Tri-County Behavioral Healthcare Board of Trustees Meeting

December 1, 2022

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, December 1, 2022. The Business Committee will convene at **9:30 a.m.**, the Program Committee will convene at **9:15 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. **Program Presentation - Life Skills Christmas Carolers**

III. **Presentation of Awards to Consumer Christmas Card Contest Winners**

IV. **Approve Minutes - October 27, 2022**

V. **Executive Director's Report - Evan Roberson**
   - A. CSU Update
   - B. Cleveland Service Facility Planning Update
   - C. Huntsville Property Update

VI. **Chief Financial Officer's Report - Millie McDuffey**
   - A. FY 2022 Audit
   - B. Public Health Provider - Charity Care Program - (PHP-CCP) Cost Report
   - C. Cost Accounting Methodology (CAM)
   - D. Workers' Compensation Audit
   - E. FY 2023 1st Budget Revision

VII. **Program Committee**

Action Items

- A. Approve the Local Provider Network Development Plan for FY 2022-2023 ..... *8-34*
- B. Approve the Mental Health (MH) Consolidated Local Service Plan for Fiscal Years 2022-2023 ..... *35-111*

Information Items

- C. Community Resources Report *112-115*
- D. Consumer Services Report for October 2022 ..... *116-117*
- E. Program Updates *118-123*

P.O. Box 3067 | Conroe, TX 77305
Tel. 936.521.6100 | Fax 936.760.2898 | Crisis Line 800.659.6994 | www.tcbhc.org

VIII. Executive Committee

Information Items

A. Personnel Report for October 2022 ..... *124-126*
B. Texas Council Risk Management Fund Claims Summary for October 2022 ..... *127-128*

IX. Business Committee

Action Items

A. Approve October 2022 Financial Statements *129-142*
B. Reappoint Independence Communities, Inc. Board of Directors *143*
C. Reappoint Montgomery Supported Housing, Inc. Board of Directors *144*
D. Reappoint Cleveland Supported Housing, Inc. Board of Directors *145*

Information Items

E. Board of Trustees Unit Financial Statement for October 2022 ..... *146-147*

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

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

October 27, 2022

Board Members Present:

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

Board Members Absent:

None absent

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Kenneth Barfield, Director of Information Management Systems
Kathy Foster, Director of IDD Provider Services
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Tanya Bryant, Director of Quality Management and Support
Catherine Prestigiovanni, Director of Strategic Development
Stephanie Ward, Director of Adult Behavioral Health
Beth Dalman, Program Director Crisis Services
Tabatha Abbott, Cost Accountant
Ashley Bare, HR Manager
Ava Green, Executive Assistant

Legal Counsel Present:

None present

Sheriff Representatives Present: None present

Guests: Miranda Hahs and Mike Evans with Montgomery County Sheriff's Office

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 eight (8) Board Members present, a quorum was established.

Cont.

Resolution #10-27-01 **Motion Made By:** Richard Duren

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

Resolved: That the Board approve the minutes of the September 29, 2022 meeting of the Board of Trustees.

Program Presentations:

- Longevity Presentations
- COPS-DOJ – Implementing Crisis Intervention Teams Grant by Miranda Hahs, Montgomery County Sheriff's Office Specialist and Mike Evans, Sergeant of the Administrative Services Division, Montgomery County Sheriff's Office.

Executive Director's Report:

The Executive Director's report is on file.

- HCBS Final Rule Updates
- Legislative Priorities for the 88th Session
- Update on Huntsville Property Purchase

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2022 Audit
- Fixed Asset Inventory
- IDD Fiscal Monitoring Review
- Days of Operation
- Sale of Surplus Vehicles

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for September 2022 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for September 2022 was reviewed for information purposes only.

The Board of Trustees Reappointment and Oath of Office was reviewed for information purposes only.

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

BUSINESS COMMITTEE:

Resolution #10-27-02

Motion Made By: Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Gail Page, Tracy Sorensen, Jacob Paschal, Tim Cannon and Sharon Walker that it be…

Resolved: That the Board approve the September 2022 Financial Statements.

Resolution #10-27-03

Motion Made By: Morris Johnson
Seconded By: Jacob Paschal, with affirmative votes by Sharon Walker, Tracy Sorensen, Richard Duren, Tim Cannon and Gail Page that it be…

Resolved: That the Board approve the appointment of Ms. Cynthia Cunningham to serve on the Independence Communities, Inc. Board for a term which expires January 2024.

Resolution #10-27-04

Motion Made By: Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Gail Page, Sharon Walker, Tim Cannon, Jacob Paschal and Tracy Sorensen that it be…

Resolved: That the Board ratify Medicaid Administrative Claiming Program Services, Contract No. HHS000537900309.

Resolution #10-27-05

Motion Made By: Morris Johnson
Seconded By: Tim Cannon, with affirmative votes by Tracy Sorensen, Richard Duren, Jacob Paschal, Sharon Walker and Gail Page that it be…

Resolved: That the Board ratify Substance Abuse Prevention and Behavioral Health Promotion Grant Programs Contract No. HHS000539700205, Amendment No. 2.

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

The Tri-County Consumer Foundation Board Update was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for September 2022 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:51 a.m.

Adjournment:

_____

Patti Atkins Date
Chair

Attest:

_____

Jacob Paschal Date
Secretary

Agenda Item: Approve the Local Provider Network Development Plan for FY 2022-2023 **Committee:** Program	**Board Meeting Date** December 1, 2022

Background Information:

The Local Provider Network Development Rule requires that the Center complete a Local Planning process every two (2) years. The goal of the plan is to explain how the Center will be in compliance with the Provider Network Development Rule by serving primarily as the overseer of mental health services rather than the provider of these services.

As a part of the local planning process which began earlier this year, Tri-County staff sought input from local stakeholders about the services that they would most like to have a choice of providers and provided information on how potential providers may submit interest and information. During this year's planning process, we did not receive any inquiry forms from the Texas Health and Human Services Commission and only had one provider that inquired about contracting opportunities via email but subsequently declined to participate when contacted by the Center.

Per Rule, Tri-County staff have posted the draft plan on the Center website for public comment for 30 days and have reviewed the plan with the local Mental Health Planning and Network Advisory Committee (PNAC). Review of the plan by the Regional PNAC is scheduled for December 7th and comments, should any be received at that time, will be added into the plan prior to submission.

Supporting Documentation:

Draft Local Provider Network Development Plan for FY 2022-2023

Recommended Action:

Approve the Local Provider Network Development Plan for FY 2022-2023

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

Tri-County Behavioral Healthcare
Local Provider Network Development Plan
2022

2022 Local Planning & Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhs.texas.gov no later than December 31, 2022.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents Planning and Network Advisory Committee (PNAC) involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- Be concise, concrete, and specific. Use bullet format whenever possible.
- Provide information only for the period since submission of the 2020 Local Provider Network Development Plan (LPND Plan).
- When completing a table, insert additional rows as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

PART I: Required for all LMHA/LBHAs

Local Service Area

1) Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in Mental and Behavioral Health Outpatient Warehouse (MBOW), using data from the following report: The most recent MBOW data set regarding LMHA/LBHA Area and Population Stats (in the General Warehouse folder).

Population	728,028	**Number of counties (total)**	3
Square miles	2,984	◆ **Number of urban counties**	1
Population density	714	◆ **Number of rural counties**	2

Major populations centers (add additional rows as needed):

Name of City	Name of County	City Population	County Population	County Population Density	County Percent of Total Population
N/A	Liberty	N/A	83,597	72	11.5%
Liberty	Liberty	9,299	83,597	72	11.5%
Cleveland	Liberty	8,150	83,597	72	11.5%
Dayton	Liberty	8,546	83,597	72	11.5%
N/A	Montgomery	N/A	571,615	549	78.5%
Conroe	Montgomery	88,369	571,615	549	78.5%

Willis	Montgomery	6,731	571,615	549	78.5%
Oak Ridge North	Montgomery	3,163	571,615	549	78.5%
Shenandoah	Montgomery	2,955	571,615	549	78.5%
Splendora	Montgomery	1,899	571,615	549	78.5%
Porter Heights (unincorporated)	Montgomery	1,343	571,615	549	78.5%
Magnolia	Montgomery	2,802	571,615	549	78.5%
Montgomery	Montgomery	2,204	571,615	549	78.5%
The Woodlands (unincorporated)	Montgomery	114,532	571,615	549	78.5%
N/A	Walker	N/A	72,816	93	10%
Huntsville	Walker	41,664	72,816	93	10%
New Waverly	Walker	909	72,816	93	10%

Current Services and Contracts

2) *Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.*

3) List the service capacity based on the most recent MBOW data set.

a) For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC (Level of Care)-A by Center (Non-Medicaid Only and All Clients).

b) For residential programs, list the total number of beds and total discharges (all clients).

c) For other services, identify the unit of service (all clients).

d) Estimate the FY 2022 service capacity. If no change is anticipated, enter the same information as Column A.

e) State the total percent of each service contracted out to external providers in 2021. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.

Adult Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2022 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2021***
Adult LOC 1m	0	0	0
Adult LOC 1s	2,154	2,154	0
Adult LOC 2	17	17	0
Adult LOC 3	139	139	0
Adult LOC 4	9	9	0
Adult LOC 5	1	1	0

Child and Youth Services: Complete Levels of Care	**Most recent service capacity (non-Medicaid only)**	**Estimated FY 2022 service capacity (non-Medicaid only)**	**Percent total non-Medicaid capacity provided by external providers in FY 2021***
Children's LOC 1	16	16	0
Children's LOC 2	197	197	0

Children's LOC 3	82	82	0
Children's LOC 4	3	3	0
Children's LOCYC	10	10	0
Children's LOC 5	0	0	0

Crisis Services	**FY 2021 service capacity**	**Estimated FY 2022 service capacity**	**Percent total capacity provided by external providers in FY 2021***
Crisis Hotline	4,723	4,723	100
Mobile Crisis Outreach Team	4,171	4,225	0
Other - Please list all Psychiatric Emergency Service Center (PESC) Projects and other Crisis Services Note: Due to staffing issues surrounding the pandemic the CSU was temporarily closed during part of FY 2022.			
Crisis Stabilization Unit (CSU) - Admissions	851	96	0
Crisis Intervention Response Team (CIRT) - Services	766	896	0
PESC hospital services Rapid Crisis Bed Days – Bed Days	266	250	100
Private Psychiatric Bed (PPB) hospital services	374	811	100
Respite (MH Only)	0	6	0

4) *List **all** your FY 2021 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.*

   a) *In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").*

   b) *List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).*

Provider Organizations	**Service(s)**
Another Chance Behavioral Consultants, LLC - Rita Nelson	Non-Medical Transportation and Community Living Supports
Aspire	Psychiatric Inpatient Services
Avail Solutions	Crisis Hotline Services, 24 hours a day
Crown Cleaning	Janitorial
Cypress Creek Hospital	Inpatient Psychiatric Services
Family First Urgent Care	H&P and X-Ray Services and Rapid COVID-19 Testing
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Nightingale Interpreting Services	Interpreting
Rebekah McQueen – Measured Moments Music Therapy, LLC	Music Therapy
RecessAbility, Inc. Janette Hendrex	Animal Assisted Therapy, Art Therapy, Non-Medical Transportation and Community Living Supports

Sherri Clement – Horse Power Equine Therapy	Animal Assisted Therapy
Steps Forward ABA Therapy PLLC	Behavior Support Plans and Training
Strategic Development & Instruction June W. Fuller	Non-Medical Transportation and Community Living Supports
Sun Behavioral	Inpatient Psychiatric Services
The Grove ABA	Focused ABA Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Individual Practitioners	**Service(s)**
Ajinder Dhatt, M.D.	Psychiatric Services
Andrew Card	Non-Medical Transportation, Paraprofessional Services and Community Living Supports
Athi Venkatesh, M.D.	Psychiatric Services
Aubrey Shelton	Recreational Therapy, Non-Medical Transportation
Bharath Raj, M.D., P.A.	Psychiatric Services
Chelsey Denby	In-Home Respite
Faisal Tai, M.D.	Psychiatric Services
Fernando G. Torres, M.D.	Psychiatric Services
Hilary Akpudo, M.D.	Psychiatric Services
Khurrahm Shaikh, M.D.	Psychiatric Services
Larry Flowers, M.D.	Psychiatric Services
Marshall Lucas, M.D.	Psychiatric Services
Melody Ann Archer	Dietician Services

Michelle Garcia, Psy. D., & Associates	Psychology, Behavior Plans and Training
Olayinka Ayeni, M.D.	Psychiatric Services
Roopa Challapalli, M.D.	Psychiatric Services
Stacey Russell, M.D.	Psychiatric Services
Vishnu Challapalli, M.D.	Psychiatric Services
Various Officers from Montgomery County	Peace Officer Services

Administrative Efficiencies

5) Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

- Tri-County Behavioral Healthcare is one of 11 local behavioral health authorities (LBHAs) who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost-efficient offerings through ETBHN including authorization services, closed door pharmacy, Medical Director consultation, and telemedicine services.

6) List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.

Start Date	Partner(s)	Functions
2001	*East Texas Behavioral Health Network:* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare is one of 11 behavioral health authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, Medical Director consultation, and telemedicine services. Additional services offered by

		ETBHN include CFO consulting, Human Resource Director, IT Purchasing, WRAP for peers, and 24 hour crisis care.
	Regional Planning Network Advisory Committee (RPNAC): Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC members who are on the RPNAC, Management Team staff and Quality Management staff work with other ETBHN Centers to meet the following goals: • To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership. • To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices. • To maintain a process by which unacceptable outcomes, processes and practices can be identified, and; Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC).
2001	*Regional Utilization Management Committee (RUM):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke,	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high-quality care in conjunction with effective and efficient utilization of

	Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.
2001	*Regional Oversight Committee (ROC):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees for the East Texas Behavioral Health Network. This Board is made up of the Executive Director/CEO of each member Center plus one consumer/family member. The Board meets quarterly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.

Provider Availability

NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

7) *Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, Home and Community Based Services (HCBS) providers, and past/interested providers via phone and email; contacting your existing network, Managed Care Organizations (MCOs), and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, seeking input from your PNAC about local providers.*

◆ Following receipt of the 2022 Provider Network Development Plan Template, Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. Outside of one provider inquiry which Tri-County followed up on from earlier in the year, the MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time. The MHPNAC reviewed the information provided to stakeholders about LPND during the local planning process.
◆ One virtual and five (5) face to face local planning meetings were held in which information was provided about LPND and how a provider could express interest. Attendees were provided information about the LPND process and how to express interest. These meetings were advertised in local newspapers, through the PNAC members and invitations were emailed out to local stakeholders. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice.

Complete the following table, inserting additional rows as needed.

List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2020 LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC

website. Provider inquiry forms will be accepted through the HHSC website through September 1, 2022. ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before June 1, 2022.*

- *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).*
- *Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.*

Provider	**Source of Identification**	**Summary of Follow-up Meeting or Teleconference**	**Assessment of Provider Availability, Services, and Capacity**
ProSocial Peers Social Skills	Email Inquiry	Following email inquiry, Tri-County followed up via email and phone to determine provider interest, availability, services, and capacity.	Provider reported that they are unable to move forward with procuring services through LPND in line with Texas Administrative Code Title 26 Part 1, Subchapter F, at this time due to current endeavors and commitments already in place but will reach out in the future if ability to participate in LPND changes.
Baptist Hospital of Southeast Texas	Expressed Interest prior to the 2020 Planning Cycle	Contacted the provider via email and phone to see if interest had changed since last contact.	Provider is not interested in procuring services through LPND in line with Title 26 Part 1, Subchapter F, at this time, however plans to reach out in the future

			as ability to participate may change in during the next planning cycle.

Part II: Required for LMHA/LBHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate procurement.

Texas Administrative Code (TAC) Title 26, Part I, Chapter 301, subchapter F describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

8) Complete the following table, inserting additional rows as needed.

- *Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.*
- *State the capacity to be procured, and the percent of total capacity for that service.*
- *Identify the geographic area for which the service will be procured: all counties or name selected counties.*
- *State the method of procurement—open enrollment Request for Application (RFA) or request for proposal.*
- *Document the planned begin and end dates for the procurement, and the planned contract start date.*

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date

Rationale for Limitations

NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA's external provider network.

9) Complete the following table. Please review TAC Title 26, Part I §301, subchapter F carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- *Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.*
- *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in TAC Title 26, Part I §301, subchapter F.*
- *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?			
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			
3) Are any of the procurements limited to certain counties within the local service area?			
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			

10) If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).

Service	Transition Period	Year of Full Procurement

Capacity Development

11) In the table below, document your procurement activity since the submission of your 2020 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.

- *List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- *State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)
	None	

PART III: Required for all LMHA/LBHAs

PNAC Involvement

12) Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
June 29, 2022	The MHPNAC participated in the Local Planning and LPND Kickoff meeting where they reviewed and discussed the rules guiding our participation in the CLSP and LPND Process (Including Texas Administrative Code: Title 26, Part 1, Chapter 301, Subchapter F, Provider Network Development Rule and HHSC Performance Contract Information Item I, Instructions for Local Planning) in addition to reviewing information that will be provided to stakeholders through a series of community meetings and surveys. The Committee was informed that the due dates for CLSP and LPND were pending.
July 13, 2022	The MHPNAC participated in Local Planning and provided feedback on LPND including what services they felt individuals most needed a choice of providers for and what factors should be considered when seeking providers to provide choice. The Committee was informed of the one provider inquiry and that Tri-County was in process of following up with the provider.
September 7, 2022	Following receipt of the 2022 Provider Network Development Plan Template by email on August 2023, the MHPNAC met to review the new submission timeline of December 30, 2022 outlined in the HHSC Broadcast Message #22.061 and provided an update on feedback received from stakeholders to date. Additionally, the Committee was provided with information on follow up related to the provider inquiry received via email earlier this summer. The provider noted that they were not interested in moving forward at this time but would reach out in the future if they were in a position to pursue procurement of services. Discussed with the MH PNAC that we have had no interested providers complete a Provider Interest Form with HHSC to date for this planning cycle.
September 28, 2022	At the upcoming meeting, Tri-County will provide the draft LPND plan to the MH PNAC and provide information on the posting of the plan on the Center website for 30 days along with a review of how to provide public comment

	on the plan as well as how to access information regarding LPND on the HHSC website should the PNAC come into contact with anyone wanting to comment or learn more about the LPND process.
December 7, 2022	The Draft LPND Plan is scheduled to be reviewed by ETBHN Regional PNAC following the public comment period.
December 7, 2022	The MHPNAC will review public comments and feedback from the RPNAC and recommend any final changes to the Draft LPND Plan and/or approve the plan.

Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before June 1, 2022.

In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA's response, which might include:

- *Accepting the comment in full and making corresponding modifications to the plan;*
- *Accepting the comment in part and making corresponding modifications to the plan; or*
- *Rejecting the comment. Please explain the LMHA/LBHA's rationale for rejecting the comment.*

Comment	Stakeholder Group(s)	LMHA/LBHA Response and Rationale

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhs.texas.gov by December 30, 2022.

Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the LPND website or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.

Appendix B

TAC Title 26, Part I §301, subchapter F. **Conditions Permitting LMHA Service Delivery.**

An LMHA may only provide services if one or more of the following conditions is present.

(1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.

(2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.

(3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.

(4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.

(5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.

(6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:

> (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;

(B) document implementation of appropriate other measures;

(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C

House Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission Rider (139):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third-party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services.

Agenda Item: Approve the Mental Health (MH) Consolidated Local Service Plan for Fiscal Years 2022-2023 **Committee:** Program	**Board Meeting Date** December 1, 2022

Background Information:

It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan, completed on the Health and Human Services Commission (HHSC) provided template, considers local stakeholder input in the planned direction for provided services. In the past, Tri-County had a combined Local Plan for mental health (MH) and intellectual and developmental disabilities (IDD) services. In 2008, a Local Planning and Network Development statute required the development of a separate plan for mental health services.

For Fiscal Years 2022 and 2023, staff completed the planning process for stakeholders of persons with mental health and substance use disorders. Multiple collaborative planning meetings were held with stakeholders throughout the past year and an additional six (6) planning meetings were held to ensure that community members had the ability to participate in planning sessions. In addition to face-to-face meetings, a virtual planning meeting was held and staff distributed surveys to stakeholders.

The Mental Health Consolidated Local Service Plan serves as the main mental health planning document for the Center and includes Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development including Jail Diversion.

Supporting Documentation:

Draft MH Consolidated Local Service Plan for Fiscal Years 2022-2023

Recommended Action:

Approve the MH Consolidated Local Service Plan for Fiscal Years 2022-2023

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

CONSOLIDATED LOCAL SERVICE PLAN

FY 2022- FY 2023

Form O

Consolidated Local Service Plan

Local Mental Health Authorities and Local Behavioral Health Authorities

Fiscal Years 2022-2023

Due Date: September 30, 2022

Submissions should be sent to:

MHContracts@hhsc.state.tx.us and CrisisServices@hhsc.state.tx.us

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Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

Section I: Local Services and Needs

I.A Mental Health Services and Sites

- *In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes.*
- *Add additional rows as needed.*
- *List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable):*
    - *Screening, assessment, and intake*
    - *Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children*
    - *Extended Observation or Crisis Stabilization Unit*
    - *Crisis Residential and/or Respite*
    - *Contracted inpatient beds*
    - *Services for co-occurring disorders*
    - *Substance abuse prevention, intervention, or treatment*
    - *Integrated healthcare: mental and physical health*
    - *Services for individuals with Intellectual Developmental Disorders (IDD)*
    - *Services for youth*
    - *Services for veterans*
    - *Other (please specify)*

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	233 Sgt. Ed Holcomb Blvd., Conroe 77304	Montgomery	• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Supported Housing and Employment Support for Adults and Transition Age Youth (TAY) • Criminal Justice Services (Adults) • Substance Use Disorder (SUD) Screening, Assessment, Outpatient Treatment, and Treatment for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (Adults and Children) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Determination of Eligibility, Intake, Service Coordination, and Crisis Intervention • IDD Supported Employment • TCBHC Autism Program • Integrated Healthcare • Veterans Counseling, Case Management, and Military Veteran Peer Network (MVPN) Mentorship Program • Peer and Family Partner Services • Continuity of Care and Care Coordination

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	706 FM 2854 Conroe 77301	Montgomery	• Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Crisis Stabilization Unit (CSU) (temporarily closed as of Nov 1, 2021 with plans to reopen in 2023) • Mobile Crisis Outreach Team (MCOT) • Crisis Intervention Response Team (CIRT) • IDD Crisis Assessment and Intervention • Continuity of Care and Care Coordination • Utilization Review for Private Contract Beds
Tri-County Behavioral Healthcare (TCBHC)	7045 Highway 75 S. Huntsville 77340	Walker	• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer and Family Partner Services • Continuity of Care and Care Coordination
Tri-County Behavioral Healthcare (TCBHC)	2004 Truman Cleveland 77327	Liberty	• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults)

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
			• Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer and Family Partner Services • Continuity of Care and Care Coordination
Tri-County Behavioral Healthcare (TCBHC)	2000 Panther Lane Liberty 77575	Liberty	• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Youth Empowerment Services (YES) Waiver and Residential Treatment Center Integration (RTCI) for At Risk Youth • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer and Family Partner Services • Continuity of Care and Care Coordination

Operator (LMHA/LBHA or Contractor Name)	Street Address, City, and Zip, Phone Number	County	Services & Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	Porter – Youth only 23750 FM1314 Porter 77365	Montgomery	• Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adolescents and Children) • Supported Housing and Employment Support for Transition Age Youth (TAY) • Youth Empowerment Services (YES) Waiver • Substance Abuse Prevention Services for At Risk Youth (Selective) and All Youth (Universal) • Family Partner • Continuity of Care and Care Coordination
Kingwood Pines Hospital	2001 Ladbrook Drive Kingwood 77339	Harris	• Contract Inpatient Hospitalization: Adults, Children and Youth 7 and over
Cypress Creek Hospital	17750 Cali Drive Houston 77090	Harris	• Contract Inpatient Hospitalization: Adults and Youth over 13
Aspire Hospital	2006 South Loop 336 W. #500 Conroe 77304	Montgomery	• Contract Inpatient Hospitalization: Adults
Woodland Springs Hospital	15860 Old Conroe Rd., Conroe 77384	Montgomery	• Contract Inpatient Hospitalization: Adults and Youth over 12
Sun Behavioral Houston Hospital	7601 Fannin St. Houston 77054	Harris	• Contract Inpatient Hospitalization: Adults, Children and Youth 7 and over

I.B Mental Health Grant Program for Justice Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by Senate Bill (S.B.) 292, 85th Legislature, Regular Session, 2017, to reduce recidivism rates, arrests, and incarceration among individuals with mental illness, as well as reduce the wait time for individuals on

forensic commitments. These grants support community programs by providing behavioral health care services to individuals with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for individuals with mental illness involved in the criminal justice system.

In the table below, describe the LMHA or LBHA S.B. 292 projects; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows, if needed.

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY19 – March FY20	East Montgomery County Crisis Clinic (EMCC) was established to treat adults with serious mental illnesses who were experiencing a crisis and to provide law enforcement with an additional drop off site option in Montgomery County. This program was developed in order to provide individuals in East Montgomery County with crisis options near their place of residence and to assist with diversion from emergency rooms and jails when appropriate. This program ended mid-year 2020 due to loss of our local match partner.	Montgomery County	Adults	FY19: 247 FY20: 200
FY 21 – FY 22	N/A	N/A	N/A	N/A

I.C Community Mental Health Grant Program - Projects related to Jail Diversion, Justice Involved Individuals, and Mental Health Deputies

The Community Mental Health Grant Program is a grant program authorized by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017. H.B. 13 directs HHSC to establish a state-funded grant program to

support communities providing and coordinating mental health treatment and services with transition or supportive services for persons experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, and/or recovery services, and assist with persons with transitioning between or remaining in mental health treatment, services, and supports.

In the table below, describe the LMHA or LBHA H.B. 13 projects related to jail diversion, justice involved individuals and mental health deputies; indicate N/A if the LMHA or LBHA does not receive funding. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed.

Fiscal Year	Project Title (include brief description)	County	Population Served	Number Served per Year
FY19-FY22	The Expanded Substance Use Disorder Engagement Program is designed to address identified critical gaps in care, including access to services focused on the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD) using evidence-based practices, as well as transportation to allow for connection to treatment. Using an integrated approach to care, this program combines therapeutic interventions, case management, psychoeducation, and skills training to promote movement through the stages of change toward the attainment of individually defined recovery goals. This program has experienced consistent issues with staff retention which has significantly impacted data measures.	Montgomery County	Adult and Youth	FY 19: 169 FY 20: 70 FY 21: 102 FY 22: 62

I.D Community Participation in Planning Activities

Identify community stakeholders who participated in comprehensive local service planning activities.

Note: Due to the large number of stakeholders that Tri-County Behavioral Healthcare interacts with through a variety of meetings and collaborative interactions, it is possible that additional individuals not listed below participated in planning. We value and are thankful for all of our community partners.

	Stakeholder Type		Stakeholder Type
☒	Consumers	☒	Family members
☒	Advocates (children and adult)	☒	Concerned citizens/others
☒	Local psychiatric hospital staff **List the psychiatric hospitals that participated:* • Woodland Springs • Kingwood Pines • Cypress Creek • Aspire • IntraCare North • Clearlake Medical Behavioral Hospital	☒	State hospital staff **List the hospital and the staff that participated:* • *Kerrville State Hospital, George Vettikunnel* • *Rusk State Hospital, Mary McLeod* • *North Texas State Hospital, Melissa Sowders* • *Austin State Hospital, Megan Byers* • *San Antonio State Hospital, Jennifer Basinger*
☒	Mental health service providers	☒	Substance abuse treatment providers
☒	Prevention services providers	☒	Outreach, Screening, Assessment, and Referral Centers
☒	County officials **List the county and the official name and title of participants:* The following participated in discussions regarding the funding of the CSU: • Robert C Walker, Montgomery County Commissioner, Precinct 1	☒	City officials **List the city and the official name and title of participants:* • Mayor Jody Czajkoski, Conroe • Mayor ProTem Curt Maddox, Conroe • Mayor Lynn Scott, Panorama Village • Councilman Harry Hardman, Conroe • Paul Virgadamo, Jr., Conroe City Administrator

Stakeholder Type	Stakeholder Type
• Charlie Riley, Montgomery County Commissioner, Precinct 2 • James Noack, Montgomery County Commissioner, Precinct 3 • James Metts, Montgomery County Commissioner, Precinct 4 • Bruce Karbowski, Liberty County Commissioner, Precinct 1 • Greg Arthur, Liberty County Commissioner, Precinct 2 • David S. Whitmire, Liberty County Commissioner, Precinct 3 • Leon Wilson, Liberty County Commissioner Precinct 4 • Danny Kuykendall, Walker County Commissioner, Precinct 1 • Ronnie White, Walker County Commissioner, Precinct 2 • Bill Daugette, Walker County Commissioner, Precinct 3 • Jimmy Henry, Walker County Commissioner, Precinct 4	• Nancy Mikeska, Conroe Director of Community Development • Chief Ken Kreger, Conroe Fire Department • Gary Scott, Conroe City Attorney • Andre Houser, Conroe City Director of Human Resources
☒ Federally Qualified Health Center and other primary care providers	☒ Local health departments ☒ LMHAs/LBHAs **List the LMHAs/LBHAs and the staff that participated:* • Access, Karen Pate and Debbie Hamilton – Regional Planning and Network Advisory Committee (RPNAC) • Andrews, Cherhonda Brown, RPNAC • Bluebonnet Trails, Jessica Sanders and Beth McClary, RPNAC • Burke, Donna Moore, RPNAC • Community Healthcore, Lee Brown, RPNAC

Stakeholder Type	Stakeholder Type
	• Lakes Regional, Kristalyn Brewer, Jennifer Cockerham and Nora Flemming, RPNAC • Gulf Bend, Julia Galvan, RPNAC • Gulf Coast, Jamie White, RPNAC • Spindletop, Meghan Lovell and Heather Champion, RPNAC • Tri-County, Evan Roberson, Tanya Bryant, Lisa Bradt, Beth Dalman, Sara Bradfield, Melissa Zemencsik, and Catherine Prestigiovanni
☒ Hospital emergency room personnel	☒ Emergency responders
☒ Faith-based organizations	☒ Community health & human service providers
☒ Probation department representatives	☒ Parole department representatives
☒ Court representatives (Judges, District Attorneys, public defenders) *List the county and the official name and title of participants: • Judge Kathleen Hamilton, Montgomery County • Judge Claudia Laird, Montgomery County • Judge Mary Ann Turner, Montgomery County • Judge Wayne Mack, Montgomery County • Judge Phil Grant, Montgomery County • Judge Keith Stewart, Montgomery County • Judge Patty Maginnis, Montgomery County • Judge Lisa Michalk, Montgomery County • Judge Mark Keough, Montgomery County • Judge Echo Hudson, Montgomery County • Judge Jon Hafley, Montgomery County • Judge Tracy Sorensen, Walker County • Judge Jay Knight, Liberty County • Daniel Plake, Assistant County Attorney, Montgomery County	☒ Law enforcement *List the county/city and the official name and title of participants: • Sherriff Rand Henderson, Montgomery County Sherriff's Office • Sherriff Bobby Rader, Liberty County Sherriff's Office • Major Tim Cannon, Montgomery County Sherriff's Office • Chief Jeff Christy, Conroe Police Department • Deputy Chief Lee Tipton, Conroe Police Department • Chief Deputy Don Neyland, Liberty County Sherriff's Office • Captain Brian Luly, Montgomery County Precinct 1 • Sgt. Billy Beavers, Montgomery County Precinct 1 • Lt. Scott Spencer, Montgomery County Sherriff's Department • Officer Lupnitz, Conroe Police Department

Stakeholder Type	Stakeholder Type
• Mike Shirley, Assistant District Attorney, Montgomery County • Shanna Redwine, Assistant District Attorney, Montgomery County • Ronald Chin, Attorney, Montgomery County Attorney's Office • Matthew Poston, County Attorney, Liberty County • Jennifer Bergman, District Attorney, Liberty County • Jo Linzer, Public Defender, Montgomery County • Therese Pringle, Court Coordinator, Montgomery County • Dede Taylor, Court Coordinator, Liberty County Judge • Joan Belt, Admin, Liberty County Judge	• Lt. Keith DeHart, Walker County Sherriff's Office • Lt. Jeramiah Richards, Montgomery Sherriff's Office • Liz Polasek, Mental Health Investigator, Liberty County Attorney's Office • Paul Lowrey, Chief Investigator MH Unit, Liberty County • Marie Coleman, Mental Health Investigator, Liberty County Attorney's Office • Richard Hanks, Mental Health Investigator, Liberty County Attorney's Office • Chance Maddox, Mental Health Investigator, Liberty County Attorney's Office
☒ Education representatives	☒ Employers/business leaders
☒ Planning and Network Advisory Committee	☒ Local consumer peer-led organizations
☒ Peer Specialists	☒ IDD Providers
☒ Foster care/Child placing agencies	☒ Community Resource Coordination Groups
☒ Veterans' organizations	☒ Other: • Brenda Lavar, Community Relations Administrator for WellPath and Vice President of NAMI Greater Houston • Walker County Hospital District • Montgomery County Hospital District • United Way of Greater Houston • Alexis Cordova, County Extension Agent, Texas A&M AgriLife

Stakeholder Type	Stakeholder Type
	• Morgan Lumbley, Disaster Recovery Manager, Montgomery County Office of Homeland Security and Emergency Management • Megan Lowery, Homeland Security Planner, Montgomery County Office of Homeland Security and Emergency Management • Penny McMillen, Liberty County Indigent Healthcare Director

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

• Tri-County Behavioral Healthcare (TCBHC) Crisis managers participated in monthly Mental Health Collaborative Meetings held at our main Conroe facility. Participants included local hospital administrators, representatives from the county attorney offices, judges, law enforcement, district attorneys, jail representatives, local private psychiatric inpatient providers, Crisis Intervention Response Team (CIRT) members, etc.
• TCBHC Criminal Justice management staff attended meetings with community stakeholders on a quarterly basis where jail diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and district attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning.
• TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Health First Aid (YMHFA), Crisis Intervention Training (CIT), general mental health overviews, Substance Use Prevention, information about TCBHC and services provided, training on military and veteran culture including trainings offered to local law enforcement to assist them with better understanding and working with veterans in mental health crises. These trainings continue to provide opportunities for quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community.
• TCBHC Management Team and management staff representing the Child and Adolescent Department, participated in meetings with representatives from local educational institutions to discuss the mental health needs and challenges unique to their populations and improve access to mental health services for students.
• TCBHC participates in the Montgomery County Behavioral Health and Suicide Prevention Taskforce which is a large and diverse group of community agencies, businesses, schools, hospitals, county and city officials and families that

come together to collaborate on mental health needs within the community and how to continue to work toward improved awareness and availability of resources.

- One virtual and five (5) face to face local planning meetings were held throughout our three-county area. These meetings were advertised in local newspapers, through the PNAC members, and emailed out to our stakeholder list. An additional planning session was held with the Mental Health Planning and Network Advisory Committee (MHPNAC).

- Surveys were provided in both paper and electronic format and sent to our local stakeholder list as a part of the local planning process in order to solicit feedback about mental health care in our communities. Results from the survey have been incorporated into this plan with 57 stakeholders responding to the survey including 21 individuals served, 27 family members and/or guardians, 7 actively involved individuals, 1 Primary Care Provider, and 4 Probation/Parole employees. All three counties were represented in the response data. The Local Planning Survey focused on several key areas that were also addressed in planning meetings and interactions with the following results: 1) Most Important Services: Crisis Services, Counseling, Medication and Adult and Child Outpatient Mental Health Services; 2) Most Needed Services: Transportation, Affordable Housing, and Affordable Substance Use Treatment; 4) Significant Barriers: Transportation, lack of resources in rural areas, and retention of mental health professionals.

- TCBHC participated in a Montgomery County Behavioral Health Forum in September of 2022 with over seventy Montgomery County Residents which was held to: 1) Engage and connect key stakeholders from all parts of the county with an interest in promoting improved behavioral health in Montgomery County; 2) To ensure that people with lived experience and their families are visible, vocal and valued; 3) Identify what public and private behavioral health resources and gaps exist in the County; 4) Define and elaborate on a pathway for the community to collaborate in addressing identified needs and filling identified gaps; and 5) Plan key action steps for stakeholders moving forward. Cross agency collaboration, data collection on critical behavioral health challenges, increased peer support, and a funding plan were all identified as top priorities as the group established Action Teams to continue working on these areas over the next planning cycle. The top four ranked most impactful and feasible ideas identified during this forum included:

  1. Collaboration between law enforcement, treatment, and other services
  2. Peer support center and increase peer support groups
  3. Community awareness and education (e.g. fentanyl education)
  4. Public / Private collaboration to create new housing options

Additionally, as a part of the collaborative efforts, a survey was sent out to stakeholders to gain insight into Access and Quality of Behavioral Healthcare in the community and the survey results included over 200 responses. Themes included improved mental healthcare for Children and Adolescents, Suicide Prevention, Co-Occurring Substance Use and Addiction Challenges, Trauma, and Behavioral Health Workforce Shortages.

List the key issues and concerns identified by stakeholders, including <u>unmet</u> service needs. Only include items raised by multiple stakeholders and/or had broad support.

• The need for transportation
• The need for affordable substance use disorder inpatient treatment and detox
• The need for more counseling
• The need for low income housing and housing for individuals with mental illness and substance use disorders (including transitional and step-down options for those coming out of inpatient treatment)
• Diversion of individuals from emergency rooms and jails, when appropriate
• Improved collaboration between law enforcement and behavioral health services and supports
• The continued need for community education and awareness including a continued focus on collaborating with schools to further develop school-based mental health programs
• Integrated, one stop service location for all indigent care needs (MH, physical, food, etc.)
• Improved awareness and data of critical behavioral health challenges
• Increase peer support groups and services available within communities
• Comprehensive referral source for behavioral healthcare and substance use disorders

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails)
- Hospitals/emergency departments
- Judiciary, including mental health and probate courts
- Prosecutors and public defenders
- Other crisis service providers (to include neighboring LMHAs and LBHAs)
- Users of crisis services and their family members
- Sub-contractors

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Development of the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

- Regular communication between Tri-County Behavioral Healthcare (TCBHC) staff and local area representatives, including contractors, is ongoing and meetings are scheduled as needed to involve additional agencies. TCBHC currently participates in numerous meetings throughout our service area and utilizes the ongoing feedback obtained during these meetings to ensure the highest quality services are provided to those we serve, while considering the needs of individuals served, the community, and contractors. Key stakeholders include but are not limited to, individuals served, family members, significantly involved individuals, peers, law enforcement, emergency department staff, hospital and contract staff, school district personnel, court representatives and many other agencies throughout our service area. In addition, one virtual and five face to face planning meetings were scheduled for the general public and advertised in the local papers and feedback was also sought from our Mental Health Planning and Network Advisory Committee (MHPNAC) which includes family members, community partners, advocates, peers and individuals served.

Ensuring the entire service area was represented; and

- TCBHC maintains a stakeholder list which includes representatives from around our three-county service area. Feedback is sought from key stakeholders throughout the planning year and incorporated into the Local Planning process each biennium. Additionally, local planning meetings are held in each county of the three counties in our catchment area and surveys are tracked by county of residence to ensure feedback is representative of our service area.

Soliciting input.

- Each planning year, information is collected from ongoing stakeholder meetings, designated local planning meetings, surveys conducted and other feedback obtained throughout the year. Feedback for this plan was solicited through a number of community meetings, one virtual and five face to face local planning meetings that were advertised in local newspapers, meetings with the Mental Health Planning and Network Advisory Committee (MHPNAC) and through survey results.

II.B Utilization of the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

Note: Answers below provided from contractor: Avail Solutions

During business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 8:00am – 4:30pm
- 20-23 Full Time Employees (FTEs)

After business hours

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- Monday – Friday 4:30pm – 12:30am 8-12 FTEs
- Monday – Friday 12:00am – 8:30am 6-8 FTEs

Weekends/holidays

- In addition to the staffing pattern listed below, there is an administrator on call that is able to assist the Call Center Supervisor or to contact other staff to report to the Call Center as needed:
- 8:00am – 4:30pm 8-9 FTEs
- 4:00pm – 12:30am 8-9 FTEs
- 12:00am – 8:30am 5-6 FTEs

2. Does the LMHA/LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, please list the contractor:

- Yes, Avail Solutions.

3. How is the MCOT staffed?

During business hours

- The mobile crisis service is capable of being provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.
- In previous planning cycles, funding made possible with 1115 Medicaid Transformation Waiver was utilized in order to expand crisis response after hours, 24/7 walk-in services and fund the Extended Observation Unit (EOU). These programs, such as the EOU, have provided us with the additional resources for community evaluation and the funding has enhanced our walk-in crisis services by increasing the number of crisis clinicians in the facility who are able to respond to community members presenting in crisis. Unfortunately, 1115 Waiver funding has been discontinued which, in combination with staffing shortages around the State led to our closure of the EOU. This past year, TCBHC applied for and was awarded a SAMHSA grant that is funding additional crisis response staff to continue to support the 24/7 walk-in services and expanded crisis response after hours. Currently, TCBHC has ten (10) MCOT staff, six (6) of which are funded by the SAMHSA grant. The continued success that we are having with this program is strongly tied to these additional resources. As a result of telehealth resources leveraged during COVID-19, many hospitals have communicated a preference for continued crisis response via allowable electronic means. Crisis response staff continue to utilize these options as a way of improving timely response times, as appropriate.

After business hours

- The mobile crisis service is capable of being provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time. Additionally, technology has been set up at all local medical hospitals in our service area in order to facilitate after hours tele-video assessments and reduce the burden on law enforcement.

Weekends/holidays

- The mobile crisis service is capable of being provided throughout the local service area 24 hours a day, seven days a week, including holidays. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the

Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time.

4. Does the LMHA/LBHA have a sub-contractor to provide MCOT services? If yes, please list the contractor:

- No

5. Provide information on the type of follow up MCOT provides (phone calls, face to face visits, case management, skills training, etc.).

- Following assessment, mobile crisis response staff will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a psychiatrist as needed. MCOT staff provide follow-up and prevention services within 24 hours of the assessment. Follow up and prevention services include making a follow-up call to the individual, or to the hospital if placement was coordinated, to ensure the safety and arrival of the individual. Additionally, MCOT staff communicates with outpatient service staff to ensure appropriate follow-up for any client currently in services who has presented with crisis symptoms and may also utilize the Crisis Intervention Response Team (CIRT) to follow-up with individuals in the community who may be at higher risk for deterioration.

6. Do emergency room staff and law enforcement routinely contact the LMHA/LBHA when an individual in crisis is identified? If so, please describe MCOT's role for:

Emergency Rooms:

- Tri-County Behavioral Healthcare (TCBHC) has awake staff on site 24 hours a day, seven days a week. mobile crisis response staff are routinely deployed to emergency rooms and other safe locations in our catchment area following triage according to clinical need by our crisis hotline service. TCBHC's crisis response staff are located at the Psychiatric Emergency Treatment Center (PETC) and have the capability to respond around the clock, 24 hours a day and seven days a week. This allows staff to respond more quickly to emergency rooms and other community locations, reducing the burden on other providers. Mobile crisis response staff assess an individual's mental health symptoms and determines what level of care is needed, which assists in getting the individual moved and connected with appropriate services as soon as is feasible.

Law Enforcement:

- Local law enforcement is familiar with the crisis services provided by Tri-County Behavioral Healthcare (TCBHC). Frequently, law enforcement brings individuals that appear to be in crisis to the Psychiatric Emergency Treatment Center (PETC) for evaluation and interventions as appropriate (See Sequential Intercept 1 later in this plan). Staff are available 24 hours a day, seven days a week, on site at the PETC to assist and MCOT staff are on site during peak hours at least 56 hours a week and capable of deploying 24 hours a day, seven days a week if needed in the community. Additionally, TCBHC contracts with police officers and an officer is located at the PETC to ensure safety of individuals served. Having a contract officer on site provides relief with respect to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

- Due to the distance of Tri-County Behavioral Healthcare (TCBHC) from a State Hospital, we are almost never contacted to respond to screening requests. Should a request be made, TCBHC has staff designated to collaborate with the hospital to address this need.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

During business hours:

- If an emergency room has reason to believe an individual is suicidal, homicidal or experiencing psychosis that puts them at risk to self or others, they should contact the crisis hotline at 1 (800) 659-6994. Staff will be deployed as appropriate to determine recommendations for appropriate level of care. Law enforcement can take a person suspected of needing inpatient care to the Psychiatric Emergency Treatment Center (PETC) in Conroe to be evaluated by staff. In parts of our service area that are further away from Conroe, law enforcement officers are encouraged to contact the crisis hotline. Crisis Hotline staff are trained to triage and, when needed, are able to facilitate a crisis assessment and connect with staff who are able to arrange hospitalization to avoid an unnecessary trip to Conroe. During business hours, law enforcement can take an individual to the rural county clinics (Huntsville, Cleveland or Liberty) for evaluation between the hours of 8am and 4pm.

After business hours:

- The same information above applies. Due to the distance of certain locations in our catchment area to the Psychiatric Emergency Treatment Center (PETC), along with communication challenges related to cellular service and broadband limitations, we have set up tele-video equipment at the Liberty/Dayton Hospital, Huntsville Memorial Hospital and HCA Kingwood Hospital in order to facilitate these assessments. Additionally, we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our tele-video equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible.

Weekends/holidays:

- The same information above applies.

9. What is the procedure if an individual cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

- During evaluation by our treatment providers at our Psychiatric Emergency Treatment Center (PETC), if it is determined that the individual needs further assessment or medical clearance beyond the capabilities of these programs, transportation is arranged for the individual to the appropriate setting either via law enforcement, or another individual identified as appropriate to transport the individual in crisis. If it is suspected that the individual may have a physical health condition needing to be assessed or stabilized prior to addressing mental health symptoms, Emergency Medical Services (EMS) are contacted to transport the individual to a local hospital. A contract police officer is located on site at the PETC to assist in areas that may require law enforcement with the purpose of allowing other officers accompanying individuals to the PETC, to return to duty more quickly. At this time the Crisis Stabilization Unit (CSU) co-located at the PETC is temporarily closed after experiencing staffing shortages and funding challenges. Following several discussions with HHSC and community partners, Montgomery County Commissioners Court recently allocated 15 million dollars in ARPA funding to TCBHC in order to fund the Crisis Stabilization Unit and other areas of work that were previously being supported through these funds through the end of FY 2024. TCBHC plans to reopen the CSU in 2023.

10. Describe the community's process if an individual requires further evaluation and/or medical clearance.

- Community members needing further mental health evaluation are encouraged to call the crisis line at 1 (800) 659-6994 for immediate assistance and guidance. During evaluation, if medical clearance is determined to be needed, staff are able to refer to appropriate medical providers. If there is a need for immediate medical clearance in the community, individuals are encouraged to call 911.

11. Describe the process if an individual needs admission to a psychiatric hospital.

- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center (PETC), we coordinate hospitalization with an appropriate inpatient facility. If an individual is uninsured, we utilize one of the five hospitals that we contract with for this provision. If an individual has insurance, we explore all available options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she may meet criteria for involuntary placement at a psychiatric hospital and would be transported by constables. In FY 2022, Tri-County Behavioral Healthcare spent 4.5 million dollars on civil hospitalizations to contract and private psychiatric hospital beds with zero (0) civil admissions to a State hospital facilitated by our Center.

12. Describe the process if an individual needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

- At this time the Crisis Stabilization Unit (CSU) co-located at the PETC is temporarily closed after experiencing staffing shortages and funding challenges in the last planning cycle. Following several discussions with HHSC and community partners, Montgomery County Commissioners Court recently allocated 15 million dollars in ARPA funding to TCBHC in order to fund the CSU through the end of FY 2024. TCBHC plans to reopen the CSU in 2023.
- Once the unit is reopened, individuals will be assessed and offered services according to clinical need. If a more intensive level of care is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit (CSU) would be offered, as appropriate.
- For IDD clients in a mental health crisis, the TCBHC Crisis Intervention Specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to link the individual with appropriate resources such as crisis respite, as indicated.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances, staff may request law enforcement assistance with a response. In Montgomery County, the Crisis Intervention Response Team (CIRT) is typically available daily from 11:00am – 11:00pm to respond to these situations within Conroe City limits. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. Additionally, the Montgomery Sherriff's Office was recently awarded a grant that will expand the clinician/officer response teams to other parts of Montgomery County during this next planning cycle. For other areas where a CIRT team is unavailable, the Mobile Crisis Outreach Team (MCOT) may request the assistance of a Mental Health Peace Officer or other law enforcement personnel.

14. If an inpatient bed at a psychiatric hospital is not available:

    Where does the individual wait for a bed?

- If an individual assessed at an emergency room is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric Emergency Treatment Center (PETC), staff will safety monitor at their present location until an appropriate placement has been determined.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the individual is placed in a clinically appropriate environment at the LMHA/LBHA?

- There are times when an individual may have to wait to be placed in a hospital bed. If this is the case, staff may provide (depending upon whether at the Psychiatric Emergency Treatment Center or a medical hospital) crisis intervention, ongoing safety monitoring and reassessment of the individual to determine if inpatient services are still clinically indicated or until the individual is safely transported to the appropriate level of care.

16. Who is responsible for transportation in cases not involving emergency detention?

- Whenever possible, the Psychiatric Emergency Treatment Center (PETC) will attempt to arrange transportation for the individual, either through Tri-County Behavioral Healthcare resources or through collaboration with other community partners as needed.

Crisis Stabilization

What alternatives does the local service area have for facility-based crisis stabilization services (excluding inpatient services)? *Indicate N/A if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.*

Name of Facility	Crisis Stabilization Unit (CSU)
Location (city and county)	Conroe, Montgomery County
Phone number	936-538-1102
Type of Facility (see Appendix A)	Crisis Stabilization Unit (CSU) – **While the CSU is located at the Psychiatric Emergency Treatment Center (PETC), which remains open for assessments, the CSU has been Temporarily Closed since November 1, 2021 with plans to reopen in 2023.**
Key admission criteria (type of individual accepted)	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment.
Circumstances under which medical clearance is required before admission	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.
Service area limitations, if any	Evaluations may be completed for adults and youth at the PETC, however, admissions to the CSU are limited to adults.
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24-hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
Accepts emergency detentions?	Yes
Number of Beds	16
HHSC Funding Allocation	PESC and Community Mental Health Hospital. Note: The CSU is primarily funded through local, non-HHSC funding at this time.

Inpatient Care

What alternatives to the state hospital does the local service area have for psychiatric inpatient care for uninsured or underinsured individuals?

Replicate the table below for each alternative.

Name of Facility	Kingwood Pines
Location (city and county)	Kingwood; Harris
Phone number	281-404-1001
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under seven years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	116 Bed Acute Care Psychiatric Hospital
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health	Rapid Crisis Stabilization and Private Psychiatric Beds

hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	$535/day Note: Tentative Proposed rate, pending HHSC authorization: $650/day. This charge does not include separately billed doctor's charges. The total cost per day averages $600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Cypress Creek Hospital
Location (city and county)	Houston; Harris
Phone number	281-586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under the age of 13, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None

Number of Beds	128 Bed Acute Care Psychiatric Facility
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	$535/day Note: Tentative Proposed rate, pending HHSC authorization: $650/day. This charge does not include separately billed doctor's charges. The total cost per day averages $600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Aspire
Location (city and county)	Conroe; Montgomery
Phone number	936-647-3500
Key admission criteria	Adults, age 18 or over, at risk of harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations and individuals requiring a psychiatric intensive care unit.
Other relevant admission information for first responders	Aspire is able to accommodate individuals who are more medically involved.
Number of Beds	24 Bed Psychiatric Unit and 6 bed medical-psychiatric unit
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed

If under contract, what is the bed day rate paid to the contracted facility?	$425/day Note: This charge does not include separately billed doctor's charges. The total cost per day averages $550/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Woodland Springs
Location (city and county)	Conroe, Montgomery
Phone number	281-586-7600
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under 13 years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	96 Bed Behavioral Hospital
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis	Rapid Crisis Stabilization and Private Psychiatric Bed

stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	$475/day of admission; $500/day each additional day Note: This charge does not include separately billed doctor's charges. The total cost per day averages $600/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	Sun Behavioral Health
Location (city and county)	Houston; Harris
Phone number	713-796-2273
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to Mental health symptoms or deterioration.
Service area limitations, if any	Children under six years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living

	and individuals with intellectual and developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	148 Beds
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	Yes
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Rapid Crisis Stabilization and Private Psychiatric Bed
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	$550/day Note: This charge does not include separately billed doctor's charges. The total cost per day averages $650/day for a 7 day stay or longer. For shorter stays, the cost per day is higher.
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	N/A

If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of Facility	West Oaks Hospital
Location (city and county)	Houston; Harris
Phone number	713-995-0909
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations, if any	Children under 5 and individuals with intellectual and developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of Beds	160 Beds
Is the facility currently under contract with the LMHA/LBHA to purchase beds?	No
If under contract, is the facility contracted for rapid crisis stabilization beds (funded under the Psychiatric Emergency Service Center contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	N/A

If under contract, are beds purchased as a guaranteed set or on an as needed basis?	N/A
If under contract, what is the bed day rate paid to the contracted facility?	N/A
If not under contract, does the LMHA/LBHA use facility for single-case agreements for as needed beds?	Yes
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	Single case agreement rates are negotiated at the time of admission.

II.C Plan for local, short-term management of pre- and post-arrest individuals who are deemed incompetent to stand trial

What local inpatient or outpatient alternatives to the state hospital does the local service area currently have for competency restoration? *If not applicable, enter N/A.*

Identify and briefly describe available alternatives.

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure Chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in the Outpatient Competency Restoration Program, which includes mental health and substance use treatment services, as well as competency restoration, then they are eligible for up to 180 days under court supervision.

What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

- Public safety concern related to the voluntary nature of participating in the Outpatient Competency Restoration Program.
- Difficulty getting notification form the court system that a competency evaluation was ordered.
- Individuals participating in competency restoration programs do not qualify for time served which may deter some defenders and individuals from wanting to participate in this program.
- Limited options for housing and transportation in our service area.
- Due to the delays caused by the pandemic over the past planning cycle, the waiting list has expanded significantly causing extensive backlog in county jails for those waiting for competency restoration or other hospital beds.

Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s)/title(s) of employees who operate as the jail liaison.

- The LMHA has a dedicated Jail Liaison position in Montgomery County. The liaison will interview Montgomery County Jail inmates (and assist with coordinating court ordered 1622 assessments) to determine if mental illness is a factor in their incarceration and to facilitate removal from the jail system when care in the Community Center System is more Appropriate. The Jail Services Liaison for Montgomery County is Jay Conley.

If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

- In counties without a designated Jail Liaison, jail personnel are able to call the Avail Crisis Hotline number and they will dispatch MCOT or the Tri-County Behavioral Healthcare (TCBHC) Rural Clinic Coordinator from the local clinic as appropriate. Additionally, the Administrator of Criminal Justice Services for TCBHC is frequently in contact with representatives from the criminal justice system and available to assist with any barriers or challenges that may present. The Administrator of Criminal Justice Services for TCBHC is Lisa Bradt and the Rural Clinic Coordinators for each location are as follows: Huntsville – Amanda Dannar; Cleveland – Draughn Emerson; Liberty – Adrian Akerson.

What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

- Tri-County Behavioral Healthcare (TCBHC) continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all judicial entities involved are aware of the Outpatient Competency Restoration (OCR) program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the OCR program when appropriate for an individual incompetent to stand trial. Additionally, TCBHC criminal justice staff coordinate with state forensic hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious

offender. Due to the lengthy waiting lists at the jails following the pandemic, additional efforts are being made to screen these individuals at appropriate intervals. These additional screenings are intended to determine whether an individual may be appropriate for removal from the waiting list and to ensure a new competency evaluation is completed prior to that determination.

Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (i.e., Outpatient Competency Restoration Program inpatient competency restoration, Jail-based Competency Restoration, etc.)?

- Tri-County Behavioral Healthcare (TCBHC) is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration program.

What is needed for implementation? Include resources and barriers that must be resolved.

- At this time there are several barriers to a jail-based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

II.D Seamless Integration of emergent psychiatric, substance use, and physical healthcare treatment and the development of Certified Community Behavioral Health Clinics (CCBHCs)

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA/LBHA collaborate with in these efforts?

- Tri-County Behavioral Healthcare (TCBHC) frequently collaborates with community partners, such as hospitals and other treatment providers to meet the needs of individuals served. TCBHC frequently staffs mutual cases as appropriate to ensure connection with needed services are made including psychiatric, physical health and substance use treatment services.
- Adult and Youth Outpatient Substance Use Disorder Treatment Services are available to individuals served with a qualifying substance use diagnosis and Center staff are trained on initial screening and referral of individuals presenting with possible substance use disorders.
- Additional services resulting from emergent psychiatric, substance use and routine physical healthcare treatment are available at TCBHC. While previously made available through 1115 Medicaid Transformation

Waiver funds, which have since come to an end, some of these programs have been continued with new SAMHSA grant funding. Current programs funded by SAMHSA grant funding that are helping to provide seamless integration of psychiatric, substance use and physical healthcare include: Expanded Crisis Evaluation and Diversion, rural walk-in services, rural substance use services, school-based behavioral health clinicians, Enhanced Care Coordination, and the Integrated Healthcare Program that provides ongoing physical healthcare to individuals served who may not otherwise receive healthcare.

- The collaborations and services listed above were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. As a part of the ongoing and Continuous Quality Improvement (CQI) Program at TCBHC, individuals with frequent hospitalizations are reviewed to identify areas of improvement and make recommendations to program areas as indicated. Additionally, qualifying individuals who are identified as having multiple factors placing them at high risk are offered Enhanced Care Coordination to help them address gaps in the system of care.

2. What are the plans for the next two years to further coordinate and integrate these services?

- Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Response Team (CIRT) model in Montgomery County which has TCBHC clinicians riding along with trained Conroe Police Officers for 12-hour shifts and has partnered with Montgomery County Sherriff's Office on a grant they have been awarded that will expand the Clinician/Officer teams to other parts of Montgomery County over the next year. TCBHC continues to seek opportunities to grow this program to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
- While the pandemic brought forth several improvements in our ability to connect with local hospitals via technological means, TCBHC continues to seek additional opportunities to further incorporate technology into the crisis response system and other areas of the system of care as allowable through House Bill 4.
- TCBHC will continue to strive to maintain status as a Certified Community Behavioral Health Clinic (CCBHC) focusing on the integrated person and family centered care of those we serve working toward the goal of recovery. As a CCBHC, TCBHC will continue to focus on opportunities to enhance Care Coordination at TCBHC through engagement, community collaborations, Memorandums of understanding and relationship building in order to further strengthen the referrals and follow-ups to healthcare and substance use treatment.
- Through our current implementation process with a new electronic health record, TCBHC will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery through risk stratification. These improvements will assist in assessing the quality and effectiveness of care coordination moving forward as well as identifying critical gaps in the system of care.
- Regional collaboration and solutions will continue to be sought when local resources are not available. Examples might include affordable residential substance use treatment and transitional housing options.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

- Tri-County Behavioral Healthcare (TCBHC) continues to hold and participate in regular meetings with key stakeholders including the Crisis Services, Jail Diversion and Montgomery County Behavioral Health and Suicide Prevention Taskforce. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunities for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, TCBHC continues to benefit from having an active Mental Health Planning and Network Advisory Committee (MHPNAC). Several of the MHPNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. TCBHC is currently collaborating with Montgomery County Law Enforcement to provide response teams for the county that include both a clinician and a police officer who are teamed up and able to respond to higher intensity situations within our community. This program has helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In coordination with the Montgomery County Hospital District, Tri-County currently serves on the Montgomery County Critical Incident Stress Management (CISM) Team, providing the behavioral health component as needed. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

- Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff and/or contractors including the Mental Health Quality Management/Utilization Management Committee that is made up of several key managers throughout the Center. In addition, key information is shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

II.F Gaps in the Local Crisis Response System

What are the critical gaps in the local crisis emergency response system? *Consider needs in all parts of the local service area, including those specific to certain counties.*

County	Service System Gaps	Recommendations to Address the Gaps
Montgomery, Liberty, Walker	• Local inpatient psychiatric options for young children and persons with intellectual development disabilities. • Affordable substance use inpatient treatment, residential treatment and detox options. • Affordable transitional or step-down housing options. • Availability of State hospital beds for complex patients that are too acute for local contract hospitals.	• Continue to collaborate with local and State inpatient psychiatric hospitals to address the needs of the community and continue to expand the network of providers that are able to serve expanded age groups, dual diagnoses, and complex individuals. • Continue to seek opportunities for funding sustainable inpatient substance use treatment and continue to build community relationships in order to address the needs as opportunities and funding become available. • Continue to seek opportunities to develop and/or collaborate with community partners in order to provide transitional housing or additional step-down options for individuals in need with mental health and/or substance use disorders.
Walker	• Designated Mental Health Officers	• Continue to seek opportunities for funding and expansion of Mental Health Officers in Walker County.
Walker and Liberty	• Crisis Intervention Response Team (CIRT). • Distance to the Psychiatric Emergency Treatment Center (PETC)	• Continue to seek opportunities for funding and expansion of the Crisis Intervention Response Team (CIRT) as well as additional drop off points in Walker and Liberty Counties. • Continue to educate and engage collaborating agencies on available technological solutions to address the distance to the PETC with respect to initial risk assessments.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to the involvement of individuals with mental and substance use disorders in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf

In the tables below, indicate the strategies used in each intercept to divert individuals from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. If not applicable, enter N/A.

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• Tri-County Behavioral Healthcare (TCBHC) provides a wide array of outpatient and support services for eligible individuals with behavioral health and Intellectual and Developmental Disabilities.	• Montgomery, Liberty, Walker	• TCBHC recognizes the growth of our service area and continues to seek opportunities to expand services when resources allow and to adjust programs and services to better meet the population served as well as identified need.
• Available community training is provided through our Youth Mental Health First Aid program as well as trainings offered through our Veterans Services Department re: military culture	• Montgomery, Liberty, Walker	• Continue providing the current trainings and seek additional opportunities to educate the community about the services we

and PTSD. These trainings are provided free of charge to our stakeholders. • Additional trainings are provided or arranged when need is identified during ongoing stakeholder collaborative meetings.		provide and other relevant referral sources. TCBHC continues to offer the Network of Care resource on our website that allows community members to access needed referrals through a free online search engine that can be accessed in several different languages. Additionally, we are working with a community partner, Mosaics of Mercy, to establish a comprehensive referral and navigation source for the community to access behavioral health resources.
• TCBHC maintains a contract for 24/7 Crisis Hotline services. This hotline may be accessed by any community members during a psychiatric crisis to obtain guidance and referrals appropriate to the situation.	• Montgomery, Liberty, Walker	• TCBHC is required to maintain a crisis hotline as a part of our contract with the Texas Health and Human Services Commission and plans to continue providing this service over the next two years.
• TCBHC has a Psychiatric Emergency Treatment Center (PETC) that is open around the clock and available for community members seeking crisis services.	• Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence	• While 1115 Waiver funding that has allowed us to provide crisis assessments at the PETC around the clock has expired, we have been able to supplement this funding with SAMHSA grant funding that will cover additional Evaluation and Diversion staff. Additionally, TCBHC recently received ARPA funding from the Montgomery County

		Commissioners Court in order to reopen and fund the CSU, which is located in the back of the PETC, through 2024. • In response to staffing shortages experienced around the State, TCBHC is actively working to enhance recruitment and retention efforts for key positions needed for our crisis response system.
• TCBHC has developed a Crisis Care Plan that is utilized as a part of the Recovery Planning process to identify preferences (advance directives) for individuals at risk for mental health crises.	• Montgomery, Liberty, Walker	• Continue to incorporate the Crisis Care plan into outpatient services, during crisis situations and communicate these preferences with other treatment providers as appropriate.
• TCBHC has developed a team of staff trained in Critical Incident Stress Management (CISM) response that serves as the behavioral health component of the Montgomery County CISM Team in collaboration with the Montgomery County Hospital District (MCHD) CISM Team.	• Montgomery	• TCBHC is continuing to grow our disaster response team and is actively seeking training opportunities to develop this team and expand our response capabilities should the need arise.

Intercept 1: Law Enforcement Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• TCBHC continues to provide clinicians for the Crisis Intervention Response Team (CIRT) which enhances our ability to respond to crisis situations through collaboration and contract	• Montgomery	• Recently, the Montgomery County Sherriff's Office was awarded a grant for two additional clinician/officer teams that will be available to residents of

with specially trained law enforcement.		Montgomery County. Tri-County will be providing the clinicians for these units in an effort to expand the crisis intervention response teams in our service area. Additionally, we have created a position, through a separate grant, for a clinician to ride along with a Montgomery County constable in response to suspected behavioral health calls. TCBHC will continue to seek opportunities and collaborations that would allow for expansion of the crisis intervention response teams to additional counties.
• TCBHC's Mobile Crisis Outreach Team (MCOT) continues to respond to crisis situations in the community and local emergency departments as requested to provide crisis response and intervention services.	• Montgomery, Liberty, Walker	• TCBHC will continue to deploy MCOT staff into the community to address crisis situations as needed or upon request.
• TCBHC's crisis services staff provide training to law enforcement regarding drop off points as well as service linkage and follow-up processes for those individuals who are not hospitalized. • Jail diversion staff provide training to law enforcement related to our involvement in diverting appropriate individuals from the criminal justice system. • Veteran's staff provide training to law enforcement personnel related to	• Montgomery, Liberty, and Walker	• TCBHC collaborates and builds relationships with local law enforcement agencies whenever possible and will continue to provide specialized training for law enforcement upon request or as need arises.

Veteran culture and PTSD upon request. This information is key for law enforcement personnel responding to Veterans who may be in crisis.		
• TCBHC currently has a Psychiatric Emergency Treatment Center where law enforcement can bring individuals to be assessed and evaluated for mental health needs.	• Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence	• TCBHC has recently secured ARPA funding through Montgomery County to reopen the Crisis Stabilization Unit (CSU) that is temporarily closed due to staffing and funding shortages.

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• TCBHC currently has policies and procedures in place that outline Information Sharing protocols and include TCOOMMI allowances through the Health and Safety Code. TCBHC utilizes memorandums of understanding with jails and probation as needed in order to increase response time and staff are designated to monitor and follow up on any Quarry from Law Enforcement through the Texas Law Enforcement Telecommunication System (TLETS). Additionally, staff monitor reports in the HHSC's Mental and Behavioral	• Montgomery, Liberty, Walker	• Continue to train staff on information sharing protocols, TLETS Quarries, available MBOW reports, follow-up, and collaborate with community partners to address any identified barriers.

Health Outpatient Warehouse (MBOW) to determine if there are any continuity of care opportunities with the jails if a current active client is in jail.		

Intercept 3: Jails/Courts Current Programs and Initiatives:	County(s)	Plans for upcoming two years:
• TCBHC currently operates an Outpatient Competency Restoration program for individuals determined incompetent to stand trial under the Code of Criminal Procedure 46B.	• Montgomery, Walker and Liberty	• Continue providing Outpatient Competency Restoration to eligible individuals and continue to focus on educating key stakeholders on eligibility, benefits, and how to access the program as an alternative to incarceration for appropriate non-violent offenders.
• TCBHC has staff who are designated to provide monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity 46C.	• Montgomery, Liberty, Walker	• TCBHC will continue to provide staff and monthly reporting related to individuals deemed Not Guilty by Reason of Insanity.
• Routine screening for mental illness and diversion eligibility is completed weekly with the jails. TCOOMMI Case Managers and other staff working with offenders with mental impairments continuously seek opportunities to connect those served to other needed resources in the community, link to comprehensive services when able, and provide	• Montgomery, Liberty, and Walker	• TCBHC will continue to seek opportunities to partner with the criminal justice system to divert individuals from jails to outpatient mental health treatment when the outpatient mental health treatment is deemed the more appropriate solution. • As a part of our diversion efforts, TCBHC case managers will continue to provide services in Jail

continuity of care services in jails as needed.		when appropriate and link individuals served to comprehensive services as well as a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.
• TCBHC staff provide assessments and evaluations, in addition to ongoing supports and services, for persons identified by the court as being appropriate for Assisted Outpatient Commitments.	• Montgomery, Liberty, Walker	• TCBHC will continue to collaborate with the courts to provide ongoing services and supports to individuals ordered to Assisted Outpatient Commitments.
• TCBHC has a designated staff who coordinates with Montgomery County Mental Health Treatment Court staff in order to provide recommendations and linkage with ongoing behavioral health/substance use treatment as needed.	• Montgomery	• TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Treatment Court, in order to connect individuals, make recommendations and link individuals with needed services to improve successful transition out of the criminal justice system.
• TCBHC's Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Montgomery County Veteran's Treatment Court and provides mentorship for individuals in the Veterans Jail Dorm in Montgomery County. The Veteran Services Liaison works closely with	• Montgomery	• TCBHC will continue to provide support to Veteran Treatment Courts in our catchment area, as resources allow, including peer mentorship and linkage to comprehensive services as well as continuing to assist other counties connect with peer mentors

individuals assigned to the Veteran's treatment court docket and ensures that they are connected to other needed veteran services within the area.		through the Military Veteran Peer Network as requested/needed.
• TCBHC's designated staff meet with Mental Health Court personnel monthly to staff cases and to make recommendations on individuals appropriate to be served through Mental Health Court.	• Montgomery	• TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Court, in order to connect individuals, appropriate to be served, with the appropriate court staff. Designated staff will continue to link individuals with needed services to improve successful transition out of the criminal justice system.

Intercept 4: Reentry Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and/or transition for individuals identified as having a mental illness. In the other counties in our catchment area, Continuity of care staff collaborate with jail and court staff to coordinate treatment and provide assistance and supports.	• Montgomery (Jail Liaison), Liberty, and Walker	• TCBHC will continue to work collaboratively with Jail staff to provide transitional services inside jails and in collaboration with jail staff. • TCBHC will continue to seek opportunities for funding to expand the Jail Liaison program to additional jails within our catchment area.
• The Montgomery County Jail Services Liaison is designated to assess needs	• Montgomery (Jail Liaison), Walker and Liberty	TCBHC will continue to provide staff to assess needs, develop plans for

and coordinate treatment and or transition for individuals identified as having a mental illness. • The Veteran Services Liaison coordinates a jail mentorship program for individuals in the Veterans Jail Dorm in Montgomery County and currently has mentors that are available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration. • TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ.		services, and coordinate transition to ensure continuity at release while funding is available and will continue to seek opportunities to expand Jail Liaison services to other jails in our catchment area.
• The Veteran Services Liaison occasionally responds to requests from jails and prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors are available to provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran and community resources to meet their needs and increase the probability of success following discharge.	• Montgomery (Jail Liaison), Liberty, Walker	TCBHC continues to provide a structured process to coordinate discharge and transition planning with jails whenever feasible and will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area as well as to work collaboratively with the criminal justice system to share information when appropriate to better ensure successful transitions from jail to outpatient treatment.

• Our Montgomery County Jail Liaison and Continuity of care staff are involved in discharge and transition planning to ensure care coordination upon discharge.		
• Specialized Case Management teams to coordinate post-release services: 1) Continuity of care staff continue to monitor all State hospital discharges to ensure proper follow up care is offered. 2) Staff communicate monthly with State forensic hospitals to identify individuals who may be appropriate to step down into the Outpatient Competency Restoration program.	• Montgomery, Liberty and Walker	TCBHC will continue to provide continuity of care and collaborate with State Hospitals to improve the chances of success post – release and to engage in ongoing outpatient treatment whenever appropriate.

Intercept 5: Community Corrections Current Programs and Initiatives:	**County(s)**	**Plans for upcoming two years:**
• TCBHC provides regular screening for jail diversion through continuity of care staff and program clinicians at the jail for eligible candidates for diversion and presentation to the court.	• Montgomery (Jail Liaison), Liberty, Walker	• TCBHC will continue to work closely with jail and court staff to identify individuals eligible for diversion and pre-trial services and supports through routine screening for mental illness and substance use disorders.
• TCBHC provides training for probation and parole on mental health, substance use disorder and program services and procedures related to Intercept 5 and these trainings	• Montgomery, Liberty, Walker	• TCBHC will continue to provide training for probation and parole staff upon request and participate in frequent collaborative meetings

continue to be available upon request and/or identified need.		to determine ongoing need for training.
• Specialized intensive case managers for adult mental health offenders on felony probation and parole are available through the TCOOMMI program to provide rehabilitative services to enhance community integration and reduce recidivism.	• Montgomery, Liberty, Walker	• Through the TCOOMMI Program, TCBHC will continue to provide staff assigned to specialized caseloads aimed at facilitating access to comprehensive services for offenders on felony probation and parole.
• The TCOOMMI program is staffed with case managers who work jointly with community corrections officers to make recommendations to the court to reinforce positive behavior and address sanctions for non-compliance with supervision.	• Montgomery, Liberty, Walker	• TCBHC will continue to designate staff assigned to serve as liaison with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance.

III.B Other Behavioral Health Strategic Priorities

The Texas Statewide Behavioral Health Strategic Plan identifies other significant gaps and goals in the state's behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, Veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services

- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Program and Service Coordination - Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.
- Goal 2: Program and Service Delivery - Ensure optimal program and service delivery to maximize resources to effectively meet the diverse needs of people and communities.
- Goal 3: Prevention and Early Intervention Services - Maximize behavioral health prevention and early intervention services across state agencies.
- Goal 4: Financial Alignment - Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.
- Goal 5: Statewide Data Collaboration – Compare statewide data across state agencies on results and effectiveness.

In the table below briefly describe the status of each area of focus as identified in the plan (key accomplishments, challenges, and current activities), and then summarize objectives and activities planned for the next two years.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Improving access to timely outpatient services	• Gap 6 • Goal 2	• Tri-County Behavioral Healthcare (TCBHC) continues to look for opportunities to improve timely access to outpatient services while meeting the needs of our growing population. We continue to grow our available psychiatry, have utilized telehealth when feasible and have made changes to schedules to allow for additional evening hours for those we serve who may have difficulty accessing services during traditional business hours. The Continuous Quality Improvement Committee (CQI) continues to track data on 'Time to Initial Evaluation' for those seeking services to guide ongoing improvements and we are utilizing recently awarded SAMHSA grant funding to fund additional intake and	• Through continued analysis of our data, stakeholder and employee feedback, and analysis of scheduling processes, we continue efforts to improve our access to timely outpatient services for those we serve. TCBHC continues to seek new providers and funding sources that would provide additional support for this goal. • Additionally, TCBHC continues to look for opportunities to improve recruitment and retention of staff as the State continues to face staff shortages in many areas.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		school-based positions in our rural areas.	
Improving continuity of care between inpatient care and community services and reducing hospital readmissions	• Gap 1 • Goals 1,2,4	• Frequent Hospitalizations are reviewed by the Continuous Quality Improvement (CQI) Committee as a part of the annual CQI goals and risk stratification and data analysis are utilized in order to identify any trends or processes needing improvement. • Individuals that are funded by TCBHC to stabilize at a contract inpatient psychiatric hospital have regular clinical reviews by a staff member and assigned hospital utilization review personnel. Clinical reviews are facilitated to demonstrate ongoing need for services at that level of care. Reviews are documented in the individual's electronic health record. Discharges are also coordinated so that	• Continue reviewing frequent hospitalizations as a part of the annual goals reviewed by the CQI Committee at TCBHC and utilize Care Coordination to address the needs of high risk individuals. • Continue to explore ways to address risk trends identified at TCBHC such as the connection of trauma and substance use with crisis. • Continue the existing system. Have individual meetings with contract hospitals to continue to improve collaboration and creativity relating to discharge plans and placement. • Continue monitoring private funded inpatient hospitalization to ensure individuals in TCBHC's catchment areas are connected with appropriate follow up appointments to continue ongoing mental health stabilization and utilize care coordination when

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		medication can be ordered and follow-up appointments can be coordinated.	appropriate to further assist individuals who may struggle with engagement or follow-up.
Transitioning long-term state hospital patients who no longer need an inpatient level of care to the community and reducing other state hospital utilization	• Gap 14 • Goals 1,4	• Continuity of care staff participate in telephonic and face to face meetings and conferences pertaining to the clinical progress of individuals receiving care at a State hospital.	• Continue the existing system and utilize care coordination team members to assist with engagement and transition as appropriate.
Implementing and ensuring fidelity with evidence-based practices	• Gap 7 • Goal 2	• Opportunities to expand the utilization of Evidence Based Practices continue to be explored by TCBHC and when they are used, staff training is implemented along with frequent reviews by managers which are then submitted to the Quality Management Department for monitoring and review.	• This process will continue over the next planning cycle and the Quality Management Department will continue to monitor fidelity with evidence-based practices as a part of its internal review process. TCBHC will continue to seek opportunities to expand approved options of evidence-based curriculum and tools that better meet the needs of our diverse population.
Transition to a recovery-oriented system of care, including use of peer support services	• Gap 8 • Goals 2,3	• As a Certified Community Behavioral Health Clinic (CCBHC) TCBHC provides an enhanced training	• TCBHC recognizes the importance of recovery supports and the role of Peers in this process. TCBHC will

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		program at the Center that focuses on Recovery Planning and Person-Centered Family Centered Care including the role of Peers and Family. TCBHC recognizes the importance of recovery supports and the role of Peers in this process and we currently have certified family partners providing services to the families in our Child and Adolescent Services who are also receiving wraparound level of care which is a person centered/team focused approach to assisting a youth with high level of need by focusing on strengths and supports. We also have Peer providers available to assist our adult population who also serve on our Mental Health Planning and Network Advisory Committee	continue to provide recovery oriented, person centered care while incorporating peers with youth, adults and veteran programs. TCBHC is currently analyzing ways to expand Peer services at Tri-County and is consulting with Prosumers International to gain insight into opportunities that will enhance client care through the growth of the Peer program.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		(MHPNAC). In addition to having our own PNAC, TCBHC participates in the Regional Planning and Network Advisory Committee (RPNAC) which includes planning and evaluation from committee members including individuals served and their family members.	
Addressing the needs of consumers with co-occurring substance use disorders	• Gaps 1,14 • Goals 1,2	• Through HB 13 grant funds, the Expanded Substance Use Disorder Engagement program is designed to address identified critical gaps in care, including access to behavioral health services focused on the treatment of COPSD using evidence-based practices. • TCBHC has a Clinical Trainer able to address staff training needs including trainings that will benefit staff working with the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) population.	• TCBHC will continue to provide staff with evidence based and focused training and evaluation tools that assist with engaging and referring individuals with co-occurring substance use disorders to needed services. • TCBHC will continue to utilize Risk Stratification and other Quality and Utilization review processes to identify and connect individuals in need of co-occurring substance use services with the appropriate department and the Enhanced Care Coordination Team as appropriate. • TCBHC will continue to collaborate with community

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• The Quality and Utilization Management Department continues to focus on reviewing services provided to ensure individuals with needs related to COPSD are being addressed appropriately and that additional referrals and follow-up to these referrals are made as indicated. The Risk Stratification Tool used by TCBHC to identify High Risk Individuals who may need additional supports includes Co-Occurring Substance Use Disorders and appropriate referrals are made to the Enhanced Care Coordination Team as indicated.	partners to find affordable solutions to the limited substance use inpatient resources in our service area.
Integrating behavioral health and primary care services and meeting physical healthcare needs of consumers.	• Gap 1 • Goals 1,2	• TCBHC continues to provide basic integrated healthcare to the individuals we serve. While initially funded through the 1115	• TCBHC recognizes that physical health is often comorbid with mental health and we remain interested in assisting those we serve learn ways to care for both aspects

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		Medicaid Transformation Waiver, this program is currently being sustained through SAMHSA grant funding. • TCBHC is currently monitoring key health indicators, such as Body Mass Index (BMI) and Tobacco use, through the electronic health record. • TCBHC has a Risk Stratification tool that is programmed to identify certain physical health conditions that may place an individual at higher risk for deterioration. These individuals, when identified, are referred to the Enhanced Care Coordination Team for assistance.	of their health. TCBHC will continue to seek opportunities to maintain our ability to provide integrated healthcare to those we serve, which is currently available through SAMHSA grant funding. As a part of this program, TCBHC is able to reach individuals in rural counties through the use of our Mobile Health Clinic. • Utilization Management staff continue to monitor key health indicators and make referrals to the Enhanced Care Coordination Team and/or Quality Management as high risk individuals with unmet needs are identified.
Consumer transportation and access to treatment in remote areas	• Gap 10 • Goal 2	• Transportation options for individuals we serve are limited. Many of these individuals do not have their own transportation or may not have the finances to pay for transportation. In addition, public transportation in our	• TCBHC will continue conversations with key stakeholders related to transportation options for the population we serve as well as advocating for a stop at our routine service locations when public transportation options become available.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		remote areas is virtually non-existent. • Through communication and collaboration with city officials, the Conroe Connection public transportation now has a stop on its route at our main Conroe building, which serves as a means of transportation for those in the City of Conroe living close to the route. • TCBHC utilizes strategies such as regionalizing caseloads for field-based staff to assist staff with assisting and reaching individuals in their natural settings while minimizing the transportation costs.	• TCBHC will continue to utilize transportation strategies for routine care to maximize our ability to serve individuals in our remote areas. • TCBHC will continue collaboration with law enforcement as needed and will continue to seek opportunities to develop a system that minimizes needs for lengthy transportation.
Addressing the behavioral health needs of consumers with Intellectual Disabilities	• Gap 14 • Goals 2,4	• For IDD clients in a mental health crisis, our Crisis Intervention Specialist works with the individuals and family/significantly involved individuals to determine the level of intervention needed and assists with coordination of care which may include crisis respite services if indicated.	• TCBHC will continue to seek opportunities to expand and grow the autism services program. • TCBHC will continue to seek opportunities made available to assist the IDD population with behavioral health needs and will continue to keep the dialogue open with stakeholders and funding agencies as additional options for expansion present.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		• TCBHC currently has an Applied Behavioral Analyst on staff and through grant funding is able to provide Autism services to youth ages 3-15. • With co-located outpatient services, TCBHC staff are able to staff cases for dually diagnosed individuals needing behavioral health interventions outside of the typical IDD service system. • The TCBHC Clinical Trainer has implemented a new enhanced training during this last planning cycle for all new hires that focuses on education of how mental health, IDD, and Substance Use may co-occur and how to best address these needs.	
Addressing the behavioral health needs of veterans	• Gap 4 • Goals 2,3	• TCBHC has an active Veteran Services Liaison and Military Veteran Peer Network Mentorship program that is available	• TCBHC is dedicated to the Veteran population of our service area and fully supports the ongoing efforts of the Military Veteran Peer

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
		to assist any Veteran in our service area (receiving services or not) connect with needed resources in the community, including behavioral health needs that they may not feel comfortable seeking through the traditional channels. • The Veteran Services Liaison has direct and frequent communication with Center Management and is able to coordinate behavioral healthcare needs of Veterans as needed/requested. • TCBHC has counseling and case management services for Veterans. Our community has a local Veteran Administration (VA) clinic in Conroe, which many of our Veterans choose to access, but we remain a resource for those who may seek this service outside of the VA.	Network (MVPN) Program as funding remains available. • Additionally, TCBHC continues to seek viable grant opportunities to continue to meet the behavioral healthcare needs of Veterans and expand resources when possible.

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input, and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years. If local priorities are addressed in the table above, list the local priority and enter "see above" in the remaining two cells.

Local Priority	Current Status	Plans
Diverting individuals with mental illness from ERs and Jails	• The Mobile Crisis service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. • Crisis walk-in services are available at the Psychiatric Emergency Treatment Center (PETC) along with a contract officer. The presence of the contract officer onsite allows officers transporting individuals to the PETC on detention warrants to transfer the individual into the custody of the officer onsite and return to duty more quickly, aligning with Intercept 1 of the Substance Abuse and Mental	• Tri-County Behavioral Healthcare (TCBHC) will continue to monitor diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and innovative ways to review and capture data (such as risk stratification and review of frequent hospitalizations) which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated. • TCBHC will continue to seek opportunities to expand Jail Liaisons and CIRT teams to additional counties. • TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times.

Local Priority	Current Status	Plans
	Health Services Administration (SAMHSA) Sequential Intercept Model. • Expanded crisis response after hours and 24/7 walk-in services that were initially funded by 1115 Medicaid Transformation Waiver Funding are now being supported by SAMHSA grant funding. • TCBHC has a staff member at the Montgomery County Jail to serve as a liaison between TCBHC and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment. • TCBHC is able to provide response from a Crisis Intervention Response Team (CIRT) in a portion of Montgomery County which pairs law enforcement with a licensed mental health clinician. This team has had positive outcomes responding to situations that were not previously accessible due to safety concerns.	• Recently, the Montgomery County Sherriff's Office was awarded a grant for two additional clinician/officer teams that will be available to residents of Montgomery County. Tri-County will be providing the clinicians for these units in an effort to expand the Crisis Intervention Response Teams in Montgomery County. We continue to seek opportunities to expand the Crisis Intervention Response Teams to additional counties in our service area. • TCBHC plans to reopen the CSU in 2023. Following several discussions with HHSC and community partners, Montgomery County Commissioners Court recently allocated ARPA funding to TCBHC in order to fund the Crisis Stabilization Unit through the end of FY 2024.
Transportation	• See above	• See above
Transitional Housing	• TCBHC currently has minimal access to resources for step-down and transitional housing for individuals discharging from inpatient hospitalization stays following behavioral health and/or substance use crises.	• TCBHC will continue to seek opportunities for funding transitional and step-down housing. • Discussions for possible solutions surrounding lack of transitional and step-down housing include partnering with already established State programs

Local Priority	Current Status	Plans
	• TCBHC continues to discuss this local priority with community stakeholders and in the All Texas Access Planning activities during this past year.	for Adult Host Homes and/or seeking additional funding to develop co-op or group homes for individuals transitioning out of crises.
Risk Stratification and Analysis through the Continuous Quality Improvement Program	• TCBHC continues to utilize a risk stratification tool to identify individuals with frequent hospitalizations and other social determinants of health that put them at higher risk for deterioration. TCBHC is currently utilizing a Continuous Quality Improvement process to identify ways to better engage these individuals in outpatient treatment through care coordination and other mechanisms.	• TCBHC will continue to develop risk stratification in order to guide quality improvements and better engage individuals into outpatient treatment while we continue to seek solutions to the gaps in local resources needed to address frequent hospitalizations (i.e. affordable transitional housing and inpatient substance use treatment). • TCBHC will continue to seek funding to pay for substance use treatment for those we serve and will pursue local and/or regional opportunities to partner with established community providers of substance use inpatient treatment. • Through risk stratification, TCBHC has identified the significant impact of trauma on those we serve and is actively seeking additional interventions to offer to those we serve over the next planning cycle.
Community Collaborations	• TCBHC continues to participate and hold regular meetings with key stakeholders involved in crisis response, jail diversion, and Behavioral Health Taskforces in our community.	• TCBHC will continue collaborations with the criminal justice system to identify individuals with mental illness and continue to provide alternatives to incarceration in all three counties. • TCBHC will continue to collaborate with hospitals, court staff, and law

Local Priority	Current Status	Plans
	• TCBHC continues to build relationships with local school districts in order to collaborate and wrap around children and adolescents at high risk. Piloting of School-based clinics, Participation in the Community Resource Coordination Groups (CRCG) and provision of Youth Mental Health First Aid are three such examples. More recently, TCBHC was awarded SAMHSA grant funding to expand school-based clinics to one of our more rural school districts in Liberty County. • TCBHC continues to educate the community and stakeholders about the services we provide, the population we serve and the challenges we face as a community.	enforcement to reduce the burden on local law enforcement agencies and emergency departments and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible. • TCBHC will continue to provide opportunities for collaboration and education to the community to enhance knowledge about behavioral health, how to access services, and who might be appropriate for services. • TCBHC will continue to seek ways to share information through appropriate channels and with valid consent in order to continue to develop and strengthen our ability to provide quality care coordination to those we serve.

III.D System Development and Identification of New Priorities

Development of the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

In the table below, identify the local service area's priorities for use of any new funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for non-restorable individuals, outpatient commitments, and other individuals needing long-term care, including geriatric patients with mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- *Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority;*
- *Identify the general need;*
- *Describe how the resources would be used—what items/components would be funded, including estimated quantity when applicable; and*
- *Estimate the funding needed, listing the key components and costs (for recurring/ongoing costs, such as staffing, state the annual cost.*

Priority	Need	Brief description of how resources would be used	Estimated Cost
1	***Example:*** *Detox Beds*	• *Establish a 6-bed detox unit at ABC Hospital.*	•
2	***Example:*** *Nursing home care*	• *Fund positions for a part-time psychiatrist and part-time mental health professionals to support staff at ABC Nursing Home in caring for residents with mental illness.*	•

		• *Install telemedicine equipment in ABC Nursing Facility to support long-distance psychiatric consultation.*	
1	Transportation	• During this planning cycle stakeholders continue to identify transportation as one of the top needs and local priorities for the individuals served in the behavioral health system. Tri-County Behavioral Healthcare (TCBHC) continues to advocate for public service options and has explored the cost of providing transportation in-house, however, concerns related to the sustainability of such a program remain. The recommended solution would include approval of a rate change that would allow for Centers to bill for transporting clients to and from skills training sessions as well as the travel to and from the office to the client's place of residence. Currently, many individuals served in the TCBHC service area are without reliable and consistent transportation. Tri-County is currently able to reach clients for integrated health needs in outlying areas through our mobile health clinic, but the cost is significant. Adding a resource for Centers to be able to bill for transportation at a lesser rate than skills training/rehab in order to provide needed services to Texas residents with Severe and Persistent Mental Illness (SMPI) at the office, in homes, or in community settings as outlined in their recovery plans, would greatly improve the access to care for these individuals.	• Allowance of transportation connected with mental health services to be a part of a Medicaid billable service for LMHA staff – Cost TBD

1	Detox Beds	• Stakeholders continue to identify the need for inpatient substance use disorder treatment in our area, TCBHC would like to Purchase Inpatient Detox beds from a provider in Harris County	• $600 per day *700 bed days - $420,000 annually
1	School-Based Clinic Expansion	• TCBHC has continued to pilot School-based clinics at five schools in our service area and feedback has been extremely positive with successful outcomes for several students. While we have successfully funded one additional school-based clinic in Cleveland with SAMHSA grant funding, the other clinics are not sustainable long-term with the end of the 1115 funding. The loss per year per school is roughly $50,000 more than available revenue. We would like to maintain the services at the schools we are currently working with outside of the newly added grant funded school-based clinic. Additionally, many local area schools are interested in a program on their campus and we would like to expand this program in the future should funding become available.	• $250,000 annually
2	Step-Down Housing	• Discussions with stakeholders including community partners and family members continue to emphasize the importance of affordable and stable housing. Recognizing the risk of homelessness to individuals with housing instability following crisis hospitalizations, TCBHC would seek to develop or contract post hospitalization residential settings to assist individuals transitioning from significant crisis events back into the community with a goal of engagement into ongoing routine outpatient services and reduction of hospital recidivism.	• Cost per month to contract: $800 – $2,000 per month per individual. • Startup costs vary greatly based on whether you are buying or renting a home. Overall cost of operations for a 4-person home would be approximately $20,000 a month.
2	Mental Health Deputy Expansion for Walker and Liberty Counties	• Funding local law enforcement for the purpose of establishing additional mental health deputy programs would decrease the strain on the rest of the department and provide improved direction and decision making related to individuals who may be better served by diverting from jails and	• $330,000 annually

		local emergency rooms directly into LMHA crisis or outpatient services. Currently there are eleven (11) mental health deputies funded by Montgomery County and two (2) funded by Liberty County. TCBHC would like to have at least two more mental health deputies in Walker county and two added to Cleveland (Liberty County). Individuals served and family members continue to express the importance of having law enforcement trained to respond to individuals who may be experiencing a mental health crisis.	
3	Jail Liaison Expansion	• Stakeholders continue to express the importance of having someone who is trained and understands mental illness involved in continuity of care and assessment at the jails. Should funding be available, TCBHC would seek to identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area.	$187,000 annually
3	Crisis Intervention Response Team (CIRT) Expansion	• Currently TCBHC has funding to support CIRT teams (officers paired with mental health clinicians) in Montgomery County. Stakeholders have expressed that they would like to see expansion of this service to other counties in our catchment area. Should funding become available, TCBHC would seek to expand the program to include two additional teams for Walker and Liberty County.	$190,000 annually per team (this estimate would include the local law enforcement jurisdiction covering the cost of the officer and the vehicle).

Appendix B: Acronyms

Admission criteria – Admission into services is determined by the individual's level of care as determined by the TRR Assessment found here for adults or here for children and adolescents. The TRR

assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Crisis Hotline – The Crisis Hotline is a 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT, or other crisis services.

Crisis Residential Units– provide community-based residential crisis treatment to individuals with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms cannot be stabilized in a less intensive setting. Crisis residential facilities are not authorized to accept individuals on involuntary status.

Crisis Respite Units –provide community-based residential crisis treatment for individuals who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons they care for to avoid mental health crisis. Crisis respite facilities are not authorized to accept individuals on involuntary status.

Crisis Services – Crisis services are brief interventions provided in the community that ameliorate the crisis and prevent utilization of more intensive services such as hospitalization. The desired outcome is resolution of the crisis and avoidance of intensive and restrictive intervention or relapse.

Crisis Stabilization Units (CSU) – are the only licensed facilities on the crisis continuum and may accept individuals on emergency detention or orders of protective custody. CSUs offer the most intensive

mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in individuals with a high to moderate risk of harm to self or others.

Extended Observation Units (EOU) – provide up to 48-hours of emergency services to individuals in mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept individuals on emergency detention.

Mobile Crisis Outreach Team (MCOT) – MCOTs are clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community.

Psychiatric Emergency Service Center (PESC) – PESCs provide immediate access to assessment, triage, and a continuum of stabilizing treatment for individuals with behavioral health crisis. PESC projects include rapid crisis stabilization beds within a licensed hospital, extended observation units, crisis stabilization units, psychiatric emergency service centers, crisis residential, and crisis respite and are staffed by medical personnel and mental health professionals that provide care 24/7. PESCs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA/LBHA funding.

Rapid Crisis Stabilization and Private Psychiatric Beds – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

Appendix B: Acronyms

CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
PESC	Psychiatric Emergency Service Center

Agenda Item: Community Resources Report **Committee:** Program	**Board Meeting Date:** December 1, 2022
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: **For Information Only**	

Community Resources Report
October 28, 2022 – December 1, 2022

Volunteer Hours:

Location	October
Conroe	123
Cleveland	0
Liberty	21.5
Huntsville	13.5
Total	**158**

COMMUNITY ACTIVITIES:

10/28/22	Walker County Juvenile Services Staffing	Huntsville
10/28/22	Serving Victims of Violence	The Woodlands
10/29/22	2nd Annual Golf Ball Drop Fundraiser & Fall Festival	Panorama
10/31/22	Montgomery County Sexual Assault Review Team Meeting	Conroe
11/2/22	Child Fatality Review Team	Conroe
11/2/22	Conroe Noon Lions Club Luncheon	Conroe
11/3/22	New Waverly ISD Student Health Advisory Committee	New Waverly
11/3/22	Runyan Elementary Resource Fair	Conroe
11/5/22	Caregivers Expo and Resource Fair	The Woodlands
11/5/22	Sexuality in people with IDD - Presentation to Hispanic Families - Virtual	Conroe
11/5/22	Del Webb Community Veterans Appreciation Luncheon and Fundraiser	Conroe
11/6/22	Sexuality in people with IDD - Presentation to Asian/Islamic Families - Virtual	Conroe
11/7/22	Certified Community Behavioral Health Clinic Executive Learning Community	Conroe
11/8/22	Huntsville ISD Threat Assessment Team Meeting	Huntsville
11/8/22	Assisting Victims Escape & Resist Trafficking (AVERT) Meeting	Conroe
11/9/22	Conroe Noon Lions Club Luncheon	Conroe
11/9/22	Lone Star College Human Services Class Presentation	The Woodlands
11/9/22	Sexuality in people with IDD - Presentation to Muslim Families - Virtual	Conroe
11/9/22	Sam Houston State University Job Fair	Huntsville
11/10/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual	Conroe
11/10/22	Liberty County Family & Community Health Board Meeting - Virtual	Liberty
11/11/22	Montgomery County Veterans Memorial Park - Veterans Day Celebration	Conroe
11/11/22	Langetree Veterans Day Celebration	Liberty

11/11/22	Montgomery County Sheriff's Department Veteran Celebration	Conroe
11/12/22	Out of the Darkness Walk	The Woodlands
11/12-11/13/22	Texans United for Freedom Cook - Off and Veteran Celebration	Magnolia
11/14/22	Conroe Coalition for the Homeless Meeting	Conroe
11/15/22	Montgomery County Community Resource Collaboration Group	Conroe
11/15/22	Quarterly Veteran Task Force Meeting	Conroe
11/15/22	Fall Parent Night at Austin Elementary	Conroe
11/15/22	Centerwell Veterans Day Appreciation Luncheon	Conroe
11/15-11/17/22	Texas Area Vets Action Center - Open Summit for Peer Support	Conroe
11/16/22	Walker County Community Resource Collaboration Group	Huntsville
11/16/22	Zero Suicide Joint Regional Community of Practice Meeting – Virtual	Conroe
11/16/22	Conroe Noon Lions Club Luncheon	Conroe
11/16/22	Liberty County Family & Community Health Advisory Board	Liberty
11/16/22	Liberty County State of Health Summit	Dayton
11/16/22	Montgomery County Veterans Treatment Court	Conroe
11/17/22	Tarkington Student Health Advisory Committee	Cleveland
11/17/22	Montgomery County Hospital District Mental Health Presentation	Conroe
11/17/22	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
11/18/22	Youth Mental Health First Aid - Willis ISD	Willis
11/18/22	Community Health Fair for Seniors at Camelot Pines	Conroe
11/18/22	Quarterly Military Veteran Peer Network Mentor Meeting	Conroe
11/22/22	Lone Star College Human Services Student Organization Presentation	The Woodlands
11/23/22	Conroe Noon Lions Club Luncheon	Conroe
11/25/22	Walker County Juvenile Services Staffing	Huntsville
11/28/22	Montgomery County Sexual Assault Review Team Meeting	Conroe
11/28/22	Montgomery County Peer Services Task Force Meeting	Conroe
11/29/22	Liberty County Mental Health Issues Workgroup Meeting	Liberty
11/30/22	Conroe Noon Lions Club Luncheon	Conroe
11/30/22	Montgomery County Community Crisis Collaborative Meeting	Conroe
11/30/22	Quarterly Wellpath and Crisis/Jail Staff Meeting	Conroe
11/30/22	Montgomery County Sheriff's Office Mental Health Training - Part 1	
12/1/22	Montgomery County Sheriff's Office Mental Health Scenario Training - Part 2	Conroe

UPCOMING ACTIVITIES:

12/7/22	Conroe Noon Lions Club Luncheon	Conroe
12/8/22	Montgomery County System of Care Planning	Conroe
12/12/22	Conroe Coalition for the Homeless Meeting	Conroe
12/20/22	Montgomery County Community Resource Collaboration Group	Conroe
12/21/22	Conroe Noon Lions Club Luncheon	Conroe
12/27/22	Walker County Community Resource Collaboration Group	Huntsville
12/30/22	Walker County Juvenile Services Staffing	Huntsville
1/17/23	Montgomery County Community Resource Collaboration Group	Conroe
1/24/23	Walker County Community Resource Collaboration Group	Huntsville
1/27/23	Walker County Juvenile Services Staffing	Huntsville
1/31/23	Huntsville ISD Student Health Advisory Committee	Huntsville

Agenda Item: Consumer Services Report for October 2022 **Committee:** Program	**Board Meeting Date:** December 1, 2022
Background Information: None	
Supporting Documentation: Consumer Services Report for October 2022	
Recommended Action: **For Information Only**	

CONSUMER SERVICES REPORT

October 2022

Crisis Services, MH Adults/Children	MONTGOMERY COUNTY	PORTER	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Persons Screened, Intakes, Other Crisis Services	655	26	41	29	88	**839**
Transitional Services (LOC 5)	0	0	0	0	0	**0**
Psychiatric Emergency Treatment Center (PETC) Served	0	0	0	0	0	**0**
Psychiatric Emergency Treatment Center (PETC) bed days	0	0	0	0	0	**0**
Adult Contract Hospital Admissions	54	0	5	6	7	**72**
Child and Youth Contract Hospital Admissions	1	1	0	0	3	**5**
Total State Hospital Admissions (Civil only)	0	0	0	0	0	**0**
Routine Services, MH Adults/Children						
Adult Levels of Care (LOC 1-4, FEP)	1218	0	115	116	74	**1523**
Adult Medication Services	938	0	109	86	106	**1239**
Child Levels of Care (LOC 1-4,YC,YES, TAY, RTC, FEP)	416	291	54	20	84	**865**
Child Medication Services	218	65	20	11	23	**337**
TCOOMMI (Adult Only)	106	0	11	17	6	**140**
Adult Jail Diversions	1	0	0	0	0	**1**
Persons Served by Program, IDD						
Number of New Enrollments for IDD Services	4	0	0	0	0	**4**
Service Coordination	655	0	25	44	70	**794**
Persons Enrolled in Programs, IDD						
Center Waiver Services (HCS, Supervised Living)	22	0	4	13	16	**55**
Substance Abuse Services						
Children and Youth Prevention Services	795	0	0	0	15	**810**
Youth Substance Abuse Treatment Services/COPSD	16	0	0	0	0	**16**
Adult Substance Abuse Treatment Services/COPSD	31	0	1	1	2	**35**
Waiting/Interest Lists as of Month End						
Home and Community Based Services Interest List	1799	0	161	138	207	**2305**
SAMHSA Grant Served by County						
SAMHSA CCBHC Served	100	18	21	9	9	**157**
SAMHSA CMHC Served	283	0	6	11	10	**310**
October Served by Service Area						
Adult Mental Health Services	1655	0	170	122	206	**2153**
Child Mental Health Services	634	320	75	32	103	**1164**
Intellectual and Developmental Disabilities Services	742	0	34	56	77	**909**
Total Served by Service Area	**3031**	**320**	**279**	**210**	**386**	**4226**
September Served by Service Area						
Adult Mental Health Services	1737	0	183	120	265	**2305**
Child Mental Health Services	632	296	56	42	102	**1128**
Intellectual and Developmental Disabilities Services	748	0	38	56	76	**918**
Total Served by Service Area	**3117**	**296**	**277**	**218**	**443**	**4351**

Agenda Item: Program Updates **Committee:** Program	**Board Meeting Date:** December 1, 2022
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: **For Information Only**	

Program Updates
October 28, 2022 – December 1, 2022

Crisis Services

1. The remodeling in the front of the PETC has continued into November. Our staff are impressed with the positive changes and look forward to moving back into their regular work space. While it hasn't always been easy, our staff continued to provide crisis services for voluntary and involuntary patients, 24 hours a day, throughout the construction period.
2. Staff shortages are becoming more critical in the past month with the resignation of an LVN and another MCOT staff. PETC currently has 5 out of 13 MCOT positions that are vacant as well as an evening shift support staff. Because the MCOT staff are essential positions, we must continue to operate by serving those in crisis on demand through walk ins at the PETC or crisis deployments in the community. Because we have a few staff who are willing to work overtime and extra shifts, we have continued to function despite our significant staff shortages. We are currently in the process of hiring and on boarding three new MCOT staff and continue to interview applicants to fill the remaining positions.
3. We are posting the Administrator of Crisis Services position that has been vacant for approximately one year. This will be a licensed position to provide additional support to the center and meet state requirements for LPHA availability.
4. In the month of October, 339 crisis assessments were completed; 35.4% of these were for involuntary clients and 26.8% were for individuals under the age of 18.

MH Adult Services

1. We will be losing our Pharmacy Assistance Program (PAP) for the popular medication Latuda. We have some concern that the government negotiating prices will impact the number of medications available through PAP programs.
2. The First Episode Psychosis team has been coordinating care with the new Maverick Center at Lone Star College. Both programs work with young adults who have various barriers to achieving their educational goals, and support them with continuing their education and working towards employment.
3. We have hired a Licensed Professional Counselor to provide therapy services in our rural clinics. This LPC will be housed at the Cleveland building, but will be able to serve LOC 2 individuals in Huntsville and Liberty via televideo by providing Cognitive Behavioral Therapy.
4. As positions in the rural clinics are starting to fill, there is still a significant lack of interest in Conroe vacancies. Staff are participating in job fairs, community events, and presenting at local colleges to get the word out to people interested in the behavioral health field.

MH Child and Youth Services

1. We have opened our walk-in intake clinic in Porter, Monday through Thursday. It is going very smoothly and bringing in a steady stream of new kids from East Montgomery County.
2. We are seeing an increased need for intensive wraparound services for kids. Unfortunately, this comes at the same time in which we are short-handed in our wraparound team due to turnover. We are currently working to recruit new staff.
3. The Child and Youth Supervisors in Conroe are working with HR to hold three different interview days just for Child and Youth Mental Health Specialist applications. The largest staffing need for C&Y are C&Y Mental Health Specialists in Conroe, especially if they are bilingual.

Criminal Justice Services

1. TCOOMMI has hired a Licensed Program Clinician (LPC), the position had been vacant for 16 months. This staff will provide intake assessments into services, clinically supervise the case managers, and review charts for quality documentation.
2. Our Criminal Justice services team has successfully coordinated care with The Harris Center for a high needs individual who was found Not Guilty by Reason of Insanity. The case was transferred to Montgomery County, and our team is now providing the services to support this person's needs.
3. OCR is actively working to screen all individuals in jail who are deemed incompetent to stand trial in order to serve them in a less-restrictive environment and connect them to our services.
4. The Montgomery County Sheriff's office has asked Tri-County to add a second Licensed staff to work in the jail to supplement the current staff. We will have a meeting with MCSO soon to discuss the details.

Substance Use Disorder Services

1. The Youth Substance Use Disorder treatment program is serving 15 individuals, and nearly half of them are Spanish-speaking. We have seen a great improvement in parent participation in Parent Groups for this program.
2. Turnover in our Prevention services continues. In addition to losing two prevention specialists, our Prevention Manager resigned. We are in the process of recruiting a new Prevention Manager and have already hired and started training a new Prevention Specialist.
3. We have had to post-pone a few groups because it was not possible to cover all of our scheduled groups. Thankfully, we have good relationships with our schools and even though this is disappointing, we are confident that our good relationship will continue on in the next semester.
4. We are getting a lot of positive feedback about our Prevention Presentations for Disciplinary Alternative Education Programs across our service area. The most frequently requested topic for presentations is vaping, with marijuana being a close second.

IDD Services

1. LIDDA Service Coordination Minimum Qualifications changes went into effect on October 16, 2022. This change was, in part, to address the shortage of Service Coordinators that Community Centers have felt around the state. Service Coordinators may now have a Bachelor's or Advanced degree, in any field, an Associate degree in a social, behavioral, human service, or health-related field including, psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human development, gerontology, educational psychology, education, and criminal justice; or a high school diploma or a certificate recognized by a state as the equivalent of a high school diploma, and two (2) years of paid or unpaid experience with individuals with intellectual or developmental disabilities.
2. IDD Authority is still working to fill open positions for Service Coordinators. We currently have one (1) Lead Service Coordinator and one (1) Non-Waiver Service Coordinator position and four (4) Waiver Service Coordinator positions open. Our Enhanced Community Coordinator or ECC position has been open since June of 2021. The ECC position requires two (2) years of experience as an IDD Service Coordinator.
3. IDD Authority received a Notice of Non-Compliance for Fiscal Year 2022 on October 31, 2022. HHSC stated that TCBHC did not correct findings in its annual Quality Assurance review within the timeframe stated in our Corrective Action Plan (CAP).
    a. Initial review findings for TxHmL/HCS & GR/CFC were that all respite outcomes in the Annual Review were service statements.
    b. Results of final review with the CCR team stated that the respite outcomes did not justify the service.
    c. IDD Authority conducted another staff training on October 13, 2022 to correct and address the findings.

    Several other Centers have been cited in this same area of the Person Directed Plan and HHSC has not provided adequate Technical Assistance to correct these cited areas. While we never want to have a finding of any sort, we do not feel we had the information to correct this issue.
4. IDD Authority is preparing Service Coordinators for the new HCBS Settings Rules, set to go into effect on March 1, 2023. The basic expectations are:
    a. Privacy, dignity, respect, and freedom from coercion, and restraint, and control over personal resources, and
    b. Full compliance with regulatory settings criteria, which includes:
        i. A lease or legally enforceable agreement providing similar protections
        ii. Privacy, including lockable doors, and the freedom to furnish and decorate
        iii. Access to food at any time
        iv. Access to visitors at any time
        v. Physical accessibility
        vi. Person-centered service plan documentation, documenting these modifications as needed
5. IDD Employment Services position has been filled by an internal provider employee, leaving a vacancy in the Conroe area.
6. IDD Provider services continues efforts to recruit applicants to fill positions. Some success around part-time applicants is due to HR recruitment efforts at college job fairs. The

Training Department is working with us to hire in college students that cannot attend the traditional Monday through Friday new employee orientation.

7. IDD Provider training on the HCBS transition and the impact of our services from Day Hab to Individualized Skills and Socialization (ISS) is December 9th.
    a. Revising all lease agreements that must include the new rules and maintain the other required elements historically required.
    b. License application must be completed and approved for ISS sites. We have a total of three sites. We will also require documentation of compliance from the sites we contract with currently, those of which has expressed they will apply for license.
    c. Multiple procedures will need to be developed to meet the licensing requirements.
    d. Training on all procedures with employees working within the ISS area. The license requires a specific number of training hours per employee working in this area.
8. IDD Provider services continues to await notification of an Annual HCS Audit. Our last HCS audit was in January 2021.
9. Both Provider and Authority departments continue to work through the glitches within TMHP. HHSC has communicated that there will be fixes coming in November/December to the system.

Support Services

1. **Quality Management (QM):**
    a. The new Administrator of Quality Management has started and is currently cross training for the role.
    b. Quality Management staff continue to conduct routine audits of provider documentation for quality assurance purposes. In addition to monthly quality assurance conducted by supervisory staff, QM staff reviewed 30 notes during this timeframe to ensure compliance and followed up with supervisors as deemed necessary.
    c. Staff prepared and submitted one record request, totaling 24 charts, from an insurance company for records dating back to January 1, 2021.

2. **Utilization Management (UM):**
    a. Staff reviewed 10% of all Center discharges for October to ensure appropriateness and that proper notifications and appeals forms were provided. Follow up with staff was provided as needed to ensure quality improvement.
    b. Staff reviewed 33 notes that utilized the COPSD Modifier for quality assurance purposes.
    c. The Data Analyst reviewed individuals identified in our top 10% risk category and has continued to make referrals to the Care Coordination team as needed.

3. **Training:**
    a. The Training Department staff attended the Human Resources Development (HRD) Consortia in Austin on November 3-4th. The Clinical Trainer provided a presentation to the Consortia on Tri- County's New Employee Orientation process which was well received.

4. **Veteran Services and Veterans Counseling/Case Management**
    a. November is a very busy month for the Veterans Department. We paid tribute to those who served in any United States Military Branch on Veterans Day as we assisted with a Veterans Day Breakfast at the Conroe VFW, attended the Veteran Memorial Park Celebration, and participated in the Old Spanish Trail Parade in Cleveland. In addition, the team attended the United States Marine Corps birthday ceremony where they recognized the youngest and oldest marine and then celebrated with a cake cutting.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
    a. The MH PNAC met on November 16th to review the final draft CLSP and LPND Plans prior to Board approval. The MH PNAC currently has four vacancies and is seeking Board referrals at this time. Our Regional PNAC membership is currently meeting the State requirements, however, we would like to bring our current membership back up to the required nine members locally.

Community Activities

a. The 2nd Annual Golf Ball Drop was a great success! We had more than 70 people come by and enjoy the evening.
b. Staff attended the Out of Darkness Suicide Awareness Walk on Saturday, November 12th. We had licensed therapists on standby for anyone needing support. Close to 2000 people attended. This is always a very emotional event for participants.

Agenda Item: Personnel Report for October 2022 **Committee:** Executive	**Board Meeting Date:** December 1, 2022
Background Information: None	
Supporting Documentation: Personnel Report for October 2022	
Recommended Action: **For Information Only**	

Personnel Report

FY23 | October 2022

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

OVERVIEW

NEW HIRES
October
12 POSITIONS

YTD
27 POSITIONS

SEPARATIONS
October
15 POSITIONS

YTD
24 POSITIONS

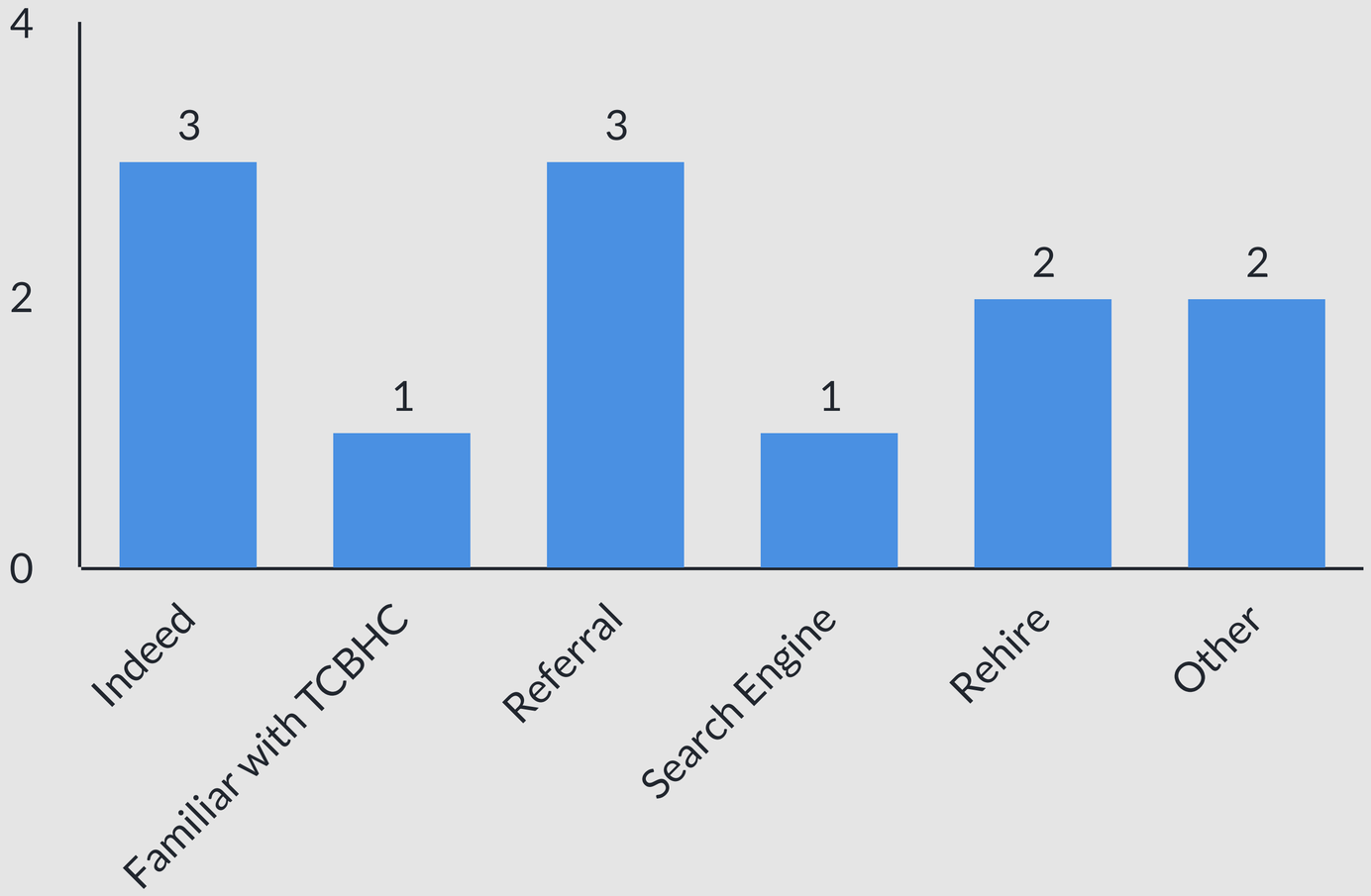
Vacant Positions
97

Frozen Positions
22

Total Budgeted FTE
457.53

RECRUITING

How did last month's new hires hear about TCBHC?



APPLICANTS

September Total Applicants	276
YTD Applicants	499

JOB FAIRS

University of Houston	10/6/2022
Texas A&M University	10/19/2022
Lamar University	10/20/2022

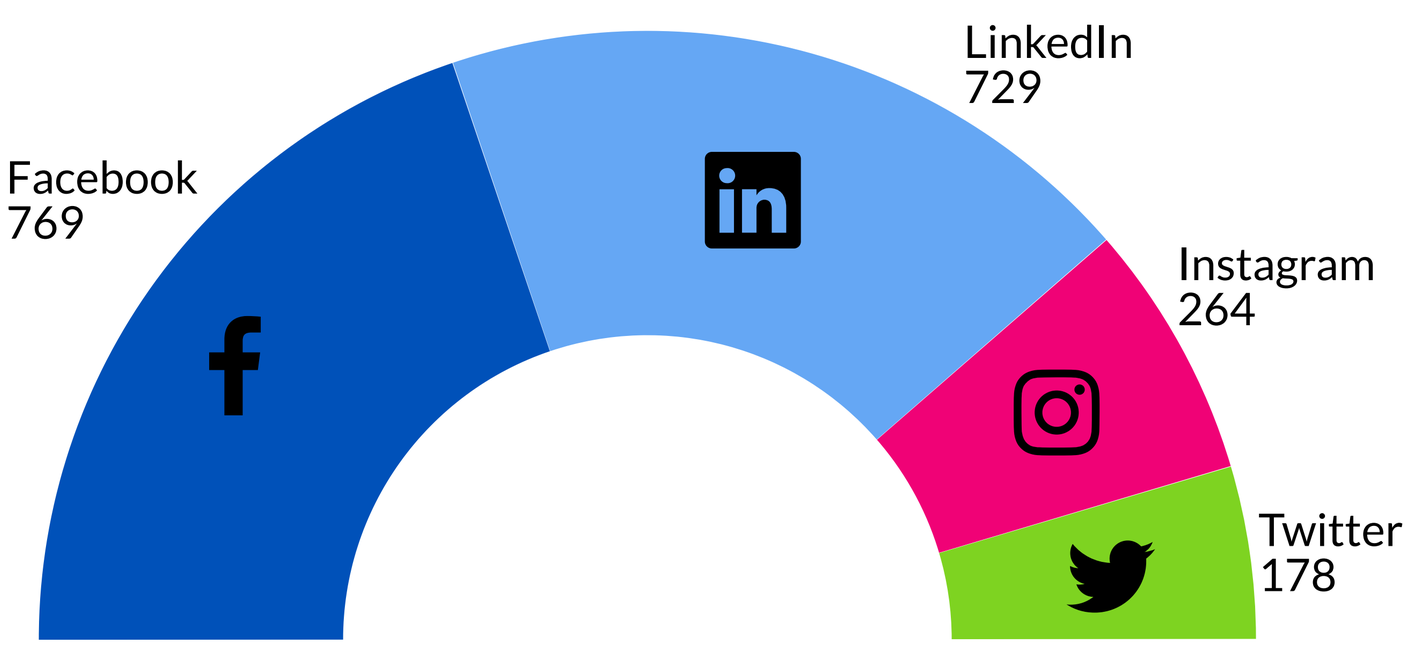
CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE*	62
PETC*	9
CLEVELAND	7
LIBERTY	5
HUNTSVILLE	10
PORTER	4

*excludes frozen positions

SOCIAL MEDIA FOLLOWERS



TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, Crisis and C&Y)	41
Direct Care Providers	10
LVN	9
IDD Case Manager	8
Licensed Clinicians	7

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Exit Data

FY23 | October 2022

Exit Stats at a Glance

7% YTD Turnover Rate

15 Voluntary Separations

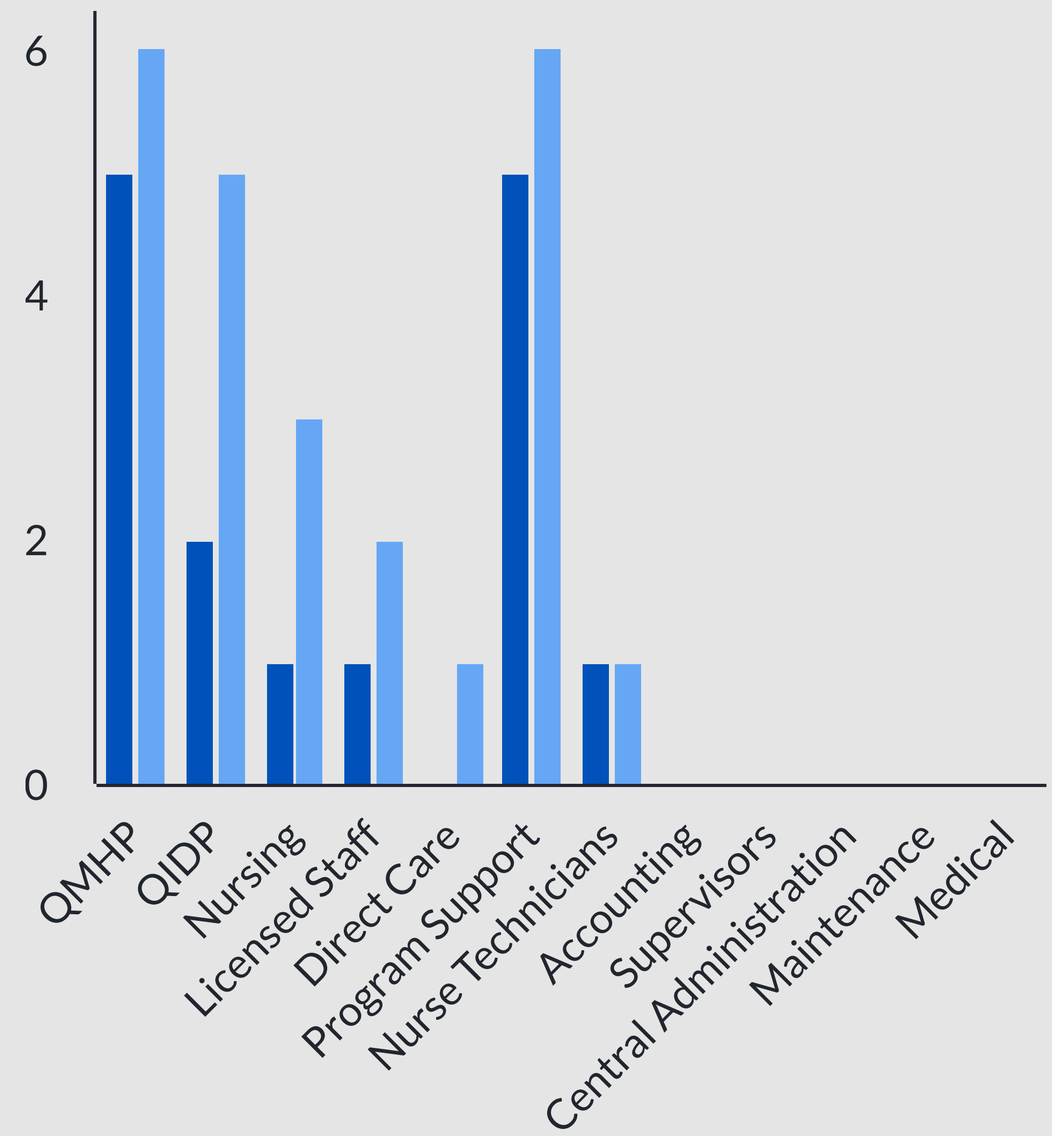
0 Neutral Termination

0 Involuntary Termination

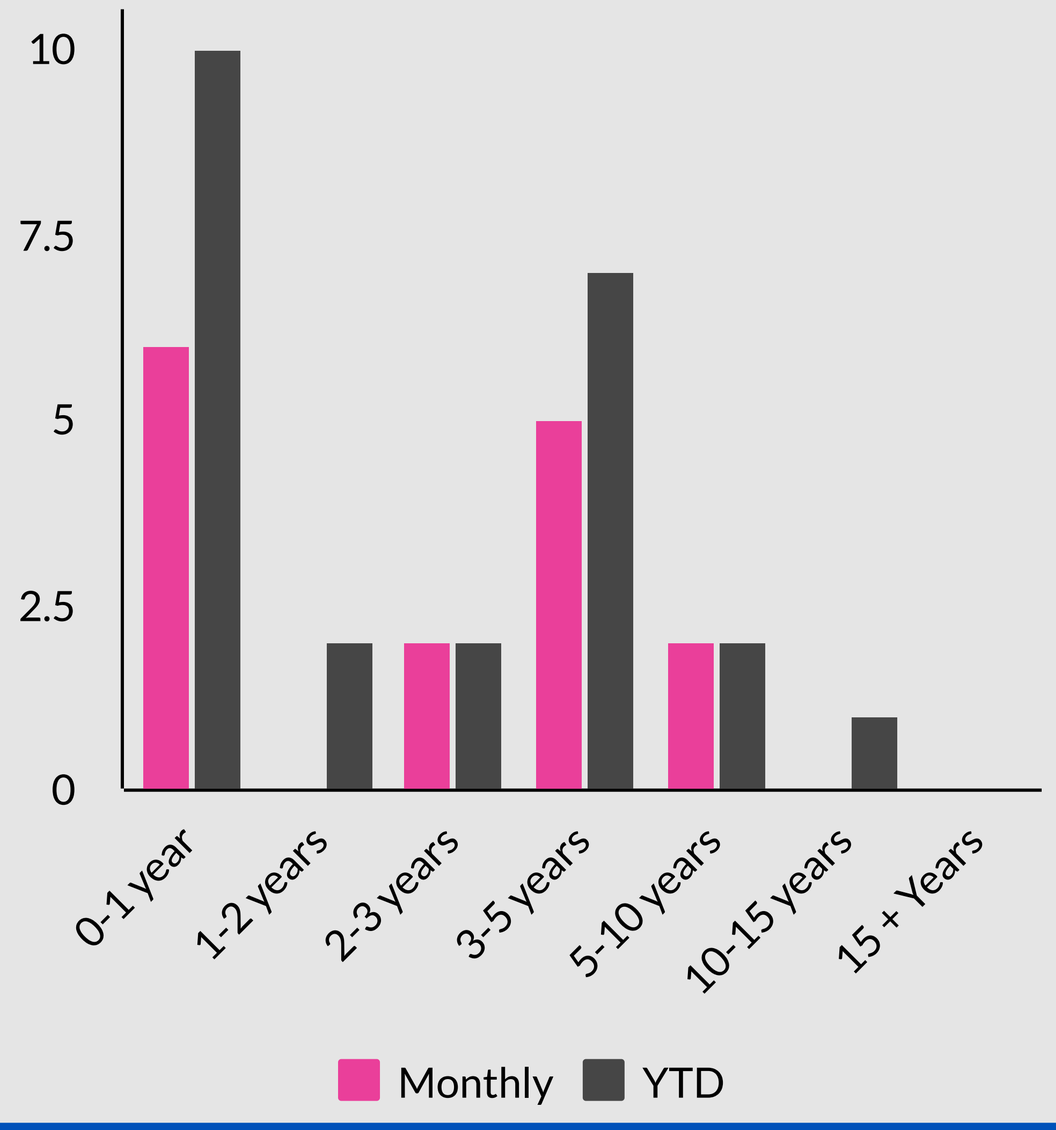
Top Reasons for Separations

1. Better Pay
2. Another Job
3. Personal/Family, includes Relocating
4. Commute
5. Returning to School

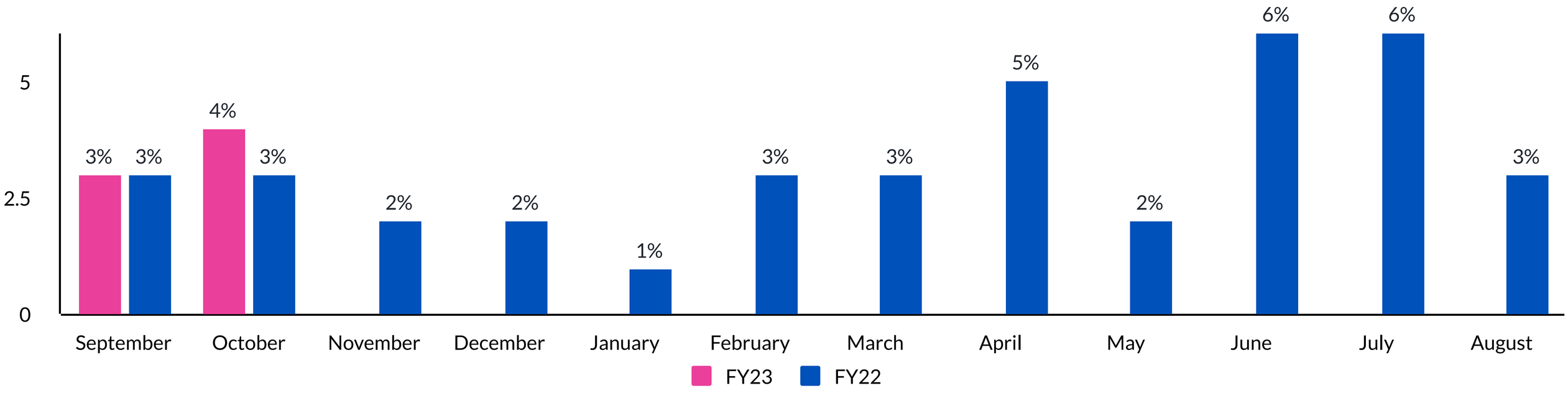
Separations by Category



Separations by Tenure

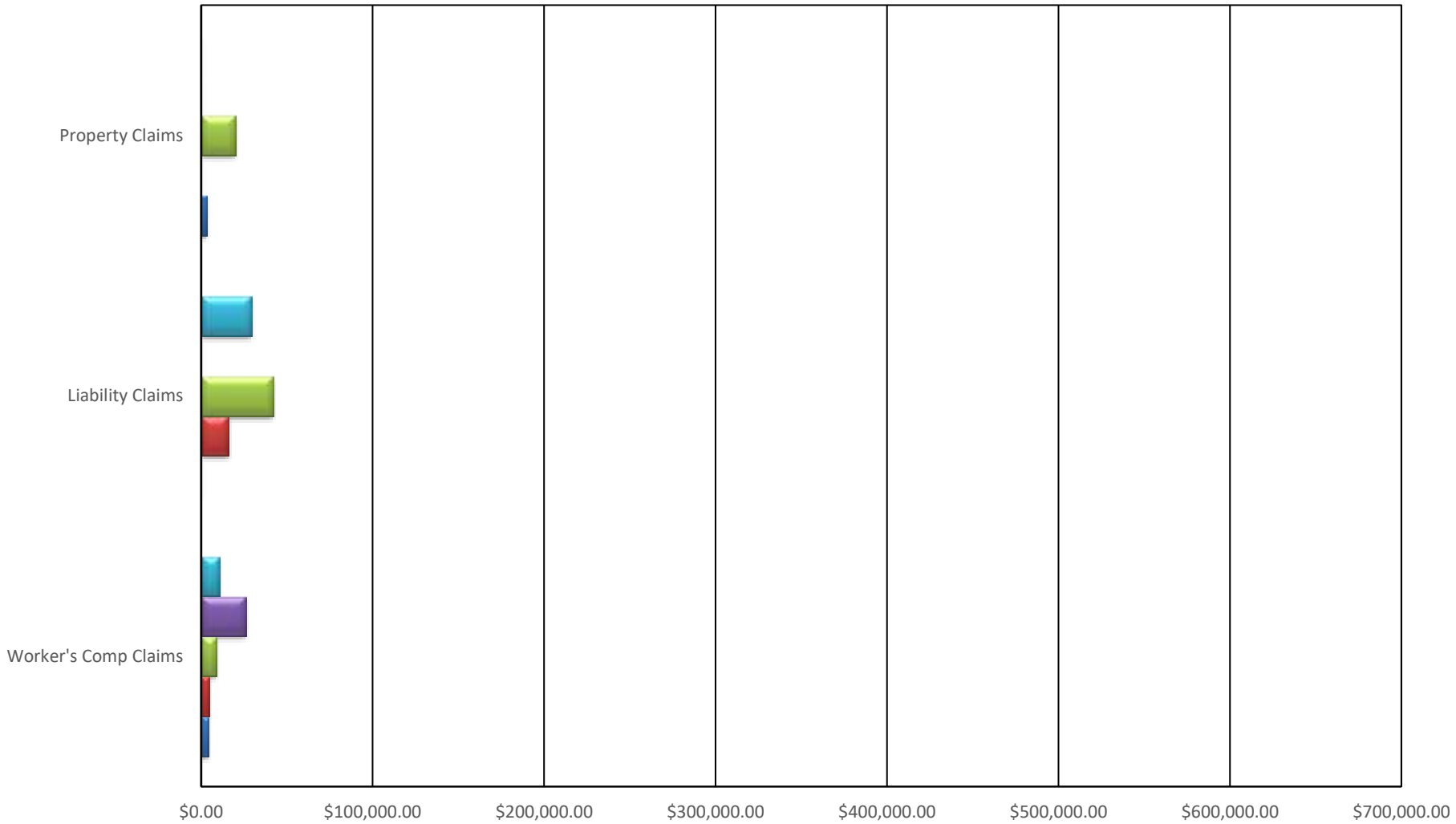


Monthly Turnover Rates



Agenda Item: Texas Council Risk Management Fund Claims Summary as of October 2022 **Committee:** Executive	**Board Meeting Date:** December 1, 2022
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of October 2022	
Recommended Action: **For Information Only**	

TCRMF Claims Summary September-October 2023



	Worker's Comp Claims	Liability Claims	Property Claims
2019	$10,826.00	$29,330.00	$0.00
2020	$26,112.00	$0.00	$0.00
2021	$8,860.00	$42,157.00	$20,074.00
2022	$4,619.00	$16,081.00	$0.00
2023	$4,016.00	$0.00	$3,430.00

Agenda Item: Approve October 2022 Financial Statements **Committee:** Business	**Board Meeting Date** December 1, 2022
Background Information: None	
Supporting Documentation: October 2022 Financial Statements	
Recommended Action: **Approve October 2022 Financial Statements**	

October 2022 Financial Summary

Revenues for October 2022 were $3,358,882 and operating expenses were $3,172,464 resulting in a gain in operation of $186,418. Capital Expenditures and Extraordinary Expenses for October were $143,817 resulting in a gain of $42,601. Total revenues were 101.50% of the monthly budgeted revenues and total expenses were 100.07% of the monthly budgeted expenses (difference of 1.42%).

Year to date revenues are $7,102,438 and operating expenses are $6,837,015 leaving excess operating revenues of $265,423. YTD Capital Expenditures and Extraordinary Expenses are $257,549 resulting in a gain YTD of $7,874. Total revenues are 100.81% of the YTD budgeted revenues and total expenses are 100.79% of the YTD budgeted expenses (difference of .02%)

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
Title XIX Rehab	260,559	306,782	84.93%	46,223

Rehab – This line item is the Medicaid Rehab Services. We continue to have higher than budgeted staff vacancies. We are in the process of reviewing current market analysis for pay for these positions to determine how we can compare in our region. Based on the analysis we will possibly be making pay adjustments to these positions which would help increase the recruiting for the vacancies.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	$ Variance
Fixed Assets – Buildings	29,500	0	0%	29,500
Fixed Assets – Building Improvements	55,895	23,356	239.32%	32,539

Fixed Assets – Buildings – This line item reflects the down payment for the land that we are purchasing in Huntsville that was approved by the Board.

Fixed Assets – Building Improvements – This line item reflects the cost to date spent for renovating the Crisis facility. These renovations are to improve the health and safety of the front part of the building that was approved by the Board.

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

	TOTALS COMBINED FUNDS October 2022	TOTALS COMBINED FUNDS September 2022	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	1,950	1,750	200
Cash on Deposit - General Fund	8,699,406	8,019,520	679,886
Cash on Deposit - Debt Fund			-
Accounts Receivable	6,063,838	6,380,885	(317,047)
Inventory	1,649	1,649	-
TOTAL CURRENT ASSETS	14,766,843	14,403,804	363,039
FIXED ASSETS	21,041,617	21,045,195	(3,578)
OTHER ASSETS	233,085	275,559	(42,474)
TOTAL ASSETS	**$ 36,041,545**	**$ 35,724,558**	**$ 316,988**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	2,438,556	1,896,332	542,224
NOTES PAYABLE	694,011	738,448	(44,437)
DEFERRED REVENUE	2,845,540	3,071,722	(226,182)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	10,116,507	10,159,928	(43,421)
Guaranty Bank & Trust Loan	1,789,411	1,795,076	(5,665)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	7,873	(34,727)	42,601
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,905,918)	(11,955,004)	49,086
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	21,041,618	21,045,195	(3,577)
Reserved for Vehicles & Equipment Replacement	613,711	613,711	-
Reserved for Facility Improvement & Acquisitions	2,283,765	1,692,991	590,774
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	12,333	6,167	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(694,010)	(738,448)	44,438
UNASSIGNED			
Unrestricted and Undesignated	4,421,061	5,056,081	(635,020)
TOTAL LIABILITIES/FUND BALANCE	**$ 36,041,545**	**$ 35,724,558**	**$ 316,988**

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

	General Operating Funds	Memorandum Only Final August 2021
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	1,950	3,037
Cash on Deposit - General Fund	8,699,406	12,191,566
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	6,063,838	3,516,983
Inventory	1,649	2,808
TOTAL CURRENT ASSETS	14,766,843	15,714,394
FIXED ASSETS	21,041,617	18,541,959
OTHER ASSETS	233,085	260,188
		-
	$ 36,041,545	**$ 34,516,542**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	2,438,556	1,426,803
NOTES PAYABLE	694,011	738,448
DEFERRED REVENUE	2,845,540	4,430,907
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	10,116,507	10,668,011
Guaranty Bank & Trust Loan	1,789,411	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	7,873	109,284
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(11,905,918)	(10,668,011)
Reserved for Debt Retirement	-	-
COMMITTED		-
Net Assets - Property and Equipment - Committed	21,041,618	18,541,959
Reserved for Vehicles & Equipment Replacement	613,711	613,712
Reserved for Facility Improvement & Acquisitions	2,283,765	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	12,333	6,167
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(694,010)	(738,448)
UNASSIGNED		
Unrestricted and Undesignated	4,421,061	4,510,623
TOTAL LIABILITIES/FUND BALANCE	**$ 36,041,545**	**$ 34,516,542**

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

INCOME:	MONTH OF October 2022	YTD October 2022
Local Revenue Sources	524,353	981,579
Earned Income	1,406,814	3,192,533
General Revenue - Contract	1,427,715	2,928,326
TOTAL INCOME	**$ 3,358,882**	**$ 7,102,438**
EXPENSES:		
Salaries	1,575,760	3,881,314
Employee Benefits	313,990	701,059
Medication Expense	41,071	80,676
Travel - Board/Staff	31,171	68,359
Building Rent/Maintenance	19,247	44,748
Consultants/Contracts	828,522	1,452,656
Other Operating Expenses	362,702	608,202
TOTAL EXPENSES	**$ 3,172,464**	**$ 6,837,015**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 186,418**	**$ 265,423**
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	63,765	97,444
Capital Outlay - Debt Service	80,052	160,105
TOTAL CAPITAL EXPENDITURES	**$ 143,817**	**$ 257,549**
GRAND TOTAL EXPENDITURES	**$ 3,316,281**	**$ 7,094,564**
Excess (Deficiency) of Revenues and Expenses	**$ 42,601**	**$ 7,874**

Debt Service and Fixed Asset Fund:		
Debt Service	80,052	160,105
Excess (Deficiency) of Revenues over Expenses	**80,052**	**160,105**

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

	YTD October 2022	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	981,579	896,046	85,533
Earned Income	3,192,533	3,199,441	(6,908)
General Revenue	2,928,326	2,949,823	(21,497)
TOTAL INCOME	**$ 7,102,438**	**$ 7,045,310**	**$ 57,128**
EXPENSES:			
Salaries	3,881,314	3,911,993	(30,679)
Employee Benefits	701,059	693,468	7,591
Medication Expense	80,676	88,838	(8,162)
Travel - Board/Staff	68,359	57,146	11,213
Building Rent/Maintenance	44,748	33,000	11,748
Consultants/Contracts	1,452,656	1,485,516	(32,860)
Other Operating Expenses	608,202	573,547	34,655
TOTAL EXPENSES	**$ 6,837,015**	**$ 6,843,508**	**$ (6,493)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 265,423**	**$ 201,802**	**$ 63,621**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	97,444	35,506	61,938
Capital Outlay - Debt Service	160,105	160,105	-
TOTAL CAPITAL EXPENDITURES	**$ 257,549**	**$ 195,611**	**$ 61,938**
GRAND TOTAL EXPENDITURES	**$ 7,094,564**	**$ 7,039,119**	**$ 55,445**
Excess (Deficiency) of Revenues and Expenses	**$ 7,874**	**$ 6,191**	**$ 1,683**
Debt Service and Fixed Asset Fund:			
Debt Service	160,105	160,105	-
Excess(Deficiency) of Revenues over Expenses	**160,105**	**160,105**	**-**

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

INCOME:	MONTH OF October 2022	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	524,353	478,707	45,646
Earned Income	1,406,814	1,387,999	18,815
General Revenue-Contract	1,427,715	1,442,621	(14,906)
TOTAL INCOME	**$ 3,358,882**	**$ 3,309,327**	**$ 49,555**
EXPENSES:			
Salaries	1,575,760	1,591,265	(15,505)
Employee Benefits	313,990	315,030	(1,040)
Medication Expense	41,071	44,419	(3,348)
Travel - Board/Staff	31,171	28,573	2,598
Building Rent/Maintenance	19,247	16,500	2,747
Consultants/Contracts	828,522	874,824	(46,302)
Other Operating Expenses	362,702	327,765	34,937
TOTAL EXPENSES	**$ 3,172,464**	**$ 3,198,376**	**$ (25,912)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 186,418**	**$ 110,951**	**$ 75,467**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	63,765	35,431	28,334
Capital Outlay - Debt Service	80,052	80,052	-
TOTAL CAPITAL EXPENDITURES	**$ 143,817**	**$ 115,483**	**$ 28,334**
GRAND TOTAL EXPENDITURES	**$ 3,316,281**	**$ 3,313,859**	$ 2,422
Excess (Deficiency) of Revenues and Expenses	**$ 42,601**	**$ (4,532)**	**$ 47,133**

Debt Service and Fixed Asset Fund:			
Debt Service	80,052	80,052	-
Excess (Deficiency) of Revenues over Expenses	**80,052**	**80,052**	**-**

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

INCOME:	YTD October 2022	YTD October 2021	Increase (Decrease)
Local Revenue Sources	981,579	153,494	828,085
Earned Income	3,192,533	2,095,303	1,097,230
General Revenue-Contract	2,928,326	3,537,360	(609,034)
TOTAL INCOME	**$ 7,102,438**	**$ 5,786,157**	**$ 1,316,281**
EXPENSES:			
Salaries	3,881,314	3,219,512	661,802
Employee Benefits	701,059	641,746	59,313
Medication Expense	80,676	100,437	(19,761)
Travel - Board/Staff	68,359	35,060	33,299
Building Rent/Maintenance	44,748	35,350	9,398
Consultants/Contracts	1,452,656	879,511	573,145
Other Operating Expenses	608,202	433,784	174,418
TOTAL EXPENSES	**$ 6,837,015**	**$ 5,345,399**	**$ 1,491,614**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 265,423**	**$ 440,758**	**$ (175,333)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	97,444	4,193	93,251
Capital Outlay - Debt Service	160,105	139,335	20,770
TOTAL CAPITAL EXPENDITURES	**$ 257,549**	**$ 143,528**	**$ 114,021**
GRAND TOTAL EXPENDITURES	**$ 7,094,564**	**$ 5,488,927**	**$ 1,605,637**
Excess (Deficiency) of Revenues and Expenses	**$ 7,874**	**$ 297,229**	**$ (289,354)**

Debt Service and Fixed Asset Fund:			
Debt Service	160,105	139,335	20,770
			-
Excess (Deficiency) of Revenues over Expenses	**160,105**	**139,335**	**20,770**

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

INCOME:	MONTH OF October 2022	MONTH OF October 2021	Increase (Decrease)
Local Revenue Sources	524,353	91,866	432,487
Earned Income	1,406,814	1,095,287	311,527
General Revenue-Contract	1,427,715	1,922,276	(494,561)
TOTAL INCOME	**$ 3,358,882**	**$ 3,109,429**	**$ 249,453**
Salaries	1,575,760	1,791,012	(215,252)
Employee Benefits	313,990	339,559	(25,569)
Medication Expense	41,071	49,484	(8,413)
Travel - Board/Staff	31,171	19,609	11,562
Building Rent/Maintenance	19,247	21,786	(2,539)
Consultants/Contracts	828,522	424,930	403,592
Other Operating Expenses	362,702	205,176	157,526
TOTAL EXPENSES	**$ 3,172,464**	**$ 2,851,557**	**$ 320,907**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 186,418**	**$ 257,873**	**$ (71,454)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	63,765	260	63,505
Capital Outlay - Debt Service	80,052	69,667	10,385
TOTAL CAPITAL EXPENDITURES	**$ 143,817**	**$ 69,927**	**$ 73,890**
GRAND TOTAL EXPENDITURES	**$ 3,316,281**	**$ 2,921,484**	**$ 394,797**
Excess (Deficiency) of Revenues and Expenses	**$ 42,601**	**$ 187,945**	**$ (145,344)**

Debt Service and Fixed Asset Fund:			
Debt Service	80,052	69,667	10,385
			-
Excess (Deficiency) of Revenues over Expenses	**80,052**	**69,667**	**10,385**

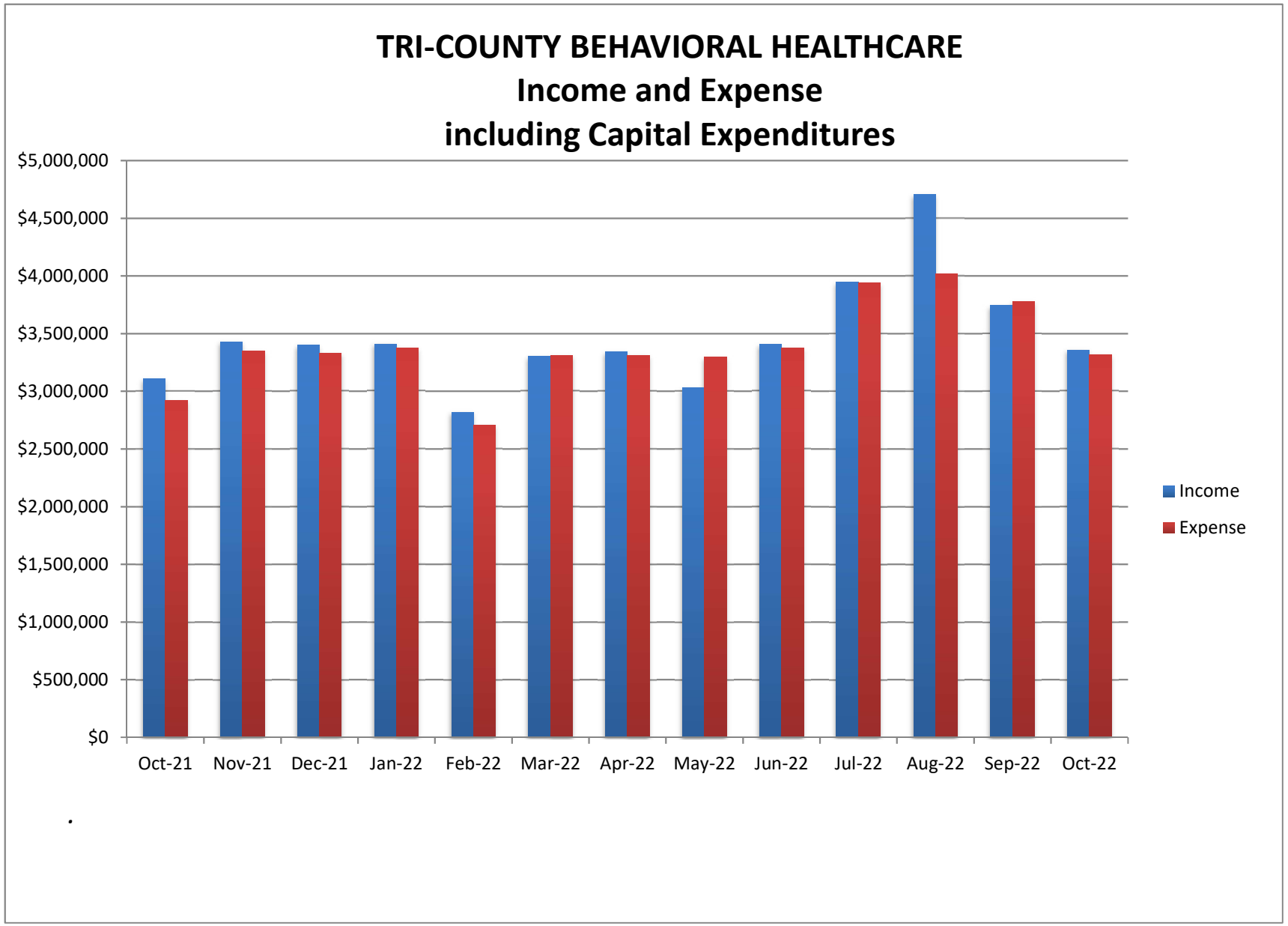
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With September 2022 Comparative Data
For the Month Ended October 2022

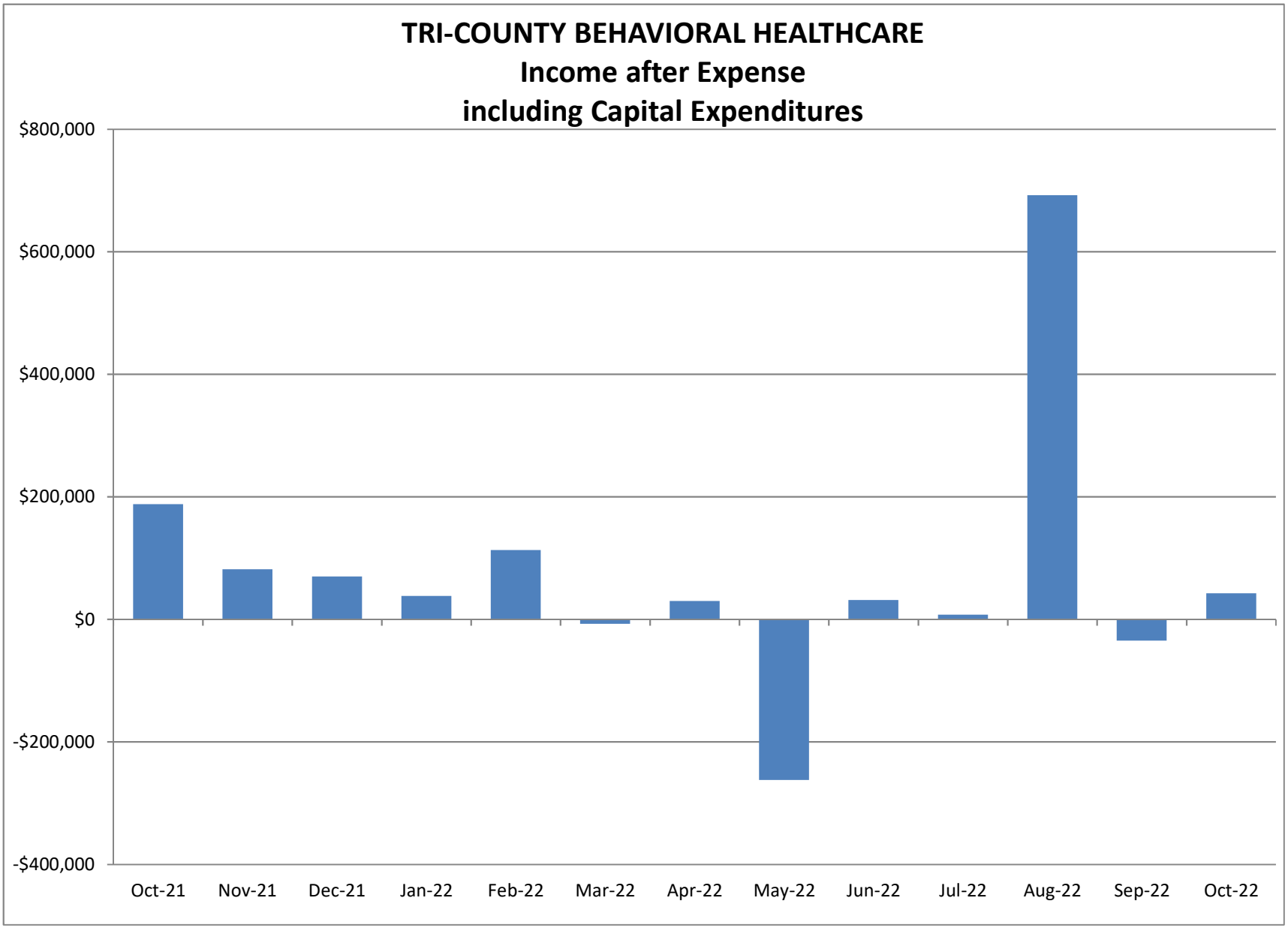
INCOME:	**MONTH OF October 2022**	**MONTH OF September 2022**	**Increase (Decrease)**
Local Revenue Sources	524,353	457,225	67,128
Earned Income	1,406,814	1,785,719	(378,905)
General Revenue-Contract	1,427,715	1,500,611	(72,896)
TOTAL INCOME	**$ 3,358,882**	**$ 3,743,555**	**$ (384,673)**
EXPENSES:			
Salaries	1,575,760	2,305,554	(729,794)
Employee Benefits	313,990	387,069	(73,079)
Medication Expense	41,071	39,605	1,466
Travel - Board/Staff	31,171	37,188	(6,017)
Building Rent/Maintenance	19,247	25,500	(6,253)
Consultants/Contracts	828,522	624,134	204,388
Other Operating Expenses	362,702	245,500	117,202
TOTAL EXPENSES	**$ 3,172,464**	**$ 3,664,551**	**$ (492,087)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 186,418**	**$ 79,004**	**$ 107,414**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	63,765	33,679	30,086
Capital Outlay - Debt Service	80,052	80,052	-
TOTAL CAPITAL EXPENDITURES	**$ 143,817**	**$ 113,731**	**$ 30,086**
GRAND TOTAL EXPENDITURES	**$ 3,316,281**	**$ 3,778,282**	**$ (462,001)**
Excess (Deficiency) of Revenues and Expenses	**$ 42,601**	**$ (34,727)**	**$ 77,328**

Debt Service and Fixed Asset Fund:			
Debt Service	80,052	80,052	-
Excess (Deficiency) of Revenues over Expenses	**80,052**	**80,052**	**-**

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

INCOME:	YTD Mental Health October 2022	YTD IDD October 2022	YTD Other Services October 2022	YTD Agency Total October 2022	YTD Approved Budget October 2022	Increase (Decrease)
Local Revenue Sources	646,503	84,482	250,593	981,578	896,046	85,532
Earned Income	667,049	560,815	1,964,670	3,192,534	3,199,441	(6,907)
General Revenue-Contract	2,453,763	298,049	176,515	2,928,327	2,949,823	(21,496)
TOTAL INCOME	**3,767,315**	**943,346**	**2,391,778**	**$ 7,102,439**	**$ 7,045,310**	**$ 57,130**
EXPENSES:						
Salaries	2,065,581	572,822	1,242,912	3,881,315	3,911,993	(30,678)
Employee Benefits	395,671	109,433	195,955	701,059	693,468	7,591
Medication Expense	66,752	-	13,924	80,676	88,838	(8,162)
Travel - Board/Staff	31,544	20,602	16,214	68,360	57,146	11,214
Building Rent/Maintenance	34,030	946	9,771	44,746	33,000	11,746
Consultants/Contracts	447,571	187,180	817,906	1,452,657	1,485,516	(32,859)
Other Operating Expenses	303,113	131,728	173,362	608,202	573,547	34,655
TOTAL EXPENSES	**3,344,262**	**1,022,711**	**2,470,044**	**$ 6,837,015**	**$ 6,843,508**	**$ (6,491)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**423,053**	**(79,364)**	**(78,267)**	**$ 265,424**	**$ 201,802**	**$ 63,621**
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	78,909	4,995	13,540	97,444	35,506	61,938
Capital Outlay - Debt Service	78451	24,016	57,638	160,105	160,105	-
TOTAL CAPITAL EXPENDITURES	**157,360 #**	**29,011 #**	**71,178**	**$ 257,549**	**$ 195,611**	**$ 61,938**
GRAND TOTAL EXPENDITURES	**3,501,622 ##**	**1,051,722 ##**	**2,541,222**	**$ 7,094,564**	**$ 7,039,119**	**$ 55,447**
Excess (Deficiency) of Revenues and Expenses	**265,693**	**(108,375)**	**(149,445)**	**$ 7,873 # $**	**6,191**	**$ 1,682**
Debt Service and Fixed Asset Fund:						
Debt Service	157,360	29,011	71,178	160,105	160,105	157,360
		-	-	-		-
Excess (Deficiency) of Revenues over Expenses	**157,360**	**29,011**	**71,178**	**160,105**	**160,105**	**157,360**


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
including Capital Expenditures
$5,000,000
$4,500,000
$4,000,000
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Income
Expense


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures
$800,000
$600,000
$400,000
$200,000
$0
-$200,000
-$400,000
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22

Agenda Item: Reappoint Independence Communities, Inc. Board of Directors **Committee:** Business	**Board Meeting Date:** December 1, 2022

Background Information:

Mr. Leonard Peck and Mrs. Barbara Duren serve on the Independence Communities, Inc. Board and their term expires in January 2023.

Mr. Peck and Mrs. Duren have been contacted and are willing to serve an additional two-year term, which would expire in January 2025.

Supporting Documentation:

None

Recommended Action:

Reappoint Mr. Peck and Mrs. Duren to Serve on the Independence Communities, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2025

Agenda Item: Reappoint Montgomery Supported Housing, Inc. Board of Directors **Committee:** Business	**Board Meeting Date:** December 1, 2022

Background Information:

Mrs. Sharon Walker and Mr. Michael Cooley serve on the Montgomery Supported Housing, Inc. Board and have a term expiring in January 2023.

Mrs. Walker and Mr. Cooley have been contacted and are willing to serve an additional two-year term, which would expire in January 2025.

Supporting Documentation:

None

Recommended Action:

Reappoint Mrs. Walker and Mr. Cooley to Serve on the Montgomery Supported Housing, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2025

Agenda Item: Reappoint Cleveland Supported Housing, Inc. Board of Directors **Committee:** Business	**Board Meeting Date:** December 1, 2022

Background Information:

Ms. Margie Poole and Mrs. Barbara Duren serve on the Cleveland Supported Housing, Inc. Board and their term expires in January 2023.

Ms. Poole and Mrs. Duren have been contacted and are willing to serve an additional two-year term, which would expire in January 2025.

Supporting Documentation:

None

Recommended Action:

Reappoint Ms. Poole and Mrs. Duren to Serve on the Cleveland Supported Housing, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2025

Agenda Item: Board of Trustees Unit Financial Statement as of October 2022 **Committee:** Business	**Board Meeting Date** December 1, 2022
Background Information: None	
Supporting Documentation: October 2022 Board of Trustees Unit Financial Statement	
Recommended Action: **For Information Only**	

Unit Financial Statement

FY 2023

October 31, 2022

	October 2022 Actuals	October 2022 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	$ 1,927.00	$ 1,927.00	$ -	$ 3,854.00	$ 3,854.00	$ -	100.00%	$ 23,125.00
Total Revenue	$ 1,927.00	$ 1,927.00	$ -	$ 3,854.00	$ 3,854.00	$ -	100.00%	$ 23,125.00
Expenses								
Insurance-Worker Compensation	$ 12.50	$ 5.40	$ 7.10	$ 25.00	$ 9.33	$ 15.67	267.95%	$ 150.00
Legal Fees	$ 1,500.00	$ 1,500.00	$ -	$ 3,000.00	$ 3,000.00	$ -	100.00%	$ 18,000.00
Training	$ 75.00	$ -	$ 75.00	$ 150.00	$ -	$ 150.00	#DIV/0!	$ 900.00
Travel - Local	$ 41.67	$ -	$ 41.67	$ 83.34	$ -	$ 83.34	#DIV/0!	$ 500.00
Travel - Non-local mileage	$ 35.42	$ 206.88	$ (171.46)	$ 70.84	$ 206.88	$ (136.04)	34.24%	$ 425.00
Travel - Non-local Hotel	$ 216.67	$ 273.70	$ (57.03)	$ 433.34	$ 273.70	$ 159.64	158.33%	$ 2,600.00
Travel - Meals	$ 45.83	$ -	$ 45.83	$ 91.66	$ -	$ 91.66	#DIV/0!	$ 550.00
Total Expenses	$ 1,927.09	$ 1,985.98	$ (58.89)	$ 3,854.18	$ 3,489.91	$ 364.27	110.44%	$ 23,125.00
Total Revenue minus Expenses	$ (0.09)	$ (58.98)	$ 58.89	$ (0.18)	$ 364.09	$ (364.27)	-10.44%	$ -

UPCOMING MEETINGS

January 26, 2023 – Board Meeting

- Approve Minutes from December 1, 2022 Board Meeting
- Program Presentation
- Community Resources Report
- Consumer Services Report for November and December 2022
- Program Updates
- FY 2023 Goals & Objectives Progress Report First Quarter
- 1st Quarter FY 2023 Corporate Compliance and Quality Management Report
- 2nd Quarter FY 2023 Corporate Compliance Training
- Personnel Report for November and December 2022
- Texas Council Risk Management Fund Claims Summary for November and December 2022
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for November and December 2022
- Approve FY 2022 Independent Financial Audit
- 1st Quarter FY 2023 Investment Report
- Board of Trustees Unit Financial Statement as of November and December 2022
- Foundation Board Update
- HUD 811 Updates

February 23, 2023 – Board Meeting

- Approve Minutes from January 26, 2023 Board Meeting
- Longevity Recognition Presentations
- Retirement Plan Account Review Presentation
- Community Resources Report
- Consumer Services Report for January 2023
- Program Updates
- Personnel Report for January 2023
- Texas Council Risk Management Fund Claims Summary as of January 2023
- Approve Financial Statements for January 2023
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement as of January 2023

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

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

LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital

SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional 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 Heath First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated June 2022