly Meeting | Liberty |
| 8/3/22 | Conroe Noon Lions Club Luncheon | Conroe |
| 8/4/22 | Annual Review Meeting with Veteran Service Officers | Liberty |
| 8/5/22 | Community Drug Awareness Day - Texas Southern University | Houston |
| 8/5/22 | IDD Authority Services Presentation - Southeast Texas Cooperative for Special Services | Cleveland |
| 8/6/22 | Conroe ISD Back to School Bash - Stockton Junior High School | Conroe |
| 8/8/22 | Anderson Elementary Back to School Event | Conroe |
| 8/8/22 | Mayor's Homeless Taskforce Meeting | Conroe |
| 8/8/22 | Family Night - Creighton Elementary School | Conroe |
| 8/8/22 | Liberty ISD School Nurses Meeting | Liberty |
| 8/9/22 | Lone Star College Social Services Program Presentation | The Woodlands |
| 8/9/22 | American Legion Monthly Meeting | Conroe |
| 8/9/22 | Assisting Victims Escape & Resist Trafficking (AVERT) Meeting | Conroe |
| 8/9/22 | Montgomery County Family and Community Coalition Monthly Meeting - Virtual | Conroe |
| 8/10/22 | Veterans Affairs Community Engagement Committee - Virtual | Conroe |
| 8/10/22 | Conroe Noon Lions Club Luncheon | Conroe |
| 8/10-8/11/22 | Youth Mental Health First Aid Brenham ISD - Brenham High School | Brenham |
| 8/11/22 | Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual | Conroe |
| 8/11/22 | Liberty County Mental Health Issues Workgroup Meeting | Liberty |
| 8/12/22 | Veterans Affairs Mental Health Summit - Virtual | Conroe |
| 8/13/22 | Fall Fresh Start Event - Back to School Celebration | Liberty |
| 8/16/22 | Veteran Taskforce Quarterly Meeting | Conroe |

| | | |
|---------|--|------------|
| 8/16/22 | Montgomery County Community Resource Collaboration Group Meeting | Conroe |
| 8/16/22 | Montgomery County Community Collaborative Crisis Team Sub-Committee Meeting - Virtual | Conroe |
| 8/17/22 | Conroe Noon Lions Club Luncheon | Conroe |
| 8/17/22 | Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup | Conroe |
| 8/17/22 | Montgomery County Child Fatality Review Team | Conroe |
| 8/18/22 | Behavioral Health Suicide Prevention Task Force Meeting | Conroe |
| 8/18/22 | Veterans Affairs Advisory Committee Monthly Meeting | Huntsville |
| 8/18/22 | Sam Houston State University - First Episode Psychosis and Mental Health Treatment | Huntsville |
| 8/18/22 | Civil Service Commissioners Board Meeting | Conroe |
| 8/19/22 | Military Veteran Peer Network Quarterly Mentor Meeting | Conroe |
| 8/23/22 | Walker County Community Resource Collaboration Group Meeting | Huntsville |
| 8/23/22 | Montgomery County Community Resource Collaboration Group Meeting | Conroe |
| 8/24/22 | Conroe Noon Lions Club Luncheon | Conroe |
| 8/25/22 | Quarterly Wellpath Continuity of Care Meeting | Conroe |
| 8/25/22 | Military Veteran Peer Network and Texas Veterans Commission Monthly Meeting | Conroe |

UPCOMING ACTIVITIES:

| | | |
|---------|--|------------|
| 8/26/22 | Walker County Juvenile Services Staffing | Huntsville |
| 8/29/22 | Montgomery County Sexual Assault Review Team Meeting | Conroe |
| 8/31/22 | Conroe Noon Lions Club Luncheon | Conroe |
| 8/31/22 | Montgomery County Community Collaborative Crisis Team Meeting | Conroe |
| 9/8/22 | Conroe ISD Service Meeting with Secondary Principals | Conroe |
| 9/8/22 | Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual | Conroe |
| 9/14/22 | Community Resource Symposium - Education Service Center Region 6 | Huntsville |
| 9/15/22 | Behavioral Health Suicide Prevention Task Force Meeting | Conroe |
| 9/19/22 | Magnolia ISD Counselor Meeting | Magnolia |
| 9/20/22 | Montgomery County Community Resource Collaboration Group Meeting | Conroe |
| 9/21/22 | Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity & Special Needs Workgroup | Conroe |
| 9/22/22 | Southeast Texas MCOT & LEO Coordination Meeting | Houston |
| 9/27/22 | Walker County Community Resource Collaboration Group Meeting | Huntsville |
| 9/28/22 | Third Annual CISD Resource Fair - Virtual | Conroe |

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| 9/28/22 | Montgomery County Community Collaborative Crisis Team Meeting | Conroe |
| 9/30/22 | Walker County Juvenile Services Staffing | Huntsville |

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|---|---|
| Agenda Item: Consumer Services Report for July 2022 Committee: Program | Board Meeting Date: August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Consumer Services Report for July 2022 | |
| Recommended Action: For Information Only | |

Consumer Services Report

July 2022

| Consumer Services | Montgomery County | Cleveland | Liberty | Walker County | Total |
|--|-------------------|------------|------------|---------------|-------------|
| Crisis Services, MH Adults/Children | | | | | |
| Persons Screened, Intakes, Other Crisis Services | 570 | 36 | 26 | 69 | 701 |
| Transitional Services (LOC 5) | 0 | 0 | 0 | 0 | 0 |
| Psychiatric Emergency Treatment Center (PETC) Served | 0 | 0 | 0 | 0 | 0 |
| Psychiatric Emergency Treatment Center (PETC) Bed Days | 0 | 0 | 0 | 0 | 0 |
| Adult Contract Hospital Admissions | 62 | 3 | 6 | 6 | 77 |
| Child and Youth Contract Hospital Admissions | 3 | 1 | 0 | 0 | 4 |
| Total State Hospital Admissions | 1 | 0 | 0 | 0 | 1 |
| Routine Services, MH Adults/Children | | | | | |
| Adult Service Packages (LOC 1-4, FEP) | 1130 | 132 | 97 | 111 | 1470 |
| Adult Medication Services | 838 | 94 | 78 | 140 | 1150 |
| Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP) | 503 | 41 | 22 | 63 | 629 |
| Child Medication Services | 191 | 17 | 5 | 17 | 230 |
| TCOOMMI (Adult Only) | 101 | 12 | 9 | 7 | 129 |
| Adult Jail Diversions | 1 | 0 | 0 | 0 | 1 |
| Persons Served by Program, IDD | | | | | |
| Number of New Enrollments for IDD Services | 10 | 1 | 2 | 0 | 13 |
| Service Coordination | 584 | 28 | 41 | 66 | 719 |
| Persons Enrolled in Programs, IDD | | | | | |
| Center Waiver Services (HCS, Supervised Living) | 21 | 4 | 13 | 19 | 57 |
| Substance Abuse Services | | | | | |
| Children and Youth Prevention Services | 0 | 0 | 0 | 0 | 0 |
| Youth Substance Abuse Treatment Services/COPSD | 16 | 0 | 0 | 0 | 16 |
| Adult Substance Abuse Treatment Services/COPSD | 37 | 2 | 0 | 0 | 39 |
| Waiting/Interest Lists as of Month End | | | | | |
| Home and Community Based Services Interest List | 1777 | 159 | 137 | 205 | 2278 |
| SAMHSA Grant Served by County | | | | | |
| SAMHSA CCBHC Served | 117 | 31 | 7 | 6 | 161 |
| SAMHSA CMHC Served | 187 | 4 | 1 | 3 | 195 |
| July Served by County | | | | | |
| Adult Mental Health Services | 1623 | 161 | 125 | 236 | 2145 |
| Child Mental Health Services | 627 | 52 | 26 | 78 | 783 |
| Intellectual and Developmental Disabilities Services | 674 | 38 | 54 | 75 | 841 |
| Total Served by County | 2924 | 251 | 205 | 389 | 3769 |
| June Served by County | | | | | |
| Adult Mental Health Services | 1746 | 185 | 113 | 240 | 2284 |
| Child Mental Health Services | 702 | 61 | 35 | 74 | 872 |
| Intellectual and Developmental Disabilities Services | 724 | 42 | 57 | 69 | 892 |
| Total Served by County | 3172 | 288 | 205 | 383 | 4048 |

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|--|---|
| Agenda Item: Program Updates Committee: Program | Board Meeting Date: August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Program Updates | |
| Recommended Action: For Information Only | |

Program Updates

July 29, 2022 – August 25, 2022

Crisis Services

1. In FY 22, when compared to the same timeframe in FY 21, Crisis services had an increase in the overall number of assessments, number of involuntary clients, and, most significantly, in the number of children and youth (581 assessments in FY 21 and 891 assessments in FY 22).
2. Staff have utilized XFERALL for the past month and have had tremendous success at quickly securing hospital placements for both insured and uninsured individuals. This process has been utilized to place individuals in crisis from the rural clinics, medical facilities, and from the PETC. XFERALL has also been used on a daily basis for private contract hospital discharges to provide the necessary clinical documents and schedule aftercare appointments.
3. We have two new staff hired and in training for the Community MCOT positions, funded by SAMHSA. These two positions will work in partnership to provide crisis assessments in the community in all three counties, with a focus on home and school assessments.
4. We continue to have staffing shortages for the overnight shifts, often requiring the team supervisors to modify their schedules to cover these shifts. We currently have three positions open and one of the positions has been vacant for over six months.
5. The Montgomery County Community Crisis Collaborative is continuing to grow in membership. All of our area medical hospitals are represented along with law enforcement agencies, the court, and private psychiatric hospitals. Focus continues to be on the management of involuntary individuals through the crisis services delivery and improved communication between community agencies.

MH Adult Services

1. One of our Adult Advance Practice Registered Nurses (APRNs) resigned after experiencing some complications from a planned surgery. We currently have this position posted.
2. Adult Outpatient Services will host Prosumers International, a consulting firm who will evaluate existing peer programming and make recommendations for ways to improve services, for several days in September to talk to staff, clients, and learn about our culture.
3. Adult Outpatient Program staff presented to the IDD Service Coordination team about how mental health services can complement IDD services to provide more cohesive, holistic care to individuals served in both areas.
4. Adult Outpatient Programming has been working with other departments and resources to fill in gaps where we are short in staffing. This has taught the team to really listen to individual's specific needs, and guiding them to very specific resources to meet those needs and ensure clients do not fall through the cracks.
5. In fiscal year 2022, the Supported Housing program assisted 26 unique individuals experiencing housing instability or homelessness, find and maintain appropriate housing. Through this program individuals are connected to stable housing and provided with

tools, resources, and skills necessary to maintain independent housing following completion of the program.

6. The First Episode Psychosis program is celebrating the successful completion of services for two individuals. Both have worked hard to achieve their recovery goals and will be connected to a lower level of care to help with maintaining stability.

MH Child and Youth Services

1. We are excited to have finally filled the Child and Youth positions in Liberty County that have been vacant for some time, including the Administrator and three C&Y Mental Health Specialist positions. Two of the three new C&Y Mental Health Specialists are bilingual.
2. The new School Behavioral Health Clinical Liaison is already providing presentations and outreach for independent school districts across our catchment area. She has met with many of our key contacts, letting them know that she is ready to assist with increasing mental health awareness and linking students to services.
3. Wraparound Services are ramping up again for our youth with the most intensive needs. We were down to only one Wraparound Facilitator this summer, but we have three new hires in training or engaging their caseload.
4. The East Texas Behavioral Health Network (ETBHN) will be hosting a Summit on Youth Services at Tri-County's Conroe Facility on September 7th. The agenda includes discussions about school culture, intake processes for kids at the Centers, Critical Incident Stress Management (CISM) response planning and presentations from Andy Keller with the Meadows Mental Health Foundation and Lee Johnson of the Texas Council.

Criminal Justice Services

1. In July, the Criminal Justice Program Administrator provided training on mental health and substance use disorders to the Liberty County Jail Crisis Intervention Officers to raise awareness of behavioral health needs and provide skills to address needs.
2. The Outpatient Competency Restoration Coordinator is working with the District Attorney and two defense attorneys to coordinate several referrals for the Outpatient Competency Restoration program with a goal of diverting individuals with significant mental health needs from the State hospital.
3. The Jail Liaison continues to provide screening and continuity of care to ensure appropriate treatment is provided to address mental health needs. In July, the Jail Liaison provided care for 324 individuals, including screening, discharge planning, and coordinated ongoing care for individuals who were discharged from a hospital, facilitating connections to needed treatment.

Substance Use Disorder Services

1. Adult and Youth treatment continue to actively recruit key program positions, including an Administrator and Youth Counselor. In the interim, the team has come together to provide coverage to ensure individuals do not experience any disruption in services.
2. Our Prevention Team will be providing prevention skills group to the entire 6th grade in New Caney ISD. The team has been in collaboration with the schools to come up with a plan to ensure each student can complete a group by the end of the school year.

3. The Prevention Team has pre-scheduled groups and presentations for the upcoming school year. They are almost completely booked for the first semester.
4. Our Prevention Manager has met with Conroe ISD and is planning to provide regular prevention presentations to parents for the district. They are requesting that we focus many of the presentations on vaping education.

IDD Services

1. The new Critical Incident Management System (CIMS) launched on July 25, 2022. CIMS is a statewide tool used for reporting critical incidents of Abuse/Neglect/Exploitation (ANE) allegations and non-ANE allegations, including deaths of Medicaid enrolled participants. All LIDDAs must begin entering critical incidents into CIMS no later than November 1, 2022.
 - a. CIMS is significantly different than our historical process in CARE. The new system requires details surrounding the critical incident and plan to prevent reoccurrence. This entry will primarily involve the provider side.
2. Provider Services continues to fill vacant positions and are hopeful to have the majority filled by the end of August.
3. IDD Provider services has received some additional funding through American Rescue Plan Act (ARPA) Enhanced Home and Community-Based Services (HCBS) Provider funds for the months of March 1, 2022 through August 31, 2022. The dollars we received went directly to the Direct Care Providers of these services.
4. On Friday August, 5th, 2022 TCBHC staff conducted a presentation at the Tarkington Intermediate School in Cleveland, TX for the Southeast Texas Cooperative for Special Services. There were 150+ in attendance, and the group was primarily comprised of Special Education teachers, Special Education Support staff, and School-based Clinicians. TCBHC staff conducted a PowerPoint presentation for the group and discussed the following information:
 - Explanation and overview of HCS and TxHmL Waivers
 - Explanation of and instructions for accessing Waiver Interest List
 - Explanation and description of GR and CFC Non-wavier programs
 - Overview of the IDD Services Intake Process
 - Description of Targeted Case Management
 - Overview of Crisis Intervention Services
 - Overview of benefits eligibility and how TCBHC can assist
 - Overview of MCOs and their role in CFC Non-waiver services

During the presentation emphasis was placed on the importance of getting individuals on the HCS and TxHmL Interest Lists, and how TCBHC assists with this process. Staff set up a table in the auditorium and provided IDD Services pamphlets, informational materials, and LIDDA staff contact information to those in attendance. At the conclusion of the presentation there was a Q & A discussion, and then TCBHC staff remained during the break that followed to answer questions on an individual basis.

Support Services

1. Quality Management (QM):

- a. The Quality Management Department is currently working to fill one vacancy for the Administrator of Quality Management position.
- b. Staff reviewed and submitted 37 charts requested from two different insurance companies for records dating back to January 2021.
- c. Quality Management staff continue to conduct routine audits of provider documentation for quality assurance purposes. As part of these audits, staff reviewed 23 notes during this timeframe to ensure compliance and followed up with supervisors as deemed necessary.
- d. The Continuous Quality Improvement Committee met on August 1, 2022 to review data associated with FY 22 goals and discuss FY 23 goals.

2. Utilization Management (UM):

- a. The Junior Utilization Management Committee has been closely monitoring contract performance measures, and discussing these with staff as needed, in anticipation of COVID-19 flexibilities coming to an end.
- b. Staff reviewed 10% of all Center discharges for July to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers was provided as needed to ensure quality improvement.
- c. Staff reviewed the use of the COPSD Modifier for July for appropriateness. Staff reviewed 42 notes that utilized the COPSD Modifier and reached out to the appropriate individuals to initiate corrections as needed.

3. Training:

- a. On August 2nd, the Training Department held its first orientation class for 20 medical students from Sam Houston State University who will be doing rotations at our Center. We are hopeful that this opportunity will spark further interest in the behavioral health field.
- b. Staff are in the process of re-training 40% of all users of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) as required twice a year per our performance contract.
- c. On July 28th, the Clinical Trainer along with the Region 6 Outreach Specialist and the Administrator of Special Projects, trained around 50 school counselors on therapeutic techniques that can be utilized with students struggling with behavioral health concerns. The training was well received and we are excited about the opportunity to continue to collaborate with schools to better meet the behavioral healthcare needs in our communities.

4. Veteran Services and Veterans Counseling/Case Management

- a. We submitted a new grant with BeWellTexas for FY23 in hopes of continuing therapy and case management services with area veterans and their families.
- b. Staff attended the South East Texas Gulf Coast Region Veterans Mental Health Summit.
- c. Staff will continue offering evening therapy appointments for Veterans coming in from Camp Valor through September 30, 2022, when that grant ends.

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

- a. The IDD PNAC met on August 10, 2022 to review and discuss key Center updates, financials, performance measures and community and program highlights. The committee continued to discuss membership needs.

Community Activities

1. Staff attended the Back to School Bash for Conroe ISD. Several hundred students were given free back packs filled with school supplies, free haircuts, and food. We passed out information on our services and Mental Health First Aid, and gave out over 300 “fidget” toys.
2. Staff attended the Mayor’s Homeless Taskforce meeting to discuss the recent increase in homelessness in the Conroe area.
3. Our new Community Outreach & Mental Wellbeing Coordinator, our Mental Health First Aid Coordinator and our Veterans Case Manager attended the 2022 Overdose Awareness Day Walk on Saturday morning, August 13th and then their evening event Sunday, August 14, 2022.

Agenda Item: Approve Board Policy E.28 – Public Health Provider – Charity Care Pool (PHP-CCP)

Board Meeting Date

August 25, 2022

Committee: Executive

Background Information:

The Center has two strategies to secure 1115 Medicaid Transformation Waiver funding during the 10-year extension of the 1115 program. The first of these mechanisms is called the Directed Payment Program for Behavioral Health Services (DPP-BHS) and it is a quality-based incentive for Medicaid services which is paid as an add-on to certain Medicaid MCO claims. The second of these strategies is the Public Health Provider – Charity Care Pool (PHP-CCP) which provides a mechanism to recoup costs for uncompensated care of certain services via an annual cost report.

The PHP-CCP strategy includes a requirement for the Board’s approval of the attached PHP-CCP Policy statement.

Policy E.28 includes the following key provisions:

- Eligibility criteria for financial assistance - free and discounted (partial charity care).
- The basis for calculating amounts charged to clients served eligible for financial assistance under this policy.
- The method by which clients served may apply for financial assistance.
- Requirements for the Center to widely publicize the policy to the Community.
- Limits the amounts that the Center will charge for eligible services provided to clients qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).

This policy statement has been developed by HHSC and any modifications to the policy must be approved by them.

Operationally, E.28 will require Tri-County to implement some new business practices including more focused collection of fees for services – “Clients are expected to cooperate with the Center’s procedures for obtaining charity care or other forms of payment of financial assistance, and to contribute to the cost of their care based on their individual ability to pay subject to the rules, regulations, and contractual requirements of the Center’s various funding agencies. ”

Supporting Documentation:

New Board Policy E.28 – Public Health Provider – Charity Care Pool (PHP-CCP)

Recommended Action:

Approve Board Policy E.28 – Public Health Provider – Charity Care Pool (PHP-CCP)

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

August 25, 2022
Date

ORIGINAL EFFECTIVE DATE: October 1, 2022

SUBJECT: Public Health Provider - Charity Care Pool

PURPOSE:

Tri-County Behavioral Health Care (the Center) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. The Center strives to ensure that the financial capacity of clients who need quality healthcare services does not prevent them from seeking or receiving care.

Accordingly, this policy:

- Includes eligibility criteria for financial assistance - free and discounted (partial charity care).
- Describes the basis for calculating amounts charged to clients served eligible for financial assistance under this policy.
- Describes the method by which clients served may apply for financial assistance.
- Describes how the Center will widely publicize the policy to the Community.
- Limits the amounts that the Center will charge for eligible services provided to clients qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).

Clients are expected to cooperate with the Center's procedures for obtaining charity care or other forms of payment of financial assistance, and to contribute to the cost of their care based on their individual ability to pay subject to the rules, regulations, and contractual requirements of the Center's various funding agencies.

To manage its resources responsibly and to allow the Center to provide the appropriate level of assistance to the greatest number of people in need, the Board of Trustees establishes the following guidelines for the provision of client charity care.

DEFINITIONS:

For this policy, the terms below are defined as follows:

- **Charity Care:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity Care results from the Center's policy to provide healthcare services free or at a discount to clients who meet the established criteria.
- **Bad Debt:** Healthcare services that have been or will be provided and cash inflow is anticipated for all or a portion of the charge. Includes the monthly Sliding Scale Fee Schedule charges not collected for clients above 150% of FPL. Bad Debt is not eligible for reimbursement from federal charity care programs.
- **Family:** According to the Census Bureau, a group of two (2) or more people who reside together and who are related by birth, marriage, or adoption. In addition, according to Internal Revenue Service rules, if a client claims someone as a dependent on his/her income tax return, that person may be considered a dependent for purposes of the provision of financial assistance.
- **Family Income:** Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
 - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trust, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
 - Noncash benefits (such as food stamps and housing subsidies) do not count.
 - Determined on a before-tax basis.
 - Excludes capital gains or losses; and
 - If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).
- **Uninsured:** A person who has no level of insurance or third-party assistance with meeting his/her payment obligations.
- **Underinsured:** A person who has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- **Gross Charges:** Total charges at the Center's full established rates for the provision of client care services before deductions from revenue are applied.

- **Sliding Scale Fee Schedules:** Client financial share calculated utilizing rules, regulations, and contractual requirements of the Center's various funding agencies. (HHSC MH/IDD; HHSC ECI; HHSC Autism; TCOOMMI, etc.).

PROCEDURES:

- A. **Services Eligible Under This Policy** – For purposes of this policy, “charity care” or “financial assistance” refers to healthcare services provided by the Center without charge or at a discount to qualifying clients. The following healthcare services are eligible for charity care:
1. Behavioral health services
 2. Immunizations
 3. Public health services
 4. Other preventative services
- B. **Eligibility for Charity Care** – Eligibility for charity care will be considered for those clients who are uninsured, underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity care is based on an individualized determination of financial need, and does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.
- C. **Method by Which Clients May Apply or be Assessed for Charity Care -**
1. Financial need is determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application or assessment process, in which the client or the client's Legally Authorized Representative (LAR) are required to cooperate and supply personal financial and other information and documentation relevant to making a determination of financial need.
 - b. Include the use of external publicly available data sources that provide information on a client's or LAR's ability to pay (such as credit scoring).
 - c. Include reasonable efforts by the Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist clients to apply for such programs.
 - d. Consider the client's available assets, and all other financial resources available to the client.
 - e. Include a review of the client's outstanding accounts receivable for prior services rendered and the client's payment history.
 2. A request or assessment for charity care and a determination of financial need can be done at any point in the collection cycle but is preferred to be completed within the first 30 days of treatment. The need for financial assistance is re-evaluated annually and whenever a significant change has occurred which affects the client's or LAR's eligibility for charity care.

3. The Center's values of human dignity and stewardship shall be reflected in the application, financial need determination and granting of charity care. Requests for charity care shall be processed promptly with notification to the client of LAR in writing within 30 days of receipt of a completed application or assessment.

D. **Presumptive Financial Assistance Eligibility** – There are instances when a client may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the client served or through other sources, which provide sufficient evidence to provide the client with charity care assistance. In the event there is no evidence to support a client's eligibility for charity care, the Center can use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined based on individual life circumstances that may include:

1. State-funded prescription programs.
2. Homeless or received care from homeless clinic.
3. Participation in Women, Infants and Children program (WIC).
4. Food stamp eligibility.
5. Subsidized school lunch program eligibility.
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
7. Low income/subsidized housing is provided as a valid address; and
8. Client is deceased with no known estate.

E. **Eligibility Criteria and Amounts Charged to Clients** – Services eligible under this Policy are made available to clients on Sliding Scale Fee Schedules, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts charged to clients served who qualify for financial assistance is as follows:

1. Clients whose family income is at or below 150% of the FPL are eligible to receive services at a discount of 100%.
2. Clients whose family income is above 150% but not more than 200% of the FPL are eligible to receive services at a discount (partial charity care) at rates discounted using Sliding Scale Fee Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.
3. Clients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Center; however, the discounted rates shall not be greater than the amounts generally billed to private or public insurance and discounted using Sliding Scale Fee

Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.

- F. **Communication of the Charity Care Program to Clients and Within the Community** – Notification about charity care available from the Center, includes a contact number, and is disseminated by various means, which includes, but are not limited to, the publication of notices in monthly statements and by posting notices in clinics, waiting areas, intake and assessment, business offices, and financial services that are located in Center facilities, and other public places as elected. The Center widely publicizes a summary of this charity care policy on the Center website, in brochures available in client access sites and at other places within the community served by the Center. Such notices and summary information are provided in accordance with the Center’s Cultural and Linguistic Competency Plan.
- G. **Relationship to Collection Policies** – The Center develops policies and procedures for internal and external collection practices (including actions the Center may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the client qualifies for charity care, a client’s good faith effort to apply for charity care from the Center, and the client’s good faith effort to comply with his or her payment agreements with the Center. For clients who qualify for charity care and who are cooperating in good faith to resolve their discounted bills, the Center may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. The Center will not impose extraordinary collection actions such as wage garnishments; liens on primary residences, or other legal actions for any client without first making reasonable efforts to determine whether that client is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
1. Validating that the client owes the unpaid charges and that all sources of third-party payment have been identified and billed by the center.
 2. Documentation that the Center has attempted to offer the client the opportunity to apply or be assessed for charity care pursuant to this policy and that the client has not complied with the Center’s financial assessment requirements.
 3. Documentation that the client does not qualify for financial assistance on a presumptive basis.
 4. Documentation that the client has been offered a payment plan but has not honored the terms of that plan.
- H. **Regulatory Requirements** – Implementation of this Policy does not negate or supersede compliance with all other federal, state, and local laws, rules, and regulations applicable to the services outlines herein.
- I. **Staffing Training Requirements** – Staff will adhere to parameters outlined in TAC Rule §355.8215 and Healthcare Financial Management Association guidance found in the June, 2019 Statement 15: “Valuation and Financial Statement Presentation of Charity Care, Implicit Price Concessions and Bad Debts by Institutional Health Care Providers” in relation Charity Care.

| | |
|---|--|
| Agenda Item: Annual Election of FY 2023 Board Officers Committee: Executive | Board Meeting Date August 25, 2022 |
| Background Information: The By-laws for the Tri-County Board of Trustees require Board officers to be elected each fiscal year. Morris Johnson, Chair of the Nominating Committee, will present the slate of officers for election. Members of the Nominating Committee also include Sharon Walker, Tim Cannon and Jacob Paschal. | |
| Supporting Documentation: None | |
| Recommended Action: Elect Officers for FY 2023 Board of Trustees | |

| | |
|--|--|
| Agenda Item: Executive Director's Annual Evaluation, Compensation and Contract for FY 2023 Committee: Executive | Board Meeting Date August 25, 2022 |
| Background Information: Annually, the Board of Trustees reviews the Executive Director's performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2022 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Gail Page, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Tracy Sorensen and Richard Duren. | |
| Supporting Documentation: None | |
| Recommended Action: Review Executive Director's Evaluation, Compensation and Contract Extension and Take Appropriate Action | |

| | |
|---|---|
| Agenda Item: Personnel Report for July 2022 Committee: Executive | Board Meeting Date: August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Personnel Report for July 2022 | |
| Recommended Action: For Information Only | |

Personnel Report July 2022

Total Applications received in July = 220

Total New Hires for July = 16

Total New Hires Year to Date = 122

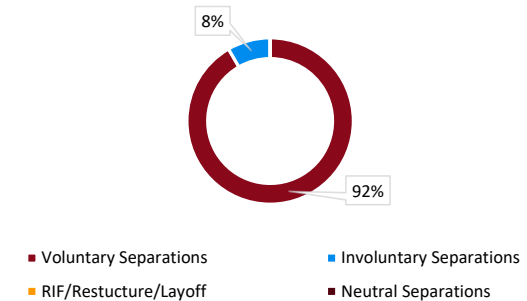
Total Budgeted FTE Positions = 461.23

Vacant FTE Positions = 118.05

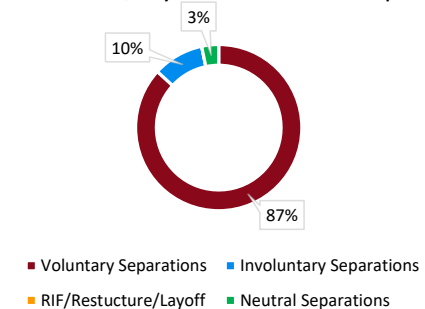
| July Turnover - FY22 compared to FY21 | FY22 | FY21 |
|---------------------------------------|------|------|
| Number of Active Employees | 354 | 346 |
| Number of Monthly Separations | 12 | 20 |
| Number of Separations YTD | 121 | 125 |
| Year to Date Turnover Rate | 34% | 36% |
| July Turnover Rate | 3% | 6% |

| Separations by Reason | July Separations | FY22 YTD |
|-------------------------------------|------------------|------------|
| Better Pay | 2 | 14 |
| Commute | 1 | 5 |
| Death | 0 | 0 |
| Dissatisfaction with Supervisor/Job | 0 | 0 |
| Family | 2 | 10 |
| Another job | 5 | 39 |
| Lack of Opportunity for Advancement | 0 | 1 |
| Relocating | 0 | 9 |
| Retirement | 0 | 4 |
| Return to School | 0 | 7 |
| Schedule | 0 | 4 |
| Uncomfortable with Job Duties | 0 | 1 |
| Health | 1 | 12 |
| RIF/Restructure/Layoff | 0 | 0 |
| Neutral Termination | 0 | 4 |
| Involuntarily Terminated | 1 | 11 |
| Total Separations | 12 | 121 |

July Voluntary, Involuntary, RIF/Restructure/Layoff and Neutral Separations



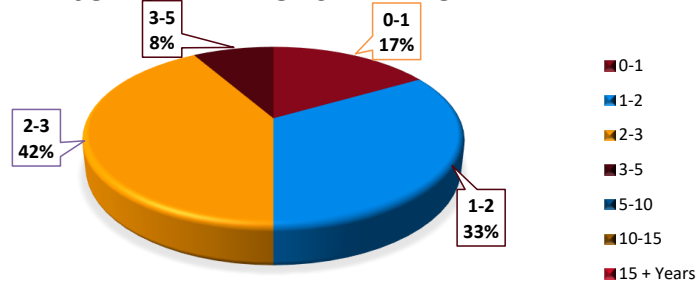
Year to Date Voluntary, Involuntary, RIF/Restructure/Layoff and Neutral Separations



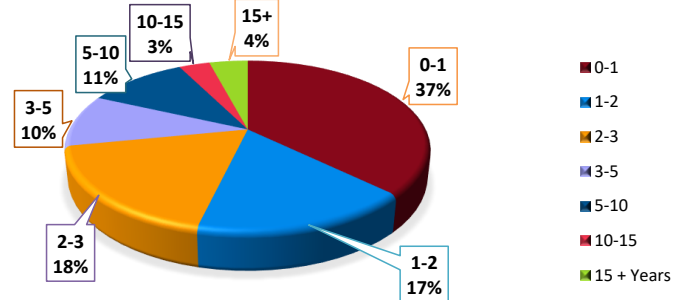
| Management Team | # of Employees | July Separations | Year to Date Separations | % July | % Year to Date |
|--------------------------|----------------|------------------|--------------------------|--------|----------------|
| Evan Roberson | 39 | 0 | 9 | 0% | 23% |
| Millie McDuffey | 34 | 1 | 5 | 3% | 15% |
| Amy Foerster | 5 | 0 | 1 | 0% | 20% |
| Tanya Bryant | 10 | 0 | 2 | 0% | 20% |
| Sara Bradfield | 83 | 5 | 28 | 6% | 34% |
| Melissa Zemencsik | 78 | 5 | 34 | 6% | 44% |
| Catherine Prestigiovanni | 6 | 0 | 9 | 0% | 150% |
| PETC | 28 | 0 | 18 | 0% | 64% |
| Yolanda Gude | 38 | 1 | 10 | 3% | 26% |
| Kathy Foster | 25 | 0 | 5 | 0% | 20% |
| Kenneth Barfield | 8 | 0 | 0 | 0% | 0% |
| Total | 354 | 12 | 121 | | |

| Separation by EEO Category | # of Employees | July Separations | Year to Date Separations | % July | % Year to Date |
|--|----------------|------------------|--------------------------|--------|----------------|
| Supervisors & Managers | 26 | 0 | 6 | 0% | 23% |
| Medical (MD,DO, PA, Psychologist) | 8 | 0 | 1 | 0% | 13% |
| Nursing (LVN, RN, APN) | 24 | 0 | 15 | 0% | 63% |
| Professionals (QMHP) | 108 | 7 | 53 | 6% | 49% |
| Professionals (QIDP) | 29 | 1 | 10 | 3% | 34% |
| Licensed Staff (LCDC, LPC...) | 33 | 1 | 7 | 3% | 21% |
| Business Services (Accounting) | 12 | 0 | 1 | 0% | 8% |
| Central Administration (HR, IT, Executive Director) | 17 | 0 | 1 | 0% | 6% |
| Program Support (Financial Counselors, QA, Training, Med. Records) | 59 | 3 | 18 | 5% | 31% |
| Nurse Technicians/Aides | 13 | 0 | 6 | 0% | 46% |
| Service/Maintenance | 7 | 0 | 0 | 0% | 0% |
| Direct Care (HCS, Respite, Life Skills) | 18 | 0 | 3 | 0% | 17% |
| Total | 354 | 12 | 121 | | |

JULY SEPARATIONS BY TENURE

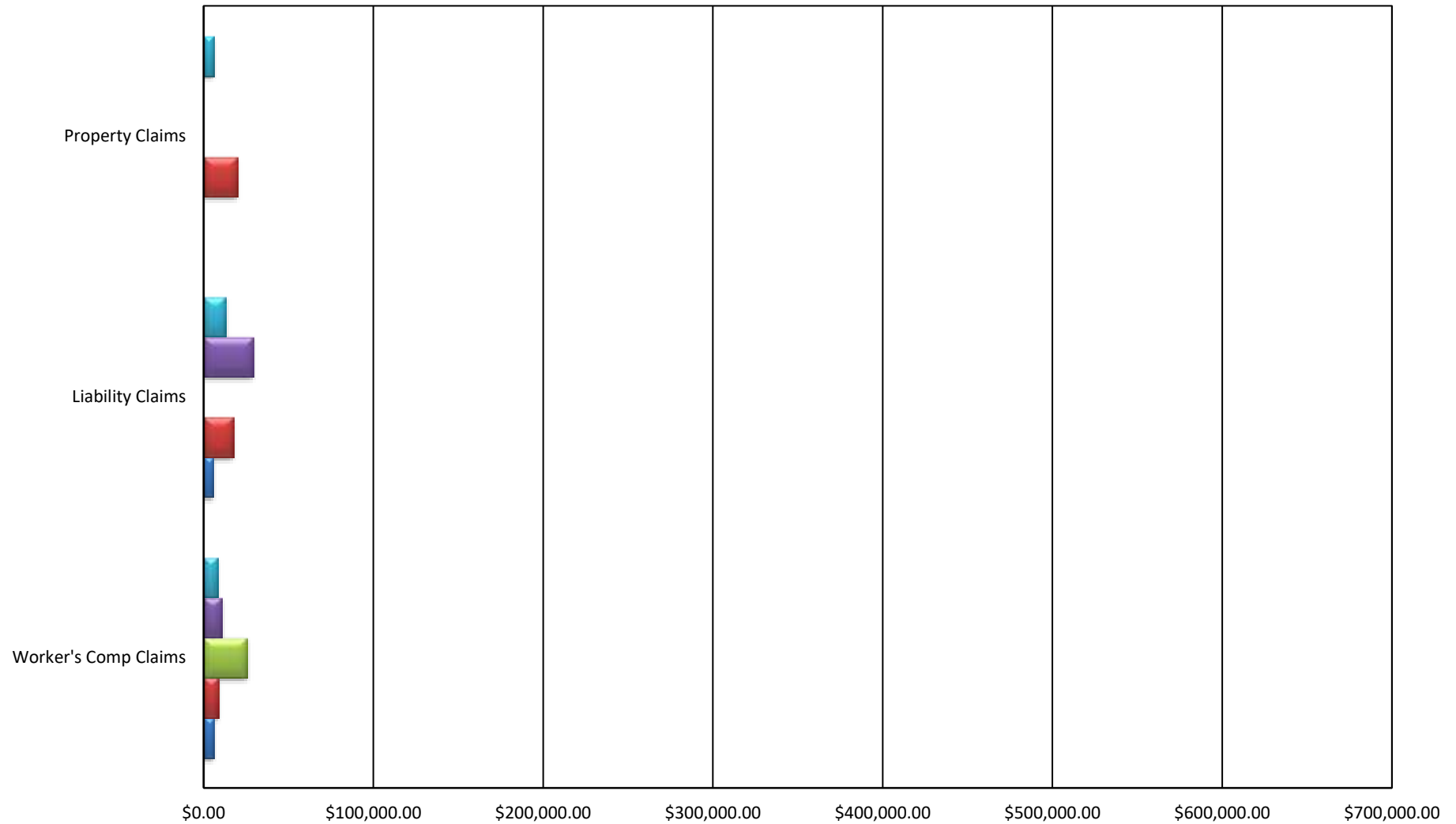


YEAR TO DATE SEPARATIONS BY TENURE



| | |
|--|---|
| Agenda Item: Texas Council Risk Management Fund Claims Summary for July 2022 Committee: Executive | Board Meeting Date: August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Texas Council Risk Management Fund Claims Summary for July 2022 | |
| Recommended Action: For Information Only | |

TCRMF Claims Summary July 2022



| | Worker's Comp Claims | Liability Claims | Property Claims |
|------|----------------------|------------------|-----------------|
| 2018 | \$8,202.00 | \$13,108.00 | \$6,126.00 |
| 2019 | \$10,826.00 | \$29,330.00 | \$0.00 |
| 2020 | \$25,847.00 | \$0.00 | \$0.00 |
| 2021 | \$8,860.00 | \$17,512.00 | \$20,074.00 |
| 2022 | \$5,831.00 | \$5,778.00 | \$0.00 |

| | |
|--|--|
| Agenda Item: Approve July 2022 Financial Statements Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: July 2022 Financial Statements | |
| Recommended Action: Approve July 2022 Financial Statements | |

July 2022 Financial Summary

Revenues for July 2022 were \$3,949,622 and operating expenses were \$3,637,621 resulting in a gain in operation of \$312,001. Capital Expenditures and Extraordinary Expenses for July were \$304,235 resulting in a gain of \$7,765. Total revenues were 122.70% of the monthly budgeted revenues and total expenses were 123.59% of the monthly budgeted expenses (difference of -.89%).

Year to date revenues are \$35,881,173 and operating expenses are \$33,297,132 leaving excess operating revenues of \$2,584,041. YTD Capital Expenditures and Extraordinary Expenses are \$2,205,153 resulting in a gain YTD of \$378,888. Total revenues are 102.22% of the YTD budgeted revenues and total expenses are 101.67% of the YTD budgeted expenses (difference of .55%).

REVENUES

Earned Revenue Items that are below the budget by more than \$10,000:

| Revenue Source | YTD Revenue | YTD Budget | % of Budget | \$ Variance |
|-------------------------------|--------------------|-------------------|--------------------|--------------------|
| Title XIX Case Management MH | 400,014 | 485,179 | 82.47% | 85,165 |
| Title XIX Case Management IDD | 1,066,772 | 1,305,719 | 81.70% | 238,947 |
| Title XIX Rehabilitation | 1,124,038 | 1,239,735 | 90.67% | 115,697 |

Earned Income – The above listed items are earned revenue lines with variances of over \$10,000. We have separated revenue sources into two categories, Earned Income and Grant Funded Cost Reimbursement Programs to make it easier to follow what is happening with our revenue lines.

As we have seen the last couple of years, staff vacancies continue to cause our revenues to be under budget. We don't anticipate that this will change before sometime in the next fiscal year.

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

| Revenue Source | YTD Revenue | YTD Budget | % of Budget | \$ Variance |
|--------------------------|--------------------|-------------------|--------------------|--------------------|
| SAMHSA CCBHC-E | 960,927 | 1,362,244 | 70.54% | 401,317 |
| DSHS Gen Rev Crisis-PESC | 1,434,293 | 1,723,610 | 83.21% | 289,317 |

| | | | | |
|----------------------------------|---------|---------|--------|---------|
| HHSC-COPSD | 11,414 | 48,112 | 23.72% | 36,698 |
| DADS – Autism Program | 102,565 | 118,605 | 86.47% | 16,040 |
| DSHS SA Prevention | 190,800 | 214,313 | 89.03% | 23,513 |
| HHSC – HB13 – SA Admin | 29,741 | 61,368 | 48.46% | 31,627 |
| UTSA – Veterans Services Program | 235,722 | 337,731 | 69.80% | 102,009 |

Grant Funded Cost Reimbursement Programs – The above listed items are grant funded cost reimbursement programs with variances over \$10,000. As with the Earned Revenue, staff vacancies are the biggest reason we have underspent on these cost reimbursement programs as well. The good thing about these programs is that there is an offset on the expense side of unspent funds. Hopefully we will start to see an increase in hiring staff by the beginning of the next fiscal year.

The DSHS Gen Rev Crisis – PESC fund listing above is the funding from the CSU being closed since November 1st. This was also due to the lack of available RN staff required for compliance with licensing rules for a CSU unit.

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 |
|--------------------------------|---------------------|-------------------|--------------------|--------------------|
| Advertising – Recruitment | 49,149 | 31,100 | 158.04% | 18,049 |
| Building Repairs & Maintenance | 232,203 | 149,410 | 155.41% | 82,793 |
| Consumer Services - General | 426,757 | 176,831 | 241.36% | 249,926 |
| Contract Hospitals – Adults | 3,367,725 | 2,387,591 | 141.05% | 980,134 |
| Contract Hospitals – Child | 362,790 | 322,877 | 112.36% | 39,913 |
| Contract Non-Clinical | 1,134,333 | 1,045,168 | 108.53% | 89,165 |
| Contract – Clinical | 782,100 | 623,361 | 125.47% | 158,739 |
| Consultant – Other | 725,235 | 625,250 | 115.99% | 99,985 |
| Equipment Repair & Maintenance | 22,351 | 4,048 | 552.15% | 18,303 |

| | | | | |
|------------------------------|---------|---------|---------|---------|
| Fixed Asset – Furn. & Equip. | 180,439 | 132,924 | 135.75% | 47,515 |
| Fixed Asset - Vehicles | 187,939 | 0 | 0% | 187,939 |
| License Fees – Software | 492,454 | 298,930 | 164.74% | 193,524 |
| Utilities - Electricity | 198,487 | 185,803 | 106.83% | 12,684 |

Advertising – Recruitment – This line represents our increase in advertising costs as we look for new ways to recruit staff while we have so many vacancies agency wide.

Building Repairs & Maintenance – This line item continues to show an increase this month due to additional air conditioning expenses at our Conroe location.

Consumer Services – General – This line item represents the TANF funding that we received mid-year that is providing clients with assistance needed for housing and utilities etc. Both revenue and expense will be added in the final budget revision.

Contract Hospitals – Adults – This line item is for the contract hospital beds. This line has been up all year based on the CSU being closed since November. We have been fortunate to have ARPA funding and one other source to help pay for these costs. We have been given permission to spend the lapsed PESC funds for the remaining part of the fiscal year.

Contract Hospitals – Child – This line item is for the contract hospital beds for children. This line has also been up all year based on the increased need of our child population.

Contract – Non-Clinical – This line item is for non-clinical contracts for the agency. The increase in this line is due to the services that we have added for the Porter facility, such as landscaping and janitorial services. The itemized budget for the Porter Clinic is included in the year end revision.

Contract – Clinical – This line item is the doctor fees that go along with the contract hospital lines that are listed above and also the Child doctor that was contracted for Porter clinic.

Consultant – Other - This line item reflects the next payments due for the Streamline software consultant portion of the software conversion. This purchase was approved by the Board of Directors at the May meeting. This is included in the year end revision.

Equipment Repair & Maintenance – This line item remains on the variance report from the cost of servicing our generators at the at CSU facility which was completed in May.

Fixed Asset – Furn. & Equipment – This line is the amount paid for the furniture that we purchased for the additional offices that have been added with the Liberty Clinic renovation. This will be adjusted at the final budget revision.

Fixed Asset – Vehicles – This line item reflects the purchase of three of the SUV's and the ¾ Ton Truck that was approved to be purchased at the July Board meeting. The remaining SUV's were purchased at the beginning of August.

License Fees – Software – This line item reflects the next subscription fee for the Streamline Software purchase. This purchase was approved by the Board of Directors at the May meeting. This is included in the year end revision.

Utilities – Electricity – This line item reflects the electric service for all the Tri-County facilities. We have gone over the budgeted amount due to the addition of the Porter facility. This is added in the year in revision.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 2022**

| | TOTALS COMBINED FUNDS July 2022 | TOTALS COMBINED FUNDS June 2022 | Increase (Decrease) |
|---|--|--|--------------------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Imprest Cash Funds | 1,750 | 461 | 1,289 |
| Cash on Deposit - General Fund | 3,534,903 | 6,242,962 | (2,708,059) |
| Cash on Deposit - Debt Fund | - | - | - |
| Accounts Receivable | 6,236,540 | 5,585,433 | 651,107 |
| Inventory | 2,147 | 2,205 | (58) |
| TOTAL CURRENT ASSETS | 9,775,340 | 11,831,061 | (2,055,721) |
| FIXED ASSETS | 18,541,959 | 18,541,959 | - |
| OTHER ASSETS | 244,135 | 190,435 | 53,700 |
| TOTAL ASSETS | \$ 28,561,434 | \$ 30,563,455 | \$ (2,002,020) |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | | |
| CURRENT LIABILITIES | 2,114,794 | 1,676,957 | 437,837 |
| NOTES PAYABLE | 738,448 | 738,448 | - |
| DEFERRED REVENUE | (1,579,425) | 874,365 | (2,453,790) |
| LONG-TERM LIABILITIES FOR | | | |
| First Financial Conroe Building Loan | 10,244,666 | 10,287,767 | (43,101) |
| Guaranty Bank & Trust Loan | 1,806,255 | 1,811,745 | (5,490) |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | | |
| General Fund | 378,888 | 371,123 | 7,765 |
| FUND EQUITY | | | |
| RESTRICTED | | | |
| Net Assets Reserved for Debt Service | (12,050,921) | (12,099,512) | 48,591 |
| Reserved for Debt Retirement | | | - |
| COMMITTED | | | |
| Net Assets - Property and Equipment | 18,541,959 | 18,541,959 | - |
| Reserved for Vehicles & Equipment Replacement | 613,712 | 613,712 | - |
| Reserved for Facility Improvement & Acquisitions | 1,735,901 | 1,735,901 | - |
| 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 | 67,837 | 61,670 | 6,167 |
| Reserved for Insurance Deductibles | 100,000 | 100,000 | - |
| Reserved for Accrued Paid Time Off | (738,448) | (738,448) | - |
| UNASSIGNED | | | |
| Unrestricted and Undesignated | 4,310,682 | 4,310,681 | 1 |
| TOTAL LIABILITIES/FUND BALANCE | \$ 28,561,434 | \$ 30,563,455 | \$ (2,002,020) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 2022

| | General Operating Funds | Memorandum Only Final August 2021 |
|---|-------------------------------|---|
| ASSETS | | |
| CURRENT ASSETS | | |
| Imprest Cash Funds | 1,750 | 2,850 |
| Cash on Deposit - General Fund | 3,534,903 | 8,111,466 |
| Cash on Deposit - Debt Fund | - | - |
| Accounts Receivable | 6,236,540 | 3,656,102 |
| Inventory | 2,147 | 2,918 |
| TOTAL CURRENT ASSETS | 9,775,340 | 11,773,337 |
| FIXED ASSETS | 18,541,959 | 18,541,959 |
| OTHER ASSETS | 244,135 | 164,343 |
| | - | - |
| | \$ 28,561,434 | \$ 30,479,639 |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | |
| CURRENT LIABILITIES | 2,114,794 | 1,489,380 |
| NOTES PAYABLE | 738,448 | 738,448 |
| DEFERRED REVENUE | (1,579,425) | 646,820 |
| LONG-TERM LIABILITIES FOR | | |
| First Financial Conroe Building Loan | 10,244,666 | 10,709,095 |
| Guaranty Bank & Trust Loan | 1,806,255 | - |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | |
| General Fund | 378,888 | (188,629) |
| FUND EQUITY | | |
| RESTRICTED | | |
| Net Assets Reserved for Debt Service - Restricted | (12,050,921) | (10,709,095) |
| Reserved for Debt Retirement | - | - |
| COMMITTED | | |
| Net Assets - Property and Equipment - Committed | 18,541,959 | 18,541,959 |
| Reserved for Vehicles & Equipment Replacement | 613,712 | 613,712 |
| Reserved for Facility Improvement & Acquisitions | 1,735,901 | 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 | 67,837 | - |
| Reserved for Insurance Deductibles - Assigned | 100,000 | 100,000 |
| Reserved for Accrued Paid Time Off | (738,448) | (738,448) |
| UNASSIGNED | | |
| Unrestricted and Undesignated | 4,310,682 | 4,499,309 |
| TOTAL LIABILITIES/FUND BALANCE | \$ 28,561,435 | \$ 30,479,638 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended July 2022
and Year To Date as of July 2022

| INCOME: | MONTH OF July 2022 | YTD July 2022 |
|---|-------------------------------|--------------------------|
| Local Revenue Sources | 67,326 | 2,356,129 |
| Earned Income | 1,815,469 | 15,660,833 |
| General Revenue - Contract | 2,066,827 | 17,864,211 |
| TOTAL INCOME | \$ 3,949,622 | \$ 35,881,173 |
| EXPENSES: | | |
| Salaries | 1,901,126 | 18,672,329 |
| Employee Benefits | 342,267 | 3,486,919 |
| Medication Expense | 40,108 | 518,740 |
| Travel - Board/Staff | 19,305 | 239,867 |
| Building Rent/Maintenance | 57,911 | 289,208 |
| Consultants/Contracts | 839,934 | 7,232,774 |
| Other Operating Expenses | 436,969 | 2,857,295 |
| TOTAL EXPENSES | \$ 3,637,621 | \$ 33,297,132 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 312,001 | \$ 2,584,041 |
| CAPITAL EXPENDITURES | | |
| Capital Outlay - FF&E, Automobiles, Building | 224,183 | 1,376,500 |
| Capital Outlay - Debt Service | 80,053 | 828,653 |
| TOTAL CAPITAL EXPENDITURES | \$ 304,235 | \$ 2,205,153 |
| GRAND TOTAL EXPENDITURES | \$ 3,941,856 | \$ 35,502,285 |
| Excess (Deficiency) of Revenues and Expenses | \$ 7,765 | \$ 378,888 |

| | | |
|--|---------------|----------------|
| Debt Service and Fixed Asset Fund: | | |
| Debt Service | 80,053 | 828,653 |
| Excess (Deficiency) of Revenues over Expenses | 80,053 | 828,653 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of July 2022

| | YTD July 2022 | APPROVED BUDGET | Increase (Decrease) |
|---|----------------------|----------------------|------------------------|
| INCOME: | | | |
| Local Revenue Sources | 2,356,129 | 1,986,360 | 369,769 |
| Earned Income | 15,660,833 | 15,206,699 | 454,134 |
| General Revenue-Contract | 17,864,211 | 17,908,628 | (44,418) |
| TOTAL INCOME | \$ 35,881,173 | \$ 35,101,687 | \$ 779,485 |
| EXPENSES: | | | |
| Salaries | 18,672,329 | 19,859,179 | (1,186,850) |
| Employee Benefits | 3,486,919 | 3,600,414 | (113,495) |
| Medication Expense | 518,740 | 563,394 | (44,654) |
| Travel - Board/Staff | 239,867 | 305,022 | (65,155) |
| Building Rent/Maintenance | 289,208 | 207,859 | 81,349 |
| Consultants/Contracts | 7,232,774 | 5,915,090 | 1,317,684 |
| Other Operating Expenses | 2,857,295 | 2,374,977 | 482,318 |
| TOTAL EXPENSES | \$ 33,297,132 | \$ 32,825,935 | \$ 471,197 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 2,584,041 | \$ 2,275,752 | \$ 308,289 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles, Building | 1,376,500 | 1,263,155 | 113,345 |
| Capital Outlay - Debt Service | 828,653 | 828,674 | (21) |
| TOTAL CAPITAL EXPENDITURES | \$ 2,205,153 | \$ 2,091,829 | \$ 113,324 |
| GRAND TOTAL EXPENDITURES | \$ 35,502,285 | \$ 34,917,764 | \$ 584,521 |
| Excess (Deficiency) of Revenues and Expenses | \$ 378,888 | \$ 183,923 | \$ 194,965 |

| | | | |
|---|----------------|----------------|-------------|
| Debt Service and Fixed Asset Fund: | | | |
| Debt Service | 828,653 | 828,674 | (21) |
| Excess(Deficiency) of Revenues over Expenses | 828,653 | 828,674 | (21) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended July 2022

| INCOME: | MONTH OF July 2022 | APPROVED BUDGET | Increase (Decrease) |
|--------------------------|-------------------------------|----------------------------|--------------------------------|
| Local Revenue Sources | 67,326 | 134,566 | (67,240) |
| Earned Income | 1,815,469 | 1,506,695 | 308,774 |
| General Revenue-Contract | 2,066,827 | 1,577,605 | 489,222 |
| TOTAL INCOME | \$ 3,949,622 | \$ 3,218,866 | \$ 730,756 |

| | | | |
|---------------------------|---------------------|---------------------|-------------------|
| EXPENSES: | | | |
| Salaries | 1,901,126 | 2,020,436 | (119,310) |
| Employee Benefits | 342,267 | 368,711 | (26,444) |
| Medication Expense | 40,108 | 59,854 | (19,746) |
| Travel - Board/Staff | 19,305 | 34,894 | (15,589) |
| Building Rent/Maintenance | 57,911 | 17,879 | 40,032 |
| Consultants/Contracts | 839,934 | 305,184 | 534,750 |
| Other Operating Expenses | 436,969 | 221,289 | 215,680 |
| TOTAL EXPENSES | \$ 3,637,621 | \$ 3,028,247 | \$ 609,374 |

| | | | |
|---|-------------------|-------------------|-------------------|
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 312,001 | \$ 190,619 | \$ 121,382 |
|---|-------------------|-------------------|-------------------|

| | | | |
|--|-------------------|-------------------|-------------------|
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles, Building | 224,183 | 81,166 | 143,017 |
| Capital Outlay - Debt Service | 80,053 | 80,055 | (2) |
| TOTAL CAPITAL EXPENDITURES | \$ 304,235 | \$ 161,221 | \$ 143,014 |

| | | | |
|---------------------------------|---------------------|---------------------|-------------------|
| GRAND TOTAL EXPENDITURES | \$ 3,941,856 | \$ 3,189,468 | \$ 752,388 |
|---------------------------------|---------------------|---------------------|-------------------|

| | | | |
|---|-----------------|------------------|--------------------|
| Excess (Deficiency) of Revenues and Expenses | \$ 7,765 | \$ 29,398 | \$ (21,633) |
|---|-----------------|------------------|--------------------|

| | | | |
|--|---------------|---------------|------------|
| Debt Service and Fixed Asset Fund: | | | |
| Debt Service | 80,053 | 80,055 | (2) |
| Excess (Deficiency) of Revenues over Expenses | 80,053 | 80,055 | (2) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD July 2021 Comparative Data
Year to Date as of July 2022

| INCOME: | YTD July 2022 | YTD July 2021 | Increase (Decrease) |
|---|--------------------------|--------------------------|--------------------------------|
| Local Revenue Sources | 2,356,129 | 1,833,185 | 522,944 |
| Earned Income | 15,660,833 | 11,871,706 | 3,789,127 |
| General Revenue-Contract | 17,864,211 | 17,602,047 | 262,164 |
| TOTAL INCOME | \$ 35,881,173 | \$ 31,306,938 | \$ 4,574,235 |
| EXPENSES: | | | |
| Salaries | 18,672,329 | 18,096,172 | 576,157 |
| Employee Benefits | 3,486,919 | 3,851,998 | (365,079) |
| Medication Expense | 518,740 | 655,737 | (136,997) |
| Travel - Board/Staff | 239,867 | 162,340 | 77,527 |
| Building Rent/Maintenance | 289,208 | 217,599 | 71,609 |
| Consultants/Contracts | 7,232,774 | 4,368,035 | 2,864,739 |
| Other Operating Expenses | 2,857,295 | 2,200,322 | 656,973 |
| TOTAL EXPENSES | \$ 33,297,132 | \$ 29,552,201 | \$ 3,744,929 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 2,584,041 | \$ 1,754,737 | \$ 829,306 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles, Building | 1,376,500 | 614,595 | 761,905 |
| Capital Outlay - Debt Service | 828,653 | 766,354 | 62,299 |
| TOTAL CAPITAL EXPENDITURES | \$ 2,205,153 | \$ 1,380,949 | \$ 824,204 |
| GRAND TOTAL EXPENDITURES | \$ 35,502,285 | \$ 30,933,150 | \$ 4,569,135 |
| Excess (Deficiency) of Revenues and Expenses | \$ 378,888 | \$ 373,785 | \$ 5,102 |

Debt Service and Fixed Asset Fund:

| | | | |
|--|----------------|----------------|---------------|
| Debt Service | 828,653 | 766,354 | 62,299 |
| Excess (Deficiency) of Revenues over Expenses | 828,653 | 766,354 | 62,299 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2021 Comparative Data
For the Month ending July 2022

| INCOME: | MONTH OF July 2022 | MONTH OF July 2021 | Increase (Decrease) |
|---|-------------------------------|-------------------------------|--------------------------------|
| Local Revenue Sources | 67,326 | 71,420 | (4,094) |
| Earned Income | 1,815,469 | 1,031,081 | 784,388 |
| General Revenue-Contract | 2,066,827 | 1,930,927 | 135,900 |
| TOTAL INCOME | \$ 3,949,622 | \$ 3,033,428 | \$ 916,194 |
| Salaries | 1,901,126 | 1,807,503 | 93,623 |
| Employee Benefits | 342,267 | 401,995 | (59,728) |
| Medication Expense | 40,108 | 52,761 | (12,653) |
| Travel - Board/Staff | 19,305 | 23,580 | (4,275) |
| Building Rent/Maintenance | 57,911 | 49,607 | 8,304 |
| Consultants/Contracts | 839,934 | 423,516 | 416,418 |
| Other Operating Expenses | 436,969 | 185,043 | 251,926 |
| TOTAL EXPENSES | \$ 3,637,621 | \$ 2,944,003 | \$ 693,616 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 312,001 | \$ 89,425 | \$ 222,578 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles, Building | 224,183 | 13,269 | 210,914 |
| Capital Outlay - Debt Service | 80,053 | 69,667 | 10,386 |
| TOTAL CAPITAL EXPENDITURES | \$ 304,235 | \$ 82,936 | \$ 221,299 |
| GRAND TOTAL EXPENDITURES | \$ 3,941,856 | \$ 3,026,939 | \$ 914,917 |
| Excess (Deficiency) of Revenues and Expenses | \$ 7,765 | \$ 6,486 | \$ 1,278 |

Debt Service and Fixed Asset Fund:

| | | | |
|--|---------------|---------------|---------------|
| Debt Service | 80,053 | 69,667 | 10,386 |
| Excess (Deficiency) of Revenues over Expenses | 80,053 | 69,667 | 10,386 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2022 Comparative Data
For the Month Ended July 2022

| INCOME: | MONTH OF July 2022 | MONTH OF June 2022 | Increase (Decrease) |
|---|-------------------------------|-------------------------------|--------------------------------|
| Local Revenue Sources | 67,326 | 82,775 | (15,449) |
| Earned Income | 1,815,469 | 2,154,321 | (338,852) |
| General Revenue-Contract | 2,066,827 | 1,168,786 | 898,041 |
| TOTAL INCOME | \$ 3,949,622 | \$ 3,405,882 | \$ 543,740 |
| EXPENSES: | | | |
| Salaries | 1,901,126 | 1,932,103 | (30,977) |
| Employee Benefits | 342,267 | 334,704 | 7,563 |
| Medication Expense | 40,108 | 56,778 | (16,670) |
| Travel - Board/Staff | 19,305 | 31,601 | (12,296) |
| Building Rent/Maintenance | 57,911 | 28,013 | 29,898 |
| Consultants/Contracts | 839,934 | 610,176 | 229,758 |
| Other Operating Expenses | 436,969 | 285,015 | 151,954 |
| TOTAL EXPENSES | \$ 3,637,621 | \$ 3,278,390 | \$ 359,231 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 312,001 | \$ 127,492 | \$ 184,509 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles, Building | 224,183 | 16,003 | 208,180 |
| Capital Outlay - Debt Service | 80,053 | 80,053 | - |
| TOTAL CAPITAL EXPENDITURES | \$ 304,235 | \$ 96,056 | \$ 208,180 |
| GRAND TOTAL EXPENDITURES | \$ 3,941,856 | \$ 3,374,446 | \$ 567,411 |
| Excess (Deficiency) of Revenues and Expenses | \$ 7,765 | \$ 31,436 | \$ (23,671) |

| | | | |
|--|---------------|---------------|----------|
| Debt Service and Fixed Asset Fund: | | | |
| Debt Service | 80,053 | 80,053 | - |
| Excess (Deficiency) of Revenues over Expenses | 80,053 | 80,053 | - |

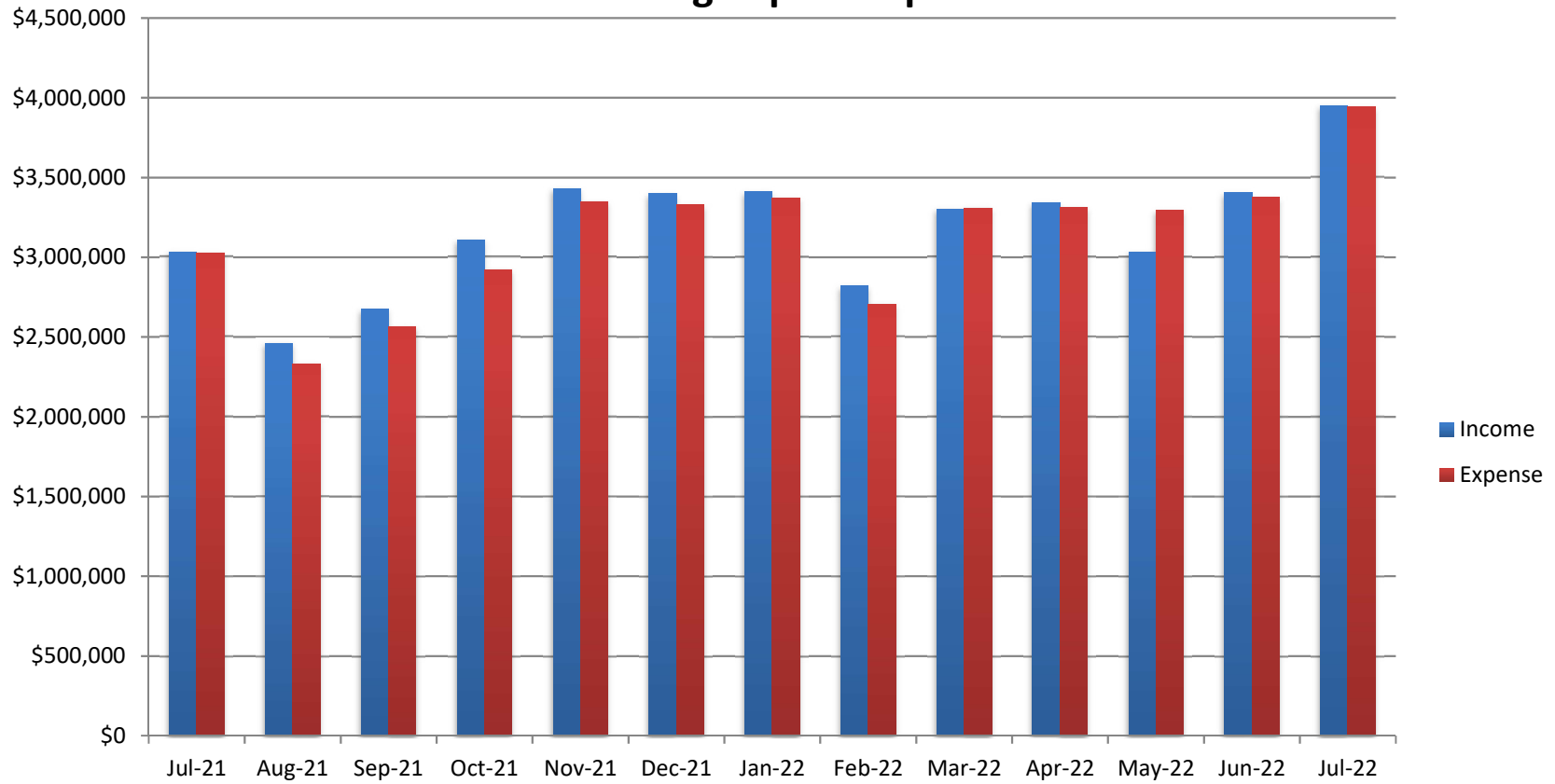
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of July 2022

| | YTD Mental Health July 2022 | YTD IDD July 2022 | YTD Other Services July 2022 | YTD Agency Total July 2022 | YTD Approved Budget July 2022 | Increase (Decrease) |
|---|--------------------------------------|-------------------------|---------------------------------------|-------------------------------------|--|------------------------|
| INCOME: | | | | | | |
| Local Revenue Sources | 2,113,718 | (231,659) | 474,070 | 2,356,129 | 1,986,360 | 369,769 |
| Earned Income | 4,875,747 | 3,533,002 | 7,252,084 | 15,660,833 | 15,206,699 | 454,134 |
| General Revenue-Contract | 14,890,429 | 1,613,505 | 1,360,278 | 17,864,211 | 17,908,628 | (44,417) |
| TOTAL INCOME | \$ 21,879,894 | \$ 4,914,848 | \$ 9,086,432 | \$ 35,881,173 | \$ 35,101,687 | \$ 779,486 |
| EXPENSES: | | | | | | |
| Salaries | 10,652,504 | 2,755,142 | 5,264,683 | 18,672,329 | 19,859,179 | (1,186,850) |
| Employee Benefits | 2,079,841 | 525,969 | 881,108 | 3,486,919 | 3,600,414 | (113,495) |
| Medication Expense | 439,906 | | 78,834 | 518,740 | 563,394 | (44,654) |
| Travel - Board/Staff | 120,938 | 70,036 | 48,892 | 239,867 | 305,022 | (65,155) |
| Building Rent/Maintenance | 223,991 | 18,429 | 46,789 | 289,208 | 207,859 | 81,349 |
| Consultants/Contracts | 4,642,091 | 951,870 | 1,638,815 | 7,232,774 | 5,915,090 | 1,317,684 |
| Other Operating Expenses | 1,497,821 | 585,556 | 773,918 | 2,857,295 | 2,374,977 | 482,318 |
| TOTAL EXPENSES | \$ 19,657,092 | \$ 4,907,002 | \$ 8,733,039 | \$ 33,297,133 | \$ 32,825,935 | \$ 471,197 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 2,222,802 | \$ 7,846 | \$ 353,393 | \$ 2,584,040 | \$ 2,275,752 | \$ 308,289 |
| CAPITAL EXPENDITURES | | | | | | |
| Capital Outlay - FF&E, Automobiles, Building | 1,032,831 | 142,908 | 200,762 | 1,376,500 | 1,263,155 | 113,345 |
| Capital Outlay - Debt Service | 497,192 | 116,011 | 215,450 | 828,653 | 828,674 | (21) |
| TOTAL CAPITAL EXPENDITURES | \$ 1,530,023 | \$ 258,919 | \$ 416,212 | \$ 2,205,154 | \$ 2,091,829 | \$ 113,324 |
| GRAND TOTAL EXPENDITURES | \$ 21,187,115 | \$ 5,165,921 | \$ 9,149,251 | \$ 35,502,287 | \$ 34,917,764 | \$ 584,521 |
| Excess (Deficiency) of Revenues and Expenses | \$ 692,779 | \$ (251,073) | \$ (62,819) | \$ 378,888 | \$ 183,923 | \$ 194,965 |
| Debt Service and Fixed Asset Fund: | | | | | | |
| Debt Service | 497,192 | 116,011 | 215,450 | 828,653 | 828,674 | (331,482) |
| | | - | - | - | - | - |
| Excess (Deficiency) of Revenues over Expenses | 497,192 | 116,011 | 215,450 | 828,653 | 828,674 | (331,482) |

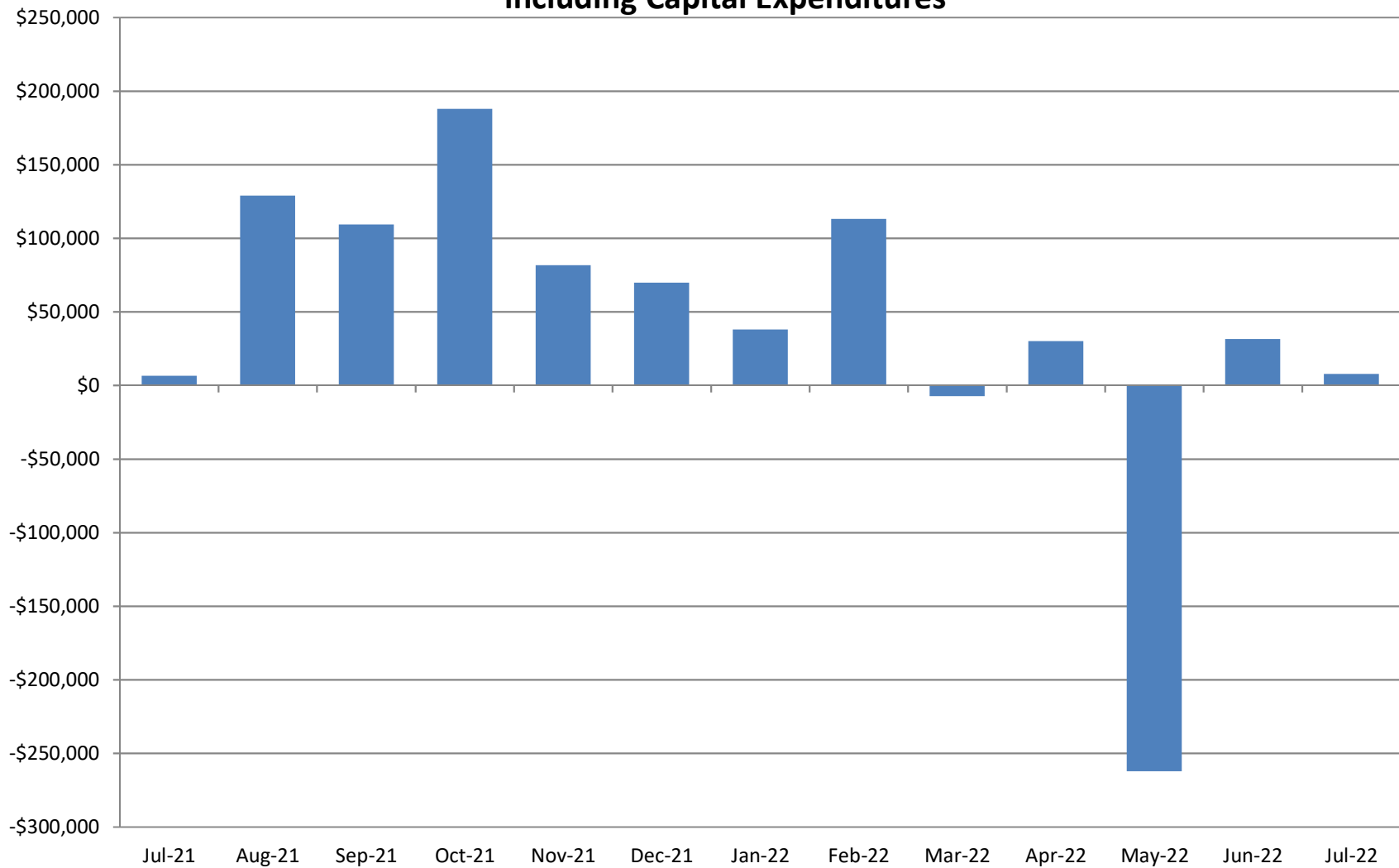
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



| | |
|--|--|
| Agenda Item: Approve FY 2022 Year End Budget Revision Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Summary FY 2022 Year End Budget Revision | |
| Recommended Action: Approve FY 2022 Year End Budget Revision | |

Tri-County Behavioral Healthcare
Proposed FY 2022 REVISED YEAR END BUDGET Compared to
Current Approved FY 2022 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2022 REVISED YEAR END BUDGET compared to the Current Approved FY 2022 Budget.

REVENUES:

Local Revenue – This line item reflects an overall increase. We have received the second part of the Phase 4 Provider Relief Funds from The U.S. Department of Health and Human Services and Administration (HRSA). This line also reflects funding received from Tropical Texas Behavioral Health for contract hospital beds. This line also reflects some decreases in the Client fee line for bad debt and a reduced projection for CHIP income based on our trends.

Earned Income – This line item reflects both increases and decreases. On the increase side we have adjusted the ARPA revenue lines for Montgomery County to include the Porter Clinic, and we have moved the other ARPA funds to be reclassified based on actual expenditures as compared to estimates when we started the funding. This line also reflects an increase for a portion of the SAMHSA – CMHC grant which has now been fully developed. A large increase in this line is the DPP Component 1 and Component 2 revenue that we have been talking about for a year. This line also reflects the TANF funds that we received mid-year that will run through September 30th. Decreases in this line are in the programs that have had vacancies and been unable to earn the initial projected revenue. These programs include IDD Service Coordination, MH Case Management, Rehabilitation services, SAMHSA CCBHC-E, Rehab, UTSA Veterans Services Program, Substance Abuse Prevention and the Outpatient Competency Restoration.

General Revenue – This line is another mixed line. On the increase side this line reflects the contract amendment that gave us addition funds for Diversion inpatient beds mid-year. This line also has some decreases for programs that are cost reimbursement from HHSC such as MH First Aid, Veteran's Services, COPSD and Supportive Housing. These programs had vacancies as well as difficulties in service delivery.

EXPENSES:

Salaries – This line item reflects an overall decrease. As normal we have adjusted down for the year to date lapse for vacant positions. This line also reflects pay increases and ARPA pay for staff hiring and retention incentives otherwise, this line would be down a significantly larger amount based on our vacant positions this fiscal year. This line also includes a year end incentive based on center procedure criteria being met as of the end of July.

Employee Benefits – This line item decreased based on the year to date trends of all the fringe benefits based on vacancies this fiscal year.

Travel – Board/Staff – This line item reflects the year to date trends of staff travel which remained restricted due to COVID for most of the fiscal year. We do expect that this line will be used more for the next fiscal year.

Medication Expense – This line item reflects a decrease based on year to date trends and due to the closure of the PETC as of November.

Building Rent/Maintenance – This line item was adjusted up based on facility repairs that have trended up especially during the heat of this summer and the failure of air conditioning units.

Consultants/Contracts – This line item reflects an increase mainly due to the increase in usage of the Contract Hospitals from the closure of the PETC. We have also added a contract doctor that is providing Child services at the Porter Clinic. This line also reflects the contract services side of the software conversion.

Other Operating Expenses – This line item reflects an overall increase due to the addition of the Porter Clinic and also the complete SAMHSA – CMHC program. We also have the increase of expenses of software license fees associated with the Streamline conversion. The balance of adjustments was made based on account yearly trends.

Capital Outlay-FF&E, Automobiles – This line item reflects an increase of fixed assets for the purchase of the new vehicles and the cubicles purchased for the Porter location.

Capital Outlay - Debt Service Bonds – This line is less the \$10,000 variance.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2022 REVISED YEAR END BUDGET COMPARED TO
CURRENT APPROVED FY 2022 BUDGET**

| | PROPOSED FY 2022 REVISED YEAR END BUDGET | CURRENT APPROVED FY 2022 BUDGET | Increase (Decrease) |
|--|---|--|--------------------------------|
| INCOME: | | | |
| Local Revenue Sources | \$ 2,485,434 | \$ 2,111,160 | \$ 374,274 |
| Earned Income | \$ 19,538,455 | \$ 18,227,956 | \$ 1,310,499 |
| General Revenue | \$ 18,968,634 | \$ 18,924,084 | \$ 44,550 |
| TOTAL INCOME | \$ 40,992,523 | \$ 39,263,200 | \$ 1,729,323 |
| EXPENSES: | | | |
| Salaries | \$ 20,941,718 | \$ 22,486,960 | \$ (1,545,242) |
| Employee Benefits | \$ 3,752,088 | \$ 4,144,588 | \$ (392,500) |
| Travel-Board/Staff | \$ 270,290 | \$ 378,790 | \$ (108,500) |
| Medication Expense | \$ 573,245 | \$ 678,245 | \$ (105,000) |
| Building Rent/Maintenance | \$ 322,050 | \$ 179,250 | \$ 142,800 |
| Consultants/Contracts | \$ 8,277,167 | \$ 5,943,167 | \$ 2,334,000 |
| Other Operating Expenses | \$ 3,193,221 | \$ 2,614,189 | \$ 579,032 |
| TOTAL EXPENSES | \$ 37,329,779 | \$ 36,425,189 | \$ 904,590 |
| Excess (Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 3,662,744 | \$ 2,838,011 | \$ 824,733 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles | \$ 1,659,131 | \$ 1,428,898 | \$ 230,233 |
| Capital Outlay - Debt Services Bonds | \$ 910,613 | \$ 919,113 | \$ (8,500) |
| TOTAL CAPITAL EXPENDITURES | \$ 2,569,744 | \$ 2,348,011 | \$ 221,733 |
| GRAND TOTAL EXPENDITURES | \$ 39,899,523 | \$ 38,773,200 | \$ 1,126,323 |
| Excess (Deficiency) of Revenues and Expenses | \$ 1,093,000 | \$ 490,000 | \$ 603,000 |

| | |
|--|--|
| Agenda Item: Approve Proposed FY 2023 Operating Budget Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: Copy of Proposed FY 2023 Operating Budget with Narrative of Increases or Decreases of More than \$10,000 | |
| Recommended Action: Approve Proposed FY 2023 Operating Budget | |

Tri-County Behavioral Healthcare
Proposed FY 2023 BEGINNING BUDGET Compared to
Current Approved FY 2022 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2023 BEGINNING BUDGET compared to the Current Approved FY 2022 Budget.

REVENUES:

Local Revenue – This line item reflects a decrease based on going back to normal operations. In FY 2022 this line had funds transferred from reserves for the purchase of the building in Porter and renovations in Liberty. This line also had funding that did not continue into FY 23 such as UTSA – Veterans, and the one-time Phase 4 Provider Relief funds.

Earned Income – This line item reflects an overall decrease. For the most part we are projecting an increase back to normal revenue expectations for all earned revenue program areas. The caveat to this is the hiring of staff to provide the services as the fiscal year progresses. If this does not happen we will be back to having budget revisions reducing these revenue projections. This also puts the grant funded programs back to the normal funded award amounts for programs such as Autism, Youth Prevention, and OCR. We also have the full year of the SAMHSA – CCBHC – Expansion grant and the SAMHSA - CMHC included in this line item. The revenue line that is causing the decrease is the large year end 1115 Waiver DSRIP that ends July 2022 for the last payment. This is replaced with revenue from DPP going forward, but not at the same funding amount as of yet. This line also has less ARPA funds since the current funding expires December 31st, 2022.

General Revenue – This line item reflects an increase back to the full general revenue contract and grant awards. The only exception to that is the COPSD program that we have not achieved the full contract amount for years so we project at a more realistic amount and if we exceed it that will be adjusted during revisions.

EXPENSES:

Salaries – This line item reflects an increase back to the full positions budgeted for the fiscal year with a reasonable projection for lapsed positions. This line also includes pay increases for positions that have been difficult to fill, and if filled this will help to decrease the size of the caseloads of existing staff back down to a more normal manageable and more efficient size. We hope this year to be able to get vacancies filled soon which will help us to achieve the above revenue expectations.

Employee Benefits – This line item shows an increase for the fringe associated with the above referenced beginning salary budgeted amount.

Travel – Board/Staff – This line item reflects an increase with budgeting being based on getting the services back to normal operations and the increase in the travel reimbursement rate that was recently increased to match the State of Texas mileage reimbursement.

Medication Expense – This line item reflects a slight decrease mainly due to the PETC still being closed at this time.

Building Rent/Maintenance – This line item reflects a decrease based on one-time expenses that were paid in FY 22. This number tends to vary from year to year so hopefully we have the a/c units changed out and in working order for a while.

Consultants/Contracts – This line item is significantly less than FY 2022. We have adjusted our budget back to the normal starting point for Contract Hospital bed days. Last year we had funding to cover the increase use in bed days. We still have some possibilities for using ARPA funds for the first few months, but not at the usage rate of FY 2022 at this time.

Other Operating Expenses – This line item reflects an overall decrease in the other operating expense category due to some changes in programs such as no longer having the UTSA – Veterans Service Program, and the TANF grant that will end in September.

Capital Outlay-FF&E, Automobiles – This line item reflects a decrease based on one-time purchase of the Porter building and also the purchase of vehicles at the end of FY 2022.

Capital Outlay - Debt Service Bonds – Under \$10,000 variance.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2023 BEGINNING BUDGET COMPARED TO
CURRENT APPROVED FY 2022 BUDGET**

| | PROPOSED FY 2023 BEGINNING BUDGET | CURRENT APPROVED FY 2022 BUDGET | Increase (Decrease) |
|--|--|--|--------------------------------|
| INCOME: | | | |
| Local Revenue Sources | \$ 1,518,858 | \$ 2,485,434 | \$ (966,576) |
| Earned Income | \$ 18,713,153 | \$ 19,538,455 | \$ (825,302) |
| General Revenue | \$ 18,901,704 | \$ 18,968,634 | \$ (66,930) |
| TOTAL INCOME | \$ 39,133,715 | \$ 40,992,523 | \$ (1,858,808) |
| EXPENSES: | | | |
| Salaries | \$ 23,573,972 | \$ 20,941,718 | \$ 2,632,254 |
| Employee Benefits | \$ 4,290,640 | \$ 3,752,088 | \$ 538,552 |
| Travel-Board/Staff | \$ 342,877 | \$ 270,290 | \$ 72,587 |
| Medication Expense | \$ 533,025 | \$ 573,245 | \$ (40,220) |
| Building Rent/Maintenance | \$ 198,001 | \$ 322,050 | \$ (124,049) |
| Consultants/Contracts | \$ 6,115,287 | \$ 8,277,167 | \$ (2,161,880) |
| Other Operating Expenses | \$ 2,830,176 | \$ 3,193,221 | \$ (363,045) |
| TOTAL EXPENSES | \$ 37,883,978 | \$ 37,329,779 | \$ 554,199 |
| Excess (Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 1,249,737 | \$ 3,662,744 | \$ (2,413,007) |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay - FF&E, Automobiles | \$ 341,030 | \$ 1,659,131 | \$ (1,318,101) |
| Capital Outlay - Debt Services Bonds | \$ 908,707 | \$ 910,613 | \$ (1,906) |
| TOTAL CAPITAL EXPENDITURES | \$ 1,249,737 | \$ 2,569,744 | \$ (1,320,007) |
| GRAND TOTAL EXPENDITURES | \$ 39,133,715 | \$ 39,899,523 | \$ (765,808) |
| Excess (Deficiency) of Revenues and Expenses | \$ - | \$ 1,093,000 | \$ (1,093,000) |

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|---|---|
| <p>Agenda Item: Approve Banking Services with JPMorgan Chase for Tri-County Behavioral Healthcare</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>In an effort to maintain the most efficient and effective management of funds for Tri-County Behavioral Healthcare, we conducted a Request for Proposal (RFP) for banking services. The objectives are as follows: 1) To seek a bank capable of providing banking services and willing to be attentive to Tri-County's money matters; 2) To seek a bank which meets the legal qualifications and the terms and conditions specified in the Request for Proposal; 3) To develop a foundation for a good working relationship with the depository bank; 4) To adequately compensate the depository bank for services provided and to allow a reasonable profit to be earned, subject to competitive forces in the market place; and 5) To maximize the total dollars earned by Tri-County on account balances in order to be prudent and effective custodians of the financial resources.</p> <p>We received two proposals in response the to the RFP. An evaluation of the proposals was conducted based on the proposals criteria to determine the best proposal on behalf of Tri-County at this time. After the final comparison, the Business Office recommended to the Executive Director that we stay with JPMorgan Chase for our banking services at this time.</p> <p>Tri-County will review banking services again after the contract period.</p> | |
| <p>Supporting Documentation:</p> <p>Proposals will be available for review at the Board Meeting.</p> | |
| <p>Recommended Action:</p> <p>Approve the banking services with JPMorgan Chase for the period of September 1, 2022 and ending August 31, 2025.</p> | |

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| <p>Agenda Item: Approve the FY 2023 Kingwood Pines Inpatient Hospital Contract</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes Kingwood Pines Hospital for inpatient psychiatric services when clients need a higher level of care. Kingwood Pines Hospital, which is located in Northeast Houston, provides inpatient psychiatric care for both adult and youth populations.</p> <p>Kingwood Pines Hospital is unique in that it not only serves adults and youth but children under the age of 12. In the last few years, hospital level of care need for children under 12 in our catchment area has continued to increase.</p> <p>The Kingwood Pines contract for FY 2023 inpatient hospital beds is \$1,300,000. This figure is consistent with utilization trends observed in FY 2022.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review.</p> | |
| <p>Recommended Action:</p> <p>Approve the FY 2023 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to \$1,300,000</p> | |

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| <p>Agenda Item: Approve the FY 2023 Woodland Springs Inpatient Hospital Contract</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes Woodland Springs Hospital for inpatient psychiatric services when clients need a higher level of care. Woodland Springs Hospital, which is located in South Montgomery County, provides inpatient psychiatric care for both adult and youth populations.</p> <p>The Woodland Springs contract for FY 2023 inpatient hospital beds is \$1,300,000. This figure is consistent with utilization trends observed in FY 2022.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review.</p> | |
| <p>Recommended Action:</p> <p>Approve the FY 2023 Woodland Springs Inpatient Hospital Contract for up to \$1,300,000</p> | |

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| <p>Agenda Item: Approve the FY 2023 Cypress Creek Inpatient Hospital Contract</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes Cypress Creek Hospital for inpatient psychiatric services when clients need a higher level of care. Cypress Creek Hospital, which is located in North Houston, provides inpatient psychiatric care for both adult and youth populations.</p> <p>The Cypress Creek contract for FY 2023 inpatient hospital beds is \$1,300,000. This figure is consistent with utilization trends observed in FY 2022.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review.</p> | |
| <p>Recommended Action:</p> <p>Approve the FY 2023 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to \$1,300,000</p> | |

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| Agenda Item: Approve the FY 2023 Aspire Inpatient Hospital Contract Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: Tri-County Behavioral Healthcare utilizes Aspire Hospital in Conroe for inpatient psychiatric services. Aspire is also licensed as a medical hospital and specializes in serving persons with complicated medical needs in addition to psychiatric needs. The Aspire Hospital contract for FY 2023 inpatient hospital beds is \$65,000. | |
| Supporting Documentation: Contract Available for Review. | |
| Recommended Action: Approve the FY 2023 Aspire Inpatient Hospital Contract for up to \$65,000 | |

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|---|---|
| <p>Agenda Item: Approve the FY 2023 Contract for Ralph Horne – Peace Officer</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes contract Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders from other law enforcement entities. These officers are scheduled to be on site 24/7.</p> <p>Ralph Horne has always worked a significant number of hours at the PETC. His contract maximum allowance for Peace Officer services in FY 2023 is \$58,000.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review.</p> | |
| <p>Recommended Action:</p> <p>Approve contract maximum for Ralph Horne, in FY 2023 to \$58,000 for on-site Peace Officer services at the PETC.</p> | |

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| <p>Agenda Item: Approve the FY 2023 Contract for Hilary Akpudo, M.D. for Psychiatric Services</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County Behavioral Healthcare has utilized Dr. Hilary Akpudo, a psychiatrist affiliated with Kingwood Pines Hospital for many years.</p> <p>Dr. Akpudo is the primary contractor at Kingwood Pines Hospital that works with individuals that are funded through the Health and Human Services Commission (HHSC) for state hospital diversion. He also sees individuals at Kingwood Pines sister hospital, Cypress Creek.</p> <p>Dr. Akpudo's contract maximum allowance for FY 2023 is \$100,000 for physician services. This figure is consistent with utilization trends observed in FY 2022.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review.</p> | |
| <p>Recommended Action:</p> <p>Approve the FY 2023 Contract for Hilary Akpudo, M.D. for Psychiatric Services in the amount of \$100,000</p> | |

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| Agenda Item: Approve the FY 2023 RecessAbility, Inc. Contract Committee: Business | Board Meeting Date: August 25, 2022 |
| Background Information: RecessAbility, Inc. is one of our primary providers for Youth Empowerment Services (YES) Waiver ancillary services. They are a licensed provider of Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Non-medical Transportation and Community Living Supports. YES Waiver requires us to have these services available as a part of the Wraparound Treatment Planning process. The RecessAbility, Inc. contract for FY 2023 is for \$85,000. | |
| Supporting Documentation: Contract Available for Review. | |
| Recommended Action: Approve the FY 2023 RecessAbility, Inc. Contract for up to \$85,000 | |

Agenda Item: Approve FY 2023 Lifetime Homecare Services Contract

Board Meeting Date:

August 25, 2022

Committee: Business

Background Information:

Health and Human Services Commission (HHSC) requires each Center to provide or contract for out-of-home crisis respite services for persons with Intellectual and Developmental Disabilities. Crisis respite is a short-term service provided in a 24-hour supervised environment for individuals demonstrating a crisis that cannot be stabilized in their home. This service is designed to assist someone in maintaining community living in the least restrictive environment possible. HHSC provides funding for this service.

The out-of-home crisis respite is required to be provided in a setting which is licensed by HHSC. Lifetime Homecare Services is a Home and Community-based Services (HCS) provider that is willing to utilize space in their licensed homes for IDD crises.

Lifetime Homecare Services receives \$2,000 per month to ensure space is available in their homes along with trained staff. When an individual is admitted to crisis respite, they receive an additional \$300 per day which includes day habilitation services.

The contract with Lifetime Homecare Services for FY 2023 is \$95,000.

Supporting Documentation:

Contract Available for Review at the Board Meeting

Recommended Action:

Approve the FY 2023 Lifetime Homecare Services Contract for IDD Crisis Respite Services for up to \$95,000

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| Agenda Item: Approve FY 2023 T.E.A.M. Abilities, Inc. Contract Committee: Business | Board Meeting Date: August 25, 2022 |
| Background Information: <p>Health and Human Services Commission (HHSC) requires each Center to provide or contract for out-of-home crisis respite services for persons with Intellectual and Developmental Disabilities. Crisis respite is a short-term service provided in a 24-hour supervised environment for individuals demonstrating a crisis that cannot be stabilized in their home. This service ultimately is to assist someone in maintaining community living in the least restrictive environment possible. HHSC provides funding for this service.</p> <p>The out-of-home crisis respite is required to be provided in a setting for which the state oversees. T.E.A.M. Abilities, Inc. is a Home and Community-based Services (HCS) provider that is willing to utilize space in their licensed homes for IDD crises.</p> <p>T.E.A.M. Abilities' receives \$300 per day for Crisis Respite which includes a 1:1 staffing ratio, if needed.</p> <p>The contract with T.E.A.M. Abilities, Inc. for FY 2023 is \$60,000.</p> | |
| Supporting Documentation: Contract Available for Review at the Board Meeting | |
| Recommended Action: Approve the FY 2023 T.E.A.M. Abilities, Inc. Contract for up to \$60,000 | |

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|---|---|
| <p>Agenda Item: Approve HHSC FY 2023 Children's Autism Grant Program Contract No. HHS000693900003, Amendment No. 2</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>August 25, 2022</p> |
| <p>Background Information:</p> <p>Tri-County contracts with the Health and Human Services Commission to provide Applied Behavioral Analysis therapy to children with autism under the age of 17. We have one ABA therapist that works for the Center and we contract with a provider in Montgomery County for additional services. The contract is relatively small and we only serve about 15 kids per year in the program.</p> <p>This funding for this amendment is unchanged, \$137,421.</p> <p>The purpose of this amendment was to 1) authorize the program for FY 23 and 2) to replace some general rules for operation of a state contract called 'Contract Affirmations.' There is nothing in the Contract Affirmations that require a change in our operations.</p> <p>Staff recommend approval of the contract.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review</p> | |
| <p>Recommended Action:</p> <p>Approve HHSC FY 2023 Children's Autism Grant Program Contract No. HHS000693900003, Amendment No. 2</p> | |

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| Agenda Item: Approve Purchase of Mid-Size SUV Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: We are in the process of trying to get approval to reallocate funds from the MH/COVID Contract, Contract HHS001108400037, to be used for a vehicle purchase. Originally, we planned to hire one staff with these funds, but we have not been able to recruit a qualified applicant as of yet. The total contract amount is \$48,323 and if we do not spend these funds by August 31, 2022, they will need to be returned to the state. If we do not receive approval from HHSC before the Board meeting to spend the funds in this way, we will defer action on this item. We would like to keep the same authorization level as the vehicles that we purchased in July because vehicles are not readily available for purchase at most area car lots which makes getting a bid on an exact vehicle nearly impossible unless you plan to order it months in advance. In July the Board approved purchase of a Mid-Size SUV at a Not to Exceed of \$39,500. | |
| Supporting Documentation: None | |
| Recommended Action: Approve the Purchase of one Mid-Size SUV at a price of Not to Exceed \$39,500 | |

Agenda Item: Approve Purchase of 5.7 acres NW Corner of Veterans Memorial Parkway and State Highway 30, Huntsville

Board Meeting Date:

August 25, 2022

Committee: Business

Background Information:

As a part of our strategic vision for the Center, staff are recommending that the Board authorize purchase of property for a new clinic in Huntsville, Texas, to be constructed in a few years.

We have located 5.7 acres of property on Veterans Memorial Parkway, north of the Post Office on State Highway 30 in Huntsville. This location is just west of the freeway, is on a hill and has good access from both Highway 30 and Veterans Memorial.

We are still negotiating the price on the property, but the current offer is \$4.30 per square foot or \$1,067,655.60 for the 5.7 acres. If the Board were to approve this purchase, the plan would be to finance the property.

Staff are also recommending that we sell approximately 28 acres of unused property behind our current facility in Huntsville. The value of this property is estimated at \$950,000 and will cover most of the cost of the new site. Once this property is sold, the proceeds will be used to pay off the loan for the purchased property.

HHSC requires a lengthy approval process to acquire real property and staff expect that it would take until the end of the calendar year to close on the new Huntsville site.

Mike Duncum will attend the Board meeting and will provide further information on the proposal including final pricing.

Supporting Documentation:

Huntsville Property Presentation will be provided at the Board meeting

Recommended Action:

Approve Purchase of 5.7 acres NW Corner of Veterans Memorial Parkway and State Highway 30, Huntsville, Authorize Sale of Approximately 28 Acres behind our current Huntsville Service Center, with approval of all documents by Jackson Walker, and authorize the Executive Director to execute all required documents.

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| Agenda Item: Board of Trustees Unit Financial Statements as of July 2022 Committee: Business | Board Meeting Date August 25, 2022 |
| Background Information: None | |
| Supporting Documentation: July 2022 Board of Trustees Unit Financial Statements | |
| Recommended Action: For Information Only | |

Unit Financial Statement

FY 2022
July 31, 2022

| | July 2022 Actuals | July 2022 Budgeted | Variance | YTD Actual | YTD Budget | Variance | Percent | Budget |
|-------------------------------|----------------------|-----------------------|-------------|---------------|---------------|---------------|---------|--------------|
| Revenues | | | | | | | | |
| Allocated Revenue | \$ 2,029.00 | \$ 2,029.00 | \$ - | \$ 22,319.00 | \$ 22,319.00 | \$ - | 100.00% | \$ 24,350.00 |
| Total Revenue | \$ 2,029.00 | \$ 2,029.00 | \$ - | \$ 22,319.00 | \$ 22,319.00 | \$ - | 100.00% | \$ 24,350.00 |
| Expenses | | | | | | | | |
| Employee Recognition | \$ - | \$ - | \$ - | \$ 29.90 | \$ - | \$ 29.90 | | |
| Insurance-Worker Compensation | \$ 3.44 | \$ 13.00 | \$ (9.56) | \$ 30.45 | \$ 143.00 | \$ (112.55) | 21.29% | \$ 150.00 |
| Legal Fees | \$ 1,500.00 | \$ 1,500.00 | \$ - | \$ 16,500.00 | \$ 16,500.00 | \$ - | 100.00% | \$ 18,000.00 |
| Supplies-Office | \$ 191.00 | \$ - | \$ 191.00 | \$ 235.90 | \$ - | \$ 235.90 | | |
| Training | \$ - | \$ - | \$ - | \$ 910.00 | \$ - | \$ 910.00 | 0.00% | \$ - |
| Travel - Local | \$ - | \$ 42.00 | \$ (42.00) | \$ - | \$ 462.00 | \$ (462.00) | 0.00% | \$ 500.00 |
| Travel - Non-local mileage | \$ - | \$ 208.00 | \$ (208.00) | \$ 420.66 | \$ 2,288.00 | \$ (1,867.34) | 0.00% | \$ 2,500.00 |
| Travel - Non-local Hotel | \$ - | \$ 167.00 | \$ (167.00) | \$ 4,067.80 | \$ 2,337.00 | \$ 1,730.80 | 0.00% | \$ 2,000.00 |
| Travel - Meals | \$ - | \$ 100.00 | \$ (100.00) | \$ 796.98 | \$ 1,100.00 | \$ (303.02) | 0.00% | \$ 1,200.00 |
| Total Expenses | \$ 1,694.44 | \$ 2,030.00 | \$ (335.56) | \$ 22,991.69 | \$ 22,830.00 | \$ 161.69 | 100.71% | \$ 24,350.00 |
| Total Revenue minus Expenses | \$ 334.56 | \$ (1.00) | \$ 335.56 | \$ (672.69) | \$ (511.00) | \$ (161.69) | -0.71% | \$ - |

UPCOMING MEETINGS

September 29, 2022 – Board Meeting

- Approve Minutes from August 25, 2022 Board Meeting
- Approve FY 2023 Goals and Objectives
- Community Resources Report
- Consumer Services Report for August 2022
- Program Updates
- Annual PNAC Reports
- FY 2022 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2022 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2023 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2023
- Board of Trustees Reappointments and Oaths of Office
- Analysis of Board Members Attendance for FY 2022 Regular and Special Called Board Meetings
- Personnel Report for August 2022
- Texas Council Risk Management Fund Claims Summary for August 2022
- Authorize Check Signers
- Approve FY 2023 Dues Commitment and Payment Schedule for Texas Council
- Texas Council Risk Mngt Fund Board of Trustees Election for Places 1, 2 and 3
- Review Preliminary August 2022 Financial Statements
- 4th Quarter Investment Report
- Board of Trustees Unit Financial Statement for August 2022
- Foundation Board Update
- Texas Council Quarterly Board Meeting Update

October 27, 2022 – Board Meeting

- Approve Minutes from September 29, 2022 Board Meeting
- Longevity Recognitions
- Program Presentation - ISC Group, 401(a) Retirement Account Plan Review
- Community Resources Report
- Consumer Services Report for September 2022
- Program Updates
- Board of Trustees Oaths of Office (any not present in September)
- Personnel Report for September 2022
- Texas Council Risk Management Fund Claims Summary for September 2022
- Approve September 2022 Financial Statements
- Board of Trustees Unit Financial Statement for September 2022
- HUD 811 Updates – Montgomery, Cleveland and Huntsville

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 |
| DAHS | Day Activity and Health Services Requirements |
| 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 |

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|----------|---|
| 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 |
| IPC | Individual Plan of Care |
| IPE | Initial Psychiatric Evaluation |
| IPP | Individual Program Plan |
| ISS | Individualized Skills and Socialization |
| 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 |

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| 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 |

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| 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 |
| TMHP | Texas Medicaid & Healthcare Partnership |
| 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 |

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