

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

January 31, 2024



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Wednesday, January 31, 2024. The Business Committee will convene at 8:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

- II. **Approve Minutes - November 30, 2023**

- III. **Executive Director’s Report**
 - A. Medicaid Unwinding
 - B. HHSC IDD and YES Audits
 - C. IDD Awareness Day

- IV. **Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2024 1st Budget Revision
 - B. Final Report from HHSC MH Fiscal Compliance Desk Review
 - C. Cost Accounting Methodology (CAM)
 - D. CCBHC Cost Report
 - E. FY 2023 MEI Cost Reports
 - F. CFO Consortium

- V. **Program Committee**
Information Items
 - A. Community Resources Report..... 8-11
 - B. Consumer Services Reports for November & December 2023..... 12-16
 - C. Program Updates..... 17-22
 - D. FY 2024 Goals and Objectives Progress Report 23-27
 - E. 1st Quarter FY 2024 Corporate Compliance and Quality Management Report..... 28-31
 - F. 2nd Quarter FY 2024 Corporate Compliance Training..... 32-33

- VI. **Executive Committee**
Action Items
 - A. Approve Revisions to Board Policy C.1, Board of Trustees Bylaws..... 34-44
 - B. Approve Revisions to Board Policy C.11, Establishment & Maintenance of the Manual of Board Policies..... 45-47
 - C. Approve Revisions to Board Policy C.25, Contraband Items..... 48-49
 - D. Approve Board Policy C.36, Disaster Response..... 50-52
 - E. Approve Revisions to Board Policy E.28, Public Health Provider Charity Care Pool..... 53-59

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F. Personnel Report November through December 2023 60-62
G. Texas Council Risk Management Fund Claims Summary as of December 2023 63-64

VII. Business Committee

Action Items

A. Approve November 2023 Financial Statements 65-78
B. Approve December 2023 Financial Statements 79-93
C. Approve FY 2023 Independent Financial Audit 94
D. Approve the FY 2024 Voyages Behavioral Health Hospital of Conroe Inpatient Psychiatric Hospital Contract 95
E. Ratify HHSC Contract No. HHS001333300037, Amend No. 1, Intellectual and Developmental Disability Authority Services 96
F. Ratify FY 2024-2025 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amend No. 1 97
G. Cleveland Facility Update & Bond Financing for 402 Liberty Street, Cleveland, Texas 98

Information Items

H. 1st Quarter FY 2024 Investment Report 99-103
I. Board of Trustees Unit Financial Statements for November & December 2023 104-106
J. HUD 811 Updates (Cleveland, Montgomery and Huntsville) 107-109
K. Tri-County's Consumer Foundation Board Update and End of Year Review 110

VIII. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney and Section 551.072, Real Property; 402 Liberty Street, Cleveland, Texas.

Posted By:

Ava Green
Executive Assistant

BOARD OF TRUSTEES MEETING

November 30, 2023

Board Members Present:

Patti Atkins
Gail Page
Tracy Sorensen
Morris Johnson
Sharon Walker
Carl Williamson
Tim Cannon

Board Members Absent:

Jacob Paschal
Richard Duren

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management and Support
Kenneth Barfield, Director of Management Information Systems
Kathy Foster, Director of IDD Provider Services
Yolanda Gude, Director of IDD Authority Services
Sara Bradfield, Chief Operating Officer
Stephanie Ward, Director of Adult Behavioral Health
Catherine Prestigiovanni, Director of Strategic Development
Andrea Scott, Chief Nursing Officer
Melissa Zemencsik, Director of Child & Youth 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: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: None

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:03 a.m.

Public Comment: There was no public comment.

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

Resolution #11-30-01

Motion Made By: Tracy Sorensen

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

Resolved:

That the Board approve the absence of Jacob Paschal and Richard Duren.

Resolution #11-30-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the September 28, 2023 meeting of the Board of Trustees.

Program Presentations: Life Skills Christmas Carolers, Christmas Card Contest Winners and Longevity Recognitions.

Executive Director's Report:

The Executive Director's report is on file.

- Sequential Intercept Modeling
- Huntsville ISD Schools
- New HHSC Grants
- Cleveland Building Update

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2023 Audit
- HHSC MH Fiscal Compliance Desk Review
- Public Health Provider – Charity Care Pool – (PHP-CCP) Cost Report
- Cost Accounting Methodology (CAM)

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for September and October 2023 were reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for September through October 2023 was reviewed for information purposes only.

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

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

BUSINESS COMMITTEE:

Resolution #11-30-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the September 2023 Financial Statements.

Resolution #11-30-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the October 2023 Financial Statements.

Resolution #11-30-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve authorized signers for financial accounts immediately.

Resolution #11-30-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board reappoint Mr. Morris Johnson and Ms. Cynthia Cunningham to serve on the Independence Communities, Inc. Board of Directors for an additional two-year term expiring January 2026.

Resolution #11-30-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board reappoint Mrs. Barbara Duren and Mrs. Jane Fetterman to serve on the Montgomery Supported Housing Inc. Board of Directors for an additional two-year term expiring in January 2026.

Resolution #11-30-08

Motion Made By: Tim Cannon

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

Resolved:

That the Board reappoint Ms. Christine Shippey and Mrs. Susan Bergman to serve on the Cleveland Supported Housing, Inc. Board of Directors for an additional two-year term expiring in January 2026.

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

The Consumer Foundation Board Meeting Update was reviewed for information purposes only.

The Board Unit Financial Statements for September and October 2023 were reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:53 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Community Resources Report

Board Meeting Date:

January 31, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

December 1, 2023 – January 25, 2024

Volunteer Hours:

Location	November	December
Conroe	101.5	83.25
Cleveland	4.5	1.25
Liberty	28.2	26.3
Huntsville	8.5	3.0
Total	142.70	113.80

COMMUNITY ACTIVITIES

12/2/23	Veteran Breakfast Meeting	Huntsville
12/2/23	Arc of Texas Quarterly Board Meeting	Austin
12/5/23	New Waverly ISD Student Health Advisory Committee	New Waverly
12/5/23	Hispanic Chamber of Commerce Breakfast	Conroe
12/5/23	Liberty Family Christmas Parade - Veterans Float	Liberty
12/5/23	Huntsville ISD Student Health Advisory Committee - Virtual	Huntsville
12/5/23	Liberty ISD Student Health Advisory Committee	Liberty
12/6/23	Conroe Noon Lions Luncheon	Conroe
12/6/23	Conroe Noon Lions Club Presidents & Secretaries Council Meeting	Houston
12/6/23	Child Crisis Collaborative of Montgomery County	Conroe
12/6/23	H-Town Dream Center Tour	Dayton
12/7/23	Montgomery County Civil Service Commissioners Meeting	Conroe
12/8/23	Texas Non-Medical Drivers of Health Consortia	Houston
12/11/23	Conroe Homeless Coalition Meeting	Conroe
12/11/23	Walker County Crisis Collaborative	Huntsville
12/11/23	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity & Special Needs Workgroup	The Woodlands
12/12/23	Liberty County Collaborative Meeting	Cleveland
12/12/23	First Responders Meetings for Neurodiversity	Conroe
12/12/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Planning Meeting - Virtual	Conroe
12/12/23	Behavioral Health Suicide Prevention Task Force - First Responders Meeting - Virtual	Conroe
12/12/23	Montgomery County Juvenile Probation Behavioral Health Presentation	Conroe
12/12/23	American Legion Monthly Meeting	Conroe
12/12/23	Liberty County Probation Officers Training	Liberty
12/12/23	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
12/13/23	Conroe Noon Lions Club Luncheon	Conroe
12/13/23	Conroe Noon Lions Club Board Meeting	Conroe

12/13/23	Texas MCOT Leadership Meeting - Virtual	Conroe
12/13/23	Social Determinants of Health Committee - Virtual	Conroe
12/14/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup	Conroe
12/15/23	Veterans Adopt a Family Christmas Shopping Event	Conroe
12/18/23	Fatherhood Advisory Committee Meeting	Conroe
12/19/23	Arc of Texas Public Policy and Advocacy Committee Meeting - Virtual	Conroe
12/20/23	Conroe Noon Lions Luncheon	Conroe
12/20/23	Public Health Summit - Compassion United	Conroe
12/21/23	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
12/27/23	Montgomery County Community Crisis Collaborative Meeting	Conroe
1/2/24	Veterans of Foreign Wars Monthly Meeting	Liberty
1/3/24	Conroe Noon Lions Luncheon	Conroe
1/3/24	Conroe Noon Lions President and Secretaries Meeting	Houston
1/8/24	Conroe Homeless Coalition Meeting	Conroe
1/8/24	Walker County Crisis Collaborative	Huntsville
1/8/24	Conroe ISD Counselors Meeting - PETC & Crisis Services	Conroe
1/9/24	American Legion Monthly Meeting	Conroe
1/9/24	First Episode Psychosis Presentation at Woodland Springs Hospital	The Woodlands
1/10/24	Conroe Noon Lions Club Luncheon	Conroe
1/10/24	Conroe Noon Lions Club Board Meeting	Conroe
1/10/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity & Special Needs Workgroup	The Woodlands
1/10/24	Texas MCOT Leadership Meeting - Virtual	Conroe
1/10/24	Montgomery County Sheriff's Office CIT Officers & Clinicians Meeting	The Woodlands
1/10/24	Rusk State Hospital Quarterly COC Meeting - Virtual	Conroe
1/10/24	Child & Youth Behavioral Health Subcommittee Meeting - Virtual	Conroe
1/12/24	Authorized Provider Network Planning Meeting - Virtual	Conroe
1/12/24	First Episode Psychosis Presentation at The Woodlands High School	The Woodlands
1/16/24	Texas Department of State Health Services - Midterm Planning meeting for Family Assistance Center Tabletop	Conroe
1/16/24	First Episode Psychosis Presentation at Kingwood Pines Hospital	Kingwood
1/16/24	Montgomery County Attorney's Office Client Rights Meeting	Conroe
1/16/24	Montgomery County Hospital District Health Meeting	Conroe
1/16/24	Montgomery County Community Resource Coordination Group - Virtual	Conroe
1/16/24	Montgomery County Juvenile Probation Behavioral Health Presentation	Conroe
1/17/24	Montgomery County Child Fatality Review Team	Conroe

1/17/24	Civil Service Commissioners Meeting	Conroe
1/17/24	Conroe Noon Lions Club Luncheon	Conroe
1/17/24	Liberty County Mental Health Collaborative Workgroup	Liberty
1/18/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
1/19/24	Veterans Whole Health Summit	Conroe
1/20/24	Public Health Summit	Conroe
1/22/24	Social Determinants of Health Committee - Virtual	Conroe
1/22/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe
1/23/24	CIT Leadership Meeting - Conroe PD, Montgomery County Sheriff's Office and Precinct 1 Constables	Conroe
1/23/24	Walker County Community Resource Collaboration Group	Huntsville
1/24/24	Conroe Noon Lions Luncheon	Conroe

UPCOMING ACTIVITIES:

1/26/24	Authorized Provider Meeting - Virtual	Conroe
1/26/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
1/27/24	H-Town Dream Center Grand Opening Vendor Event	Dayton
1/29/24	Community Resource Presentation at Skytop Apartment Complex	Conroe
1/29/24	Liberty ISD Substance Use Education Planning Meeting	Liberty
1/31/24	Conroe Noon Lions Club Luncheon	Conroe
1/31/24	Montgomery County Community Crisis Collaborative	Conroe
1/31/24	Sequential Intercept Mapping Kick Off Meeting	Conroe
2/1/24	MHFA Training for A&M Agrilife Extension	Conroe
2/1/24	New Waverly ISD Student Health Advisory Committee	New Waverly
2/3/24	Santa Fe Middle School Resource Event	Cleveland
2/7/24	Autism Spectrum Disorder Students in College - SHSU Counseling Staff - Virtual	Huntsville
2/7/24	Child Crisis Collaborative of Montgomery County	Conroe
2/8/24	Youth Mental Health First Aid CISD	Conroe
2/12/24	Conroe Homeless Coalition Meeting	Conroe
2/12/24	Walker County Crisis Collaborative	Huntsville
2/13/24	Montgomery County Juvenile Probation Behavioral Health Presentation	Conroe
2/14/24	Conroe Noon Lions Club Luncheon	Conroe
2/14/24	Texas MCOT Leadership Meeting - Virtual	Conroe
2/15/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
2/15/24	San Jacinto Elementary Literacy Night	Conroe
2/20/24	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
2/23/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
2/27/24	New Waverly ISD Student Health Advisory Committee	New Waverly
2/28/24	Montgomery County Community Crisis Collaborative	Conroe

Agenda Item: Consumer Services Report for November & December 2023

Board Meeting Date:

January 31, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for November & December 2023

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT

November 2023

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	336	31	26	334	0	22	11	393
Crisis Hotline Served	320	44	38	-	-	-	-	402
Crisis Stabilization Unit	18	1	4	18	-	1	0	23
Crisis Stabilization Unit Bed Days	51	11	9	51	-	11	0	71
Adult Contract Hospital Admissions	79	8	5	79	-	5	3	92
Child and Youth Contract Hospital Admissions	11	1	1	11	0	1	0	13
Total State Hospital Admissions (Civil only)	0	0	1	0	0	0	0	1
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	995	186	77	980	-	111	90	1258
Adult Medication	972	175	164	972	-	86	89	1311
Child Levels of Care (LOC 1-5, EO, YC, YES)	692	115	92	495	207	81	24	899
Child Medication	318	42	34	202	116	28	14	394
School Based Clinics	86	3	0	-	-	-	-	89
TCOOMMI (Adult Only)	90	32	7	90	-	15	17	129
Adult Jail Diversions	2	0	0	2	-	0	0	2
Expanded Therapy (SAMHSA, ARPA)	137	16	18	-	-	-	-	171
Veterans Served								
Veterans Served - Therapy	24	5	2	-	-	-	-	31
Veterans Served - Case Management	17	2	1	-	-	-	-	20
Persons Served by Program, IDD								
Number of New Enrollments for IDD	12	0	2	12	-	0	0	14
Service Coordination	762	83	72	762	-	40	43	917
Individualized Skills and Socialization (ISS)	10	19	20	-	-	5	11	49
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	16	18	26	-	6	10	60
Substance Use Services, Adults and Youth Served								
Children and Youth Prevention - Groups	664	0	28	-	-	-	-	692
Children and Youth Prevention - Presentations	287	11	72	-	-	-	-	370
Youth Substance Use Disorder Treatment/COPSD	16	2	1	16	-	2	0	19
Adult Substance Use Disorder Treatment/COPSD	32	1	6	32	-	1	0	39

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	1815	303	210	-	-	-	-	2327
SAMHSA Grant Served								
SAMHSA CCBHC	106	29	22	87	19	25	4	157
SAMHSA CMHC	465	38	29	461	4	20	18	532
October Served								
Adult Mental Health	1790	286	227	1790	-	146	140	2303
Child Mental Health	1010	147	119	789	232	94	41	1199
Intellectual and Developmental Disabilities	852	103	85	852	-	47	56	1040
Total Served	3652	536	431	3431	232	287	237	4542
November Served								
Adult Mental Health	1678	287	238	1678	-	156	131	2203
Child Mental Health	948	140	101	694	281	81	32	1189
Intellectual and Developmental Disabilities	882	112	91	898	-	45	51	1085
Total Served	3508	539	430	3270	281	282	214	4477

CONSUMER SERVICES REPORT

December 2023

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	320	23	23	326	1	11	5	366
Crisis Hotline Served	270	50	40	-	-	-	-	360
Crisis Stabilization Unit	17	0	0	17	-	0	0	17
Crisis Stabilization Unit Bed Days	48	0	0	48	-	0	0	48
Adult Contract Hospital Admissions	70	4	8	70	-	1	3	82
Child and Youth Contract Hospital Admissions	7	0	0	7	0	0	0	7
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	886	190	61	877	-	103	87	1137
Adult Medication	874	162	133	861	-	114	61	1169
Child Levels of Care (LOC 1-5, EO, YC, YES)	629	89	93	428	214	56	20	811
Child Medication	273	32	22	193	97	15	0	327
School Based Clinics	87	3	0	-	-	-	-	90
TCOOMMI (Adult Only)	83	37	10	86	-	14	20	130
Adult Jail Diversions	3	0	0	3	-	0	0	3
Expanded Therapy (SAMHSA, ARPA)	128	16	11	-	-	-	-	155
Veterans Served								
Veterans Served - Therapy	26	6	2	-	-	-	-	34
Veterans Served - Case Management	16	6	2	-	-	-	-	24
Persons Served by Program, IDD								
Number of New Enrollments for IDD	11	1	2	11	-	1	0	14
Service Coordination	708	76	75	708	-	39	37	859
Individualized Skills and Socialization (ISS)	8	17	19	-	-	5	12	44
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	16	18	26	-	6	10	60
Substance Use Services, Adults and Youth Served								
Children and Youth Prevention - Groups	632	0	7	-	-	-	-	639
Children and Youth Prevention - Presentations	192	21	56	-	-	-	-	269
Youth Substance Use Disorder Treatment/COPSD	16	1	1	17	-	0	0	18
Adult Substance Use Disorder Treatment/COPSD	28	2	16	30	-	0	0	36

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	1836	306	212	-	-	-	-	2354
SAMHSA Grant Served								
SAMHSA CCBHC	105	30	11	86	19	27	3	146
SAMHSA CMHC	459	42	28	455	4	25	17	529
November Served								
Adult Mental Health	1678	287	238	1678	-	156	131	2203
Child Mental Health	948	140	101	694	281	81	32	1189
Intellectual and Developmental Disabilities	882	112	91	898	-	45	51	1085
Total Served	3508	539	430	3270	281	282	214	4477
December Served								
Adult Mental Health	1560	275	206	1564	-	170	101	2041
Child Mental Health	917	105	102	774	158	71	19	1124
Intellectual and Developmental Disabilities	816	106	91	831	-	44	47	1013
Total Served	3293	486	399	3169	158	285	167	4178

Agenda Item: Program Updates

Board Meeting Date:

January 31, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

December 1, 2023 – January 25, 2024

Crisis Services

1. We funded in-patient psychiatric and behavioral health hospital admissions for 94 adults and 13 youth in the month of November. Of those 107 admissions, 10 were residents of Liberty county, 6 from Walker county, 11 from residents outside of our area, and 80 were for residents of Montgomery county. In December, we facilitated and funded 87 adult admissions and 7 youth.
2. The Crisis Intervention Teams remain active in the City of Conroe and Montgomery county areas. In the first quarter of this fiscal year, all three teams (five staff) provided a total of crisis services to 416 adults and 46 youth in the community. We have seen the most significant amount of activity from the Precinct 1 Constable team who have one Tri-County clinician working Tuesday through Friday but still provided 35.2% of all the CIT services. Conroe PD (37.2%) and MCSO (27.6%) both have two staff each, with one staff on duty for each team 7 days a week. Of utmost concern, beginning the end of December and continuing into January, our teams report an increase in deaths by suicide or suspected suicide, generally by persons previously unknown to the Center, in the Montgomery county area. We are discussing ideas on how our CIT clinicians can best respond to these calls and be of support to the loved ones on site while law enforcement processes the scene.
3. The Montgomery County Community Crisis Collaborative has continued to meet the last Wednesday of every month, beginning in May of 2021. The group is now focused exclusively on adult crisis behavioral health services since the initiation of the Child Crisis Collaborative. At our November meeting, we reviewed the local and national trends for behavioral health patients to be boarded in hospital emergency rooms in order to receive a behavioral health crisis assessment and disposition. In an emergency room, this process often takes more than 24 hours creating multiple barriers for quality care from the hospitals, for the patients, and for their families. The group also discussed the need for individuals to be provided client rights information while being detained on a mental health hold or order. By providing individuals with easy to understand information in writing, individuals better understand the crisis assessment process. That understanding decreases the patient's frustration, confusion, and at times, violent outbursts and aggression towards staff.

MH Adult Services

1. The Intake team has added another Licensed Clinician to the team to be able to provide quicker access to individuals seeking services and allow more availability for diagnostic assessments.
2. The Conroe service center had 499 adults come through walk-in seeking services during quarter 1.
 - a. Of those, 22% were coded as crisis during registration
 - b. 28% were provided with crisis intervention at the time of intake
 - c. Of those provided with crisis intervention, only 3% were referred to the PETC for further intervention or higher level of care

3. The FEP team has a full caseload for the first time in a while. This success follows an increase in community engagement, such as presentations to local high schools and medical providers that work with teens and young adults who can identify early signs of psychosis and provide good referrals to the program.
4. We have several direct care staff that are nearing milestones in their education, such as completing master's programs and/or obtaining licenses. The AOP managers are working to keep these staff engaged and have encouraged to continue with the company and grow in their career.
5. The PATH team hit all targets for FY 2023, connecting 70% of PATH enrolled clients with mental health services.
6. We continue to recruit for a full-time adult psychiatrist for outpatient services. This opening is currently being covered by a Locum Tennes (temporary) staff. Dr. Pradan Nathan has agreed to continue serving as the 'Acting' Medical Director.

MH Child and Youth Services

1. We have hired the team lead for our Huntsville ISD School-Based sites and are in the implementation planning process with the principals at Huntsville Elementary and Samuel Walker Houston Elementary. We are hiring two School-Based Mental Health Specialists, one for each school. The team lead will spend half of her time on each campus, overseeing the program and providing therapy.
2. We are preparing for our annual YES Waiver Review by HHSC. We have recently had high turnover in this program and staff are adjusting to documenting in Streamline, however we feel confident in this program and expect the review to be smooth. It is a very time consuming review for the YES Administrator and Quality Management Team.
3. Our team leads continue to recruit and train new C&Y Mental Health Specialists as quickly as possible. We are looking to hire employees who will stay longer and are asking more interview questions related to longevity. At this time, a high proportion of our team are new in their position and we are eager to develop a more experienced team again.

Criminal Justice Services

1. The Program Manager has sent out agreements to jail administrators in each county informing them of House Bill 1 which offers reimbursement of cost of medications for individuals on 46B commitments who are restored to competency and returned to the jails. The purpose of this agreement is to maintain the medications that stabilized the client so they do not decompensate while in the jail.
2. The Program Manager has processed two jail medication reimbursements for Montgomery County Jail, and has requested authorization for four more for individuals returned restored to competency. We are currently processing reimbursements for two individuals that have recently been returned to Liberty County Jail.
3. We provided 45 16.22 assessments in December, and have completed nine so far for January. A 16.22 assessment provides mental health history and treatment recommendations for those who are suspected of having mental illness or IDD who are involved in the criminal justice system.
4. In December, the Criminal Justice Administrator provided training to the Liberty County Probation Office about services available, symptoms of diagnosis we treat and common

medications prescribed for diagnosis and how we can advocate and work together for those we serve.

Substance Use Disorder Services

1. The SUD team submitted a response to the results of an HHSC Quality Management audit and are working on completing some chart audits and reviews for documentation.
2. SUD programming is experiencing a typical seasonal lull in new individuals seeking services, however we anticipate a swift uptick in intakes in the first few months of the year. The team is taking advantage of this time to look at ways to improve, expand, and rejuvenate current programming.
3. The Prevention Team has been going strong since the beginning of the school year with no turnover. As a result, we are receiving positive feedback from the school and are projected to meet all program targets this school year.
4. We continue to work closely with Disciplinary Alternative Education Programs (DAEP) and Juvenile Justice Alternative Education Programs (JJAEP) across our service area to provide presentations and activities to assist students in making positive choices. Conroe DAEP, Conroe JJAEP, Willis DAEP, New Waverly DAEP, Huntsville DAEP, and Liberty DAEP are among the programs with which we are partnering.
5. Prevention Groups in the schools are going very smoothly with the full team this year. We are providing Universal Prevention Education to sixth graders attending Willis ISD middle schools, as well as Grangerland Intermediate in Conroe ISD. Our smaller Selection Prevention Education Groups are being provided at elementary schools throughout our service area.

IDD Services

1. Multiple individuals are losing their Medicaid. We are payee for a limited number of individuals and for those we ensure the packets are submitted timely with required documentation. There are many that we are not payee for and the families submit packets. There are some significant obstacles occurring for families submitting the application by 211 or fax as the process does not enable them to use the form that LIDDA's and Providers can use to clearly highlight the individual is in a waiver program as there is no check box or comment section for this. Consumers are being placed in Medicaid programs that do not cover the waiver services, significantly impacting individual's coverage. While they are not in the waiver coverage we cannot pay for their dental services, therapies, host home provider, group home, individualized skills and socialization, etc. For those that have made host home their job, it impacts the household income as some rely on these payments to cover their rent each month. We have reports of landlords threatening to kick them out if they do not pay their rent. We cannot pay the host home providers if we are not getting paid. Within our waiver program of sixty, we have eight that have lost their Medicaid and are awaiting further review. There are reports that of thousands of individuals are losing their Medicaid across Texas. This type of system error is further placing a financial burden on private providers of IDD services

who are already struggling to meet their payroll and/or considering closing down their program.

2. IDD Provider services is actively searching for a four bedroom home in Huntsville to rent. The current 'home' is an apartment in Huntsville and we have been notified that the rent is about to go up \$500 a month.
3. We have had one vacancy in the apartment for the past several months due to medical issues. Another client was selected to fill the bed effective January 6th.
4. IDD Authority received notification from Texas Health and Human Services Commission (HHSC) Contract Accountability and Oversight (CAO), that our Fiscal Year 2024 Quality Assurance Authority Review is scheduled for February 12, 2024 through February 15, 2024. This year's audit will be conducted via desk and on-site review, and will cover Performance Contract compliance in the following areas:
 - a. Quality Assurance
 - b. GR/CFC
 - c. TxHmL
 - d. HCS
 - e. PASRR/ECC.

Support Services

1. Quality Management (QM):

- a. Staff received notice that the annual IDD Authority Audit will be held February 12th – 15th and have been working with the IDD Authority Department to prepare and compile documents requested to be reviewed as a part of this upcoming audit.
- b. Staff received notification of an upcoming Youth Empowerment Services (YES) Waiver audit which will begin with an entrance call on January 29th, followed by a review date of February 5, 2024.
- c. Staff worked alongside the AOP Department to complete and submit the Corrective Action Plan (CAP) for the recent Substance Use Treatment and Prevention audit. The CAP was submitted by the deadline of December 20th and we are currently awaiting approval of the plan.
- d. In addition to routine and ongoing quality assurance of documentation, staff reviewed 55 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.
- e. Staff prepared and submitted two record requests to two insurance companies totaling 12 charts, for records dating back to January 1, 2022.
- f. The Administrator of Quality Management completed a Program Survey for Adult and Child Intake.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all Center discharges for November and December 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 all notes that utilized the COPSD Modifier in the months of November and December for quality assurance purposes.

- c. Staff reviewed 10% of notes that utilized the MCOT Modifier to ensure appropriate use.
- d. Staff reviewed a sample of individuals deviated due to clinical reasons to ensure appropriate deviations and services provided.

Training:

- e. The Training Department has been working with staff at other Local Mental Health Authorities (LMHA's) to update the current Training Grid, a project initiated by the Human Resources Development Consortium. The Training Grid is a document that outlines current training regulations by position type and is used by LMHAs to assist with ensuring all required trainings are completed.
- f. The Clinical Trainer is currently working on purchasing a program to assist with the creation of more effective and engaging computer based trainings. Once the purchase is finalized, the Training Department will begin recreating key computer based Trainings with updated information and interactions.

3. Veteran Services and Veterans Counseling/Crisis:

- a. Our Regional Veteran's Service Liaison, Shirley Uriostegui has resigned. She has been with the department for five years and will be greatly missed.
- b. The new Veteran Service Program Therapist has a full caseload. The veteran waiting list has been eliminated.

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

- a. The IDD PNAC met on December 6, 2023 and discussed Center and program updates, community collaborations and significant areas of concern with respect to the IDD community. PNAC members reported concerns about the increasing difficulties experienced by IDD individuals and family members with respect to finding quality attendant care as they are hearing reports from community members and through personal experience that the rates are not supporting the skill involved in these positions.
- b. The MH PNAC met on December 13, 2023 and discussed Center and program updates, community collaborations, financials and Committee participation and vacancies. Referrals along with any suggestions for facilitating participation are welcome. Both virtual and in-person options have been offered to members to provide easier access to participation.

5. Community Activities

Our Zero Suicide Program had a site visit from our state coordinator. We were excited to be told we have a solid program, and our ability to reach the Hispanic community is impressive for this area. They were also excited about the number of veterans our program has been able to reach and educate on suicide prevention.

<p>Agenda Item: Year to Date FY 2024 Goals and Objectives Progress Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>January 31, 2024</p>
<p>Background Information:</p> <p>The Management Team met on August 11, 2023 to update the five-year strategic plan and to develop the goals for FY 2024. The strategic plan and related goals were approved by the Board of Trustees at the September 2023 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center’s contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2024.</p>	
<p>Supporting Documentation:</p> <p>FY 2024, Year to Date Goals and Objectives Progress Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Year-to-Date Progress Report

September 1, 2023 – January 25, 2024

Goal #1 – Clinical Excellence

Objective 1:

Staff will successfully complete Certified Community Behavioral Health Clinic (CCBHC) recertification by March 31, 2024.

- The CCBHC Team prepared over 250 documents, including procedures, data points, and narratives that demonstrate compliance with CCBHC requirements and standards. These documents were submitted to HHSC for review on Oct. 23rd.
- HHSC provided an initial response to the submission in December, providing targeted feedback and a preliminary score of 64%. To recertify, the Center is required to score at least 90% on all 6 Program Requirements. A 64% is actually considered a very good score for the first round of submissions and many of the items which were missed were corrected by removing the word ‘draft’ from one key document. The CCBHC Team is preparing additional documents and making updates to others to improve this score and will participate in a technical assistance call with HHSC in January to review next steps toward recertification.
- The CCBHC Team is also building awareness of CCBHC principles and changes made to align with CCBHC standards both Center-wide through monthly games as well as providing targeted training a designated group of direct care and managerial staff, called CCBHC University. Staff involved in CCBHC University will be interviewed by HHSC as a final step in the recertification process to share how CCBHC has been implemented Center-wide. This call will be scheduled after the submission documents have been approved and is anticipated in March.

Goal #2 – Community Connectedness

Objective 1:

Staff will facilitate the development of two new Crisis Collaborative Teams, one focused on Walker County and the other focused on Children and Youth, by March 31, 2024.

- As of the January board meeting, Tri-County has hosted four Child Crisis Collaborative meetings, held on the first Wednesday of every month. At our December meeting, the group identified several group goals including the development of easy to follow instruction forms that guide school counselors on when, how, and where to refer youth who are experiencing a behavioral health crisis. The group also plans to identify “points of contact” for each school district in Montgomery county to provide to the behavioral health hospitals in our area. This increases the likelihood that communication between the hospitals and the youth’s identified school will not be missed and better prepares the

school staff for the return of the youth into the school environment (with parental consent). Representatives from all but one of the public school districts in Montgomery county have been in attendance, along with multiple agencies who specialize in child and family services.

- The Walker Crisis Collaborative Team meets the second Monday of every month and has completed four meetings to date. With Judge Sorensen's assistance, the group has continued to grow as we explore different areas of behavioral health crisis services that are of interest to those who are participating. At our January 8th meeting, we had the largest attendance thus far with representatives from Huntsville ISD, all three of the area law enforcement agencies, Walker EMS, Huntsville Memorial Hospital, Good Shepherd Shelter, multiple judges, Lonestar Family Health, Juvenile Justice, and other valuable partners in Walker county.

Objective 2:

Staff will arrange and host a Health and Human Services Commission Sequential Intercept Model (SIM) planning event by May 31, 2024.

- Staff have identified a participant list of approximately 55 community members representing various agencies including law enforcement, court systems, education systems, and emergency departments. Participants represent all three counties served and interact with every intercept point on the SIM model.
- A steering committee of nine community leaders has been identified to plan and promote the initiative. The steering committee will meet with HHSC at the end of Quarter 2 for a Kick Off planning meeting.
- The Sequential Intercept Model planning event is scheduled for June 12th-13th at the Lone Star Convention Center in Conroe.

Objective 3:

Staff will contract with a company or hire a staff to update all public-facing documents and refresh Tri-County social media sites by April 30, 2024.

- The team has completed an introductory call with a marketing vendor and conducted an initial review of the vendor's work. The vendor has experience working with LMHAs in the region and is interested in partnering with Tri-County.
- The team is coordinating an on-site visit with the vendor to tour the clinics, meet with staff, and begin understanding who we are and what we do.
- The team is working with staff to understand brochure, marketing, and social media needs for the Center as well as collecting existing materials and prioritizing areas of focus to start.

Objective 4:

Staff will facilitate an IDD-focused community awareness event by April 30, 2024.

- The team has created a sub-committee comprised of staff from various programs around the Center to plan an IDD-focused community awareness event.

- One goal established by the team was to create a shirt that would be made available to all Center staff to wear on designated days that promote awareness of IDD. The initial design for the shirt has been completed and the team is actively working with a vendor on pricing and production of the design.
- The team has solidified a date for the IDD Awareness event, which will be held on March 23, 2024, from 10am to 2pm at the Conroe Office location.
- The team has finalized the flyer for the IDD Awareness event with plans to send out “Save the Date” email notifications to school districts, community partners, private providers, vendors, etc.
- The team has created a landing webpage for the IDD Awareness event that displays content relevant to the event, including registration information, volunteer information, and vendor information.

Goal #3 – Information Technology

Objective 1:

Staff will make recommendations to the Board of Trustees about the use of Artificial or Augmented Intelligence software which will simplify task completion for staff by March 31, 2024.

The team has started conducting research on the use of Artificial or Augmented Intelligence software to understand the types of programs and applications available, the impact these may have on task completion, and the implications of use on client care, as well as client and staff experience. The team is further exploring the impact of various programs on laws, rules, and standards, such as HIPAA, to determine viability and necessary action to ensure compliance with all applicable standards. The team plans to complete a Whitepaper at the conclusion of this review to summarize findings.

Goal #4 – Staff Development

Objective 1:

Staff will create a management development program which will begin by February 29, 2024.

- The team has partnered with Texas Council Risk Management Fund to provide two leadership trainings to up to 25 staff per training, starting in January.
- The team has partnered with a business consultant to provide a Leadership Development series, focused on providing a monthly classroom-style learning opportunity in addition to individual coaching sessions to two groups of leaders – emerging and front-line leaders, and mid-level leaders.
 - Proposed topics for this group include: value-based leadership, emotional intelligence, communication and conflict resolution, among others.
 - As part of the Leadership Development series, the Management Team will be provided with an executive level recap to include brief session overviews for program participants.

- This series is scheduled to begin at the end of January.

Goal #5 – Fiscal Responsibility

Objective 1:

Staff will apply for at least two Substance Abuse and Mental Health Services Administration (SAMHSA) grants to enhance and/or expand services by August 31, 2024.

- The team has been actively monitoring the SAMHSA website and exploring opportunities. To date, there have not been any released opportunities that align with the Center's needs.

Agenda Item: 1st Quarter FY 2024 Corporate Compliance and Quality Management Report

Board Meeting Date

January 31, 2024

Committee: Program

Background Information:

The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide routine reports to the Board of Trustees about Quality Management Program activities.

Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 1st Quarter of FY 2024 are included in this Board packet.

Supporting Documentation:

1st Quarter FY 2024 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report

1st Quarter, FY 2024

Corporate Compliance Activities

A. Key Statistics:

There were three compliance concerns reported in the 1st Quarter of FY24. Two of these concerns have been reviewed and investigated to completion, while one is currently pending a final outcome. The details are listed below:

1. The first concern was reported by a supervisor alleging concerns that a staff was billing for non-billable services. An investigation was completed and the issue was deemed to be a matter needing re-education. The employee received additional training. Payback is still being calculated.
2. The second allegation was a concern that an employee might be billing for transportation. Compliance completed a review in which the allegation was unfounded. The review did uncover documentation concerns for which the employee received a verbal warning.
3. The final concern was reported by a staff member, alleging that an employee was falsifying billable face-to-face time with clients and billing for transportation. An investigation is currently on-going.

B. Committee Activities:

The Corporate Compliance Committee met on October 25, 2023. The Committee reviewed the following:

1. A final summary of 4th Quarter investigations;
2. HIPAA Updates; and
3. TCBHC's Annual Corporate Compliance Action Plan.

Quality Management Initiatives

A. Key Statistics:

1. Staff participated in one internal and four external audits during the first quarter.
2. Staff conducted clinic-based satisfaction surveys in October and November 2023.
3. Staff reviewed and submitted 16 record requests, totaling 107 charts.
4. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier as well as Mobile Crisis Outreach Team Modifier.

5. The Continuous Quality Improvement Committee met on October 13th.

B. Reviews/Audits:

1. Staff conducted HIPAA and privacy audits of the Huntsville, Cleveland, Liberty and Porter Clinics.
2. Staff participated in the HHSC Substance Use Disorder Audit in September 2023. A Corrective Action Plan (CAP) was submitted to HHSC in December following a report of findings.
3. Staff participated in the Texas Children's recredentialing audit on October 2023 which resulted in successful recredentialing for the Center.
4. Staff participated in the Superior clinical review in 2023. Results were mostly positive which resulted in reduced audits for the next year.
5. Staff participated in the Optum recredentialing audit in November 2023 which resulted in successful recredentialing for the Center.
6. Staff have conducted clinic-based satisfaction surveys for all out county clinics during quarter 1 with plans conducted surveys at the Conroe Clinic and provide feedback for quality assurance during the second quarter.
7. Staff prepared and submitted one record requests totaling 31 charts to Aetna dating back to January 2023.
8. Staff prepared and submitted two record requests totaling 27 charts to Ambetter Health dating back to January 2023.
9. Staff prepared and submitted four record requests totaling four charts to Amerigroup dating back to January 2022.
10. Staff prepared and submitted one record request totaling three charts to BCBS of Texas dating back to January 2022.
11. Staff prepared and submitted three record requests totaling four charts to Cigna Medicare dating back to January 2022.
12. Staff prepared and submitted one record request totaling 30 charts to Community Health Choice dating back to January 2020.
13. Staff prepared and submitted two record requests totaling four charts to WellCare dating back to January 2022.
14. Staff prepared and submitted two record requests totaling four charts to WellCare by Allwell dating back to January 2022.
15. Staff reviewed 37 notes that used the Co-Occurring Psychiatric and Substance Use Disorder modifier to ensure that the intervention was used appropriately. This review indicated that the staff utilizing this code are using it correctly.
16. Staff reviewed 59 notes which used the MCOT Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
17. Staff reviewed 84 discharges that occurred in Q1 and communicated areas that were needing improvement to supervisory staff.
18. Staff reviewed 60 MH Adult and Child and Youth progress notes for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.

19. The Continuous Quality Improvement Committee met during the first quarter to review the four FY 23 Annual CQI Goals and discuss successes and challenges over the past year as well as to finalize FY 24 goal selection. While continued analysis is recommended for some of the FY 23 goals, all of the goals were met in some capacity. A few highlights from the FY 23 CQI year included:
- a. We improved client access to care as evidenced by a 16% increase in our 'Time from initial contact to evaluation (I-Eval)' CCBHC measure which was 13% better than our established goal for FY 23.
 - b. We improved client engagement with our Enhanced Care Coordination Team which led to a 12.34% increase of client engagement.
 - c. Continued strengthening of community outreach and collaboration efforts can be seen as a theme throughout the year with many staff participating in or initiating workgroups, meetings or community education efforts.
 - d. Several Medication Clinic locations had a decrease in No Show rates for pharmacological appointments when compared to FY 22 with Liberty Med Clinic decreasing their No Show rate by 6.59% in the last two PDSA (Plan, Do, Study, Act) CQI Cycles together.

Agenda Item: 2nd Quarter FY 2024 Corporate Compliance Training

Board Meeting Date

January 31, 2024

Committee: Program

Background Information:

As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.

This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.

Supporting Documentation:

2nd Quarter FY 2024 Corporate Compliance Training

Recommended Action:

For Information Only

COMPLIANCE NEWSLETTER

FY24, Quarter 2

NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns



Message from the Compliance Team

The Compliance Team would like to welcome Stephanie Luis to her new role as Administrator of Compliance. Stephanie has been employed at Tri-County for the past 4 years. Outside of work, she enjoys the company of her energetic toddler and husband, exploring a variety of delicious foods, and movies! Feel free to reach out to Stephanie for any questions or concerns related to compliance and/or risk management.



YOUR CORPORATE COMPLIANCE
TEAM:

Stephanie Luis
Administrator of Compliance
stephanielu@tcbhc.org

Amy Foerster
Chief Compliance Officer
amyf@tcbhc.org

Ashley Bare
HR Manager
ashleyba@tcbhc.org

Why is Compliance and Risk Management Important?

Compliance and risk management are very important, especially in healthcare. Healthcare is a highly regulated and high risk industry. Compliance is like following the rulebook - it helps the organization run smoothly by making sure everyone, from doctors to receptionists, follow the rules and guidelines set by the government and the organization itself. Now, risk management is like having a superhero lookout for potential problems. It helps the healthcare team identify and handle risks that could affect how well they care for patients. Compliance and Risk Management work together like a dynamic duo, ensuring everyone is safe, the care is top-notch, and the organization keeps running smoothly.



REPORT

Compliance Concerns
Hotline:
866-243-9252

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

Agenda Item: Approve Revisions to Board Policy C.1, Board of Trustees By-Laws

Board Meeting Date

January 31, 2024

Committee: Executive

Background Information:

The Board Policy C.1, Board of Trustees By-Laws, updates include:

- Changing the names of the Department of State Health Services and the Department of Aging and Disability Services to the successor agency, the Health and Human Services Commission in two places. No other changes are recommended at this time.

Supporting Documentation:

Revised Board Policy (Markup Version)

C.1 Board of Trustees By-Laws

Recommended Action:

Approve Revisions to Board Policy C.1, Board of Trustees By-Laws

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2024

Date

ORIGINAL EFFECTIVE DATE: June 29, 1995

REVISION DATE(S): August 21, 1997; July 22, 2010; September 22, 2016, July 25, 2019,
January 25, 2024

SUBJECT: By-Laws

CHAPTER I: PURPOSES

- I. Sponsoring Agencies – The Commissioner’s Courts of Liberty, Montgomery, and Walker Counties, as local agencies, have established Tri-County Behavioral Healthcare (“Tri-County” or “Center”) as a community mental health and intellectual/developmental disabilities center to provide a vital component in a continuum of services for persons in its service area who have mental illness or intellectual/developmental disabilities.
- II. Center Name – The Center was originally established 1983 as Tri-County Mental Health Mental Retardation Services. In 2010, Tri-County assumed the ‘doing business as’ name of Tri-County Services and operated the Center under this d/b/a until November of 2014, when they received permission from all three Commissioner’s Courts to officially change their name to Tri-County Behavioral Healthcare. Subsequent to this approval, the name change to Tri-County Behavioral Healthcare was formally recorded in all three counties in February of 2015.
- III. Goal – The goal of such comprehensive mental health, intellectual and developmental disabilities, and substance addiction programs shall be services which are adequate as to quantity, quality, scope, availability, and accessibility for the Center’s service area. The Center shall plan, coordinate, develop policies, develop and allocate resources, supervise and ensure the provision of community services.
- IV. Reporting – To facilitate the goal of such comprehensive services, cooperative efforts of each county, other governmental agencies, individual practitioners, associations of professional disciplines, and citizen representatives shall be utilized. The Center shall report annually to the

three (3) Commissioners Courts as provided by Section 534.014 of the Texas Health and Safety Code.

- V. Authority – Tri-County shall operate as a Community Mental Health and Intellectual/Developmental Disability Center as authorized by Section 534.001 of the Texas Health and Safety Code and in accordance with the rules and regulations of the Texas ~~Department of Aging and Disability Services and the Texas Department of Health and Human Services~~ **Health and Human Services Commission** and their successor agencies.

CHAPTER II: BOARD OF TRUSTEES

I. Membership

A. Appointment of Members

1. The Board of Trustees of Tri-County (“Board”) shall be comprised of nine members (Section 534.003 Health and Safety Code). The Commissioner’s Court of each county shall appoint, in compliance with Section 534.004 of the Texas Health and Safety Code, three Board members from the qualified voters in their counties. The Board members so appointed shall serve staggered terms. All appointments will be for a term of two (2) years or until their successors are appointed.
2. The following county appointments for Trustees shall be used:

Liberty County

Place 1

Place 2 & 3

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

Montgomery County

Place 4

Place 5 & 6

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

Walker County

Place 7

Place 8 & 9

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

- B. Vacancies
 - 1. A vacancy on the Board shall be filled by the appropriate Commissioner's Court for the unexpired portion of the term.
 - 2. Any member who does not attend 75% of the scheduled Board meetings, within the preceding twelve months, without excused absences, shall receive recommendation of termination from the Board; at which time, the appointing Commissioner's Court may replace such trustees by action of the Commissioner's Court.

- C. Excused Absences – Absences approved by a majority of a quorum of the Board are considered to be excused.

- D. Orientation and Continuing Education – The Board will maintain a program for orientation of new Board members and continuing education for all Board members consistent with Section 534.006 Health and Safety Code.

- E. Prohibited Activities
 - 1. Violation of Laws – A Board Member shall not violate any law relating to his or her office (Section 39.10 Texas Penal Code).
 - 2. Conflicting Interests
 - a. Board Members may serve on other boards separate and apart from Tri-County and such is not determined a conflict of interest. Board of Trustee members should abstain from voting on any matter which directly or indirectly relates to contracts or reimbursement to or from Tri-County, or any matter which relates to interrelated issues of the two (2) boards. Such abstentions should be duly noted in the Board minutes.
 - b. A Board Member shall abstain from a Board decision to contract with any entity having on its board a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
 - c. A Board Member shall abstain from a Board decision to contract with any entity that may provide services to a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
 - d. A Board Member shall not act as surety for a business entity that has work, business, or a contract with the Center (171.003 Local Government Code).
 - e. A Board Member shall not act as surety on any official bond required of an officer of the Center (171.003 Local Government Code).
 - f. A Board Member shall not rely on official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information; a Board Member shall not speculate or assist another person in speculating on the basis of official information (39.03 Texas Penal Code).
 - 3. Conflicting Professional Practices

- a. No Board Member shall be reimbursed for services to consumers referred to his or her private practice by the Center (Texas Attorney General's Opinion M-340).
 - b. As a local public official, each Board Member shall uphold the member's position of public trust by meeting and maintaining the applicable qualifications for membership and by complying with the applicable requirements relating to conflicts of interest (Section 534.0065 Health and Safety Code).
 - c. No Board Member shall be allowed use of the Center's facilities free of charge for the purpose of conducting a private practice. Any agreement whereby a Board Member leases property from the Center shall be discussed and voted on by the Board in an open meeting.
 - d. No Board Member shall use his or her unique access to the Center to recruit or build private practice clientele.
4. Personal Benefit by Board Members
- a. A Board Member shall not solicit, accept, nor agree to accept from another person: 1) any benefit in return for the Board Member's decision, opinion, recommendation, vote, or other exercise of discretion as a public servant or (Section 534.0065 Health and Safety Code); or 2) any benefit in return for a violation of a duty imposed by law (Section 36.02, Texas Penal Code).
 - b. A Board Member shall not solicit, accept, nor agree to accept any benefit from a person the Board Member knows is interested or is likely to become interested in contract, purchase, payment, claim, or transaction involving the exercise of the Board Member's discretion (Section 36.08, Texas Penal Code).
 - c. A Board Member shall not receive any benefit for referral of consumers to the Center or to other service providers.
 - d. A Board Member shall not misapply anything of value belonging to the government that has come into his or her possession by virtue of his or her office (Section 39.01, Texas Penal Code).

F. Nepotism

- 1. No Board Member shall appoint or vote for or confirm the appointment of any person related to himself or herself, or to any other Board Member, by affinity (marriage) within the second degree or by consanguinity (blood) within the third degree, to any office or position of employment with the Center paid for directly or indirectly from public funds (Section 534.0065 Health and Safety Code).
- 2. An employee of the Center who is related to a Board Member in the prohibited manner described above may continue to be employed if he or she was employed by the Center at least thirty (30) days prior to the appointment of the Board Member. If the individual has been employed by the Center for less than thirty (30) days when his or her relative is appointed to the Board, either the employee or the Board Member must resign.

3. When a relative of a Board Member is allowed to continue employment within the provisions outlined above, the Board Member must not participate in deliberation or voting on any issues specific to that employee unless such issues affect an entire class or category of employees (Health and Safety Code 534.0115).

G. A Trustee may be removed from office for any of the following reasons:

1. Conviction of a felony or crime of moral turpitude;
2. Breach of fiduciary duty;
3. Behavior that is detrimental to the goals of the Center;
4. Violation of any provision of the Texas Health and Safety Code, §534.0065; or
5. At the discretion of the appointing Commissioners' Court, for other cause.

II. Ex Officio Board Members

A. As required by Senate Bill 632 of the 86th Legislative Session which relates to the composition of the governing bodies and the consultation policies of local mental health authorities with respect to sheriffs, their representatives, and local law enforcement agencies, the Center is required to add two ex-officio Board members, either the sheriff or sheriff's representative from the largest County of the Center's three county service area and a sheriff or sheriff's representative from the smallest of the Center's three counties.

B. According to Section 534.002 (d), a local mental health authority may not bar or restrict a sheriff or representative of a sheriff who serves as an ex officio nonvoting member from speaking or providing input at a meeting of local authority's governing body. The requirement for a sheriff (or representative) to serve as an ex officio nonvoting member does not prevent a sheriff (or representative) from being included on the board of trustees as a voting member as appointed by the County Judge.

C. While the legislation requires only two sheriffs or their representatives from the three counties we serve, the Center will allow all three sheriffs to participate on the board as ex officio members. However, the representatives from Montgomery and Walker County in the Tri-County service area are mandatory participants.

D. Ex officio board members must meet the same requirements as Board Trustees with the following exceptions:

1. They are not counted in the quorum for trustee meetings;
2. Absences do not have to be excused;
3. They participate fully in Board meetings, but do not vote;
4. They do not participate in executive session;
5. They are not appointed by the sponsoring entities but are instead included in the Board after being sworn into the office as the elected sheriff and receiving required training; and,
6. Only the sheriff of the participating county may designate a representative.

- E. Sheriffs or their representatives serving as an ex officio nonvoting members of the board should receive the same training required of appointed, voting members of the Board of Trustees.

III. Organization

- A. Officers – The Board shall select from its membership a Chair, Vice-Chair, and Secretary to hold office for one (1) year or until his or her successor is elected. The officers shall have the following duties and authority:
 - 1. Board Chair
 - a. The Board Chair shall be the principal spokesperson and representative of the Center and the Board.
 - b. The Board Chair shall preside at all Board meetings and meetings of the Executive Committee and may sign, with the Secretary or any other designated individual authorized by the Board, all contracts, agreements and documents which the Board has authorized. The Board Chair shall call special meetings of the Board as necessary and shall perform such duties as may be from time to time prescribed by the Board.
 - c. The Board Chair shall be, as all officers, subject to the control of the Board in all things.
 - 2. Vice-Chair – The Vice-Chair shall perform all duties of the Board Chair in the absence, inability, or upon refusal to act of the Board Chair.
 - 3. Secretary – The Secretary shall keep, or cause to be kept, the Minutes of the Board and perform all other duties usually incident to that office.
 - 4. Removal and Vacancy
 - a. A vacancy in office shall exist upon the removal, death or resignation of an officer.
 - b. An officer may resign his or her office by submitting his or her resignation in writing to the Chair or Secretary and shall be effective upon acceptance by the Board. Any officer may resign his or her office without resigning from the Board.
 - c. Any officer may be removed from office upon a vote of five members of the Board.
 - d. When a vacancy in office occurs a special election for that office will be held at the next regular or specially called meeting of the Board.
 - 5. Election of Officers
 - a. Elections will be held in August or as soon as possible thereafter.
 - b. A special election may be called prior to the end of any term if a total five Board Members approve of such special election. The terms of such specially elected officers will then coincide and terminate with the terms of the prior officeholders.

B. Meetings

1. The Board shall meet as often as necessary to transact and conduct business of the Center, but shall hold a minimum of six (6) meetings within any one fiscal year conducted at a time and place that makes the meeting accessible to the public. Over fifty percent of the filled Board positions shall constitute a quorum. All meetings shall be conducted in accordance with the Texas Open Meeting Laws and the public shall be invited to attend unless closed meetings are allowed as provided by Subchapter D of the Texas Open Meetings Act, or as specifically permitted in the Constitution of the State of Texas. The Board Chair may conduct the meetings in compliance with Robert's Rules of Order.
2. Special Meetings – The Board Chair may call special meetings at any time.

C. Agendas and Meeting Minutes

1. Agendas for Board and Committee meetings will be established by the Chair and Executive Director and shall be posted as provided by the Texas Open Meeting Act. Those materials necessary for adequate consideration and action of agenda items will be distributed to all Board Members sufficiently ahead of time to allow members to prepare for the meetings. A copy of each posted agenda will be kept indefinitely in compliance with the Texas Open Meetings Act.
2. Written minutes shall be kept of all meetings of the Board in compliance with Section 551.021 of the Texas Open Meetings Act. The minutes must: 1) state the subject of each deliberation; and 2) indicate each vote, order, decision or other action taken.
3. In compliance with Section 551.022 of the Texas Open Meetings Act, the minutes of an open meeting are public records and shall be available for public inspection and copying on request to the Center's Executive Director.
4. Approved Board meeting minutes, meeting agenda, and board materials distributed prior to the meeting shall be maintained indefinitely. An electronic image of the signed minutes, agenda and the board materials shall be maintained as the original. Paper copies will not be maintained. Electronic document storage will be updated periodically to ensure that signed minutes, agendas and board materials are available for public inspection.
5. Copies of the agenda and meeting minutes will be provided to each of the County Commissioner's Courts. Copies of the approved minutes of Board meetings will be distributed to officials of the Texas ~~Department of Aging and Disability Services and the Texas Department of Health and Human Services~~ **Health and Human Services Commission** or their successor agencies in Austin, Texas, upon request.
6. In compliance with Section 551.104 of the Texas Open Meetings Act, a certified agenda of any closed meeting shall be maintained for two years after the date of the meeting. The certified agenda of a closed meeting will be destroyed two years after the meeting, unless an action involving the closed meeting is brought within the two year period of time. If such an action is pending the certified agenda of the meeting shall be preserved. No certified agenda of a closed meeting is

available for public inspection without a court order as authorized by Section 551.104(b)(3).

D. Committees

1. Standing Committees
 - a. The Board will use a committee structure to conduct major portions of work. Each Board Member will serve on at least one (1) committee and appointments may be changed as necessary.
 - b. Standing committees of the Board will consist of the following: Executive Committee; Business Committee; and Program Committee.
2. Purpose
 - a. Board committees operate as a part of the Board and do not independently function for the Board.
 - b. Committees serve as specific functionaries of the Board.
3. Appointments
 - a. At any time the Board Chair will be responsible for making committee appointments including the appointment of a Chair for such committees. The Board Chair may from time to time find the need for ad hoc committees which may be appointed by the Board Chair for a specific task and period of duration.
 - b. The appointment of committees shall not relieve the Board of its responsibility and accountability. No act of a committee shall be effective or binding upon the Board unless ratified by the Board.
4. Duties – The duties of the aforementioned committees are generally outlined (but not limited to) the following:
 - a. Executive Committee – The Board Officers (including the Chair, Vice-Chair, and Secretary) will make up this Committee. The Board Chair will chair the committee and will call meetings as deemed necessary. Such matters will generally relate to the administration of Tri-County including personnel.
 - b. Business Committee – This committee will in general review those matters pertaining to business operations of Tri-County which might include some detail of financial reports, cash flow matters, business policies, real estate, etc. The Business Committee will consist of not more than four (4) Board Members appointed by the Board Chair.
 - c. Program Committee – This committee will in general review those matters pertaining to program operations of Tri-County. Such reviews might include some detail of monthly program reports, community relations; special needs to be addressed by center programs, etc. The Program Committee will consist of not more than four (4) Board Members appointed by the Board Chair.

IV. Functions

- A. Responsibilities – (a) The Board is responsible for the effective administration of the community center. (Section 534.008 Health and Safety Code).
- B. Policies – The Board shall make policies that are consistent with the Texas Department of Aging and Disability Services and the Texas Department of Health and Human Services’ rules and standards (Section 534.008 Health and Safety Code).
- C. Authority – The Board may discharge its responsibility by exercising its authority consistent with the provision of the Health and Safety Code Chapter 534. The Board shall establish, periodically review, and modify as necessary, personnel policies. For this purpose the Executive Director shall submit proposed policies to the appropriate Committee of the Board which shall review and recommend personnel policies to the Board.

CHAPTER III: EXECUTIVE DIRECTOR AND PERSONNEL

- I. Selection – The Board shall appoint the Executive Director for the Center.
- II. Qualifications – The Executive Director shall be a professionally trained person, qualified to administer a comprehensive mental health and intellectual and developmental disabilities program.
- III. Duties – The Executive Director:
 - A. Shall provide the necessary staff services to the Board, attend meetings of the Board, and shall be responsible for the programs of the Board.
 - B. Shall be responsible for the day to day operations of the Center and the implementation of Board policy.
 - C. Subject to the policies of the Board, shall be responsible for the selecting, hiring, training, assigning or dismissal of personnel for the administration of services and programs.
 - D. Subject to the policies of the Board, may delegate responsibilities to his or her immediate administrative staff or other Services personnel.
 - E. Shall attend meetings of Advisory Committees or shall delegate this responsibility to a member of the Management Team.

CHAPTER IV: ADVISORY COMMITTEES

- I. Creation – The Board may appoint advisory committees to advise that body, or other appropriate groups dealing with the planning, provision, and administration of mental health and intellectual and developmental disabilities services. These advisory committees should represent a broad spectrum of community interest.

CHAPTER V: DISSOLUTION

- I. Distribution of Assets – Upon dissolution of the Center any and all assets, of both a real and personal nature, shall revert back to the sponsoring agencies (i.e., Commissioner’s Courts of Liberty, Montgomery and Walker Counties) for exclusive public use or other charitable purposes.

CHAPTER VI: CHANGE OF BY-LAWS

- I. Review of the By-Laws – The Board of Trustees shall from time to time review and amend these By-Laws, if indicated.
- II. Changing the By-Laws
 - A. Any changes in By-Laws must be proposed in written form and presented to the Board at a regular or called meeting.
 - B. The proposed changes may be voted on at any subsequent meeting that occurs at least twenty-six (26) days after the proposed changes were first presented to the Board.
 - C. The Board shall adopt any changes to the By-Laws by majority vote of a duly constituted quorum.

Agenda Item: Approve Revisions to Board Policy C.11, Establishment and Maintenance of the Manual of Board Policies

Board Meeting Date

January 31, 2024

Committee: Executive

Background Information:

The Board Policy C.11, Board of Trustees By-Laws, updates include:

- Adding the verb 'be' to the following statement "...Policy Statements will be approved by the Board and signed by a Board Officer..."

No other changes are recommended at this time.

Supporting Documentation:

Revised Board Policy (Markup Version)

C.11 Establishment and Maintenance of the Manual of Board Policies

Recommended Action:

Approve Revisions to Board Policy C.11, Establishment and Maintenance of the Manual of Board Policies

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2024

Date

ORIGINAL EFFECTIVE DATE: November 16, 1983

REVISION DATE(S): December 8, 2016, **January 25, 2024**

SUBJECT: Establishment and Maintenance of Board Policies

It is the policy of the Board of Trustees of Tri-County Behavioral Healthcare (“Tri-County” or “Center”) to establish and maintain Board Policies in order to provide a systematic method for issuing administrative policies, rules and regulation within the Agency.

- I. It is the responsibility of the Board to establish Tri-County Administrative and Operational policies. The Board will:
 - A. Direct the Executive Director to assess all current policies annually and review any proposed Policy(s) with the Board Chair.
 - B. Direct the development of new or revised existing policies as appropriate.
 - C. These Policy Statements will **be** approved by the Board and signed by a Board Officer (typically the Chair).
 - D. Policies will be kept in a manner that is easy to access by Center staff.

- II. It is the responsibility of the Executive Director to develop and implement procedures for assuring compliance with Tri-County policy and to recommend additions and/or amendments to policies for Board action as appropriate. The Executive Director will:
 - A. Maintain and/or update policies.
 - B. Assist in the interpretation of Tri-County policy.
 - C. Refer to the Board concerns, issues and problems which require policy formulation.

D. Will interpret policy for administrative operations.

III. An electronic scan of the signed documents is considered as good as the original.

<p>Agenda Item: Approve Revisions to Board Policy C.25, Contraband Items</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>January 31, 2024</p>
<p>Background Information:</p> <p>The Board Policy C.25, Contraband Items, updates include:</p> <ul style="list-style-type: none"> • Adding the statement: As a governmental entity, the Center shall not post signs prohibiting the carrying of handguns on Center property including 30.05 (criminal trespass), 30.06 (concealed) or 30.07 (open carry). <p>In recent Substance Use Disorder services audits across the state, the SUD division of HHSC has required that these postings be posted even though the law, as a governmental entity, will not allow us to do so. This policy statement is intended to make it Board Policy that these signs not be posted at our locations.</p>	
<p>Supporting Documentation:</p> <p><u>Revised Board Policy (Markup Version)</u></p> <p>C.25 Contraband Items</p>	
<p>Recommended Action:</p> <p>Approve Revisions to Board Policy C.25, Contraband Items</p>	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2024

Date

ORIGINAL EFFECTIVE DATE: December 7, 1995

REVISION DATE(S): December 8, 2016, **January 25, 2024**

SUBJECT: Contraband Items

- I. It is the policy of the Board of Trustees that:
 - A. Weapons, alcoholic beverages, and/or illicit drugs of any type shall not be brought onto the grounds or into any of Tri-County Behavioral Healthcare's ("Tri-County" or Center") facilities by any person except for persons with appropriate licenses, persons with the right to carry, or law enforcement officials in the performance of their duties.
 - B. For the purpose of this policy, weapons may include, but not be limited to, the following:
 1. Handguns;
 2. Machine guns;
 3. Firearms of any kind;
 4. Explosive weapons and/or devices;
 5. Knuckles;
 6. Knives 4 inches in length or longer; or
 7. Any other item used in a threatening manner.
 - C. Persons bringing contraband items into Center facilities may be asked to take the item to their vehicle or may be asked to leave the property.
 - D. Center procedure shall exist to guide staff in interactions with persons related to contraband items.
 - E. **As a governmental entity, the Center shall not post signs prohibiting the carrying of handguns on Center property including 30.05 (criminal trespass), 30.06 (concealed) or 30.07 (open carry).**

<p>Agenda Item: Approve Board Policy C.36, Disaster Response</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>January 31, 2024</p>
<p>Background Information:</p> <p>We are required by various contracts with the Health and Human Services Commission and other funders to have general and program-specific procedures on disaster response. In a recent audit the Center was asked to create a more specific Board Policy on disaster response.</p> <p>In addition to the Disaster Response Policy, staff have revised the Center Emergency Response Plan Procedure, the Crisis Stabilization Unit Emergency Response Plan and the Intellectual and Developmental Disability Continuity of Operations Plan to ensure alignment. In addition, staff have developed a new Disaster Preparedness and Response Plan which establishes a general structure, including roles and responsibilities, protocols, and expectations that will be used to guide the Center’s response in the event of a local, state, or federal emergency, public health emergency, or disaster.</p> <p>We currently have five staff trained in the National Incident Management System (NIMS) model to lead the Center if the Disaster Response Plan is activated by the Executive Director.</p>	
<p>Supporting Documentation:</p> <p>C.36.1 Disaster Response</p>	
<p>Recommended Action:</p> <p>Approve Board Policy C.36, Disaster Response</p>	

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2024

Date

ORIGINAL EFFECTIVE DATE: January 25, 2024

SUBJECT: Disaster Response

I. Disaster Response Plan

- A. Tri-County Behavioral Healthcare (“Tri-County”) will maintain a disaster response plan that aligns with all state and federal requirements and national models to guide a community disaster response in the event of a local, state, or federal emergency, public health emergency, or disaster.
- B. The disaster response plan will describe the general staffing structure for a disaster response, outlining expectations and objectives for teams and staff to ensure an organized community response while also minimizing disruption to Center operations.
- C. The disaster response plan will describe how the general staffing structure will connect with response partners across the community to respond to and recover from incidents.

II. Roles and Responsibilities

- A. Regardless of the type or scope of a disaster, it is the responsibility of Tri-County staff to protect individuals served, staff members, community, and Tri-County property from the effects of the event.
- B. Processes will be developed and maintained to guide staff training and instruction regarding roles, responsibilities, and actions should a disaster event occur, as well as direct efforts to prepare for events and incidents as much as reasonably possible.

- C. Tri-County will assist the Texas Health and Human Services (HHS), HHS Disaster Behavioral Health Services (DBHS) program, and/or local needs in providing disaster services to mitigate the psychological trauma experienced by victims, survivors, and responders to such an emergency or event, including those occurring outside of the local service area of Montgomery, Liberty, and Walker counties, as needed.
- D. Disaster services will be provided in a manner that is most responsive to the needs of the emergency, cost effective, and as unobtrusive as possible to the primary services provided by the Center.
- E. Disaster services may be needed with little or no notice. As such, it is imperative that Tri-County volunteers are prepared to respond at all times.

III. Incident Command Structure

- A. The Executive Director (or appointed designee) will serve as the Incident Commander for Tri-County and will be responsible for leading the Center's response, including activating and deploying teams, and serving as the initial point of contact for communication with state and local disaster response officials.
- B. When indicated by the Disaster Response Plan, the Executive Director (or appointed designee) will assign a Command Staff, including a Public Information Officer (PIO), a Safety Officer, and a Liaison Officer. Additional advisors may be appointed as necessary, based on the response needs.
- C. Tri-County will organize, recruit, and maintain a Disaster Response Team comprised of Center staff volunteers to provide Disaster Response Services. These services will be provided in local disasters, crisis events, and to fulfill performance contract responsibilities.

IV. Community Disaster Planning

- A. Designated staff from the Center trained in Texas Disaster Management Protocols are responsible for participating in meetings and drills for each of the three counties in the local service area. Staff will further participate on calls provided by the HHSC Disaster Behavioral Health Unit and will report to the rest of the team on any changes, updates, or recommendations that require attention.

Agenda Item: Approve Revisions to Board Policy E.28, Public Health Provider – Charity Care Pool

Board Meeting Date

January 31, 2024

Committee: Executive

Background Information:

The Board Policy E.28, Public Health Provider – Charity Care Pool, updates include:

- Adding the statement: A List of all providers/entities encompassed by this policy – A list of providers/entities encompassed by the Charity Care Pool policy can be found at <https://tcbhc.org/about-us/eligible-charity-care-services-and-provider-type/> under 'About Us' and 'Eligible Charity Care Services and Provider Types Link.

In recent audits at other Centers, Auditors have required this detailed list of mental health providers to be published on the Center's website. We have had provider types posted, but the new feedback is that specific providers must be posted. We have added this to our website as required.

Supporting Documentation:

Revised Board Policy (Markup Version)

E.28, Public Health Provider – Charity Care Pool

Recommended Action:

Approve Revisions to Board Policy E. 28, Public Health Provider – Charity Care Pool

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

January 25, 2024

Date

ORIGINAL EFFECTIVE DATE: October 1, 2022

REVISION: January 25, 2024

SUBJECT: Public Health Provider - Charity Care Pool

PURPOSE:

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

Accordingly, this policy:

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

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

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

DEFINITIONS:

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

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

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

PROCEDURES:

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

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

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

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

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

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

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

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

- J. A List of all providers/entities encompassed by this policy – A list of providers/entities encompassed by the Charity Care Pool policy can be found at <https://tcbhc.org/about-us/eligible-charity-care-services-and-provider-type/> under 'About Us' and 'Eligible Charity Care Services and Provider Types Link.

Agenda Item: Personnel Report for November through December 2023

Board Meeting Date:

January 31, 2024

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for November through December 2023

Recommended Action:

For Information Only

Personnel Report

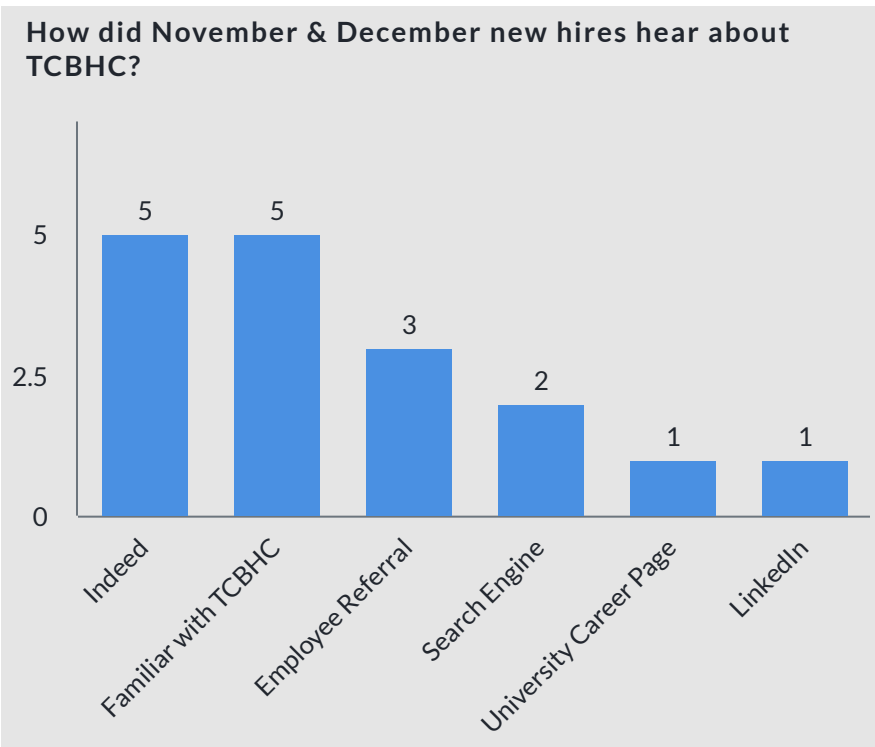
FY24 | November - December 2023



OVERVIEW

NEW HIRES Nov & Dec 17 POSITIONS YTD 53 POSITIONS	SEPARATIONS Nov & Dec 22 POSITIONS YTD 43 POSITIONS	Vacant Positions 78 Frozen Positions 0	Newly Created Positions 6 Total Budgeted Positions 486
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RECRUITING



APPLICANTS

Nov & Dec Total Applicants	572
YTD Applicants	1072

CURRENT OPENINGS

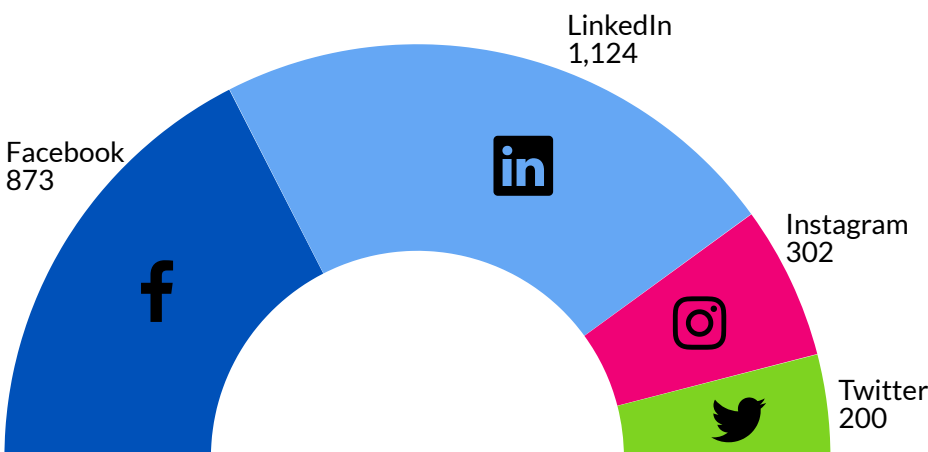
VACANCIES BY LOCATION

CONROE	50
PETC	11
HUNTSVILLE	8
CLEVELAND	5
LIBERTY	3
PORTER	1

RECRUITING EVENTS

Lone Star College Career Fair	11/15/2023
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SOCIAL MEDIA FOLLOWERS



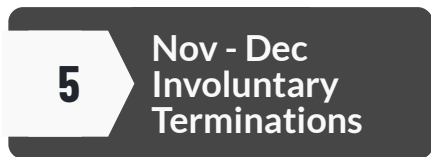
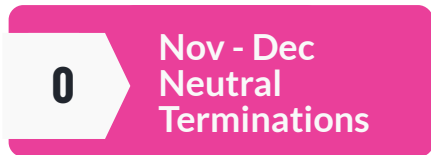
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, Crisis and C&Y)	41
Direct Care Provider	10
Program Support Services Asst	6
Licensed Clinician	3
Psychiatric Nursing Asst	2

Exit Data

FY24 | November - December 2023

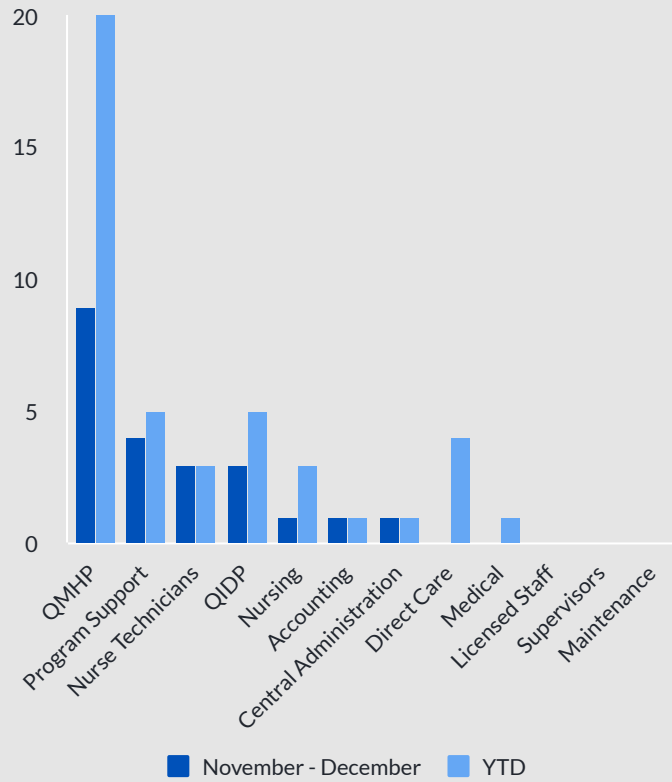
Exit Stats at a Glance



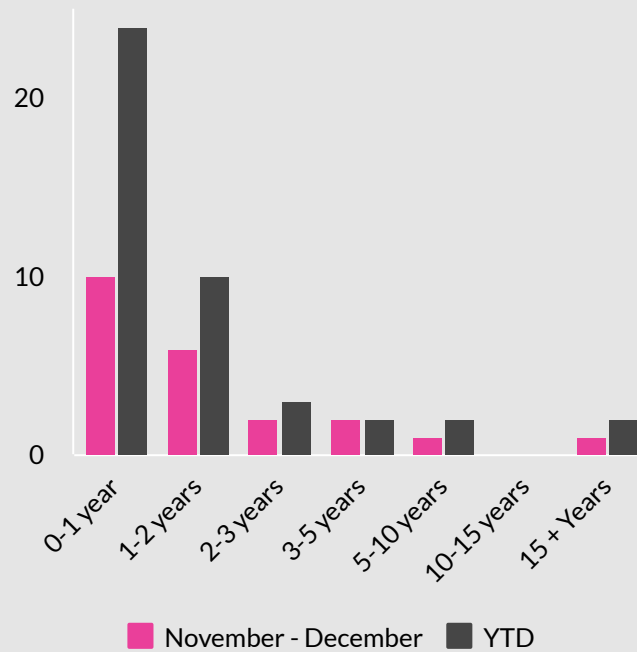
YTD Top Reasons for Separations

- 1 Another Job
- 2 Involuntarily Terminated
- 3 Personal/Family, includes Relocating
- 4 Health
- 5 Returning to School

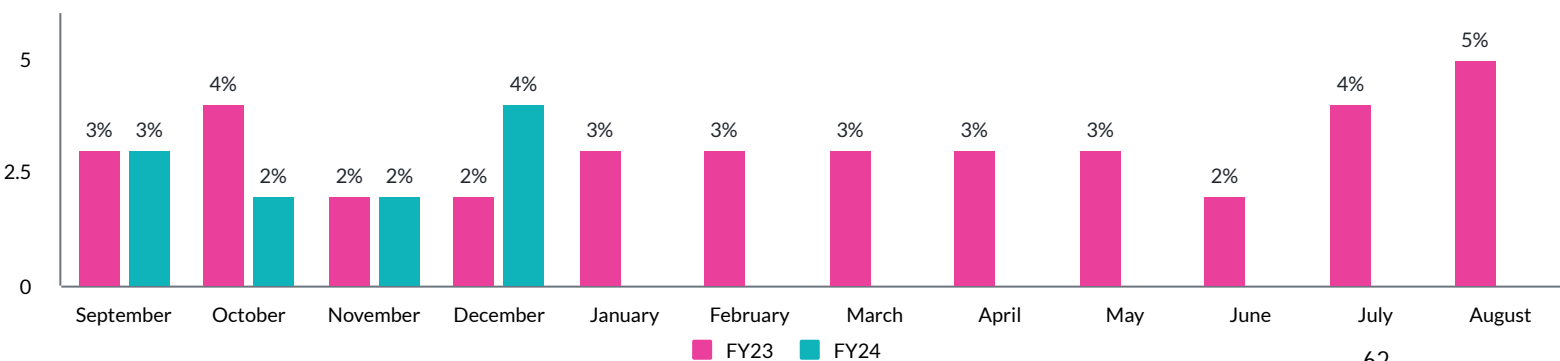
Separations by Category



Separations by Tenure



Turnover Rate by Month



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

Board Meeting Date:

January 31, 2024

Committee: Executive

Background Information:

None

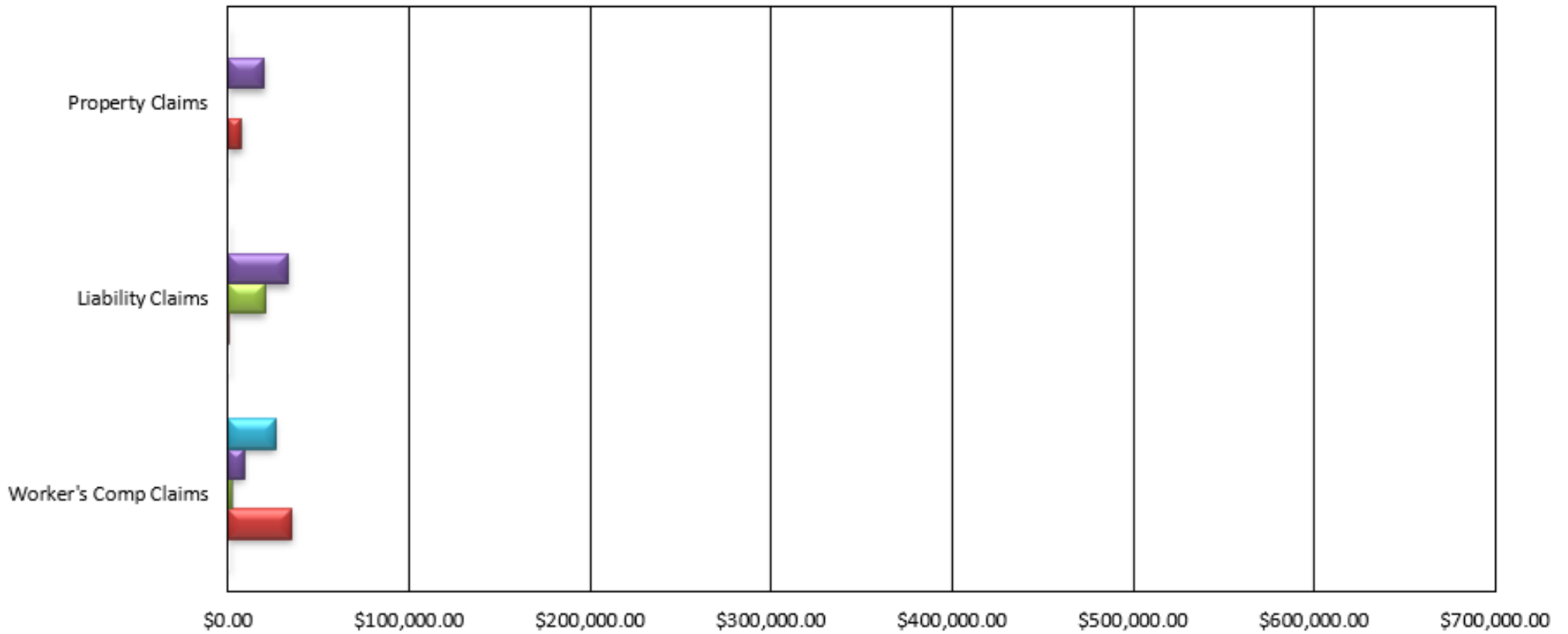
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of December 2023

Recommended Action:

For Information Only

TCRMF Claims Summary December 2023



	Worker's Comp Claims	Liability Claims	Property Claims
2020	\$26,111.00	\$0.00	\$0.00
2021	\$9,040.00	\$33,042.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,953.00	\$278.00	\$7,243.00
2024	\$0.00	\$0.00	\$0.00

Agenda Item: Approve November 2023 Financial Statements

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

November 2023 Financial Statements

Recommended Action:

Approve November 2023 Financial Statements

November 2023 Financial Summary

Revenues for November 2023 were \$3,998,858 and operating expenses were \$3,749,130 resulting in a gain in operations of \$249,728. Capital Expenditures and Extraordinary Expenses for November were \$329,301 resulting in a loss of \$79,574. Total revenues were 103.24% of the monthly budgeted revenues and total expenses were 103.97% of the monthly budgeted expenses (difference of -.73%).

Year to date revenues are \$12,141,782 and operating expenses are \$11,622,071 leaving excess operating revenues of \$519,711. YTD Capital Expenditures and Extraordinary Expenses are \$648,480 resulting in a loss YTD of \$128,769. Total revenues are 99.48% of the YTD budgeted revenues and total expenses are 100.30% of the YTD budgeted expenses (difference of -.82%)

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management - MH	148,380	188,228	78.83%	39,848
Title XIX Case Management - IDD	321,052	358,881	89.46%	37,829
Title XIX HCS/IDD Program	468,320	486,000	96.36%	17,680
Title XIX Rehab	397,900	489,997	81.20%	92,097

XIX Case Management MH, Title XIX Case Management IDD, Title XIX HCS/IDD Program and Title XIX Rehab – These line items are from our earned revenue categories that continue to trend well below our Pre-COVID historical trends. This month we have the addition of the HCS/IDD Program which is under budget mainly due to clients having issues in renewing their Medicaid coverage. This process has become more complicated to complete and if renewal is done through the internet there is no way to specify what type of Medicaid coverage they are renewing and therefore we have had numerous clients whose Medicaid coverage was lost. It will take a few months to get the coverage reinstated.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	Variance
Building Repairs & Maintenance	148,650	33,543	443.16%	115,107
Contract – Clinical	233,272	187,237	124.58%	46,035
Fixed Assets – Construction in Progress	333,658	200,000	166.83%	133,658
Fixed Assets – Furn & Equip	28,533	0	0%	28,533
Travel – Local	102,140	79,196	128.97%	22,944

Building Repairs & Maintenance – This line item is for the repair and maintenance of items at existing buildings. The bulk of this overage is for the repair of two elevators on the Sgt. Ed Holcomb building here in Conroe. We have a 3rd elevator that is still waiting to be put back in service, but that repair is still covered under the original warranty. This line also has some of the expenses to complete the renovations of the C & Y Huntsville facility, such as the card swipes for security.

Contract – Clinical – This line is for the increased use of Contract Psychiatry used to cover for the vacant Doctor positions that we currently have open. This expense is up, but we do have a decrease in the salary line for the vacant positions, as well as the fringes associated with the employee vacancies.

Fixed Assets – Construction in Progress – This line item is for the purchase of the Generator for the Cleveland facility, which is covered by a transfer for reserve funds.

Fixed Assets – Furn & Equip – This line item is for the Conroe building refresh. The largest portion of this amount is for the replacement of the 2nd floor lobby Seat Pan and Back Replacement. We also purchased furniture for the new Calm Room located on the 2nd floor.

Travel - Local - This line is for the reimbursement of miles driven by staff in their own personal vehicles. Our reimbursement rate has increased to match the current State of Texas approved rate of .625. We have more staff driving so hopefully this will all translate into more services being provided very soon.

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

ASSETS	TOTALS COMBINED FUNDS November 2023	TOTALS COMBINED FUNDS October 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,599	2,349	250
Cash on Deposit - General Fund	6,820,014	10,134,491	(3,314,477)
Cash on Deposit - Debt Fund			-
Accounts Receivable	7,986,464	6,534,827	1,451,637
Inventory	584	783	(199)
TOTAL CURRENT ASSETS	14,809,661	16,672,450	(1,862,789)
FIXED ASSETS	23,091,765	22,544,006	547,759
OTHER ASSETS	269,226	357,617	(88,391)
TOTAL ASSETS	\$ 38,170,652	\$ 39,574,073	\$ (1,403,421)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	2,037,364	1,669,463	367,901
NOTES PAYABLE	802,466	802,466	-
DEFERRED REVENUE	3,292,299	5,028,052	(1,735,753)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,546,682	9,585,915	(39,233)
Guaranty Bank & Trust Loan	1,715,235	1,720,953	(5,718)
First Financial Huntsville Land Loan	821,112	828,926	(7,814)
Lease Liability	352,281	448,112	(95,831)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(128,769)	(49,195)	(79,574)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,435,310)	(12,583,906)	148,596
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	23,091,764	22,544,006	547,758
Reserved for Vehicles & Equipment Replacement	613,711	613,711	-
Reserved for Facility Improvement & Acquisitions	2,172,237	2,380,317	(208,080)
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	18,500	12,333	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(802,466)	(802,466)	-
UNASSIGNED			
Unrestricted and Undesignated	4,696,458	4,998,298	(301,840)
TOTAL LIABILITIES/FUND BALANCE	\$ 38,170,652	\$ 39,574,073	\$ (1,403,421)

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

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,599	1,750
Cash on Deposit - General Fund	6,820,014	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	7,986,464	6,824,724
Inventory	584	1,649
TOTAL CURRENT ASSETS	14,809,661	12,457,998
FIXED ASSETS	23,091,765	21,488,094
OTHER ASSETS	269,226	247,899
	-	-
Total Assets	\$ 38,170,652	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	2,037,364	2,029,164
NOTES PAYABLE	802,466	694,011
DEFERRED REVENUE	3,292,299	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,546,682	10,202,342
Guaranty Bank & Trust Loan	1,715,235	1,800,620
First Financial Huntsville Land Loan	821,112	
Lease Liability	352,281	448,112
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(128,769)	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,435,310)	(12,451,074)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	23,091,764	21,488,094
Reserved for Vehicles & Equipment Replacement	613,711	613,712
Reserved for Facility Improvement & Acquisitions	2,172,237	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	18,500	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(802,466)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,696,458	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 38,170,651	\$ 34,193,991

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

INCOME:	MONTH OF November 2023	YTD November 2023
	<u> </u>	<u> </u>
Local Revenue Sources	338,857	649,690
Earned Income	1,930,224	6,283,283
General Revenue - Contract	1,729,777	5,208,809
TOTAL INCOME	\$ 3,998,858	\$ 12,141,782
EXPENSES:		
Salaries	2,031,116	6,597,511
Employee Benefits	377,528	1,181,497
Medication Expense	47,948	142,731
Travel - Board/Staff	37,292	111,406
Building Rent/Maintenance	113,107	167,273
Consultants/Contracts	881,664	2,585,540
Other Operating Expenses	260,474	836,113
TOTAL EXPENSES	\$ 3,749,130	\$ 11,622,071
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 249,728	\$ 519,711
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	242,270	387,386
Capital Outlay - Debt Service	87,031	261,094
TOTAL CAPITAL EXPENDITURES	\$ 329,301	\$ 648,480
GRAND TOTAL EXPENDITURES	\$ 4,078,431	\$ 12,270,551
Excess (Deficiency) of Revenues and Expenses	\$ (79,574)	\$ (128,769)

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	261,094
Excess (Deficiency) of Revenues over Expenses	87,031	261,094

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

	YTD November 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	649,690	496,453	153,237
Earned Income	6,283,283	6,498,165	(214,882)
General Revenue	5,208,809	5,210,714	(1,905)
TOTAL INCOME	\$ 12,141,782	\$ 12,205,332	\$ (63,549)
EXPENSES:			
Salaries	6,597,511	6,952,557	(355,046)
Employee Benefits	1,181,497	1,197,013	(15,516)
Medication Expense	142,731	144,264	(1,533)
Travel - Board/Staff	111,406	89,352	22,054
Building Rent/Maintenance	167,273	52,052	115,221
Consultants/Contracts	2,585,540	2,523,345	62,195
Other Operating Expenses	836,113	794,259	41,854
TOTAL EXPENSES	\$ 11,622,071	\$ 11,752,842	\$ (130,771)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 519,711	\$ 452,490	\$ 67,222
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	387,386	219,958	167,427
Capital Outlay - Debt Service	261,094	261,094	-
TOTAL CAPITAL EXPENDITURES	\$ 648,480	\$ 481,052	\$ 167,427
GRAND TOTAL EXPENDITURES	\$ 12,270,551	\$ 12,233,894	\$ 36,656
Excess (Deficiency) of Revenues and Expenses	\$ (128,769)	\$ (28,563)	\$ (100,205)

Debt Service and Fixed Asset Fund:			
Debt Service	261,094	261,094	-
Excess(Deficiency) of Revenues over Expenses	261,094	261,094	-

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

INCOME:	MONTH OF November 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	338,857	176,493	162,364
Earned Income	1,930,224	1,986,945	(56,721)
General Revenue-Contract	1,729,777	1,709,914	19,863
TOTAL INCOME	\$ 3,998,858	\$ 3,873,352	\$ 125,505
EXPENSES:			
Salaries	2,031,116	2,191,593	(160,477)
Employee Benefits	377,528	375,502	2,026
Medication Expense	47,948	49,421	(1,473)
Travel - Board/Staff	37,292	29,784	7,508
Building Rent/Maintenance	113,107	14,851	98,256
Consultants/Contracts	881,664	838,227	43,437
Other Operating Expenses	260,474	262,103	(1,629)
TOTAL EXPENSES	\$ 3,749,130	\$ 3,761,481	\$ (12,350)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 249,728	\$ 111,871	\$ 137,855
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	242,270	74,208	168,061
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 329,301	\$ 161,239	\$ 168,061
GRAND TOTAL EXPENDITURES	\$ 4,078,431	\$ 3,922,720	\$ 155,711
Excess (Deficiency) of Revenues and Expenses	\$ (79,574)	\$ (49,368)	\$ (30,205)

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 November 2022 Comparative Data
Year to Date as of November 2023

INCOME:	<u>YTD November 2023</u>	<u>YTD November 2022</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	649,690	1,336,831	(687,141)
Earned Income	6,283,283	4,733,130	1,550,153
General Revenue-Contract	5,208,809	4,335,825	872,984
TOTAL INCOME	\$ 12,141,782	\$ 10,405,786	\$ 1,735,996
EXPENSES:			
Salaries	6,597,511	5,553,507	1,044,004
Employee Benefits	1,181,497	1,020,868	160,629
Medication Expense	142,731	122,245	20,486
Travel - Board/Staff	111,406	96,484	14,922
Building Rent/Maintenance	167,273	75,315	91,958
Consultants/Contracts	2,585,540	2,070,031	515,509
Other Operating Expenses	836,113	883,268	(47,155)
TOTAL EXPENSES	\$ 11,622,071	\$ 9,821,719	\$ 1,800,353
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 519,711	\$ 584,067	\$ (64,357)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	387,386	137,657	249,729
Capital Outlay - Debt Service	261,094	240,158	20,936
TOTAL CAPITAL EXPENDITURES	\$ 648,480	\$ 377,815	\$ 270,665
GRAND TOTAL EXPENDITURES	\$ 12,270,551	\$ 10,199,534	\$ 2,071,017
Excess (Deficiency) of Revenues and Expenses	\$ (128,769)	\$ 206,252	\$ (335,022)

Debt Service and Fixed Asset Fund:			
Debt Service	261,094	240,158	20,936
Excess (Deficiency) of Revenues over Expenses	261,094	240,158	20,936

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

INCOME:	MONTH OF November 2023	MONTH OF November 2022	Increase (Decrease)
Local Revenue Sources	338,857	355,253	(16,396)
Earned Income	1,930,224	1,540,596	389,628
General Revenue-Contract	1,729,777	1,407,499	322,278
TOTAL INCOME	\$ 3,998,858	\$ 3,303,348	\$ 695,510
Salaries	2,031,116	1,672,192	358,924
Employee Benefits	377,528	319,809	57,719
Medication Expense	47,948	41,569	6,379
Travel - Board/Staff	37,292	28,125	9,167
Building Rent/Maintenance	113,107	30,568	82,539
Consultants/Contracts	881,664	617,374	264,290
Other Operating Expenses	260,474	275,066	(14,592)
TOTAL EXPENSES	\$ 3,749,130	\$ 2,984,704	\$ 764,426
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 249,728	\$ 318,644	\$ (68,916)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	242,270	40,213	202,057
Capital Outlay - Debt Service	87,031	80,052	6,979
TOTAL CAPITAL EXPENDITURES	\$ 329,301	\$ 120,265	\$ 209,036
GRAND TOTAL EXPENDITURES	\$ 4,078,431	\$ 3,104,969	\$ 973,462
Excess (Deficiency) of Revenues and Expenses	\$ (79,574)	\$ 198,378	\$ (277,952)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	80,052	6,979
			-
Excess (Deficiency) of Revenues over Expenses	87,031	80,052	6,979

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

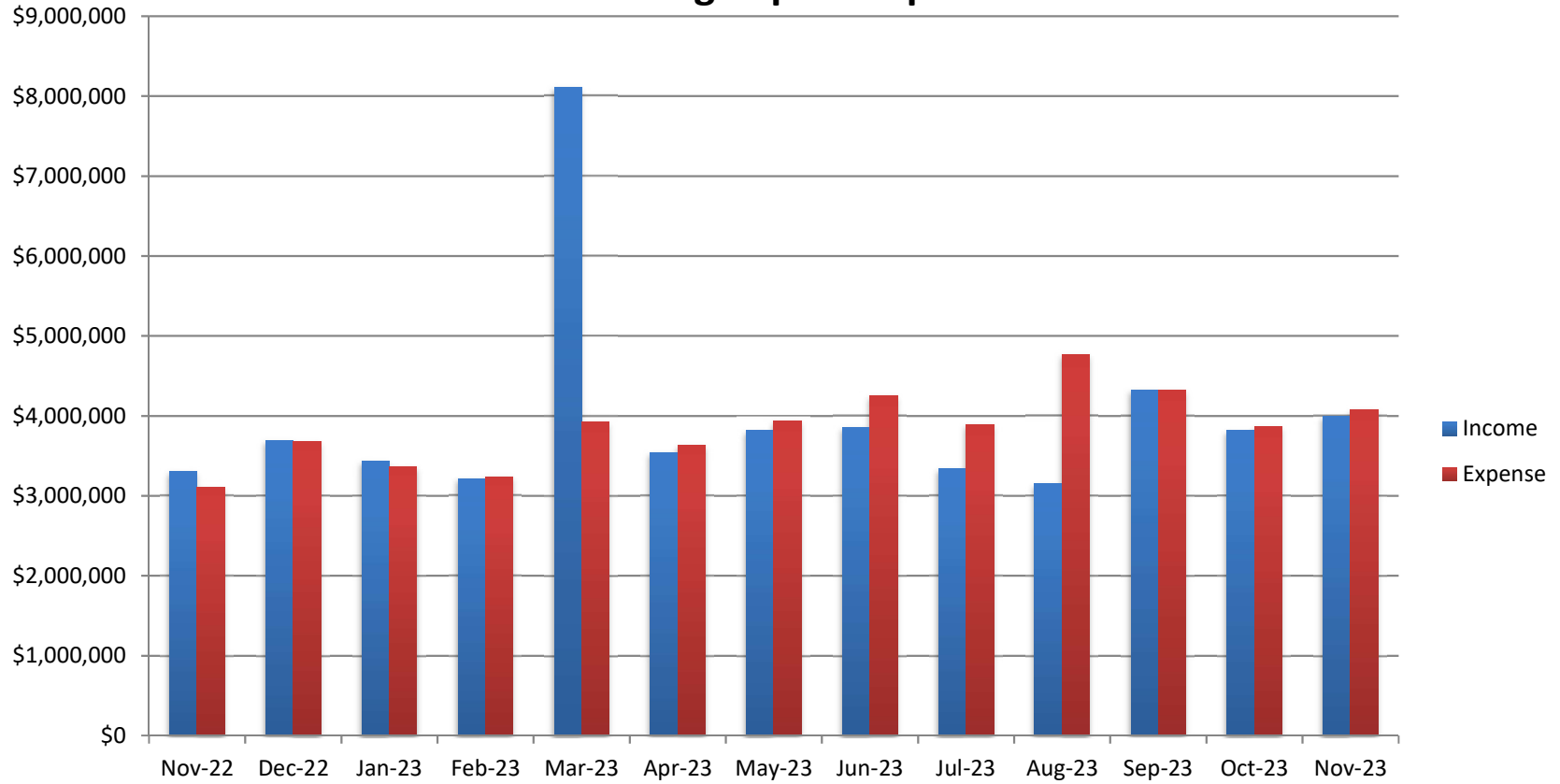
INCOME:	MONTH OF November 2023	MONTH OF October 2023	Increase (Decrease)
Local Revenue Sources	338,857	193,675	145,182
Earned Income	1,930,224	1,976,970	(46,746)
General Revenue-Contract	1,729,777	1,645,375	84,402
TOTAL INCOME	\$ 3,998,858	\$ 3,816,020	\$ 182,838
EXPENSES:			
Salaries	2,031,116	2,067,252	(36,136)
Employee Benefits	377,528	379,293	(1,765)
Medication Expense	47,948	50,308	(2,360)
Travel - Board/Staff	37,292	39,465	(2,173)
Building Rent/Maintenance	113,107	27,016	86,091
Consultants/Contracts	881,664	866,078	15,586
Other Operating Expenses	260,474	254,622	5,852
TOTAL EXPENSES	\$ 3,749,130	\$ 3,684,033	\$ 65,095
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 249,728	\$ 131,987	\$ 117,743
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	242,270	97,417	144,853
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 329,301	\$ 184,449	\$ 144,853
GRAND TOTAL EXPENDITURES	\$ 4,078,431	\$ 3,868,482	\$ 209,949
Excess (Deficiency) of Revenues and Expenses	\$ (79,574)	\$ (52,462)	\$ (27,110)

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

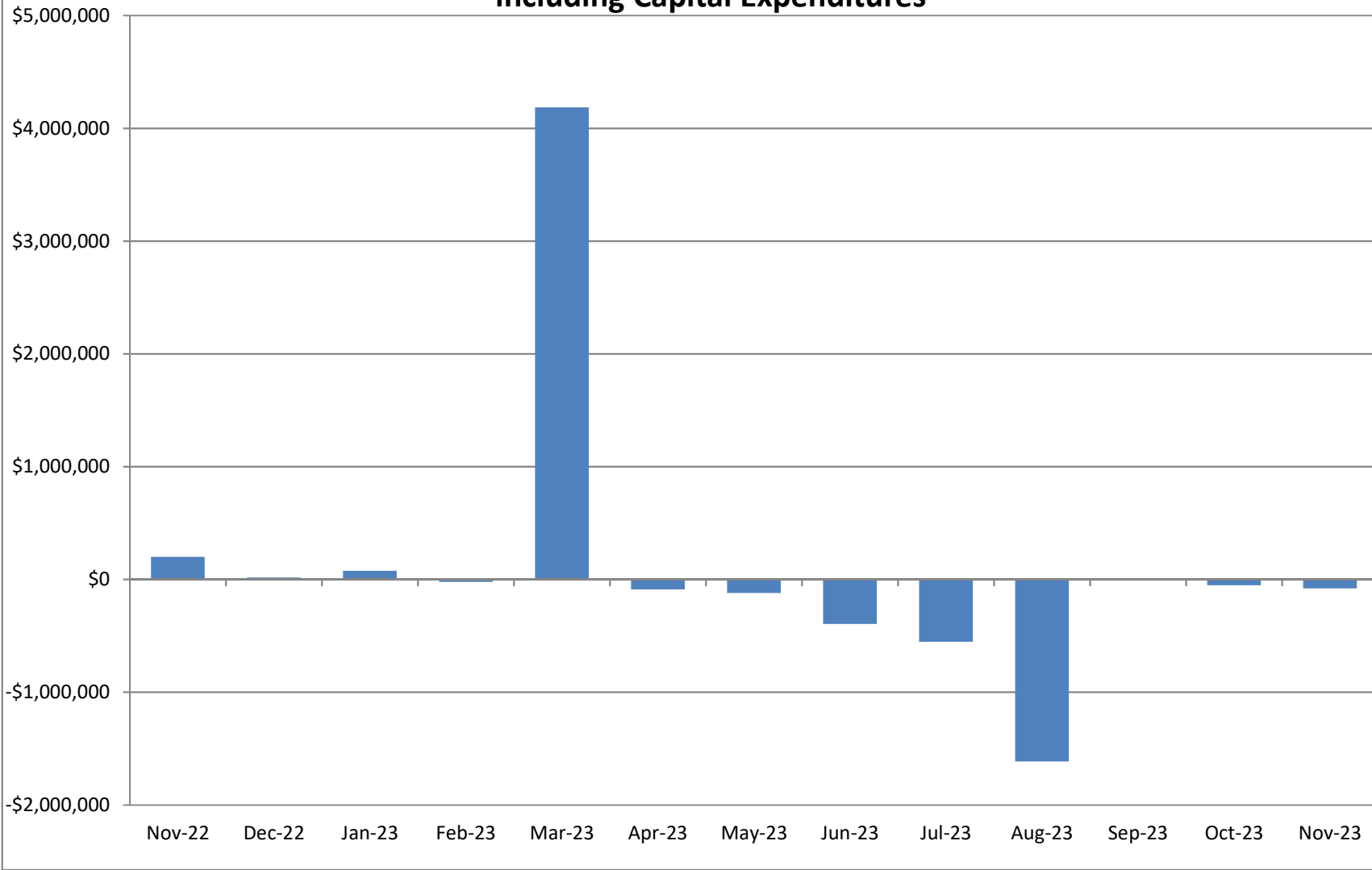
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of November 2023

	YTD Mental Health November 2023	YTD IDD November 2023	YTD Other Services November 2023	YTD Agency Total November 2023	YTD Approved Budget November 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	718,504	8,060	(76,873)	649,691	496,453	153,238
Earned Income	2,517,281	1,113,899	2,652,101	6,283,281	6,498,165	(214,884)
General Revenue-Contract	4,535,292	492,875	180,641	5,208,808	5,210,714	(1,906)
TOTAL INCOME	7,771,077	1,614,834	2,755,869	\$ 12,141,780	\$ 12,205,332	\$ (63,552)
EXPENSES:						
Salaries	4,132,035	906,447	1,559,030	6,597,512	6,952,557	(355,045)
Employee Benefits	763,578	170,702	247,217	1,181,497	1,197,013	(15,516)
Medication Expense	124,989	-	17,742	142,731	144,264	(1,533)
Travel - Board/Staff	58,357	35,532	17,515	111,404	89,352	22,052
Building Rent/Maintenance	152,880	6,278	8,115	167,273	52,052	115,221
Consultants/Contracts	1,597,994	309,587	677,959	2,585,540	2,523,345	62,195
Other Operating Expenses	527,017	168,642	140,454	836,113	794,259	41,854
TOTAL EXPENSES	7,356,850	1,597,188	2,668,032	\$ 11,622,073	\$ 11,752,842	\$ (130,769)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	414,227	17,646	87,837	\$ 519,707	\$ 452,490	\$ 67,217
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	262,547	47,282	77,556	387,384	219,958	167,426
Capital Outlay - Debt Service	164,489	36,553	60,052	261,094	261,094	-
TOTAL CAPITAL EXPENDITURES	427,036	83,835	137,608	\$ 648,478	\$ 481,052	\$ 167,426
GRAND TOTAL EXPENDITURES	7,783,886 ##	1,681,023 ##	2,805,640	\$ 12,270,551	\$ 12,233,894	\$ 36,657
Excess (Deficiency) of Revenues and Expenses	(12,810)	(66,189)	(49,771)	\$ (128,769) #	\$ (28,563)	\$ (100,205)
Debt Service and Fixed Asset Fund:						
Debt Service	427,036	83,835	137,608	648,478	481,052	167,426
Excess (Deficiency) of Revenues over Expenses	427,036	83,835	137,608	648,478	481,052	167,426

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve December 2023 Financial Statements

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

December 2023 Financial Statements

Recommended Action:

Approve December 2023 Financial Statements

December 2023 Financial Summary

Revenues for December 2023 were \$4,640,007 and operating expenses were \$4,406,860 resulting in a gain in operations of \$233,147. Capital Expenditures and Extraordinary Expenses for December were \$223,544 resulting in a gain of \$9,602. Total revenues were 97.43% of the monthly budgeted revenues and total expenses were 97.96% of the monthly budgeted expenses (difference of -.53%).

Year to date revenues are \$16,781,790 and operating expenses are \$16,028,932 leaving excess operating revenues of \$752,858. YTD Capital Expenditures and Extraordinary Expenses are \$872,025 resulting in a loss YTD of \$119,166. Total revenues are 98.96% of the YTD budgeted revenues and total expenses are 99.65% of the YTD budgeted expenses (difference of -.69%)

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management - MH	184,821	244,060	75.73%	59,239
Title XIX Case Management - IDD	393,407	486,685	80.83%	93,278
Title XIX HCS/IDD Program	621,214	642,667	96.66%	21,453
Title XIX Rehab	481,346	655,459	73.44%	174,113

XIX Case Management MH, Title XIX Case Management IDD, Title XIX HCS/IDD Program and Title XIX Rehab – These line items are from our earned revenue categories that continue to trend well below our Pre-COVID historical trends. This month we have the added factor of holidays off which adds to non-work days paid and no services provided. For the HCS program we are working on solutions to help clients with their Medicaid coverage renewal packages. This process has become more complicated to complete and any help that can be provided makes the process less stressful on clients and families.

Now that the holidays are over we hope to see positions start to be filled which will lead to earned revenue increasing in the near future. We have just this last week hired the new recruiter that will help make this all happen.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	182,987	44,725	409.13%	138,262
Contract – Clinical	337,834	279,216	120.99%	58,618
Employee Assistance Program	12,550	0	0%	12,550
Fixed Assets – Building Improvements	108,059	833	129.72%	107,225
Fixed Assets – Construction in Progress	338,409	200,000	169.20%	138,409
Fixed Assets – Furn & Equip	52,311	0	0%	52,311
Travel – Local	135,322	105,595	128.15%	29,727

Building Repairs & Maintenance – This line item is for the repair and maintenance of items at existing buildings. The bulk of the expenses this month were for HVAC repairs, maintenance or replacement at Sgt. Ed Holcomb Blvd., Huntsville and also at the PETC.

Contract – Clinical – This line is for the increased use of Contract Psychiatry used to cover for the vacant Doctor positions that we currently have open. This expense is up, but we do have a decrease in the Salary line for the vacant positions, as well as the fringes associated with the employee vacancies.

Employee Assistance Program – This line item is for the initial payments for the Magellan employee assistance program that was started after the budget was completed this fiscal year. We will do an adjustment for this program during the first budget revision.

Fixed Assets – Building Improvements – This line item is for items that were approved in the last year’s budget, but were not completed until well after the start of this fiscal year. Part of this line is for the completed Calm Room on the 2nd floor of the Conroe facility, and also the final invoice for the Building refresh for the paint and flooring replacement of the Conroe facility.

Fixed Assets – Construction in Progress – This line item is for the purchase of the generator for the Cleveland facility, which is covered by a transfer for reserve funds.

Fixed Assets – Furn & Equip - This line item is for the Conroe building refresh. The largest portion of this amount is for the replacement of the 2nd floor lobby Seat Pan and Back Replacement. We also purchased furniture for the new Calm Room located on the 2nd floor.

Travel - Local - This line is for the reimbursement of miles driven by staff in their own personal vehicles. Our reimbursement rate has increased over the years to be equal to the State of Texas current approved rate. We have more staff driving so hopefully this will all translate into more services being provided very soon.

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

ASSETS	TOTALS COMBINED FUNDS December 2023	TOTALS COMBINED FUNDS November 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,500	2,599	(99)
Cash on Deposit - General Fund	10,067,197	6,820,014	3,247,183
Cash on Deposit - Debt Fund			-
Accounts Receivable	6,919,434	7,986,464	(1,067,030)
Inventory	307	584	(277)
TOTAL CURRENT ASSETS	16,989,438	14,809,661	2,179,777
FIXED ASSETS	24,400,583	23,091,765	1,308,818
OTHER ASSETS	235,317	269,226	(33,909)
TOTAL ASSETS	\$ 41,625,338	\$ 38,170,652	\$ 3,454,686
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,887,029	2,037,364	(150,335)
NOTES PAYABLE	802,466	802,466	-
DEFERRED REVENUE	5,744,297	3,292,299	2,451,998
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,501,661	9,546,682	(45,021)
Guaranty Bank & Trust Loan	1,709,351	1,715,235	(5,884)
First Financial Huntsville Land Loan	818,640	821,112	(2,472)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	-	1,308,818
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(119,166)	(128,769)	9,603
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,381,933)	(12,435,310)	53,377
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	23,091,764	23,091,764	-
Reserved for Vehicles & Equipment Replacement	613,712	613,711	1
Reserved for Facility Improvement & Acquisitions	2,161,591	2,172,237	(10,646)
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	24,667	18,500	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(802,466)	(802,466)	-
UNASSIGNED			
Unrestricted and Undesignated	4,535,540	4,696,458	(160,918)
TOTAL LIABILITIES/FUND BALANCE	\$ 41,625,338	\$ 38,170,652	\$ 3,454,688

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

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,500	1,750
Cash on Deposit - General Fund	10,067,197	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	6,919,434	6,824,724
Inventory	307	1,649
TOTAL CURRENT ASSETS	16,989,438	12,457,998
FIXED ASSETS	24,400,583	21,488,094
OTHER ASSETS	235,317	247,899
Total Assets	\$ 41,625,338	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,887,029	2,029,164
NOTES PAYABLE	802,466	694,011
DEFERRED REVENUE	5,744,297	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,501,661	10,202,342
Guaranty Bank & Trust Loan	1,709,351	1,800,620
First Financial Huntsville Land Loan	818,640	
Lease Liability	352,281	448,112
SBITA Liability	1,308,818	
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(119,166)	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,381,933)	(12,451,074)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	23,091,764	21,488,094
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,161,591	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	24,667	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(802,466)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,535,540	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 41,625,338	\$ 34,193,991

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

INCOME:	MONTH OF December 2023	YTD December 2023
	<u> </u>	<u> </u>
Local Revenue Sources	176,382	826,072
Earned Income	2,290,214	8,573,498
General Revenue - Contract	2,173,411	7,382,220
TOTAL INCOME	\$ 4,640,007	\$ 16,781,790
EXPENSES:		
Salaries	2,708,954	9,306,465
Employee Benefits	462,225	1,643,722
Medication Expense	42,072	184,803
Travel - Board/Staff	33,676	145,082
Building Rent/Maintenance	38,063	205,336
Consultants/Contracts	808,779	3,394,320
Other Operating Expenses	313,090	1,149,203
TOTAL EXPENSES	\$ 4,406,860	\$ 16,028,932
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 233,147	\$ 752,858
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	136,513	523,899
Capital Outlay - Debt Service	87,031	348,126
TOTAL CAPITAL EXPENDITURES	\$ 223,544	\$ 872,025
GRAND TOTAL EXPENDITURES	\$ 4,630,404	\$ 16,900,957
Excess (Deficiency) of Revenues and Expenses	\$ 9,602	\$ (119,166)

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	348,126
Excess (Deficiency) of Revenues over Expenses	87,031	348,126

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

	YTD December 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	826,072	593,071	233,001
Earned Income	8,573,498	8,956,327	(382,829)
General Revenue	7,382,220	7,409,522	(27,302)
TOTAL INCOME	\$ 16,781,790	\$ 16,958,920	\$ (177,129)
EXPENSES:			
Salaries	9,306,465	9,882,612	(576,147)
Employee Benefits	1,643,722	1,684,069	(40,347)
Medication Expense	184,803	193,685	(8,882)
Travel - Board/Staff	145,082	119,136	25,946
Building Rent/Maintenance	205,336	66,903	138,433
Consultants/Contracts	3,394,320	3,328,946	65,374
Other Operating Expenses	1,149,203	1,112,478	36,725
TOTAL EXPENSES	\$ 16,028,932	\$ 16,387,829	\$ (358,898)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 752,858	\$ 571,091	\$ 181,769
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	523,899	224,833	299,065
Capital Outlay - Debt Service	348,126	348,126	-
TOTAL CAPITAL EXPENDITURES	\$ 872,025	\$ 572,959	\$ 299,065
GRAND TOTAL EXPENDITURES	\$ 16,900,957	\$ 16,960,788	\$ (59,833)
Excess (Deficiency) of Revenues and Expenses	\$ (119,166)	\$ (1,868)	\$ (117,297)

Debt Service and Fixed Asset Fund:			
Debt Service	348,126	348,126	-
Excess(Deficiency) of Revenues over Expenses	348,126	348,126	-

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

INCOME:	MONTH OF December 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	176,382	96,618	79,764
Earned Income	2,290,214	2,458,162	(167,948)
General Revenue-Contract	2,173,411	2,207,808	(34,397)
TOTAL INCOME	\$ 4,640,007	\$ 4,762,588	\$ (122,582)
EXPENSES:			
Salaries	2,708,954	2,930,054	(221,100)
Employee Benefits	462,225	487,056	(24,831)
Medication Expense	42,072	49,421	(7,349)
Travel - Board/Staff	33,676	29,784	3,892
Building Rent/Maintenance	38,063	14,851	23,212
Consultants/Contracts	808,779	805,601	3,178
Other Operating Expenses	313,090	318,219	(5,129)
TOTAL EXPENSES	\$ 4,406,860	\$ 4,634,986	\$ (228,125)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 233,147	\$ 127,602	\$ 105,543
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	136,513	4,875	131,637
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 223,544	\$ 91,906	\$ 131,637
GRAND TOTAL EXPENDITURES	\$ 4,630,404	\$ 4,726,892	\$ (96,488)
Excess (Deficiency) of Revenues and Expenses	\$ 9,602	\$ 35,695	\$ (26,093)

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 December 2022 Comparative Data
Year to Date as of December 2023

INCOME:	<u>YTD December 2023</u>	<u>YTD December 2022</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	826,072	2,005,126	(1,179,054)
Earned Income	8,573,498	6,320,571	2,252,927
General Revenue-Contract	7,382,220	5,773,271	1,608,949
TOTAL INCOME	\$ 16,781,790	\$ 14,098,968	\$ 2,682,822
EXPENSES:			
Salaries	9,306,465	7,528,496	1,777,969
Employee Benefits	1,643,722	1,378,508	265,214
Medication Expense	184,803	160,795	24,008
Travel - Board/Staff	145,082	119,461	25,621
Building Rent/Maintenance	205,336	101,787	103,549
Consultants/Contracts	3,394,320	2,756,088	638,232
Other Operating Expenses	1,149,203	1,124,624	24,579
TOTAL EXPENSES	\$ 16,028,932	\$ 13,169,759	\$ 2,859,172
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 752,858	\$ 929,209	\$ (176,350)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	523,899	385,271	138,628
Capital Outlay - Debt Service	348,126	320,210	27,916
TOTAL CAPITAL EXPENDITURES	\$ 872,025	\$ 705,481	\$ 166,544
GRAND TOTAL EXPENDITURES	\$ 16,900,957	\$ 13,875,240	\$ 3,025,717
Excess (Deficiency) of Revenues and Expenses	\$ (119,166)	\$ 223,727	\$ (342,894)

Debt Service and Fixed Asset Fund:			
Debt Service	348,126	320,210	27,916
Excess (Deficiency) of Revenues over Expenses	348,126	320,210	27,916

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

INCOME:	MONTH OF December 2023	MONTH OF December 2022	Increase (Decrease)
Local Revenue Sources	176,382	668,294	(491,912)
Earned Income	2,290,214	1,587,442	702,772
General Revenue-Contract	2,173,411	1,437,446	735,965
TOTAL INCOME	\$ 4,640,007	\$ 3,693,182	\$ 946,825
Salaries	2,708,954	1,974,989	733,965
Employee Benefits	462,225	357,640	104,585
Medication Expense	42,072	38,550	3,522
Travel - Board/Staff	33,676	22,977	10,699
Building Rent/Maintenance	38,063	26,471	11,592
Consultants/Contracts	808,779	686,057	122,722
Other Operating Expenses	313,090	241,356	71,734
TOTAL EXPENSES	\$ 4,406,860	\$ 3,348,040	\$ 1,058,819
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 233,147	\$ 345,142	\$ (111,994)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	136,513	247,614	(111,101)
Capital Outlay - Debt Service	87,031	80,052	6,979
TOTAL CAPITAL EXPENDITURES	\$ 223,544	\$ 327,666	\$ (104,122)
GRAND TOTAL EXPENDITURES	\$ 4,630,404	\$ 3,675,706	\$ 954,698
Excess (Deficiency) of Revenues and Expenses	\$ 9,602	\$ 17,475	\$ (7,872)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	80,052	6,979
Excess (Deficiency) of Revenues over Expenses	87,031	80,052	6,979

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

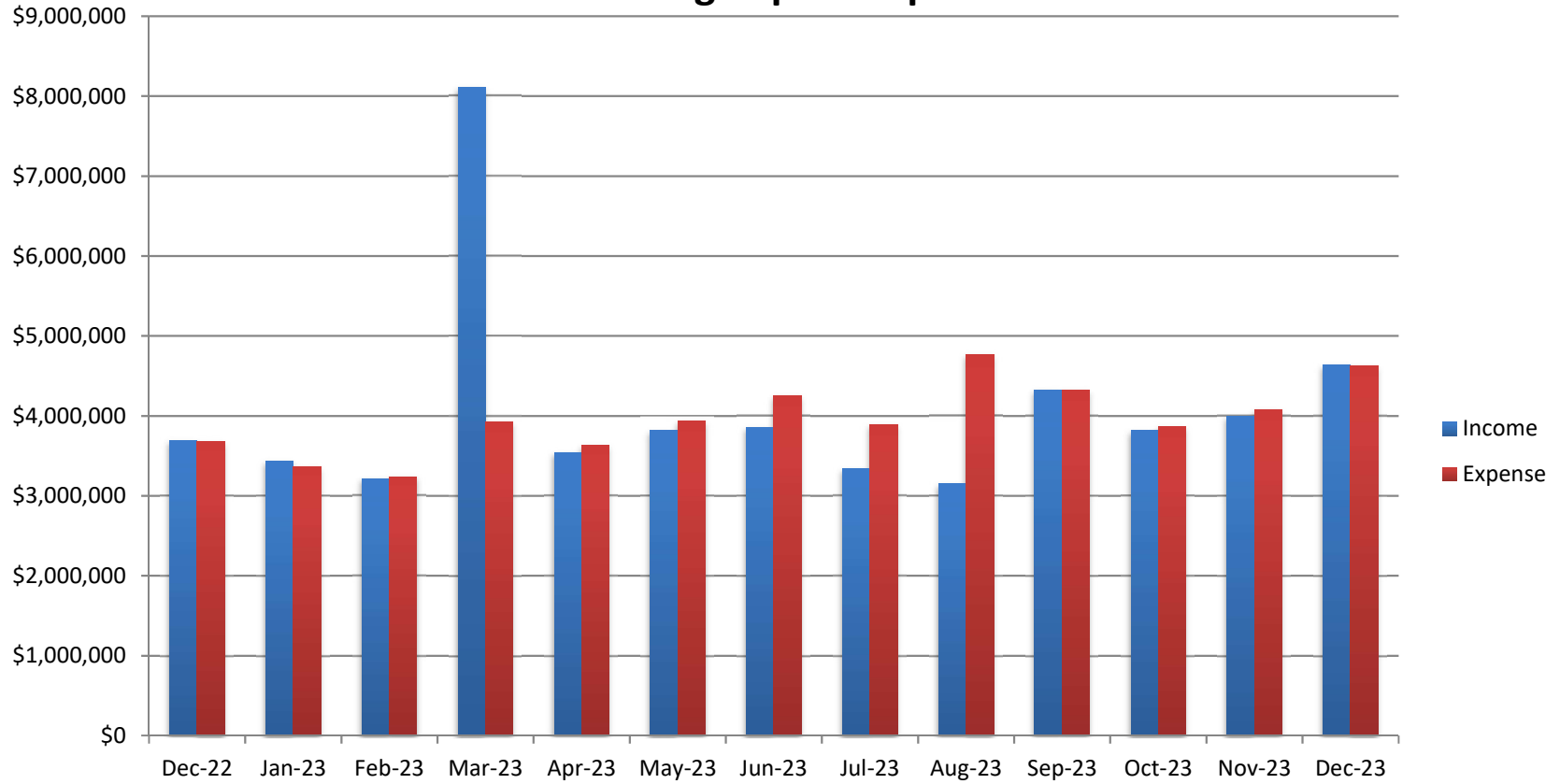
INCOME:	<u>MONTH OF December 2023</u>	<u>MONTH OF November 2023</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	176,382	338,857	(162,475)
Earned Income	2,290,214	1,930,224	359,990
General Revenue-Contract	2,173,411	1,729,777	443,634
TOTAL INCOME	\$ 4,640,007	\$ 3,998,858	\$ 641,149
EXPENSES:			
Salaries	2,708,954	2,031,116	677,838
Employee Benefits	462,225	377,528	84,697
Medication Expense	42,072	47,948	(5,876)
Travel - Board/Staff	33,676	37,292	(3,616)
Building Rent/Maintenance	38,063	113,107	(75,044)
Consultants/Contracts	808,779	881,664	(72,885)
Other Operating Expenses	313,090	260,474	52,616
TOTAL EXPENSES	\$ 4,406,860	\$ 3,749,130	\$ 657,730
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 233,147	\$ 249,728	\$ (16,581)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	136,513	242,270	(105,757)
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 223,544	\$ 329,301	\$ (105,757)
GRAND TOTAL EXPENDITURES	\$ 4,630,404	\$ 4,078,431	\$ 551,973
Excess (Deficiency) of Revenues and Expenses	\$ 9,602	\$ (79,574)	\$ 89,176

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

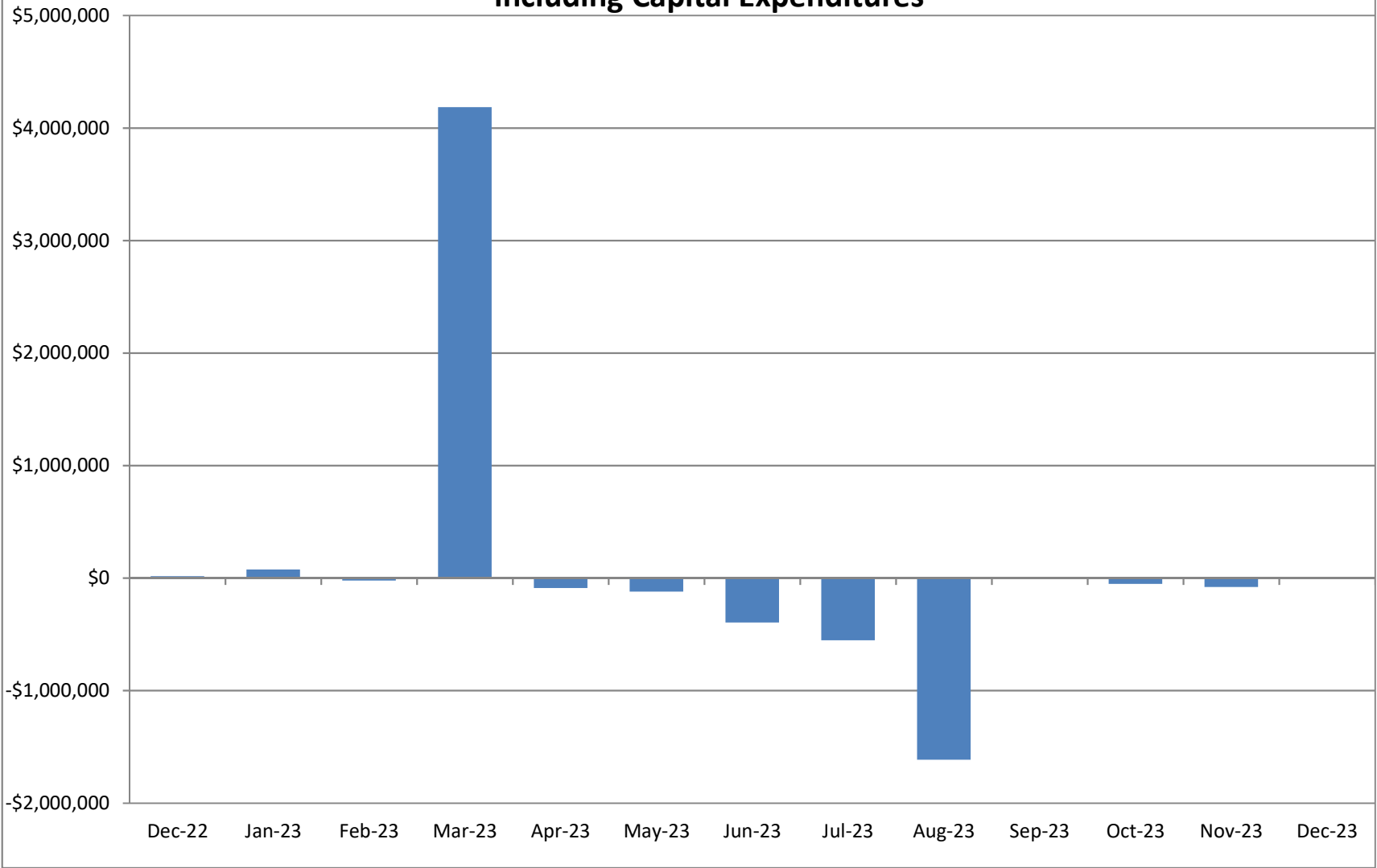
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of December 2023

	YTD Mental Health December 2023	YTD IDD December 2023	YTD Other Services December 2023	YTD Agency Total December 2023	YTD Approved Budget December 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	907,583	40,025	(121,536)	826,072	593,071	233,000
Earned Income	3,483,356	1,447,179	3,642,962	8,573,497	8,956,327	(382,828)
General Revenue-Contract	6,467,922	669,850	244,447	7,382,219	7,409,522	(27,302)
TOTAL INCOME	10,858,861	2,157,054	3,765,873	\$ 16,781,788	\$ 16,958,920	\$ (177,129)
EXPENSES:						
Salaries	5,795,194	1,248,867	2,262,402	9,306,461	9,882,612	(576,151)
Employee Benefits	1,049,184	230,992	363,546	1,643,722	1,684,069	(40,347)
Medication Expense	160,530		24,273	184,803	193,685	(8,882)
Travel - Board/Staff	77,025	45,668	22,389	145,083	119,136	25,947
Building Rent/Maintenance	190,125	6,508	8,703	205,336	66,903	138,433
Consultants/Contracts	2,156,223	413,144	824,953	3,394,320	3,328,946	65,374
Other Operating Expenses	732,215	222,542	194,446	1,149,203	1,112,478	36,725
TOTAL EXPENSES	10,160,496	2,167,721	3,700,712	\$ 16,028,930	\$ 16,387,829	\$ (358,898)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	698,365	(10,667)	65,161	\$ 752,858	\$ 571,091	\$ 181,769
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	386,147	49,791	87,960	523,898	224,833	299,065
Capital Outlay - Debt Service	222,801	45,256	80,069	348,126	348,126	-
TOTAL CAPITAL EXPENDITURES	608,948	95,047	168,029	\$ 872,024	\$ 572,959	\$ 299,065
GRAND TOTAL EXPENDITURES	10,769,444 ##	2,262,768 ##	3,868,741	\$ 16,900,954	\$ 16,960,788	\$ (59,833)
Excess (Deficiency) of Revenues and Expenses	89,417	(105,714)	(102,868)	\$ (119,166) #	\$ (1,868)	\$ (117,297)
Debt Service and Fixed Asset Fund:						
Debt Service	608,948	95,047	168,029	872,024	572,959	299,065
Excess (Deficiency) of Revenues over Expenses	608,948	95,047	168,029	872,024	572,959	299,065

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 Independent Financial Audit

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

As stated in Board Policy E.7.2 – Annual Fiscal Audit, Tri-County Behavioral Healthcare (“Tri-County”) will engage an independent audit firm on an annual basis for the purpose of a comprehensive financial and compliance audit for the previous state fiscal year prepared in accordance with THSC §534.068, Title 25 TAC Chapter 411, Subchapter G, HHSC’s *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers* (21st Revision - February 2005) (the ‘Audit Guidelines’), and the Department of State Health Services Contractor’s Financial Procedures Manual.

HHSC contracts states that we are required to follow all applicable federal and state laws and regulations which may include, but are not limited to: 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; requirements of the entity that awarded the funds to HHS; Chapter 783 of the Texas Government Code; Texas Comptroller of Public Accounts’ agency rules (including Uniform Grant and Contract Standards set forth in Title 34, Part 1, Chapter 20, Subchapter E, Division 4 of the Texas Administrative Code); Texas Grant Management Standards (TxGMS) developed by the Texas Comptroller of Public Accounts; and the Funding Announcement, Solicitation, or other instrument/documentation under which HHS was awarded funds.

Scott, Singleton, Fincher & Company PC audited Tri-County’s Financial Statements for the fiscal year ending August 31, 2023.

- There were no material findings related to the financial statements.

Supporting Documentation:

Copy of Preliminary Audited Financial Statements – Mailed to Board Members

Recommended Action:

Approve FY 2023 Independent Financial Audit

Agenda Item: Approve the FY 2024 Voyages Behavioral Health Hospital of Conroe Inpatient Psychiatric Hospital Contract

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

Voyages Behavioral Health Hospital of Conroe is the new psychiatric hospital located on South Loop 336, west of I-45 in Conroe. It is approximately two miles from the Psychiatric Emergency Treatment Facility.

Voyages is a “full-service behavioral health hospital” with a primary focus on persons who are 50 years old or older who have “complex medical challenges.” In addition to this primary focus on seniors, Voyages has recently decided to open up a unit that will serve Adults with Severe and Persistent Mental Illness.

Tri-County will start with an initial contract with Voyages for \$150,000 until more is known about utilization of this new facility. However, because it is located in Conroe we expect that it will become popular with law enforcement and it is possible that we would need to request a contract amendment later this fiscal year.

Contract Available for Review

Recommended Action:

Approve the FY 2024 Voyages Behavioral Health Hospital of Conroe Inpatient Psychiatric Hospital Contract for up to \$150,000

Agenda Item: Ratify Health and Human Services Commission Contract No. HHS001333300037, Amendment No. 1, Intellectual and Developmental Disability Authority Services

Board Meeting Date

January 31, 2024

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.

This contract includes a variety of small changes to contract requirements, includes some specific changes to the requirements for and Emergency Continuity of Operations Plan (disaster plan) and provides funding for Enhanced Care Coordination, previously only funded until 12/31/23 from 1/1/24 to 8/31/24.

Total increase in the contract is \$51,918.

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, Amendment No. 1, Intellectual and Developmental Disability Authority Services

Agenda Item: Ratify FY 2024-2025 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amendment No. 1

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has contracted with the Health and Human Services Commission for the Mental Health First Aid (MHFA) program for many years. The MHFA program provides training to public school district employees, public school resource officers, higher education employees and other organizations working with youth as a preventative measure to assist in early identification of children at risk of social-emotional disorders. All trainings are taught by certified Mental Health First Aid instructors.

Tri-County has 15 certified Mental Health First Aid instructors. Per HHSC's requirement, each trainer must provide a minimum of three trainings per year to school districts and other organizations and individuals linked to youth within the Tri-County service area. Tri-County has conducted 14 trainings in the community in FY 2024 to date.

This contract amendment:

- Expands the categories of persons that Tri-County can get reimbursed for providing MHFA training to including private school employees, higher education employees, employees at a childcare facility, first responders, military services members and families, and judges/attorneys.
- Changes reporting requirements for the program.
- Requires that any income from the program be reinvested back into Mental Health First Aid training.

There was no change in funding associated with this contract amendment.

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 FY 2024-2025 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amendment No. 1

Agenda Item: Cleveland Facility Update & Bond Financing for 402 Liberty Street, Cleveland Texas

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

The Board of Trustees approved a staff recommendation to shift the financing of the Cleveland Service Facility, to be located at 402 Liberty Street in Cleveland, Texas, from conventional financing to tax-exempt bond financing at the September 28, 2023 Board meeting.

Staff will provide an update to the Board at the January 31, 2024 Board meeting.

Executive Session is reserved for this item if action is needed.

Supporting Documentation:

None

Recommended Action:

For Information Only

Agenda Item: 1st Quarter FY 2024 Quarterly Investment Report

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.

Supporting Documentation:

Quarterly TexPool Investment Report

Quarterly Interest Report

Recommended Action:

For Information Only

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending November 30, 2023

GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. (“Federated”). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	September	October	November
Uninvested Balance	(\$4.91)	\$801.03	(\$181.11)
Accrual of Interest Income	\$107,125,793.15	\$108,226,127.80	\$99,606,461.76
Interest and Management Fees Payable	(\$125,685,456.64)	(\$131,905,499.27)	(\$128,194,440.27)
Payable for Investments Purchased	(\$291,873,170.96)	(676,593,288.21)	(\$45,000,000.00)
Accrued Expense & Taxes	(\$70,571.92)	(\$32,248.97)	(\$36,209.83)
Repurchase Agreements	\$12,914,893,000.00	\$12,389,309,000.00	\$7,851,886,000.00
Mutual Fund Investments	\$2,112,085,200.00	\$2,112,085,200.00	\$2,112,085,200.00
Government Securities	\$9,248,124,703.11	\$9,795,432,933.98	\$10,646,311,014.88
U.S. Treasury Bills	\$3,148,671,735.84	\$4,359,204,515.51	\$6,343,482,534.33
U.S. Treasury Notes	\$1,585,542,904.15	\$1,586,127,053.30	\$1,685,467,410.35
TOTAL	\$28,698,814,131.82	\$29,541,854,595.17	\$28,565,607,790.11

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$5,228,692.52	(\$181.11)
Accrual of Interest Income	\$137,735,646.41	\$99,606,461.76
Interest and Management Fees Payable	(\$131,780,051.07)	(\$128,194,440.27)
Payable for Investments Purchased	(124,999,999.99)	(\$45,000,000.00)
Accrued Expenses & Taxes	(\$32,127.84)	(\$36,209.83)
Repurchase Agreements	\$13,019,878,000.00	\$7,851,886,000.00
Mutual Fund Investments	\$2,025,085,200.00	\$2,112,085,200.00
Government Securities	\$10,920,912,044.47	\$10,647,036,993.16
U.S. Treasury Bills	\$1,948,578,912.51	\$6,342,671,890.58
U.S. Treasury Notes	\$1,440,656,985.65	\$1,684,761,589.56
TOTAL	\$29,241,263,302.66	\$28,564,817,303.85

Portfolio by Maturity as of November 30th, 2023

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
60.6%	25.5%	8.4%	5.5%

Portfolio by Type of Investments as of November 30th, 2023

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
28.0%	27.4%	37.2%	7.4%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 5.32% for September, 5.36% for October, and 5.37% for November.

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

The weighted average maturity of the fund as of November 30th, 2023 was 37 days.

The net asset value as of November 30th, 2023 was 1.00003.

The total amount of interest distributed to participants during the period was \$128,194,286.20.

TexPool interest rates did not exceed 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAM by Standard and Poor’s.

During the reporting period, the total number of participants increased to 2,821.

Fund assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare’s Investment Policy and with the Public Funds Investment Act.

Submitted by:

_____ Evan Roberson Executive Director / Investment Officer	_____ Date
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_____ Millie McDuffey Chief Financial Officer / Investment Officer	_____ Date
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_____ Darius Tuminas Controller / Investment Officer	_____ Date
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_____ Tabatha Abbott Manager of Accounting / Investment Officer	_____ Date
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**TRI-COUNTY BEHAVIORAL HEALTHCARE
 QUARTERLY INTEREST EARNED REPORT
 FISCAL YEAR 2024
 As Of November 30, 2023**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07				\$ 315.07
First Liberty National Bank	\$ 1.85				\$ 1.85
JP Morgan Chase (HBS)	\$ 14,630.20				\$ 14,630.20
Prosperity Bank	\$ 25.68				\$ 25.68
Prosperity Bank CD (formerly Tradition)	\$ 2.63				\$ 2.63
TexPool Participants	\$ 28,105.23				\$ 28,105.23
First Financial Bank	\$ 630.16				\$ 630.16
Total Earned	\$ 43,710.82	\$ -	\$ -	\$ -	\$ 43,710.82

Agenda Item: Board of Trustees Unit Financial Statements as of November and December 2023

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

November and December 2023 Board of Trustees Unit Financial Statement

Recommended Action:

For Information Only

Unit Financial Statement

FY 2024

November 30, 2023

	November 2023 Budget	November 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 6,016	\$ 6,016	\$ -	100%	\$ 24,065
Total Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 6,016	\$ 6,016	\$ -	100%	\$ 24,065
Expenses								
Advertising-Public Awareness	\$ -	\$ 12	\$ (12)	\$ -	\$ 12	\$ (12)	0%	\$ -
Insurance-Worker Compensation	\$ 5	\$ 2	\$ 3	\$ 16	\$ 10	\$ 6	63%	\$ 65
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 4,500	\$ 4,500	\$ -	100%	\$ 18,000
Training	\$ 167	\$ -	\$ 167	\$ 500	\$ -	\$ 500	0%	\$ 2,000
Travel - Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
Travel - Non-local mileage	\$ 37	\$ -	\$ 37	\$ 113	\$ -	\$ 113	0%	\$ 450
Travel - Non-local Hotel	\$ 250	\$ 306	\$ (56)	\$ 750	\$ 306	\$ 444	41%	\$ 3,000
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 137	\$ -	\$ 137	0%	\$ 550
Total Expenses	\$ 2,005	\$ 1,820	\$ 185	\$ 6,016	\$ 4,828	\$ 1,188	80%	\$ 24,065
Total Revenue minus Expenses	\$ 0	\$ 185	\$ (185)	\$ (1)	\$ 1,188	\$ (1,188)	20%	\$ -

Unit Financial Statement

FY 2024

December 31, 2023

	December 2023 Budget	December 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 8,022	\$ 8,022	\$ -	100%	\$ 24,065
Total Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 8,022	\$ 8,022	\$ -	100%	\$ 24,065
Expenses								
Advertising-Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	0%	\$ -
Insurance-Worker Compensation	\$ 5	\$ -	\$ 5	\$ 22	\$ 10	\$ 12	46%	\$ 65
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 6,000	\$ 6,000	\$ -	100%	\$ 18,000
Training	\$ 167	\$ -	\$ 167	\$ 667	\$ -	\$ 667	0%	\$ 2,000
Travel - Local	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -
Travel - Non-local mileage	\$ 37	\$ -	\$ 37	\$ 150	\$ -	\$ 150	0%	\$ 450
Travel - Non-local Hotel	\$ 250	\$ -	\$ 250	\$ 1,000	\$ 306	\$ 694	31%	\$ 3,000
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 183	\$ -	\$ 183	0%	\$ 550
Total Expenses	\$ 2,005	\$ 1,500	\$ 505	\$ 8,022	\$ 6,328	\$ 1,694	79%	\$ 24,065
Total Revenue minus Expenses	\$ 0	\$ 505	\$ (505)	\$ (1)	\$ 1,694	\$ (1,694)	21%	\$ -

Agenda Item: HUD 811 Update

Board Meeting Date

January 31, 2024

Committee: Business

Background Information:

Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare.

Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.

Supporting Documentation:

First Quarter FY 2024 HUD 811 Report

Recommended Action:

For Information Only

1st Quarter FY 2024 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board met at Independence Oaks on December 15, 2023 where they reviewed financial statements, ratified the selection of the FY 23 auditor and reviewed the engagement letter for the annual audit. The next meeting is tentatively scheduled for March 22, 2024. This meeting will serve as the annual Board Meeting where members will elect officers, review initial audit results, review property status and resident needs and concerns.

The property is currently at 100% occupancy with two people on the waiting list with no major maintenance issues at this time. In the month of November, the residents enjoyed a Thanksgiving celebration with stuffed baked potatoes and continue to participate in monthly activities including bingo day, bible study, movie day and donut day.

Tri-County staff have initiated conversations with the Board and Property Management about the new Cleveland Facility and status updates will continue to be provided to ensure residents are aware and prepared well in advance should they utilize any of these services.

With the addition of our newest member, Susan Bergman, our CSHI Board currently has four members. We continue to seek recommendations for additional membership as they become available. Please contact Tanya Bryant with names for any potential Board members.

The Montgomery Supported Housing, Inc. Board (MSHI)

The MSHI Board held a meeting on December 12, 2023 where they reviewed financial statements, project status reports, and reviewed the engagement letter for the annual audit. The next meeting is scheduled for March 19, 2024. This meeting will serve as the annual Board Meeting where members will elect officers, review property status and resident needs and concerns.

The property is currently at 100% occupancy with four people on the waiting list with no major maintenance issues at this time. The residents held their Thanksgiving dinner on November 21st and continue to meet monthly to schedule resident activities. In addition to the holiday celebrations the residents have continued to schedule bingo and birthday celebrations.

The MSHI Board currently has five board members. Even though we are above our minimum number of board members, we continue to accept recommendations for additional membership as they become available. Please contact Tanya Bryant with names for any potential Board members.

The Independence Communities, Inc. Board (ICI)

The ICI Board held a meeting on December 12, 2023 where they reviewed financial statements, project status reports, and reviewed the engagement letter for the annual audit. The next meeting is scheduled for March 19, 2024. This meeting will serve as the annual Board Meeting where members will elect officers, review initial audit results, approve the purchase of Directors and Officers Insurance, review property status and resident needs and concerns.

Independence Village is currently at 100% occupancy with one move out since our last board meeting and five people on the waiting list. There have been no major maintenance issues on the property and MDP Management did receive confirmation on the credit from the City of Huntsville related to a previous water leak. The residents held a community dinner around the holidays and have continued participating in selected activities including bingo, pizza, breakfast, and movie night.

Tri-County staff have initiated conversations with the Board and Property Management about the future planned facility in Huntsville which is currently planned to begin sometime following the completion of the new Cleveland Facility. Status updates will continue to be provided to ensure all residents are aware and have ample time to plan for the change should they utilize Tri-County services that are currently next door to Independence Village.

The ICI Board currently has four members and we continue to seek recommendations for additional membership as they become available. Please contact Tanya Bryant with names for any potential Board members.

Agenda Item: Tri-County’s Consumer Foundation Board Update Committee: Business	Board Meeting Date January 31, 2024
Background Information: Tri-County’s Consumer Foundation Board of Directors met on December 15, 2023. The Board accepted the financial statements through November 30, 2023, reviewed the Directors & Officers Insurance Policy as well as reviewed Consumer Financial Assistance Award Applications. The Board of Directors reviewed 18 applications submitted during Quarter 4 FY 2023. The board approved 10 applications totaling \$7,572; they denied one application requesting the purchase of a \$14,000 RV, and put the remaining seven applications “on hold” due to being out of money for the quarter. The board further discussed the “on hold” applications and voted to utilize \$5,200 of the BINGO profits to pay either the rent or the utility bills for the seven “on hold” applications. The Board reviewed results from the Inaugural Bingo Fundraiser which raised \$6,840. We are in the process of scheduling a second Bingo Fundraiser once a location has been secured. The Board is optimistic that with the second Bingo not occurring during the 2024 holiday season, the turnout will be even better.	
Supporting Documentation: None	
Recommended Action: For Information Only	

UPCOMING MEETINGS

February 22, 2024 – Board Meeting

- Longevity Presentations
- ISC Group Retirement Presentations
- Approve Minutes from January 25, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for January 2024
- Program Updates
- Personnel Report for January 2024
- Texas Council Risk Management Fund Claims Summary for January 2024
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for January 2024
- FY 24 Budget Revision
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement as of January 2024

March 28, 2024 – Board Meeting

- Approve Minutes from February 22, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for February 2024
- Program Updates
- FY 2024 Goals and Objectives Progress Report
- 2nd Quarter FY 2024 Investment Report
- 2nd Quarter FY 2024 Corporate Compliance and Quality Management Report
- 3rd Quarter FY 2024 Corporate Compliance Training
- Personnel Report for February 2024
- Texas Council Risk Management Fund Claims Summary as of February 2024
- Approve Financial Statements for February 2024
- Board of Trustees Unit Financial Statement as of February 2024

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services Requirements
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DID	Determination of Intellectual Disability

DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
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

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