

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

April 27, 2023



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, April 27, 2023. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

- II. **Approve Minutes - March 23, 2023**

- III. **Program Presentation - Child and Youth Services - Porter**

- IV. **Executive Director’s Report**
 - A. CSU Update
 - B. ARPA Utilization Update
 - C. Revised Cleveland Site Design
 - D. Legislative Update

- V. **Chief Financial Officer’s Report**
 - A. FY 2022 HCS and MEI Cost Reports
 - B. HHSC IDD Fiscal Monitoring Review
 - C. HHSC MH Fiscal Compliance Desk Review
 - D. Update on Request for Proposals for Auditors
 - E. Update on Bank Account at First Financial Bank

- VI. **Program Committee**
 - Action Items
 - A. Approve Peer Support Services Recommendations..... 8-40
 - Information Items
 - B. Community Resources Report..... 41-44
 - C. Consumer Services Report for March 2023..... 45-47
 - D. Program Updates..... 48-52

VII. Executive Committee

Information Items

- A. Personnel Report for March 2023.....53-55
- B. Texas Council Risk Management Fund Claims Summary as of March 2023.....56-57

VIII. Business Committee

Action Items

- A. Approve March 2023 Financial Statements.....58-71
- B. Ratify HHSC Local Mental Health Authority Performance Agreement,
Contract No. HHS001022200037, Amendment No. 3.....72
- C. Approve HCBS-AMH Pre-engagement Services Contract, HHSC Contract No. HHS001326200036.....73
- D. Approve the FY 2023 Aspire Inpatient Hospital Contract Addendum No 1. for up to \$125,000.....74
- E. Approve Continued Contract with Jackson Walker LLP for Legal Services.....75
- F. Approve Huntsville Facility Renovations for Expanded Child and Youth Services.....76
- G. Approve Psychiatric Emergency Treatment Center Roof Replacement.....77-102

Information Items

- H. HUD 811 Updates (Cleveland, Montgomery and Huntsville).....103-105
- I. Board of Trustees Unit Financial Statement for March 2023.....106-107

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

Posted By:

Ava Green
Executive Assistant

BOARD OF TRUSTEES MEETING

March 23, 2023

Board Members Present:

Patti Atkins
Gail Page
Morris Johnson
Sharon Walker
Richard Duren
Tim Cannon
Carl Williamson

Board Members Absent:

Tracy Sorensen
Jacob Paschal

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
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Tanya Bryant, Director of Quality Management and Support
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Director of Strategic Development
Stephanie Ward, Director of Adult Behavioral Health
Yolanda Gude, Director of IDD Authority Services
Beth Dalman, Program Director Crisis Services
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: Pam Beach - General Counsel, Texas Council Risk Management Fund and Mike Duncum, WhiteStone Realty Consulting

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:04 a.m.

Public Comment: There was no public comment.

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

Resolution #03-23-01

Motion Made By: Sharon Walker

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

Resolved:

That the Board approve the absence of Tracy Sorensen and Jacob Paschal.

Resolution #03-23-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the February 23, 2023 meeting of the Board of Trustees.

Program Presentations:

- Longevity Presentations
- Annual Board and Management Team Training presented by Pam Beach with Texas Council Risk Management Fund
- Tri-County Building Updates presented by Mike Duncum with WhiteStone Realty Consulting

Executive Director's Report:

The Executive Director's report is on file.

- Comprehensive Mental Health Quality Management Plan
- Legislative Updates

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2022 Cost Accounting Methodology (CAM)
- FY 2022 HCS and MEI Cost Reports
- Days of Operation Ratio

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for February 2023 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2023 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2023 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 3rd Quarter FY 2023 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for February 2023 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of February 2023 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #03-23-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the February 2023 Financial Statements.

Resolution #03-23-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board direct staff to solicit proposals for the FY 2023 Independent Financial Audit.

Resolution #03-23-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve Health and Human Services Commission Contract No. HHS000994900001, Amendment No. 4, Intellectual and Developmental Disability Authority Services.

Resolution #03-23-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve HHSC Youth Empowerment Services (YES) Waiver Contract No. HHS001291000036.

Resolution #03-23-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve FY 2023 Sun Behavioral Contract Inpatient Psychiatric Services Contract Addendum in the amount of \$150,000 for FY 2023.

Resolution #03-23-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2023 Lifetime Homecare Services Contract Amendment for IDD Crisis Respite Services for up to \$160,000.

Resolution #03-23-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board appoint Ms. Mildred Galbreath to serve on the Montgomery Supported Housing, Inc. Board for a term which expires January 2025.

The 2nd Quarter FY 2023 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for February 2023 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 12:01 p.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Approve Peer Support Services Recommendations

Board Meeting Date

April 27, 2023

Committee: Program

Background Information:

One of our FY 2022 Board Goals was to hire a consultant to work with Center Staff to create a Peer Development Plan.

After review of some of the options, Tri-County executed a contract with Prosumers, a San Antonio-based Peer Services company whose mission is “to empower all people to transcend adverse life experiences and to inspire resiliency for all people to thrive while fulfilling their dreams.” Ms. Anna H. Gray and Ms. Janet Paleo are experts in their field and are internationally known for their work with peers. Due to challenges with scheduling, the consultation did not begin until the first quarter of FY 2023.

Staff at Tri-County value the role of peers, but despite having several excellent peers over the years who have provided much support for consumers of Tri-County’s mental health services, we have been unable to develop and sustain peer programming at our Center. Peer services are also required for CCBHC Certification.

Ms. Gray and Ms. Paleo spent several days “interviewing varying levels of staff, looking at various programs and looking at the facilities in the varying areas of the Tri-County catchment areas.”

In the attached report there are many recommendations, some of which require further study. The attached Tri-County Response indicates recommendations that we have or will implement in the short term, recommendations that we will plan to implement in the next year or so and recommendations that require further study or are long-term in nature.


Supporting Documentation:

Tri-County Behavioral Healthcare Peer Support Services Review and Recommendations, November 26, 2022

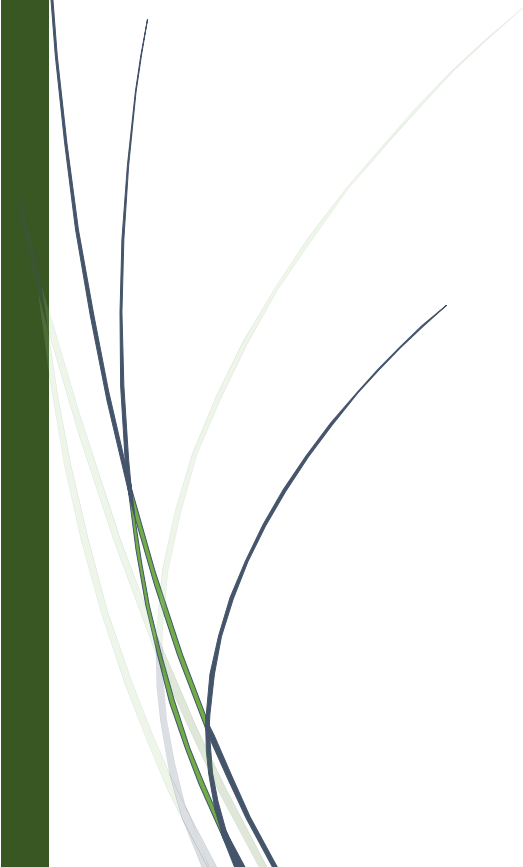
Tri-County Response

Recommended Action:

Approve Peer Support Services Recommendations



Tri-County Behavioral
Healthcare
Peer Support Services
Review and
Recommendations
By Prosumers
International
November 26, 2022

A decorative graphic on the left side of the page consists of several thin, curved lines in shades of green and blue, extending from the bottom left towards the center of the page.

Anna H. Gray and Janet Paleo
PROSUMERS INTERNATIONAL

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Tri-County Behavioral Healthcare Peer Support Services Review and Recommendations

By Prosumers International

By Janet Paleo and Anna H. Gray

November 26, 2022

Tri-County Behavioral Healthcare contacted Prosumers International with the following request:

Look at existing peer services at Tri County Behavioral Healthcare and determine what is needed to have a sustainable and effective peer services program.

To develop a sustainable and effective peer support program, an organization needs a strong foundation in a recovery model of services. This is consistent with the standards and definitions in CCBHC, although there must be more of an emphasis on self-determination and person-centered services. These concepts differ in a clinical worldview and a recovery worldview. Addressing this discrepancy will go a long way in developing a culture conducive to recovery-based services.

Defining recovery is a challenge as it is unique to each person. The SAMHSA definition is in the process of being updated as it currently still reflects a sense that life is limited when someone deals with mental health or substance use issues. As more and more is learned, it is becoming evident that the reoccurring challenges in these experiences can be due to environmental factors more than to personal treatment responses of the people served. Peer Support Specialist help support people as they deal with life challenges and the discouragement that has become endemic in populations of people who have difficulty seeing a way out of their current circumstances.

The most important thing to note about Tri-County Behavioral Healthcare as it embarks on developing a robust and effective peer services program is that it has a good foundation to build on. In any endeavor to develop systems of excellence the focus becomes about what is missing or not working as well as it could. This can result in a critical tone that becomes discouraging. Tri-County Behavioral Healthcare has some unique challenges in implementing a robust peer support program, but they have a great start given the lack of guidance and implementation models available that focus on the point of view of the person served. Tri-County is hereby acknowledged for the willingness to look at these challenges and take needed steps to build a strong peer program.

Prosumers International is proud to partner with Tri-County to fully integrate peer services into their programs, find ways of developing their existing peer workforce and developing a peer workforce pool. Much of the work will center around developing a recovery-oriented care model that focuses on the broadest definition of recovery.

While not impossible, developing peer services within a clinical setting may be difficult, as peer services are not clinical. And upon being placed in clinical settings peers find the clinical culture and policies make it hard to stay within their scope of practice and their ethical standards. In addition, many times the supervisors of Peers are not sure how to interact with Peers who were once clients of the system. This can set up some awkward situations where both parties feel unable to bring about the promise that Peer Support is for the people served. An additional challenge is a sparse and newly developing workforce that needs additional training and supports for their professional development.

Prosumers International spent several days interviewing varying levels of staff, looking at the various programs and looking at the facilities in the varying areas of the Tri-County catchment areas. We also looked at organizational charts, job descriptions, volunteer policies and other pertinent information to get a good understanding of how Peer Services were being implemented, how other staff thought about Peer Services and the environment where people receiving support would come to get services. For clarity, we will use the word client or person served to refer to those you have the honor to serve, and peer, peer specialist or peer provider for certified peer specialists on staff.

It is important to note that the observations and recommendations in this report are based on a moment in time. In three days, it is impossible to get a full picture of a culture, nor is it possible to get a sense of the communities served. By necessity, this work is based on assumptions and generalizations that may not be accurate. It is with this in mind that the following report is offered.

Document review summary

General comments about job descriptions received:

Some of the Physical Job Requirements may constitute violations of the ADA:

- Straight pulling (*It is not clear if there are any requirements of the job as outlined that would require this activity*)
- SAMA techniques/Behavior plans (*Restraining a person or implementing a behavior plan are beyond the scope of practice of a peer provider*)
- Operating a motor vehicle (*If the person can drive a modified or accessible motor vehicle would that meet this requirement?*)
- Walking (*a person with a mobility impairment would be able to do this job*)

It is also worth noting that people who are blind are able to provide services with accommodations. Seeing is not required for reading if reading software or devices are provided.

When reviewing the peer job descriptions, they came across as being written by clinical staff and therefore not in alignment with how Peer services achieve the best outcomes. It is important to keep in mind the peer practice guidelines and the peer ethics when writing the peer job description.

All of the job descriptions address that peers are part of the treatment team, this is encouraged. It is also encouraged that the person served be part of their treatment team. A peer has an ethical requirement to keep what is shared with them confidential. They do not report back to the treatment team what the person they serve says or their concerns. They can use examples from their own lives to illustrate issues people may be facing in general and to raise awareness for the treatment team about the challenges of a recovery journey. If there is something that the peer provider believes would be beneficial for the treatment team to know, they can encourage the person they are serving to share the information directly with the treatment team. This encourages the development of self-agency and promotes the self-responsibility needed for recovery. This also ensures person-centered services.

RECOMMENDATIONS:

- Train grant writing staff in the roles of peer providers based on Texas Peer Specialist Code of Ethics, the National Practice Guidelines, and the SAMHSA Core Competencies. See attachments 1, 2, and 3.
- When developing peer positions and job descriptions have an established and knowledgeable peer provider assist in defining the role and the job duties.

Adult Peer Support Specialist

The Adult Peer Support Specialist job description mentions the use of “written curricula for training”, it is not clear if this is specific curricula, or it is just a requirement that what the peer provider is using be written down in some format. Existing group curricula for recovery groups as available, and they require the use of the peer’s knowledge of the practice guidelines and ethics to choose curricula that are conducive to recovery. Not all of the material available has been produced by peers for the use of peer providers and some of them border on patronizing and doing more harm than good.

Material produced by Pat Deegan and Associates, Doors to Wellbeing, the Copland Center, Prosumers International, and other well-established peer run programs are most likely to meet the needs of the adult population served by Tri-County. As peer providers grow and develop their professional skills, they will develop the ability to be discerning in choosing material for groups or developing their own. One of the peer providers at Tri-County shared that she has written her own curriculum, and given her leadership and experience, it promises to be excellent.

Please note additional comments on the attached copy of the Adult Mental Health Peer Specialist job description in attachment 4.

RECOMMENDATION:

- Re-write the Adult Peer Support Specialist job description so as to follow the National Practice Guidelines and Texas Ethical Standards.
- This position would benefit from being a full-time position with a living wage. One of the challenges in keeping peers is that they need to earn enough to live on. If they are on benefits that makes this difficult. Once they have shown the ability to do the job it may be worth exploring what it would take to go full-time and get off of benefits. This is a challenging transition that will need supervisory support and support from peers who have navigated the transition effectively.
- Use groups to impact more people served and to support an environment where people learn from each other what works to navigate life. These groups must be empowerment groups and not support groups.
- Expand the job duties of the peer specialists to include going for one or two days a week to the Cleveland, Liberty, and Huntsville clinics to provide groups and one on one peer support. These services are needed in the outlying areas. This would require enough peer specialist positions to support the workload.

Side note: If the peer providers do not have a living wage, they are worried and stressed about meeting their financial needs instead of focusing on developing the skills and experience in their profession. Many seek second jobs or gig work to make ends meet, which results in them being tired and stressed when working with the people served by Tri-County. This can result in people leaving their position or needing to be let go because of the impact of the stressful situation. This is true for all of the staff working at the organization.

Supported Employment and Education Peer Specialists

The job description for the supported employment position reads more like a job coach position. It does not seem to require lived experience of using section 504 or the IDEA personally nor transitioning from school to work as a person with lived experience during high school. Although it is not required that a peer provider experience the exact same circumstances that the people they serve experience, it does require that they have experience in the same systems and knowledge of the treatment and cultures in those systems.

A person with lived experience can be an excellent job coach, but they would not be doing peer support in that position.

The role of the Peer Provider in the Individual Placement and Support model is not highlighted in the model. Peers are not even mentioned in their research or their marketing videos. That said, they do have a manual for Peers in the Individual Placement and Support model that clearly defines the role of a Peer in the model as

distinct from the role and responsibilities of the individual Placement and Support model specialist, which is what the Tri-County job description sounds like.

Please note the comments on the attached copy of the Supported Employment and Education Peer Specialist job description in attachment 5.

RECOMMENDATIONS:

- Re-write the Supported Employment and Education Peer Specialist job description so as to follow the National Practice Guidelines and Texas Ethical Standards.
- Adapt the Manual for Individual Placement and Support Peer Specialists to meet Texas and national guidelines. (See comments included in the handbook in attachment 6)
- Share this with the Supported Employment and Education Peer and use it as material for peer supervision and training.
- Share the difference between the work done by the peer specialist and other team members with the team to reinforce the role of the peer specialist on the team.
- Have the peer provider run a group for people in employment to discuss challenges and learn how to navigate employment from each other.
- Develop a volunteer program where people seeking employment or going back to school can begin to develop strengths in those areas. The Supported Employment and Education Peer Specialist can work to identify the skills needed and learned to reinforce the progress of the people served.
- Train the team on people's rights under the ADA. The supported employment model does not require that a person disclose that they have a disability. It is not always advisable to do so, and it can lead to discrimination. Also, people cannot be asked if they have a disability during the hiring process, either on an application or in an interview.
- Use volunteering to provide work experience which can be listed on a resume or application. Include volunteering at the Center as well as in the community.
- Network with other organizations in the community that are supporting people in finding employment and share resources.
- Train the team on the services provided through Vocational Rehab from Texas Workforce Commission. These services are mandated under the Rehab Act and can support with vocational assessments, training, purchasing tools and equipment needed for specific employment, and other resources.

Specialty Care Peer Support Specialist:

The Specialty Care Peer Support Specialist position is key in the current models addressing first episode psychosis. They are a vital part of the team and need to have as important a voice on that team as any other team member. One of their greatest challenges is the need to raise awareness and understanding in the team of what recovery is and that it is possible for the people they serve. People with behaviors that

get labeled psychosis are addressing life in the best way they have found to make sense out of it. It is problematic, generally, because it does not fit the mold we grew up with and because society has a very strong and negative reaction to our self-expression.

Viewing these experiences in this way is a major paradigm shift for clinically trained practitioners. Due to the power differentials between peer providers and licensed clinicians, especially doctors, it is very difficult to be heard in specialty care treatment team meetings and to influence the way the team implements the first episode psychosis model.

The lack of this paradigm shift and the use of peer providers is evident in the Specialty Care Peer Support Specialist job description. The OnTrack New York model that is being used does a good job of honoring clinical perspectives while implementing some of the new information that is coming out about the promise of early treatment and peer support for people experiencing early psychosis.

There are several comments and additional information provided in the attached Specialty Care Peer Specialist annotated job description. See attachment 7.

RECOMMENDATION:

- Re-write the Specialty Care Peer Specialist job description so as to follow the National Practice Guidelines and Texas Ethical Standards.
- Have the Peer Specialist supervisor go over the OnTrack New York Peer Specialist manual (attachment 8) and use the manual in supervision for mutual learning.
- Given that the material in the above manual is based on Intentional Peer Support, it is highly recommended that the Specialty Care Peer Support Specialist attend an Intentional Peer Support training as soon as possible.

Care Coordination Recovery Coach

It is important to state up front that a peer provider cannot be a care coordinator.

Peer support is not care coordination and care coordination is not peer support. Even if someone providing care coordination is a certified peer specialist, they would not be providing peer support as a care coordinator.

There has been misleading guidance on this issue from the National Council for Mental Wellbeing and therefore from the Texas Council of Community Centers.

The CCBHC definitions go out of their way to differentiate care coordination as an activity and not a service. Peer support, by definition, is a service and if the peer billing code is being used then it is billing for a service. An activity is not billable under Medicaid.

Additionally, peer support is voluntary, under CCBHC, care coordination is clearly identified as the "linchpin" of the certification guidelines and therefore a required activity for everyone served by the CCBHC.

CCBHC Definitions:

Care coordination: The Agency for Healthcare Research and Quality (2014) defines care coordination as “deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.” As used here, the term applies to activities by CCBHCs that have the purpose of coordinating and managing the care and services furnished to each consumer as required by PAMA (including both behavioral and physical health care), regardless of whether the care and services are provided directly by the CCBHC or through referral or other affiliation with care providers and facilities outside the CCBHC. Care coordination is regarded as an activity rather than a service.

Peer Support Services: Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery.

Peer Support Specialist: A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of “certified peer specialist” often is used. SAMHSA recognizes states use different terminology for these providers.

Given that peer providers do not do care coordination, the job description does not meet the requirements of a peer provider position. It does clearly lay out the job duties of a care coordinator. Below are mentioned some of the issues in the current job description that are not consistent with peer scope of practice or ethics. Many of these are also commented on in the attached annotated job description in attachment 9.

In this job description, the Peer is to *provide monitoring, support and recovery planning to individuals with SMI, SED, COD or SUD*. Peers do not monitor the people they serve. This implies a power differential that does not support mutuality. Peer support is a mutual relationship which involves the Peer connecting with the person served and developing a trusting relationship. In true Peer work, there is not a goal, or some place the Peer is trying to guide a client too. The person served shares what is important to them and how they would like their life to be, and the peer supports them in identifying and taking the needed steps to make that happen. This is the first ethic for Peer Specialists - The primary

responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all. Also as stated in the TAC Code RULE §354.3013 (d) Participation in peer specialist services is voluntary.

It is also important to note that a peer provider needs to have lived experience similar to that of the people they serve. For a peer provider to fulfill this item on the job description they would have to have lived experience of all of the groups mentioned.

The job description also states: *Provides activities of care coordination to ensure connection to needed resources, communication between providers and collaboration.* This is beyond the scope of practice of a peer provider. Care coordination is a clinical construct addressing the need for communication and collaboration across clinical providers and clinical services. Peers are not clinical and are not required to understand clinical jargon or processes and procedures. In fact, peers are trained to avoid using clinical language, which is usually one of the first skills that they forget once they are re-immersed in a clinical setting.

Serves as an advocate for clients across treatment providers. What these activities look like was not quite clear. Advocating is part of a peer's job duties as long as they are advocating for what the person served wants and believes they need. They are not responsible for advocating for treatment team goals or advocating to the client they should do what their professional team wants. The 7th Ethic for Peer Specialists is: Certified Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.

Will function under the supervision of the Program Administrator and within the scope of practice. This should refer to the SAMHSA Core Competencies and the National Practice Guidelines. These documents can be found in attachments 2 and 3.

Under Skills and knowledge required – “Knowledge of and adherence to existing ethical standards” is mentioned. Adhering to them would make it impossible to meet the requirements of this position – the ethical standards are codified in the Texas approved Peer Ethical Standards as outlined in the TAC code: RULE §354.3055 Ethical Responsibilities.

Under Principle Roles and Responsibilities, the bullet point states: *Communicate information to the treatment team to allow for understanding and awareness of client concerns.* This is not the role of a peer supporter. While this can happen there are restrictions as stated in a Peers ethical standard. We are developing a relationship built on trust. There are certain things which we must report such as imminent danger to self or others, abuse, neglect, or exploitation of a protected class, but Peers only share with the team what the client says they can share. When a peer provider believes it is something the team should know, they will openly discuss this with the person served,

and if the person chooses to share, the peer provider supports the person in telling the team themselves.

Identify barriers (internal and external) to full participation in community resources and develop strategies to overcome those barriers. Again, the client identifies the barriers and if the client wishes, the Peer can assist them as they develop strategies they want to implement to overcome the barriers they identified. The role of a peer goes beyond community resources to participation in community life in general. Peer services are not geared toward clinical care. Most of the barriers to healing and recovery are environmental such as lack of access to the social determinants of health, discrimination and marginalization, and the impact of traumatic experiences and environments. Peer providers can support people in overcoming these challenges as they progress on their recovery journey.

Communicate timely and accurate information between providers. This is not within the scope of practice of a peer. The peer can work with the person to make sure they are providing the needed information between providers.

Understand and update area referral sources to medical, psychiatric, substance use disorder referral and referral requirements. Peer referral sources would not be geared toward treatment, that is what a treatment provider or case manager would do. Peers provide referrals to social supports and community life integration supports. Any use of these referral sources would be initiated by the person served. As a general rule, peer providers do not have resource development as part of their job description. That seems to be more of what a case manager, social worker, care coordinator would do. Peer providers would support the person served in developing the skills needed to find their own resources.

Work as part of the Care Coordination team to provide appropriate referrals and follow-up to ensure connection to needed care. Again, only if the client requests assistance in ensuring there is a connection. Otherwise, this falls out of the scope of practice for the Peer. There could be a fine line when giving referrals to some places and a possible ethical violation. It is one thing for a peer provider to share something that worked for them, which may include the use of care providers in the community, it is completely different to make an actual referral for a service. That is prescriptive and borders on offering an expert opinion, which is a violation of ethical standards as codified in the TAC code that clearly state that Peer Specialist cannot practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions.

Act as a timely and proactive liaison between individual/family, physician(s) and facilities/agencies. This is not within the scope of practice for a Peer. The only time a Peer would be put in this situation is when the client requests support to talk with or interact with another person, their family, a physician or with facilities/agencies. And in this case, the Peer could be there to support the person as they learn to speak up for themselves.

Of note about this job, you can fill it with a peer who might be very good at this, but they would not be performing the duties for Peer Support as that would give them a dual role. Also having a Peer in this position, does not mean you have met the requirement for Peer Support under CCBHC, as care coordination is an activity, not a service. Peer Support is a core service for CCBHC.

RECOMMENDATION:

- Hire someone with great people skills and logistic skills to be a care coordinator and fulfill the requirements in the job description.
- Take the references to the work being done by a peer specialist out of the job description.
- Transition the current peer specialist out of this role and into a full-time adult peer support role, or if they have both MHPS and RSPS certifications, have them work with people who have co-occurring concerns. As a side note, the current peer specialist in this role is impressive.
- If needed, train the peer provider staff to understand the role of the care coordinator so they can address any questions the people they serve have. They can share how care coordination can support them in their health goals and support them in expressing their preferences and developing personal agency in their care.

Review Volunteer Policies and Update

Developing a robust volunteer program can serve two of the major issues facing Tri-County Behavioral Healthcare. Addressed here is the need for a robust volunteer program for the people you serve. This addresses the effectiveness of the supported employment and education program and the need for recovery-based services and supports that can lead to a workforce pool as the demand for peer supporters increases.

As the three-county area you serve has a lot of diverse needs and very little outside support organizations, bringing clients together where they can start to develop natural supports, will cause a ripple effect that can lessen the demand for high end services.

This is not new. The Military Veteran Peer Coordinator already does things like this because they recognize when veterans come together, they begin to support each other and do better. Family Partners could do something similar with the parents of the children in your services. When families can turn to other families for help or for someone to be with their child for a night and they can take a break, they have more energy, they are better able to cope with what is going on and therefore, the kids usually do better as well. Families of those you serve can do things for the other families in services, like babysitting for each other. Developing natural supports is important for families. By expanding the volunteer opportunities to clients, they develop a sense of investment in your organization, a sense of ownership.

As mentioned by the Tri-County Team, the volunteer policy is due for an update. As we believe this is a critical area for the development of a peer specialists workforce pool and for those you serve to have a stake in your organization, we have made some recommendations around the volunteer policy.

See attachments 10 and 11 for the benefits of volunteering for people with lived experience.

RECOMMENDATIONS:

- Develop a volunteer policy that is broad and embraces the people you serve as a vital volunteer pool.
- Include organizing volunteer activities and volunteers as a primary duty in a peer specialist position.
- Develop programs that provide community engagement and that can be planned and run by volunteers with the guidance of peer support staff. Types of volunteer activities could include:
 - A Social Committee who would organize things like
 - A fishing trip,
 - a baseball game,
 - a karaoke sing along,
 - BBQ in the Park
 - Mental Health Awareness Activities
 - Art Show posting the work of clients in various locations including Tri-County offices and clinics.
 - Other activities that clients of the Center suggest
- Seek out donations of paint or plants to develop healing environments in the clinics.
- Paint the spaces they receive services in.
- Stage green spaces/plant areas in Tri-County service areas and maintain the plants.
- Support and keep up landscaping efforts.
- Serve on the Planning and Network Advisory Committees (ensure there is a Peer Specialist who will work with them for a while to explain the acronyms, what a program is or whatever needs explained so the client can participate fully. They may be reluctant to speak up at first and might need support from the Peer Specialist in doing so.)
- Serve on the CCBHC Advisory Committee (Also with Peer Specialist there to support them), if different from the Board or the Planning Advisory Committee.
- Participate in and organize Focus Groups
- Greeters in Clinics
- Administrative Assistance/office support

RECOMMENDATION SPECIFIC TO WORKFORCE POOL:

- Develop training and volunteer opportunities geared toward learning and practicing the skills needed by peer supporters.

In a study published in the Australian Journal of Primary Health 2010, *Implementing mental health peer support: a South Australian experience* by Franke, Carmen C. D.; Paton, Barbara C.; Gassner, Lee-Anne J, an approach to building a workforce pool was studied. In the abstract for the article, they state: “The project developed a flexible training pathway that consisted of an information session, the Introduction to Peer Work (IPW) course and further training pathways for peer workers. External evaluation indicated that the IPW course was a good preparation for peer workers, but a crucial factor in the implementation process of employing peer workers was commitment and leadership within the organization in both preparing the organization and supporting peer workers in their role. To assist organizations wanting to employ peer workers, a three-step model was developed: prepare, train and support. The project has been successful in establishing employment outcomes for IPW graduates. The outcomes increased with time after graduation and there was a shift from voluntary to paid employment.”

Prosumers International has a similar training program based on an apprenticeship model.

Using this idea of utilizing clients as volunteers to come together and begin taking a leadership position within your organization allows for skill development and pre-work knowledge of duties. Expanding your volunteer base to include those you serve will begin developing a bridge between being a client to becoming Peer Staff. There are LMHAs in Texas who have had clients who wanted to become peer specialists who succeeded in achieving what they wanted. First, they volunteered at the LMHA for a period of time, and they shadowed peer specialist staff and provided volunteer support for them. When it was evident that the client was ready, they were recommended for hire when there was an opening. By the time the person served completed the MHPS training, they were able to step into the job seamlessly.

Janet Paleo started her career as a volunteer for her LMHA. She had connected with a caseworker who was moved into another job. In this position, the caseworker was able to have volunteers. Although Janet had hidden from the world for ten years, she wanted the connection so badly, she took a chance in becoming a volunteer. She began by doing copying and filing. She was then recruited for the Planning Advisory Committee (PAC) and then the Network Advisory Committee (NAC). Here she learned how to use her voice with support from someone else with lived experience. Her LMHA began sending her to Austin with other staff to participate in designing and implementing the services the LMHAs were contracted to provide. Many times, staff in those meetings would say, how do we help clients develop natural supports in the community? How do we engage clients in being on PACs and NACs (now known as PNAC). You give them opportunities to participate as a volunteer and you invest in their training. This really works.

We have attached a volunteer handbook created through a SAMHSA grant in 2005. See attachment 12. The techniques are the same and this will guide you as you set about setting up a volunteer program and policies for Tri-County. And your volunteers must go through much of the training your staff do such as Client Rights, HIPAA, etc. The volunteers must pass your background checks. Those who can't pass the background checks, can be utilized for Focus groups. Their rich history of how they came to be in the system, could prove valuable in serving others of similar backgrounds or to give evidence when applying for grant monies. If someone wants to assist, that is a great step towards recovery.

A structure for developing a robust volunteer program and peer workforce pool development is to support and promote the development of a COSP in the Tri-County area.

RECOMMENDATION FOR PEER RUN PROGRAM:

- Support a Consumer Operated Service Program (COSP) co-located with a Recovery Community Organization (RCO) through a contract where they would take on managing people with lived experience volunteer efforts. This would require more time and money and could set you up for more continuity in the long run.
 - A first step in this process would be providing a building or location where informal peer support and volunteer initiatives can be organized and managed. This would give people a place to meet and develop social supports and skills. Groups run by the peer supporters could also take place in this space, which provides a different environment than a clinic setting. Prosumers International strongly recommends this model over that of a Clubhouse model because it is more oriented toward recovery and autonomy.
 - Prosumers International would be willing to explore developing a COSP in the Tri-County area. There is a possibility that the state will be funding initiatives like this in the next biennium. Having some infrastructure and services already in place would increase the possibility of funding.
- Although it may not be feasible to have a free-standing peer space in all of the Tri-County locations, the events and services can be developed to meet the needs of each location. Having a space where peer providers can meet with volunteers and interested clients at specific times during the month in each clinic, could bring the benefits of peer run volunteer opportunities to the entire Tri-County area.

This recommendation echoes Action Item #3 of the Gathering for Action: Montgomery County Behavioral Healthcare Forum, held on September 20, 2022. In fact, many of the observations and recommendations in this report support the Action Items developed at the forum. See attachment 13.

Site visits

Prosumers International toured most of the clinics where services were being provided. The newer sites were bright, cheerful, and had a promise of hope. The older buildings did not. And with few exceptions, the staff openness toward the people they serve mirrored the conditions of their work environment. This of course, impacts the people you serve. Overall, the sense that people can and do recover was missing from the culture.

There are some overarching observations and recommendations. First, as more is learned about the impact of environment on mental health it is becoming evident that psychiatric diagnoses may be as much a result of experiences and environment as it is of other factors. Experiences, especially traumatic experiences, and poor environments significantly affect epigenetics, and worldview. These in turn shape thought processes, behaviors, and interpretations of our environment.

There is a growing body of work on the importance of healing spaces for healing and care efficacy. This research includes the impact of work environment on staff wellbeing. Healing and hopeful spaces to work in support staff retention and job satisfaction, as well as supporting the healing process of the people you serve. Attached are two articles that address these concepts. See attachments 14 and 15.

Second, clinic structure – having a clinic coordinator who also does crisis calls blurs roles and availability of staff when needed. Having the receptionist also do the financials and paperwork splits focus from service to paperwork, which is frustrating for staff when they need to focus on financials and paperwork and are constantly interrupted by people checking in or who have questions. This was evident especially at the Cleveland Clinic.

In the outlying areas there was a sense that the community is not aware of the services Tri-County provides or what they do. If Tri-County deals with similar challenges as other LMHAs, where they are known they may be expected to be all things to all people. Ensuring that the communities served know what they can and cannot expect from Tri-County builds community integration and support.

It is acknowledged here that the Center is aware of some of the challenges in the various clinics and is working to build or find new facilities in the Cleveland and Huntsville areas. Recommendations will address some immediate needs as well as some things to consider when finding/building new locations.

RECOMMENDATIONS:

- Create healing spaces in all of the Tri-County locations. Things that can be implemented at minimum cost or can be accomplished with volunteers as suggested above include:
 - painting clinic walls with soothing colors, maybe an accent wall.
 - Wall coverings that show nature, plants, and green spaces.

- An aquarium.
- Exhibit art and photography submitted by the people you serve and the staff.
- Develop a culture that expects the people served to recover and do well in their lives.
- Use language to change culture. The language used about the people you serve is vitally important to create the culture the Center desires. When speaking about the clients, share that they are the ones you have the honor to serve. If you don't feel like it is an honor, then those you serve would most likely experience anything from dismissiveness to rude responses or to feeling like a bother to the staff. Changing attitudes starts by changing the language. A possible way of creating this change is to feature one of the people you serve each month. Let them volunteer to tell their story and highlight their accomplishments, anonymously if they wish. When you ask people about their accomplishments and what they are proud of, you may be surprised to find that the people you serve have interesting and amazing histories. The peer supporters can share opportunities for clients to be a part of the Tri-County messaging to their communities.
- Have materials in the waiting rooms that speak to recovery, such as information about life after the initial impact of a diagnosis and the possibility of recovery. Additionally, this material could inform about opportunities to volunteer at the Center. Ensure there are materials for those who only speak Spanish. SAMHSA has many publications available on their website and some can be ordered already printed at <https://store.samhsa.gov/>. At one time, printed material could be ordered in bulk, and it required calling SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727). For examples see attachments 16, 17, and 18.
- Train front line staff in excellent customer service and the importance of being ambassadors for the organization with everyone they meet.
- Use volunteers to greet people at the clinics and support them with getting signed in. This will free up the staff to do the eligibility work and it does not confuse the roles.
- Hold community events to engage the community in supporting the Center, which can change the way people with mental illness and substance use are treated and create a feeling of goodwill towards the organization. Have people in recovery tell their stories at these events. Honor the community leaders and engage them in being allies. The more the community is engaged with the Center, the more support and collaboration the Center will get from the community.
- Use focus groups to get feedback from the community on issues that impact Tri-County services. These can be focus groups with key community representatives, a focus group with the various city councils, focus groups with the people served in each area, etc.

In touring the various clinics, it was evident that there were discrepancies in environment and culture from clinic to clinic. As peers, we come in seeing clinics as places where recovery can start, we expect healing spaces. It is important that it is

evident from the space that staff know what recovery is and that they play a role in the lives of each person they meet. What was painfully apparent, is that none of the staff nor the environment speak of the idea of recovery. The Conroe building comes very close to being a healing space and the staff were helpful and friendly. They did not seem aware of recovery and that the services they provide serve a role in someone's recovery every day. The Porter clinic has some of the same components as the Conroe clinic.

The Cleveland and Huntsville clinics were sterile and uninviting. Offices were empty and the furniture seemed to be stored in the spaces instead of serving a purpose. This may be an artifact of the workforce shortage and it can be addressed easily.

Most of the recommendation made based on experiences at specific clinics are general and can be implemented throughout the Tri-County system. They are mentioned by site as they arose out of these visits and can apply across sites and communities served.

Cleveland Clinic:

In the Cleveland Clinic, the staff seemed afraid of people who have the label of mental illness. It was shared that staff only take the center van when they do work in the community. They stated that they did not want people in the community to know what car they drove so they would not be associated with Tri-County when driving in the community. One staff member stated she did not trust the people with mental health or substance use disorders. The people she cared about had IDD. While Prosumers recognize anyone can be violent, people labeled as mentally ill, in general, are more likely to be the victims of violence.

Do Cleveland residents generally have a dislike of people with behavioral health issues? Do they have some issue with Tri-County Behavioral Healthcare specifically? If the answer to these questions is yes, then Tri-County has a PR problem that needs to be addressed soon. One way of addressing these issues would be to implement a volunteer program that reaches out to people in the community so they can get to know Tri-County and be ambassadors in the community.

If the answer to the above questions is no, then there is a need for staff re-training at the clinic. Using some of the space to provide peer support services a couple of days a week could change the way people receiving services are seen, as they will be there to volunteer as well as receive services. Having peer providers share their recovery story through organizational newsletters and at staff events can support messaging that the center is there to support people in their recovery. It is important to avoid slipping into the soft bigotry of low expectations. The practice of expecting less from members of a disadvantaged group and thus implicitly encouraging those people not to reach their full potential.

If the people you serve feel valued, they will value the organization and want to see it succeed. While changing the culture within staff can be difficult, it is vitally important to

create a safe place where people can heal. Changing the environment can be helpful, but steps must be taken to have staff value all of the people Tri-County serves. Developing a trusting environment where people feel valued and can heal, will also increase the safety of the employees, and begin to reverse the stigma around mental illness and substance abuse.

It is interesting to note that one of the staff at the Cleveland Clinic shared a passion for serving people with substance use issues. They see drug use as being a big issue in the Cleveland area. There is no substance use services in Cleveland or at the Cleveland Clinic and this staff member sees that as a problem as they equate a lot of the psychosis they are seeing as being tied to the use of methamphetamines. There appears to be a significant need for substance use services. The staff member who mentioned this stated that they are an LCDC but do not use those skills as they work in adult mental health. One of the challenges with CCBHC is that it includes substance use services and most of the LMHAs do not have the infrastructure to provide these services sufficiently to meet the need. Matching staff skills and talents to services may be a start in changing the attitude in the Cleveland Clinic and meeting the needs of the community.

RECCOMENDATIONS:

- Partner with other organizations and business in the community to host wellness fairs and resource fairs to share about Tri-County services.
- Sponsor local events or Little League teams or find other ways of letting the community know that Tri-County is part of the community.
- Develop a volunteer program as presented throughout this report. There are two possible volunteer initiatives: 1) using volunteering as part of recovery for the people you serve, and 2) having community volunteers support Tri-County with special initiatives or as service extenders and ambassadors in the communities you serve.
- Provide continuous learning and development for staff around excellent customer service and importance of treating everyone with respect and dignity, including seeing the people served as valuable and valued.
- When possible, encourage staff to explore areas of interest they have within the service array provided by the Center.
- This may have already been addressed and is mentioned for ongoing consideration. The case management load is not effective for the people served or the staff. Hiring additional staff is a priority and there will need to be some re-training on effective and supportive services for staff who have been in survival mode for a while.
- Explore ways of impacting the substance use crisis in the Tri-County area. On more than one occasion it was mentioned that methamphetamine use was a big problem. This will require community partnerships and collaborative creative thinking. Tri-County can serve as the convening partner and provide meeting space to encourage existing efforts and start new ones as appropriate. Recovery Support Peer Specialists can provide insight and leadership in these conversations. This may already be happening, and if so, it is not reaching the

outlying areas, or the staff are not aware of it. If this is the case, more outreach and communication is needed. A focus group would provide needed insight into the challenges substance use concern present. A focus group of people with use experience could also have innovative ideas as to how to address the crisis.

- Supporting the development of a Recovery Community Organization would expand access to peer support and non-clinical recovery approaches for people dealing with problematic substance use.

Porter Clinic:

The Porter Clinic is open and welcoming. The environment is a bit sterile, and we were told it is a work in progress. There is attention to technology and telehealth needs which make it possible to provide services throughout the Tri-County area.

The staff were welcoming and helpful. They are obviously proud of their space. This shows in their demeanor and availability to the people they serve. It is a bit off putting to have glass between the staff and the waiting room as it covers a significant amount of space and when speaking to the people behind the glass there was a question as to how well we were heard.

We were told that they were considering putting in a security post in the waiting room. This is a practice in most LMHAs that costs a lot of money. It also brings up some concerns about whose safety is being protected. If it is the safety of the staff, then the message to the people served is that they are dangerous and must be watched at all times. People will live up to the expectations of the environments they are in.

If security is for the safety of the people served, then this may miss the mark as people with lived experience do not tend to feel safe when there is an armed peace officer anywhere near. Interactions with law enforcement are challenging for people with lived experience and in most instances are traumatic. Having security personnel in uniform in the clinic makes it clear that the clinic is not a safe environment.

Many safety concerns can be addressed with excellent customer service, short or no waiting times, and customer input to clinic practices. Also, volunteering can create ownership for the people served and they will support having safe environments.

We were shown what was called the large break room. It looked to be the size of an indoor gym. We were speculating about the use of the space, and we were told it was big enough for another 12 provider workstations when they were ready to expand. Also mentioned other uses.

The Prosumers International staff saw a space to host families for fun events or to have resource fairs or community gatherings. It is interesting to note the differences in worldview. Having events where the families served by Children and Adolescent Services would encourage mutual support groups. It also gives the children an

opportunity to interact and be part of something where they are not the identified “patient”, and they can just be kids.

The energy and attitude of the Porter Clinic staff was remarkably different than that of the Cleveland staff. The Cleveland staff all talked about how busy they were and overworked due to demand and staffing shortages. This was not the case at the Porter Clinic.

RECOMMENDATIONS:

- If at all possible, avoid putting a security guard station in the clinic. The message to the children and adolescents is that they are in trouble or are dangerous. It can also imply force or coercion, which is counter to recovery principles.
- Use the large space to create a place for community gatherings and family gatherings. Have the Certified Family Partners organize events for the kids where they can be kids and the families can network together. Have resource fairs for families in the community that have kids in special education programs.
- The artwork on the walls in the waiting room is nice and does not fully convey hope and energy. An accent wall in a bright color or some larger paintings or posters that convey hope will make a difference.
- Have family support groups led by the family partners.
- Support the family partners in partnering with the adult peer specialist to provide support for people transitioning from children and adolescent services to adult services. A youth peer specialist can make a big difference during this transition.
- Have coloring books, story books, and information useful to parents available in the waiting room. Material of this kind is available on the SAMHSA website.
- Expand the play area.

Huntsville Clinic:

One of the first things we observed was that the clinic is co-located with a church, signage for the church was very prominent near the entrance to the clinic and it was difficult to know what organization we were entering. Additionally, church pamphlets and printed material was placed in the waiting room. Although spirituality is a significant part of recovery, many people with lived experience of behavioral health issues have experienced discrimination, micro-aggressions, and abuse in church settings. This is a problem for the Huntsville clinic. It is important to keep the clinic spaces neutral, while acknowledging the spiritual needs of the people served. In creating healing environments, it could make sense to provide quiet meditative spaces that can serve as prayer rooms for those whose practice require prayers at specific times of the day, or for those who just wish to have a quiet refuge.

The clinic is sterile, and the colors are neutral to the point of being drab. The clinic would benefit from a volunteer interior design and paint crew.

It is worth noting that the person who greeted us at the Huntsville Clinic is remarkable in her customer service approach to her job. It is also worth acknowledging the evident ease with which the needs of the people served were accommodated in a respectful way that supported dignity even given evident differing realities. Tri-County is to be commended for encouraging initiative and flexibility in the way services are provided.

RECOMMENDATIONS:

- Ensure that the Tri-County signage is prominent from the street and on the building. Make it clear where the entrance to the clinic is. Where possible, remove church signage or place it in such a way that it is clear it is not part of the clinic.
- Remove religious pamphlets and printed material from the waiting room and ask staff to make sure it is not left there.
- Consider painting the walls with inviting colors.
- Stage furniture in the empty offices in an inviting way, as if the office is ready for use. Put some paintings or photographs on the walls, bring in as much natural light as possible through the use of mirrors and light-colored walls. This recommendation goes for the Cleveland Clinic as well.
- Have peer supporters come in once or twice a week to run groups and support volunteer activities.
- Ask the receptionist if she would be willing to help develop training material for people in her job position. Her attitude and work approach is worth replicating throughout Tri-County services.
- Provide materials about recovery and empowerment. This would not include materials about specific diagnosis or medications.

Crisis Center:

The Crisis Center was closed for renovation during our visit. It was evident that efforts have been made to create healing spaces in spite of some institutional features. It would be interesting to visit after the renovations are completed.

It was expressed that the Crisis Center has been outgrown by demand. As Tri-County looks to the future of their services, it would be interesting to develop a healing communities' approach to behavioral health, interventions could be focused on maximizing access to social determinants of health and minimizing the preventable trauma of poverty, marginalization, abuse, and neglect. The following quote pointedly states the failure of business as usual.

“Once accepted as the whole truth about troubled neighborhoods, this "needs" map determines how problems are to be addressed, through deficiency-oriented policies and programs. Public, private, and non-profit human service systems, often supported by university research and foundation funding, translate the programs into local activities that teach people the nature and extent of their problems, and the value of services as the answer to their problems. As a result, many lower income urban neighborhoods are

now environments of service where behaviors are affected because residents come to believe that their well-being depends upon being a client. They begin to see themselves as people with special needs that can only be met by outsiders. They become consumers of services, with no incentive to be producers. Consumers of services focus vast amounts of creativity and intelligence on the survival-motivated challenge of outwitting the "system," or on finding ways—in the informal or even illegal economy—to bypass the system entirely.”

Kretzmann, J. P., McKnight, J. L., Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets. ACTA Publication. Chicago, IL. 1993. Page 2.

Conroe Clinic:

The Conroe clinic is spacious, has plants, materials to read and lots of room to spread out. It is bright and cheerful with great natural lighting. We were told that the Military Veteran group refused to meet in the old building, but now come to hold their meetings in this building as the environment was less clinical. This is a powerful statement about the importance of the environment in which services are provided.

The staff were welcoming and inviting, greeting everyone with a smile and open attitude. When staff were approached, they were helpful and open even if they were not sure why they were being asked the questions they were being asked.

Aspects that were clearly clinical in nature were in private spaces or off the main path, allowing for privacy, this was noted with the pharmacy. People seemed comfortable in the waiting area and as staff walked through, they were courteous and comfortable in the space.

There was one notable exception: the security guard. The person filling the position during the observation period was friendly and helpful. They did not stay behind their security area all of the time and while out in the waiting area, they helped people that had questions or needed to know how to get to a particular services area.

It is great that the person was approachable and helpful, it is still a concern that there is a uniformed guard in the space, indicating that this is not a safe space and that something can happen at any moment. This message needs to be minimized.

One of the biggest challenges that multi-county LMHAs face is the them-and-us culture that develops between the main administrative office location and satellite clinics. Tri-County faces this challenge as the outlying clinics exhibited a sense of otherness, while the Conroe facility staff tended to see themselves as the entirety of Tri-County Behavioral Healthcare. One employee proudly proclaimed her unit did all the booking of appointments for Tri-County. When asked about an outlying area, she stuttered and said they did their own appointments. There is a general feeling that if you want good

services in the Tri-County area, you will need to travel to Conroe. If you cannot travel to Conroe, then you have a limited number of services

RECOMMENDATIONS:

- Have a greeter/navigator in the space to support people in finding things they need or sharing about the process and how it works.
- In one of the back seating areas, the seats are worn or torn and need fixing.
- There is a TV that could be used to share recovery stories and information. There are materials available that share recovery stories and empowering messages about mental health and recovery available online.
- Develop a cross clinic team approach for similar positions. Once a quarter have all of the staff filling like positions in all of the clinics meet for lunch, or for a time to share challenges and opportunities of their job. If need be this could be done through a virtual meeting with the agreement to have everyone on camera so they can put names with faces. This needs to include all positions, from janitorial and maintenance to management. This can also develop awareness of needed changes, as well as develop economies of scale across locations.

Peer Services

The first and important point to make is that Tri-County Behavioral Healthcare has done a fantastic job in filling their peer positions. The passion and commitment of the peer providers we met with are evident. Congratulations!

Many of the opportunities for peer services development are mentioned in the job description review section of this report. Additional observations and recommendations listed here work in tandem with the afore mentioned recommendations.

There were four distinct groups of peer specialists interviewed:

1. Adult Services Peer Specialists (MHPS, RSPS)
2. Specialty Program Peer Specialists (usually associated with a grant)
3. Veteran Peer Service Coordinator
4. Certified Family Partners

It would be a mistake to assume that all of these roles are the same. Adult Services Peer Specialists serve the general adult population served by the Center. They either specialize in mental health or substance use issues. To serve people with co-occurring concerns, the peer specialist would need to have both and MHPS and an RSPS certification. Given that the adult mental health population served makes up most of the people served by Tri-County, the Center would benefit from several more MHPS positions. In literature produced for the CCBHC pilot grants it was mentioned that there should be a ration of 1 peer specialist for every 200 people served. Although this may not be feasible given existing funding, it is a ratio to consider if and when full funding for CCBHC is made available through federal and state funding streams.

As noted in the job description analysis, peer providers do not provide care coordination. It is recommended that the peer specialist in that position be transitioned to an adult services peer provider serving the population they are certified to serve. All of the people who receive care coordination most likely qualify for peer services. These can be offered to them.

The specialty program peer specialist includes the Specialty Care Peer Specialist and the Supported Employment and Education Peer Specialist. These positions require specialized knowledge about specific models and processes. It is important that they be trained in the entire model and the intended outcomes of the model. Having a wider view of the program will support them in supporting the people served in the program. This is not for them to impose the model on the people served but to ensure that the person served knows what the program consists of so they can make an informed choice to participate or not. It is also important for the peer specialists to know where person-centered processes allow for the person served to tailor the program to their wants and needs. Knowing where the limitations of the program are helps the peer specialist support people in navigating the program process.

As with all of the peer specialists, the specialty program peer specialists need to be well grounded in the National Practice Guidelines and the Texas Peer Code of Ethics. They serve as part of specialty treatment teams and must advocate for the person they serve and for their role on the treatment team. What they provide is different from every other person on the team as their services are not clinical. This can make their work a challenge. They need their supervisors to be champions of peer support and to feel empowered to back the peer provider when needed. One supervisor did share that they did not feel like their voice was heard at the treatment team table. If this is the case, then it follows that the voice of the peer specialist is not being heard as well.

Generally, Veteran Peer Service Coordinators have different roles than those of other peer specialists. Although they have similar training, their focus tends to be on the impact of military services. Many veterans choose not to identify with a psychiatric diagnosis beyond admitting issues with P.T.S.D. The peer services they want are not about an "illness" which has the worldview of the veteran differ from that of an adult receiving psychiatric services.

The Veteran Peer Service Coordinator at Tri-County is amazing and a great fit for serving this population. That said, they may differ in their understanding of recovery and what a peer supporter does. This may show up in co-reflection, or other peer networking and needs to be accounted for in ensuing discussion. They are distinct roles, and each can learn from the other.

By definition, Certified Family Partners are different from other peer supporters. Peer support is generally associated with a person with lived experience of mental health or substance use being trained to work with people with similar experiences. Family partners served the families of people with lived experience. Their focus is on the

caregiver and navigating the systems that parents and guardians must navigate when rearing a young person with lived experience. They are peers to the parents/guardians.

At this time family partners in Texas are going through a transition process. The Certifying Entity has changed from Via Hope to the Texas Certification Board. This change brought the family partners under the purview of the Peer and Recovery Unit at HHSC, and their training is being brought in line with other peer training processes. The newly developed Peer Core Training now includes people wishing to become Certified Family Partners and is strongly founded on recovery principles. This is a change for the family partners. It could be beneficial to provide information about recovery principles and the possibility of recovery as a treatment outcome to the Tri-County Certified Family Partners. In speaking to them, they are open and may already have awareness of these changes and are embracing them given their current understanding.

Additionally, there are efforts to make CFP services Medicaid billable. This will result in the CFP Ethics being codified in rule. Currently CFPs are required to sign their ethical standards which are in attachment 19.

RECOMMENDATIONS:

- Make peer positions full-time positions that pay well, or at least a true living wage.
- If part-time positions are needed for people who receive benefits, support people in reaching their desired goals. Benefits can serve to limit recovery for people qualified to be peer providers and it can keep people living in poverty, which challenges growth and development.
- Provide opportunities for the peer supporters to meet together and support each other.
- Provide time for peer co-reflection, see attachment 20.
- Provide committed peer supervision and encourage and empower peer supervisors to be peer services champions. See attachment 21 to support supervisors.
- Ensure that all peer supervisors have completed Peer Supervisor Training and become certified as Certified Peer Supervisors. There is an updated curriculum that is supposed to come out in January, which would be a good time to get peer supervisor trained and certified if needed.
- Make sure all staff are trained in and firmly grounded in recovery principles and the National Practice Guidelines as these apply to MHPSs, RSPSs, and CFPs.
- As new supervisory and management staff are hired, include information about the role of peer specialists in their orientation. Also ensure that they understand recovery principles to support the development of the recovery-oriented culture.
- Develop a Peer Lead designation to coordinate the co-reflection and other peer provider gatherings. This person must be well grounded in the role of peers and the National Practice Guidelines and the Texas Peer Ethics.
- Peer specialists or peer specialists leads need access to upper management without getting in trouble for not following the “chain of command”. Having an open-door policy for peers is vital.

- Include recovery stories of the people you serve or have served in new employee orientation, if not already doing so.
- Have a peer specialist share about recovery-oriented services and what that means for the people served. This material can be developed with support from Prosumers International staff if desired. This may already be implemented.
- Continually grow and reinforce a recovery culture at Tri-County. The people served will grow and thrive along with the peer services and all staff.
- Include a peer specialist in the Crisis Clinic that is comfortable in such a setting and has specialty training in peer crisis services.
- Provide ongoing training and development for peer providers including:
 - Focus for Life (Provided by PRO International and trained by Janet and Anna)
 - National Practice Guidelines and SAMHSA Core Competencies training
 - Intentional Peer Support (at times provided by the State through Centralized Training or available directly from <https://www.intentionalpeersupport.org/>)
 - Boundaries in Peer Support (provided by Prosumers International)
 - Ethics and why they matter (provided by Prosumers International)
 - Personal Medicine Coach Training (provided by Pat Deegan and Associates, Prosumers International, and other trainers)
 - Trauma and Peer Support
 - Advocating and Peer Support Advocacy Issues
 - Trainings developed specifically for Tri-County as need arises

There is a wide variety of peer support training available virtually and in person. The training listed above are a foundation for excellence in peer support. There are other areas such as developing professional identity, training up and being a partner in supervision, how to be discerning in finding peer support resources, etc.

Most of the training listed can be provided by Prosumers International staff or accessing the training can be facilitated by Prosumers International. Those that are specifically flagged as being provided by a specific entity were developed by that entity. Ongoing discussion and implementation planning will be part of the next steps in this process.

Conclusion and Next Steps

The observations and recommendations in this report cover what is needed to provide a solid foundation for a robust peer support program. Some are foundational, such as adherence to practice guidelines and ethical standards; others are ongoing projects that can be implemented as continuous quality improvement and location re-designs occur.

Not all of these recommendations can be implemented at once as it would be overwhelming. It will be up to the Tri-County administrative staff to determine which recommendations they choose to implement and when. They are encouraged to make these decisions in partnership with their peer staff and the Prosumers International

consultants to ensure that the recommendations are clear, and implementation is effective.

As many of these changes are being implemented by or affecting peer specialist staff directly, it is also recommended that this be done with ongoing support for the peer specialist from mentors such as the consultants.

Tri-County Behavioral Healthcare Administrative Staff is commended and acknowledged for soliciting this level of input and for their commitment to excellence. The immediate next step in fulfilling their intent is to meet and discuss this report. This will provide the opportunity for clarification and discussion of the recommendations. Additionally, the recommendations the Center wishes to act on can be fleshed out and specific action items identified and assigned to specific staff for implementation. Additionally, the team can review the initial agreement and address any outstanding items.

Prosumers International looks forward to continued partnership with Tri-County Behavioral Healthcare. Thank you for the opportunity.

Any questions or concerns with this report can be addressed to Anna H. Gray at ahgray59@gmail.com or by phone at 210-535-5418.

ATTACHMENTS

1. MHPS and RSPS Peer Ethics -
https://drive.google.com/file/d/13WRps7bY2jiN6xnKOJ8N6aZB49LTHLma/view?usp=share_link
2. National Practice Guidelines -
https://drive.google.com/file/d/1GBFHxs7GRAMsBGcMPV_nwqf-C6SHlcl5/view?usp=share_link
3. SAMHSA Core Competencies -
https://drive.google.com/file/d/1fTWOldbmLAYeoBuqR31boezrtc7fDgz/view?usp=share_link
4. Peer Specialist annotated job description –
https://drive.google.com/file/d/18hLGeCPyCrZN081PzAgOQi8WGMY0YKqY/view?usp=share_link
5. Supported Employment and Education Peer Specialist annotated job description -
https://drive.google.com/file/d/1OXs7zcFcAlwNDrogoZjVSarFDRBhProO/view?usp=share_link
6. Handbook for IPS Peer Specialists -
https://drive.google.com/file/d/1CVbN_1c231m89Fi0AcvuyotHzY9S7DL5/view?usp=share_link
7. Specialty Care Peer Specialist annotated job description -
https://drive.google.com/file/d/1sy6XwhPnLr3soVABoXbeiVBmBcLHeKqG/view?usp=share_link
8. OnTrack New York Peer Specialist Manual -
https://drive.google.com/file/d/1LqpebDSCPla-jz6rO2FetAf_7ukVBrEj/view?usp=share_link
9. Care Coordination Recovery Coach annotated job description -
https://drive.google.com/file/d/1yDpBGha0itpOCihMFqsaPcxN3aRQAboR/view?usp=share_link
10. Volunteering and People Diagnosed with SMI -
https://drive.google.com/file/d/1mk-VYPu9H_iQjFacv5xnovQPzVE54C_4/view?usp=share_link

11. Volunteering and Mental Health - https://drive.google.com/file/d/1b_KSUqGa7X12J9HcOJoz_44rKxa7Kibh/view?usp=share_link
12. Volunteer Handbook - https://drive.google.com/file/d/1UyjMK4CU6p5Z-rnTaJD85UBJNlbKrKpF/view?usp=share_link
13. Conroe Behavioral Health Forum Notes - https://drive.google.com/file/d/1q5vrXTI1iGxhSQ5ppKLf8fLJiFeQ_HN5/view?usp=share_link
14. Optimal Healing Environments - https://drive.google.com/file/d/1RtRvBCCDUOowslapfdYhd0CaxK5fBZGt/view?usp=share_link
15. 5 Ways Facility Managers Can Create a Healing Environment - https://drive.google.com/file/d/1FsrYqNF6bQP4ApK3UGBq6YwD3sFgW1Lp/view?usp=share_link
16. What Individuals Need to Know about Wellness - https://drive.google.com/file/d/1ETOFrJMVeKFuva4y5G98O-uAUIE_U2Ct/view?usp=share_link
17. Eight Dimensions of Wellness in Spanish - https://drive.google.com/file/d/1QCBNcUrvlQIFiQnIO4Eb1anHGSL_cD0b/view?usp=share_link
18. Eight Dimensions of Wellness in English - https://drive.google.com/file/d/1X_M-C38uSKgN9gpLsWK81Ce-CoOvXYBk/view?usp=share_link
19. Certified Family Partner Code of Ethics - https://drive.google.com/file/d/1hcOr-6c2LYvdyBszY-LkKJ0O85ucn9-1/view?usp=share_link
20. Co-Reflection: Getting Started - https://drive.google.com/file/d/1-DPc3XnTo9yGYqqvtfcOI2qoW48zFyNP/view?usp=share_link
21. National Practice Guidelines for Peer Specialist and Supervisors - https://drive.google.com/file/d/164DfI2MfCaDwqELotC2bwZ5-G79kOleQ/view?usp=share_link

Peer Support Services Recommendations – Tri-County Response

In the first quarter of Fiscal Year 2023, Tri-County Behavioral Healthcare engaged Prosumers International, a recognized leader in Peer Support services based in San Antonio, Texas, to look at existing peer services at Tri-County and determine what is needed to have a sustainable and effective peer services program.

On November 26, 2022, Prosumers provided Tri-County with a 29-page summary of their findings entitled “Tri-County Behavioral Healthcare Peer Support Services Review and Recommendations.” Prosumers spent several days “interviewing varying levels of staff, looking at various programs and looking at the facilities in the varying areas of the Tri-County catchment areas” and subsequently provided a series of recommendations for management consideration.

After review of the report, Tri-County has identified items which can be changed immediately or in the short-term, recommendations which may take a bit longer to change and recommendations that either require further study or are very long-term in nature.

The following Prosumers recommendations are short-term:

1. There were a series of recommendations in the report about the appearance of the lobbies and buildings at Tri-County, with the Cleveland and Huntsville clinics being referred to as ‘sterile and uninviting’ and the newer Conroe/Porter clinics being closer to the ideal. Management accepts the recommendations to evaluate art in the facilities and has already begun this project in the largest building in Conroe. We will find a wall to add color in the Cleveland facility lobby and the Huntsville facility lobby and will also evaluate the art in these buildings. In the Porter building and the Liberty Child waiting area, a concerted effort will be undertaken to make these spaces more kid friendly and to ensure they feel open and inviting. Plants and greenery will be added to these spaces with the focus of creating “healing spaces.”
2. We have had Peers serving on the Mental Health Planning Network Advisory Committee, but both Peers have since withdrawn from membership. We will seek to add additional Peers to our MH PNAC.
3. We will locate and provide materials in the Child and Youth lobbies, such as coloring books, to entertain kids and make these spaces more kid friendly.
4. While many Center staff were found to be friendly, inviting and helpful, there were a couple of exceptions. Training will be provided to front desk staff to ensure they are treating all persons seeking care with dignity, respect and kindness.
5. Management was intrigued by the idea of having a Peer-led training in New Employee Orientation about the role of the Peer in recovery and will seek a peer to provide this training.

The following Prosumers recommendations can be implemented in the next 18 months:

1. It is clear from the Prosumers report that we need to reevaluate Peer job descriptions to ensure that they are in line with the certifications that Peers receive. While we do not believe that anything in our job descriptions violate current human resources law (e.g. ADA), we do have our current peers meeting the same requirements as other staff and these expectations may need to be adjusted to bring in line with Certified Peer expectations. Prosumers cited a series of peer

ethics concerns as a part of this set of recommendations which will need to be evaluated. To accomplish this, we will assign a staff person, with assistance from one of our current peers, to study Peer certification and make recommendations for job description changes.

2. Prosumers has indicated that we should “identify written curricula for training” that Peer providers can use in their work. Tri-County accepts this recommendation and will assign a staff to research curricula and make appropriate changes.
3. Two of our current Peers, a Peer that works in Supported Employment and a Peer that works in Care Coordination, were found by Prosumers to be working in positions which were inconsistent with the Peer role. Tri-County staff feel that having persons with lived-experience in these roles has been helpful to persons served, and in fact these peers have been stable members of these teams. As job descriptions are reviewed to ensure alignment with Certified Peer expectations, this item will be further reviewed.
4. Staff are intrigued by the idea of using a volunteer program to develop future peers and will begin reviewing our volunteer policy for possible modification.
5. A new Cleveland Service Facility is currently being designed by the Center and we expect to break ground on the facility by the Summer of 2023. This facility has been designed with lessons learned about what our persons served enjoy about our newer facilities including ensuring open spaces and ensuring persons served feel safe and secure. We believe this will go a long way toward addressing consumer concerns about the Cleveland facility.
6. Management staff have been working on a plan to add Peer greeters at our clinics, but a further Peer workforce needs to be developed to meet this objective.

The following Prosumers recommendations require further study or will require significant time to change:

1. Several comments were made about providing a “living wage” for peers that work for Tri-County. As further indicated in the report however, many of our peers are working part-time and do not wish to make too much income because they could put their Social Security Disability benefits in jeopardy. Further, while a “living wage” was not defined by Prosumers, it is uncertain if the current Peer services rate will fully support this recommendation. Further study is needed. It should be noted that current salaries are in line with other Texas Community Centers for these roles.
2. While we support the idea of identified space in our facilities for Peer-led services, finding this space in all of our service locations has not been easy to identify. Staff are leery about setting up further programming that primarily serves our largest clinic, Conroe, and further study will be required. It is possible that we could set up a virtual peer program, but again this would only benefit a small portion of our current peers because of insufficient internet access. More study is needed.
3. We are planning for a new Huntsville Clinic in the next five years which will be designed to provide the type of openness and friendliness that we have in Conroe. In the interim, we will look at projects which can be used to improve our current space.
4. One of the items of great concern in the Prosumers report was the use of non-licensed Security guards at our buildings and/or the need for law enforcement at our facilities. While we are aware of the trauma experienced by many in the mental health system related to law enforcement interactions, feedback from our staff and consumers has been that additional, not less, security is needed. At this time, we will take this feedback under further consideration.

Agenda Item: Community Resources Report

Board Meeting Date:

April 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

March 24, 2023 – April 27, 2023

Volunteer Hours:

Location	March
Conroe	109.90
Cleveland	.50
Liberty	26.50
Huntsville	7
Total	143.90

COMMUNITY ACTIVITIES:

3/24/23	Leadership Education in Neurodevelopment & Related Disabilities (LEND) Seminar - Demystifying State Agencies - Dr. Maria Quintero-Conk Annual Lecture	Conroe
3/24/23	Fatherhood Advisory Committee - Motivation, Education and Training	Cleveland
3/24/23	Conroe Noon Lions Club Community Fair Day	Conroe
3/24/23	Veteran Couples Workshop	Conroe
3/27-3/30/23	Military Veteran Peer Network and Texas Veterans Commission Annual Conference	Dallas
3/28/23	Dispute Resolution Bookmark Judging	Conroe
3/28/23	Civil Service Commissioners Meeting	Conroe
3/28/23	Walker County Community Resource Collaboration Group	Huntsville
3/28/23	Liberty County Mental Health Issues Stakeholder Meeting	Liberty
3/28/23	HHS Office of Disability Prevention for Children Statewide Conference - Virtual	Conroe
3/28/23	Crisis Intervention Training – Texas Commission on Law Enforcement (CIT/TCOLE) for Montgomery County Sheriff's Department	Conroe
3/29/23	Conroe Noon Lions Club Luncheon	Conroe
3/29/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
3/29/23	Harris County Jail Based Competency Restoration Tour	Houston
3/30/23	Magnolia ISD Resource Fair	Magnolia
3/30/23	Conroe Hispanic Chambers of Commerce Networking Event	Conroe
3/30/23	HHSC Employment First Training - IDD	Conroe
3/31/23	Walker County Juvenile Services Staffing	Huntsville
4/2/23	Behavioral Health Suicide Prevention Task Force - Military Connected Subgroup Meeting	Conroe
4/3/23	Hero Project Veteran Service Organization Network Luncheon	Conroe

4/3/23	Veterans of Foreign Wars Monthly Meeting	Liberty
4/4/23	First Episode Psychosis Meeting with Lone Star Family Health Community Outreach	Conroe
4/5/23	Conroe Noon Lions Club Luncheon	Conroe
4/5/23	Lone Star Community College Healthier University Fair	Tomball
4/5/23	Sam Houston State University Health Fair	Huntsville
4/6/23	Lone Star Community College Healthier University Fair	The Woodlands
4/10/23	Conroe Homeless Coalition Meeting	Conroe
4/10/23	Huntsville ISD Student Threat Assessment Team Meeting	Huntsville
4/11/23	Conroe Rotary Club Meeting	Conroe
4/11/23	American Legion Monthly Meeting	Conroe
4/11/23	IDD Authority LIDDA/Provider Meeting	Conroe
4/11/23	Behavioral Health Suicide Prevention Task Force First Responder Meeting - Virtual	Conroe
4/12/23	Conroe Noon Lions Club Luncheon	Conroe
4/12/23	Voyages Hospital Open House	Conroe
4/13/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
4/13/23	Mental Health First Aid Community Presentation	Conroe
4/14/23	Rusk State Hospital Continuity of Care Meeting - Virtual	Conroe
4/15/23	Military Child Appreciation Luncheon	The Woodlands
4/17/23	University/Community Collaboration Meeting - Department of Criminal Justice & Criminology SHSU	Huntsville
4/18/23	Huntsville ISD Student Health Advisory Committee	Huntsville
4/18/23	Montgomery County Community Resource Collaboration Group	Conroe
4/18/23	Conroe Rotary Club Meeting	Conroe
4/18/23	Careers in the Mental Health Field Presentation to Lone Star College Human Services Students	The Woodlands
4/19/23	Conroe Noon Lions Club Luncheon	Conroe
4/19/23	Behavioral Health Suicide Prevention Task Force - Neurodiversity/Special Needs Work Group - Virtual	Conroe
4/20/23	Behavioral Health Suicide Prevention Task Force	Conroe
4/20-4/22/23	Texas Crisis Intervention Team Conference	Sugar Land
4/22/23	Military Veteran Peer Network Volunteer and Mentor Appreciation Luncheon	Conroe
4/22/23	Interfaith Health Kids Fest - Travis Intermediate School	Conroe
4/25/23	Texas Commission on Law Enforcement (TCOLE) Mental Health Training for Montgomery County Jail Officers	Conroe
4/25/23	Walker County Community Resource Collaboration Group	
4/26/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
4/26/23	Conroe Noon Lions Club Luncheon	Conroe

UPCOMING ACTIVITIES:

4/28/23	Creighton Elementary School Carnival Night	Conroe
4/28/23	Walker County Juvenile Services Staffing	Huntsville
4/29/23	KidzFest Booth	Conroe
4/29/23	Rural Veteran Round Up Resource Fair	Liberty
4/29/23	The Woodlands Get Ready Community Event	The Woodlands
4/29/23	"In a Different Key" Screening - Panel Participation at Lone Star College	The Woodlands
5/3-5/4/23	McCullough 8 th Grade Mental Health Presentations	The Woodlands
5/4/23	Liberty County Mental Health Issues Stakeholder Meeting	Liberty
5/10/23	Conroe Noon Lions Club Luncheon	Conroe
5/11/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
5/16/23	Montgomery County Community Resource Collaboration Group	Conroe
5/17/23	Huntsville ISD Student Threat Assessment Team Meeting	Huntsville
5/17/23	Conroe Noon Lions Club Luncheon	Conroe
5/18/23	Behavioral Health Suicide Prevention Task Force	Conroe
5/24/23	Conroe Noon Lions Club Luncheon	Conroe
5/26/23	Walker County Juvenile Services Staffing	Huntsville
5/30/23	Behavioral Health Suicide Prevention Task Force First Responder Meeting - Virtual	Conroe
5/31/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe

Agenda Item: Consumer Services Report for March 2023

Board Meeting Date:

April 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for March 2023

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT
March 2023

Crisis Services, MH Adults/Children	MONTGOMERY COUNTY	PORTER	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Persons Screened, Intakes, Other Crisis Services	630	25	57	41	71	824
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	52	0	4	0	10	66
Child and Youth Contract Hospital Admissions	1	1	1	1	0	4
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)	1238	0	144	102	182	1666
Adult Medication Services	954	0	116	77	145	1292
Child Levels of Care (LOC 1-4, YC, YES, TAY, RTC, FEP)	464	322	38	32	97	953
Child Medication Services	240	116	16	14	30	416
TCOOMMI (Adult Only)	104	0	14	16	12	146
Adult Jail Diversions	1	0	0	0	0	1
Persons Served by Program, IDD						
Number of New Enrollments for IDD Services	9	0	0	0	1	10
Service Coordination	599	0	19	22	61	701
Persons Enrolled in Programs, IDD						
Center Waiver Services (HCS, Supervised Living)	23	0	4	13	17	57
Substance Use Services						
Children and Youth Prevention Services	26	416	0	0	15	457
Youth Substance Use Disorder Treatment Services/COPSD	19	0	0	0	0	19
Adult Substance Use Disorder Treatment Services/COPSD	38	0	1	0	4	43

Waiting/Interest Lists as of Month End						
Home and Community Based Services Interest List	1742	0	156	134	201	2233
SAMHSA Grant Served by County						
SAMHSA CCBHC Served	106	20	54	3	24	207
SAMHSA CMHC Served	428	0	12	21	13	474
March Served by Service Area						
Adult Mental Health Services	1639	0	172	131	257	2199
Child Mental Health Services	648	348	67	40	113	1216
Intellectual and Developmental Disabilities Services	702	0	32	45	74	853
Total Served by Service Area	2989	348	271	216	444	4268
February Served by Service Area						
Adult Mental Health Services	1610	0	177	134	231	2152
Child Mental Health Services	652	357	73	39	101	1222
Intellectual and Developmental Disabilities Services	658	0	33	59	61	811
Total Served by Service Area	2920	357	283	232	393	4185

Agenda Item: Program Updates

Board Meeting Date:

April 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

March 24, 2023 – April 27, 2023

Crisis Services

1. We have five CIT/CIRT staff partnering with three local law enforcement agencies. The goals of the CIT/CIRT staff are to provide crisis services to individuals in the community and, when appropriate, divert these individuals from jails, emergency rooms, and the PETC.
2. We have three out of 12 positions open in Crisis Access: an MCOT night staff, an MCOT day staff and a Crisis Coordinator/Supervisor position.
3. In March, we provided a total of 349 crisis assessments; 34.7% of these were for involuntary clients and 27.2% were for youth. Of the total number of crisis assessments, 42.4% were with individuals who were new to the Tri-County system during the month of March.
4. In the month of March, 85 individuals (81 adults and four youth) were provided with Tri-County funded hospital admissions: 67% were for Montgomery County residents, 11.8% of these were for residents of Walker County, and 9.4% were residents of Liberty County, and 11.8% were for individuals who live in counties that are outside of the Tri-County service area. While 11.8% is still a relatively high percentage of the total admissions, we had a 4.3% reduction for individuals admitted to contract beds who live outside our service area, when compared with February, 2023.

MH Adult Services

1. We are seeing an increase in the number of clients that are experiencing homelessness coming in through intake. We had 20 individuals connected with our homeless services program, PATH, during the month of March.
2. The Adult Outpatient team will be participating in clinical trainings aimed towards addressing Social Determinants of Health with Supported Housing and Supportive Employment services. Other Clinical learning opportunities include Crisis Prevention, and Time Management in Case Management Services.
3. We are experiencing some growth in our Rural Clinic Coordinator roles. Our Liberty RCC recently became a fully Licensed Professional Counselor and can now perform more clinical interventions. We have hired a new RCC for Huntsville, who has a background in working with justice-involved mental health clients, and we are looking forward to getting more support to one of our busiest clinics.

MH Child and Youth Services

1. Our Meet and Greet with UT Health Houston for the Community Psychiatry Workforce Expansion (CPWE) project is on May 9th. Dr. Oyelakin, the psychiatrist who will be leading this project will receive training, receive her equipment, and meet our team, including our Child and Youth psychiatrists. She will start providing services in July. The residents that she will supervise will start providing services for us in September.

2. We ran out of cubicle space for the C&Y Mental Health Specialists because we had to add more positions to serve our growing population and because we are finally having success recruiting. As a solution to this space problem, we are allowing our top performers to office out of their home if they live in their service area.
3. With improved staffing coverage, we are running into multiple issues with schools struggling with the amount of staff we have going into their schools. The C&Y supervisors work very hard to consolidate caseloads so that the fewest number of staff visit each school as possible, but we have so many students receiving services at some schools that it can take several staff to cover each campus. As a result, our supervisors are working with staff to schedule different days of the week to visit those schools.

Criminal Justice Services

The number of Mental Health inmates at the Montgomery County Jail is climbing, resulting in increased coordination of care efforts including sharing medication records, Continuity of Care services, and assistance with care before and after Competency Restoration. The Jail Services Liaison coordinated care for 318 individuals in March.

Substance Use Disorder Services

1. We have recently had multiple individuals successfully complete our SUD Program, both adult and youth. In order to officially be discharged with a "successful completion," there are many boxes that have to be checked and specific items that have to be fulfilled. This shows that our substance use team is working hard to help our clients be successful in their recovery journeys.
2. Our Prevention Team has been working hard to meet contract targets for adult presentations and activities. We are reaching the parents of kids on probation, parents that attend school events, and adults that work with children in the school and other child-serving organizations. We are continuously looking for opportunities to reach more adults about the current trends and risks associated with vaping and other drug use in our community.
3. We are gearing up for the summer by planning prevention education groups for kids admitted in mental health services. Not only do the kids that we serve need this information, but this will also allow us to catch up on contract targets after falling behind when we experienced staff shortages earlier this year.
4. We are wrapping up school prevention education groups across our service area and trying to get all of the sessions in by the end of the school year. The beginning and the end of the school year are the busiest times for this team.

IDD Services

1. Direct Care Provider coverage continues to be a challenge. It is hoped that providing a \$4 per hour ARPA-funded premium pay stipend for hours worked will assist us in recruiting and retaining staff.
2. Individualized Skills and Socialization operations is going well, but there are still a few procedures to update and processes to put in place.

3. IDD Authority Services has submitted a proposal to HHSC that will allow us to utilize funding set aside for Local Intellectual and Developmental Disability Authorities (LIDDAs) via the American Rescue Plan Act of 2021 (ARPA), to address the high number of individuals waiting for a Determination of Intellectual Disability (DID) assessment and, therefore, awaiting access to Home and Community Based Services (HCBS). Currently there are over 9,000 individuals, statewide, awaiting a DID, and this program will allow LIDDAs to offer additional payments for DID assessments or endorsements and to hire temporary or contracted authorized providers to conduct these assessments or endorsements. Conducting these assessments will assist individuals with IDD to more quickly access HCBS. Tri-County's DID backlog is minimal compared to other LIDDAs.
4. IDD Authority Services continues to face workforce challenges and is working to fill four open positions; IDD Lead SC III (1), IDD Case Manager (2), PASRR MH SC (1), and Support Staff (1).

Support Services

1. Quality Management (QM):

- a. Staff prepared and submitted two record requests to three insurance companies totaling four charts, for records dating back to January 1, 2022.
- b. In addition to routine and ongoing quality assurance of documentation, staff reviewed 30 progress notes, prior to billing, to ensure compliance. Additional training and follow up was provided to staff and supervisors when needed.
- c. Staff prepared and submitted client records for the HHSC led Independent Peer Review audit and met with HHSC to discuss results on April 24, 2023.
- d. The Administrator of Quality Management completed a program survey of the Veteran's services and provided feedback to program managers. Findings were minimal for this program and responses from individuals served were extremely positive.
- e. Staff worked alongside the Veteran's department to prepare documents requested for the BeWellTX Veterans audit which was submitted by the due date of April 7, 2023.
- f. Staff have been working on gathering and submitting documents in preparation for the HHSC comprehensive QM audit which is scheduled to begin on May 15th.
- g. Staff received a notification for a YES Waiver audit on April 14, 2023 to begin on May 15, 2023. The Center has formally requested an extension in order to complete the remaining audits prior to beginning a fourth request.
- h. The Continuous Quality Improvement committee meets regularly with their last meeting held on April 21, 2023. The committee looks for opportunities to implement a trauma informed evidence based curriculum into our services in a way that does not conflict with contract requirements in order to continue to affect several of the current goals including suicide reduction, reduction of 30 day hospital readmissions, and improvement of show rates.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all Center discharges for March to ensure appropriateness and that proper notification and appeal forms were provided. Follow up with staff was provided as needed to ensure quality improvement.

- b. Staff reviewed 48 notes that utilized the COPSD Modifier for quality assurance purposes with only one quality improvement recommendation made as a result of the review.
- c. The Data Analyst position has been filled and staff is currently undergoing training. This position is integral to identifying high risk individuals within our system of care and connecting them with our Enhanced Care Coordination Team.

3. Training:

- a. The Training Department along with the Human Resources Department prepared personnel documents to provide to Quality Management for the HHSC Comprehensive QM Audit.
- b. The Training Department is working with Center leadership to develop a training plan for the Community Psychiatry Workforce Expansion (CPWE) project.

4. Veteran Services and Veterans Counseling/Case Management

- a. The department is excited to report we have filled our Case Manager position. The staff is wrapping up new employee orientation and is super excited to begin working with our veterans and their families. We have begun to receive applications for our final therapist opening and we are hopeful to have the position filled within a few weeks.
- b. Staff attended the Texas Veterans Mental Health Department Conference in The Woodlands. The Conference is focused on finding and accessing local mental health resources and referrals.

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

- a. The IDD PNAC met on April 26, 2023 to review the findings to date from the Local Planning meetings and surveys.
- b. The MH PNAC is actively seeking referrals for potential members with either a family member in services or with lived experience with a mental health or substance use condition.

6. Community Activities

- a. Staff were invited to judge the annual Dispute Resolution Bookmark Contest that consisted of over 1,400 entries from Conroe ISD students ages K-8th grade. The winners were chosen and will be invited to Judge Kathleen Hamilton's courtroom where she will present each with a monetary prize and a new book. In addition, all 1st place winners will have their bookmarks printed and given out to their entire school.
- b. Staff have attended numerous community health fairs including the Sam Houston State University School of Nursing Health Fair, Healthier U Expo in Tomball, and the Healthier U Expo at Lone Star College Montgomery.
- c. The Mental Health First Aid Department provided four trainings to include: Veterans and their families at Hearts Museum, two YMHFA open to the community, an adult MHFA training for all staff at Volunteers of America, and an Adult MHFA for SHSU College of Osteopathic Medicine students.

Agenda Item: Personnel Report for March 2023

Board Meeting Date:

April 27, 2023

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for March 2023

Recommended Action:

For Information Only

Personnel Report

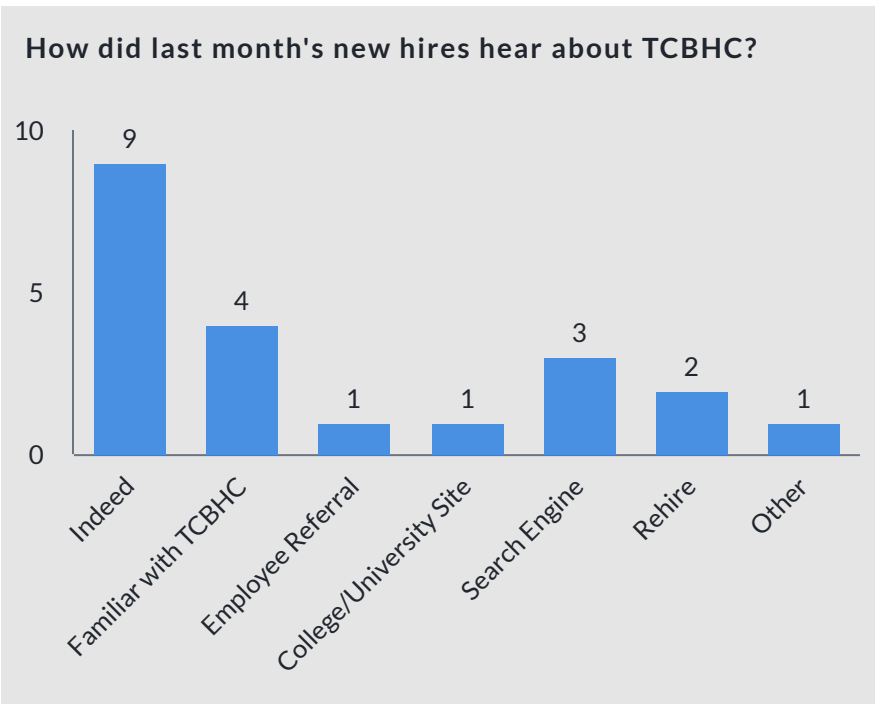
FY23 | March 2023



OVERVIEW

NEW HIRES March 22 POSITIONS YTD 103 POSITIONS	SEPARATIONS March 11 POSITIONS YTD 69 POSITIONS	Vacant Positions 106 Frozen Positions 0	Newly Created Positions 2 Total Budgeted Positions 493
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RECRUITING



APPLICANTS

March Total Applicants	407
YTD Applicants	2026

CURRENT OPENINGS

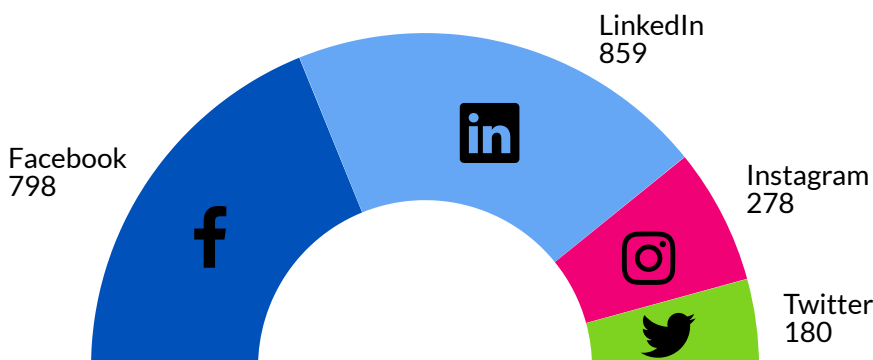
VACANCIES BY LOCATION

CONROE	56
PETC	27
HUNTSVILLE	8
CLEVELAND	7
LIBERTY	6
PORTER	2

JOB FAIRS

Sam Houston State University - Criminal Justice	3/1/2023
Sam Houston State University - Social Services	3/2/2023
PETC Job Fair	3/9/2023
Houston Community College	3/23/2023
Sam Houston State University - Health Sciences	3/29/2023

SOCIAL MEDIA FOLLOWERS



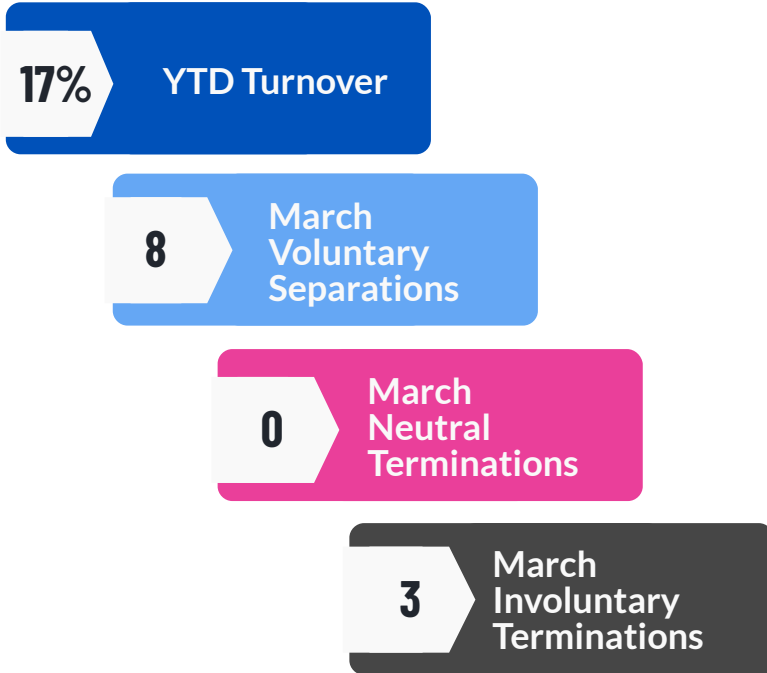
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, Crisis and C&Y)	38
Direct Care Provider	12
Psychiatric Nursing Assistant	10
Registered Nurse	8
Licensed Vocational Nurse	5

Exit Data

FY23 | March 2023

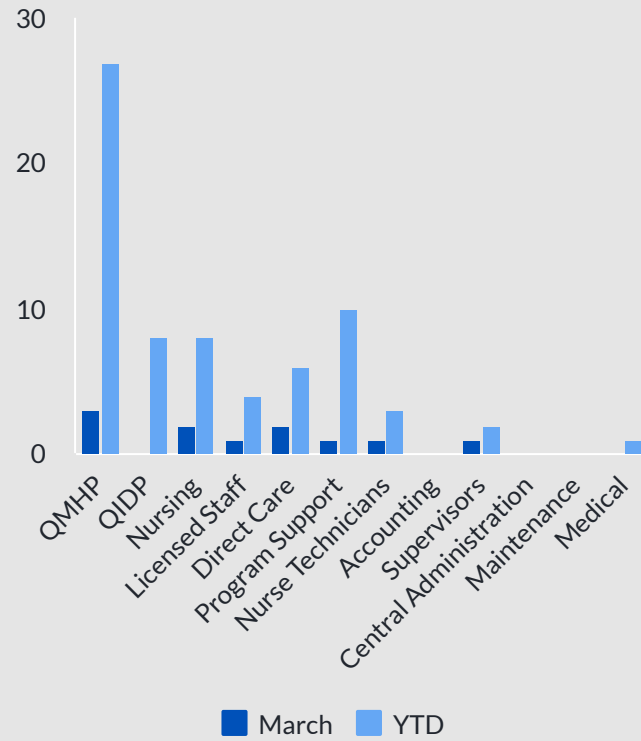
Exit Stats at a Glance



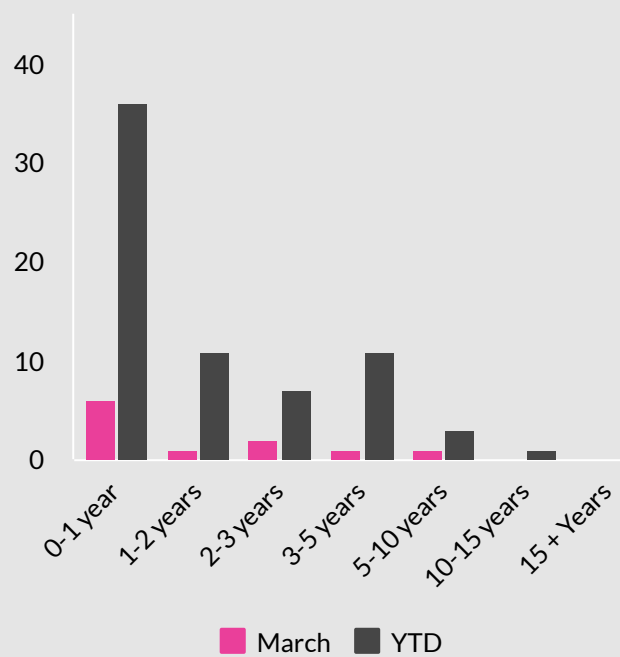
YTD Top Reasons for Separations

- 1 Personal/Family, includes Relocating
- 2 Another Job
- 3 Better Pay
- 4 Involuntarily Terminated
- 5 Health

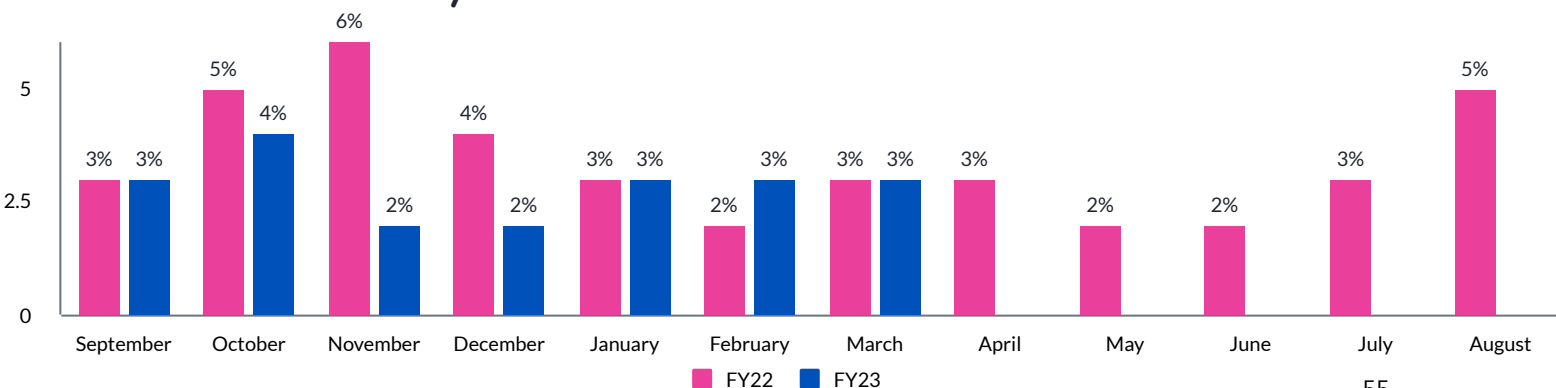
Separations by Category



Separations by Tenure



Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of March 2023

Board Meeting Date:

April 27, 2023

Committee: Executive

Background Information:

None

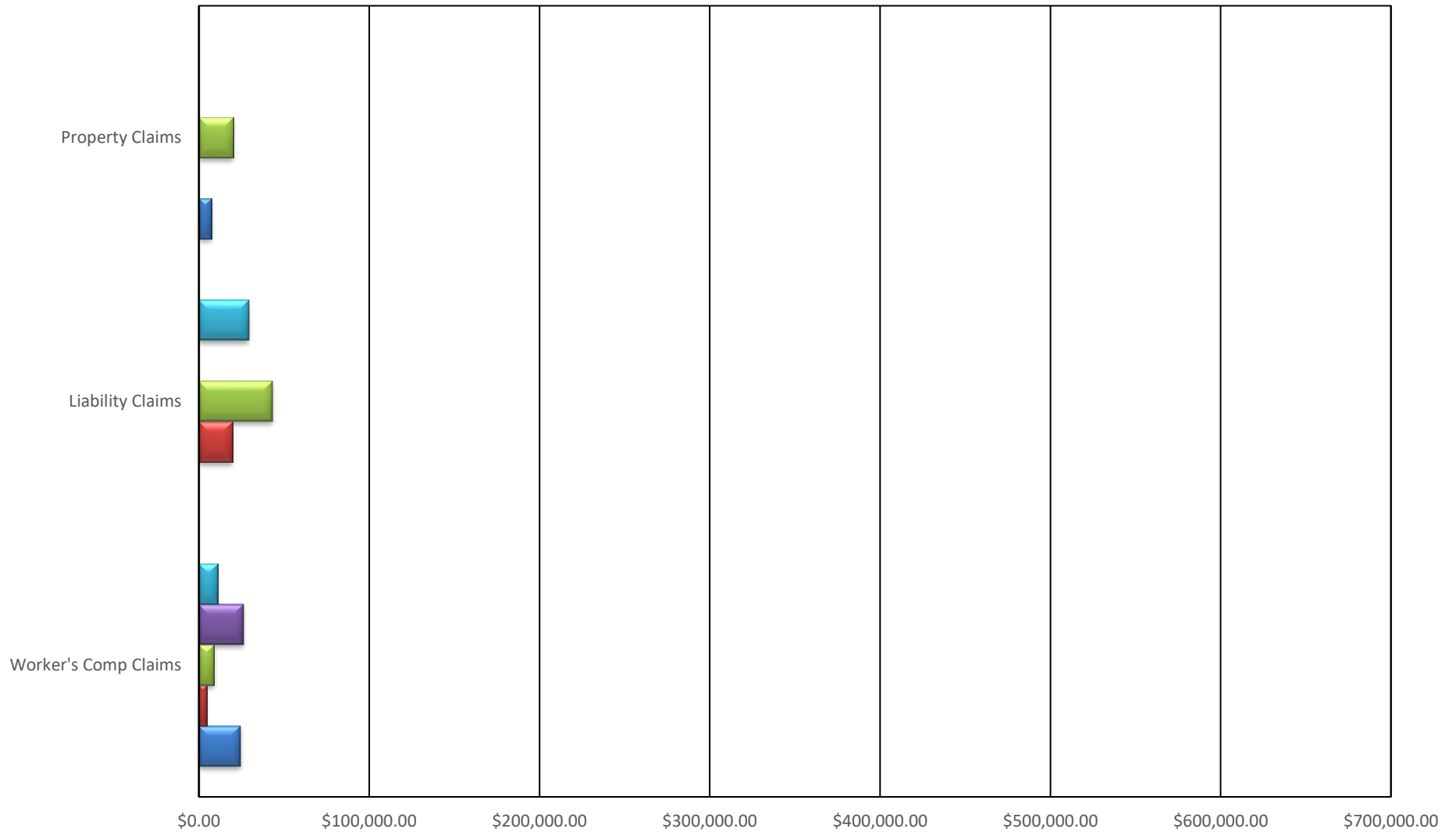
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of March 2023

Recommended Action:

For Information Only

TCRMF Claims Summary March 2023



	Worker's Comp Claims	Liability Claims	Property Claims
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$26,111.00	\$0.00	\$0.00
2021	\$8,860.00	\$43,299.00	\$20,074.00
2022	\$4,619.00	\$19,445.00	\$0.00
2023	\$24,579.00	\$0.00	\$7,381.00

Agenda Item: Approve March 2023 Financial Statements Committee: Business	Board Meeting Date April 27, 2023
Background Information: None	
Supporting Documentation: March 2023 Financial Statements	
Recommended Action: Approve March 2023 Financial Statements	

March 2023 Financial Summary

Revenues for March 2023 were \$8,111,221 and operating expenses were \$3,627,877 resulting in a gain in operation of \$4,483,344. Capital Expenditures and Extraordinary Expenses for March were \$298,379 resulting in a gain of \$4,184,964. Total revenues were 103.26% of the monthly budgeted revenues and total expenses were 95.96% of the monthly budgeted expenses (difference of 7.30%).

Year to date revenues are \$28,866,518 and operating expenses are \$23,088,665 leaving excess operating revenues of \$5,777,853. YTD Capital Expenditures and Extraordinary Expenses are \$1,316,822 resulting in a gain YTD of \$4,461,031. Total revenues are 101.33% of the YTD budgeted revenues and total expenses are 98.83% of the YTD budgeted expenses (difference of 2.50%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX - Case Management MH	317,011	355,552	89.16%	38,540
Title XIX - Rehab	850,510	920,567	92.39%	70,057

Title XIX - Case Management MH and Title XIX - Rehab – Both of these line items are earned revenue and continue to be trending well below the historical trends that we saw prior to COVID. Staff vacancies are decreasing in some areas but we are still in the ramp up and training phase of the new staff. Normally if we can keep the new hires, it takes up to six months for staff to get settled into revenue production.

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 - Furniture & Equipment	53,684	11,925	450.18%	41,759
Legal Fees	23,599	12,250	192.64%	11,350

Fixed Assets – Furniture & Equipment – This line item is from the purchase of furniture for the Crisis building after the renovations were completed at the front of the PETC.

Legal Fees - This line item is trending higher due to needing additional legal services this year for property purchases and the many contracts for various projects occurring this fiscal year, such as Cleveland architect and the renovations at the PETC location.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 2023**

ASSETS	TOTALS COMBINED FUNDS March 2023	TOTALS COMBINED FUNDS February 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,050	2,050	-
Cash on Deposit - General Fund	12,440,057	6,982,494	5,457,563
Cash on Deposit - Debt Fund			-
Accounts Receivable	8,038,311	7,835,996	202,315
Inventory	530	656	(126)
TOTAL CURRENT ASSETS	20,480,948	14,821,196	5,659,752
FIXED ASSETS	21,487,943	21,488,095	(152)
OTHER ASSETS	285,056	278,969	6,087
TOTAL ASSETS	\$ 42,253,947	\$ 36,588,260	\$ 5,665,688
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,772,296	1,848,408	(76,112)
NOTES PAYABLE	694,011	694,011	-
DEFERRED REVENUE	5,279,082	3,568,003	1,711,079
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,890,617	9,939,157	(48,540)
Guaranty Bank & Trust Loan	1,760,899	1,766,510	(5,611)
Lease Liability	448,112	448,112	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	4,461,031	276,067	4,184,964
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,099,628)	(12,153,779)	54,151
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	21,488,095	21,488,095	-
Reserved for Vehicles & Equipment Replacement	613,711	613,711	-
Reserved for Facility Improvement & Acquisitions	1,554,642	1,715,052	(160,410)
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	43,167	37,000	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(694,010)	(694,010)	-
UNASSIGNED			
Unrestricted and Undesignated	4,664,837	4,664,837	-
TOTAL LIABILITIES/FUND BALANCE	\$ 42,253,946	\$ 36,588,259	\$ 5,665,689

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 2023**

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,050	1,750
Cash on Deposit - General Fund	12,440,057	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	8,038,311	6,824,724
Inventory	530	1,649
TOTAL CURRENT ASSETS	20,480,948	12,457,998
FIXED ASSETS	21,487,943	21,488,094
OTHER ASSETS	285,056	247,899
Total Assets	\$ 42,253,948	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,772,296	2,029,164
NOTES PAYABLE	694,011	694,011
DEFERRED REVENUE	5,279,082	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,890,617	10,202,342
Guaranty Bank & Trust Loan	1,760,899	1,800,620
Lease Liability	448,112	448,112
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	4,461,031	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,099,628)	(12,451,074)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	21,488,095	21,488,094
Reserved for Vehicles & Equipment Replacement	613,711	613,712
Reserved for Facility Improvement & Acquisitions	1,554,642	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	43,167	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(694,010)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,664,837	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 42,253,948	\$ 34,193,991

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended March 2023
and Year To Date as of March 2023

INCOME:	MONTH OF March 2023	YTD March 2023
	<u> </u>	<u> </u>
Local Revenue Sources	100,746	2,531,916
Earned Income	6,352,824	16,367,266
General Revenue - Contract	1,657,651	9,967,336
TOTAL INCOME	<u>\$ 8,111,221</u>	<u>\$ 28,866,518</u>
EXPENSES:		
Salaries	2,219,234	13,147,542
Employee Benefits	389,916	2,431,413
Medication Expense	42,244	287,711
Travel - Board/Staff	34,427	208,322
Building Rent/Maintenance	41,082	212,490
Consultants/Contracts	651,098	4,879,928
Other Operating Expenses	249,876	1,921,259
TOTAL EXPENSES	<u>\$ 3,627,877</u>	<u>\$ 23,088,665</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 4,483,344</u>	<u>\$ 5,777,853</u>
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	211,348	735,517
Capital Outlay - Debt Service	87,031	581,305
TOTAL CAPITAL EXPENDITURES	<u>\$ 298,379</u>	<u>\$ 1,316,822</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,926,256</u>	<u>\$ 24,405,487</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 4,184,964</u>	<u>\$ 4,461,031</u>

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	581,305
Excess (Deficiency) of Revenues over Expenses	<u>87,031</u>	<u>581,305</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of March 2023

	YTD March 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,531,916	2,485,874	46,042
Earned Income	16,367,266	16,034,236	333,030
General Revenue	9,967,336	9,967,143	193
TOTAL INCOME	\$ 28,866,518	\$ 28,487,253	\$ 379,265
EXPENSES:			
Salaries	13,147,542	13,478,375	(330,833)
Employee Benefits	2,431,413	2,488,889	(57,476)
Medication Expense	287,711	289,931	(2,220)
Travel - Board/Staff	208,322	202,012	6,310
Building Rent/Maintenance	212,490	213,051	(561)
Consultants/Contracts	4,879,928	4,895,656	(15,728)
Other Operating Expenses	1,921,259	1,851,034	70,225
TOTAL EXPENSES	\$ 23,088,665	\$ 23,418,948	\$ (330,282)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 5,777,853	\$ 5,068,305	\$ 709,547
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	735,517	693,265	42,252
Capital Outlay - Debt Service	581,305	581,303	2
TOTAL CAPITAL EXPENDITURES	\$ 1,316,822	\$ 1,274,568	\$ 42,254
GRAND TOTAL EXPENDITURES	\$ 24,405,487	\$ 24,693,516	\$ (288,028)
Excess (Deficiency) of Revenues and Expenses	\$ 4,461,031	\$ 3,793,736	\$ 667,294

Debt Service and Fixed Asset Fund:			
Debt Service	581,305	581,303	2
Excess(Deficiency) of Revenues over Expenses	581,305	581,303	2

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended March 2023

INCOME:	MONTH OF March 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	100,746	113,904	(13,158)
Earned Income	6,352,824	5,947,571	405,253
General Revenue-Contract	1,657,651	1,793,796	(136,145)
TOTAL INCOME	\$ 8,111,221	\$ 7,855,271	\$ 255,950
EXPENSES:			
Salaries	2,219,234	2,375,817	(156,583)
Employee Benefits	389,916	419,609	(29,693)
Medication Expense	42,244	44,419	(2,175)
Travel - Board/Staff	34,427	30,573	3,854
Building Rent/Maintenance	41,082	36,550	4,532
Consultants/Contracts	651,098	672,891	(21,793)
Other Operating Expenses	249,876	238,854	11,022
TOTAL EXPENSES	\$ 3,627,877	\$ 3,818,714	\$ (190,835)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 4,483,344	\$ 4,036,557	\$ 446,785
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	211,348	185,919	25,429
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 298,379	\$ 272,950	\$ 25,429
GRAND TOTAL EXPENDITURES	\$ 3,926,256	\$ 4,091,664	\$ (165,408)
Excess (Deficiency) of Revenues and Expenses	\$ 4,184,964	\$ 3,763,605	\$ 421,356

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD March 2022 Comparative Data
Year to Date as of March 2023

INCOME:	YTD March 2023	YTD March 2022	Increase (Decrease)
Local Revenue Sources	2,531,916	1,399,513	1,132,403
Earned Income	16,367,266	8,905,220	7,462,046
General Revenue-Contract	9,967,336	11,845,796	(1,878,460)
TOTAL INCOME	\$ 28,866,518	\$ 22,150,529	\$ 6,715,989
EXPENSES:			
Salaries	13,147,542	11,490,475	1,657,067
Employee Benefits	2,431,413	2,265,824	165,589
Medication Expense	287,711	336,160	(48,449)
Travel - Board/Staff	208,322	133,273	75,049
Building Rent/Maintenance	212,490	143,061	69,429
Consultants/Contracts	4,879,928	4,290,853	589,075
Other Operating Expenses	1,921,259	1,453,073	468,186
TOTAL EXPENSES	\$ 23,088,665	\$ 20,112,720	\$ 2,975,946
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 5,777,853	\$ 2,037,809	\$ 3,740,043
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	735,517	936,745	(201,228)
Capital Outlay - Debt Service	581,305	508,442	72,863
TOTAL CAPITAL EXPENDITURES	\$ 1,316,822	\$ 1,445,187	\$ (128,365)
GRAND TOTAL EXPENDITURES	\$ 24,405,487	\$ 21,557,907	\$ 2,847,580
Excess (Deficiency) of Revenues and Expenses	\$ 4,461,031	\$ 592,622	\$ 3,868,408

Debt Service and Fixed Asset Fund:			
Debt Service	581,305	508,442	72,863
Excess (Deficiency) of Revenues over Expenses	581,305	508,442	72,863

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2022 Comparative Data
For the Month ending March 2023

INCOME:	MONTH OF March 2023	MONTH OF March 2022	Increase (Decrease)
Local Revenue Sources	100,746	135,134	(34,388)
Earned Income	6,352,824	1,707,132	4,645,692
General Revenue-Contract	1,657,651	1,460,683	196,968
TOTAL INCOME	\$ 8,111,221	\$ 3,302,948	\$ 4,808,272
Salaries	2,219,234	1,726,612	492,622
Employee Benefits	389,916	330,232	59,684
Medication Expense	42,244	50,031	(7,787)
Travel - Board/Staff	34,427	25,557	8,870
Building Rent/Maintenance	41,082	14,158	26,924
Consultants/Contracts	651,098	594,375	56,723
Other Operating Expenses	249,876	258,971	(9,095)
TOTAL EXPENSES	\$ 3,627,877	\$ 2,999,937	\$ 627,941
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 4,483,344	\$ 303,012	\$ 4,180,331
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	211,348	230,314	(18,966)
Capital Outlay - Debt Service	87,031	80,053	6,978
TOTAL CAPITAL EXPENDITURES	\$ 298,379	\$ 310,366	\$ (11,988)
GRAND TOTAL EXPENDITURES	\$ 3,926,256	\$ 3,310,303	\$ 615,953
Excess (Deficiency) of Revenues and Expenses	\$ 4,184,964	\$ (7,354)	\$ 4,192,319

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	80,053	6,978
			-
Excess (Deficiency) of Revenues over Expenses	87,031	80,053	6,978

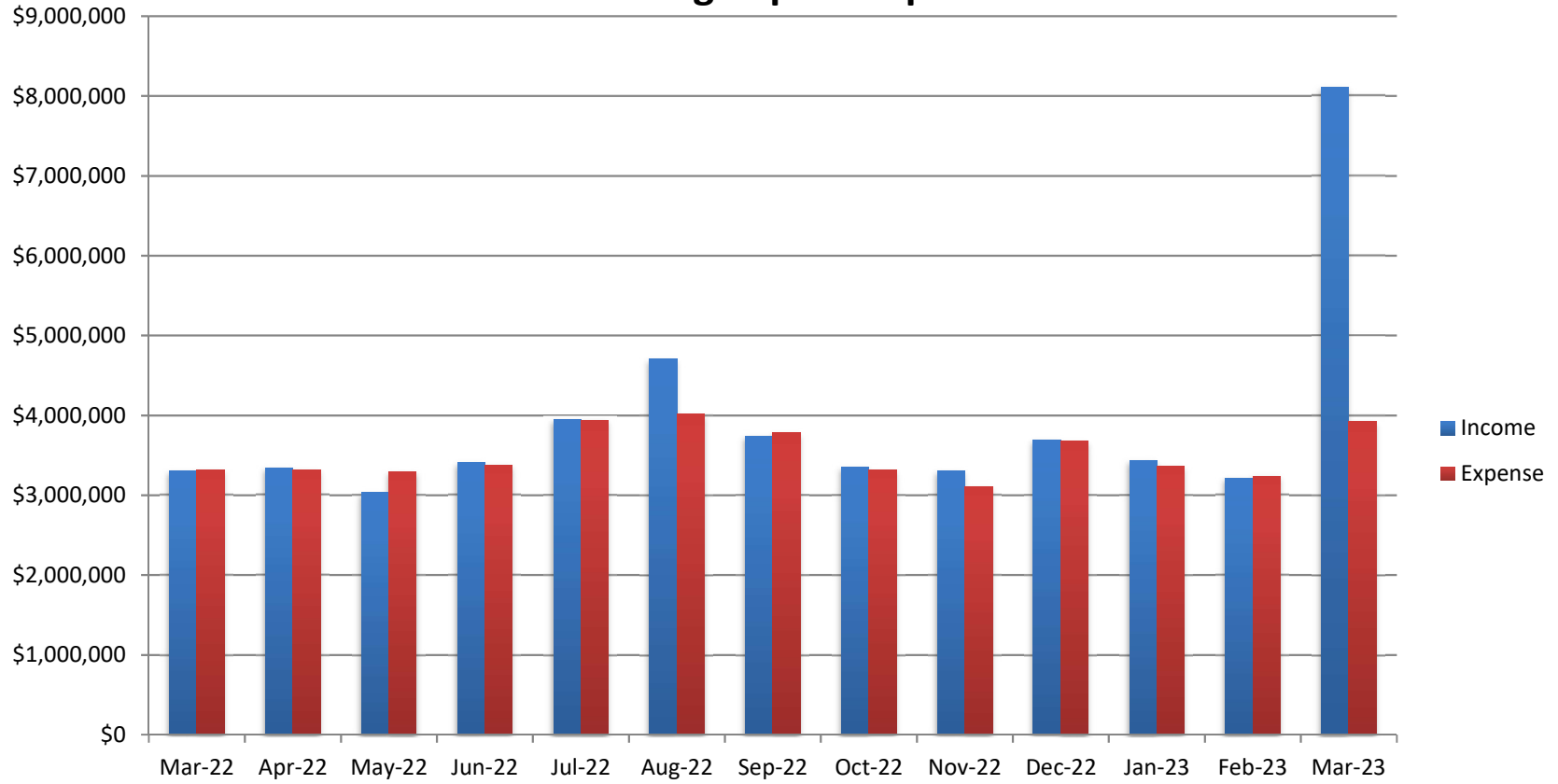
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2023 Comparative Data
For the Month Ended March 2023

INCOME:	MONTH OF March 2023	MONTH OF February 2023	Increase (Decrease)
Local Revenue Sources	100,746	1,312	99,434
Earned Income	6,352,824	1,901,845	4,450,979
General Revenue-Contract	1,657,651	1,313,548	344,103
TOTAL INCOME	\$ 8,111,221	\$ 3,216,705	\$ 4,894,516
EXPENSES:			
Salaries	2,219,234	1,733,186	486,048
Employee Benefits	389,916	333,527	56,389
Medication Expense	42,244	41,365	879
Travel - Board/Staff	34,427	29,859	4,568
Building Rent/Maintenance	41,082	43,052	(1,970)
Consultants/Contracts	651,098	676,739	(25,641)
Other Operating Expenses	249,876	216,846	33,030
TOTAL EXPENSES	\$ 3,627,877	\$ 3,074,574	\$ 553,303
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 4,483,344	\$ 142,131	\$ 4,341,213
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	211,348	78,384	132,964
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 298,379	\$ 165,415	\$ 132,964
GRAND TOTAL EXPENDITURES	\$ 3,926,256	\$ 3,239,989	\$ 686,267
Excess (Deficiency) of Revenues and Expenses	\$ 4,184,964	\$ (23,285)	\$ 4,208,249
Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

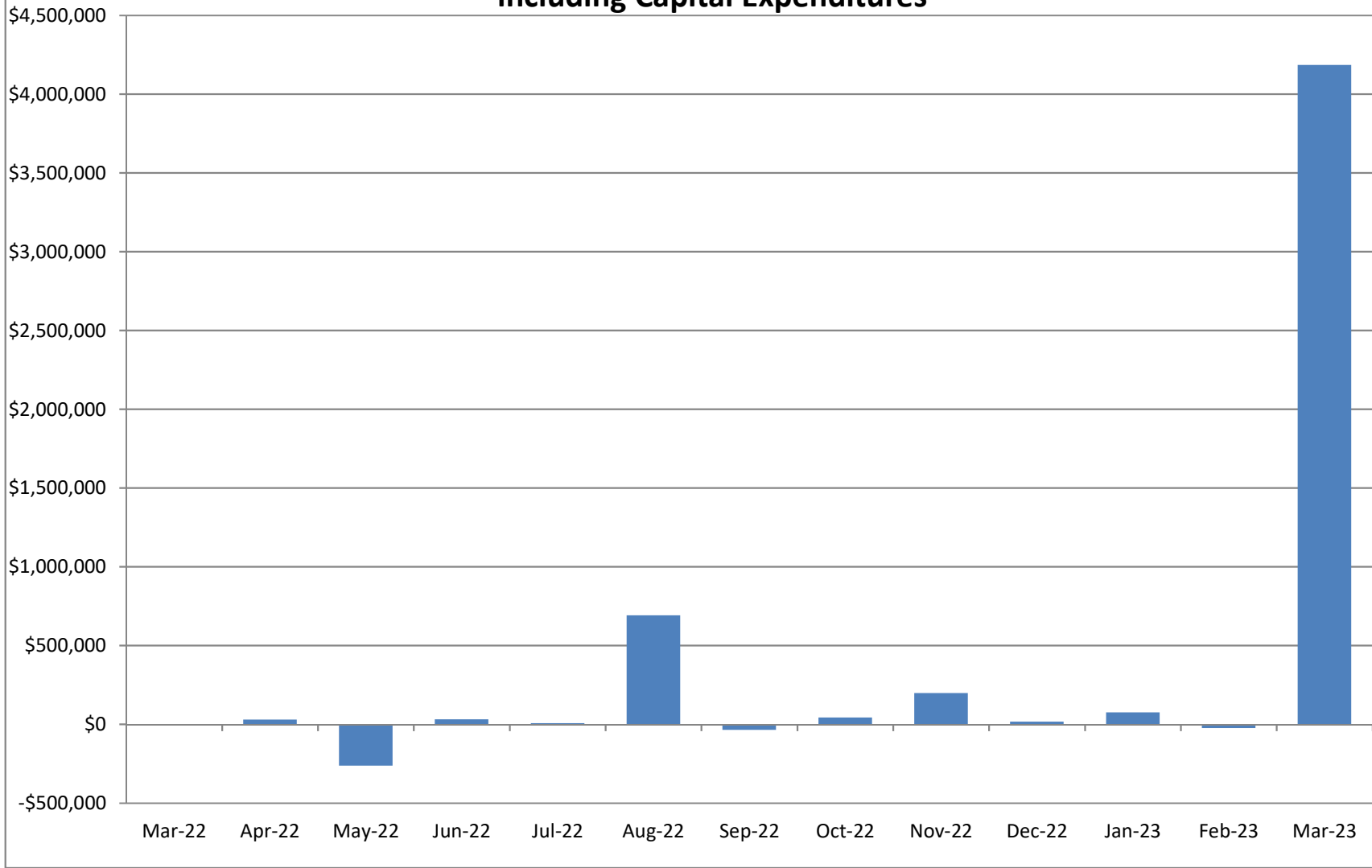
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of March 2023

	YTD Mental Health March 2023	YTD IDD March 2023	YTD Other Services March 2023	YTD Agency Total March 2023	YTD Approved Budget March 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,061,343	137,954	332,619	2,531,916	2,485,874	46,042
Earned Income	6,131,282	2,893,094	7,342,890	16,367,266	16,034,236	333,030
General Revenue-Contract	8,575,804	1,028,514	363,017	9,967,335	9,967,143	192
TOTAL INCOME	16,768,429	4,059,562	8,038,526	\$ 28,866,518	\$ 28,487,253	\$ 379,264
EXPENSES:						
Salaries	8,010,311	2,012,903	3,124,328	13,147,542	13,478,375	(330,833)
Employee Benefits	1,520,632	385,670	525,109	2,431,413	2,488,889	(57,476)
Medication Expense	244,729	-	42,982	287,711	289,931	(2,220)
Travel - Board/Staff	106,557	64,783	36,982	208,322	202,011	6,311
Building Rent/Maintenance	196,406	5,611	10,473	212,490	213,051	(561)
Consultants/Contracts	1,874,006	622,109	2,383,812	4,879,927	4,895,656	(15,729)
Other Operating Expenses	1,071,863	439,245	410,150	1,921,258	1,851,034	70,224
TOTAL EXPENSES	13,024,504	3,530,323	6,533,836	\$ 23,088,665	\$ 23,418,948	\$ (330,283)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	3,743,925	529,239	1,504,690	\$ 5,777,853	\$ 5,068,305	\$ 709,547
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	547,838	64,886	122,790	735,516	693,265	42,251
Capital Outlay - Debt Service	331,344	87,196	162,765	581,305	581,303	2
TOTAL CAPITAL EXPENDITURES	879,182	152,082	285,555	\$ 1,316,821	\$ 1,274,568	\$ 42,253
GRAND TOTAL EXPENDITURES	13,903,686 ##	3,682,405 ##	6,819,391	\$ 24,405,486	\$ 24,693,516	\$ (288,030)
Excess (Deficiency) of Revenues and Expenses	2,864,742	377,157	1,219,133	\$ 4,461,032 #	\$ 3,793,737	\$ 667,293
Debt Service and Fixed Asset Fund:						
Debt Service	879,182	152,082	285,555	1,316,821	1,274,568	42,255
Excess (Deficiency) of Revenues over Expenses	879,182	152,082	285,555	1,316,821	1,274,568	42,255

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS001022200037, Amendment No. 3

Board Meeting Date

April 27, 2023

Committee: Business

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

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

This contract amendment reduces Outpatient Competency Restoration funding by \$20,000 and increases our Private Psychiatric Bedday (PPB) funding by \$234,276 for a net contract increase of \$214,376. The additional PPB funding is intended to allow the Center to pay up to \$700 a day for a hospital bedday which is the current rate at two of our hospitals. Remaining funds can be used to support higher utilization of beds through the rest of the FY.

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

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS001022200037, Amendment No. 3

Agenda Item: Approve HCBS-AMH Pre-engagement Services Contract, HHSC Contract No. HHS001326200036

Board Meeting Date

April 27, 2023

Committee: Business

According to HHSC, "Home and Community-Based Services-Adult Mental Health" is a program that provides home and community-based services to adults with serious mental illness. The program provides an array of services to match each person's needs which helps the person to live and experience successful tenure in their chosen community. Services are designed to support long-term recovery from mental illness."

HCBS-AMH is typically provided by contractors in the community who supplement care provided by the Community Center. Two roles are required, a "Recovery Manager Entity" and a "Provider Agency", before the program can be provided in an LMHA's service area. Tri-County has had both types of agencies in our community on one occasion about 10 years ago, but has not had anyone providing these services in the community since the last Provider Agency left.

This contract is for the HCBS-AMH Pre-engagement Services which, according to HHSC, are "Services provided by the local authority to perform the referral and enrollment process for individuals seeking enrollment in HCBS-AMH who reside in the community of the LMHA/LBHA service area. Pre-engagement services include completing the HCBS-AMH application; obtaining and completing referral documentation required to determine program eligibility; and working to obtain necessary documents for determining Medicaid eligibility."

Services provided under this contract are billed to HHSC on a fee-for-service basis.

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Approve HCBS-AMH Pre-engagement Services Contract, HHSC Contract No. HHS001326200036

Agenda Item: Approve the FY 2023 Aspire Inpatient Hospital Contract Addendum No. 1 for up to \$125,000

Board Meeting Date

April 27, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Aspire Hospital in Conroe for inpatient psychiatric services. Aspire is also licensed as a medical hospital and specializes in serving persons with complicated medical needs in addition to psychiatric needs.

Utilization of Aspire has increased in FY 2023 due to difficulty finding beds at other area hospitals. Staff are requesting that this contract be increased from a contract maximum of \$65,000 to a contract maximum of \$125,000. If approved, this contract amendment would not impact the overall budget for psychiatric hospitalization for FY 2023.

Supporting Documentation:

Contract Addendum Available for Review.

Recommended Action:

Approve the FY 2023 Aspire Inpatient Hospital Contract Addendum No. 1 for up to \$125,000

Agenda Item: Approve Continued Contract with Jackson Walker LLP for Legal Services

Board Meeting Date

April 27, 2023

Committee: Business

Background Information:

The Board retained Mary Lou Flynn-DuPart as board attorney in the 1990s to ensure that the Board was compliant with governmental board requirements and to ensure that legal representation was available for Executive Session discussions. At the time, Board Chair Donald Kraemer believed that it was important that even though he and other Board Trustees were attorneys, representation should be external and impartial. Ms. DuPart is a Board member at the Gulf Coast Center, understands the Center system, and was willing to provide these legal services to the Board for a flat monthly fee.

Generally, the need for Board interaction with Ms. DuPart has been limited in recent years, but in times past there were multiple issues that Ms. DuPart had to work with the former Executive Director and Board to resolve.

In addition to the services provided by Ms. DuPart, the relationship with Jackson Walker LLP has allowed us to access a variety of other attorneys at the firm to assist with contracting, real estate, and HUD housing development among other things.

Ms. DuPart has announced her planned retirement from Jackson Walker LLP effective April 30, 2023.

The Jackson Walker LLP contract will be managed by David Deaton, but he will be unable to attend most board meetings so Jennifer Bryant has agreed to cover the meetings. The monthly cost for the new contract will remain at \$1,500. It should be noted that Jackson Walker LLP allocates these dollars to other expenses with the firm if unused in the Board role.

Supporting Documentation:

None

Recommended Action:

Approve Continued Contract with Jackson Walker LLP for Legal Services

Agenda Item: Approve Huntsville Facility Renovations for Expanded Child and Youth Services

Board Meeting Date

April 27, 2023

Committee: Business

Background Information:

In general, the need for services at our Huntsville Service Facility has been growing since the pandemic. We have had a Child and Youth Psychiatrist providing services at this clinic one day a week for several years, but we will be adding an additional day of prescribing each week beginning in May and also have need to add at least one more day of walk-in intake services per week in Huntsville as well.

When providing adult and children’s services, best practice is to keep the two populations physically separate from each other. We have managed this at the facility by alternating days of treatment, but with need for both additional adult and children’s services, we need to do something more.

At our Huntsville Service Facility, we have a portion of the building which was rented by Child Protective Services for many years which has a separate entrance. We would like to remodel to create a dedicated Child and Youth services area in the building. Much of the work is cosmetic, but we will need to modernize the lobby and reception area, add new entrance doors, and add security features.

Mike Duncum will be reviewing the scope of the project and staff will be requesting a ‘not to exceed’ budget for remodel of the facility.

Supporting Documentation:

Will be provided at the board meeting.

Recommended Action:

Approve Huntsville Facility Renovation Not to Exceed Budget for Expanded Child and Youth Services

Agenda Item: Approve Psychiatric Emergency Treatment Center Roof Replacement

Board Meeting Date

April 27, 2023

Committee: Business

Background Information:

The PETC is now 12 years old. The roof has two portions – a metal pitched roof that covers the front of the building and a flat roof that covers the back. The flat portion of the roof has leaked on and off for years and is leaking badly again.

Staff have requested bids to replace the roof and are asking the Board to approve a full roof replacement which would be completed before the Facility licensing reinspection. Two bids have been received and are attached to this Board packet, and we are still seeking a third bid on the work.

Supporting Documentation:

Schulte Roofing \$115,202.44
Commercial Roof Repair Solutions LLC \$121,835.00
SR PreVision \$1,000 to Submit a Bid

Recommended Action:

Approve Psychiatric Emergency Treatment Center Roof Replacement

This proposal includes confidential data that shall not be disclosed outside of the Contractor and/or Owner and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this proposal.



10842 HWY 6
NAVASOTA, TX 77868
OFFICE (936)825-3690 FAX (936)825-3842
MAIL REMITTANCE TO PO BOX 1242 NAVASOTA, TX 77868

PROPOSAL

Date: 04/19/2023

Submitted To: Tri County Behavioral Healthcare

Address: 706 Old Montgomery Road, Conroe, TX 77031

We propose to furnish labor and materials complete in accordance with the specifications below, for the sum of:

\$115,202.44

Payment to be made as follows: Draw request on delivery of materials; remainder will be done per pay application on completion. (TAX EXEMPT)

All material to be as specified. All work to be completed in a skillful manner according to standard practice. Any alterations or deviation from the specifications below involving extra costs will be executed only upon written orders and will become an extra charge over and above this proposal's amount.

- **Install 60 Mil TPO (Thermoplastic Polyolefin) with 3" ISO Base Insulation – includes new metal coping.**
 - **Remove and properly dispose of existing TPO membrane.**
 - **Remove and properly dispose of metal wall panels and coping from the back side of the parapet walls. (Metal standing seam wall panels against the main building to remain in place.)**
 - **Install 1 layer of 3" Poly ISO; Fasten with Screws and plates into deck structure. Assumes the existing roof structure creates the roof slope to the drains. The existing Tapered ISO crickets to remain in place.**
 - **Mechanically fasten white 60 MIL TPO single ply membrane over the prepared ISO, and mechanically fasten around perimeters as required by manufacture. Walls to be fully adhered to and draped over the tops of the parapet walls. (Assumes there is existing wood blocking at the tops of the parapet walls for fastening of coping and sheathing on the back sides of the walls which the existing panels are fastened to.)**
 - **At the back wall where TPO roof meets the metal standing seam wall panels, TPO to be terminated and counter flashed under existing through wall flashing.**
 - **Fabricate and install new through wall scuppers from TPO coated metal flat stock.**
 - **Install new 24 gage Kynar finish metal wall coping with cleats on parapet walls. Assuming all wood blocking exists.**
 - **Keep existing collector boxes and downspouts.**
 - **Mechanical curbs to be turned up, fully adhered, terminated with termination bar and 24 galvalume counter flashing.**
 - **Walk pads are to be installed at the base of roof ladder landing and around all mechanical equipment like the existing walk pads.**
 - **20 Year NDL Warranty (Covers both Workmanship and System Performance)**



This proposal includes confidential data that shall not be disclosed outside of the Contractor and/or Owner and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this proposal.

- **Alternates:**

- **#1 – Add ½" HD ISO Coverboard = ADD \$7,000.00**
- **#2 – Remove all ISO down to metal decking and install new:**
 - **R-25 Poly ISO = ADD \$35,000.00**
 - **R-30 Poly ISO = ADD \$41,000.00**
- **#3 - Add Wood blocking to tops of Parapet Walls if they do not currently have in place = ADD \$7,000.00**
- **#4 – Add sheathing to backs of Parapet Walls if they do not currently have in place = ADD \$8,000.00**

Submitted by: Aaron Crawford 979-595-7884 aaron@schulterroofing.com

ACCEPTANCE OF PROPOSAL - The above prices, specifications, and conditions are satisfactory and hereby accepted. Schulte Roofing is authorized to do the work as outlined above. Payment will be made as outlined above.

Signature _____ Date _____



ADDITIONAL PROVISIONS

The contract on the face hereof and the Agreement made pursuant thereto between Schulte Roofing, Inc. (the "Company" and the customer(s) (the "Customer") will be subject to all appropriate laws, regulations and ordinances, and the following special terms and conditions.

1. All contracts are subject to the approval of management.
2. Customer hereby authorizes the Company to represent them in negotiations with the insurance company regarding any claim.
3. The contract and warranty cannot be assigned and is non-transferable, unless otherwise stated.
4. This contract supersedes and replaces all previous agreements, arrangements and understandings, verbal or written. There are no representations, either oral or written, other than those set forth herein.
5. If material has to be restocked because of a cancellation by the customer, there will be a restocking fee equal to fifteen percent (15%) of the contract price.
6. This contract cannot be cancelled once work has commenced except by mutual written agreement of both parties.
7. Replacement of deteriorated decking, fascia boards, roof vents and jacks, flashing, or other materials unless stated in this contract are not included and will be charged as an extra.
8. The Company shall not be liable for any electrical, water, antenna, telephone, security, heating, or a/c lines that may be punctured or cut during roof installation. These lines should not be directly under roof deck. The Company cannot be responsible for improperly installed lines.
9. Workmanship Warranty applies to roof only and does not cover damage by lightning, winds (over 60 mph), hurricanes, tornadoes, hail storms, impact of foreign objects, or damage due to settlement of foundation.
10. If payment is not paid in full at time of completion, Workmanship Warranty becomes void and a lien will be placed on the property.
11. This agreement constitutes the entire agreement between the parties, and no other understanding, collateral or otherwise, shall be binding. It may be changed only by written instrument signed by both parties.
12. Any representations, statements, or other communications, not written in this contract are agreed to be immaterial, and not relied on by either party, and do not survive the execution of this contract.
13. Customer agrees to carry his own homeowners or building insurance policy, and agrees not to hold the Company liable for any Acts of God, Lightning, Windstorm, Wind driven rain, Hail or any other events out of our control, unless a specific written agreement be made therefore prior to commencement of the construction.
14. If any action at law is brought to enforce or interpret the provisions of this agreement, the prevailing party shall be entitled to recover its reasonable attorney's fee in addition to any other relief.
15. It is understood that the Company is not an agent nor a Subcontractor of any other Company, Corporation or Individual, and that no other Company, Corporation or Individual is a party to this contract.
16. In case any one or more of the provisions contained in this contract shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
17. All materials remain the property of the company.
18. Payment not received on completion of work shall be assessed at an APR of 18%.
19. The term completion is defined as and attained once the roofing material, noted on the front side of this contract, covers the decking or purlins of the structure being roofed or the field inspection form of the "Company" states completed.



This proposal includes confidential data that shall not be disclosed outside of the Contractor and/or Owner and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this proposal.

Roof Plan



Commercial Roof Repair Solutions LLC
 PO Box 9244
 Spring, TX 77387
 +1 2819284428

Estimate



ADDRESS
 Jennifer B
 Tri-County Behavioral Healthcare
 2004 Truman St
 Cleveland, TX 77327
 United States

SHIP TO
 Jennifer B
 Tri-County Behavioral Healthcare
 2004 Truman St
 Cleveland, TX 77327
 United States

ESTIMATE #	DATE
1662	04/18/2023

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Roof Replacement	Setup and enforce all public and personal safety. Remove existing TPO roof Approx (10,800 sq ft) Install 3" Board Insulation and Secure using 3" Iso Plates Install New 60 GAF Everguard TPO (Mechanically Fasten) Install New TPO Pipe Boots to All Exhaust Flash All Penetrations with GAF Everguard TPO Terminate Perimeter Wall Flashing with Termination Bar Install Counterflashing to Approx 400 LF Perimeter Install New TPO Scuppers Dispose of all work-related materials and dispose of properly	1	121,835.00	121,835.00

Tri County Behavioral
 706 Old Montgomery
 Conroe, TX 77301

SUBTOTAL 121,835.00
 TAX 0.00
TOTAL \$121,835.00

Accepted By

Accepted Date



SR PREVISION™

**Roof Inspection, Evaluation and
Asset Management Program**

Presented to:

Tri-County Behavioral Healthcare
Emergency Treatment Facility

Presented by: Bryan Dillard

281-202-3892

bdillard@simonroofing.com

April 11, 2023



Simon Roofing and Sheet Metal Corp.

70 Karago Avenue

Youngstown, Ohio 44512

Phone: 800.523.7714 ext. 1033

Fax: 330.629.7399

www.simonroofing.com

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Executive Summary

The SR PreVision Roof Asset Management Program will let you control your roofing expenses through a proactive strategy to extend roof life and lower life-cycle costs. Our innovative approach combines expert roof evaluations, exhaustive laboratory testing and computer modeling to empower you with information. The true power of the SR PreVision Roof Asset Management Program is the information that it puts into your hands, such as:

What you have, and what condition it's in

- A complete roof inventory and visual inspection
- Infrared scans to determine presence of moisture
- Laboratory testing of the roof membrane
- A Roof Evaluation Report with drawings and photographs
- A scientifically determined Remaining Roof Life

What you can do, and what it will cost

- Recommend repairs with cost estimates
- Opportunities to extend roof life, with long-term warranties
- Budget estimates for unavoidable replacements

The information you need to make the best decisions for your company

- A detailed roofing portfolio analysis
- Computer modeling of baseline and proactive alternatives
- A simple one-page summary of the potential cost savings
- Access to the SR PreVision Customer Portal

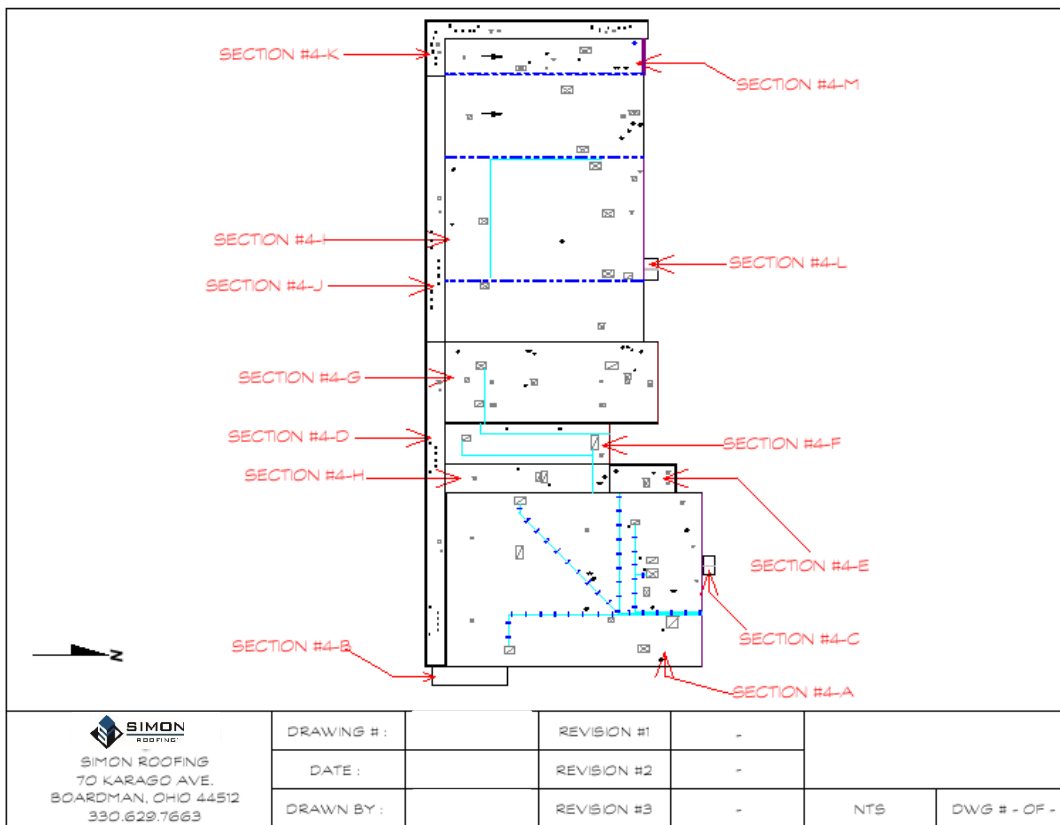
Over the past several decades, changes in the marketplace have placed economic pressures on the roofing industry that created an industry bias towards roof replacements, with products that have a low initial cost, but a short service life and high life cycle cost.

With 115+ years as a leader in the roofing industry, Simon Roofing is able to take a more foresighted approach. We developed an innovative approach to help our customers get the optimal value from every dollar they spend on roofing by extending roof life and delaying replacement.

Roof Inventory

The first step we take to prepare a SR PreVision™ Roof Asset Management Program is to assign a roof technician to conduct a thorough roof inventory, which will consist of the following:

- Roof identification information by section
- Facility name, address, phone, building name, and roof section name
- Type of facility, contents or operations
- Basic description and roof system type
- Total square feet
- An inventory of projections and drainage components
- Warrantor, warranty details and expiration date as provided by owner if known
- Approximate age of roof as provided by owner or estimated by inspector if no records exist
- The service history if known.
- A drawing of the roof with dimensions shown. Preliminary RoofCAD drawings are generated by pictometry prior to each site visit, and the roof technician will field verify the information.



Sample of preliminary roof drawing

This preliminary work reduces time in the field and keeps costs down since the roof evaluator only has to verify the information during the field inspection.

Field Inspections

The Simon Roofing technician will perform a comprehensive inspection of the roof to field verify the inventory data and to detect deficiencies or areas of concern. The inspection will be performed in a systematic manner to eliminate potential oversights. The visible roof components will be viewed in a pattern starting at the perimeter of the roof area by circulating in perpendicular rows spaced approximately four feet apart. The inspection shall include, but is not limited to:

- **Areas of Inspection:** Perimeter edge, metal edge flashing detail, parapet walls, coping, counter-flashing, termination bar, wall base flashing and base flashings on equipment or curbs.
- **Projections Inventoried:** Soil stacks, vent pipes, pitch pans, skylights, roof hatch/access hatch/door, chimneys, HVAC equipment, drains, satellite dishes, expansion joints, gutters and downspouts.
- **Visual Inspection:** Using a standardized inspection checklist to ensure consistency and objectivity, Simon Roofing will inspect the roof for debris, vegetation, water removal system, ponding water, and defects such as blistering, tears, alligatoring, etc.



Blistering



Ponding Water



Vegetation



Debris

During the roof evaluation, our technicians enter data directly into our online roof management system in the field (offline) and the data is reviewed before being published (online). This saves both time and money.

Core Sampling and Infrared Scans

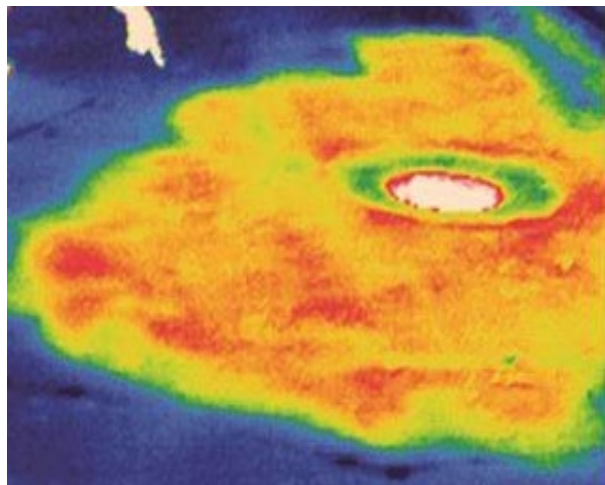
During the field inspection, our roof technician will perform sampling needed to accurately determine the condition and predict the remaining useful life of the roof. Sampling may include:

- **Core Samples:** Collecting and analyzing core samples provides a wealth of information about a roof system. Details identified using core samples include:
 - Existing roof type and number of existing roof systems
 - Remaining useful life of the membrane
 - Surfacing and membrane type
 - Type and number of plies
 - Bitumen type
 - Slope of the roof surface
 - Insulation type, thickness and method of attachment

When a warranted roof system has no indicated water intrusion, we will confirm the need for a core sample before any action that may void an existing warranty.

- **Infrared Scans:** When indicated by the roof condition or requested, we will use infrared scans of the roof to determine the presence of wet insulation. A roof with significant moisture should be recovered or moisture will remain trapped, causing premature failure of the new system and possible structural damage to the roof deck and support structure.

Infrared Scans provide a reliable method of determining the extent of moisture in the roof system and, when combined with destructive testing, can accurately assess the feasibility of roof rehabilitation and performance warranties.

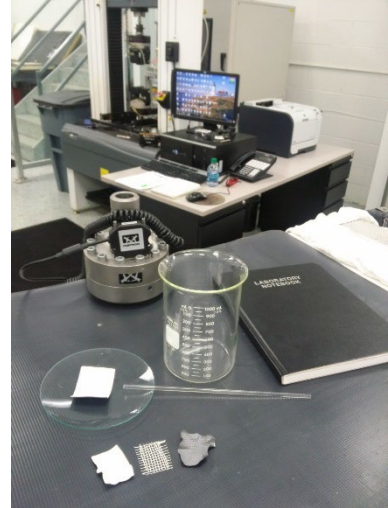


Membrane Testing

Most roof evaluators rely on only visual inspection and infrared scans estimate remaining roof life. Simon Roofing use these evaluation techniques, **but our method goes further...**

We perform exhaustive sampling and testing of the physical properties of the roof membrane, such as:

- Tests to determine the thickness of the existing roof membrane and the amount of remaining waterproofing capabilities
- Tests of the adhesion of the roof membrane at the laps
- Tests of the adhesion of the roof membrane when subjected to wind uplift conditions
- Tests to simulate the impacts of flying debris or hail on the roof membrane



*In addition, we perform proprietary membrane testing that offers certainty and reliability **not found anywhere else in the roofing industry.***

What makes our proprietary process unique?

- The objective laboratory analysis of the roofing membrane's physical properties;
- Scientific algorithms that formulate the roof life expectancy based on the lab results; and
- More accurate results than other common methods that are non-scientific and subjective

Our laboratory determination of the tensile strength and elongation of the membrane samples measures the ability of the roof membrane to stretch to meet climate conditions.

This is important to being able to determine an unbiased, scientific and objective estimate of the remaining service life of the roof membrane. It also will provide a useful, accurate tool to use in future forecasting and budgeting, enabling confidence in developing long-term planning.



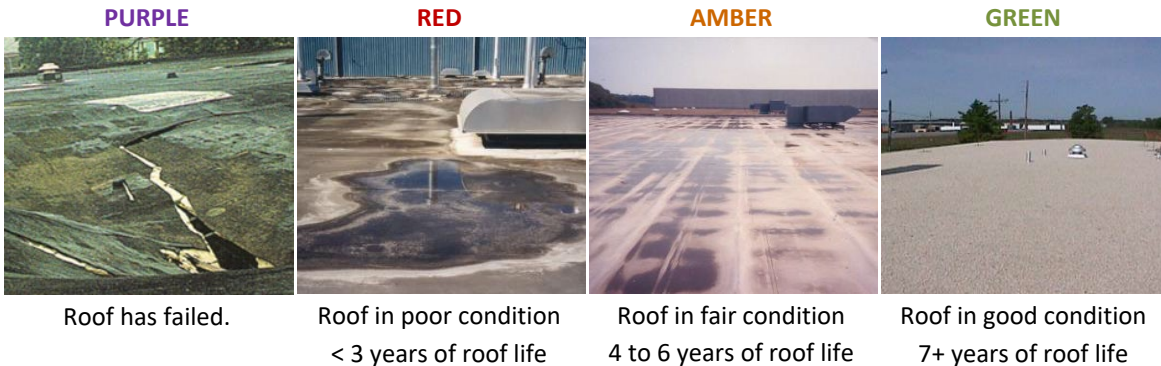
The results of the sampling and testing will be uploaded into the online roof asset management system, and is vital to determining an accurate and objective roof life expectancy.

Roof Condition Reports

Simon Roofing details all activities and deficiencies for every roof in a Roof Condition Report. The report will include a summary and details of the inventory information, the existing conditions, and Simon Roofing’s recommendations for additional work.



- **Roof Data:** The Roof Condition Report will include all roof information data collected, such as inventory and inspection data; drawings; photos; roof dimensions, type, projections, access, etc.
- **Photographic Record:** We photographically document the roof inspection, giving an overview of the roof at each facility; documents potential problems; support the data and result of the Conditions Reports; and is a historical record of the roof inventory.
- **Identification Areas of Concern:** In the report, Simon Roofing will identify all roof leaks, damaged roof membranes or other roof elements, apparent need for preventative maintenance, or other anomalies. We will also call attention to issues that could potentially impact the roof warranty, such as mechanical damage to the roof caused by regularly scheduled maintenance to rooftop equipment or some other rooftop activity.
- **Assign a Roof Condition Rating:** Using the Red/Amber/Green/Purple method, Simon Roofing will determine the Roof Condition rating for each roof section. The condition score is based on the information collected during the roof inventory, inspection, membrane testing and core sampling.



How We Guarantee Consistent Roof Condition Ratings

We work very hard to ensure objectivity and consistency when assigning roof condition ratings. On our roof inspection checklist, we assign significance ratings to different types of roof anomalies, with some are weighted more heavily than others. Our Roof Condition Report includes a summary of roof anomalies that quantifies and weighs the significance of the anomalies present. This allows consistent, informed determination of roof life expectancy and repair/replacement/restoration decisions.

- **Recommendations:** Based on our assessment of the roof condition, Simon Roofing will make recommendations for needed repairs, replacement or restoration. We will develop a Scope of Work for the recommended improvements and provide reliable cost estimates (not just general budget estimates) for the work. If needed, we can also supply design plans and specifications.

Online Roof Asset Management System

All inventory, inspection and evaluation data will be uploaded to the Simon Roofing Customer Roof Database Management program. This Web-based Customer Portal can be used from any computer with internet access with no special software with password protection and customized security levels for individual users. It provides real-time access to all roof inventory data, reports, budgets and images. We offer numerous data searching, sorting and filtering features, as well as exporting and reporting capabilities.

The Online Roof Asset Management System includes:

- All inventory and inspection data
- Satellite imagery and drawings
- Photographic documentation of inspection and anomalies
- Summary of housekeeping and preventative maintenance activities
- Condition assessment and ratings
- Cost estimates to bring roof to a watertight standard
- Reporting and exporting capabilities

Data Ownership

All data is the property of the client for the duration of the contract and beyond. Our online system allows exporting of data into Excel or as a pdf file. On request, we can provide the raw data for use on your own database system.

This Customer Portal ensures objectivity and transparency since all data, assessments and reports are available online for your personnel to independently view and analyze.



Log in

simonroofing

.....

Remember me


[Forgot password?](#)

Log in

[Simon Employee Login](#) | [Create account](#) | [Email activation](#)

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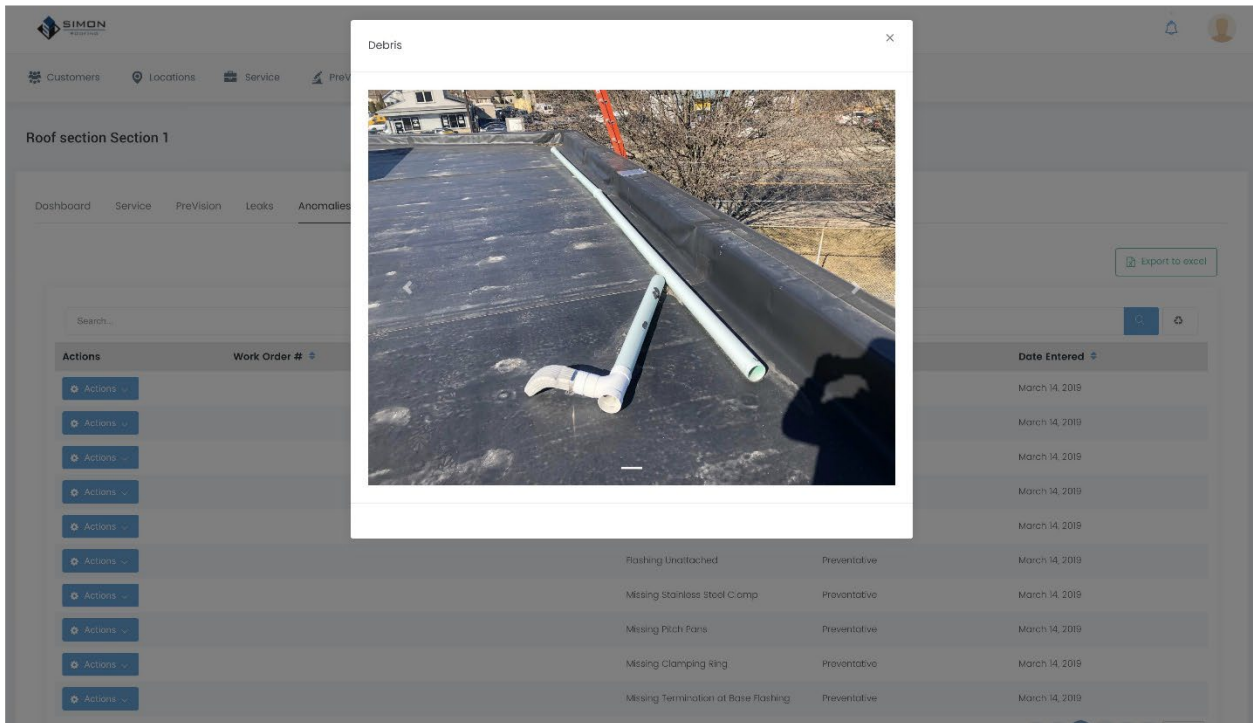
Dashboard ROOF SECTIONS Anomalies Proposals

Export to excel

Remaining Useful Life: [dropdown] Roof Rating: [dropdown] Search...

Name	Reports	Remaining Useful Life (To Date)	Revised Rating	Roof System	Size	Scan Results	# of Leaks	# of Anomalies
Warehouse Lower 1		-	-	* Smooth BUR	2,500	-	1	4
Warehouse Lower 2		-	-	* Granulated Modified	15,000	-	1	3
Section 1	PreVision Report (Section Only)	2.55	Red	Non-Reinforced EPDM Totally Adhered	3,440	Wet	0	12
Section 2	PreVision Report (Section Only)	4.08	Amber	APP Granulated Surface	5,934	Wet	0	5
Section 3	PreVision Report (Section Only)	4.18	Amber	Asphaltic Bulk Smooth Unreinforced (Black) Over 3 Ply Type B Glass	3,069	None Taken	0	7
Section 4	PreVision Report (Section Only)	2.36	Red	Asphaltic Bulk Smooth Unreinforced (Black) Over 4 Ply Type B Glass	2,247	Wet	0	4
Section 5	PreVision Report (Section Only)	4.02	Amber	APP Granulated Surface Over 3 Ply Type B Fiberglass Felt	7,810	Dry	0	5
Total: 7								

Each building's page shows a photo and drawing. Clicking on a thumbnail opens an enlarged image. It also lists each roof section, the size, inspection date, and condition rating) Clicking on a section shows more details.



Customers Locations Service PreVision

Roof section Section 1

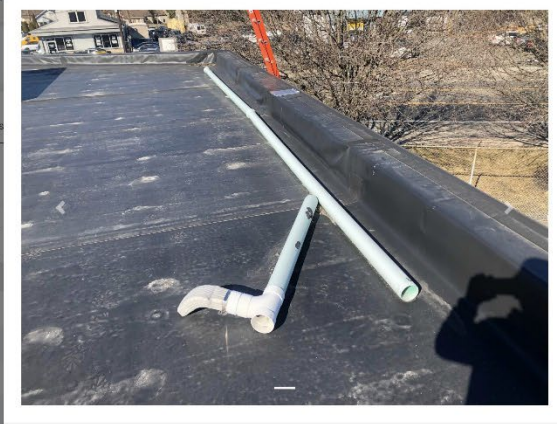
Dashboard Service PreVision Leaks Anomalies

Search...

Actions Work Order #

- Actions
- Actions
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Debris



Export to excel

Date Entered

- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019
- March 14, 2019

Flashing Unattached Preventative March 14, 2019

Missing Stainless Steel Comp Preventative March 14, 2019

Missing Pitch Pans Preventative March 14, 2019

Missing Clamping Ring Preventative March 14, 2019

Missing Termination of Base Flashing Preventative March 14, 2019

Budgeting and Planning Tools

Implementing the SR PreVision™ Roof Asset Management Program accomplishes numerous intermediate goals, such as a thorough inventory and evaluation of the roof portfolio, determining the life expectancy of each roof, and calculating a depletion rate. But the culmination of SR PreVision™ is a much broader goal: being able to take control of your roofing portfolio, rein in expenses and spend your available budget in the smartest way possible.

As described in this submittal, we will determine the Remaining Useful Life of your roofing and how quickly it is depleting based on the actual data and inspection of your roofs. We will then create a baseline model of the performance of the roofing portfolio called the Run-to-Failure model. It is essentially a replacement schedule based on actual information about how the roofs are deteriorating, collected through our field inspection and testing. This model will be used as a measuring tool—or benchmark—of the actual performance of the roofing portfolio.

We will also develop a model that analyzes the performance of the portfolio under an approach to intervene before roofs reach the end of their life cycle. This Intervention-Based Model addresses unavoidable replacements and repairs, plus opportunities to extend roof life through restoration with long-term warranties.

By comparing Run-to-Failure and Intervention-Based models, you can:

- See the potential for reduced life-cycle costs and long-term cost savings,
- Assess the impact of a chosen course of action,
- Evaluate alternatives, and
- Make informed decisions based on the actionable information presented in the models.

Because the models are predictive of the future roofing needs, you can budget with certainty using our timing and action for future roofing expenditures. You will avoid unexpected roof expenses and premature replacement, and you will fix future costs through opportunities to extend roof life through restoration with long-term warranties.

It is often said that “you cannot manage what you cannot measure.” The essence of the SR PreVision™ is that it empowers you to fully understand and take control of your roofing expenses. Only through our methods can you gain a truly objective, scientific perspective that is backed up by our warranty.

SR PreVision Portfolio Analysis Savings Summary									
8-Year Run-to-Failure Model									
	2013	2014	2015	2016	2017	2018	2019	2020	Total
Replacements (Sq. Ft.)	2,104,644	2,014,145	1,632,171	1,084,850	1,031,754	666,953	912,376	1,191,093	10,637,986
Replacement Cost	\$10,254,965	\$9,767,667	\$7,916,029	\$5,261,523	\$6,119,069	\$3,234,722	\$5,078,008	\$8,867,620	\$56,499,603
Replacement Cost/Sq. Ft.*	\$4.87	\$4.85	\$4.85	\$4.85	\$5.93	\$4.85	\$5.57	\$7.44	
8-Year Intervention-Based Model									
	2013	2014	2015	2016	2017	2018	2019	2020	Total
Replacements (Sq. Ft.)	1,433,178	919,721	1,391,106	656,422	724,541	451,435	439,417	1,171,180	7,187,000
Restoration (Sq. Ft.)	1,027,575	1,479,533	343,828	559,212	135,276	115,055	135,995	0	3,796,474
Replacement Cost/Sq. Ft.*	\$4.88	\$4.85	\$4.85	\$4.85	\$5.82	\$4.85	\$6.13	\$7.43	
Restoration Cost/Sq. Ft.*	\$2.53	\$2.53	\$2.53	\$2.53	\$2.53	\$2.53	\$2.53	\$0.00	
Replacement Cost	\$6,998,355	\$4,459,711	\$6,746,864	\$3,183,647	\$4,218,523	\$2,189,460	\$2,692,919	\$8,696,413	\$39,185,892
Restoration Cost	\$2,598,298	\$3,742,266	\$869,272	\$1,414,416	\$341,760	\$291,048	\$343,924	\$0	\$9,600,982
Repairs	\$76,700								\$76,700
Total Cost	\$9,673,353	\$8,201,977	\$7,616,136	\$4,598,062	\$4,560,283	\$2,480,507	\$3,036,843	\$8,696,413	\$48,863,574
Savings									
Savings	\$581,613	\$1,565,690	\$299,893	\$663,460	\$1,558,786	\$754,215	\$2,041,165	\$171,207	\$7,636,029
Savings %	6%	16%	4%	13%	25%	23%	40%	2%	14%

*2013 dollars, unadjusted for inflation. Cost per square foot may vary because of the difference in cost of metal roof replacements vs. single-ply roof replacements.

Scope of Work

1. PROJECT INTENT

1.1. The intent of this project is to develop a roof asset management program that will:

- 1.1.1. Inventory and evaluate all components of the roof portfolio;
- 1.1.2. Maximize the useful life of the roof portfolio; and
- 1.1.3. Accurately predict future capital expenditures for future roofing needs.

2. STATEMENT OF WORK

2.1. DELIVERABLES: This project consists of furnishing all labor, equipment, and materials necessary to perform the services summarized below:

- 2.1.1. ROOF INVENTORY: Collect and compile all data needed to begin to evaluate the roofing portfolio.
- 2.1.2. FIELD INSPECTIONS: Inspect all roofs to evaluate the existing conditions and identify anomalies.
- 2.1.3. CONDITION REPORTS: Prepare a conditions report in compliance with the requirements in section 3.4 of this RFP.
- 2.1.4. ONLINE ROOF ASSET MANAGEMENT SYSTEM: All data related to inspections and useful life shall be made available through online access. Data shall become property of the client upon completion or termination of contract.
- 2.1.5. CALCULATION OF DEPLETION RATES: Determine the rate at which the roofing portfolio is deteriorating by taking into account the accelerated aging of the roofing.
- 2.1.6. LONG-TERM PLANNING AND BUDGETS: Identify the roof sections that are maintainable and those that require replacement. Use analysis of remaining useful roof life to offer long-term budget guidance.
- 2.1.7. RECOMMENDATIONS: Make recommendations for necessary improvements, including restoration, repair or replacement. Include:
 - Scopes of work and cost estimates for recommended work.
 - Technical specifications and identification of all materials necessary to perform recommended work.
 - Identification of roofs within the portfolio that would qualify for an extended warranty upon completion of the recommended work.
 - Identification of roofs that are currently under manufacturer's warranty.

3. WORK REQUIREMENTS

3.1. Roof inventory and inspection

- 3.1.1. Roof inventory and inspections shall be done by assignment of building section identifiers.
- 3.1.2. Roofs shall be inspected in such a way as to accurately determine remaining useful life.
- 3.1.3. The inspection shall include photographic documentation of conditions
- 3.1.4. The inspection shall identify, at a minimum:
 - Roof dimensions
 - The roof system type
 - Construction details and conditions
 - Material types
 - General appearance/conditions
 - Visual inspection of the condition of:
 - Surfacing
 - Membrane
 - Copings and cap flashings

- Flashings
- Downspouts
- Gutters
- Fascia
- Gravel stops
- Counter flashing
- Roof deck
- Roof penetrations
- Roof top equipment and curbing in relation to the roof system
- Control joints
- Area dividers and expansion joints
- Pitch pans
- Supporting structure
- Interior drains, couplings, and piping when visible

3.2. Drawings and Photographs

- 3.2.1. An overview drawing of each building shall be provided with dimensions and roof identification
- 3.2.2. Photographic documentation shall include at a minimum
- Typical perimeter metal, base flashing, counter flashing and coping details whether any defects exist or not
 - At least one overview photo of each roof section
 - A typical photograph of each type of defect discovered on the roof area or related component.
 - Aerial photographs
- 3.2.3. All drawings and photographs must be included in both the print and digital formats.

3.3. Sampling and Testing

- 3.3.1. Core Sampling
- Core samples to determine construction may be taken as necessary as long as the warranty will not be affected.
 - The tested or cored area must be fully patched with compatible material as existing.
 - The information taken by each core shall be construed to mean the area immediately surrounding the area of the roof core.
 - Identify information including surfacing type, membrane type, ply sheet type, estimated number of plies, bitumen type, list of insulation type and thickness for each layer present, attachment method for each layer of insulation, identify vapor retarder type if present, identify underlying roof system components if more than one roof is present, indicate if a base sheet is present on the deck and identify the deck type.
- 3.3.2. Infrared Scans (Thermal Imaging)
- When indicated by the roof condition or requested, Simon will use infrared scans of the roof to determine the presence of wet insulation
- 3.3.3. Membrane Testing
- When indicated by the roof type and condition, Simon Roofing will take a sample of the roof membrane and test it for tensile strength and elongation
 - The sample will then be coated with a restorative coating and tested again for tensile strength and elongation
 - Using scientific algorithms, the remaining useful life of the roof membrane will be calculated to determine if restoration can be used to significantly extend the

roof life

3.4. Roof condition reports

- 3.4.1. The supplier shall prepare a roof condition report for each individual roof section and an overall summary of all roofs at all sites.
- 3.4.2. The roof condition report shall be made in hard copy form.
- 3.4.3. The roof condition report shall also be made available on a secure, web-based information management system.
- 3.4.4. The report shall provide the following content:
 - Roof identification by facility name, address, and phone, building name, roof section name.
 - Type of building contents or operations
 - Basic roof description/roof type
 - Dimension and square feet
 - Warrantor, warranty and warranty expiration date if known
 - Approximate age of roof (if unknown by owner, inspector shall estimate)
 - Inspection date and names of inspectors
 - Inspection findings and roof conditions
 - Identification and quantification of each defect, with a definition and consequence of each defect.
 - Number and location of any current leaks and a probable cause.
 - Determine roof slopes and indicate areas where ponding water is evident or appears to exist.
 - Recommendations and budgets to repair, restore or replace roofs
 - Estimate on cost to bring roof to watertight standard, and place roof under warranty.

3.5. Web Based Information Management System

- 3.5.1. All data, drawings and photographs, and test results shall be uploaded to a web-based information management system
- 3.5.2. The Supplier shall provide training on use of the web-based information management system.

GENERAL CONDITIONS

1. **Insurance.** Simon Roofing and Sheet Metal Corp. (“Simon”) shall, at its expense, maintain insurance as follows:

Commercial General Liability	\$ 1,000,000.00	Occurrence
	\$ 2,000,000.00	General Aggregate / Products Aggregate
Automobile	\$ 1,000,000.00	Each Occurrence / Aggregate
Excess Liability	\$ 25,000,000.00	Occurrence / General Aggregate
Worker’s Compensation	In accordance with applicable state law	

The aforementioned coverages apply to negligent acts committed solely by employees of Simon. All policy coverages are subject to the conditions, exclusions and limitations of each respective policy. Upon the Customer’s request, the Customer shall be added to such insurance policy as an additional insured, as its interest may appear, and a certificate of insurance will be provided upon award of the contract. The Customer shall maintain broad form, all risk property and contents coverage, including liability coverage, on its land, building(s) and the building’s contents, to the full insurable value thereof. Simon and the Customer waive all rights against each other and any of their subcontractors, sub-subcontractors, agents and employees, each of the other, for damages caused by fire or other causes of loss to the extent covered by property insurance obtained pursuant to this Section 1 or other property insurance applicable to the Work, except such rights as they have to proceeds of such insurance held by the Customer as fiduciary. A waiver of subrogation shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged.

2. **Acceptance.** This Proposal constitutes Simon’s offer to the Customer and becomes a binding contract on the terms and conditions set forth herein upon the Customer’s written acceptance or issuance of a Purchase Order.
3. **Contract Sum.** The cost for the Work includes all labor, material, equipment, insurance, taxes and supervision for the lump sum of **\$1,000.00** (“Contract Sum. Pricing shall be valid for thirty (30) days from the proposal date.
4. **Scope of Work.** Simon shall conduct roofing work at the Property in accordance with the Scope of Work as set forth in this Proposal (“Work”). Simon shall provide all labor, materials, equipment and tools necessary for the completion thereof, all in accordance with the terms and conditions set forth herein. Simon shall complete all Work in a workmanlike fashion and in accordance with standard practices. Although Simon tries to include as many items as it can within the Scope of Work, the dynamic and complex nature of roofing projects makes it simply not possible to anticipate every challenge or variable from the outset. Simon’s Work does not include any item not explicitly stated in Simon’s Scope of Work, including but not limited to: (i) testing for, inspecting, performing work related to, or otherwise determining the integrity or soundness of the structural components of roof, walls, floor, fixtures or other structure aspects on or around the premises (including but not limited to deteriorated roof decking, beams, wooden nailers, wet or damaged insulation, adding or removing roof penetrations, or additional fastening); (ii) detecting, testing for, removing or disposing of Hazardous Materials or other hazardous substances; (iii) inspecting or testing for the sanitary condition of the premises; (iv) inspecting for or testing the operating condition or safety of the Customer’s equipment; (v) design, evaluation, sizing, maintenance or replacement of any roofing or flooring drains or drainage systems; (vi) any pre-existing conditions or equipment on the premises, such as protrusions or items on or around the premises including but not limited to electrical lines, gas lines, HVAC units (including any disconnects or reconnects), other mechanical equipment, curbs, duct work, skylights, lightning protection, communication systems, or cables (hereinafter “Pre-Existing Conditions”); (vii) any latent, hidden or unobservable conditions at the premises which may impact or affect the work; (viii) any electrical, excavation, plumbing, utility, design or engineering services; (ix) inside protection or monitoring, engineering or third party testing; (x) any changes made or progress delays caused by requirements or restrictions of the Customer, Customer’s representative, building owner, or other contractors (including but not limited to safety or policy requirements exceeding OSHA requirements, security or screening requirements exceeding 10 minutes, or any restrictions regarding ideal set up area, number of days worked within a week, hours worked on certain weekdays or weekends, or use of certain equipment or materials); or (xi) any other alteration or deviation from the Work not explicitly stated in the Scope of Work (all such items hereinafter referred to as “Changes in the Work”). Unless otherwise explicitly stated in Simon’s Scope of Work, any Pre-Existing Conditions that may need to be moved to allow for the proper completion of the Work shall be the sole responsibility of the Customer.
5. **Changes in the Work.** All Changes in the Work shall be considered additional work which shall be an extra charge over and above the Contract Sum set forth herein. Such Changes in the Work shall be charged, at the sole option of Simon, based upon one of the following methods (each a “Change Order Sum”): (i) time and material basis based upon Simon’s then-current Time and Material Service List Pricing Sheet (“Price Sheet”); (ii) unit pricing if provided herein; or (iii) lump sum proposal as

agreed upon by both parties. A 15% markup for overhead and 10% markup for profit, plus freight and handling, shall be added for any miscellaneous materials or labor not found in the Simon Price Sheet, including but not limited to rentals and subcontractor charges. Changes in the Work shall be executed only upon a written change order from the Customer ("Change Order"), provided however that should Simon elect to proceed without a written Change Order, the Customer agrees that the absence of a written Change Order shall not constitute a defense to Simon's right to be compensated for the extra work..

6. **Time for Performance.** The Work shall be scheduled as outlined in this Section 6 and shall be substantially completed within a reasonable amount of time, as extended by any Excusable Delay, defined below. For emergency repairs, the Work shall be scheduled as soon as possible, but in any event within twenty-four (24) hours of the date of acceptance of this Proposal or receipt of a Purchase Order from the Customer. For non-emergency repairs, the Work shall be scheduled within three (3) days of the date of acceptance of Proposal or as otherwise agreed upon by both parties. If the Work includes any type of roof tear-off, Simon Roofing shall not tear off any part of the roof or expose the inside of the building if the chance of precipitation is 30% or greater.
7. **Excusable Delays.** Simon shall not be liable for damages for delays in performance or failure to perform due to causes beyond the reasonable control and without the fault or negligence of Simon. Such causes may include, but are not limited to, inclement weather (which shall mean 30% or greater chance of precipitation, high winds, or snow, ice or water accumulations), war, riot, strike or walkout, embargo, fire, flood, tornado, hurricane, other acts of God, shortages of materials or labor, delays caused by third parties or the Customer or any of its employees or agents, or any other occurrence or event beyond the reasonable control of Simon ("Excusable Delay"). Delays due to any Excusable Delay shall extend the time for completion of the Work. It is within Simon's sole discretion to determine whether the Work can be performed under weather conditions existing at the time of scheduled performance.
8. **Payment Terms.** If the Contract Sum is less than Fifteen Thousand Dollars (\$15,000), payment shall be due NET 30 DAYS after substantial completion. If the Contract Sum is equal to or greater than Fifteen Thousand Dollars (\$15,000), payment terms shall be based upon the following project progress billing schedule: (1) 50% of the Contract Sum shall due before commencement of the Work. The Customer acknowledges and agrees that Simon shall not commence Work until such sum is received; (2) Semi-monthly progress billing, due NET 30 DAYS after the invoice date, shall be invoiced for the remainder of the Contract Sum (percentage increment billing shall be contingent upon job size, weather conditions, etc.). Simon shall generate an invoice for all balances owed. It is understood by the Customer that Simon shall protect its lien rights in the event that payment is not received when due, as set forth under this Section 8. Any warranty offered in connection with this Proposal will be considered voided if full payment is not received by Simon within one hundred and twenty (120) days from the date of the invoice. The Customer shall be responsible for any collection expenses or fees incurred by Simon, including but not limited to attorney fees, collection fees, and court costs, in efforts to collect payment of any past due balance. If any invoice is not paid in full within the stated payment terms, interest shall accrue on the unpaid amount at a rate equal to one percent (1%) per month, until such balance is paid in full.
9. **Customer Credit.** The Customer hereby authorizes Simon to investigate the Customer's credit, which may include but is not limited to, obtaining credit records, histories and reports from third party sources and consumer and/or corporate financial ratings or evaluations from third-party sources. The Customer expressly grants Simon authorization to take any other reasonable steps necessary in evaluating the Customer's credit history and ability to pay. Should Simon at any time deem the Customer's credit status or history to be unfavorable, Simon may terminate this Proposal without liability. The Customer expressly acknowledges that Simon's obligations under this Proposal or any other proposal or contract are contingent upon Simon's approval of the Customer's credit.
10. **Clean up.** Simon shall keep the Work area reasonably neat and free of rubbish and debris. Upon completion of the Work, Simon shall remove its tools and equipment and shall leave the work area in a "broom clean" condition.
11. **Application.** Certain products used in roofing or flooring applications, especially solvent-based materials, can emit odors that are sometimes strong. The Customer acknowledges that odors and emissions from products shall be released and noise shall be generated as part of the roofing and/or flooring process to be performed. In all instances, the Customer shall be responsible for indoor air quality, including assuring adequate ventilation for the Customer's facility and taking other steps to prevent fumes and odors from entering the building, such as controlling HVAC units, intake vents, wall vents, windows, doors, and other openings. In addition, Simon's presence or work on top of the roof may cause dust or debris to dislodge and/or release into the environment from the interior underside of the roof decking. The Customer shall be responsible for containing and protecting the interior contents from such dust and debris. The Customer shall hold harmless Simon against any and all loss, liability, demands, claims, suits, damages, causes of action and expenses of any kind or nature, including attorneys' fees and expenses incident thereto, caused by, relating to or arising out of fumes, odors or dust and debris that are emitted during the roofing and/or flooring process.
12. **Termination.** This Proposal may be terminated by Simon after twenty-four (24) hour written notice to the Customer in the event of (1) material breach of this Proposal by the Customer; (2) failure by the Customer to make payment under this Proposal for a period of ten (10) days after invoice due date; (3) unexpected extraordinary changes in the Work including, but not limited to, discovery of Hazardous Materials or unsafe working conditions; (4) unexpected material changes in the working conditions between the date of acceptance of this Proposal and the project commencement date. In the event of such a termination by Simon, Simon shall be entitled to recover from the Customer payment for all Work executed and for any and all loss with

respect to materials, equipment, tools and machinery, including all overhead and profit applicable to the Work. Should Simon materially breach this Proposal, Simon shall have fifteen (15) business days to cure such default after the Customer provides written notice of such default to Simon. If Simon fails to cure the default within the specified time period, the Customer may terminate this Proposal after twenty-four (24) hour written notice to Simon. In the event of such a termination by the Customer, the Customer shall not be entitled to make any additional payments under this Proposal except such payments for all Work already executed.

13. **Environmental Compliance.** For purposes of these General Conditions, the term "Hazardous Material" means any substance or material defined by applicable state or federal laws as hazardous to health and regulated as such, including, without limitation, toxic mold or other mold that may be harmful or cause health concerns, lead, fungus, asbestos, hazardous chemicals, toxic gases and other like items or events. Except to the extent explicitly stated in the Scope of Work herein, Simon's Work does not include testing for, or abatement or remediation of Hazardous Materials. If Simon discovers Hazardous Materials on the Property, Simon shall stop Work in the affected area, report its discovery to the Customer at once, and suspend any further Work until 1) Simon and the Customer have mutually agreed that Simon shall remove the Hazardous Materials, or 2) the Customer has notified Simon, in writing, and Simon is sufficiently satisfied that the material has been determined not to be hazardous or has been removed or rendered non-hazardous. If the discovery of Hazardous Materials on the Property and/or the removal by Simon of such Hazardous Materials causes delay or additional cost to Simon, the time for completion shall be extended appropriately and the Contract Sum shall be increased in the amount of Simon's reasonable additional costs of shut- down, delay, start-up and removal. Simon assumes no responsibility or liability to the Customer for Hazardous Materials which may exist at the Property. To the fullest extent permitted by law, the Customer shall indemnify and hold harmless Simon and its agents and employees from and against any and all loss, liability, demands, claims, suits, damages to property, injuries (including but not limited to death) to persons, fees (including but not limited to attorneys' fees), fines and penalties levied by governmental authorities, and all other causes of action and expenses of any kind or nature, arising out of or resulting from the presence of Hazardous Materials at or near the Property, to the extent such claims, damages, losses and expenses are not caused by the sole gross negligence or intentional misconduct of Simon.
14. **Indemnification.** Simon shall indemnify and hold harmless the Customer and its officers, shareholders and employees against all loss, liability, demands, claims, suits, damages, causes of action, injury (including death), compliance or remediation actions, fines or civil penalties and expenses of any kind or nature, including attorneys' fees and expenses incident thereto caused by or arising out of: a) failure of Simon to abide by any applicable local, state or federal laws or ordinances; or b) the negligence or misconduct of Simon or its employees, except to the extent caused by the negligence or misconduct of the Customer. The Customer shall indemnify and hold harmless Simon and its officers, shareholders and employees against all loss, liability, demands, claims, suits, damages, causes of action, injury (including death), compliance or remediation actions, fines or civil penalties and expenses of any kind or nature, including attorneys' fees and expenses incident thereto caused by or arising out of a) petroleum contamination; b) structural, design or engineering deficiencies of the premises or any fixtures or structures on or around the premises; c) any Pre-Existing Conditions or other latent, hidden or unobservable conditions on or around the premises; d) failure of Customer to abide by any applicable local, state or federal laws or ordinances; or e) any acts or omissions of the Customer or its employees, contractors, agents or invitees, except to the extent caused by the negligence or misconduct of Simon. When applicable, the Customer shall indemnify and hold harmless Simon and its officers, shareholders and employees against all loss, liability, demands, claims, suits, damages causes of action and expenses of any kind or nature, including attorney's fees and expenses incident thereto for and against injuries (including death) to persons or property caused by or arising out of fire or explosion from or in connection with gasoline dispensation equipment or facilities (including areas adjacent thereto). Further, the Customer hereby represents to Simon that the Customer's gasoline dispensation equipment and its facilities and equipment are in good working order, are not subject to any condition or defect that could or may cause leakage, and/or fire or explosion, have been recently tested by applicable local authorities, are in compliance with all federal, state and local laws and regulations, and are not presently affected by or subject to any condition, conditions, or circumstance that may lead to increased risk of fire or explosion.
15. **Warranty.** This proposal is primarily for purposes of Prevision; therefore, no leak-free warranty is offered. Simon Roofing hereby expressly disclaims all other warranties expressed and implied, including, without limitation, the implied warranties of merchantability and fitness for a particular purpose. Simon Roofing shall not be liable for and hereby disclaims all consequential and incidental damages to the full extent permitted by law.
16. **Governing Law and Jurisdiction.** This Proposal shall be governed by, and construed in accordance with, the laws of the State of Ohio, without regard to conflict of laws principles. All disputes arising out of or otherwise relating to any transaction or activity to which this Proposal relates shall be subject to the exclusive jurisdiction and venue of Mahoning County, Ohio, and the Customer consents to the personal and exclusive jurisdiction and venue of these courts.
17. **Entire Agreement.** This Proposal represents the entire and integrated agreement between Simon and the Customer and supersedes all negotiations, proposals and agreements. No oral agreements have been made other than set forth in this Proposal, and the customer acknowledges that no representations or warranties of any kind or nature not specifically set forth herein have been made. Except as otherwise provided in Section 5 herein, neither this Proposal nor the Work can be modified or changed in any way other than by a writing signed by Simon and the Customer, and any attempted oral modifications of this Proposal or the Work shall be void and of no force and effect. The parties hereby object to and reject the terms and conditions of any acknowledgement, order acceptance, or purchase order which are inconsistent with or in addition to the general conditions of this Proposal.

18. **Attorneys' Fees.** In any action in law or in equity, including an action for declaratory relief, brought to enforce or interpret the provisions of this Proposal, the prevailing party shall be entitled to reasonable attorneys' fees which the court may set in the same or in a separate action brought for that purpose, in addition to any other available relief.
19. **Independent Contractor.** Both parties acknowledge and agree that Simon is acting under this Proposal solely as an independent contractor, and not as a partner, joint venture or employee of the Customer and neither party shall have any authority to act for or bind or obligate the other in any manner whatsoever, except to the extent specifically set forth herein or as may hereafter be specifically authorized in writing by both parties.
20. **Limitation of Liability.** Notwithstanding anything in this Proposal to the contrary, in no event shall Simon be liable to the Customer or any of its employees, agents, subsidiaries, or any other third party for any consequential, punitive or liquidated damages arising out of or resulting from Simon's performance under this Proposal.
21. **Miscellaneous.** If any term, covenant, condition or provision of this Proposal are held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions of this Proposal shall remain in full force and effect and shall in no way be affected, impaired or invalidated. The failure of either party at any time to enforce any right or remedy available to it under this Proposal with respect to any breach or failure shall not be construed to be a waiver of such right or remedy with respect to any other breach or failure by the other party. This Proposal may not be delegated or assigned by either party without the other party's written consent and any purported delegation of duties or assignment of rights by either party under this Proposal is void unless the delegating party has obtained the other party's prior written consent. All causes of action which either party may have against the other as a result of breach of any term or condition, representation or warranty of this Proposal shall survive any expiration or termination of this Proposal. Simon and the Customer agree that this Proposal is to be binding upon their respective successors, permitted assigns, heirs, executors and administrators.

Proposed Cost

The cost to develop and implement the SR PreVision™ Roof Asset Management Program is based on the size of the portfolio. Our proposed cost includes the following items as detailed in the Scope of Work.

- An exhaustive inventory of the roofing portfolio
- Roof inspection and analysis
- Laboratory testing of the roof membrane
- Infrared Thermography Scans as needed to determine presence of moisture
- Roof condition reports and ratings using a Green-Amber-Red-Purple rating scale
- Calculations of the remaining useful life and the depletion rate of the portfolio
- Benchmarking and modeling for planning and budgeting
- Identification of opportunities to restore roofs to a watertight standard and delay replacement
- Access to the online roof asset management system

The following is a breakdown of costs associated with the SR PreVision™ program:

Building Location	Total Roof Size
Tri-County Behavioral Healthcare - Emergency Treatment Facility; 706 Old Montgomery Rd Conroe, TX 77301	13,504 square feet

Item	Cost
SR PreVision™ as detailed in Scope of Work	\$1,000.00

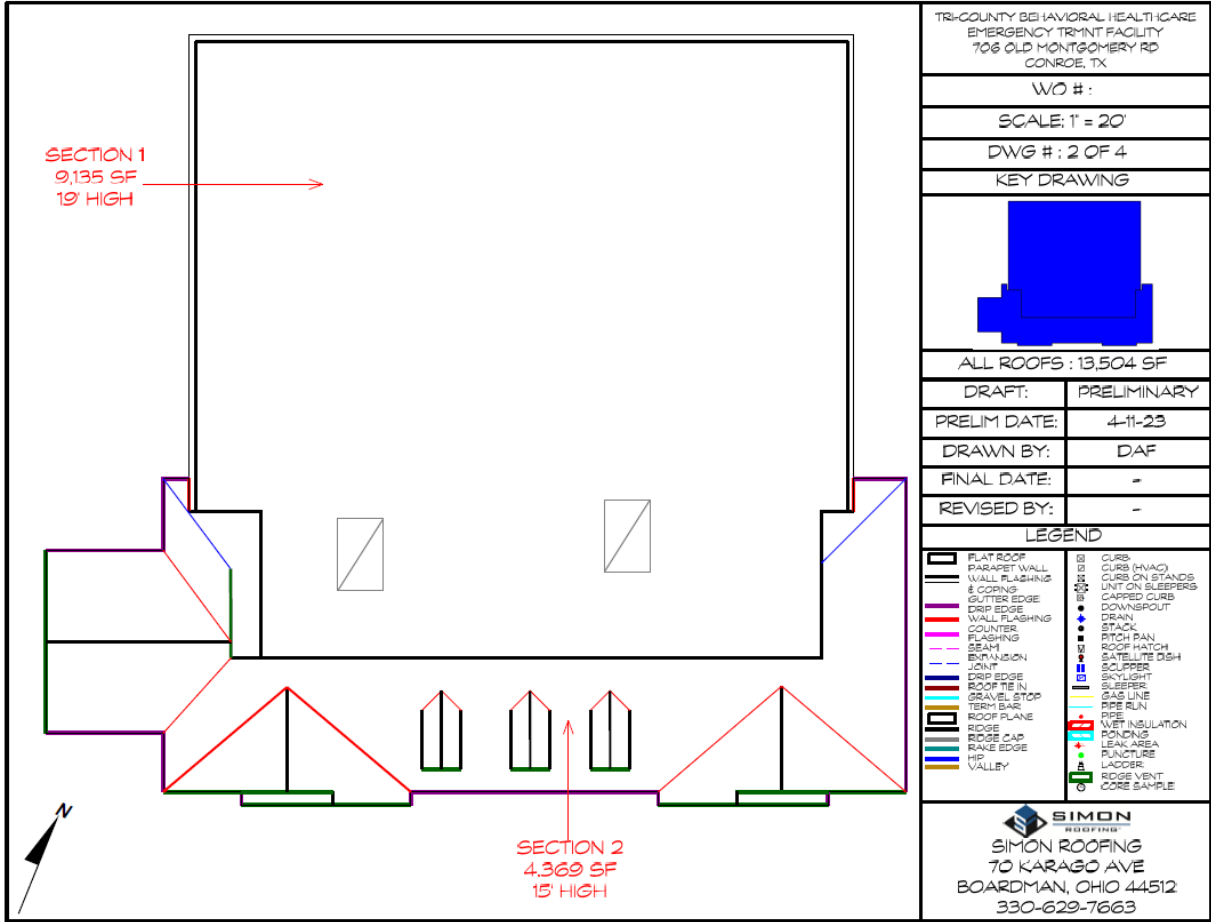
ACCEPTANCE OF PROPOSAL

The prices, conditions and specifications as outlined above are satisfactory and are hereby accepted. Acceptance of this proposal authorizes Simon Roofing and Sheet Metal Corporation to do the work as specified. Once accepted by Customer, this Proposal shall become a binding agreement. Please return one (1) signed copy of the Proposal.

Authorized Signature

Date

Printed Name and Title



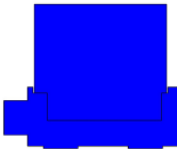
TRI-COUNTY BEHAVIORAL HEALTHCARE
EMERGENCY TRIAGE FACILITY
706 OLD MONTGOMERY RD
CONROE, TX

WO # :

SCALE: 1" = 20'

DWG # : 2 OF 4

KEY DRAWING



ALL ROOFS : 13,504 SF

DRAFT: PRELIMINARY

PRELIM DATE: 4-11-23

DRAWN BY: DAF

FINAL DATE: -

REVISED BY: -

LEGEND

- | | |
|------------------------|------------------|
| FLAT ROOF | CURB |
| PARAPET WALL | CURB (HVAC) |
| WALL FLASHING & CORING | CURB ON STANDS |
| GUTTER EDGE | UNIT ON SLEEPERS |
| DROP EDGE | CAPPED CURB |
| WALL FLASHING | DRAIN |
| COUNTER FLASHING | STACK |
| SEAM | RITCH PAN |
| EMBODISON | ROOF HATCH |
| JOINT | SATELLITE DISH |
| DROP EDGE | SCUPPER |
| ROOF TIE IN | SKYLIGHT |
| GRAVEL STOP | SLEEPER |
| TERM BAR | GAS LINE |
| ROOF PLANE | PIPE RUN |
| RIDGE | PIPE |
| RIDGE CAP | WET INSULATION |
| RAKE EDGE | FLASHING |
| HP | LEAK AREA |
| VALLEY | FRACTURE |
| | LADDER |
| | RIDGE VENT |
| | CORE SAMPLE |



SIMON ROOFING
70 KARAGO AVE
BOARDMAN, OHIO 44512
330-629-7663

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date April 27, 2023
Background Information: As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
Supporting Documentation: Second Quarter FY 2023 HUD 811 Report	
Recommended Action: For Information Only	

1st Quarter FY 2023 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board held a meeting on March 24, 2023 where they reviewed financial statements, project status reports, approved the electronic filing of the FY 2022 Audit with HUD REAC and reviewed the 990.

Tri-County staff made a visit to the property on March 30, 2023 in conjunction with Tri-County's Intellectual and Developmental Disabilities (IDD) Local Planning. The property is currently at 100% occupancy and there are three approved people on the waiting list.

MDP Management submitted a Budget Based Rent Increase request to HUD for the annual Rent Contract renewal on March 4, 2023. MDP Management is requesting an increase from \$14,736 monthly to \$16,362 an 11.05% increase. MDP Management is requesting the increase due to the significant increase in insurance, utility cost increases and parts and equipment cost increases.

The CSHI Board currently has three members which is the minimum membership allowable per the bylaws. For this reason, we are actively seeking recommendations for additional membership as they become available. Please contact Tanya with any potential leads.

The Montgomery Supported Housing, Inc. Board (MSHI)

The MSHI Board held a meeting on March 21, 2023 where they reviewed financial statements, project status reports, approved the electronic filing of the FY 2022 Audit with HUD REAC and reviewed the 990. The property is currently at 100% occupancy and there are four approved people on the waiting list.

The current outstanding payable to Tri-County is \$32, 286.

The MSHI Board currently has five members with the addition of a new member Mildred Galbreath.

The Independence Communities, Inc. Board (ICI)

The ICI Board held a meeting on March 23, 2023 where they reviewed financial statements, project status reports, approved the electronic filing of the FY 2022 Audit with HUD REAC and reviewed the 990.

Tri-County staff made a visit to the property on March 28, 2023 in conjunction with Tri-County's Local Planning meeting. There was turnover in one unit since the last update. The property is now 100% occupied and there are four approved applications for the one-bedroom waiting list

and three on the two-bedroom waiting list. One of their units was affected by the latest freeze, the unit was repaired shortly after the damage occurred.

The ICI Board currently has four members. We continue to actively seek recommendations for additional membership as they become available. Please contact Tanya with any potential leads.

Agenda Item: Board of Trustees Unit Financial Statements as of March 2023

Board Meeting Date

April 27, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

March 2023 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

Unit Financial Statement

FY 2023

March 31, 2023

	March 2023 Budget	March 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 13,489	\$ 13,489	\$ -	\$ 1	\$ 23,125
Total Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 13,489	\$ 13,489	\$ -	\$ 1	\$ 23,125
Expenses								
Insurance-Worker Compensation	\$ 13	\$ 3	\$ 10	\$ 87	\$ 30	\$ 57	\$ 3	\$ 150
Legal Fees	\$ 1,500	\$ -	\$ 1,500	\$ 10,500	\$ 6,000	\$ 4,500	\$ 2	\$ 18,000
Training	\$ 75	\$ 100	\$ (25)	\$ 525	\$ 100	\$ 425	\$ 5	\$ 900
Travel - Local	\$ 42	\$ -	\$ 42	\$ 292	\$ -	\$ 292	\$ -	\$ 500
Travel - Non-local mileage	\$ 35	\$ -	\$ 35	\$ 248	\$ 424	\$ (176)	\$ 1	\$ 425
Travel - Non-local Hotel	\$ 217	\$ -	\$ 217	\$ 1,516	\$ 604	\$ 912	\$ 3	\$ 2,600
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 321	\$ -	\$ 321	\$ -	\$ 550
Total Expenses	\$ 1,927	\$ 103	\$ 1,824	\$ 13,489	\$ 7,158	\$ 6,331	\$ 2	\$ 23,125
Total Revenue minus Expenses	\$ (0)	\$ 1,824	\$ (1,824)	\$ -	\$ 6,331	\$ (6,331)	\$ (1)	\$ -

UPCOMING MEETINGS

May 25, 2023 – Board Meeting

- Approve Minutes from April 27, 2023 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2023
- Program Updates
- Personnel Report for April 2023
- Texas Council Risk Management Fund Claims Summary as of April 2023
- Approve Financial Statements for April 2023
- Approve FY 2023 Auditor and Solicit Audit Engagement Letter
- Board of Trustees Unit Financial Statement as of April 2023

June 2023 – No Board Meeting

July 27, 2023 – Board Meeting

- Approve Minutes from May 25, 2023 Board Meeting
- Community Resources Report
- Consumer Services Report for May and June 2023
- Program Updates
- FY 2023 Goals & Objectives Progress Report Year to Date
- 3rd Quarter FY 2023 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2023 Corporate Compliance Training
- Appoint Nominating Committee for FY 2024 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2023
- Texas Council Risk Management Fund Claims Summary for May and June 2023
- Approve Financial Statements for May and June 2023
- Approve Audit Engagement Letter
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker's Compensation Coverage
- Review Tri-County's FY 2021 990 Tax Return Prepared by Eide Bailly LLP
- 3rd Quarter FY 2023 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2023
- Tri-County Consumer Foundation Board Update
- HUD 811 – Cleveland, Montgomery & Huntsville Updates

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 Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated January 2023