

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

August 31, 2023



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, August 31, 2023. The Business Committee will convene at 8:45 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

- II. **Approve Minutes - July 27, 2023**

- III. **Executive Director’s Report - Evan Roberson**
 - A. IDD Summit
 - B. OIG Audit Updates
 - C. SmartCare Update
 - D. Grant Applications
 - E. SAMHSA No Cost Extension Status
 - F. Huntsville C&Y Clinic Remodel Updates

- IV. **Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2023 Audit Update
 - B. CFO Consortium
 - C. Workers’ Compensation Audit for FY 2023
 - D. Update on Vehicle Purchases

- V. **Program Committee**
 - A. Approve IDD Local Plan for FY 2024-2025..... 10-23
 - B. Approve IDD Quality Management Plan for FY 2024-2025..... 24-46

Information Items

 - C. Community Resources Report..... 47-50
 - D. Consumer Services Report for July 2023..... 51-53
 - E. Program Updates..... 54-59

- VI. **Executive Committee**

Action Items

 - A. Annual Election of FY 2024 Board Officers..... 60
 - B. Executive Director’s Evaluation, Compensation & Contract for FY 2024..... 61

Information Items

C. Personnel Report for July 2023..... 62-64
 D. Texas Council Risk Management Fund Claims Summary as of July 2023..... 65-66

VII. Business Committee

Action Items

A. Approve July 2023 Financial Statements..... 67-81
 B. Approve FY 2023 Year End Budget Revision..... 82-85
 C. Approve Proposed FY 2024 Operating Budget..... 86-89
 D. Award Bid for 402 Liberty St, Cleveland, Texas..... 90-92
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 F. Ratify Heath and Human Services Commission Contract No. HHS001333300037,
 Intellectual and Developmental Disability Authority Services..... 95
 G. Ratify Heath and Human Services Commission Local Mental Health Authority Performance
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 H. Ratify HHCS Contract No. HHS000477100006, Amd No. 2 Community Mental Health
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 I. Ratify HHSC FY 2024 Children’s Autism Grant Program Cntr No. HHS000693900003, Amd 3..... 98
 J. Approve the FY 2023 Contract Addendum for James D. Phillips - Peace Officer..... 99
 K. Approve the FY 2024 Lifetime Homecare Services Contract..... 100
 L. Approve the FY 2024 RecessAbility, Inc. Contract..... 101
 M. Approve the FY 2024 Avail Solutions, Inc. Contract..... 102
 N. Approve the FY 2024 Kingwood Pines Inpatient Hospital Contract..... 103
 O. Approve the FY 2024 Woodland Springs Inpatient Hospital Contract..... 104
 P. Approve the FY 2024 Cypress Creek Inpatient Hospital Contract..... 105
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 S. Approve the FY 2024 Contract for James D. Phillips - Peace Officer..... 108
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 V. Ratify HHSC Treatment Adult Services (TRA) Contract No. HHS000663700009, Amd No 3..... 111
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 Contract No. HHS000886900001, Amd No. 2..... 112
 X. Ratify Health and Human Services Commission Substance Use Prevention Grant Program
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 AA. Approve the FY 2024 Crown Cleaning Services Contract..... 116
 BB. Appoint New Director to Tri-County’s Consumer Foundation Board of Directors..... 117

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CC. Board of Trustees Unit Financial Statement for July 2023..... 118-119

VIII. Executive Session in Compliance with Texas Government Code Section 551.071 - Consultation with Attorney; Section 551.072 - Real Property, 402 Liberty Street, Cleveland, TX; and Section 551.074 - Personnel, Executive Director Evaluation.

Posted By:
 Ava Green - Executive Assistant

BOARD OF TRUSTEES MEETING
July 27, 2023

Board Members Present:

Gail Page
Morris Johnson
Sharon Walker
Richard Duren
Carl Williamson
Tracy Sorensen

Board Members Absent:

Patti Atkins
Jacob Paschal
Tim Cannon

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Catherine Prestigiovanni, Director of Strategic Development
Tanya Bryant, Director of Quality Management and Support
Stephanie Ward, Director of Adult Behavioral Health
Beth Dalman, Director of Crisis Access
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jamila Brinson, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: None

Call to Order: Board Vice-Chair, Gail Page, called the meeting to order at 10:03 a.m.

Public Comment: There was no public comment.

Quorum: There being six (6) Board Members present, a quorum was established.

Resolution #07-27-01**Motion Made By:** Morris Johnson**Seconded By:** Tracy Sorensen, with affirmative votes by Sharon Walker, Carl Williamson and Richard Duren that it be...**Resolved:**

That the Board approve the absence of Patti Atkins, Jacob Paschal and Tim Cannon.

Resolution #07-27-02**Motion Made By:** Morris Johnson**Seconded By:** Richard Duren, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be...**Resolved:**

That the Board approve the minutes of the May 25, 2023 meeting of the Board of Trustees.

Program Presentations:

- Essay Contest Winners
- Longevity Recognitions

Executive Director's Report:

The Executive Director's report is on file.

- OIG Audit
- Cleveland Facility Update
- Huntsville Child and Youth Clinic Update
- Huntsville ISD School Clinics
- ISS Site Reviews
- Grant Opportunities
- Legislative End of Session Report

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2024 Budget Update
- FY 2023 Year End Budget Revision
- FY 2023 Audit
- HHSC MH Fiscal Compliance Desk Review
- Directed Payment Program (DPP) Year 1 Reconciliation Update

PROGRAM COMMITTEE:

Resolution #07-27-03

Motion Made By: Sharon Walker

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

Resolved:

That the Board appoint Bonnie Atkinson as a new Mental Health Planning Network Advisory committee member to the remainder of a two year term which expires August 31, 2023 and Stefani Gibson to the remainder of a two year term which expires August 31, 2024.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for May and June 2023 were 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 3rd Quarter FY 2023 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 4th Quarter FY 2023 Corporate Compliance Training Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

In the absence of Board Chair Patti Atkins and by the direction of Board Chair Patti Atkins, Board Vice-Chair Gail Page nominated Gail Page, Tracy Sorensen, Jacob Paschal and Morris Johnson to the Nominating Committee for the FY 2024 Board Officers. Gail Page was chosen as the Chair of this committee.

In the absence of Board Chair Patti Atkins and by direction of Board Chair Patti Atkins, Board Vice-Chair, Gail Page nominated Tim Cannon, Sharon Walker, Carl Williamson and Richard Duren to the Executive Director's Evaluation Committee. Tim Cannon was chosen as the Chair of this committee.

Resolution #07-27-04

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve the revision to Board Policy E.5, Depositories.

The Personnel Reports for May and June 2023 were reviewed for information purposes only.

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

Dates of Scheduled Board Meetings for Calendar Year 2024 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #07-27-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the May 2023 Financial Statements.

Resolution #07-27-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the June 2023 Financial Statements.

Resolution #07-27-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Auditor Engagement letter from Scott, Singleton, Fincher and Company P.C. for the FY 2023 Independent Financial Audit.

Resolution #07-27-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve recommendation for FY 2024 Employee Health Insurance, Basic Life/Accidental Death and Dismemberment and Long-Term Disability Plans.

Resolution #07-27-09

Motion Made By: Morris Johnson

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

Resolved:

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

Resolution #07-27-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the purchase of six (6) mid-size SUV's at a price not to exceed \$35,100 each based on availability of vehicles at the time of purchase.

Resolution #07-27-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the purchase of a vehicle at a price not to exceed \$37,000 based on availability at the time of purchase and approve the purchase of a vehicle partition at a price not to exceed \$1,200.

Resolution #07-27-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve FY 2023 contract addendum for Dr. Stacy Russell for up to \$60,000.

Resolution #07-27-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify FY 2023 HHSC Contract No. HHS001325300036 YES Pre-Engagement Services.

Resolution #07-27-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board appoint Ms. Susan Bergman to serve on the Cleveland Supported Housing, Inc. Board for a term which expires January 2024.

The 2021 990 Tax Return was reviewed for information purposes only.

The 3rd Quarter FY 2023 Investment Report was reviewed for information purposes only.

Agenda Item: Intellectual and Developmental Disabilities (IDD)
Local Provider Network Development Plan (Local Plan)

Board Meeting Date

August 31, 2023

Committee: Program

Background Information:

Currently, the IDD Performance Contract requires Community Centers to have a Local Provider Network Development Plan (Local Plan), in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services.

For Fiscal Years 2024 and 2025, staff completed the planning process with stakeholders of persons with IDD or related conditions. A series of seven (7) planning meetings were held across our four (4) primary service areas. Meeting options were offered during both daytime and evening hours, one planning meeting was offered in Spanish, and a virtual option was provided for those individuals who may not be able to drive or leave their loved ones unattended. Surveys were distributed to stakeholders during the planning process in both paper and electronic format and staff reached out to stakeholders via phone to solicit additional input for the plan. Prior to completion, the draft plan was reviewed with the State Supported Living Center (SSLC) and the IDD Planning and Network Advisory Committee (IDD PNAC) for comment.

Stakeholders are interested in the following focus areas for this plan:

- Continued need for greater awareness in the community (families, employers, legislative staff, educational system, healthcare providers, etc.) about IDD to include the needs of individuals and families as well as how community organizations are working with and impacted by IDD;
- Development of additional resources for services and supports. Feedback specifically cited challenges with long interest lists for waiver services, services and supports for individuals with Autism to include supports for those who may not qualify for waiver services, and the need for additional respite and local transportation options;
- Staff retention and reduction of turnover whenever possible.

These focus areas can be viewed in the Stakeholder Information Summary section of the IDD Local Plan on page 10.

Supporting Documentation:

IDD Local Plan for FY 2024-2025

Recommended Action:

Approve the IDD Local Plan for FY 2024-2025

Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Local Plan
For Fiscal Years 2024 – 2025**

Board Chair

Date

Tri-County Behavioral Healthcare

Intellectual and Developmental Disabilities Local Plan

Introduction

In January 2023, Tri-County Behavioral Healthcare (Tri-County) initiated the Fiscal Year 2023 planning process to determine the direction of services for persons with Intellectual and Developmental Disabilities (IDD). During the planning process, Tri-County staff collected survey information from individuals served, families, interested community members and local officials (stakeholders) regarding the direction for services. Tri-County coordinated one virtual and five face to face stakeholder meetings in order to continue efforts to educate local stakeholders about our services and seek input from this growing population regarding special needs. Three evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. Information gathered from these activities has been evaluated and will be discussed later in this plan.

Mission Statement for Tri-County

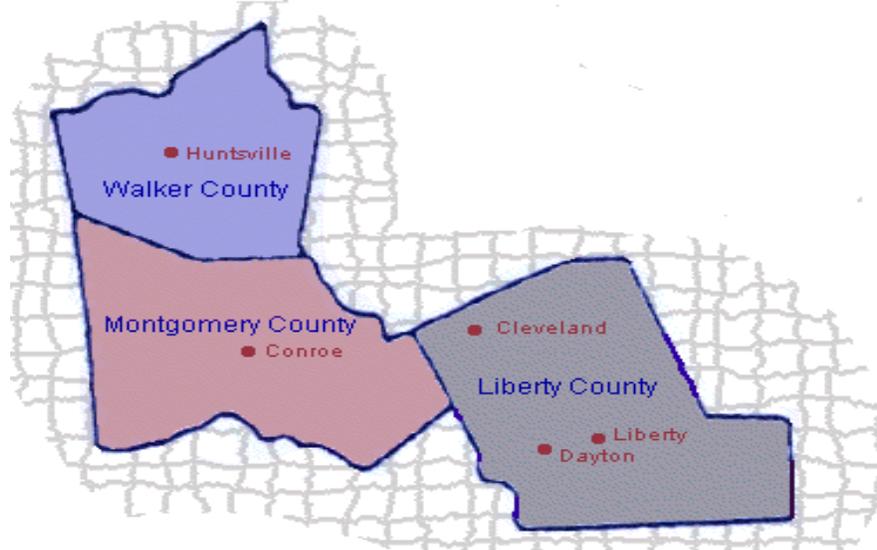
Our mission is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance use disorders and Intellectual and Developmental Disabilities.

Vision of Tri-County

Our vision is to develop a mental health and developmental disabilities care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community. To achieve our vision, we will partner with the community to:

- Expand the availability of new and existing resources; and
- Assure the availability of technically and culturally competent staff.

Service Area Demographics



Tri-County's service area covers a three county area just north of Houston to include Montgomery, Liberty and Walker Counties. The most populous of the three counties in the Tri-County service area is Montgomery County which is located on the northern boundary of Harris County. It consists of 1,077 square miles of rural and urban areas with a population estimate of 648,886 (2021 U.S. Census Estimate). The racial makeup is 58.7% Caucasian, 26.4% Hispanic or Latino, 7.4% African American, 3.5% Asian, 1.6% American Indian and Alaska Native, and 0.3% Native Hawaiian and other Pacific Islander with 2.1% indicating two or more races (2021 U.S. Census Estimates). Individuals under the age of 18 make up 25.6% of the population and the per capita income in the past 12 months (in 2021 dollars) was \$44,256 (2022 U.S. Census Estimate).

Liberty County is the contiguous county east of Harris and Montgomery Counties and has 1,176 square miles with a population of 97,621 (2021 U.S. Census Estimate). The racial makeup is 50.5% Caucasian, 34.3% Hispanic or Latino, 10.2% African American, 2.2% American Indian and Alaska Native, 0.7% Asian, and 0.1% Native Hawaiian and Other Pacific Islander with 1.7% indicating two or more races (2021 U.S. Census Estimates). Children under the age of 18 make up 29.5% of the population and the per capita income in past 12 months (in 2021 dollars) is \$23,475 (2022 U.S. Census Estimate).

Walker County is north of Montgomery County, consists of 802 square miles and is considered rural. With a population estimate of 77,977, the racial makeup is 53.4% Caucasian, 24.3% African American, 18.7% Hispanic or Latino, 1.2% Asian, 0.8% American Indian and Alaska Native and 0.1% Native Hawaiian and Other Pacific Islander with 1.6% indicating two or more races (2021 U.S. Census Estimate). Individuals under the age of 18 make up about 14.4% of the population and the per capita income in the past 12 months (in 2021 dollars) is \$20,814 (2022 U.S. Census Estimate).

For Walker and Liberty Counties, it should be noted that all Texas Department of Corrections inmates are counted in the census numbers. In addition to inflating the number of residents in the county, the inmate population has historically been disproportionately ethnic.

Montgomery County continues to be one of the fastest growing counties in the United States with a 41.3% growth rate estimated from 2010 to 2021 (USAFacts.org). Additionally, the city of Conroe is ranked number six among the top 100 US cities for economic and population growth for 2022 in a new study by SmartAsset (Smartasset.com).

According to a KHOU 11 News Houston investigative report citing a U.S. Census report, Liberty County's Hispanic population has 'more than doubled over the last decade' (Cheryl Mercedes, September 25, 2021). Despite this report, the census number for Hispanic or Latino persons in the Tri-County catchment area believed to be underreported due to concerns about governmental survey processes.

Persons served with Intellectual and Developmental Disabilities

Priority Population

The IDD priority population consists of persons who meet one or more of the following:

- A person with an Intellectual Disability, as defined by Texas Health and Safety Code §591.003 (15-a);
- A person with Autism Spectrum Disorder, as defined in the current edition of the Diagnostic and Statistical Manual;
- A person with an HHSC approved related condition who is eligible for, and enrolling in services in the ICF/IID, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- A nursing facility resident who is eligible for specialized services for Intellectual Disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- A child who is eligible for Early Childhood Intervention services through HHSC; and
- A person diagnosed by an authorized provider as having a Pervasive Developmental Disorder through a diagnostic assessment completed before November 15, 2015.

Service Population Prioritization

Since resources are insufficient to meet the service needs of every individual in the IDD priority population, services should be provided to meet the most intense needs first. Intense needs are determined as follows:

- An individual is in danger or at risk of losing his or her support system, especially the living arrangements or support needs to maintain self;
- An individual is at risk of abuse or neglect;
- An individual's basic health and safety needs are not being met through current supports;

- An individual is at risk for functional loss without intervention, preventive or maintenance services; or
- An individual demonstrates repeated criminal behavior.

Persons Served in FY 2022

In Fiscal Year 2022, Tri-County provided IDD Services to 1551 individuals with IDD and their families.

Priority Population Prevalence Data

On average, 2-3% of the total population will have an IDD diagnosis or a related condition. If this prevalence data is applied to our service area, it is estimated that approximately 24,700 persons in Tri-County's service area have a qualifying diagnosis for state funded IDD Services.

Current Tri-County Service Array

Tri-County currently provides the following services for the IDD Population:

- Screening – The process of gathering information to determine the need for services.
- Eligibility Determination – An interview and assessment or endorsement conducted to determine if an individual has an Intellectual Disability or is a member of the IDD priority population. IDD Waiver Program Eligibility is determined using criteria established by HHSC.
- Service Coordination – Assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve a quality of life and community participation acceptable to the individual as described in the Plan for Services and Supports.
- Continuity of Services – Service Coordination performed for:
 - An individual residing in a State IDD facility whose movement to the community is being planned or for an individual who formerly resided in a State facility and is on community-placement status; or
 - An individual enrolled in the ICF/IDD program to maintain the individual's placement or to develop another placement for the individual served.
- Service Authorization and Monitoring – Service Coordination provided to an individual who is assessed as having a single need.
- Service Coordination- HCS or TxHmL Program – Service Coordination for individuals enrolled in the HCS or TxHmL Program.
- Habilitation Coordination – Assistance for a designated resident residing in a nursing facility to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the designated resident and legally authorized representative on the designated resident's behalf.

- Community Support – Individualized activities that are consistent with the individual’s plan of services and supports and provided in the individual’s home and at community locations (e.g., libraries and stores).
Supports may include:
 - Habilitation and support activities that foster improvement of, or facilitate, an individual’s ability to perform functional living skills and other daily living activities;
 - Activities for the individual’s family that help preserve the family unit and prevent or limit out-of-home placement;
 - Transportation for an individual between home and the individual’s community employment or habilitation site; and
 - Transportation to facilitate the individual’s employment opportunities and participation in community activities.
- Independent Living Skills – Individualized activities, provided to individuals in a nursing facility, that are consistent with the Individual Service Plan and provided in a person’s residence and at community locations.
- Behavior Supports – Specialized interventions, provided to individuals in a nursing facility, to assist an individual to increase adaptive behaviors and to replace or modify maladaptive behavior that prevent or interfere with the individual’s inclusion in home, family, or community life.
- Employment Assistance – Assistance provided to an individual related to locating paid, individualized, competitive employment in the community.
- Supported Employment – Assistance provided to help an individual who has paid, individualized, competitive employment in the community, to sustain that employment.
- Day Habilitation – Assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.
- Home and Community-based Services (HCS) – Individualized services and supports provided to persons with Intellectual and Developmental Disabilities who are living with their family, in their own home or in other community settings, such as small group homes.
- Permanency Planning – A philosophy and planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship.
- PASRR Evaluation – An evaluation of an individual in a nursing facility to determine if the individual is appropriately placed and whether they have a mental health or Intellectual and Developmental Disability that would benefit from alternative placement or supplemental services.
- Community First Choice (CFC) – A program that enables Texas Medicaid to provide the most cost-effective approach to basic attendant and habilitation service delivery. The services available in CFC include:
 - Personal assistance services;
 - Habilitation services;

- Emergency response services; and
 - Support management.
- **Respite** – Planned or emergency short-term relief services provided to the individual’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports. This service provides an individual with:
 - Personal assistance in daily living activities and functional living tasks;
 - Habilitation activities;
 - Use of natural supports and typical community services available to all people;
 - Social interaction and participation in leisure activities; and
 - Assistance in developing socially valued behaviors.
- **Crisis Intervention Services** – Support provided to individuals with Intellectual and Developmental Disabilities (IDD) with significant behavioral and psychiatric challenges. Individuals in need of Crisis Intervention Services often exhibit significant needs requiring additional support beyond the array of services typically provided within community programs. A “Crisis” is defined as a situation in which the individual presents an immediate danger to self or others, the individual's mental or physical health is at risk of serious deterioration, an individual believes he or she presents an immediate danger to self or others, or that his or her mental or physical health is at risk of serious deterioration. To avoid or lessen the crisis, crisis respite may be provided to an individual on a short-term basis (up to 14 calendar days). This respite may be in-home or out-of-home.
- **Autism Program Services** – Applied Behavior Analysis (ABA) services provided to children ages 3 through 15 years of age who have a diagnosed Autism Spectrum Disorder.

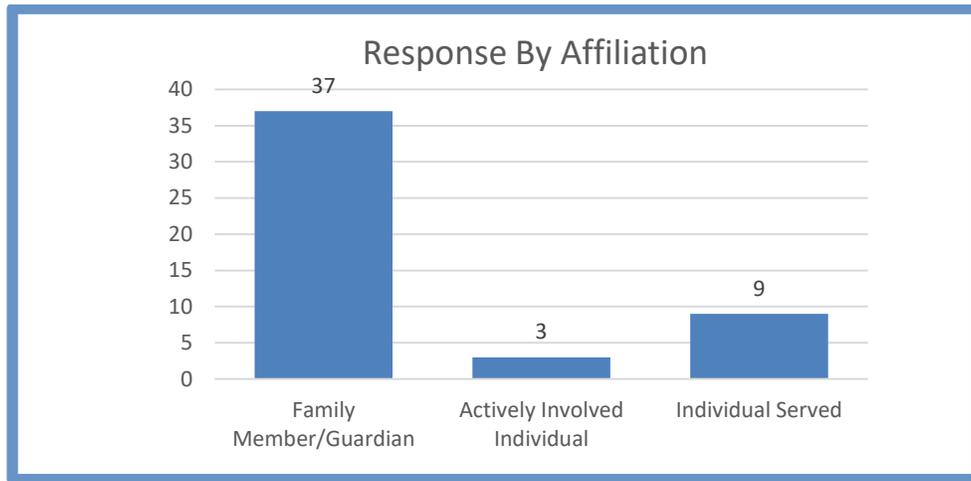
Gathering Public Input in the Planning Process

Survey Response

Tri-County developed a survey about our IDD services which was provided in both English and Spanish to local stakeholders. An online survey option was also made available to stakeholders and distributed via email.

Questions on the survey included both closed and open-ended questions about services and focused on identifying Strengths, Weaknesses, Opportunities and Needs (SWOT) of the IDD community in our area. The information provided by stakeholders through the survey was then incorporated into the final plan.

Planning Responses by Affiliation



Out of the 49 survey responses received, the majority of stakeholders who completed the survey indicated that they are satisfied with the services they receive, however a further analysis of the results also indicated that there remain concerns that services available may not be meeting the community needs. Local stakeholders noted a need for increased services and resources (including transportation, respite, supports and services for individuals with Autism, additional supports for individuals on the interest list as well as additional supports, resources, and education for parents and guardians navigating IDD crisis situations and/or the IDD system of care) to better meet the needs of the community. Additionally, while several respondents reported excellent satisfaction with their service coordinators and others working with them and their family member, a few respondents outlined concerns surrounding staff retention and turnover.

Community Forums

In addition to the survey process, seven meetings were held to gather information from stakeholders about services including both public meetings and meetings with identified stakeholders (i.e. PNAC and an SSLC representative). Interested stakeholders were provided with a brief educational session about Tri-County, the purpose for the planning process and were asked several open-ended questions.

Local Planning Meetings	
Date	Location
January 18, 2023	IDD PNAC Local Planning Kick Off Meeting
March 22, 2023	IDD PNAC Local Planning Meeting
March 28, 2023	Walker County Local Planning Meeting
March 28, 2023	Montgomery County Local Planning Meeting (Spanish)
March 29, 2023	Montgomery County Local Planning Meeting
March 30, 2023	Liberty County Local Planning Meeting (Liberty)
March 30, 2023	Liberty County Local Planning Meeting (Cleveland)

March 31, 2023	All County Local Planning Meeting (Virtual)
April 26, 2023	IDD PNAC Local Planning Meeting – Planning Review
June 7, 2023	IDD PNAC Local Planning Meeting – Planning Review
August 9, 2023	Meeting with SSLC Representative – Review of Draft Local Plan
August 9, 2023	IDD PNAC Local Planning Meeting – Review of SSLC Recommendations and changes to Draft Plan

Planning Session Open-Ended Responses

A series of open-ended questions were asked of local stakeholders through both the survey process and at planning meetings. Below is a summary of where the responses converged for each question asked, taking into account feedback from all planning sessions and participants:

1. *What services would you like Tri-County to provide which are not currently being offered?*

Stakeholders continued to express concerns about the amount of funding available to serve individuals in our service area. While many expressed that they were happy with the services that were offered, they shared that they would like to see more of them as well as more funding to expand these services. Additionally, participants cited concerns over the long State Interest List and a need for adjustments to the system of care to include additional supports for and be more inclusive of individuals with Autism Spectrum Disorders. Specifically, stakeholders cited concerns about the lack of affordable resources and supports for individuals with autism who may not qualify for particular programs due to IQ but are not functionally capable of living independently. Other feedback included: Transportation for individuals to get to and from their place of employment/day habilitation site (as this is sometimes difficult for parents and guardians who need to work), support groups and regular educational opportunities for parents/guardians and socialization opportunities for individuals with IDD and their families.

2. *What services/supports do you think are the most needed for individuals with IDD and/or their family members?*

The number one area that stakeholders cited as the most needed was access to services and supports for young adults with IDD who have graduated high school. These responses included the need for flexible access to services that meet the needs of the individual and family, to include those who may not qualify for waiver programs but are unable to live independently; ABA therapy; respite; transportation; additional opportunities for socialization activities; and additional education and support for parents navigating the complexity of services. Feedback from the SSLC representative indicated similar results with respect to the needs of individuals on the Autism Spectrum and additional education and resources for parents and/or guardians, with the population needing additional focus reported to be slightly younger teens (15-16 age range). Additionally, respite was frequently cited as a high need for family members of individuals with IDD and several participants shared concerns about the available resource not being sufficient to meet the community need.

3. *What could we do to improve the services which are provided to persons with IDD or their families?*

While many stakeholders responded that they were happy with the services and supports they were receiving, there was a general acknowledgment that there was much that could be improved with additional funding. Responses included concerns with the impact that staff turnover can have on individuals with IDD and their families. Participants also cited concerns over the long State Interest List, feedback that eligibility criteria for waiver programs may be too strict and is excluding some individuals who are not able to live independently, and a desire for more local options for affordable long term residential, respite, and transportation options. Feedback on this question also converged around the need to provide additional supports and resources such as support groups or educational opportunities to assist family members and/or parents navigate the complexity of the services and supports, and respondents stressed the importance of daily activities and socialization opportunities for individuals with IDD.

4. *What education related to IDD do you feel is most needed in our community?*

While feedback varied on this response between participants, the following themes presented: Guardianship, Autism, Community Awareness, and the need to provide additional support and education for parents and family members navigating the complexity of services and supports for their loved ones. SSLC feedback included educating families about legislative changes surrounding access to the SSLC when additional guidance becomes available.

Stakeholder Information Summary

Over a time period of several months, Tri-County staff collected information from interested stakeholders about IDD Services provided by the Center and asked for input about other services needed by this population. Although there were a great deal of interesting responses collected in this process, staff believe that the convergence of responses is especially significant. Areas where planning aligned are as follows:

- Belief that the community in general (families, employers, legislative staff, educational system, healthcare providers etc.) continues to need greater awareness about these disorders to include the needs of individuals and families as well as how community organizations are working with and impacted by IDD.
- Belief that individuals and families impacted by IDD need more supports than are available. Feedback specifically cited the challenges with long interest lists for waivers, services and supports for individuals with Autism, services and supports for those who may not qualify for waiver programs, and additional respite and local transportation options. Additionally, participants frequently focused on the need for increased funding to support the growing populations in all counties and the need to expand services in areas experiencing significant growth.
- The continued need to retain quality staff whenever possible to prevent turnover and lessen the impact of change on individuals with IDD and their families.

Tri-County Services Area Goals and Objectives

In March of 2023, Tri-County's IDD Planning Network Advisory Committee reviewed stakeholder input from the local planning process and recommended the general direction for 2024 and 2025 Local Planning Goals and Objectives. Of special concern this planning session were the lack of resources available for transition age youth and adults on the Autism Spectrum, length of the interest lists, the need for additional funding to fill the service gaps that available services and supports don't address, and the continued need for education and supports for parents and guardians navigating the IDD system of care. Before consideration of the Goals and Objectives for this two-year planning period, the following community and Center strengths, needs, and barriers should be considered:

Strengths

- Tri-County has experienced service and management staff that are knowledgeable about Health and Human Services rules and contract requirements.
- Tri-County has a history of fiscal and program audit excellence.
- Tri-County remains focused on providing the best services possible for persons with Intellectual and Development Disabilities.
- Tri-County has a long-standing positive relationship with the community and has increased visibility and collaboration with many community partners over the past several years.
- Tri-County has excellent Board governance and positive relationships with State and County officials.
- Tri-County continues to strengthen data reporting and outlier management.

Community Needs and Priorities

- Tri-County needs additional financial resources to keep up with the growth in our service area and to fill gaps in care.
- Tri-County needs to continue to seek innovative ways to make stakeholders aware of our services and educate them about the disorders that their family members are experiencing while focusing on eliminating stigma and myths and promoting positive opportunities for community involvement (i.e. employment opportunities).
- Tri-County needs to continue to educate the community on navigating the IDD system of care including information on interest lists, waivers, and preparing individuals with IDD and their families for changes and resources available during typical developmental life stages.

Barriers

- There has been rapid growth of the Tri-County service area while funding has not been able to keep up with the need. In addition to service needs, Tri-County's geographical location bordering Harris County presents a challenge providing competitive salaries as a means to retain staff who can find higher pay for similar positions in the area.

- Health and Human Services contract requirements do not provide much opportunity for flexibility in service design with current available funding.
- Community stigma exists for persons with IDD which can limit opportunities, some stakeholders have voiced concern about trends which may limit community integration and encourage more restrictive solutions.
- There are only very limited public transportation opportunities in the Tri-County service area.
- State regulations and mandates put centers at a disadvantage when competing with non-governmental entities for services.

Outcome

Tri-County will ensure the provision of quality services for individuals with IDD and enhance the quality of life in our community.

Goals and Objectives

Goal: Administrative Support for the Local Plan

Objective: Tri-County will continue to seek Grant and Resource Development opportunities and seek funding for new IDD programs including services that may benefit transition age youth and adults with Autism, and or expansion as available.

Objective: Tri-County will use relationships with local and state officials to continue explaining the need for additional funding in our service area to include discussions of needs related to transportation, housing, respite, peer supports and services for individuals with autism spectrum diagnoses and those who have aged out of the public-school system.

Objective: Tri-County and the local and regional Planning Network Advisory Committees will continue to review the cost effectiveness of the current service design and will make recommendations about service design changes as appropriate which will provide greater efficiency.

Objective: Tri-County will continue to use their Quality Management and Compliance Departments to evaluate programs for contract compliance and quality of services and will make efforts to ensure health, safety, and well-being of persons in services.

Goal: Improve Transportation Options

Objective: Tri-County will continue to have conversations with local stakeholders involved in the development of community transportation options to ensure that our service locations and population served are considered in any future plans.

Objective: Tri-County will continue to assist individuals served and their family members/significantly involved individuals with awareness of all community service options related to transportation.

Objective: Tri-County will continue to discuss community transportation needs with city, county and state officials to ensure that funding needs are recognized and potential opportunities are made available.

Goal: Community Education

Objective: Tri-County will seek opportunities to provide education to the community that will reduce stigma and lead to a better understanding of individuals with IDD and the value of community integration.

Objective: Tri-County will continue to provide education and information to the community on the services available as well as how to get on the State Interest list and why this is important as well as key information necessary to access needed services and supports, including legislative changes, as needed.

Goal: Staff Retention

Objective: Tri-County will continue to seek ways to retain current staff over the next planning cycle.

Objective: Tri-County will continue to seek opportunities to provide development and growth for the current workforce.

Agenda Item: Intellectual and Developmental Disabilities
Quality Management Plan

Board Meeting Date

August 31, 2023

Committee: Program

Background Information:

As a part of the planning activities for persons with IDD which were undertaken this year, the IDD Quality Management Plan was reviewed and updated as necessary to ensure compliance with HHSC contract requirements and Texas Administrative Code (TAC). This plan will remain in effect for two years, unless a program change requires the plan to be revised.

Supporting Documentation:

IDD Quality Management Plan for FY 2024-2025

Recommended Action:

Approve the IDD Quality Management Plan for FY 2024-2025

Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Quality Management Plan
For Fiscal Years 2024-2025**

Evan Roberson, Executive Director

Date

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Chapter 1: Introduction to the Quality Management Program

Introduction

The Intellectual and Developmental Disabilities (IDD) Quality Management (QM) Plan is a document written to provide a qualitative framework of activities that are designed to ensure that individuals who are receiving services through Tri-County Behavioral Healthcare (Tri-County), are receiving quality services provided by culturally competent and adequately trained staff in a manner that is financially viable.

The IDD QM Plan is guided by Tri-County's stakeholders, the performance contract between Tri-County and the Texas Health and Human Services Commission (HHSC), the Board of Trustees, the Center's Local Provider Network Development Plan (Local Plan), East Texas Behavioral Healthcare Network (ETBHN), the Management Team, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDD PNAC), and the Regional Planning Network Advisory Committee (RPNAC).

The QM Department continues to work closely with program managers and direct service staff to ensure that they are compliant with contract requirements and Texas Administrative Code (TAC). We are constantly measuring, assessing, analyzing, and striving to improve our local authority services, functions, access, capacity, rights, safety, and health processes. These areas are reviewed through, continuous quality improvement, using available data, in order to ensure that our stakeholders receive the highest quality of services possible. In addition, the program remains committed to ensuring contract compliance including the accuracy, consistency, and timeliness with which service provision information is provided to HHSC.

MISSION, VISION AND PHILOSOPHY STATEMENT

Mission

Our mission is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance use disorders and intellectual and developmental disabilities.

Vision

Our vision is to develop a mental health and intellectual developmental disabilities care system with adequate resources that ensures the provision of effective and efficient services to meet the need of our community.

To achieve our vision, we will partner with the community to:

- Expand the availability of new and existing resources; and
- Assure the availability of technically and culturally competent staff.

Mission of the Quality Management Department

The mission of the Quality Management Department is to ensure that the highest possible quality of services is provided to our stakeholders through continuous quality improvement.

Direction

The Quality Management Program focuses on a systematic, objective, and continuous process for monitoring, evaluating, and improving the quality and appropriateness of service delivery systems within our organization. The QM Program assists Tri-County in assuring existing standards of care are met and provides the framework to obtain feedback from stakeholders on the manner in which the Center conducts its business.

Intellectual and Developmental Disabilities Authority Responsibilities

Tri-County continues to ensure that we are developing and managing a network that offers consumer choice to the highest extent possible. Tri-County contracts with outside providers when practical and requires contracted providers meet the same professional qualifications as providers employed by the Center. ETBHN, our local IDDPNAC, and the RPNAC provide best value analysis for Center services on a regular basis. In addition, we analyze Cost Accounting Methodology data and other areas as needed to identify areas where improvements can be made.

To expand our service capacity, Tri-County continues to seek opportunities for grant funding and service contracts. We are also actively pursuing fundraising opportunities and soliciting donations. Additionally, Tri-County continues to analyze and improve productivity so that more services can be provided with existing resources.

Goals of the QM Program

The goals of the QM Program are designed to ensure that Tri-County's QM activities are measuring the key elements of quality services provided to individuals with IDD. These goals are meant to be a foundation for the QM Department and are not intended to be the only activities of the department.

Goal 1: Direct the internal program survey process to consistently, effectively, and efficiently monitor and evaluate the provision of services to individuals with IDD.

Performance Standards:

1. Initiate selected internal program surveys as needed throughout the year and produce reports for programs reviewed.

Measurable Activities:

1. Update, as necessary, all program survey tools to be in compliance with TAC, Medicaid rules, state performance contracts, other state and federal regulations, and any accreditation guidelines as applicable.
2. Complete program surveys for selected programs annually.
3. Provide feedback to reviewed programs that include department strengths, weaknesses, and recommendations for improvement.
4. Provide the program survey report to program managers and the Management Team liaison within four (4) weeks of report completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from program surveys to the IDD Quality and Utilization Management (QUM) Team for evaluation.
7. Continually monitor the program survey process and make modifications as needed to ensure that the process is measuring critical program elements.

Outcomes:

1. All tools used in the program survey process are being reviewed and updated, as necessary, prior to each program survey.
2. Reports are completed for each program and are shared with program managers for their input before being submitted to the Management Team liaison.
3. Reports have been provided within four (4) weeks of completion.
4. The QM Department has followed up with program managers regarding their plan of correction as needed.
5. The current program survey process includes a QM audit of the monthly chart reviews submitted by managers to include a follow up review with managers. This enables the program manager to assess the strengths or weaknesses of their staff in completing person directed plans, progress notes and other areas by viewing areas of focus throughout the year. This process is completed in addition to ongoing review and feedback provided throughout the year on submitted monthly quality assurance audits.

6. Program managers have provided training to program staff when weaknesses are noted during the program survey.
7. The QM Department has presented program results for evaluation, as necessary, at the QUM meetings.

Goal 2: Successfully coordinate the Center’s organizational self-assessment activities as a part of the ongoing evaluation and monitoring process of Tri-County.

Performance Standards:

1. At intervals designated by HHSC, ensure that organizational self-assessment activities are completed and submitted.
2. At intervals designated by HHSC, ensure that applicable improvement plans are completed, submitted, and reviewed.

Goal 3: Support Tri-County in meeting or exceeding all applicable requirements and standards.

Performance standards:

1. Review all new Texas Administrative Codes (TAC) that apply to services for persons with IDD.
2. Review Tri-County’s Policies and Procedures and program desk procedures as a part of the internal program survey process.
3. Assure that all programs know how to quickly access the applicable requirements and standards.

Measurable results:

1. Review all new TAC posted in the TAC Registry within two (2) weeks.
2. Forward relevant TAC to programs within two (2) weeks of review.
3. Look at each program’s training materials (whether maintained in hard copy or electronically) as part of the program survey process to ensure programs have the most current information.
4. Review applicable policies and procedures as part of the program survey process and make recommendations for revision to ensure compliance with current requirements.

Outcomes:

1. The QM Department reviews all new TAC posted in the TAC Registry within two (2) weeks.
2. The QM Department continues to forward all new TAC to appropriate programs within two (2) weeks of review.
3. The QM Department looks at the program training materials during each program survey and assists the manager as needed to ensure that current TAC requirements are included in staff training.

4. The QM Department includes recommendations for policy and procedure updates in the final report as needed.

Goal 4: To ensure individuals served are treated with dignity and respect.

Measurable activities:

1. Monitor allegations of abuse, neglect, and exploitation.
2. Ensure relevant training is provided to staff when trends are noted.
3. Ensure all individuals served are provided with a copy of the rights handbook, that it is explained to them in a way they understand, and is documented in the individual's clinical record.
4. Ensure that all staff know who to contact in the event of an allegation of abuse, neglect, and/or exploitation.
5. Investigate all rights complaints in a timely manner and ensure that these complaints are handled with confidentiality.
6. Make reasonable improvements to programs resulting from complaints of individuals served.
7. For a deficiency identified by HHSC related to critical health, safety, rights, or abuse and neglect, the deficiency will be corrected immediately, and within five (5) business days after receipt of a request from HHSC, a corrective action plan (CAP) will be developed that adequately addresses the correction of the deficiency.

Outcomes:

1. The Rights Protection Officer (RPO) monitors, reports on, and makes recommendations to management regarding abuse, neglect, and exploitation allegations and investigations.
2. When appropriate, the RPO provides or recommends additional training to program staff resulting from allegations in an attempt to reduce instances of abuse, neglect, and exploitation during the fiscal year.
3. The RPO reviews the provision of the rights booklets as a part of the program survey process to ensure that individuals served receive this information upon admission, as well as annually, and that documentation is maintained in the individual's clinical record.
4. During program survey audits, the RPO asks staff questions related to how, where and when to report events of abuse, neglect, and exploitation. The ability of staff to answer these questions correctly is part of the program survey process and the RPO provides feedback to program managers within a reasonable amount of time.
5. The RPO ensures that all complaints are handled with confidentiality and in a timely manner.
6. The RPO and the program managers collaborate to ensure that complaints from individuals served and/or other stakeholders are taken seriously and reasonable changes are made as a result of complaints, if necessary.

7. Tri-County strives to work collaboratively with HHSC to ensure that individuals served receive the best care possible.

Goal 5: To ensure that Contract Targets and Performance Measures are met.

Performance Measures:

1. Serve 120 non-waiver individuals with IDD per quarter.
2. Ensure that 95% of enrollments into HCS meet timelines.
3. Ensure that 95% of enrollments into TxHmL meet timelines.
4. Ensure that 95% of Permanency Plans are completed within the correct timeline.
5. Ensure that 100% of individuals on the HCS and TxHmL interest list are contacted each biennium for review (50% the first contract year).
6. Ensure that 95% of PASRR evaluations or resident reviews meet timeframes.
7. Ensure 95% compliance with assigning PASRR habilitation coordinator within timeframes.
8. Ensure 95% compliance with Community Living Options (CLO) timeframes.
9. Ensure 95% of completed PL1s in which the “Alternative Placement (Disposition)” field is complete within PASRR timeframes.
10. Ensure 95% of referrals are completed when the PASRR evaluations indicate that an individual would like to live somewhere else besides a nursing facility within timeframes.
11. At least 95% of required submissions are completed within timeframes.
12. Ensure 95% of individuals living in an assigned SSLC receive community living options information within timeframes.
13. Ensure 95% of CLOIP’s are completed and submitted within timeframes.
14. Ensure 95% of SSLC annual planning meetings are attended unless requested not to.

Measurable Activities:

1. Monitor Tri-County’s status on all performance measures in the Quality and Utilization Management (QUM) and Junior Utilization Management (JUM) Committees.
2. Issue warnings from the JUM or QUM committees if any of the measures trend low or fall below contract expectations.
3. Ensure that reports used by HHSC to monitor our agencies performance are identified and made available to program staff.

Outcomes:

1. Tri-County continues to ensure performance within the required expectations.
2. UM staff continue to share information about ways non-program departments can assist program staff in meeting targets.
3. UM staff continue to share the status of performance measures with the Management Team liaison.

In addition to the goals above, other QM Responsibilities of the Center to ensure best quality include:

- Effectively monitoring the Center's interest list program.
- Effectively administering the Center's local planning process.
- Effectively monitoring and maintaining contract guidelines.
- Effectively collaborating with Program Staff to ensure continuous quality improvement.

Chapter 2: Quality-Related Responsibilities of Management and Committees

Tri-County is dedicated to promoting a team approach to serving persons with mental illness, substance use disorders, and IDD. Tri-County continues to work diligently at increasing the lines of communication between levels of management, quality-related committees, and all staff. We continue to strive to enrich the lives of individuals served and their families. Although we adhere to the team philosophy, there must also be groups of people identified to focus on specific aspects of the Center. The leadership groups and committees of Tri-County are the following:

The Board of Trustees:

- Responsible for the provision of a comprehensive program of mental health, substance abuse, and IDD services in its service area.
- Strives to obtain the highest quality of service for the lowest cost.
- Establishes mental health, substance abuse, and IDD services directly and/or through contractual arrangements stressing accessibility, availability, acceptability, and continuity of care, based on the financial capability of the Center.
- Develops and executes plans for the continued financial stability and the acquisition of adequate resources to accomplish the purposes and objectives of the Center.
- Establishes an on-going quality assurance program that provides for appropriate and ongoing review systems which monitor client care.
- Reviews, at least quarterly, monthly reports of programmatic and fiscal activities.
- Promotes the objectives of the Center to the community by utilizing the media and other forms of communication.

The Executive Director:

- Ensures the Executive Management Team implements, oversees, and reviews QM activities.
- Ensures the Management Team receives and evaluates internal and external reports outlining QM activities as appropriate.
- Ensures that program operations and policies and procedures are in compliance with local, state, and federal statutes and regulations.
- Evaluates and monitors QM performance outcomes to ensure compliance with the QM plan.
- Appoints members to agency committees.
- Ensures that Center goals and objectives are developed annually and that progress toward goals is monitored on at least a quarterly basis.
- Implements Board Policies through the development of operational procedures.
- Responsible for overall operations of the Center and compliance with the performance contract.

The Management Team:

The Management Team consists of the Executive Director, Chief Operating Officer, Chief Financial Officer, Chief Compliance Officer, Medical Director, Director of Quality Management and Support, Director of IDD Provider Services, Director of IDD Authority Services, Director of Adult Behavioral Health Services, Director of Child & Youth Behavioral Health Services, Director of Strategic Development, Director of Management of Information Systems, Director of Nursing, and Director of Crisis Access.

The Management Team typically meets monthly or as needed and is responsible for:

- Implementing, overseeing, and reviewing QM activities as needed.
- Reviewing and evaluating internal and external reports of QM activities as appropriate.
- Reviewing committee reports to ensure that issues related to individual's needs are properly addressed.
- Monitoring and assuring compliance to all contract requirements, standards, and codes.
- Ensuring that changes in contracts and standards are provided to the relevant program staff.
- Serving as liaisons to all agency committees.
- Reviewing financial reports on a monthly basis.
- Monitoring trends in risk data for employees and individuals served.
- Monitoring results of internal program survey audits for their respective areas of responsibility.

The Administrator of Quality Management:

The Administrator of Quality Management's duty, in cooperation with the Management Team, is to ensure oversight of a QM plan that describes the on-going method for assessing, coordinating, communicating, and improving the QM functions, processes, and outcomes of the Center. The Administrator of Quality Management:

- Co-chairs the IDD Quality and Utilization Management (QUM) Committee.
- Co-chairs the Continuous Quality Improvement (CQI) Committee.
- Serves as a member of the Junior Utilization Management (JUM) Committee.
- Works closely with the Director of QM and Support to carry out recommendations from the Corporate Compliance Committee.
- Works closely with Utilization, Risk Management and IDD program managers to measure, analyze, and improve service capacity and access to services.
- Provides the Management Team liaison with reports for the purpose of oversight and review QM activities.
- Completes all program survey audits for each selected program.
- Monitors QM outcomes on a regular basis.
- Serves as the Rights Protection Officer while monitoring trends in client abuse, neglect, and exploitation and assigns follow-up responsibilities to appropriate staff.
- Coordinates the agency's Random Moment in Time Study (RMTS) program.
- Develops and ensures stakeholder surveys are distributed in all three local service areas as a part of the Local Network Development Process or as needed, and

- monitors results of program specific surveys.
- Monitors the Performance Contract for compliance.

Rights Protection Officer:

- Acts as the Center’s Rights Protection Officer.
- Receives and follows up on complaints until there is resolution.
- Assists the Director of Quality Management and Support with various appeals and fair hearing processes, as needed.
- Monitors rights and abuse data for trends and communicates this information to designated agency committees and Management Team.
- Assists with the completion of all program surveys conducted throughout the year.
- Communicates concerns or trends to the Management Team Liaison.

Risk Manager:

- Chairs the Center’s Safety Committee.
- Monitors safety and health data for trends, and provides information to appropriate committees and Management Team representatives as needed.
- Serves as a member of the Corporate Compliance Committee.
- Assists the Compliance Department conduct compliance investigations and reports quality concerns back to the Quality Management Department.
- Ensures aggregate critical incident data for IDD services is reported accurately and in a timely manner to HHSC.

Human Rights Committee (HRC):

The Rights Protection Officer (RPO) is mandated by the Texas Administrative Code for the protection, preservation, promotion, and advocacy of the health, safety, welfare, legal, and human rights of individuals served. The HRC assists the RPO, as warranted, for collaborative reviews. The responsibilities of the HRC and/or RPO may include:

- Ensuring due process for individuals when a limitation of rights is being considered.
- Meeting as requested by the RPO to conduct business.
- Reviewing behavior modification plans to ensure that individual rights are protected.
- Reviewing medication changes for some individuals if necessary.
- Reviewing the Critical Incident Report (rights, abuse, safety, and neglect) data and making recommendations as appropriate.

Recommendations from the HRC and/or RPO are submitted to the Management Team liaison when adverse trends, patterns, or barriers are identified.

Safety Committee:

The Risk Manager chairs the Center’s Safety Committee. The Safety Committee is comprised of selected members who review data from a variety of sources to identify situations that pose a risk to individuals served, the community, employees, and/or the Center. In conjunction with the Safety Officer, the Safety Committee creates, implements, and maintains a system of tracking, reporting, and evaluating the Center Safety Plan.

Trends, recommendations, and decisions made or identified by the Safety Committee are sent to the Management Team for review. The Safety Committee meets at least quarterly, and as necessary, to conduct business.

Risk Management Team:

The comprehensive Risk Management Team is responsible for the development, implementation, support, monitoring, and evaluation of the comprehensive Risk Management Program. Executive management staff serve as permanent members of this team, with additional staff serving on an as-needed basis. Information on rights and abuse will be presented to the Risk Management Team. A designated Management Team liaison is responsible for ongoing monitoring of trends in risk management at the Center and presents information to the Management Team as often as is necessary to conduct its business.

Quality and Utilization Management (QUM) Committee:

The QUM committee has representation from an array of staff in IDD services. The Director of QM & Support and the Administrator of QM are the committee chairs. Members include the Director of IDD Provider Services, the Director of IDD Authority Services, the Risk Manager (or designee), the Administrator of IDD Authority Services, the Assistant Administrator of IDD Authority Services, and the Assistant Administrator of PASRR & COC. The Director of QM and Support acts as a liaison for the Management Team. The duty of the QUM Committee is to ensure the Center is effectively managing its resources and improving the efficiency of the QUM process. To fulfill its responsibility, the QUM Committee will meet at least quarterly, and will:

- Work to review and coordinate internal auditing of services and programs to ensure compliance with the Texas Administrative Code, the Center's Performance Contracts, the Texas Health and Human Services Commission (HHSC), other state agencies as applicable, and any MOU relevant to the provision of IDD services.
- Review data for IDD Services (i.e. complaints, risk data, abuse/neglect allegations, voter registration activities, staff productivity, interest lists, program satisfaction surveys, and any other data or reports that reflect compliance with quality standards).
- Review any recommendations of the local IDD PNAC and participate in and submit, as requested, information to the RPNAC.
- Review results of program surveys.
- Monitors performance in relation to defined contract performance measures, including outcomes.
- Reviews reports regarding appeals of eligibility for services.
- Makes recommendations to managers, as necessary, regarding changes to the current service delivery and/or data collection system to ensure timely and efficient adherence to required performance measures, including outcomes.
- Makes recommendations, as necessary, to the Management Team on how to efficiently and effectively meet the requirements for various contracts.
- Proposes consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources.
- Review and provide feedback for relevant CQI goals and activities at the Center

(additional information on the Center's CQI Committee and Plan can be found in the Tri-County Mental Health Quality and Utilization Management Plan).

After review of the above, the QUM committee will determine whether there are indications that changes are needed in the delivery of services, to policies and procedures, or to the training needs of staff. The committee's Management Team member will be responsible for presenting the committee recommendations to the Management Team for review and approval as needed.

Junior Utilization Management Committee (JUM):

The Director of Quality Management and Support chairs this committee. The Junior Utilization Management Committee (JUM) includes quality management, utilization management, program, and IT representatives. Additional Center staff, such as financial representatives or other clinical or administrative staff are brought to JUM meetings as deemed necessary. The JUM Committee typically meets at least three times a month to analyze factors that might be affecting Tri-County's ability to meet contract performance or quality service expectations. To fulfill its responsibilities, the JUM Committee:

- Reviews a list of contract expectations and performance on these issues up to the date of the meeting.
- Updates a document that is accessible to all managers, that reflects agency performance on target measures.
- Sends emails to managers of programs that are below contract expectations, informing them of program areas that are not in compliance with contract expectations or that may benefit from quality improvement recommendations.
- Reviews contract due dates and sends reminders to staff about upcoming contract deadlines.
- Creates custom reports for problem areas so staff can be more knowledgeable about factors that are affecting contract compliance.
- Scrutinizes data that is submitted to determine possible data problems that might be affecting performance.
- Invites program managers to present concerns to the committee so that the JUM can assist with problem-solving activities.

Grid Review Team (GRIT):

- Sets up encounter data modalities to ensure correct submission to the HHSC data warehouse.
- Reviews the Charge Master report to ensure that charges are accurate and up to date.
- Reviews the IDD service array to ensure that we are in compliance with the performance contract.
- Reviews service code definitions to ensure that they are in line with the service array and the performance contract.
- Meets as often as necessary to conduct its business and/or when changes are made to relevant documents and contracts.

Corporate Compliance Committee:

The Chief Compliance Officer and the Administrator of Compliance co-chair this committee. The Corporate Compliance Committee is comprised of the Chief Compliance Officer, Administrator of Compliance, the Chief Financial Officer, Billing Manager, Director of Quality Management and Support, and other Center staff as designated by Chief Compliance Officer. The Corporate Compliance Committee is scheduled to meet at least quarterly, but the meetings may be scheduled more frequently, as determined by the existing needs of the Center.

The Corporate Compliance Committee is responsible for reviewing corporate compliance issues on both a systems level and an individual provider level to determine whether there are changes that the Center needs to make to ensure compliance with rules and laws related to ethics, service, training, and/or billing. To fulfill its responsibility, the committee will:

- Provide oversight to the Center's Corporate Compliance Program.
- Review results of external audits and make recommendations for corrective actions (i.e. changes to policies and procedures, staff training) as necessary to assure compliance with federal funding rules.
- Coordinate information and actions with the QUM Committee.
- Review findings of any Corporate Compliance investigations.
- Assure that staff are provided with education regarding corporate compliance issues at least quarterly.
- Evaluate the Charge Master Review, which is completed by the Grid Review Team as needed.
- Review Corporate Compliance Programs of Tri-County's large contractors who do not wish to participate in the Tri-County Compliance Program.
- Review the Corporate Compliance Action Plan at least annually to determine if modifications or additions are needed.
- Report all Corporate Compliance allegations, findings, and dispositions (e.g. increased employee training, termination of employment, corrected billing/financial reports) to the Board of Trustees on at least a quarterly basis.

Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDD PNAC):

The purpose of the IDDPNAC is to advise the Board of Trustees on planning, budget, and contract issues, as well as the needs and priorities for the service area. Members are appointed by the Board of Trustees and represent persons with IDD. The IDDPNAC is charged with providing input on local needs, best value, and local planning. One member of the IDDPNAC is asked to sit on the RPNAC for the East Texas Behavioral Healthcare Network. The IDDPNAC is composed of nine members, at least 50% of which are individuals served, or family members of persons with IDD. Staff from Tri-County serve as liaison members of the IDDPNAC to provide support and information, as necessary and appropriate, for the IDDPNAC to conduct its business. Liaison members have a voice but

no vote at IDDPNAC meetings. Tri-County will replace IDDPNAC members within 3 months of their leave. The IDDPNAC is always given the opportunity to make recommendations to the Board through the Director of Quality Management and Support. The responsibilities of the IDDPNAC include, but are not limited to:

- Advising the Board of Trustees on planning, budgeting, and contract issues, as well as the needs and priorities in Tri-County's service area.
- Obtaining stakeholder input on service needs and delivery, and presenting this information to the Board of Trustees and the Executive Director.
- Assisting with stakeholder and Center advocacy projects.
- Reviewing and providing input on the local plan.
- Assisting in promoting Tri-County in the community through education efforts, presentations, and contact with key community and political leaders.
- Meeting at least quarterly.
- Providing an annual report to the Board of Trustees.

Regional Planning Network Advisory Committee (RPNAC):

Tri-County, as a member of ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed the RPNAC to be made up of at least one (1) PNAC member from each ETBHN member Center. At least one of Tri-County's PNAC members and the Administrator of Quality Management attends the quarterly RPNAC meetings. RPNAC members, Management Team, and liaisons such as Quality Management staff work with other ETBHN Centers to meet the following goals:

- To assure that the ETBHN network of providers will continuously improve the quality of services provided to all consumers through prudent mediation by network leadership.
- To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices.
- To maintain a process by which unacceptable outcomes, processes, and practices can be identified.
- To facilitate best value determinations and service evaluations (evaluations shall take place one service at a time, as determined by the Regional Oversight Committee (ROC)). ETBHN will collect and compile data and distribute it to member Centers.

Chapter 3: Ongoing Quality Review Activities

Measuring, Assessing, and Improving the Accuracy of Data Reported by the Local Authority:

Tri-County continues to work on perfecting the data that is used for measurement of our activities. Our focus remains to identify areas of weakness and ensure that improvements are made when necessary. Tri-County employs specific staff who work to ensure that the mapping of our internal procedure codes to the state grid code is correct. Our staff are dedicated to re-evaluating and adjusting our system to improve its efficiency, as necessary. Tri-County batches encounter data to the state on a daily basis so that reports from the HHSC data warehouse can be used daily for monitoring our progress toward meeting performance measures. Each day, selected staff review encounter data warnings so that corrections can be made in Tri-County's clinical system that might affect batching accuracy. Data entries completed by clinical staff are monitored to ensure accountability of the accuracy of service data. Additionally, Tri-County staff are doing the following activities:

- CARE reports used for monitoring performance are sent to JUM members, as well as program managers, for review.
- The billing department monitors weekly service reports. In this review, staff review billing for possible billing errors.
- The billing department looks for diagnostic errors as a part of their weekly billing review.
- Monthly billing suspense reports are provided to clinical staff to correct billing errors.

Internal Program Survey Process:

One of Tri-County's self-assessment initiatives is the Program Survey process also referred to as Program Survey. The Administrator of Quality Management, assisted by other Quality Management staff, completes this process. This internal auditing process looks at each program's compliance with the contract and applicable standards. Program outcomes (including program manuals and program descriptions), quality and satisfaction endeavors, progress toward meeting HHSC Performance Measures, financial reports, personnel development, and compliance with the Health Insurance Portability Accountability Act (HIPAA) are measured in this process. Chart audits, interviews with program staff, interviews with the program manager, inspection of the facilities, review of satisfaction surveys, and review of the program manual are all a part of this process. Documentation and chart review tools used in this audit are developed from the Performance Contract, relevant Texas Administrative Code, State-approved self-review tools, and other State and Federal regulations, as applicable. The tools will continue to be changed as necessary to ensure we are measuring compliance with the most current standards and guidelines. A result of each program survey audit is shared with the program manager who makes a plan of correction, if necessary, and submits it to the Administrator of Quality Management. A final report is generated and presented to the applicable Management Team representative. The report is also submitted to the Director of Quality Management and Support in order to ensure that key information is shared with the Center Management Team. The Center's QUM Committee also reviews the results of each IDD program survey audit. Additionally, a summary of the Program Survey is taken to PNAC.

Satisfaction Survey:

Satisfaction surveys are completed as part of the Center's Self-assessment and Program Survey process. Each program has developed its own questionnaire in consultation with Quality Management and utilizes these surveys with individuals served throughout the year. The results are reviewed by Quality Management during Program Survey and used to make reasonable changes to the program. The HCS program continues to complete customer service surveys as required by the HCS program standards. The Health and Human Services Commission HCS survey team typically reviews the results of these surveys annually. Results of satisfaction surveys reviewed during the internal program survey process are also shared with the QUM Committee to ensure that any problem areas have been resolved.

Stakeholder Involvement and Input:

External service providers and other stakeholders will receive information through meetings or other appropriate means of communication. Tri-County staff are involved in community meetings in order to collaborate on issues including quality improvement. Area organizations/groups in which Tri-County participates include, but are not limited to: the Community Resource Coordinating Group (CRCG), United Way, Conroe Coalition for the Homeless, Disaster Recovery Committees including Montgomery County Community Assistance Recovery Efforts and Services (MC-CARES), HCS Advisory Committee, the local Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), the Regional Planning Network Advisory Committee (RPNAC), Healthcare Alliance of Montgomery County, Child Fatality Review Teams, Montgomery County Dispute Resolution, Conroe Noon Lions Club, Montgomery County Civil Service Commissioners, Office of Homeland Security Integrated Preparedness Team, Montgomery County Behavioral Health and Suicide Prevention Taskforce, Montgomery County Crisis Collaborative, Liberty County Mental Health Collaborative Workgroup, Community Resource Collaborations, and a jail diversion workgroup. Participating in these groups enables Tri-County staff to network and collaborate with representatives from other area agencies.

We continue to strive to engage individuals served, their families, providers, advocates, local officials, volunteers, staff, and the general public in planning initiatives. Information needed to ensure Tri-County identifies community values, service needs, and priorities for the persons in the Health and Human Services Commission priority population is obtained in many different ways. Networking and collaborating with community agencies, as well as distribution of surveys to obtain stakeholder input, have helped us to identify service gaps and priorities.

Tri-County's Home and Community Services (HCS) program has an advisory committee that meets at least quarterly and is composed of individuals served, legally authorized representatives (LARs) of individuals served, community representatives, and family members. The goal of this committee is to assist the program provider to perform the following activities:

- Evaluating and addressing the satisfaction of individuals served, or legally authorized representatives (LAR) of individuals served, with the program provider services.
- Soliciting, addressing, and reviewing complaints from individuals served or their

LAR's about the operations of the program.

- Reviewing all allegations of abuse, neglect, and exploitation in order to ensure ongoing quality of care and prevention efforts as needed.
- Participating in a continuous quality improvement review of the program provider's operations and offering recommendations for improvement for actions by the program provider as necessary.

In addition to the information staff receive through networking and collaboration, our Center developed a survey to obtain information from our stakeholders to determine what Tri-County could do to improve specific IDD services or supports, the types of education the community would like Tri-County to provide, services the Center does not currently provide that are deemed as beneficial to the community, additional comments, and overall satisfaction with Tri-County. The survey was developed by the Administrator of Quality Management, the members of the agency's Quality Management Committee, and the members of the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC). These stakeholder surveys are provided to individuals served, families, community agencies, healthcare organizations, schools, and governmental entities, with the request to complete them and to distribute to other stakeholders to complete. Details on the results of this survey effort can be found in the Center's Intellectual and Developmental Disabilities Local Plan.

Clinical Records Review:

The Program Survey process also looks at clinical records. This process is a structured approach to reflect standard and contract compliance and the quality and quantity of a program's clinical records. This internal auditing process helps programs achieve better overall quality of clinical records. Periodically, the QUM Committee will also review clinical records.

Corporate Compliance:

Tri-County continues to implement and monitor initiatives that are outlined in the Center's Corporate Compliance Action Plan. Corporate Compliance training is part of the new employee orientation. All employees and the Board of Trustees receive annual training on Corporate Compliance. Mandatory training helps protect the Board of Trustees, employees of all levels, and contractors against the negative consequences of federal healthcare fraud and abuse. The Corporate Compliance Procedure requires that the Center develop an improved culture of sensitivity and awareness of federal funding requirements and compliance obligations. All Corporate Compliance allegations are investigated and, if needed, corrective action is taken. Corporate Compliance training issues are discussed with employees by their supervisor on a quarterly basis. An executive level staff member serves as the Chief Compliance Officer and the Corporate Compliance Committee meets at least quarterly.

To ensure compliance with the Deficit Reduction Act of 2005 (DRA), Tri-County has modified our Corporate Compliance Program to include the following:

- The Corporate Compliance Policy has been revised to include:
 - Reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center.
 - Requirement that training includes the following information:

- The Federal False Claims Act
- The State Medicaid False Claims Act
- Qui Tam
- The Community Based Services Agreement was modified to specify that contractors with Tri-County had to either:
 - Participate in the Tri-County Compliance program, or
 - Provide their Corporate Compliance information to the committee for review and approval.
- The Corporate Compliance Training was revised to reflect all changes.
- The Agency Employee Handbook was revised to reflect all Corporate Compliance Program changes.

Staff Development:

To ensure the provision of quality services, Tri-County staff receive on-going training. Training is provided to staff using various media. In addition to computer-based training, the Training Department also provides a variety of face-to-face trainings. Included in this training is a Corporate Compliance training review.

As program managers have identified problems or potential problems in their departments, the Training Department has developed specific computer-based training modules, as well as provided face-to-face training to the program staff. The Training Department has taken on a very proactive collaborative approach to improving the competencies of direct service program staff, which improves the quality of services they provide to the individuals with whom they work.

Tri-County is committed to on-going professional training and has a Clinical Trainer on staff that develops and implements trainings to improve staff competency as needed. The Training Department ensures that all staff are current on their trainings and no lapse occurs. Tri-County staff may also receive training from the Texas Council Risk Management Fund and other regional and statewide conferences. Tri-County ensures that professional clinical staff's licensing and credentials are current. Tri-County is committed to on-going professional training and provides a variety of experts to provide training on such topics as Person Centered care, Trauma Informed Care, cultural diversity, customer service, responsible care, best practices, and teaching strategies for persons with intellectual and developmental disabilities, mental illness and substance use disorders.

Rights, Abuse/Neglect, Safety, and Health Data:

Rights related issues, as well as abuse and neglect information, is tracked, reviewed, and reported on a regular basis through the Rights Protection Officer. Tri-County safeguards the health and safety of individuals served, families, and staff through the ongoing monitoring and reporting of critical incidents, medication errors, infection control events, maintenance, and safety reports (risk data). The QUM Committee reviews the risk data quarterly, looking for trends in all aspects of the data. If trends are found, improvement plans are requested from the appropriate program and any ongoing issues are shared with the Continuous Quality Improvement Committee for evaluation of future goals or activities. The Safety Committee reviews those incidents involving maintenance and safety

issues and the Management Team liaison reviews these reports at least quarterly and takes remedial action as appropriate. Complaints are tracked through all levels of the organization, and each complaint continues to be tracked until it is resolved.

When an allegation is confirmed by the Rights Protection Officer, the Administrator of Quality Management, Risk Manager, and the appropriate program manager determine what the Center can do to keep incidents from happening again. Occasionally, staff have received more in-depth, face-to-face training on topics such as positive behavior management, customer service, and abuse and neglect. Often these trainings are customized for other programs in an attempt to proactively reduce the incidence of abuse, neglect, and exploitation before it occurs.

All individuals served or their legally authorized representatives (LARs) will be provided information on all available providers of IDD services in the area, including the State Supported Living Centers, and will be informed of all choices. No efforts will be undertaken to persuade families to choose one option over the other.

PLAN FOR REDUCING CONFIRMED INSTANCES OF ABUSE AND NEGLECT

On a quarterly basis, the Rights Protection Officer presents information relevant to abuse and neglect of persons served. This data includes not only confirmed allegations, but also unconfirmed and inconclusive allegations. The data is reviewed and analyzed by the QUM Committee for trends or patterns involving particular programs, certain staff or persons served. If trends or patterns are identified, recommendations for improvements are made, and improvement plans are requested if necessary. Tri-County QM Department staff have worked closely with the providers to assist with increased staff training to include documented annual updates in all training areas for new employees, as well as for current employees. The Safety Committee also reviews the data to determine any trends or patterns related to safety and makes necessary recommendations.

Tri-County continues its efforts to safeguard the well-being of the individuals they serve. The 1-800 line routed directly to the Rights Protection Officer continues to be a helpful tool to both individuals served and staff. Individuals served may stay in touch with the Rights Protection Officer without having to make a long-distance phone call. Although the 1-800 line is picked up by voicemail after hours, the Rights Protection Officer instructs callers in the message on how to reach the 24-hour Crisis Hotline for assistance if in crisis and Department of Family and Protective Services (DFPS) 1-800 line in cases of abuse, neglect, or exploitation. If DFPS is contacted about potential abuse, neglect, or exploitation, they will contact the Rights Protection Officer or the agency on-call phone after hours, which is routed directly to the Risk Manager who will then notify the Right Protection Officer. We continue to pursue a diligent education program on how to exercise rights and contact the Rights Protection Officer, as well as the DFPS, when there is a need. We ask that each department include a small portion of rights training in their staff meetings on a regular basis.

In identifying improvement opportunities, it is important to note the significance of quality staff training. Our staff receive both face-to-face and computer-based training upon date of hire, with strict completion dates. Retraining in these areas continue on an annual basis via computer based and face-to-face training. In addition, the Rights Protection Officer may conduct training with specific program staff as needed.

Additionally, the QM Department has interviews with program staff during the program survey process of each department to ensure that staff members are knowledgeable in reporting rights, abuse, neglect, and exploitation issues. During the review, each facility is checked to ensure that proper information on how to contact the Rights Protection Officer and DFPS is posted with easy to understand instructions on how to utilize the information.

The Center continues to focus on best hiring practices in order to reduce the turnover rate of our employees. Significant efforts to retain staff continue to be explored and utilized when financially viable for the Center, including pay increases, higher quality health insurance, and increases in our match of retirement funds. The Center continues in its commitment to seek and identify new ways to provide quality services to individuals with resources that are available.

REVIEWING AND UPDATING THE IDD QM PLAN

The IDD QM Plan will be reviewed as needed by the Administrator of Quality Management and potential changes will be discussed with at least one Management Team staff. At least annually, the QM Plan is re-evaluated for its effectiveness. If the plan is not determined to be effective, new activities including intensified monitoring efforts, re- assignment of staff, and/or the appointment of additional committees or improvement teams will be considered. The IDD QM Plan is reviewed, revised and approved every 2 years by the Board of Trustees. This plan will be amended, as needed, if any portion of the plan is modified or discontinued.

Agenda Item: Community Resources Report

Board Meeting Date:

August 31, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

July 28, 2023 – August 31, 2023

Volunteer Hours:

Location	July
Conroe	69.5
Cleveland	5.5
Liberty	20.5
Huntsville	10.5
Total	106

COMMUNITY ACTIVITIES:

7/28/23	Walker County Juvenile Services Staffing	Huntsville
7/31/23	Society of Samaritans Family Fest	Montgomery
7/31/23	Montgomery County District Coordinator Meeting-Special Olympics - Virtual	Conroe
7/31/23	Back to School Night - Lynn Lucas Middle School	Willis
8/1/23	Veterans of Foreign Wars Monthly Meeting	Liberty
8/2/23	Child & Youth Presentation to Huntsville ISD Faculty	Huntsville
8/2/23	Texas AIM Opioid and SUD Summit	Houston
8/2/23	Conroe Noon Lions Club Luncheon	Conroe
8/2/23	Camp Valor Veterans Group	Conroe
8/3/23	Cleveland Back to School Spectacular	Cleveland
8/3/23	Child & Youth Presentation to New Caney ISD School Counselors	New Caney
8/3/23	Hearts Museum Veterans Group	Huntsville
8/3/23	Creighton Elementary Parent Resource Night	Conroe
8/3/23	Family Assistance Center (FAC) Planning Meeting - Walker County	Huntsville
8/4/23	City of Cleveland Back to School Spectacular	Cleveland
8/5/23	Monthly Veteran Breakfast	Huntsville
8/7/23	Meet the Parent Night - Moorhead Jr. High	Conroe
8/7/23	Meet the Teacher Fair - Anderson Elementary	Conroe
8/8/23	Adult Mental Health First Aid - Interfaith of The Woodlands Group 1	The Woodlands
8/8/23	Suicide Prevention for Sexual Assault Training Program	Conroe
8/9/23	Conroe Noon Lions Club Luncheon	Conroe
8/10/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup/Gaps Analysis Meeting - Virtual	Conroe
8/10/23	Adult Mental Health First Aid – Interfaith of The Woodlands Group 2	The Woodlands
8/10/23	Montgomery County Community Crisis Collaborative Team Sub-Committee Meeting - Virtual	Conroe
8/14/23	Military Connected Subgroup Meeting for Suicide Prevention	Conroe

8/14/23	Conroe Homeless Coalition	Conroe
8/15/23	Youth Mental Health First Aid for CASA of Montgomery County	Conroe
8/15/23	Montgomery County Community Resource Collaboration Group	Conroe
8/16/23	HEARTS Museum Collaborative	Huntsville
8/16/23	Conroe Noon Lions Club Luncheon	Conroe
8/16/23	Houston-Galveston Area Council (HGAC) – Preparing for Electric Grid Fragility Roundtable	Huntsville
8/17/23	Behavioral Health Suicide Prevention Task Force	Conroe
8/22/23	Conroe Rotary Club Meeting	Conroe
8/22/23	Walker County Community Resource Collaboration Group	Huntsville
8/23/23	HEARTS Museum Coffee with Counselors	Huntsville
8/24/23	Adult Mental Health First Aid - Veterans and Families	Conroe
8/25/23	Walker County Juvenile Services Staffing	Huntsville
8/27/23	Conroe Noon Lions Luncheon	Conroe
8/27/23	International Overdose Awareness Day Event	Montgomery
8/29/23	Conroe Rotary Club Meeting	Conroe
8/29/23	Liberty County Community Resource Collaboration Group	Liberty
8/29/23	Adult Mental Health First Aid - Roman Forest Police Dept.	Roman Forest
8/29/23	Quarterly Hospital OCR/Crisis Meeting with Dunn Center and Wellpath - Virtual	Conroe
8/29/23	Montgomery County - Complex Coordinated Terrorist Attack (CCTA) Meeting	The Woodlands
8/30/23	Mental Health First Aid - Military Community	Conroe
8/30/23	Conroe Noon Lions Luncheon	Conroe
8/30/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
8/31/23	Adult Mental Health First Aid - Roman Forest Police Dept.	Roman Forest

UPCOMING ACTIVITIES:

9/6/23	Outreach, Screening, Assessment, and Referral to Treatment (OSAR) Quarterly Meeting - Virtual	Houston
9/7-9/12/23	Texas Non-Medical Drivers of Health Consortium - Virtual	Conroe
9/10/23	Introduction of New Fellows into the 2023-2024 LoneStar LEND (Leadership Education in Neurodevelopmental and Related Disabilities) Program	Missouri City
9/14/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup/Gaps Analysis Meeting - Virtual	Conroe
9/14/23	Annual CASA Conference for Walker, San Jacinto & Trinity Counties	Huntsville
9/18/23	Youth Mental Health First Aid for Willis ISD	Willis
9/19/23	Montgomery County Community Resource Collaboration Group	Conroe
9/20/23	Montgomery County Child Crisis Collaborative Meeting	Conroe

9/21/23	Liberty County Mental Health Collaborative Workgroup	Liberty
9/21/23	Behavioral Health Suicide Prevention Task Force	Conroe
9/23/23	Splendora ISD Run and Wellness Expo	Splendora
9/26/23	Walker County Community Resource Collaboration Group	Huntsville
9/27/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
9/27/23	Region 6 Education Center 3 rd Annual Community Resource Symposium	Huntsville
9/29/23	Walker County Juvenile Justice Staffing	Huntsville
9/30/23	The Arc of Texas Board Meeting	Austin

Agenda Item: Consumer Services Report for July 2023

Board Meeting Date:

August 31, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for July 2023

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT

July 2023

	MONTGOMERY COUNTY	PORTER	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Crisis Services, MH Adults/Children						
Persons Screened, Intakes, Other Crisis Services	530	11	57	27	70	695
Transitional Services (LOC 5)	15	0	2	0	0	17
Psychiatric Emergency Treatment Center (PETC) Served	11	0	1	1	2	15
Psychiatric Emergency Treatment Center (PETC) bed days	60	0	2	3	6	71
Adult Contract Hospital Admissions	53	0	7	2	3	65
Child and Youth Contract Hospital Admissions	4	0	0	0	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)	1178	0	127	93	127	1525
Adult Medication Services	898	0	72	68	86	1124
Child Levels of Care (LOC 1-4, YC, YES, TAY, RTC, FEP)	503	232	47	27	93	902
Child Medication Services	163	81	14	10	31	299
TCOOMMI (Adult Only)	89	0	16	19	8	132
Adult Jail Diversions	0	0	0	0	0	0
Persons Served by Program, IDD						
Number of New Enrollments for IDD Services	9	0	0	1	2	12
Service Coordination	630	0	35	32	68	765
Persons Enrolled in Programs, IDD						
Center Waiver Services (HCS, Supervised Living)	25	0	4	12	18	59
Substance Use Services						
Children and Youth Prevention Services	0	0	0	0	8	8
Youth Substance Use Disorder Treatment Services/COPSD	19	0	0	0	0	19
Adult Substance Use Disorder Treatment Services/COPSD	46	0	1	0	0	47

Waiting/Interest Lists as of Month End						
Home and Community Based Services Interest List	1737	0	156	134	201	2228
SAMHSA Grant Served by County						
SAMHSA CCBHC Served	67	2	48	4	22	143
SAMHSA CMHC Served	471	1	19	18	19	528
July Served by Service Area						
Adult Mental Health Services	1602	0	153	106	208	2069
Child Mental Health Services	600	260	73	32	106	1071
Intellectual and Developmental Disabilities Services	747	0	48	54	81	930
Total Served by Service Area	2949	260	274	192	395	4070
June Served by Service Area						
Adult Mental Health Services	1588	0	165	130	253	2136
Child Mental Health Services	620	304	62	30	107	1123
Intellectual and Developmental Disabilities Services	774	0	48	49	72	943
Total Served by Service Area	2982	304	275	209	432	4202

Agenda Item: Program Updates

Board Meeting Date:

August 31, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

July 28, 2023 – August 31, 2023

Crisis Services

1. A Crisis Job Fair was well organized by our HR staff on August 2nd which led to us selecting candidates for five of the six positions, four of whom are scheduled to start NEO on September 5th. We continue to seek an appropriate candidate for the Crisis Coordinator/Supervisor position.
2. MCOT, CAS, RCCs, and CIT services provided a total of 352 crisis assessments in July. Of the 352, 37.2% were involuntary, 12.5% were youth, and 38.3% were for individuals seen by Tri-County for the first time in that month.
3. The need for Child and Youth crisis services has continued to grow and unfortunately, predictions for the Academic Year 2024 are no different. In FY 2020, Tri-County assessed 346 youth, 9% of which were involuntary and transported by law enforcement. With three weeks to go in FY 2023, we have assessed 937 youth, 16.5% of which were involuntary. We are continuing to explore new service delivery models to address the growing needs of this population.
4. Each month, the Crisis Services team leads the Montgomery County Community Crisis Collaborative, attended by multiple stake holders who are directly and indirectly involved with the mental health crisis interventions in the community. At the request of Conroe ISD assistant superintendent and other key players who are involved in crisis interventions and treatment of our youth, we will begin the Montgomery County Child Crisis Collaborative with a tentative start date of September 20th. We are planning the start of a similar crisis community meeting in Walker county.

MH Adult Services

1. Dr. Pradan Nathan has temporarily taken over the role of Medical Director, at least until we know the status of Dr. Sneed's return.
2. Staff was exposed to SmartCare software at the medical staff meeting in July – formal training for the medical staff was held August 30th.
3. We have hired an Administrator of Special Projects under adult mental health in Conroe to provide administrative support and oversight of our largest intake department, housing services, and First Episode Psychosis programs.
4. The Conroe Intake team now has a dedicated Coordinator to provide support with managing and coordinating the flow of adults seeking outpatient care. This opens up the opportunity to hire another LPHA in our intake department to assist with diagnostics.
5. The First Episode Psychosis (Coordinated Specialty Care) program is currently participating in an on-site audit to review our fidelity to the program model.
6. The Cleveland clinic has recently received several positive comments and reviews from individuals served.
7. As the number of clinicians in the rural clinics is starting to increase, training on engagement techniques is being provided to offer support and ensure the rural clinic needs are being addressed.

MH Child and Youth Services

1. C&Y is experiencing turnover again, especially at our Conroe location. Overall, there are 16 Mental Health Specialists (caseworker/skills trainer) positions open in our three counties. We are looking for ways to meet the needs of our clients until we are able to fill our positions again. Fortunately, the applicant flow has improved, and our supervisors are actively recruiting.
2. Our C&Y Intake Clinic is gradually starting to pick up after the summer months. We expect increased demand by mid-September.
3. We are preparing to open the new Child and Youth Clinic in the previously unused section of the building in Huntsville. The remodeling is almost finished, and we are in the process of hiring a bilingual receptionist. This expansion is allowing us to increase the hours for walk-ins for Child and Youth Intakes and Psychiatry in Walker County.
4. C&Y Supervisors are working to make the team's transition to SmartCare as smooth as possible by creating how-to guides and providing opportunities to practice in SmartCare in groups and individually.

Criminal Justice Services

As part of House Bill 1 chapter 5, Rider 35, TCOOMMI will take back over the coordination between county/municipal jails and community centers. As part of the Continuity of Care Plan, TCOOMMI shall provide up to 90 day post release supply of medications for defendants who are returned to the county of conviction after the defendant's competency has been restored in an inpatient setting.

Substance Use Disorder Services

1. The SUD team is reaching out to community partners to confirm MOUs and continue making connections. Program leads are focusing on meeting with various community members and stakeholders to better understand gaps in care and community needs related to substance use and its intersection with mental health.
2. We are working on becoming fully staffed after experiencing turnover this summer. We have a Bilingual Prevention Specialist starting in September and are actively interviewing other applicants. We hope to fill all open positions very soon.
3. We are gearing up to start prevention groups and set up presentations for this school year. Staff is reaching out to counselors in Conroe ISD, Magnolia ISD, Willis ISD, and New Waverly ISD. We have set up weekly presentations at Conroe DAEP and Willis DAEP for this upcoming school year. We are also working with Creighton Elementary to possibly do presentations during Red Ribbon Week, which is our nation's largest drug-use prevention campaign.
4. Prevention staff has been very active in the community in August by attending Back-to-School fairs and meet the teacher nights.

IDD Services

1. Individualized Skills and Socialization certification visits by HHSC have occurred.
 - a. The Cleveland ISS survey was completed on August 9th with no violations cited. Our official license should last three years.
 - b. The Liberty ISS survey was completed on August 10th with no violations cited. Our official license should last two years.
 - c. The Huntsville ISS survey was completed on August 24th with Initial Licensure Recommended. No indication of violations. Our official license should last two years.
2. As of August 7, 2023, IDD Authority Services currently has all Case Manager positions filled, marking the first time since prior to the start of the pandemic. We have a total of 23 Case Managers with 12 having been in their position less than one (1) year; 9 of those 12 were hired since the start of 2023. Our longest tenured Case Manager was hired in 2013, and the next closest tenured Case Managers (2) were hired in 2019; everyone else was hired during or after the start of the pandemic.
 - a. The new Service Coordinator flexibilities approved on May 17, 2023, which allows the Center to hire staff with degrees other than social services and persons without a degree in certain circumstances, have allowed for an increase in the applicant pool, and we have used these flexibilities to hire three (3) new Case Managers who would not have met the minimum qualifications prior to the State Plan Approval.
3. On May 30, 2023, IDD Authority Services received approval of our proposal submitted to HHSC that allows for 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). The funding will expire August 31, 2024.
 - a. We have contracted with Dr. Michelle Garcia and her team starting September 1, 2023 to conduct DID assessments and/or endorsements. Conducting these assessments will assist individuals with IDD to more quickly access HCBS services and supports.
 - b. We also received approval to hire for three (3) additional temporary positions, which will assist in reducing/eliminating individuals in our IDD Intake process. We anticipate that by the start of FY24, we will have all three (3) positions filled; two (2) temporary Support Staff and one (1) temporary Intake Coordinator.
4. Tri-County's IDD Crisis Intervention Services collaborated with Spindletop Center, Community Healthcore, Pecan Valley, The Burke Center, ETBHN, and Gulf Coast Center to host our 6th Annual IDD Crisis Conference. The Conference was held July 26th -28th at Margaritaville in Conroe, and the theme was "Charting the Course." The Conference's agenda focused on Trauma-Informed Approaches, Generational Differences in the Workplace, Stress Reduction in the Workplace, Community Approaches to IDD Crisis and much more. We were able to utilize crisis funding to invite members of our CIRT Team, community partners, with special guest, Officer Mark Frazier from the Conroe Police Department, who participated in the panel discussion about community approaches to IDD crises.

5. On August 10, 2023, IDD Authority Services held its 1st Annual IDD Case Manager Summer Camp. The goal of the camp was to teach the parts of case management that cannot be learned from simply reading documents. There were interactive scenarios to help campers (case managers) navigate our complex, oftentimes confusing system of services, by teaching them innovative ways of building strong rapport, and fostering confidence in IDD services via effective, informed communication with families that hopefully keeps them engaged. In true camping fashion, there were teams and the teams were delineated by different colored t-shirts, with delicious camping food favorites, like smores and hot dogs for everyone.

Support Services

1. Quality Management (QM):

- a. Staff prepared and submitted four record requests to two insurance companies totaling 13 charts, for records dating back to January 1, 2022.
- b. In addition to routine and ongoing quality assurance of documentation, staff reviewed 25 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.
- c. The HHSC YES Waiver audit CAP has been completed.
- d. The Continuous Quality Improvement Committee met on August 17th.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all Center discharges for July 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 37 notes that utilized the COPSD Modifier for quality assurance purposes.
- c. Staff reviewed 35 notes that utilized the MCOT Modifier for quality assurance purposes.

3. Training:

- a. The Software Management Team has attended the majority of staff meetings to provide SmartCare training to those programs. Training staff provided general training to staff members every Friday for the month of August. The Software Management Team provided training to medical staff on August 30th and invited instructors from Streamline to assist with their training.
- b. The Training Coordinator provided documentation training to the QMHP at the CSU.
- c. ANSA/CANS Super User training has been completed as required by the HHSC Performance Contract.
- d. Training staff have incorporated diversity training into several current NEO trainings.

4. Veteran Services and Veterans Counseling/Crisis:

- a. We are quickly spending down over \$100,000 from our BeWellTexas grant that has allowed us to assist our local veterans and their families by paying their rent, utilities, gas, and bus passes until August 31, 2023.
- b. We are adding a new staff veteran to our Veteran Mental Health First Aid trainers due to the popularity of training with not only veterans who are looking out for each other, but veteran family members who typically have no idea how to manage the symptoms of their military loved ones.

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

- a. IDD PNAC met on August 9th where they reviewed and discussed Center Updates and feedback from the State Supported Living Center (SSLC) as well as how it will be incorporated into the IDD Local Plan. The IDD PNAC provided the following feedback/recommendations:
 - i. Members were pleased with the plans in place to provide additional training related to individuals with IDD in crisis to Law Enforcement, and shared the needs for parents to have an easy way to access additional resources such as through links on websites or QR codes.
 - ii. Members voiced concerns about the level of funding and resources for the IDD population as well as concerns over recent legislative and media trends supporting more restrictive settings.
- b. The MH PNAC met on August 30th where they welcomed new members and reviewed and discussed Center updates, services, purpose of the PNAC as well as the impact the committee recommendations have had over the past several years.

Community Activities

1. We are working with the Roman Forest Police Department to increase their understanding of mental illness and how to manage individuals in crisis more effectively. Staff will be presenting a specialized "First Responder" Mental Health First Aid training, followed by a Q&A with a licensed staff on how to better manage specific individuals they have arrested in the past and how they could have done it better. Staff will then present a "Community" Mental Health First Aid training that will be hosted by the Roman Forest Police Department.
2. We cohosted the 3rd Annual Montgomery County Overdose Prevention Endeavor (M-COPE) and the Saturday morning M-COPE Walkathon where we provided Tri-County "swag" bags to all participants and included information on mental health, suicide prevention, overdose prevention, intellectual and development disabilities, and lots of fun swag items.
3. Mental Health First Aid has been extremely busy with six trainings scheduled throughout the month. Our goal is to train at least three first responder teams before the end of the year.

Agenda Item: Annual Election of FY 2024 Board Officers Committee: Executive	Board Meeting Date August 31, 2023
Background Information: The By-laws for the Tri-County Board of Trustees require Board officers to be elected each fiscal year. Gail Page, Chair of the Nominating Committee, will present the slate of officers for election. Members of the Nominating Committee also include Tracy Sorensen, Jacob Paschal and Morris Johnson.	
Supporting Documentation: None	
Recommended Action: Elect Officers for FY 2024 Board of Trustees	

Agenda Item: Executive Director’s Annual Evaluation, Compensation and Contract for FY 2024

Board Meeting Date

August 31, 2023

Committee: Executive

Background Information:

Annually, the Board of Trustees reviews the Executive Director’s performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2023 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Tim Cannon, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Sharon Walker, Carl Williamson and Richard Duren.

Supporting Documentation:

None

Recommended Action:

Review Executive Director’s Evaluation, Compensation and Contract Extension and Take Appropriate Action

Agenda Item: Personnel Report for July 2023

Board Meeting Date:

August 31, 2023

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for July 2023

Recommended Action:

For Information Only

Personnel Report

FY23 | July 2023



OVERVIEW

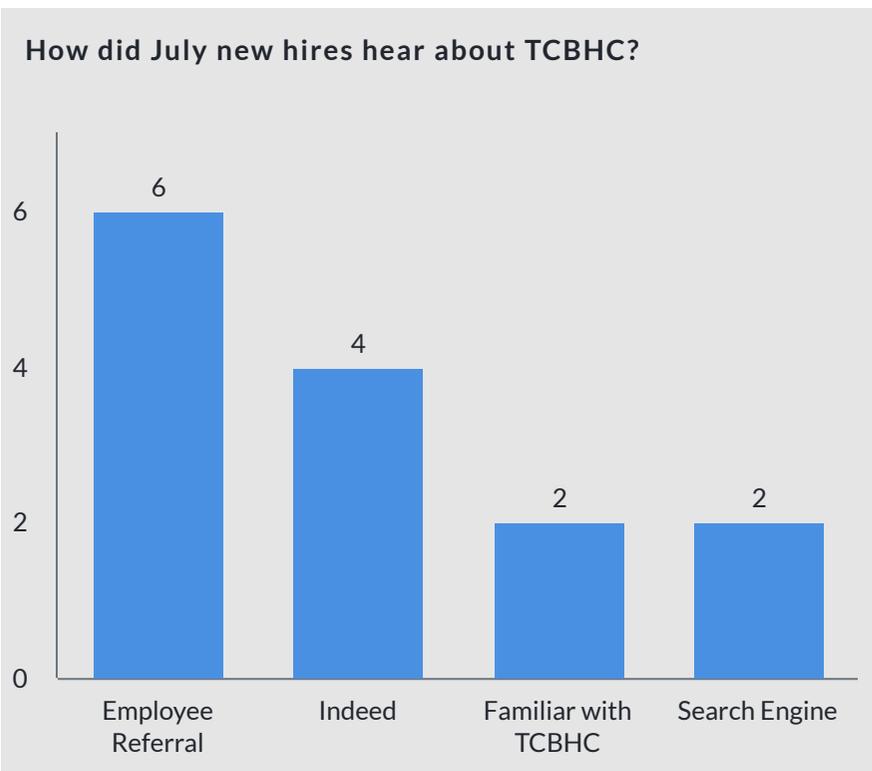
NEW HIRES
 July
12 POSITIONS
 YTD
177 POSITIONS

SEPARATIONS
 July
17 POSITIONS
 YTD
120 POSITIONS

Vacant Positions
77
Frozen Positions
0

Newly Created Positions
6
Total Budgeted Positions
487

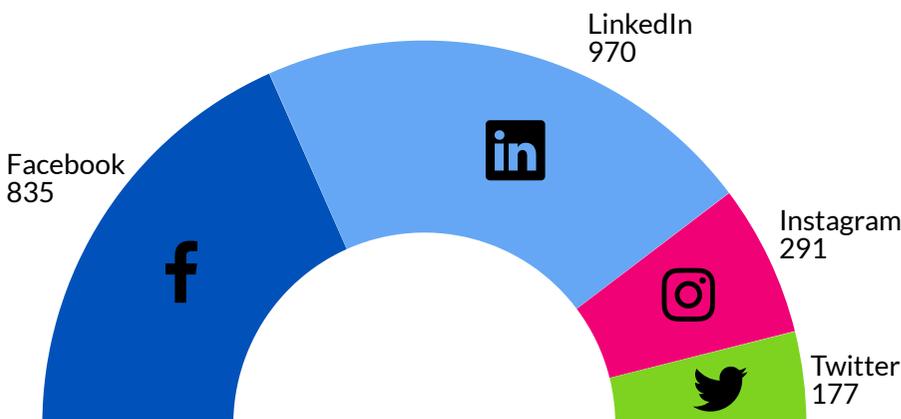
RECRUITING



RECRUITING EVENTS

N/A

SOCIAL MEDIA FOLLOWERS



APPLICANTS

July Total Applicants	469
YTD Applicants	3583

CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	52
PETC	6
LIBERTY	6
HUNTSVILLE	5
CLEVELAND	5
PORTER	3

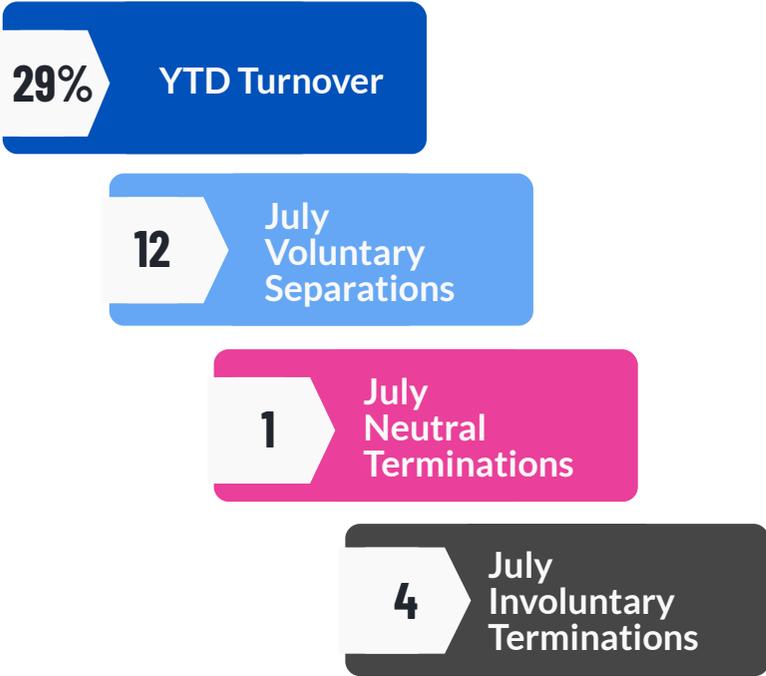
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, Crisis and C&Y)	32
Direct Care Provider	8
Licensed Clinician	5
Licensed Vocational Nurse	5
Program Support Services Asst	4

Exit Data

FY23 | July 2023

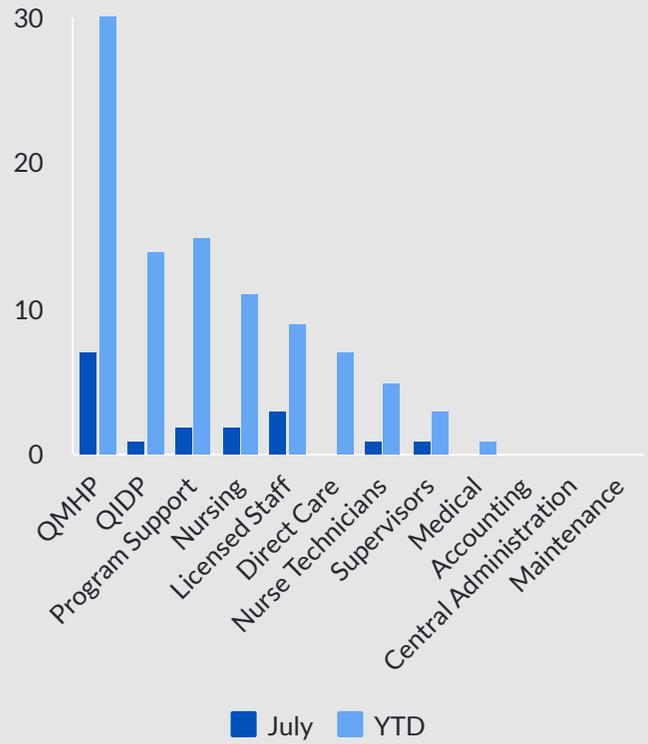
Exit Stats at a Glance



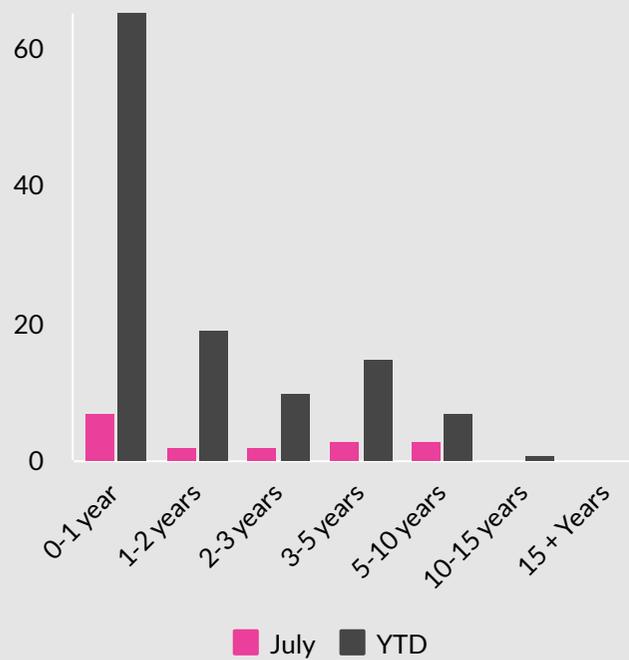
YTD Top Reasons for Separations

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

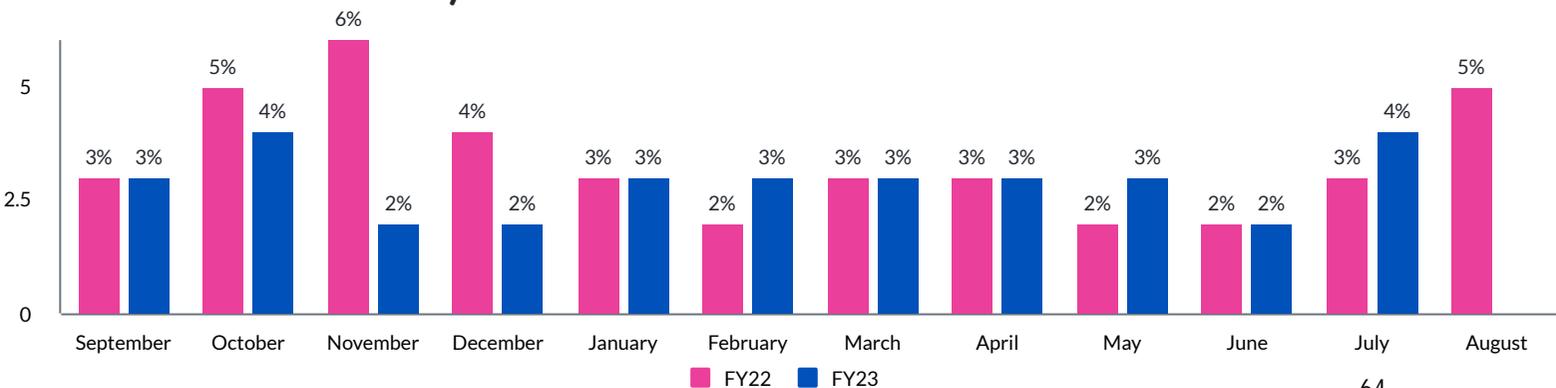
Separations by Category



Separations by Tenure



Turnover Rate by Month



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

Board Meeting Date:

August 31, 2023

Committee: Executive

Background Information:

None

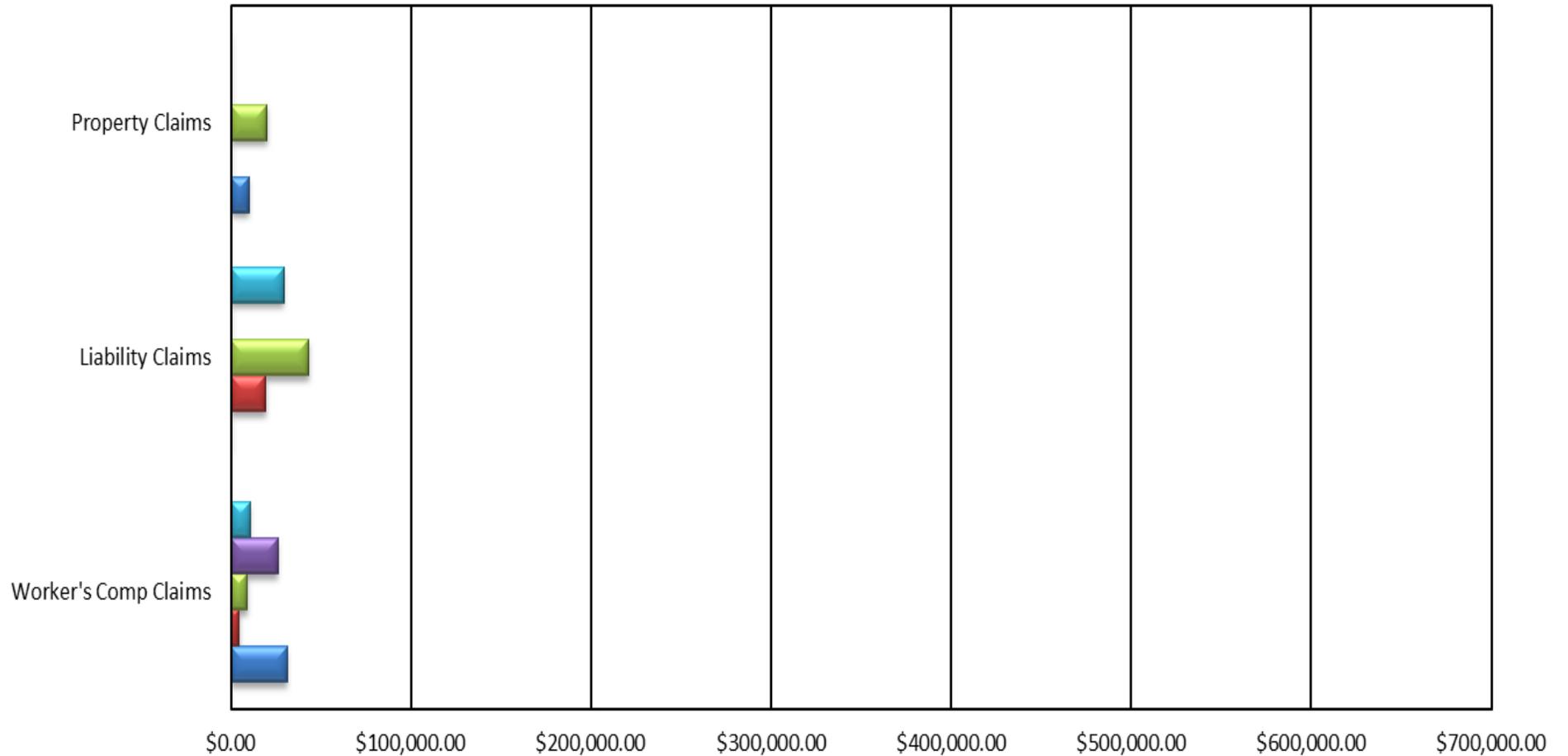
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of July 2023

Recommended Action:

For Information Only

TCRMF Claims Summary July 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	\$9,040.00	\$43,299.00	\$20,074.00
2022	\$4,645.00	\$19,417.00	\$0.00
2023	\$31,183.00	\$0.00	\$10,059.00

Agenda Item: Approve July 2023 Financial Statements

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

July 2023 Financial Statements

Recommended Action:

Approve July 2023 Financial Statements

July 2023 Financial Summary

Revenues for July 2023 were \$3,337,370 and operating expenses were \$3,606,208 resulting in a loss in operations of \$268,838. Capital Expenditures and Extraordinary Expenses for July were \$284,713 resulting in a loss of \$553,552. Total revenues were 96.93% of the monthly budgeted revenues and total expenses were 99.21% of the monthly budgeted expenses (difference of -2.28%).

Year to date revenues are \$43,416,419 and operating expenses are \$37,803,205 leaving excess operating revenues of \$5,613,214. YTD Capital Expenditures and Extraordinary Expenses are \$2,311,103 resulting in a gain YTD of \$3,302,111. Total revenues are 98.86% of the YTD budgeted revenues and total expenses are 99.85% of the YTD budgeted expenses (difference of -.99%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
TCOOMMI	575,307	615,783	93.42%	40,477
Title XIX Case Management MH	509,427	704,385	72.32%	194,957
Title XIX Case Management IDD	1,021,096	1,037,579	98.41%	16,483
Title XIX Rehab	1,421,875	1,659,582	85.67%	237,706
HHSC - Outpatient Competency Restoration	145,147	162,400	89.37%	17,252
HHSC-OCE MCOT	18,381	34,104	53.89%	15,722

Texas Correctional Office on Offenders with Medical & Mental Impairments (TCOOMMI) – This line item was budgeted incorrectly at the beginning of the fiscal year and will be corrected in the year end budget revision.

Title XIX Case Management MH, Title XIX Case Management IDD and Title XIX Rehab – These line items are three of our earned revenue categories that continue to trend well below our Pre-COVID historical trends. We have had some success in filling positions. The kid’s program had started to see increases in revenue before the school year ended, so we anticipate that we will see this line improve when

school starts in the new fiscal year. The key to this will be if we can maintain the new staff which we have seen a couple depart over the last couple of weeks.

Outpatient Competency Restoration – This line item is a cost reimbursement program. This program has been lower than the contracted amount since COVID. We will be adjusting the budgeted amount down during the year end budget revision.

Outpatient Capacity Expansion – Mobile Crisis Outreach Team – This line item is a new small program that has been difficult to staff. We finally have a staff person in the position, but will be returning some of the funds this fiscal year.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	388,516	330,466	117.56%	58,050
Equipment Rental	147,222	134,953	109.09%	12,269
Fixed Assets – Furniture & Equipment	69,114	12,225	565.34%	56,889
License Fees – Software	644,557	617,669	104.35%	26,888
Supplies – Program	91,675	75,199	121.90%	16,476
Telephone – Computer Air Cards	69,751	55,649	125.34%	14,101
Travel – Local	325,322	290,413	112.02%	34,909

Building Repairs & Maintenance – This line item reflects the cost of the many new A/C units that we have purchased in the last couple of weeks at the Huntsville and Liberty locations. With the intense heat the old units are just not able to keep up.

Equipment Rental – This line reflects the costs of the overage charges per our UBEO copier agreement. With more staff and more programs, the number of copies we are making continue to increase.

Fixed Assets – Furniture & Equipment – This line item is mainly from the purchase of furniture for the Crisis building after the renovations were completed at the front of the PETC. We also purchased a couple new desks and tables for the reopening of the CSU unit.

License Fee – Software – This line item is due to additional programs purchased that are associated with the implementation of the new clinical software, Streamline. The programs are required for integration to our existing systems, to be able to transition smoothly.

Supplies – Program – This line item is due to the increased cost of office and program supplies. We also have a couple of new programs that needed supplies that were funded at the end of the fiscal year, such as the Intake staff for the IDD Authority program.

Telephone - Computer Air Cards – This line item is higher than budgeted due to the increase in staff being hired and using computers with air cards. We will adjust this line at the year-end revision and also for the next fiscal year budget.

Travel – Local – This line item is higher than budgeted due to the increase in the mileage reimbursement rate that is indexed to the State of Texas mileage reimbursement rate. The mileage reimbursement rate was increased after the mid-year budget revision. Another factor is we have more staff hired so more travel occurring.

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

ASSETS	TOTALS COMBINED FUNDS July 2023	TOTALS COMBINED FUNDS June 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,100	2,050	50
Cash on Deposit - General Fund	9,314,152	11,341,488	(2,027,336)
Cash on Deposit - Debt Fund			-
Accounts Receivable	8,033,650	8,012,047	21,603
Inventory	(751)	(289)	(462)
TOTAL CURRENT ASSETS	17,349,151	19,355,296	(2,006,145)
FIXED ASSETS	21,487,943	21,487,943	-
OTHER ASSETS	329,641	294,002	35,639
TOTAL ASSETS	\$ 39,166,735	\$ 41,137,241	\$ (1,970,505)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,910,892	2,133,208	(222,316)
NOTES PAYABLE	694,011	694,011	-
DEFERRED REVENUE	3,578,368	4,779,173	(1,200,805)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,705,244	9,752,715	(47,471)
Guaranty Bank & Trust Loan	1,738,059	1,743,867	(5,808)
Lease Liability	448,112	448,112	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	3,302,111	3,855,663	(553,551)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,891,416)	(11,944,694)	53,278
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	1,163,802	1,163,802	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	67,833	61,667	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(694,011)	(694,011)	-
UNASSIGNED			
Unrestricted and Undesignated	4,664,837	4,664,837	-
TOTAL LIABILITIES/FUND BALANCE	\$ 39,166,735	\$ 41,137,241	\$ (1,970,506)

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

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,100	1,750
Cash on Deposit - General Fund	9,314,152	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	8,033,650	6,824,724
Inventory	(751)	1,649
TOTAL CURRENT ASSETS	17,349,151	12,457,998
FIXED ASSETS	21,487,943	21,488,094
OTHER ASSETS	329,641	247,899
	-	-
Total Assets	\$ 39,166,735	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,910,892	2,029,164
NOTES PAYABLE	694,011	694,011
DEFERRED REVENUE	3,578,368	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,705,244	10,202,342
Guaranty Bank & Trust Loan	1,738,059	1,800,620
Lease Liability	448,112	448,112
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	3,302,111	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(11,891,416)	(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	1,163,802	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation - Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	67,833	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(694,011)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,664,837	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 39,166,735	\$ 34,193,991

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

INCOME:	MONTH OF July 2023	YTD July 2023
	<u> </u>	<u> </u>
Local Revenue Sources	(86,223)	2,786,578
Earned Income	1,669,008	23,377,110
General Revenue - Contract	1,754,585	17,252,731
TOTAL INCOME	\$ 3,337,370	\$ 43,416,419
EXPENSES:		
Salaries	2,097,768	21,809,720
Employee Benefits	382,780	3,967,335
Medication Expense	43,834	462,641
Travel - Board/Staff	40,743	365,687
Building Rent/Maintenance	75,706	442,037
Consultants/Contracts	683,695	7,721,318
Other Operating Expenses	281,682	3,034,467
TOTAL EXPENSES	\$ 3,606,208	\$ 37,803,205
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (268,838)	\$ 5,613,214
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	197,681	1,381,672
Capital Outlay - Debt Service	87,031	929,431
TOTAL CAPITAL EXPENDITURES	\$ 284,713	\$ 2,311,103
GRAND TOTAL EXPENDITURES	\$ 3,890,921	\$ 40,114,308
Excess (Deficiency) of Revenues and Expenses	\$ (553,552)	\$ 3,302,111

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	929,431
Excess (Deficiency) of Revenues over Expenses	87,031	929,431

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

	YTD July 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,786,578	2,794,061	(7,483)
Earned Income	23,377,110	23,854,637	(477,527)
General Revenue	17,252,731	17,268,079	(15,348)
TOTAL INCOME	\$ 43,416,419	\$ 43,916,777	\$ (500,358)
EXPENSES:			
Salaries	21,809,720	21,988,677	(178,957)
Employee Benefits	3,967,335	4,106,996	(139,661)
Medication Expense	462,641	470,106	(7,465)
Travel - Board/Staff	365,687	329,104	36,583
Building Rent/Maintenance	442,037	376,711	65,326
Consultants/Contracts	7,721,318	7,755,745	(34,427)
Other Operating Expenses	3,034,467	2,877,369	157,098
TOTAL EXPENSES	\$ 37,803,205	\$ 37,904,708	\$ (101,502)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 5,613,214	 \$ 6,012,069	 \$ (398,856)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,381,672	1,341,076	40,596
Capital Outlay - Debt Service	929,431	929,428	3
TOTAL CAPITAL EXPENDITURES	\$ 2,311,103	\$ 2,270,504	\$ 40,599
 GRAND TOTAL EXPENDITURES	 \$ 40,114,308	 \$ 40,175,212	 \$ (60,903)
 Excess (Deficiency) of Revenues and Expenses	 \$ 3,302,111	 \$ 3,741,565	 \$ (439,454)

Debt Service and Fixed Asset Fund:			
Debt Service	929,431	929,431	-
Excess(Deficiency) of Revenues over Expenses	929,431	929,431	-

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

INCOME:	MONTH OF July 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	(86,223)	(60,373)	(25,850)
Earned Income	1,669,008	1,757,307	(88,299)
General Revenue-Contract	1,754,585	1,746,275	8,310
TOTAL INCOME	\$ 3,337,370	\$ 3,443,209	\$ (105,839)
EXPENSES:			
Salaries	2,097,768	2,082,046	15,722
Employee Benefits	382,780	432,640	(49,860)
Medication Expense	43,834	47,419	(3,585)
Travel - Board/Staff	40,743	32,223	8,520
Building Rent/Maintenance	75,706	27,750	47,956
Consultants/Contracts	683,695	727,030	(43,335)
Other Operating Expenses	281,682	298,732	(17,050)
TOTAL EXPENSES	\$ 3,606,208	\$ 3,647,840	\$ (41,631)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (268,838)	\$ (204,631)	\$ (64,208)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	197,681	187,075	10,606
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 284,713	\$ 274,106	\$ 10,606
GRAND TOTAL EXPENDITURES	\$ 3,890,921	\$ 3,921,946	\$ (31,025)
Excess (Deficiency) of Revenues and Expenses	\$ (553,552)	\$ (478,738)	\$ (74,813)

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 July 2022 Comparative Data
Year to Date as of July 2023

INCOME:	<u>YTD July 2023</u>	<u>YTD July 2022</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	2,786,578	2,356,129	430,449
Earned Income	23,377,110	15,660,833	7,716,277
General Revenue-Contract	17,252,731	17,864,211	(611,480)
TOTAL INCOME	\$ 43,416,419	\$ 35,881,173	\$ 7,535,246
EXPENSES:			
Salaries	21,809,720	18,672,329	3,137,391
Employee Benefits	3,967,335	3,486,919	480,416
Medication Expense	462,641	518,740	(56,099)
Travel - Board/Staff	365,687	239,867	125,820
Building Rent/Maintenance	442,037	289,208	152,829
Consultants/Contracts	7,721,318	7,232,774	488,544
Other Operating Expenses	3,034,467	2,857,295	177,172
TOTAL EXPENSES	\$ 37,803,205	\$ 33,297,132	\$ 4,506,073
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 5,613,214	\$ 2,584,041	\$ 3,029,173
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,381,672	1,376,500	5,172
Capital Outlay - Debt Service	929,431	828,653	100,778
TOTAL CAPITAL EXPENDITURES	\$ 2,311,103	\$ 2,205,153	\$ 105,950
GRAND TOTAL EXPENDITURES	\$ 40,114,308	\$ 35,502,285	\$ 4,612,023
Excess (Deficiency) of Revenues and Expenses	\$ 3,302,111	\$ 378,888	\$ 2,923,223

Debt Service and Fixed Asset Fund:			
Debt Service	929,431	828,653	100,778
Excess (Deficiency) of Revenues over Expenses	929,431	828,653	100,778

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

INCOME:	<u>MONTH OF July 2023</u>	<u>MONTH OF July 2022</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	(86,223)	67,326	(153,549)
Earned Income	1,669,008	1,815,469	(146,461)
General Revenue-Contract	1,754,585	2,066,827	(312,242)
TOTAL INCOME	<u>\$ 3,337,370</u>	<u>\$ 3,949,622</u>	<u>\$ (612,252)</u>
Salaries	2,097,768	1,901,126	196,642
Employee Benefits	382,780	342,267	40,513
Medication Expense	43,834	40,108	3,726
Travel - Board/Staff	40,743	19,305	21,438
Building Rent/Maintenance	75,706	57,911	17,795
Consultants/Contracts	683,695	839,934	(156,239)
Other Operating Expenses	281,682	436,969	(155,287)
TOTAL EXPENSES	<u>\$ 3,606,208</u>	<u>\$ 3,637,621</u>	<u>\$ (31,412)</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ (268,838)</u>	<u>\$ 312,001</u>	<u>\$ (580,840)</u>
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	197,681	224,183	(26,502)
Capital Outlay - Debt Service	87,031	80,053	6,978
TOTAL CAPITAL EXPENDITURES	<u>\$ 284,713</u>	<u>\$ 304,235</u>	<u>\$ (19,524)</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,890,921</u>	<u>\$ 3,941,856</u>	<u>\$ (50,935)</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ (553,552)</u>	<u>\$ 7,765</u>	<u>\$ (561,316)</u>

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

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

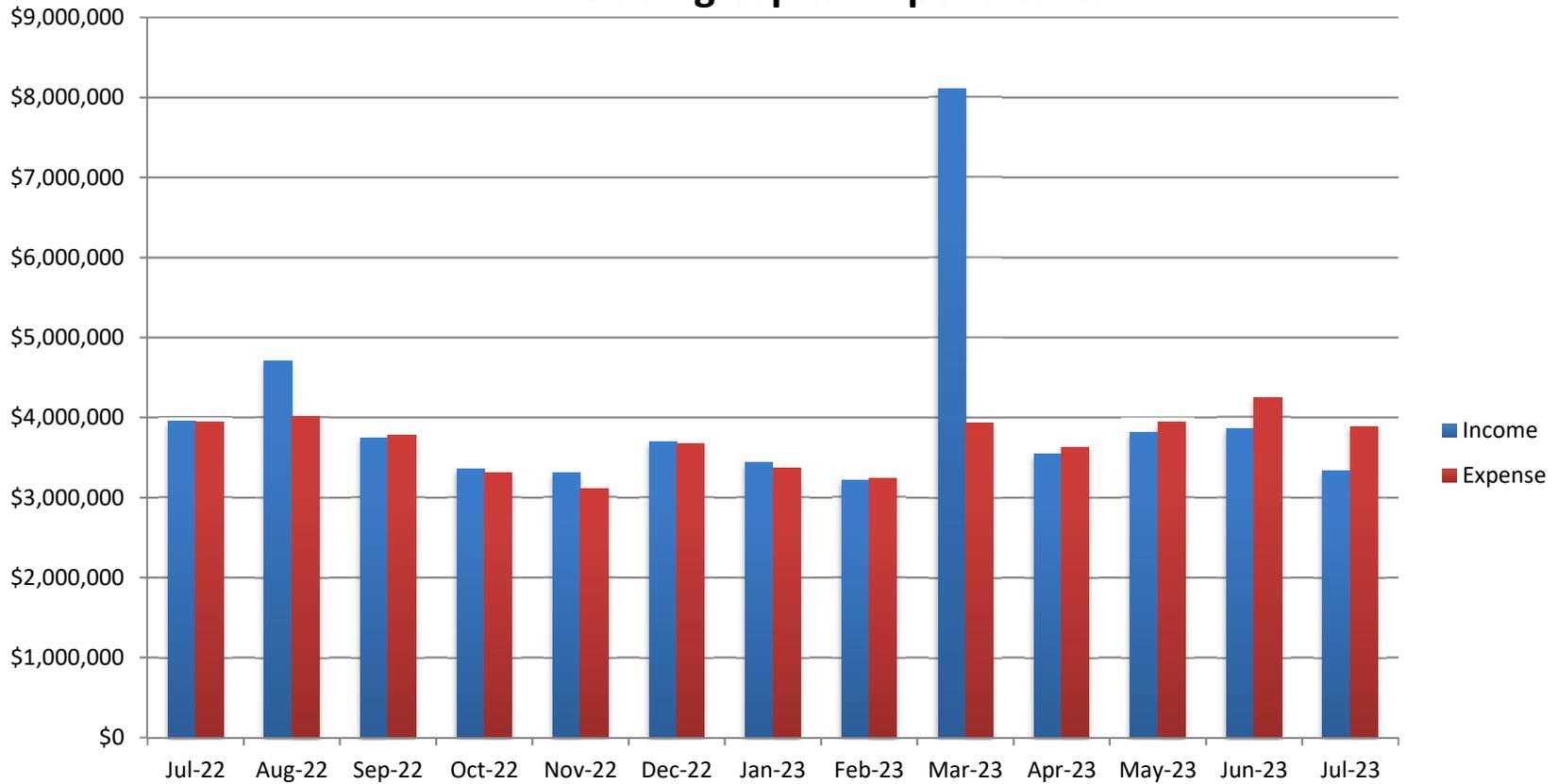
INCOME:	MONTH OF July 2023	MONTH OF June 2023	Increase (Decrease)
Local Revenue Sources	(86,223)	74,382	(160,605)
Earned Income	1,669,008	1,658,271	10,737
General Revenue-Contract	1,754,585	2,123,383	(368,798)
TOTAL INCOME	\$ 3,337,370	\$ 3,856,036	\$ (518,666)
EXPENSES:			
Salaries	2,097,768	2,599,462	(501,694)
Employee Benefits	382,780	434,276	(51,496)
Medication Expense	43,834	42,864	970
Travel - Board/Staff	40,743	42,948	(2,205)
Building Rent/Maintenance	75,706	58,718	16,988
Consultants/Contracts	683,695	722,299	(38,604)
Other Operating Expenses	281,682	238,378	43,304
TOTAL EXPENSES	\$ 3,606,208	\$ 4,138,945	\$ (532,737)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (268,838)	\$ (282,909)	\$ 14,071
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	197,681	26,130	171,551
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 284,713	\$ 113,161	\$ 171,551
GRAND TOTAL EXPENDITURES	\$ 3,890,921	\$ 4,252,106	\$ (361,185)
Excess (Deficiency) of Revenues and Expenses	\$ (553,552)	\$ (396,071)	\$ (157,480)

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

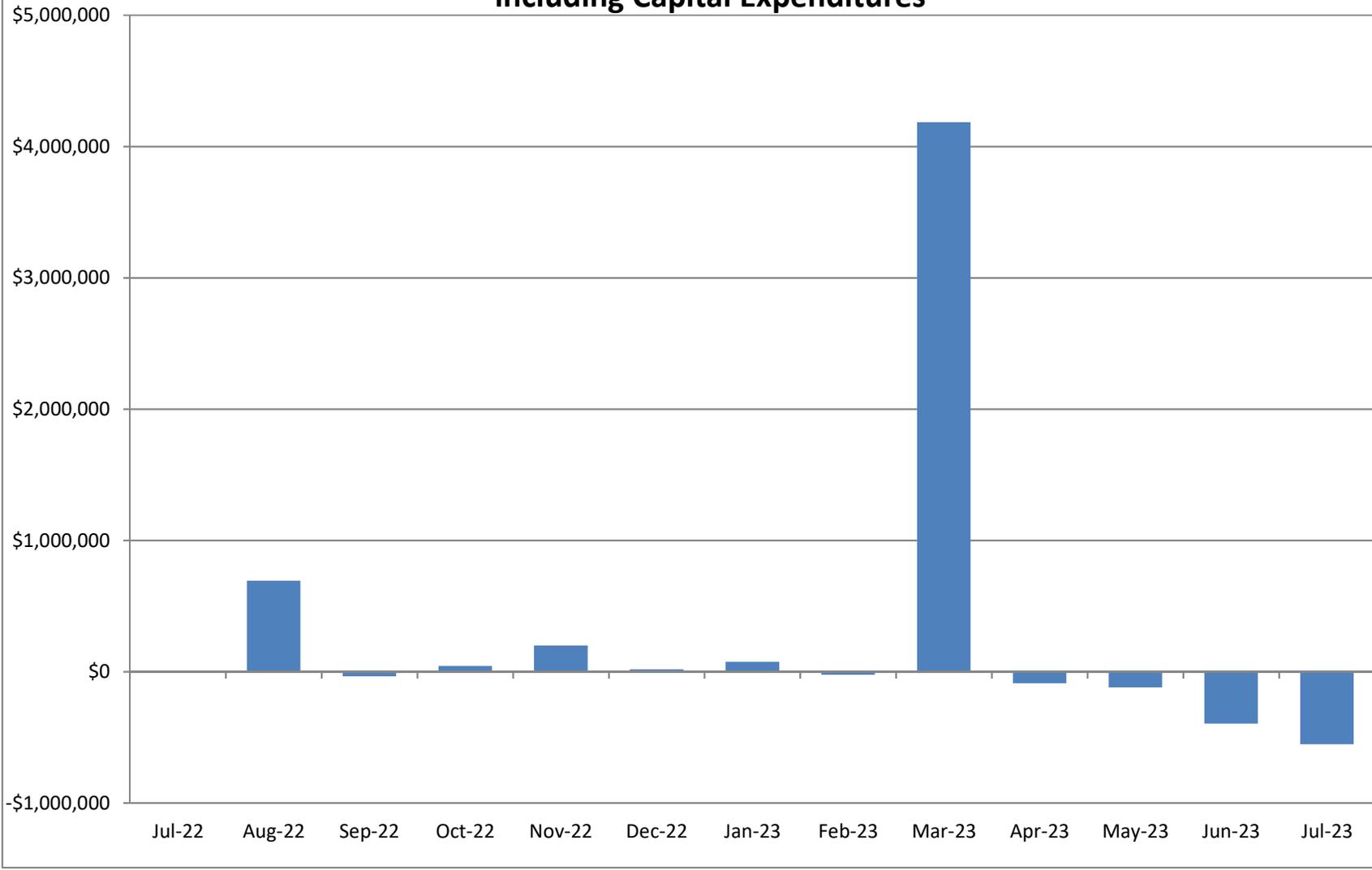
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2023

	YTD Mental Health July 2023	YTD IDD July 2023	YTD Other Services July 2023	YTD Agency Total July 2023	YTD Approved Budget July 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,411,026	94,828	280,723	2,786,577	2,794,061	(7,484)
Earned Income	8,966,765	4,223,563	10,186,782	23,377,110	23,854,637	(477,527)
General Revenue-Contract	14,955,000	1,666,877	630,853	17,252,730	17,268,079	(15,349)
TOTAL INCOME	26,332,791	5,985,268	11,098,358	\$ 43,416,419	\$ 43,916,777	\$ (500,360)
EXPENSES:						
Salaries	13,353,606	3,222,036	5,234,078	21,809,720	21,988,677	(178,957)
Employee Benefits	2,498,902	615,667	852,766	3,967,335	4,106,996	(139,661)
Medication Expense	393,205	-	69,436	462,641	470,106	(7,465)
Travel - Board/Staff	190,902	112,349	62,436	365,687	329,104	36,583
Building Rent/Maintenance	400,878	15,424	25,735	442,037	376,711	65,326
Consultants/Contracts	3,751,078	991,629	2,978,612	7,721,319	7,755,745	(34,426)
Other Operating Expenses	1,766,215	682,331	585,921	3,034,467	2,877,369	157,098
TOTAL EXPENSES	22,354,787	5,639,436	9,808,984	\$ 37,803,206	\$ 37,904,708	\$ (101,502)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	3,978,004	345,832	1,289,374	\$ 5,613,213	\$ 6,012,069	\$ (398,858)
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	1,163,705	81,364	136,602	1,381,671	1,341,076	40,595
Capital Outlay - Debt Service	557,659	139,415	232,358	929,432	929,428	4
TOTAL CAPITAL EXPENDITURES	1,721,364	220,779	368,960	\$ 2,311,103	\$ 2,270,504	\$ 40,599
GRAND TOTAL EXPENDITURES	24,076,151 ##	5,860,215 ##	10,177,944	\$ 40,114,309	\$ 40,175,212	\$ (60,903)
Excess (Deficiency) of Revenues and Expenses	2,256,640	125,053	920,414	\$ 3,302,111 #	\$ 3,741,565	\$ (439,458)
Debt Service and Fixed Asset Fund:						
Debt Service	1,721,364	220,779	368,960	2,311,103	2,270,504	40,599
Excess (Deficiency) of Revenues over Expenses	1,721,364	220,779	368,960	2,311,103	2,270,504	40,599

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2023 Year End Budget Revision

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

Summary

FY 2023 Year End Budget Revision

Recommended Action:

Approve FY 2023 Year End Budget Revision

Tri-County Behavioral Healthcare
Proposed FY 2023 REVISED YEAR-END BUDGET Compared to
Current Approved FY 2023 Budget

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

REVENUES:

Local Revenue – This line item reflects an overall decrease. The majority of this decrease is the moving of Reserve Transfer that was designated for the Cleveland project for Architect services. These funds will be moved to the FY 2024 budget for the remainder of the architectural work to be completed. The other lines that have a decrease are some write offs of client fees and CHIP income which we review periodically throughout the fiscal year.

Earned Income –This line item reflects an overall decrease. On the down side we have TCOOMMI, Case Management MH and Case Management IDD, Rehab, Autism, and both SAMHSA grants that will be used to carry over funds for an extension in FY 24. The ARPA funds have been moved around from the CSU, which had a delay in startup and we spent funds on contract hospital beds. We have also started the ARPA Therapy that has been pretty successful during the second half of the fiscal year. ARPA funds are on a calendar year so we have four more months to spend down these funds. On the positive side, we did receive more CCP and DPP funds that we had budgeted. We have also started the new contract with the Montgomery County Sheriff’s office.

General Revenue – This line has a slight increase overall. The increase is from the Adult Substance Use Disorder Treatment program. It has been many years since we have had a good year in that program, so we are hoping this is a sign of good things coming in the future. We also have a small pot of money we get every year for Post Discharge Medication that we have not used and this will be returned to HHSC.

EXPENSES:

Salaries – This line item reflects an overall increase. We have started hiring staff the second half of the year. We just have to keep them engaged until they learn their job and actually like it and want to stay. We also have a year-end incentive based on procedure that will be given out this fiscal year and this has also increased the expenses in this line.

Employee Benefits – This line item has an overall decrease based on the year-to-date trends of who is enrolled in our health insurance package. This line also had a very low State of Texas Unemployment tax rate this fiscal year. As always, we have included the projected retirement forfeitures that will come back to the center based on termination of staff who are not 100% vested.

Travel – Board/Staff – This line item reflects an increase for the year based on the raised mileage reimbursement rate that the center is paying and also an increase in the number of staff that are hired and traveling to provide services.

Medication Expense – This line item reflects a decrease based on year-to-date trends and due to the CSU opening so late in the fiscal year.

Building Rent/Maintenance – This line item was adjusted downward based on some of the facility renovations being reclassified to Capital outlays. This line also had some increases with a few air conditioning units going out during this hot summer in Huntsville and Liberty.

Consultants/Contracts – This line item reflects an increase mainly due to the rise in usage of the Contract Hospitals from the closure of the PETC. We also have two contract doctors that we are paying by contract.

Other Operating Expenses – This line item reflects an overall increase due to the rising prices that we have seen across the board on most items. Almost every item we purchase regularly has increased over the past year - from utilities, office supplies, program supplies and vehicle gasoline, to cell phones and air cards. Some of this is also increased usage with more staff being hired, but it is mostly price increases that will continue to affect us going forward.

Capital Outlay-FF&E, Automobiles – This line item reflects an overall increase due to the renovations to the CSU and also the building refresh at the Conroe Sgt. Ed Holcomb facility. This line item also reflects the purchase of the new vehicles approved at the July Board meeting.

Capital Outlay - Debt Service Bonds – No Change.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2023 REVISED YEAR END BUDGET COMPARED TO
CURRENT APPROVED FY 2023 BUDGET**

INCOME:	PROPOSED FY 2023 REVISED YEAR END BUDGET	CURRENT APPROVED FY 2023 BUDGET	Increase (Decrease)
Local Revenue Sources	\$ 2,455,780	\$ 2,700,672	\$ (244,892)
Earned Income	\$ 25,258,080	\$ 27,409,658	\$ (2,151,578)
General Revenue	\$ 18,931,996	\$ 18,898,396	\$ 33,600
TOTAL INCOME	\$ 46,645,856	\$ 49,008,726	\$ (2,362,870)
 EXPENSES:			
Salaries	\$ 24,210,678	\$ 24,014,784	\$ 195,894
Employee Benefits	\$ 4,283,324	\$ 4,703,511	\$ (420,187)
Travel-Board/Staff	\$ 405,717	\$ 354,877	\$ 50,840
Medication Expense	\$ 531,025	\$ 643,025	\$ (112,000)
Building Rent/Maintenance	\$ 467,100	\$ 750,801	\$ (283,701)
Consultants/Contracts	\$ 8,667,021	\$ 8,419,333	\$ 247,688
Other Operating Expenses	\$ 3,362,013	\$ 3,181,093	\$ 180,920
TOTAL EXPENSES	\$ 41,926,877	\$ 42,067,424	\$ (140,547)
 Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 4,718,979	 \$ 6,941,302	 \$ (2,222,323)
 CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 2,201,034	\$ 1,663,124	\$ 537,910
Capital Outlay - Debt Services Bonds	\$ 1,016,462	\$ 1,016,462	\$ -
TOTAL CAPITAL EXPENDITURES	\$ 3,217,496	\$ 2,679,586	\$ 537,910
 GRAND TOTAL EXPENDITURES	 \$ 45,144,373	 \$ 44,747,010	 \$ 397,363
 Excess (Deficiency) of Revenues and Expenses	 \$ 1,501,482	 \$ 4,261,716	 \$ (2,760,233)

<p>Agenda Item: Approve Proposed FY 2024 Operating Budget</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 31, 2023</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Copy of Proposed FY 2024 Operating Budget with Narrative of Increases or Decreases of More than \$10,000</p>	
<p>Recommended Action:</p> <p>Approve Proposed FY 2024 Operating Budget</p>	

Tri-County Behavioral Healthcare
Proposed FY 2024 BEGINNING BUDGET Compared to
Current Approved FY 2023 Budget

**Explanation of line items that have material changes over \$10,000 from Proposed FY 2024
BEGINNING BUDGET compared to the Current Approved FY 2023 Budget.**

REVENUES:

Local Revenue – This line item reflects a decrease from the FY 2023 year-end budget. This is mostly from the amounts transferred from Reserves for various projects in last year’s budget. We carried over a small amount this fiscal year for the remaining \$200,000 left for the Architect services to complete the Cleveland plans.

Earned Income – This line item reflects a slight decrease. It doesn’t really tell the picture from that small of a decrease. For FY 24 we are expecting smaller amounts for both the DPP and CPP payments. Additionally, the SAMHSA programs are only funded for nine months which is a carry-over period to expend the funds that were remaining from the original two-year grants. The ARPA funds are still in the budget but will be helping to fund the CSU and the Porter location as well as some contract hospital beds. The earned revenue lines are the areas to watch this year, such as the Case Management MH and IDD and the Rehab revenue. If we can retain the staff we should see these revenue amounts earned and end the year on a positive.

General Revenue – This line has a decrease based on a reclassification of a funding source moving from General Revenue to Earned Revenue.

EXPENSES:

Salaries – This line item reflects an overall increase. We start the year all over with the expectation that we will be hiring staff. We will be watching this line more closely in hopes that we can make changes if we see things starting to go in the wrong direction.

Employee Benefits – This line item also has an increase from the year-end budget. We are in the middle of the Health Insurance enrollment period so we aren’t sure how many staff we will have enrolled until after the end of August.

Travel – Board/Staff – This line item reflects a decrease based on lower than the prior years out of town conference travel. We should see a slight decrease in mileage reimbursement since we have purchased the five additional center vehicles that can be used by staff for client visits.

Medication Expense – This line item reflects an estimated increase based on having the CSU open for the entire year.

Building Rent/Maintenance – This line item is down for the start of this fiscal year since we did quite a few renovations and a refresh on the Conroe building last year. This year’s budget only has normal maintenance allotted for a relatively quiet period until we start up on the Cleveland location.

Consultants/Contracts – This line item reflects a decrease mainly due to the projected decreased use of Contract Hospitals with the CSU being open for the entire fiscal year.

Other Operating Expenses – This line item reflects an overall decrease. As we said in the prior Year-End narrative, all items and supplies have an increase so we are trying to be conservative in our purchases. We will analyze at mid-year and see how we are doing.

Capital Outlay-FF&E, Automobiles – This line item reflects an overall increase. We have our normal annual purchases for computer items in here and also the money for the Architect placed in this line.

Capital Outlay - Debt Service Bonds – This line has a slight increase change. This is due to the first full year of payments on the Huntsville property that was purchased in the middle of FY 2023.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2024 BEGINNING BUDGET COMPARED TO
CURRENT APPROVED FY 2023 BUDGET**

INCOME:	PROPOSED FY 2024 BEGINNING BUDGET	CURRENT APPROVED FY 2023 BUDGET	Increase (Decrease)
Local Revenue Sources	\$ 1,373,240	\$ 2,455,780	\$ (1,082,540)
Earned Income	\$ 25,827,357	\$ 25,258,080	\$ 569,277
General Revenue	\$ 18,393,068	\$ 18,931,996	\$ (538,928)
TOTAL INCOME	\$ 45,593,665	\$ 46,645,856	\$ (1,052,191)
EXPENSES:			
Salaries	\$ 27,006,117	\$ 24,210,678	\$ 2,795,439
Employee Benefits	\$ 4,728,260	\$ 4,283,324	\$ 444,937
Travel-Board/Staff	\$ 354,700	\$ 405,717	\$ (51,017)
Medication Expense	\$ 579,555	\$ 531,025	\$ 48,530
Building Rent/Maintenance	\$ 193,210	\$ 467,100	\$ (273,891)
Consultants/Contracts	\$ 8,054,827	\$ 8,667,021	\$ (612,194)
Other Operating Expenses	\$ 3,230,117	\$ 3,362,013	\$ (131,895)
TOTAL EXPENSES	\$ 44,146,786	\$ 41,926,877	\$ 2,219,909
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,446,879	\$ 4,718,979	\$ (3,272,100)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 402,500	\$ 2,201,034	\$ (1,798,534)
Capital Outlay - Debt Services Bonds	\$ 1,044,379	\$ 1,016,462	\$ 27,917
TOTAL CAPITAL EXPENDITURES	\$ 1,446,879	\$ 3,217,496	\$ (1,770,617)
GRAND TOTAL EXPENDITURES	\$ 45,593,665	\$ 45,144,373	\$ 449,291
Excess (Deficiency) of Revenues and Expenses	\$ 0	\$ 1,501,482	\$ (1,501,482)

Agenda Item: Award Bid for 402 Liberty Street, Cleveland, Texas

Board Meeting Date:

August 31, 2023

Committee: Business

Background Information:

Tri-County has requested bids for the construction of a 36,000 sq. ft. medical office building to be located at 402 Liberty Street, Cleveland, Texas.

- On August 27, 2020, HHSC Contract Management Contract managers for HHSC received notification of Tri-County's intent to purchase 0 Washington Ave (the previous address for this site), Cleveland, Texas and provided an email giving permission to proceed with the purchase.
- On May 23, 2023, HHSC Contract Management Unit Director Chris Dickinson provided an email giving permission to proceed with the Cleveland Service Facility.
- On June 28, 2023, Tri-County posted a Request for Proposals in the Conroe Courier, Cleveland Advocate, Houston Chronical as well as the Houston Chronical Online. The Request for Proposal was also posted on the Dodge Construction Network. Personal Requests for Proposals were also made to contractors with whom Tri-County has worked with previously. On July 1, 2023 a 50% pricing package was made available to bidders via an online portal managed by Identity Architects.
- Eight general contractors responded to the RFP with six submitting bids. The first bid submittal was July 19, 2023. The six respondents were allowed to submit a revised bid August 10, 2023 based on a 90% set of plans.
- Based on several criteria including price and qualifications, the resulting six bids were reduced to four candidates which appeared for an in-person interview on August 15, 2023.
- Contractors interviewed and bids received (all with 10% contingency added):
 - JLA Construction - \$11,089,675.84
 - MJR Services, Inc. – \$11,691,530.67
 - Frost Construction – \$12,033,435.70
 - E.E. Reed – \$12,034,330.08
- The subcommittee included Board Chair Patti Atkins, Board Vice Chair Gail Page, Board Trustee Carl Williamson and Board Trustee Tim Cannon. In addition to the Board subcommittee, staff Evan Roberson, Millie McDuffey and Sara Bradfield along with consultant Mike Duncum participated in the interviews. Feedback on the interviews will be provided at the August 31st Board meeting.

Pursuant to Government Code Sec. 2269.055. CRITERIA TO CONSIDER.

(a) In determining the award of a contract under this chapter, the governmental entity may consider:

- (1) the price;
- (2) the offeror's experience and reputation;
- (3) the quality of the offeror's goods or services;
- (4) the impact on the ability of the governmental entity to comply with rules relating to historically underutilized businesses;

- (5) the offeror's safety record;
 - (6) the offeror's proposed personnel;
 - (7) whether the offeror's financial capability is appropriate to the size and scope of the project; and
 - (8) any other relevant factor specifically listed in the request for bids, proposals, or qualifications.
- (b) In determining the award of a contract under this chapter, the governmental entity shall:
- (1) consider and apply any existing laws, including any criteria, related to historically underutilized businesses; and
 - (2) consider and apply any existing laws, rules, or applicable municipal charters, including laws applicable to local governments, related to the use of women, minority, small, or disadvantaged businesses.

If a contractor is selected by the Board, Tri-County staff and Mike Duncum will work with the contractor and Jackson Walker to negotiate a contract for the project.

Finally, in addition to the costs above, Mike Duncum will have a construction management fee of 2% of the project cost.

Supporting Documentation:

Cleveland Facility Finalist Bid Summary

Recommended Action:

Award Bid for 402 Liberty Street, Cleveland, Texas to Selected Contractor; Authorize Evan Roberson to Negotiate a Contract with the Selected Contractor, with assistance from Jackson Walker; and, Authorize Evan Roberson to Sign All Necessary Documents

COST SCHEDULE COMPARISON

Tri-County Behavioral Healthcare
402 Liberty Street, Cleveland, Tx 77327
August 10, 2023

CATEGORY	Contractor	E.E. Reed	MJR SERVICES, INC.	JLA Construction	Frost Construction
1	SUPERVISION	\$ 361,555.00	\$ 100,000.00	\$ 379,040.00	\$ 253,840.00
2	GENERAL CONDITIONS	\$ 139,885.00	\$ 191,610.12	\$ 100,000.00	\$ 152,665.00
3	FINAL CLEAN	\$ 9,104.00	\$ 18,000.00	\$ 10,000.00	\$ 10,500.00
4	DEMOLITION	\$ 10,000.00	\$ -	\$ -	\$ 12,000.00
5	TEMPORARY FENCING	\$ 14,620.00	\$ -	\$ -	\$ 8,000.00
6	EARTHWORK	\$ 372,950.00	\$ 402,425.00	\$ 389,925.00	\$ 324,820.00
7	SWPPP	\$ 11,050.00	\$ -	\$ 9,345.00	\$ 8,378.00
8	STRUCTURAL FILL	\$ -	\$ 93,250.00	\$ -	\$ 43,050.00
9	DETENTION SYSTEMS	\$ -	\$ 149,160.00	\$ -	\$ 28,700.00
10	SITE UTILITIES	\$ 250,084.00	\$ 76,100.00	\$ 250,253.00	\$ 263,471.00
11	LANDSCAPE	\$ 242,271.00	\$ 85,750.00	\$ 127,400.00	\$ 109,971.00
12	IRRIGATION	\$ -	\$ 55,600.00	\$ 41,300.00	\$ -
13	PARKING ACCESSORIES	\$ 24,428.00	\$ 10,800.00	\$ 6,500.00	\$ 7,800.00
14	RETAINING WALLS	\$ 352,556.00	\$ 305,200.00	\$ 280,186.00	\$ 100,000.00
15	SITE CONCRETE & FORM WORK	\$ 656,932.00	\$ 550,000.00	\$ 1,000,000.00	\$ 714,425.00
16	BUILDING CONCRETE	\$ 418,712.00	\$ 400,000.00	\$ -	\$ 331,588.00
17	Armorcore	\$ 266,601.00	\$ 340,000.00	\$ -	\$ 215,018.00
18	Bullet Proof Glass	\$ 68,200.00	\$ 45,000.00	\$ 105,486.00	\$ 61,200.00
19	TILT WALL BRACING AND RENTAL	\$ 24,600.00	\$ 17,500.00	\$ 15,000.00	\$ 23,760.00
20	STRUCTURAL STEEL	\$ 877,319.00	\$ 621,000.00	\$ 791,000.00	\$ 583,695.00
21	STRUCTURAL STEEL ERECTION	\$ -	\$ 165,000.00	\$ 105,486.00	\$ 204,200.00
22	MISC. IRON & CANOPY	\$ 599,355.00	\$ 44,000.00	\$ -	\$ 510,000.00
23	ORNAMENTAL RAILINGS	\$ -	\$ 20,000.00	\$ -	\$ -
24	EXTERIOR MASONRY	\$ 43,605.00	\$ 65,000.00	\$ -	\$ 44,204.00
25	EIFS-PLASTERING	\$ 30,923.00	\$ -	\$ 70,660.00	\$ 30,833.00
26	ROOFING & SHEETMETAL	\$ 311,563.00	\$ 409,000.00	\$ 538,169.00	\$ 300,000.00
27	CAULKING & WATERPROOFING	\$ 78,905.00	\$ 63,500.00	\$ 35,000.00	\$ 73,577.00
28	ROUGH CARPENTRY	\$ 18,208.00	\$ -	\$ -	\$ 9,742.00
29	MILLWORK	\$ 189,085.00	\$ 197,950.00	\$ 188,470.00	\$ 176,020.00
30	COUNTERS	\$ -	\$ 38,000.00	\$ -	\$ 13,774.00
31	DOORS-FRAMES-HARDWARE	\$ 245,375.00	\$ 155,155.00	\$ 205,000.00	\$ 128,218.00
32	STOREFRONTS/ENTRANCES/GLAZING	\$ 639,084.00	\$ 391,600.00	\$ 262,710.00	\$ 356,286.00
33	OVERHEAD DOORS & JAMBS	\$ -	\$ 27,800.00	\$ -	\$ -
34	FINISH HARDWARE	\$ -	\$ 35,000.00	\$ -	\$ 128,000.00
35	DECORATIVE PANELS	\$ -	\$ 85,500.00	\$ 50,000.00	\$ 123,500.00
36	ALUMINUM / GLASS / MIRROR	\$ -	\$ -	\$ -	\$ 36,000.00
37	DRYWALL AND METAL STUDS	\$ 506,169.00	\$ 466,590.00	\$ 317,500.00	\$ 435,142.00
38	ACOUSTICAL CEILING & INSULATION	\$ 118,705.00	\$ 125,800.00	\$ 317,500.00	\$ 107,400.00
39	OTHER INSULATION	\$ -	\$ -	\$ -	\$ 86,000.00
40	QUARTZ FLOORING	\$ 74,474.00	\$ 78,800.00	\$ -	\$ -
41	CERAMIC TILE, TERRAZO, MARBLE	\$ 166,577.00	\$ 168,600.00	\$ 166,666.00	\$ 169,840.00
42	CARPETING	\$ 40,476.00	\$ 32,850.00	\$ 154,197.00	\$ 122,000.00
43	FRP	\$ 8,125.00	\$ -	\$ -	\$ 5,000.00
44	PAINT AND WALLCOVERING	\$ 69,189.00	\$ 83,400.00	\$ 118,318.00	\$ 98,491.00
45	TOILET PARTITIONS & ACCESSORIES	\$ 80,325.00	\$ 53,000.00	\$ 74,000.00	\$ 75,615.00
46	FOLDING PARTITIONS	\$ 64,928.00	\$ 42,500.00	\$ 64,928.00	\$ 39,427.00
47	WINDOW TREATMENT	\$ 13,940.00	\$ 12,300.00	\$ 13,556.00	\$ 41,719.00
48	ELEVATOR	\$ 182,900.00	\$ 196,000.00	\$ 163,888.00	\$ 178,500.00
49	MISCELLANEOUS SPECIALTIES	\$ 1,875.00	\$ -	\$ -	\$ 37,305.00
50	KITCHEN EQUIPMENT	\$ -	\$ -	\$ -	\$ 5,000.00
51	CANOPY	\$ -	\$ 362,400.00	\$ 478,000.00	\$ 40,079.00
52	PLUMBING	\$ 462,471.00	\$ 605,850.00	\$ 423,000.00	\$ 394,800.00
53	FIRE SPRINKLER SYSTEM	\$ 113,473.00	\$ 164,976.00	\$ 109,800.00	\$ 109,800.00
54	H.V.A.C.	\$ 1,086,988.00	\$ 1,157,500.00	\$ 1,115,000.00	\$ 1,216,928.00
55	ELECTRICAL	\$ 1,045,999.00	\$ 1,058,400.00	\$ 900,000.00	\$ 772,584.00
56	LIGHT FIXTURE ALLOWANCE	\$ -	\$ -	\$ -	\$ 254,508.00
57	ACCESS CONTROLS	\$ 150,000.00	\$ 150,000.00	\$ 150,000.00	\$ 150,000.00
58	FIRE EXTINGUISHERS	\$ 5,885.00	\$ 4,250.00	\$ -	\$ 3,635.00
59	SUBTOTAL	\$ 10,449,469.00	\$ 9,922,116.12	\$ 9,527,283.00	\$ 9,731,008.00
60	SALES TAX LABOR-BURDEN	\$ -	\$ -	\$ -	\$ -
61	SALES TAX MATERIAL	\$ -	\$ -	\$ -	\$ -
62	PERMIT & TAP ALLOWANCE	\$ -	\$ -	\$ -	\$ -
63	BUILDER'S RISK INSURANCE	\$ 20,599.00	\$ 15,000.00	\$ 125,258.00	\$ 52,541.00
64	ALL LIABILITY INSURANCE	\$ 69,764.00	\$ 97,721.16	\$ -	\$ 54,710.00
65	SUBCONTRACTOR DEFAULT INS	\$ -	\$ -	\$ -	\$ -
66	PERFORMANCE & PAYMENT BOND	\$ 86,984.00	\$ 97,721.16	\$ 115,623.00	\$ 126,228.00
67	MOBILIZATION	\$ -	\$ -	\$ 27,541.00	\$ 25,000.00
68	OVERHEAD & PROFIT	\$ 313,484.07	\$ 496,105.81	\$ 285,818.49	\$ 950,000.00
TOTAL		\$ 10,940,300.07	\$ 10,628,664.25	\$ 10,081,523.49	\$ 10,939,487.00
10%		\$ 1,094,030.01	\$ 1,062,866.42	\$ 1,008,152.35	\$ 1,093,948.70
Total with Contingency		\$ 12,034,330.08	\$ 11,691,530.67	\$ 11,089,675.84	\$ 12,033,435.70

Agenda Item: Approve Financing for 402 Liberty Street, Cleveland, Texas

Board Meeting Date:

August 31, 2023

Committee: Business

Background Information:

Seven banks were contacted about potential interest in financing the construction of the Tri-County Behavioral Healthcare facility in Cleveland, Texas. Of the seven, we have only received a proposed term sheet from First Financial Bank prior to finalizing the Board packet, but we are expecting a term sheet from both Prosperity Bank and Woodforest Bank that will be presented at the Board meeting. The four remaining banks declined to provide financing due to the loan amount being either too small or too large.

As seen in the supporting documentation, First Financial Bank will finance the Cleveland Service Facility at a fixed interest rate of 6.25% and a loan term of 25 years with 30% down. They also require that we keep on deposit an additional \$1,000,000 dollars in the interest-bearing bank account we have with them.

Supporting Documentation:

Proposed Term Sheet (First Financial Bank) Based on Lowest Construction Bid

Recommended Action:

Approve Financing for 402 Liberty Street, Cleveland, Texas; Authorize Evan Roberson to Negotiate Loan Documents with the Selected Bank, with assistance from Jackson Walker; and, Authorize Evan Roberson to Sign All Necessary Documents

Proposed Term Sheet (First Financial Bank)
Based on Lowest Construction Bid

Land:

Purchase Date	9/3/2020	
Purchase Price	\$500,000	
Estimated Current Value	\$	750,000.00

Soft Cost:

Architectural	\$	451,000.00
Design Fee	\$	15,000.00
Survey	\$	1,450.00
Replat	\$	3,500.00
Geotech	\$	6,950.00
Topo	\$	4,500.00
Appraisal	\$	1,500.00
Phase 1	\$	2,300.00
Construction Oversight	2% \$	221,780.00
Design Oversight	\$	<u>45,100.00</u>

Total Land & Soft Cost **\$ 1,503,080.00**

Construction Cost **\$ 11,089,000.00**

Total Development Cost **\$ 12,592,080.00**

Loan Amount At 70% **\$ 8,814,456.00**

Required Cash **\$ 2,274,544.00**

Payment

Ammortization	25 years
Rate	6.25%

Monthly **\$58,146.27**
Annually **\$697,755.21**

Agenda Item: Ratify Health and Human Services Commission Contract No. HHS001333300037, Intellectual and Developmental Disability Authority Services

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

The Health and Human Services Local Intellectual and Developmental Disability Performance Contract is the contract for all IDD Authority (LIDDA) services, including:

- Eligibility Determination;
- State Supported Living Center Admission and Continuity of Care services;
- Service Coordination;
- Maintenance of the TxHmL and HCS Interest lists;
- Permanency Planning;
- IDD Crisis Intervention and Crisis Respite;
- Enhanced Community Coordination;
- PreAdmission and Resident Review (PASRR); and
- Habilitation Coordination.

This contract term is September 1, 2023 and terminates on August 31, 2025.

Changes this year include:

- "LIDDA may serve individuals who have resided in a SSLC on a regular admission status, but who may not be in the priority population."
- Required training by position type, including timelines for these trainings;
- Language on a "non-designated LIDDA" serving a client from another Center.

Total funding for the contract is \$2,234,751 (FY 24), which includes \$184,912 (8.4%) in local match. Overall, the contract is up \$35,894 for FY 2024.

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 Contract No. HHS001333300037, Intellectual and Developmental Disability Authority Services

Agenda Item: Ratify Health and Human Services Commission Local Mental Health Authority Performance Agreement, Contract No. HHS001324500037

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

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

- Outpatient Competency Restoration;
- Community Mental Health Hospitals (CSU)
- Psychiatric Emergency Service Centers (CSU, CIRT, Rapid Crisis);
- Private Psychiatric Bedday funding (Contract Hospitals);
- Mental Health Supported Housing;
- Veterans Services;
- Education Service Center Liaison; and,
- Medications for Civil Commitments.

This contract term is September 1, 2023 and terminates on August 31, 2025.

The most significant changes this year are related to new 'At-Risk Performance Measures' that can result in sanctions of up to 10% of our GR every 6 months. While we have historically been very good at meeting these measures, anytime you have a change in performance standards there is a potential for performance issues on one or more measures. In addition, the change to a new Electronic Health Record has the potential to make data management more complex for a few months. Therefore, our team will have to watch these measures very closely throughout this year.

Measures with targets include:

- Adult Improvement, 20%
- Child Improvement, 25%
- School Performance, 60%
- Community Tenure, 96.8%
- Effective Crisis Response, 75.1%
- Hospital 7-day Follow-up, 62.3%
- Crisis 7-day follow-up – Benchmark to be set later this year

Total funding for the contract is \$35,130,704 (Biennium), which includes \$3,394,096 (9.6%) in local match. The funding for this year increased by \$234,376 over the FY 2021 Contract in the Private Psychiatric Hospitalization line item.

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. HHS001324500037

Agenda Item: Ratify HHSC Contract No. HHS000477100006, Amendment No. 2, Community Mental Health Grant Program (HB 13)

Board Meeting Date:

August 31, 2023

Committee: Business

Background Information:

House Bill 13 (85th Session) authorized creation of a matching grant program to support community mental health programs for individuals experiencing mental illness and the coordination of certain behavioral health grants. Montgomery County was considered 'Urban' by HB 13 which meant that we need dollar for dollar matching funds.

Tri-County applied for and was awarded an Expanded Substance Use Disorder grant program under the Grant Program. The grant activities focus on moving persons in need of SUD services who are currently in outpatient mental health services into SUD treatment services at Tri-County.

The contract award amount is \$80,535 per year and requires 100% local match.

HHSC needed this contract signed and returned before the Board meeting, so the Executive Director is requesting ratification of this Board item.

Supporting Documentation:

Contract is available for review.

Recommended Action:

Ratify HHSC Contract No. HHS000477100006, Amendment No. 2, Community Mental Health Grant Program

Agenda Item: Ratify HHSC FY 2024 Children’s Autism Grant Program Contract No. HHS000693900003, Amendment No. 3

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County contracts with the Health and Human Services Commission to provide Applied Behavioral Analysis therapy to children with autism under the age of 17. We have one ABA therapist that works for the Center and we contract with a provider in Montgomery County for additional services. The contract is relatively small and we only serve about 15 kids per year in the program.

This funding for this amendment is unchanged, \$137,421.

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

Supporting Documentation:

Contract Available for Review

Recommended Action:

Ratify HHSC FY 2024 Children’s Autism Grant Program Contract No. HHS000693900003, Amendment No. 3

Agenda Item: Approve the FY 2023 Contract Addendum for James D. Phillips – Peace Officer

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare contracts with licensed Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders/Warrants from other law enforcement entities. These officers are scheduled to be on site 24/7.

James D. Phillips has always worked a significant number of hours at the PETC. His contract maximum allowance for Peace Officer services in FY 2023 needs to be raised from a contract maximum \$48,000 to \$52,000 to cover FY 2023 hours worked.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve an increase in contract maximum for James D. Phillips, in FY 2023 to \$52,000 for on-site Peace Officer services at the PETC

Agenda Item: Approve the FY 2024 Lifetime Homecare Services Contract

Board Meeting Date:

August 31, 2023

Committee: Business

Background Information:

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

The need for crisis respite grows each year and so does the complexity of individuals who are placed.

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

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

The contract with Lifetime Homecare Services for FY 2024 is \$140,000.

Supporting Documentation:

Contract Available for Review at the Board Meeting

Recommended Action:

Approve the FY 2024 Lifetime Homecare Services Contract for IDD Crisis Respite Services for up to \$140,000

Agenda Item: Approve the FY 2024 RecessAbility, Inc. Contract

Board Meeting Date:

August 31, 2023

Committee: Business

Background Information:

RecessAbility, Inc. is one of our primary providers for Youth Empowerment Services (YES) Waiver ancillary services. They are a licensed provider of Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Non-medical Transportation and Community Living Supports. YES Waiver requires us to have these services available as a part of the Wraparound Treatment Planning process.

The RecessAbility, Inc. contract for FY 2024 is for \$85,000, same amount as in FY 2023.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 RecessAbility, Inc. Contract for up to \$85,000

Agenda Item: Approve the FY 2024 Avail Solutions, Inc. Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Avail Solutions, Inc. has conducted crisis hotline assessment services for many years for Tri-County Behavioral Healthcare. They are the major contract provider of crisis hotline services for community centers in Texas. They answer the crisis hotline 24 hours per day, seven days per week and have bilingual Spanish speaking staff available at all times. When a face-to-face crisis assessment is required, they contact our Center staff to conduct the assessment.

The total contract amount for FY 2024 is \$72,000, the same amount that was for FY 2023.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services

Agenda Item: Approve the FY 2024 Kingwood Pines Inpatient Hospital Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Kingwood Pines Hospital for inpatient psychiatric services when clients need a higher level of care.

Kingwood Pines Hospital is unique in that it not only serves adults and youth but children under the age of 12. In the last few years, hospital level of care need for children under 12 in our catchment area has continued to increase.

The Kingwood Pines contract for FY 2024 inpatient hospital beds is \$2,000,000. This figure is consistent with utilization trends observed in FY 2023.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to \$2,000,000

Agenda Item: Approve the FY 2024 Woodland Springs Inpatient Hospital Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Woodland Springs Hospital for inpatient psychiatric services when clients need a higher level of care. Woodland Springs Hospital, which is located in South Montgomery County, provides inpatient psychiatric care for both adult and youth populations.

The Woodland Springs contract for FY 2024 inpatient hospital beds is \$1,750,000. This figure is consistent with utilization trends observed in FY 2023.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 Woodland Springs Inpatient Hospital Contract for up to \$1,750,000

Agenda Item: Approve the FY 2024 Cypress Creek Inpatient Hospital Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Cypress Creek Hospital for inpatient psychiatric services when clients need a higher level of care. Cypress Creek Hospital, which is located in North Houston, provides inpatient psychiatric care for both adult and youth populations.

The Cypress Creek contract for FY 2024 inpatient hospital beds is \$1,500,000. This figure is consistent with utilization trends observed in FY 2023.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to \$1,500,000

Agenda Item: Approve the FY 2024 Aspire Inpatient Hospital Contract

Board Meeting Date

August 31, 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.

The Aspire Hospital contract for FY 2024 inpatient hospital beds is \$150,000.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2024 Aspire Inpatient Hospital Contract for up to \$150,000

Agenda Item: Approve FY 2024 Sun Behavioral Hospital Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare established a contract with Sun Behavioral Hospital in Houston for inpatient psychiatric services, primarily for children (specifically children 11 and under), when our only current contractor for this age group was on an administrative hold from the Centers for Medicare and Medicaid Services (CMS). This hospital also serves youth (12-17) and adults.

The Sun Behavioral contract for FY 2024 inpatient hospital beds is \$150,000.

Supporting Documentation:

Contract Available for Review at the Board Meeting.

Recommended Action:

Approve FY 2024 Sun Behavioral Inpatient Psychiatric Services Contract in the amount of \$150,000

Agenda Item: Approve the FY 2024 Contract for James D. Phillips
– Peace Officer

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare contracts with licensed Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders/Warrants from other law enforcement entities. These officers are scheduled to be on site 24/7.

James D. Phillips has always worked a significant number of hours at the PETC. His contract maximum allowance for Peace Officer services in FY 2024 is \$55,000.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve contract maximum for James D. Phillips in FY 2024 for \$55,000 for on-site Peace Officer services at the PETC

Agenda Item: Approve the FY 2024 Contract for Ralph Horne – Peace Officer

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare contracts with licensed Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders/Warrants from other law enforcement entities. These officers are scheduled to be on site 24/7.

Ralph Horne has always worked a significant number of hours at the PETC. His contract allowance for Peace Officer services for FY 2024 is \$58,000.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve FY 2024 Contract for Ralph Horne for \$58,000 for on-site Peace Officer services at the PETC

<p>Agenda Item: Ratify HHSC Treatment Services Youth (TRY) Substance Use Disorder Services Contract No. HHS000663700100, Amendment No. 3</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 31, 2023</p>
<p>Background Information:</p> <p>The HHSC Treatment Youth Services (TRY) contract provides funds for Youth Substance Use Disorder Treatment. This contract award decreased from \$125,000 to \$94,000 per year for FY 2024. The TRY contract only allows billing for persons without Medicaid and kids generally have Medicaid, so there is no programmatic impact from this decrease in funding.</p> <p>In addition to the contract funding amount, there were a series of small changes to the grant terms, but none of these changes will impact operations.</p> <p>HHSC needed to process this contract before the Board meeting to ensure funding, so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Ratify HHSC Treatment Services Youth (TRY) Substance Use Disorder Services Contract No. HHS000663700100, Amendment No. 3</p>	

Agenda Item: Ratify HHSC Treatment Adult Services (TRA)
Contract No. HHS000663700009, Amendment No. 3

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

The HHSC Treatment Adult Services (TRA) contract provides funds for Adult Substance Use Treatment.

For FY 24, the contract is being increased from \$175,000 to \$219,297. Adults who receive treatment from Tri-County usually do not have another payor source (e.g. Medicaid) and the HHSC contract is used to fund these services.

This contract amendment includes changes the contract terms and conditions. There is no change in funding associated with this contract. None of the changes in the Statement of Work appear to be significant for program operations.

HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify HHSC Treatment Adult Services (TRA) Contract No. HHS000663700009, Amendment No. 3

Agenda Item: Ratify HHSC Co-Occurring Mental Health (COPSD) Substance Use Disorder Services Contract No. HHS000886900001, Amendment No. 2

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

The HHSC Co-Occurring Psychiatric and Substance Use Disorder (COPSD) contract provides funds for adults and youth with psychiatric diagnoses and substance use disorders.

This contract amendment includes changes with the contract terms and conditions. None of the changes in the Statement of Work appear to be significant for program operations.

The contract was decreased from \$150,000 to \$20,000 dollars for FY 2024 based on utilization of funding in the last two years. Staff have been assured that additional funding can be requested to supplement this contract amount during the year if utilization, as expected, increases.

HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify HHSC Co-Occurring Mental Health (COPSD) Substance Use Disorder Services Contract No. HHS000886900001, Amendment No. 2

Agenda Item: Ratify Health and Human Services Commission Substance Use Prevention Grant Program Contract No. HHS000539700205, Amendment No. 3

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

The Youth Prevention Services (YPS) program provides substance use prevention services to populations that are determined to be at risk for substance use. The Youth Universal Prevention (YPU) program provides substance use prevention services to broad populations without consideration of individual differences in risk for substance use and misuse. Services address the State's four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids use, and prescription drug misuse. Most of these services will be provided in the school.

There were a series of contract changes with this amendment, but none of them will impact program operations.

Tri-County has been a provider of these services for 13 years and they are in high demand in area our school districts.

HHSC needed to process this contract before the Board meeting to ensure funding, so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify Health and Human Services Commission Substance Use Prevention Grant Program Contract No. HHS000539700205, Amendment No. 3

Agenda Item: Approve the FY 2024 Contract for Dr. Michelle Garcia and Associates

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

The designated Local Intellectual and Developmental Disability Authority (LIDDA), was established in order to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based intellectual and developmental disability services for the residents of Liberty, Montgomery and Walker Counties; and to provide certain Counseling, Behavior Support Plans, Training and Determinations of Intellectual or Developmental Disability (DIDs) to the priority population, as defined by the Health and Human Services Commission (HHSC).

Health and Human Services Commission (HHSC) has also authorized certain LIDDAs to utilize funding provided via the American Rescue Plan Act of 2021 (ARPA) as outlined directly below and approved, according to TCBHC’s approved spending plan.

- The highest priority is to aid LIDDAs to reduce determination of intellectual disability (DID) assessment backlogs, through recruitment and retention payments for LIDDA staff who perform DID assessments or through funding contracts for the performance of DID assessments.
- ARPA funds may also be used to cover costs for DID-related activities that are not paid for by Medicaid reimbursement. ARPA funds cannot be used to supplant Medicaid funds.

Tri-County Behavioral Healthcare has utilized Michelle Garcia, Psy.D. and Associates for Psychology services (Counseling), Behavior Support Plans and Training for IDD Provider Services, and will add Determination of IDD Assessments and Associated Training for IDD Authority Services as a part of the FY 24 Contract.

The contract for Michelle Garcia, Psy.D. and Associates for FY 24 is \$103,000.

Supporting Documentation:

Contract Available for Review

Recommended Action:

Approve the FY 2024 Contract for Michelle Garcia, Psy.D. and Associates for Counseling, Behavior Support Plans and Training, and for Determinations of Intellectual or Developmental Disability (DIDs) for the priority population for up to \$103,000.

Agenda Item: Approve the FY 2024 Sergio's Landscaping Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Sergio's Landscaping has been providing lawn services at our Sgt Ed Holcomb building, Huntsville and PETC location. We have had a difficult time over the years finding reliable lawn services with insurance for our more rural locations. A couple years back we ended up going with Sergio's for the Cleveland and Porter locations. This year we have consolidated all locations into one contract which put the contract over the threshold of \$50,000, so we are bringing the contract to the board for approval.

The total annual FY 2024 contract is \$73,932.

Supporting Documentation:

Contract Available for Review at the Board Meeting

Recommended Action:

Approve the FY 2024 Sergio's Landscaping Contract in the amount of \$73,932

Agenda Item: Approve the FY 2024 Crown Cleaning Services Contract

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Crown Cleaning Services has provided the Day Porter and all the janitorial services for the Sgt Ed Holcomb location since the building was opened. They have done a good job and have been very responsive to all our cleaning requests.

At our rural locations we had provided cleaning through our maintenance department with consumer employees, but were unable to meet the specific cleaning needs during the Pandemic. We had searched for vendors that would provide services to sites in Cleveland, Porter, Huntsville and Liberty, but it was very difficult to get quotes from vendors that would do all four locations (and we ultimately had to go with a different vendor for Liberty). We ultimately selected Crown Cleaning Services since they had done such a good job with our Conroe location and have continued these services since the end of the Pandemic.

For the FY 2024 contract we have consolidated all janitorial services into one contract for renewal.

The total FY 2024 contract is \$240,540.

Supporting Documentation:

Contract Available for Review at the Board Meeting

Recommended Action:

Approve the FY 2024 Crown Cleaning Services Contract in the amount of \$240,540

Agenda Item: Appoint New Director to Tri-County's Consumer Foundation Board of Directors

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

Ms. Meredith Heimsoth has announced she is stepping down from the TCCF as Board President due to conflicts in her schedule that preclude her from being able to give the time and commitment to the Foundation.

We currently have eight directors with one recently vacated position mentioned above, and are requesting to add the following director for a total of nine Board Members.

Deputy Chief Lee Tipton of the Conroe Police Department, has commanded the Uniform Services Bureau with Montgomery County since 2004. Deputy Chief Tipton has been contacted and has agreed to serve the remainder of a two-year term, which would expire on August 31, 2024.

Supporting Documentation:

None

Recommended Action:

Appoint Deputy Chief Lee Tipton as a Director on the Tri-County's Consumer Foundation Board for the remainder of a two-year term expiring August 31, 2024

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

Board Meeting Date

August 31, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

July 2023 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

Unit Financial Statement

FY 2023
July 31, 2023

	July 2023 Budget	July 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 21,197	\$ 21,197	\$ -	100%	\$ 23,125
Total Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 21,197	\$ 21,197	\$ -	100%	\$ 23,125
Expenses								
Insurance-Worker Compensation	\$ 13	\$ 3	\$ 10	\$ 138	\$ 46	\$ 92	33%	\$ 150
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 16,500	\$ 16,500	\$ -	100%	\$ 18,000
Training	\$ 75	\$ -	\$ 75	\$ 825	\$ 1,010	\$ (185)	122%	\$ 900
Travel - Local	\$ 42	\$ -	\$ 42	\$ 458	\$ 106	\$ 352	23%	\$ 500
Travel - Non-local mileage	\$ 35	\$ -	\$ 35	\$ 390	\$ 424	\$ (34)	109%	\$ 425
Travel - Non-local Hotel	\$ 217	\$ (187)	\$ 404	\$ 2,383	\$ 1,212	\$ 1,171	51%	\$ 2,600
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 504	\$ 340	\$ 164	67%	\$ 550
Total Expenses	\$ 1,927	\$ 1,316	\$ 611	\$ 21,198	\$ 19,638	\$ 1,560	93%	\$ 23,125
Total Revenue minus Expenses	\$ (0)	\$ 611	\$ (611)	\$ (1)	\$ 1,559	\$ (1,560)	7%	\$ -

UPCOMING MEETINGS

September 28, 2023 – Board Meeting

- Approve Minutes from August 31, 2023 Board Meeting
- Approve FY 2024 Goals and Objectives
- Community Resources Report
- Consumer Services Report for August 2023
- Program Updates
- Annual PNAC Reports
- FY 2023 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2023 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2024 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2024
- Board of Trustees Reappointments and Oaths of Office
- Analysis of Board Members Attendance for FY 2023 Regular and Special Called Board Meetings
- Personnel Report for August 2023
- Texas Council Risk Management Fund Claims Summary for August 2023
- Approve FY 2024 Dues Commitment and Payment Schedule for Texas Council
- Texas Council Risk Mngt Fund Board of Trustees Election
- Review Preliminary August 2023 Financial Statements
- 4th Quarter FY 2023 Investment Report
- Board of Trustees Unit Financial Statement for August 2023
- Reappoint Foundation Board Members

October 26, 2023 – Board Meeting

- Approve Minutes from September 28, 2023 Board Meeting
- Longevity Recognitions
- Program Presentation - ISC Group, 401(a) Retirement Account Plan Review
- Community Resources Report
- Consumer Services Report for September 2023
- Program Updates
- Board of Trustees Oaths of Office (any not present in September)
- Personnel Report for September 2023
- Texas Council Risk Management Fund Claims Summary for September 2023
- Approve September 2023 Financial Statements
- Approve Check Signers
- Board of Trustees Unit Financial Statement for September 2023
- HUD 811 Updates – Montgomery, Cleveland and Huntsville
- Consumer Foundation Board Meeting Update

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
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
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
OPC	Order for Protective Custody
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)
PCB	Private Contract Bed
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 June 2023