

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

**September 26, 2024**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 26, 2024. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## AGENDA

**I. Organizational Items**

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

**II. Approve Minutes - August 29, 2024**

**III. Board Training - First Amendment Auditors**

**IV. Board Training - YCOT - Youth Crisis Outreach Team**

**V. Executive Director’s Report - Evan Roberson**

- A. Cleveland Facility Updates
- B. Diversion Center Workgroup
- C. Walker County Jail In-Reach Collaborative
- D. Legislative Updates

**VI. Chief Financial Officer’s Report - Millie McDuffey**

- A. FY 2024 Audit
- B. CFO Consortium Update
- C. Fixed Asset Inventory
- D. OneAmerica Retirement Plan Update

**VII. Program Committee**

Action Items

- A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members..... 11
- B. Reappoint Mental Health Planning Network Advisory Committee Members..... 12
- C. Approve FY 2025 Goals and Objectives..... 13-18

Information Items

- D. Community Resources Report..... 19-22
- E. Consumer Services Report for August 2024..... 23-25
- F. Program Updates..... 26-31
- G. Annual PNAC Reports..... 32-34

H. FY 2024 Goals & Objectives Progress Report 4 <sup>th</sup> Quarter.....	35-40
I. 4 <sup>th</sup> Quarter FY 2024 Corporate Compliance & Quality Management Report.....	41-43
J. 1 <sup>st</sup> Quarter FY 2025 Corporate Compliance Training.....	44-45

**VIII. Executive Committee**

Action Items

A. Appoint Texas Council Representative & Alternate for FY 2025.....	46
B. Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees.....	47-52

Information Items

C. Personnel Report for August 2024.....	53-55
D. Texas Council Risk Management Fund Claims Summary as of August 2024.....	56-57
E. Board of Trustees Reappointments & Oaths of Office.....	58-69
F. Board of Trustees Committee Appointments.....	70
G. Analysis of Board Members Attendance for FY 2024 Regular & Special Called Board Meetings.....	71-72

**IX. Business Committee**

Action Items

A. Approve FY 2025 Dues Commitment & Payment Schedule for Texas Council.....	73-75
B. Ratify Interlocal Cooperation Agreement with Helen Farabee Centers for MHFA Funding.....	76-79
C. Appoint New Directors for the Montgomery Supported Housing Inc. (MSHI) Board.....	80
D. Reappoint Consumer Foundation Board of Directors.....	81

Information Items

E. Review Preliminary August 2024 Financial Statements.....	82-96
F. 4 <sup>th</sup> Quarter FY 2024 Investment Report.....	97-101
G. Board of Trustees Unit Financial Statement for August 2024.....	102-103

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

Posted By:

Ava Green  
 Executive Assistant

# BOARD OF TRUSTEES MEETING

August 29, 2024

## **Board Members Present:**

Patti Atkins  
Gail Page  
Sharon Walker  
Tracy Sorensen  
Richard Duren  
Tim Cannon  
Carl Williamson

## **Board Members Absent:**

Jacob Paschal  
Morris Johnson

## **Tri-County Staff Present:**

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Yolanda Gude, Director of IDD Authority Services  
Sara Bradfield, Chief Operating Officer  
Kenneth Barfield, Director of Management Information Systems  
Kathy Foster, Director of IDD Provider Services  
Beth Dalman, Director of Crisis Access  
Stephanie Ward, Director of Adult Behavioral Health  
Melissa Zemencsik, Director of Child and Youth Behavioral Health  
Andrea Scott, Chief Nursing Officer  
Tabatha Abbott, Manager of Accounting  
Darius Tuminas, Controller  
Ava Green, Executive Assistant

**Legal Counsel Present:** Jennifer Bryant, Jackson Walker LLP

**Sheriff Representatives Present:** None present

**Guests:** Mike Duncum, WhiteStone Realty Consulting

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:02 a.m.

**Public Comment:** No public comment

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

**Resolution #08-29-01****Motion Made By:** Tim Cannon**Seconded By:** Sharon Walker, with affirmative votes Gail Page, Tracy Sorensen, Carl Williamson and Richard Duren that it be...**Resolved:**

That the Board approve the absence of Jacob Paschal and Morris Johnson.

**Resolution #08-29-02****Motion Made By:** Sharon Walker**Seconded By:** Gail Page, with affirmative votes by Carl Williamson, Tracy Sorensen, Richard Duren and Tim Cannon that it be...**Resolved:**

That the Board approve the minutes of the July 25, 2024 meeting of the Board of Trustees.

**Program Presentation:** Janet Payne's Retirement Presentation**Board Training:** Multisystemic Therapy Program – Lauren Prince and Melissa Zemencsik

Patti Atkins, Board Chair, suspended the Agenda at 10:53 a.m. to move to Business Committee Information Item IX. V., Cleveland Building Updates. Mike Duncum with WhiteStone Realty Consulting presented the update.

**Executive Director's Report:**

The Executive Director's report is on file.

- Reduction in Force (RIF)
- CSU Staffing
- SB 26 Update
- Diversion Center Discussions
- SHSU Psychiatric Residency Program
- Legislative Updates

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2024 Audit
- FY 2025 Budget
- CFO Consortium
- Workers' Compensation Audit
- Streamline Healthcare Community Conference

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for July 2024 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

**Resolution #08-29-03**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the annual election of FY 2025 Board Officers; Patti Atkins as Board Chair, Gail Page as Vice-Chair and Jacob Paschal as Secretary.

The Personnel Report for July 2024 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of July 2024 was reviewed for information purposes only.

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

**BUSINESS COMMITTEE:**

**Resolution #08-29-04**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the July Financial Statements.

**Resolution #08-29-05**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2024 Year End Budget Revision.

**Resolution #08-29-06**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Proposed Operating Budget.

**Resolution #08-29-07**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify Interlocal Cooperation Agreement with Gulf Bend Center for IDD Crisis Respite Services in the amount of \$14,000.

**Resolution #08-29-08**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify Interlocal Cooperation Agreement with MHMR Authority of Brazos Valley for Mental Health First Aid in the amount of \$8,000.

**Resolution #08-29-09**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify Health and Human Services Commission Contract No. HHS001333300037, Amendment No. 2, Local Intellectual and Developmental Disability Authority Services.

**Resolution #08-29-10**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify the FY 2024 Kingwood Pines Hospital Contract Addendum for an additional \$300,000 for not to exceed contract total of \$2,300,000.

**Resolution #08-29-11**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify the FY 2024 Woodland Springs Inpatient Hospital Contract Addendum for an additional \$300,000 for not to exceed contract total of \$2,050,000.

**Resolution #08-29-12**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Lifetime Homecare Services Contract for IDD Crisis Respite Services for up to \$140,000.

**Resolution #08-29-13**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 RecessAbility, Inc. Contract for up to \$85,000.

**Resolution #08-29-14**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services.

**Resolution #08-29-15**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to \$2,000,000.

**Resolution #08-29-16**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Woodland Springs Inpatient Hospital Contract for up to \$1,750,000.

**Resolution #08-29-17**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to \$1,500,000.



**Resolution #08-29-18**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Sun Behavioral Inpatient Psychiatric Services Contract in the amount of \$100,000.

**Resolution #08-29-19**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Voyages Behavioral Health Hospital of Conroe Inpatient Psychiatric Hospital Contract for up to \$1,000,000.

**Resolution #08-29-20**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve contract maximum for James D. Phillips in FY 2025 for \$55,000 for on-site Peace Officer Services at the PETC.

**Resolution #08-29-21**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve FY 2025 Contract for Ralph Horne for \$58,000 for on-site Peace Officer services at the PETC.

**Resolution #08-29-22**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Sergio's Landscaping Contract in the amount of \$73,920.

**Resolution #08-29-23**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the FY 2025 Crown Cleaning Services Contract in the amount of \$247,140.

The Board Unit Financial Statement for July 2024 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:53 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.

The Executive Session of the Board of Trustees adjourned at 12:21 p.m. to go into the regular meeting.

**Resolution #08-29-24**

**Motion Made By:** Tim Cannon

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

**Resolved:**

That the Board of Trustees approve to extend the Executive Director's contract for one year and increase salary compensation by 5%.

The regular meeting of the Board of Trustees adjourned at 12:23 p.m.

**Adjournment:**

**Attest:**

\_\_\_\_\_  
Patti Atkins  
Chair

Date

\_\_\_\_\_  
Jacob Paschal  
Secretary

Date

**Agenda Item:** Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members

**Board Meeting Date**

September 26, 2024

**Committee:** Program

**Background Information:**

According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.

Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire on August 31, 2026.

- Pamela Holak - Parent
- Lorretta Castro - Parent
- Jae Kim - Parent

We currently have eight IDDPNAC members, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Pam Holak, Lorretta Castro and Jae Kim to Two-Year Terms Expiring on August 31, 2026**

**Agenda Item:** Reappoint Mental Health Planning Network Advisory Committee Members

**Board Meeting Date**

September 26, 2024

**Committee:** Program

**Background Information:**

According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.

The following members have an expiring term and have been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2026.

- Loretta Castro - Parent
- Stefani Gibson - Family Member

We currently have three MHPNAC members, with several vacancies. We are currently meeting the nine members required per contract through our participation in the Regional PNAC, however would like to increase our membership to nine in the local MH PNAC and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Mental Health Planning Network Advisory Committee Members Loretta Castro and Stefani Gibson to a Two-Year Term Expiring on August 31, 2026.**

**Agenda Item:** Review and Approve Goals and Objectives for FY 2025

**Board Meeting Date**

September 26, 2024

**Committee:** Program

**Background Information:**

The Extended Management Team met on August 2, 2024 for our annual Strategic Planning meeting. The goal of this meeting was to review last year's plan, talk about emerging dynamics in Community Center operations and to set goals for FY 2025. Subsequently, we have created a Strategic Plan Review Summary which includes proposed Goals and Objectives for FY 2025.

**Supporting Documentation:**

Strategic Plan Summary, Fiscal Year 2025

**Recommended Action:**

**Approve the Goals and Objectives for FY 2025**

# Strategic Planning Summary – FY 2025

## Introduction

On August 2, 2024, members of the Tri-County Extended Management Team met together to discuss the strategic direction for Tri-County Behavioral Healthcare. The team had put together a comprehensive 5-year strategic plan in Fiscal Year 2021 that was endorsed as a good foundation for goals and objectives in FY 2025.

The agenda for the planning event included a review of the financial status of the Center. Fiscal Year 2024 was a challenging financial year in many ways and the Center, when the audit is complete, is expected to have a financial loss of as much as \$1,800,000 dollars. While building fund balance has never been a focus of the agency under the direction of the current Executive Director, the Center has never had a financial year like this during his tenure either. The reasons for the decline in funding includes challenges with retaining Qualified Mental Health/Intellectual Disability Professionals (QMHP/QIDP) – the Bachelor’s level caseworkers that provide much of the direct contact with those served by the Center. In FY 24 we had 86 QMHP/QIDPs leave the Center and the average tenure for these staff was 17 months. In addition to challenges with retention of QMHP/QIDPs in FY 24, we also experienced the loss of Medicaid, our primary billing source for these QMHP/QIDP services due to the State of Texas’ post-pandemic ‘Medicaid Unwinding;’ and perhaps as much as 20% of our Children and Youth with mental illnesses, 10% of our Adults, and 5% of our persons with Intellectual and Developmental Disabilities lost their insurance coverage. In the process of properly removing some persons from the Medicaid rolls, many of the clients at the Center who should have kept the benefits were impacted by this process and, currently, there are over 200,000 appeals of lost Medicaid status in the state which remain unresolved. In addition to regular billing, enhanced billing related to the Directed Payment Plan for Behavioral Health Services (DPP-BHS), funded by the Federal 1115 Transformation Waiver, has not been realized by the Center. Finally, FY 24 also saw the end of three important grant funding streams, the Substance Abuse and Mental Health Services Administration (SAMSHA) Certified Community Behavioral Health Center Expansion (CCBHC-E) grant, the SAMHSA Community Mental Health Center (CMHC) grant and a Texas Substance Use Prevention Services grant which collectively provided over \$3,000,000 a year in funding for direct services. Consequently, staff from the programs went through a Reduction in Force (RIF) that impacted 38 total positions.

Despite these challenges, the Center was able to successfully launch and begin customization of a new Electronic Health Record (SmartCare), financed and began construction on a new Service Center in Cleveland, Texas, and were awarded three important grants: the Multisystemic Therapy grant for kids with criminal justice involvement, the Youth Crisis Outreach Plus Team for kids

involved in the Department of Family and Protective Services (DFPS) services who are also in crisis, and a Disaster Behavior Health Crisis Counseling Program grant as a response to area-wide flooding in May and Hurricane Beryl. In total, these three grants added 21 new positions to the Center and \$2,500,000 in funding for these services.

In addition, the Center held the first Sequential Intercept Model mapping exercise in FY 2024 for Montgomery and Walker counties. The SIM mapping event yielded three new goals related to the intersect of mental illness and substance use disorders with criminal justice which include a significant focus on the construction of a new Regional Diversion and Sobering Center which will be one of the areas of focus in FY 2025. While the Center currently diverts a large number of individuals via the Crisis Walk-in model at the Psychiatric Emergency Treatment Center (PETC), the space was not designed for its current purpose and does not have the capacity for the volume we currently serve. Consequently, a Diversion and Sobering Center gives the Center the opportunity to develop a new facility that has been right-sized for the services we are providing.

The Team discussed some of the items we have on our horizon for Fiscal Year 2025 including the completion of the new Cleveland Service Facility (projected for April 2025), preparation for the Office of Inspector General Center audits prescribed by Senate Bill 26 (88<sup>th</sup>), preparation for HHSC's publication of 'public-facing' performance data which was also prescribed by SB 26, a CCBHC requirement for a client portal tied to our EHR and preparation for and challenges in the 89<sup>th</sup> Legislative Session including possible changes to the children's service system in response to the State of Texas' new Children's Mental Health Plan.

More broadly, there appears to be a shift occurring around the United States to models which are more institutional and less community-based. There has been sweeping reform in states like California, for example, to institutionalize homeless populations in Los Angeles. The Community Center system could be at risk from such prelections.

As a part of our review of the year the team discussed the culture of the Center, specifically as it relates to our retention issues of Bachelors level clinical staff, the need to ensure growth is planned which clearly fits within our strategic plan and the need to ensure that we didn't overreact to this year and make too sharp of a correction. Overall, the team endorsed our current culture of compliance and our vision for the last few years. However, the team is conscious of the need to find a balance between compliance and staff's ability to get their job done. The team endorsed the need to continue to find ways to meet the needs of the community because, "folks, and society in general, are not okay."

## SWOT Analysis

The Management Team completed a traditional Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis for the Center and significant feedback is included below:

### Strengths:

- We have a strong and consistent Board of Trustees.
- We have a system which values contract and rule compliance.
- We have strong collaborative relationships.
- We are constantly improving our facilities and using this space well.
- The Executive Team is capable and talented.
- We had an outstanding IDD-focused community event in FY 24 that brought in many of the local community stakeholders.

### Weaknesses:

- Retention of staff/turnover.
- Our funding limits our vision.
- Our services are highly regulated.
- Our marketing materials are not very good.
- Our employee evaluation process needs work.
- The Community has often been unwilling to participate financially in our service designs.

### Opportunities:

- Developing relationships from SIM Planning event.
- 89<sup>th</sup> Legislative Session.
- Fundraising.
- SAMHSA grants/other grant funding.
- There are requests for presentations about our services from the community.

### Threats:

- 89<sup>th</sup> Legislative Session.
- SB 58 Providers who are operating with different requirements.
- Office of Inspector General audits.
- Difficulty competing with other area employers.
- The loss of supplemental funds to support workers.
- The pace and frequency of change.



# FY 2025 Board Goals and Objectives

## Goal #1 – Clinical Excellence

- Objective 1:** Enhance the Intellectual and Developmental Disability services intake process to ensure a more efficient, streamlined, and client-centered experience. By reducing wait times, simplifying documentation, and/or utilizing available tools, we aim to refine the IDD intake process including ensuring clearer understanding of the process, improve communication with our clients, and increase client satisfaction by June 30, 2025.
- Objective 2:** Regularly conduct client satisfaction surveys to gather valuable feedback, identify areas for improvement, and enhance the quality of our services. A summary of survey results will be reported to the Board of Trustees two times in FY 2025 at the February and August Board meetings. By actively listening to our clients and addressing their concerns, we aim to increase satisfaction, strengthen client relationships, and ensure that our offerings consistently meet or exceed expectations, leading to higher retention and loyalty.

## Goal #2 – Community Connectedness

- Objective 1:** Staff will work with community members to develop a plan for a Mental Health and Substance Use Disorder Diversion Center which meets community needs and can be endorsed by a majority of stakeholder members who participate in planning by May 31, 2025. The Diversion Center will aim to reduce reliance on the criminal justice system, offer an alternative to incarceration, and address the root causes of mental health and substance use challenges.

## Goal # 3 – Information Technology

- Objective 1:** Implement a secure portal in SmartCare to reduce administrative burden, ensure accurate and accessible medical records, and support informed decision-making to deliver high-quality care while ensuring compliance with healthcare regulations and data security standards by July 31, 2025.
- Objective 2:** Successfully transition to Microsoft Windows 11 to leverage the latest technological advancements, improve operational efficiency and ensure compatibility with modern applications while maintaining data integrity and minimizing disruption during the migration process by July 31, 2025.

## **Goal #4 – Staff Development**

**Objective 1:** Develop and implement strategies that reduce staff turnover by 10% from FY 2024 number by fostering a positive work environment, enhancing employee engagement, and offering professional development opportunities. Measured YTD on July 31, 2025 as compared to YTD on July 31, 2024.

## **Goal # 5 – Fiscal Responsibility**

**Objective 1:** Strategically pursue and secure grants to support program development, enhance organizational capacity, and drive impactful initiatives by building strong partnerships, improving grant writing capabilities, and aligning with funders' priorities to maximize the positive outcomes for the communities we serve. Staff will complete at least four new or renewal grants by August 31, 2025.

**Objective 2:** Increase overall revenue by diversifying income streams, optimizing operational efficiency, and enhancing customer retention by implementing transparent financial practices, providing staff with the necessary tools and training, and fostering a culture of responsible fiscal management. Goal will be measured throughout the year and finally on August 31, 2025.

## **Goal # 6 – Professional Facilities**

**Objective 1:** To create a welcoming and functional environment that meets the needs of staff, clients, and stakeholders, while fostering growth, enhancing service delivery, and contributing to the long-term success of the organization, we will ensure the successful opening of the new Cleveland Service facility by June 30, 2025.

**Agenda Item:** Community Resources Report

**Board Meeting Date:**

September 26, 2024

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Community Resources Report

**Recommended Action:**

**For Information Only**

# Community Resources Report

## August 30, 2024 – September 26, 2024

---

### Volunteer Hours:

Location	August
Conroe	125.5
Cleveland	5.5
Liberty	14
Huntsville	5.5
<b>Total</b>	<b>150.5</b>

### COMMUNITY ACTIVITIES

9/3/24	Camp Valor Veterans Collaboration	Conroe
9/4/24	Montgomery County Child Crisis Collaborative	Conroe
9/4/24	Social Determinants of Health Meeting - Virtual	Conroe
9/7/24	Helping Every American Remember Through Serving Museum Muster Festival	Huntsville
9/9/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity Workgroup	Conroe
9/10/24	Liberty County Veteran Treatment Court	Liberty
9/10/24	Veterans Task Force Meeting	Conroe
9/10/24	Walker County Crisis Collaborative - Child & Adult	Huntsville
9/10/24	Camp Valor Veterans Collaboration	Conroe
9/10/24	Houser Elementary School Open House	Conroe
9/11/24	Montgomery County Veteran Treatment Court	Conroe
9/11/24	Senior Clients with Mental Health Needs Meeting	Conroe
9/12/24	Reaves Elementary Resource Fair	Conroe
9/13/24	Mental Health Champions Breakfast - Mosaics of Mercy	Shenandoah
9/17/24	Montgomery County Community Resource Coordination Group	Conroe
9/17/24	Camp Valor Veterans Collaboration	Conroe
9/17/24	Youth Crisis Outreach Stakeholders Meeting	Conroe
9/17/24	Veterans Task Force Meeting	Conroe
9/17/24	Ford Elementary School Parent Resource Open House	Conroe
9/19/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
9/19/24	Adult MHFA General Public	Huntsville
9/19/24	Travis Intermediate Open House Resource Fair	Conroe
9/19/24	ESC 6 <sup>th</sup> Annual Community Resource Symposium	Huntsville
9/20/24	Texas Health Equity Collective on Food Security - Virtual	Conroe
9/20/24	Diversion Center Task Force Meeting	Conroe
9/21/24	Adult MHFA General Public	Conroe
9/23/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe

9/24/24	Liberty County Community Coalition Meeting	Cleveland
9/24/24	Camp Valor Veterans Collaboration	Conroe
9/24/24	Montgomery County Sexual Assault Response Team Meeting	Conroe
9/24/24	Walker County Community Resource Coordination Group	Huntsville
9/25/24	Montgomery County Veteran Treatment Court	Conroe
9/25/24	Montgomery County Community Crisis Collaborative	Conroe
9/25/24	Montgomery County Women's Center Open House	Conroe
9/26/24	Suicide Prevention Coordinators Meeting - Virtual	Conroe

## UPCOMING ACTIVITIES

9/27/24	Walker County Juvenile Services Staffing	Huntsville
9/28/24	Splendora ISD Transition and Resource Fair	Splendora
9/28/24	Adult MHFA for General Public	Conroe
10/1/24	Adult MHFA for General Public	Conroe
10/2/24	Camp Valor Veterans Collaboration	Conroe
10/2/24	Montgomery County Child Crisis Collaborative	Conroe
10/2/24	Youth Crisis Outreach Stakeholders Meeting	Conroe
10/2/24	Santa Fe Elementary School Open House	Cleveland
10/4/24	Rusk State Hospital Meeting	Rusk
10/5/24	Youth MHFA for General Public - Virtual	Conroe
10/8/24	Camp Valor Veterans Collaboration	Conroe
10/8/24	Walker County Crisis Collaborative - Child & Adult	Huntsville
10/9/24	Montgomery County Veterans Treatment Court	Conroe
10/11/24	Youth MHFA for Huntsville ISD	Huntsville
10/12/24	MHFA for Veterans and Families	Conroe
10/15/24	Montgomery County Community Resource Coordination Group	Conroe
10/15/24	Camp Valor Veterans Collaboration	Conroe
10/16/24	Zero Suicide Joint Regional Meeting - Virtual	Conroe
10/17/24	Youth MHFA for Conroe ISD	Conroe
10/17/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
10/17/24	Suicide Prevention Coordinators Meeting - Virtual	Conroe
10/18/24	Texas Health Equity Collective on Food Security - Virtual	Conroe
10/19/24	Interfaith Community Clinic Healthy Kids Fest	Conroe
10/21/24	Adult MHFA for Lone Star College	Tomball
10/22/24	Camp Valor Veterans Collaboration	Conroe
10/22/24	Walker County Community Resource Coordination Group	Huntsville
10/23/24	Montgomery County Veterans Treatment Court	Conroe
10/24/24	Creighton Elementary School Trunk or Treat	Conroe
10/25/24	Adult MHFA for Lone Star College	Tomball
10/25/24	Walker County Juvenile Services Staffing	Huntsville
10/26/24	Trunk or Treat Outreach - HEARTS Museum	Huntsville
10/26/24	Community Health Fair Bozman Intermediate	Conroe

10/28/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe
10/28/24	Prayers with First Responders	Conroe
10/28/24	Annual New Caney ISD Health and Wellness Fair	New Caney
10/29/24	Camp Valor Veterans Collaboration	Conroe
10/29/24	Mosaics of Mercy Fundraiser Event	Conroe
10/30/24	Blended Adult MHFA for General Public - (2 Hr. virtual/6 Hr. in person)	Conroe
10/30/24	Montgomery County Community Crisis Collaborative	Conroe
11/2/24	Del Webb Culvers Fundraiser - Veterans	Conroe
11/5/24	Camp Valor Veterans Collaboration	Conroe
11/20/24	Montgomery County Community Resource Collaboration Group	Conroe

**Agenda Item:** Consumer Services Report for August 2024

**Board Meeting Date:**

September 26, 2024

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Report for August 2024

**Recommended Action:**

**For Information Only**

## CONSUMER SERVICES REPORT

August 2024

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
<b>Crisis Services, MH Adults/Children Served</b>								
Crisis Assessments and Interventions	371	39	21	371	0	27	12	431
Crisis Hotline Served	297	51	38	-	-	-	-	386
Crisis Stabilization Unit	24	5	1	24	-	4	1	30
Crisis Stabilization Unit Bed Days	122	11	0	122	-	11	0	133
Adult Contract Hospital Admissions	67	5	4	67	-	4	1	76
Child and Youth Contract Hospital Admissions	4	1	0	4	0	0	1	5
Total State Hospital Admissions (Civil only)	0	0	1	0	0	0	0	1
<b>Routine Services, MH Adults/Children Served</b>								
Adult Levels of Care (LOC 1-5, EO, TAY)	1174	222	147	1174	-	125	97	1543
Adult Medication	1134	200	176	1116	-	122	96	1510
Child Levels of Care (LOC 1-5, EO, YC, YES)	663	96	76	459	204	61	35	835
Child Medication	261	36	30	181	87	29	0	327
School Based Clinics	100	13	31	-	-	-	-	144
TCOOMMI (Adult Only)	104	27	10	104	-	9	18	141
Adult Jail Diversions	3	0	0	3	-	0	0	3
<b>Veterans Served</b>								
Veterans Served - Therapy	32	3	3	-	-	-	-	38
Veterans Served - Case Management	29	7	0	-	-	-	-	36
<b>Persons Served by Program, IDD</b>								
Number of New Enrollments for IDD	12	2	1	12	-	0	2	15
Service Coordination	663	71	60	663	-	34	37	794
Individualized Skills and Socialization (ISS)	11	16	19	-	-	3	13	46
<b>Persons Enrolled in Programs, IDD</b>								
Center Waiver Services (HCS, Supervised Living)	26	15	18	27	-	6	9	59
<b>Substance Use Services, Adults and Youth Served</b>								
Children & Youth Prevention - # Attending Groups	0	0	0	-	-	-	-	0
Children & Youth Prevention - # Attending Other Activities	0	0	0	-	-	-	-	0
Youth Substance Use Disorder Treatment/COPSD	13	0	0	13	-	0	0	13
Adult Substance Use Disorder Treatment/COPSD	33	0	2	33	-	0	0	35



<b>Waiting/Interest Lists as of Month End</b>								
Home and Community Based Services Interest List	2031	339	234	-	-	-	-	<b>2604</b>
<b>American Rescue Plan Act (ARPA) Funded Therapy</b>								
Expanded Therapy	101	1	0	83	18	1	0	<b>102</b>
After Hours Therapy	115	0	0	111	4	0	0	<b>115</b>
<b>July Served</b>								
Adult Mental Health	1657	269	194	1657	-	152	117	<b>2120</b>
Child Mental Health	846	106	105	582	264	75	31	<b>1057</b>
Intellectual and Developmental Disabilities	856	107	106	856	-	51	56	<b>1069</b>
<b>Total Served</b>	<b>3359</b>	<b>482</b>	<b>405</b>	<b>3095</b>	<b>264</b>	<b>278</b>	<b>204</b>	<b>4246</b>
<b>August Served</b>								
Adult Mental Health	1867	323	239	1867	-	186	137	<b>2429</b>
Child Mental Health	919	123	111	615	304	83	40	<b>1153</b>
Intellectual and Developmental Disabilities	859	106	83	859	-	46	60	<b>1048</b>
<b>Total Served</b>	<b>3645</b>	<b>552</b>	<b>433</b>	<b>3341</b>	<b>304</b>	<b>315</b>	<b>237</b>	<b>4630</b>

**Agenda Item:** Program Updates

**Board Meeting Date:**

September 26, 2024

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Program Updates

**Recommended Action:**

**For Information Only**

# Program Updates

## August 30, 2024 – September 26, 2024

---

### Crisis Services

1. The Medbank Cubex (Cubex) arrived at the Crisis Stabilization Unit (CSU) July 11, 2024. Along with delivering the Cubex to the CSU, Becton, Dickinson & Company (BDX) also delivered two hard drives to the pharmacy and they will work with Genoa to set up installation, network setup and training for all staff. Staff training took place on August 29, 2024 with go-live delay due to software reprogramming of the Cubex. Genoa did indicate that “the project [would] be placed on hold citing some compliance issues” for about two weeks, but have since worked out these issues within their corporate structure and should be able to finish the implementation soon. Securing the Cubex is a key step in getting our CSU census up because many of the persons served at the CSU require medication that cannot be kept in stock by Tri-County without this licensed device. This delay is both unexpected and frustrating to staff. At this point, we are unable to change admission processes at the CSU awaiting the Cubex.
2. For the Fiscal Year 2024 (FY24), TCBHC crisis staff, completed 4,630 services defined as crisis interventions, crisis triages, and crisis follow up services. Of the 4,630 services, 26.5% (1185) were provided to youth ages 5 to 17. In addition, 4,146 full crisis assessments were provided to 3,066 individuals, of which 21.5% (893) were youth ages 5 thru 17.
3. Crisis Intervention Teams (CIT) have played a significant role this year in Montgomery county with these five staff providing an additional 1,907 crisis services to 1,124 individuals, including 229 (12%) to youth ages 6 to 17. CIT commonly respond to 911 calls for behavioral health crises in the community, with a Tri-County staff partnered with either Conroe Police Department, Montgomery County Sheriff’s Department, or the Precinct 1 Mental Health Constables.
4. With TCBHC crisis staff and CIT staff combined, we provided a total of 6,537 crisis services provided in FY24. As a result of these crisis services, staff facilitated 949 contract hospital admissions during FY 24, with a total of 8,504 bed days utilized. That is an estimated \$5.9 million dollars of state and federal funds, including ARPA monies from Liberty and Montgomery county. These ARPA funds are no longer a resource for contract bed admissions after the end of the 2024 calendar year.
5. The YCOT+ pilot program has established goals that include diverting youth from criminal justice or inpatient treatment by providing a more intensive crisis response, crisis follow-up, and ongoing interventions for up to 90 days. The target population for YCOT+ has been defined by HHSC as youth ages 5 to 17 who are currently involved with or have been previously involved with Department of Family & Protective Services and who are at risk of losing their current placement, or at risk of removal from the home. We have hired 8 out of 10 YCOT+ positions but still have no potential candidates for the program coordinator (supervisor). Regardless, we began providing YCOT+ services on August 28<sup>th</sup> and began utilizing the crisis line for activating YCOT+ staff to crisis calls in the field on September 12.

## **MH Adult Services**

1. Peer support services continue to be a popular addition to the adult service array. Our two peer support specialists have been meeting around two to three clients each, per day, to support our individuals by sharing first-hand experience in recovery. The FEP team also provides peer support and family partner services to young adults in the program.
2. Adult Outpatient Services are continuing to interview for an ACT Coordinator and Coordinator of Field-Based Services. The ACT team has built and maintained a positive relationship with Assistance League Montgomery County which has supplied four ACT clients with new mattresses, bed frames, clothing, shoes, and food.
3. The First Episode Psychosis team is working to engage local counselors and educators to coordinate program presentations now that school has resumed.
4. Following a noticeable increase in individuals with intellectual and developmental disabilities coming through the mental health walk-in, the Conroe intake team partnered with the IDD intake team to improve consistency and continuity between the departments to ensue ease of access to appropriate services for these individuals.
5. The PATH team has connected to new leadership and staff at the Salvation Army to coordinate behavioral health services for individuals in the community who are unhoused.
6. Adult outpatient services in Conroe is looking forward to a new, full-time, Bilingual Physician's Assistant joining us in October. This will fill a role that has been vacant for several months and will bring some stability to a large caseload of individuals.

## **MH Child and Youth Services**

1. Our Multisystemic Therapy (MST) team started providing services on September 3<sup>rd</sup> and is now fully staffed. This is a small program that can service only about 20 youth at a time, but as of September 12<sup>th</sup>, we already received 33 referrals. We are moving through the referrals and notifying each referral source about the status of their referral as we assess which youth meet eligibility criteria.
2. The C&Y Supervisors have been attending back to school events such as resource fairs and open houses on the evenings and weekends in order to increase community awareness and maintain our relationship at the schools. September and October are very busy months for these events.
3. Our School-Based Teams are starting out this school year well-staffed. We are at eight schools, including two in Huntsville ISD, two in Cleveland ISD, and four in Conroe ISD. The administrators are enthusiastically submitting multiple referrals at our weekly meetings at each school.

## **Criminal Justice Services**

1. Over the course of FY 2024, the TCOOMMI program reimbursed our county jails over \$500 for medications provided to individuals who were restored to competency in a state hospital.
2. The Jail Liaison screened and/or provided coordination services for 1,298 individuals in the Montgomery County Jail in FY 2024.

3. Four hundred thirty-two 16.22 court ordered mental health assessments were completed between all three counties this year.

### **Substance Use Disorder Services**

1. The Substance Use Disorder Department is already a small department, and being short-staffed over the summer impacted the number of services provided, along with having a low census. The Program Administrator position has been filled, which is a key piece to engaging the community and increasing referrals. We are close to hiring a youth SUD counselor that is greatly needed to manage the influx of referrals as the school year resumes.
2. The Expanded Substance Use program has officially come to an end. One final success story involves an ACT client. During his time with ACT and in Expanded SUD programming, this client remained sober for six months, maintained employment for four months, and made three new sober friends. He is actively saving his income to get a car, and plans on enrolling in college in Spring, 2025. He also cares for his two year old son. Through the work of the ACT team and Expanded SUD support, he has reconnected with his passion for writing and playing music, and hopes to play small gigs again soon.

### **IDD Services**

1. IDD Provider Services continues to monitor the benefits through the Medicaid unwinding process. Within our internal HCS program we have two individuals that have lost their Medicaid and one that is on the upcoming list. In order to assist in ensuring families who are the representative payee take the submission of Medicaid renewal packet seriously they will be asked to sign a form stating that if the Medicaid is lost they will be responsible for paying for the services utilized. Another center has implemented this process and appears to be helping to motivate the Representative Payee to complete the paperwork as soon as it comes in.
2. IDD Provider services has two vacant positions in one Huntsville group home that we are trying to fill. In addition, there are two vacant positions at the Day Program in Huntsville. Finally, we are searching for a Part Time RN to assist within the HCS program.
3. On August 26, 2024, the LIDDA received communications from HHSC regarding the ARPA Workforce Project, informing us that they are working to amend the LIDDA performance contract to extend ARPA Workforce expenditures through FY 2025 with funding available for both Priority Level 1 (DIDS assessments) and Priority Level 2 (Workforce Challenges) as described in our FY24 statement of work.
  - a. IDD Authority Services submitted a proposal to HHSC in April of 2023, that allowed us to utilize the ARPA Workforce Project funding set aside for LIDDAs via the American Rescue Plan Act of 2021, to address the high number of individuals waiting for a Determination of Intellectual Disability (DID) assessment and, therefore, awaiting access to Home and Community Based Services (HCBS).
  - b. In April of 2023, there are over 9,000 individuals, statewide, awaiting a DID, and this funding allowed LIDDAs to offer additional payments for DID assessments or endorsements, and to hire temporary or contracted authorized providers to conduct these assessments or endorsements. Tri-County was able to hire two

- ARPA Support Staff, one APRA Intake Staff, a Licensed Specialist in School Psychology (LSSP), and contract with Dr. Michelle Garcia.
4. On August 6, 2024, the LIDDA received notification from HHSC that a determination of intellectual disability (DID) is not required to establish a level of care (LOC) VIII for CFC Non-Waiver eligibility. According TAC (354.1362), a person must require an institutional level of care to be eligible for CFC. One of the two LOCs that meets this criterion for IDD is LOC VIII. To meet the LOC VIII criteria, a person must:
    - a. have a primary diagnosis by a licensed physician of a related condition that is included on the list of diagnostic codes for persons with related conditions that are approved by HHSC and,
    - b. have an adaptive behavior level of II, III, or IV (i.e., moderate to extreme deficits in adaptive behavior) obtained by administering a standardized assessment of adaptive behavior.
      - i. The LIDDA service coordinator or other designated staff may conduct the Inventory for Client and Agency Planning (ICAP) to obtain the person's ABL.

## **Support Services**

### **1. Quality Management (QM):**

- a. The Administrator of Quality Management is currently conducting a Program Survey of the Utilization Management Program.
- b. Staff prepared and submitted two record requests to two insurance companies totaling nine charts, for records dating back to January 1, 2023.
- c. In addition to routine and ongoing quality assurance of documentation, staff reviewed 24 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.

### **2. Utilization Management (UM):**

- a. Staff reviewed 10% of all discharges for the month of August.
- b. Staff reviewed all notes that utilized the COPSD modifier for the month of August and provided feedback as needed to program staff.
- c. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of August, to ensure continuous quality improvement.
- d. Staff continue to meet regularly to monitor Contract Performance Measures and make adjustments to services as needed when concerns are identified.

### **3. Training:**

- a. The vacant Training Coordinator position has been filled and staff is currently undergoing position specific training.
- b. The Clinical Trainer has completed the contract required Super User training courses. As you may recall, Centers are required to train 40% of staff who conduct the Adult Needs and Strengths Assessment (ANSA) and Child and Youth Needs and Strengths Assessment (CANS) annually, in compliance with the HHSC performance contract.
- c. The Mental Health First Aid program has been busy providing training to educators and the community, with 1,005 individuals trained in FY24.

#### **4. Veteran Services and Veterans Counseling/Crisis:**

- a. Between the Regional Veteran's Service Liaison, the Veteran Services Assistant and the Military Veteran Peer Network, there were over 1500 one-on-one interactions/mentoring with veterans, veteran family members and community stakeholders for fiscal year 2024.
- b. The Regional Veteran's Service Liaison and the Veteran Services Assistant will be completing their annual re-certification for the Military Veteran Peer Network for the Peer Service Coordinator Certificates through the Texas Veteran Commission.
- c. The Veterans Treatment Court program had two graduates from the program and one join the program in the months of August and September.
- d. There was an increase in the Veteran clients being seen for case management and counseling services for the month of August. We have seen 13 new clients for initial intake needs assessments for case management and brought in five new clients for counseling. We completed 83 counseling services and 56 case management services.
- e. Our Veterans Program team has been very active in outreach during the month of August. We have met with and made connections with the HEARTS Museum, April Sound Church Men's Bible Study, Under Over Fellowship, The LoneStar Honor Flight Veterans Group Breakfast, The Salvation Army, Abundant Harvest, The Wellington Assisted Living and the Liberty County VSO and others in the community.

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

- a. The IDD and MH PNACs both met in August and reviewed program updates, Center performance measures and financial information.
- b. The MH PNAC is currently participating in Local Planning and Provider Network Development activities and is focused on membership recruitment.

#### **Community Activities**

Several Tri-County staff attended the Mosaics of Mercy Mental Health Champions breakfast on Friday, September 13<sup>th</sup>. Staff had the opportunity to connect with a series of community partners that work in our service area. Mosaics of Mercy's referral database is funded by Tri-County using Montgomery County American Rescue Act funds.

<p><b>Agenda Item:</b> Planning Network Advisory Committee Annual Reports</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2024</p>
<p><b>Background Information:</b></p> <p>According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees’ activities for the year and committee attendance. Some of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group’s focus. The attached reports on the two committees’ activities are provided for your information.</p>	
<p><b>Supporting Documentation:</b></p> <p>Mental Health PNAC Annual Report</p> <p>Intellectual and Developmental Disabilities PNAC Annual Report</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	



## Mental Health Planning Network Advisory Committee FY 2024 Annual Report

In FY 2024, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

- Program Updates
- MH Performance Measures and Data Monitoring Reports
- Consumer Services Reports
- Community Resources Reports
- Financial Summary Reports with Explanation of Variance
- Membership Updates, Recruitment and Referrals

Special presentations and topics are presented to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers as well as to receive feedback on areas of quality improvement. This year, the Committee reviewed and discussed the following key areas:

- Plans for new facilities in Liberty and Walker Counties
- Key legislative updates affecting the Center
- Audit updates
- FY 24 Annual Continuous Quality Improvement (CQI) status updates
- School Based Services
- Staff turnover, retention and Center challenges and successes
- Tri-County Electronic Health Record (EHR) transition
- New Programming including Multisystemic Therapy and Youth Crisis Outreach Team (YCOT)
- Artificial Intelligence (opportunities and considerations)
- Ideas on how to expand membership

In FY 24 the MH PNAC received annual training, budget information and participated in the Consolidated Local Service Plan and Local Provider Network Development planning processes. The Committee discussed the unique challenges facing our Center to include but not limited to, continued growth, staffing challenges, need for additional funding and resources, and noted that, overall, the Center is doing well with the resources they have. The Committee continues to highlight the importance of the various community collaboration efforts of the Center and continued education for stakeholders about what the Community Center System does for individuals served and our communities.

The MHPNAC met six times for regularly scheduled meetings. The MHPNAC is required to have nine members and as of the end of FY 24, the Committee membership was at three members with six vacancies. The Center is currently meeting membership requirements through participation in the Regional Planning and Network Advisory Committee, for which MHPNAC member Richard Duren serves as a representative member for Tri-County.

# Intellectual and Developmental Disabilities Planning Network Advisory Committee

## FY 2024 Annual Report

In FY 2024, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

- IDD Performance Measures Status Reports
- Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates
- Membership Updates

Special program presentations and topics are presented to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers and to obtain informed feedback from the Committee. This year the Committee reviewed and discussed the following areas:

- Annual Training
- Legislative Updates
- Plans for new facilities in Liberty and Walker Counties
- FY 24 Continuous Quality Improvement Goals and Status Update
- Center Electronic Health Record (EHR) transition
- Staff turnover, retention, challenges and successes
- Medicaid Unwinding

The IDD PNAC provided positive input and feedback regarding Tri-County's first inaugural IDD Awareness Day and many members attended the event with family members. The Committee continues to express concerns related to insufficient funding, Medicaid unwinding for individuals served and while they highlighted progress made by the Center with respect to community collaboration and education, they continue to cite the importance of education and awareness to stakeholders and legislators who may be making decisions for their family members and other individuals served.

In FY 2024, the IDDPNAC met five times and currently has eight of the required nine members locally and is meeting contract membership requirements through participation in the Regional PNAC.

**Agenda Item:** FY 2024 Goals and Objectives Progress Report

**Board Meeting Date**

September 26, 2024

**Committee:** Program

**Background Information:**

Attached is the final report of the Board Goals and Objectives for FY 2024.

**Supporting Documentation:**

FY 2024 Goals and Objectives Progress Report

**Recommended Action:**

**For Information Only**

# Year-to-Date Progress Report

---

*September 1, 2023 – September 26, 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. 23<sup>rd</sup>.
- 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 six Program Requirements. The CCBHC Team prepared additional documents and made updates to others to improve this score and participated 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 II were interviewed by HHSC as a final step in the recertification process to share how CCBHC has been implemented Center-wide.
- On January 19<sup>th</sup>, the CCBHC Team submitted a second set of documents, including procedures and narratives to demonstrate compliance with CCBHC requirements and standards and address any areas of deficiency identified in the initial submission.
- On February 6<sup>th</sup>, 16 staff who participated in CCBHC University II completed an interview with HHSC to share how CCBHC has been implemented. Staff did a great job representing the Center and demonstrating how certification has positively impacted the work being done.
- On March 8<sup>th</sup>, the CCBHC Team had a final interview with HHSC. During this meeting, it was shared that all requirements have been met for recertification and that the Center received an overall score of 97% on the recertification.
- A ‘graduation’ of the CCBHC University II class was held on March 8<sup>th</sup>. Each participant was recognized for their contribution to the success of the recertification and was provided with a CCBHC University Polo Shirt and Certificate of Appreciation.
- The CCBHC Team continues to meet regularly to ensure compliance with the CCBHC model of care, as well as plan for and implement the updated CCBHC criteria that will be required for the next certification in 2027. In addition to these updates, HHSC has also released a series of CCBHC performance measures that are required to be tracked and reported. The team is working closely with Texas Council, HHSC’s Texas CCBHC Team, and

internal departments to understand these measures and the actions and changes necessary to collect required data.

- The first CCBHC data report was submitted to HHSC on September 3<sup>rd</sup>, which highlighted the impact of the CCBHC model of care on individuals served. Information from this report will guide changes to operations that will continue to enhance client outcomes as well as ensure ongoing compliance with CCBHC certification.

## **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.**

- At the end of FY 2024, Tri-County leads four active crisis collaborative groups: Montgomery County Community Crisis Collaborative (adult focused), Montgomery Child Crisis Collaborative, Walker Crisis Collaborative (adult focused), and Walker Child Crisis Collaborative. All four crisis collaborative groups met in September, with a more significant stakeholder response to both of the child crisis meetings. The Montgomery Child Crisis group continues to provide excellent educational opportunities for members, with various agencies providing youth specific presentations. The Walker Child Crisis group has just recently sparked a greater interest and we anticipate our October 8<sup>th</sup> meeting to be well attended. The Montgomery Crisis Collaborative meeting for adults voted to continue meeting monthly, as the members appreciate the time to problem solve with other agencies and continue discussing ways to improve service delivery. The Walker Crisis Collaborative meeting has not been well attended, in part due to similar focus groups meeting monthly in the county. That group made the decision to move the Walker Crisis Collaborative to quarterly, until the competing focus groups are no longer meeting on a regular basis.

### **Objective 2:**

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

- Tri-County hosted a local Sequential Intercept Model mapping event, led by HHSC, for Montgomery and Walker Counties on June 12 & 13<sup>th</sup>. We had a great turnout; about 65 people who showed up representing various agencies in the community. Sequential Intercept Mapping breaks down the range of criminal justice services into five intersections, from crisis hotlines and dispatch, EMS, to law enforcement interactions, jail, court processes, to reentry programs such as parole and probation. The purpose of the SIM map is to look at every intersection where criminal justice and mental health overlap, and identify strengths in the system, gaps, and opportunities to improve or

expand services that would divert people from the criminal justice system and into more appropriate behavioral health services.

The team of law enforcement, court officials including four local judges, Montgomery and Walker County jail representatives, leaders in probation and parole divisions, and several family advocates engaged in discussion of data, processes, and participated on panels for each intercept. Both counties completed a SIM map and identified three key areas of opportunity to focus on:

1. Plan for a regional diversion center;
2. Expand training and specialized responses;
3. Expand and enhance jail mental health and substance use treatment services

Three workgroups were created by SIM participants that are interested in further exploring these initiatives in hopes of moving these goals forward for the community. We are now being included on HHSC communications regarding SIM-related grant opportunities and other state-wide collaboratives that are relevant to this line of work. The first Diversion Center meeting will be held on September 20<sup>th</sup> at the Sgt. Ed Holcomb Facility.

### **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.**

- Staff were able to meet with a consultant that does marketing for the Andrew's Center in Tyler at their recommendation. This consultant used to work for large healthcare entities but now runs his own company in the Tyler area.
- The team has provided feedback regarding design, characteristics of desired cardstock, and general information to be included, in addition to samples of existing marketing materials to the vendor.
- A final quote has been presented and approved, allowing work to begin on this project in FY 2025. The next steps in this process will include conversations with key program managers to understand program offerings and information to be included in marketing materials, photography of clinic locations, and development of internal procedures to guide staff on how to request marketing materials and what is available to promote consistency.

### **Objective 4:**

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

- Our IDD Awareness Day had 417 clients, family members, and various other community partners, participate in the day's events.
- We had 16 vendors and community partners participate in the awareness event, including interns from the SHSU Counseling Department, Mosaics of Mercy, and Special Friends Artwork.
- All in attendance seemed to have a fantastic time and were eager to participate in another event like this next year.

- The next IDD Awareness Day is scheduled for Saturday, March 22, 2025 at TCBHC’s main office in Conroe. The theme for the IDD Awareness event is “Passport to Success.”
- The team has created a sub-committee comprised of staff from various programs around the Center to plan an IDD-focused community awareness event.

## **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 conducted 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 continuing to explore the impact of various AI laws, rules, and standards, such as HIPAA, to determine viability and necessary action to ensure compliance with all applicable standards.
- The team developed a Whitepaper to summarize findings and make recommendations for use of AI in the future. A draft of this document was reviewed by the Board at the March 28<sup>th</sup> Board meeting.
- Since the completion of this goal, the team has spent time exploring options for AI that will provide support to direct care staff in the completion of documentation. The team has participated in several conversations with other Centers, including attendance at conferences and webinars to understand the potential benefits, risks, and financial investment associated with available AI products with the goal of identifying a product for purchase in FY 2025.

## **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.

- The Texas Council Risk Management Fund were on-site in January to provide a two-day training to leadership staff, which was well received. The team is working with the Texas Council Risk Management Fund to coordinate a second training, tentatively scheduled to occur in May, focused on future leadership.
- The leadership development series, provided by a business consultant started at the end of January, providing two program tracks, Foundational Leadership and Advanced Leadership, to over 30 Center managers.
- Texas Council Risk Management Fund were back on-site in May to provide four additional trainings, first to Center leadership focusing on building teams and ethics, followed by training for all staff addressing time management and compassion fatigue. These trainings were well received and necessitated opening a larger space to accommodate all registered staff.
- The Leadership Development series will continue through the end of the fiscal year, offering monthly sessions to Center managers. Involved managers provide positive feedback regarding the process and applicability to their work.

## **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, the team has considered three grant opportunities that the Center is eligible to apply for and that may have a meaningful impact on individuals served and the community.
- Many of the available grants are highly competitive and careful consideration has been given to each.
- Some of the SAMHSA grants are reportedly held up by the Congressional Continuing Resolution process, but we do expect additional grant opportunities in the coming months.
- Unfortunately, of the few grants released, none of the grants were a fit for the Center. The team continues to diligently monitor and evaluate available opportunities.



<p><b>Agenda Item:</b> 4<sup>th</sup> Quarter FY 2024 Corporate Compliance and Quality Management Report</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2024</p>
<p><b>Background Information:</b></p> <p>The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>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.</p> <p>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 4<sup>th</sup> quarter of FY 2024 are included in this Board packet.</p>	
<p><b>Supporting Documentation:</b></p> <p>4<sup>th</sup> Quarter FY 2024 Corporate Compliance and Quality Management Report</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

# Corporate Compliance and Quality Management Report

## 4<sup>th</sup> Quarter, FY 2024

---

### **Corporate Compliance Activities**

#### **A. Key Statistics:**

One compliance concern was reported in the 4<sup>th</sup> Quarter of FY24. This concern was reported by the Director of Quality Management and has since been fully reviewed. The details are listed below:

During an internal audit conducted by the Quality Management Department, it appeared that a staff member was using an identical note to document two separate services. Upon review, it was determined that the staff was taking a break in the middle of one long service, while using one continuous note. In Anasazi there was a function called a 'Multi-service Note' which allowed two time strips to be entered with one note for this type of service. However, our new Electronic Health Record (EHR) doesn't have this functionality and two notes are required.

Upon review, it was deemed that the root cause is a change in functionality in the EHR software rather than any intentional wrongdoing. Therefore, the employee was retrained to document two separate notes if a service is ever stopped and restarted. The payback for improper documentation was determined to be \$7,218.45.

#### **B. Committee Activities:**

The Corporate Compliance Committee met on August 13, 2024. The Committee reviewed and discussed the following:

1. A final summary of 3<sup>rd</sup> Quarter investigations;
2. Concerning trend of mail being sent to the wrong individuals, posing a HIPAA risk; and
3. Any other Corporate Compliance concerns throughout the agency.

### **Quality Management Initiatives**

#### **A. Key Statistics:**

1. Staff reviewed and submitted 10 record requests, totaling 138 charts.
2. Staff conducted several ongoing internal audits including, but not limited to, documentation reviews, authorization override requests for clinically complex individuals, satisfaction survey reviews, discharge audits and use of the co-occurring psychiatric and substance use modifier as well as the Mobile Crisis Outreach Team Modifier.

3. The Continuous Quality Improvement Committee met twice during the fourth quarter to review status updates for the FY 24 Annual CQI Goals. All the measures that we were looking at for FY 24 were met. The Committee discussed new CQI goals for the next fiscal year.

**B. Reviews/Audits:**

1. Staff continue to collect and review monthly quality assurance and satisfaction surveys request from program managers throughout the Center.
2. The HHSC Substance Use Disorder Facility audit results were obtained and the plan of correction that was submitted was approved. This audit has been concluded.
3. QM assisted with the completion of a financial audit and review of client documentation.
4. Staff prepared and submitted one record request totaling two charts to Aetna dating back to January 2023.
5. Staff prepared and submitted three record requests totaling 10 charts to Cigna Healthcare dating back to January 2023.
6. Staff prepared and submitted one record request totaling seven charts to Humana dating back to January 2023.
7. Staff prepared and submitted one record request totaling 30 charts to Texas Children's Health Plan dating back to January 2023.
8. Staff prepared and submitted two record requests totaling 49 charts to WellCare dating back to January 2023.
9. Staff prepared and submitted two record requests totaling 40 charts to WellPoint dating back to January 2023.
10. Staff reviewed 55 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 the majority of the time. Follow up was made with supervisors as needed for quality improvement purposes.
11. Staff reviewed 34 notes which used the MCOT Modifier for quality assurance purposes. Feedback was provided to staff and supervisors as needed to ensure proper use of the code.
12. Staff reviewed 70 discharges that occurred in Q4 and communicated areas that were needing improvement to supervisory staff.
13. Staff reviewed 32 MH Adult and Child and Youth progress notes, outside of those reviewed for record requests, for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.

**Agenda Item:** 1st Quarter FY 2025 Corporate Compliance Training

**Board Meeting Date**

September 26, 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:**

1st Quarter FY 2025 Corporate Compliance Training

**Recommended Action:**

**For Information Only**

## NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns



### New Fiscal Year Compliance Goals: Setting the Tone for Success

As we begin the new fiscal year, staying compliant is key to our success and the quality of care we provide. To guide us, here are the core compliance goals for everyone to focus on. By keeping these in mind, we'll continue to uphold the highest standards of integrity, client safety, and regulatory compliance:

#### 1. Stay informed

- Keep up with new policies and procedures.

#### 2. Protect Privacy

- Always safeguard client information

#### 3. Report Compliance Concerns

- Use proper channels to report concerns

#### 4. Complete Training

- Attend all mandatory compliance sessions

#### 5. Document Accurately

- Ensure all records are clear and correct

#### 6. Act with Integrity

- Follow ethical standards in all tasks.

#### 7. Support Risk Prevention

- Spot and report potential compliance risks

### 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

**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:** Appoint Texas Council Representative and Alternate for FY 2025

**Board Meeting Date**

September 26, 2024

**Committee:** Executive

**Background Information:**

The representative attends the Texas Council of Community Centers Inc., Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Texas Council Representative and Alternate for FY 2025**

**Agenda Item:** Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees

**Board Meeting Date**

September 26, 2024

**Committee:** Executive

**Background Information:**

The election process to fill the positions of the Board of Trustees in Places 7, 8 and 9 will be completed during the Texas Council Risk Management Fund Board Meeting on November 15<sup>th</sup>. Election ballots are due by Thursday, October 31<sup>st</sup>.

Only one (1) candidate can be selected for each of the three (3) places:

- Dianne Hickey (Incumbent)
- Dr. Reggie Hall (Incumbent)
- Jim Lykes (Incumbent)

**Supporting Documentation:**

Memorandum from the Texas Council Risk Management Fund Nominating Committee  
Election Ballot

**Recommended Action:**

**Cast Election Ballot for the Current Incumbents for the Texas Council Risk Management Fund Board of Trustees to Fill Places 7, 8 and 9**

September 6, 2024

## MEMORANDUM

To: Executive Directors  
Member Centers, Texas Council Risk Management Fund

From: TCRMF Nominating Committee

Subject: **Board of Trustees Election Ballot  
Places 7, 8 and 9**

---

The election process for Places 7, 8 and 9 will be finalized at the November 15, 2024, Annual Member Meeting of the Texas Council Risk Management Fund. Attached is the election ballot indicating the eligible candidates for this year's election.

The Nominating Committee has prepared the ballot for the upcoming election. Incumbents Dianne Hickey (Place 7), Dr. Reggie Hall (Place 8) and Jim Lykes (Place 9) are seeking re-election and are listed on the ballot. Brief bios are attached for the incumbents.

Please return the election ballot by email or mail so that it is received in the Fund's office **no later than October 31, 2024**. You may also vote in person at the Annual Member Meeting on November 15<sup>th</sup>.

If you have any questions, please call Jacey Garza- Raines at the Fund, either 512-970-8398 or email her at [Jacey.garzaraines@sedgwick.com](mailto:Jacey.garzaraines@sedgwick.com).

cc: TCRMF Board of Trustees  
Advisory Committee  
Pam Beach



September 9, 2024

Dianne Hickey

Since relocating to Flower Mound, TX over 24 years ago from Denville, NJ, I have been engaged in many charitable efforts. My husband Robert and I have an amazing IDD daughter Alyse. When I retired my goal was to do mostly charity work. I have been doing charity work for over 45 years.

It troubles me that there are so many IDD and MH children and adults, that need our help, that can't do everything for themselves, so my goal is to help as many as possible.

The organizations that I have worked with include CCA (Christian Community Action) as a volunteer for their Christmas program. My husband Robert, Alyse and I volunteered to work at the Christmas store and back to school programs. From that day on we volunteered at almost all of their events. Maureen, the Seasonal Volunteer Coordinator asked if I could help with thanking all the volunteers for their service, of course I said yes. That year we ordered over 450 denim shirts, which I embroidered with the CCA Logo. It became an event that was done every other year for many years. Several years ago, there wasn't anyone available to do the Christmas coordination program for CCA I took that on; it was an unbelievable experience for me.

The organizations that I have assisted include Ronald McDonald House, Cook Children's Hospital, Friends of the Family, Buckner Children's, CACDC, VOA (Volunteers of America) Denton MHMR, Denton YIHMR Guardianship program, Linus, DSSLC, North Texas Child advocacy, Meals on wheels, Health Services of North Texas. I was also appointed to the United Ways Behavioral Leadership Team.

I am on the Advisory Committee of HCS to help monitor their programs.

In 2020 I was honored with winning the Frank M. Adams Outstanding Volunteer Service Award from the Texas Council of Community Centers. My goal is to do as much as I can to help our community and speak for those that can't speak for themselves.

I have been appointed by the Denton County Commissioners to the Board of Trustees of Denton County MHMR. I am now the Chairperson of the Finance Committee and Chairperson of the Board of Trustees for Denton County MHMR. I worked with the IRS to have them change a letter ruling that had negative consequences for our FLS and HCS programs. I am pleased to say that I was successful and the IRS Re wrote the letter ruling in our favor.

When the opportunity came up to be on the Board of Trustees for the Texas Council Risk Management Fund, I knew I could make a difference.

I am presently on the TCRMF Board of Trustees, Place 7. I originally was appointed to the Underwriting Committee and was then quickly asked to join the Finance Committee. I would like to remain on the Finance Committee and would like to have another term with TCRMF, I have so enjoyed working with the team. Thank you for considering me for this position.

Dianne Hickey

## **Dr. Reggie Hall**

Tarleton State University Associate Professor Management (254)968-9654 rhall@tarleton.edu

### **Professional Positions**

Department Chairperson, Department. (January 2023 - August 31, 2023).

Department Chairperson, Department, approximately 2000 hours spent per year. (September 1, 2018 - September 1, 2020).

Coordinator, University, approximately 500 hours spent per year. (August 28, 2012 - May 31, 2016).

### **Education**

EDD, Tarleton State University, 2014. Major: Educational Leadership  
Dissertation Title: "Factors Contributing to the Persistence of African American and Hispanic Undergraduate Males Enrolled at a Regional Texas university"

MS, Tarleton State University, 2002. Major: Human Resources Management

BBA, Tarleton State University, 2000. Major: Marketing

### **Licensures and Certifications**

Certification of Credentials, Tarleton State University. (2019 - Present).

SHRM-CP, Society of Human Resource Management. (January 10, 2015 - January 1, 2025).

ACUE Certification, ACUE- Effective Teaching Practices. (September 1, 2021 - May 1, 2022).

Professional in Human Resources Certification, Society for Human Resource Management. (January 7, 2005 - January 31, 2017).

### **Professional Service**

Board of Directors of a Company, Texas Council Risk Management Fund, Austin, Texas. (August 1, 2022 - August 1, 2025).

Board of Advisors of a Company, Pecan Valley Community Centers for Behavioral and Developmental Healthcare, Granbury, Texas. (October 1, 2020 - October 1, 2023).

Judge- Served as a judge reviewing business plans for local entrepreneurs, Entrepreneurs of Erath Business Plan Competition, Stephenville, TX. (April 28, 2022).

Committee Member, Cross Timbers Human Resource Management Association, Stephenville, Texas. (January 2004 - May 2013).

# JAMES R. LYKES

4062 Merrick Street, Houston, TX 77025 · (713) 201-4786 · jlykes@origin.bank

---

James R. Lykes is a dynamic, innovative leader with over three decades of executive leadership experience in the banking and risk management industry.

He currently serves as the Executive Vice President for Origin Bank, an organization dedicated to helping people, small businesses and large companies grow and prosper throughout the states of Texas, Louisiana and Mississippi. Since joining the organization, he has produced over \$350 million in new loans in the Houston area and oversees profit and loss strategies to improve processes and identify areas of improvement.

Prior to joining Origin Bank, he served as the Executive Vice President and Chairman of the Advisory Board of Directors for IberiaBank Corporation, a comprehensive financial services organization servicing retail, commercial, business, private banking and mortgage services for over 322 combined locations across 12 states. In this role, he created innovative solutions and strategies, managed leadership teams and built the largest loan portfolio in the Houston market.

Lykes graduated from Texas Christian University with a Bachelor in Business Administration and later from Baylor University with Master of Business Administration in Finance. He has spent the last few decades in leadership roles within large financial institutions including NationsBank, Compass Bank, Northern Trust Bank, Amegy Bank and Encore Bank. Throughout his career, he has devoted his talents to his clients, working in their best interest to develop custom solutions to their needs.

Lykes joined The Harris Center for Mental Health and IDD Board of Trustees in 2019 and Chairs the Governance Committee. Lykes joined the Texas Council Risk Management Fund Board of Trustees in 2020. Lykes also serves on numerous other Boards for charitable organizations in the Houston area, including the Harris Center Foundation, The Bryan Museum and Project 375.



**BOARD OF TRUSTEES ELECTION BALLOT**

At the November 15<sup>th</sup> Annual Member Meeting of the Texas Council Risk Management Fund, elections will be finalized to fill the positions of Trustees in Places 7, 8, and 9. Incumbents Dianne Hickey (Place 7), Dr. Reggie Hall (Place 8) and Jim Lykes (Place 9) are seeking re-election and are listed on the ballot. Brief bios are attached for the incumbents. Each Center may cast its votes by email (preferred), mail, in advance or in person at the Annual Member Meeting.

**Please vote for one candidate for each of the three places.**

	<b>Mark Vote ("X") In box below (for THREE)</b>
<b>Place 7</b>  Dianne Hickey	  [ X ]
<b>Place 8</b>  Dr. Reggie Hall	  [ X ]
<b>Place 9</b>  Jim Lykes	  [ X ]

I certify that the above represents the Board of Trustees Election Ballot of the below named Texas Council Risk Management Fund member and that I am duly authorized to execute and deliver this ballot on behalf of the Center.

Tri-County Behavioral Healthcare

\_\_\_\_\_  
Name of Community Center

9-26-24

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Agenda Item:** Personnel Report for August 2024

**Board Meeting Date:**

September 26, 2024

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Personnel Report for August 2024

**Recommended Action:**

**For Information Only**

# Personnel Report

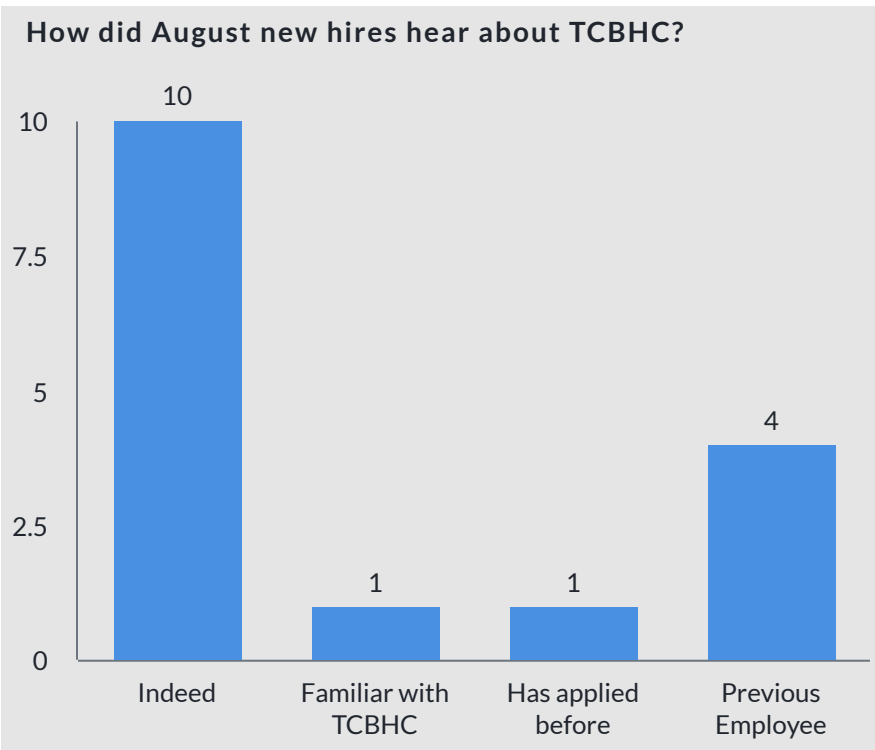
FY24 | August 2024



## OVERVIEW

<b>NEW HIRES</b> August <b>16</b> POSITIONS YTD <b>157</b> POSITIONS	<b>SEPARATIONS</b> August <b>19</b> POSITIONS YTD <b>161</b> POSITIONS	<b>Vacant Positions</b> <b>79</b> <b>Frozen Positions</b> <b>6</b>	<b>Newly Created Positions</b> <b>3</b> <b>Total Budgeted Positions</b> <b>472</b>
--	--	---	---

## RECRUITING



## APPLICANTS

August Total Applicants	343
YTD Applicants	4658

## CURRENT OPENINGS

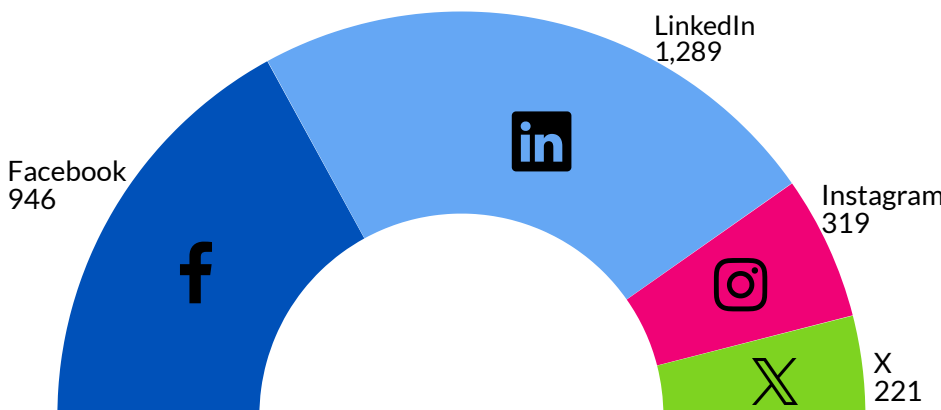
VACANCIES BY LOCATION

CONROE	61
PETC	7
HUNTSVILLE	4
PORTER	3
CLEVELAND	2
LIBERTY	2

## RECRUITING EVENTS

Houston Career Fair	8/22/2024
---------------------	-----------

## SOCIAL MEDIA FOLLOWERS



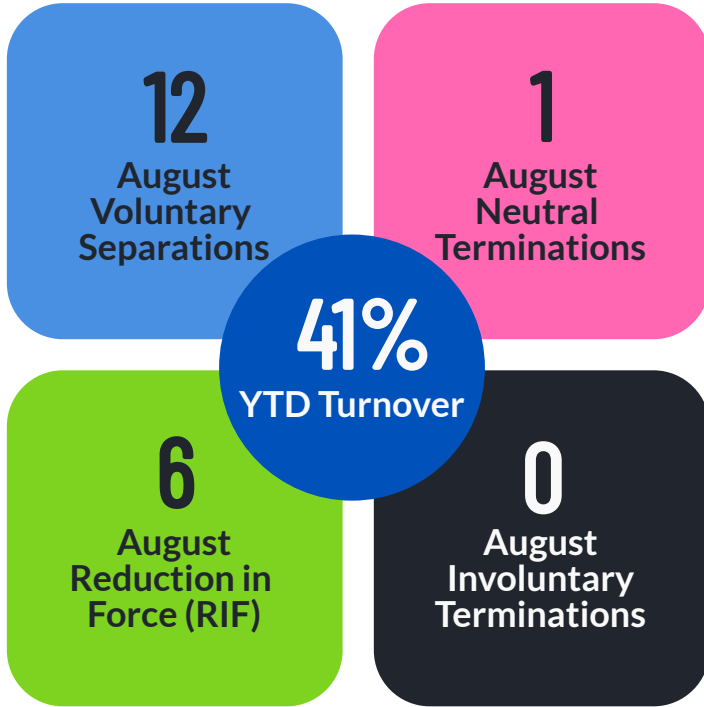
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	40
Direct Care Provider	7
Licensed Clinician	5
Provider	2
Administrative Assistant	2

# Exit Data

FY24 | August 2024

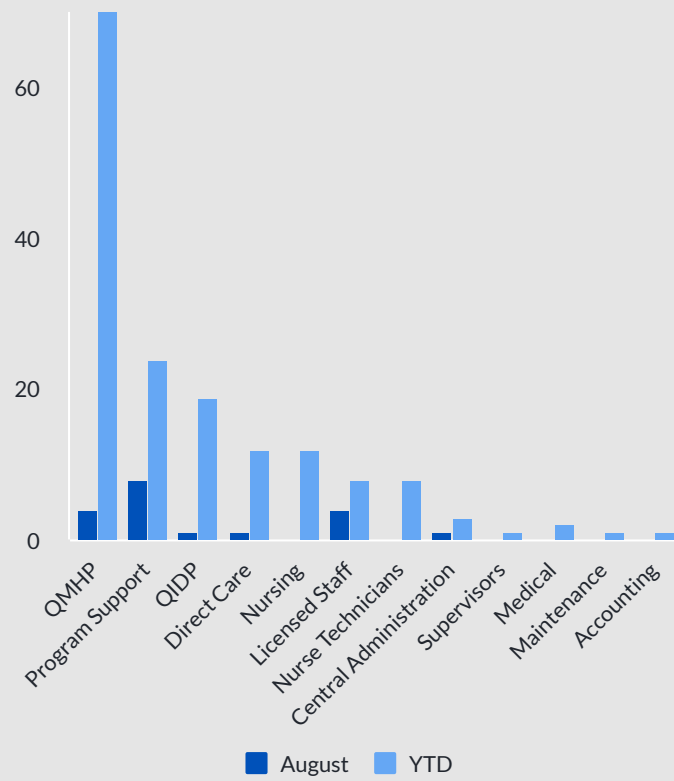
## Exit Stats at a Glance



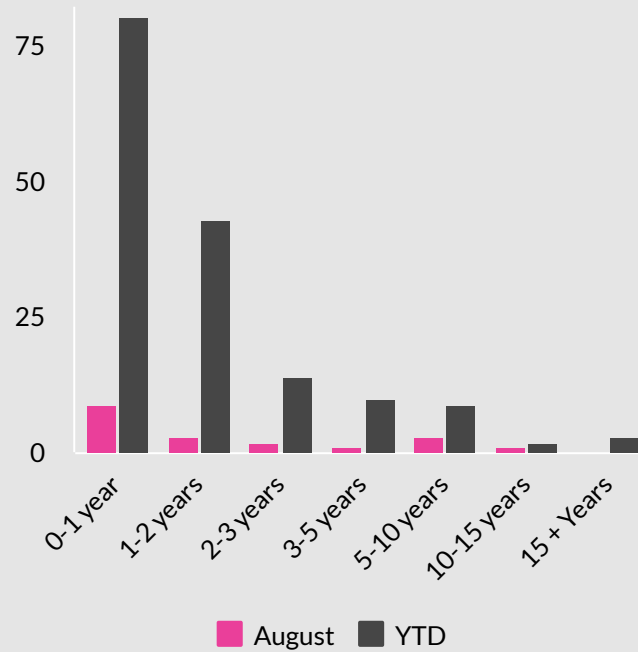
## YTD Top Reasons for Separations

- 1 Another Job
- 2 Involuntarily Terminated
- 3 Health
- 4 Return to School
- 5 Better Pay

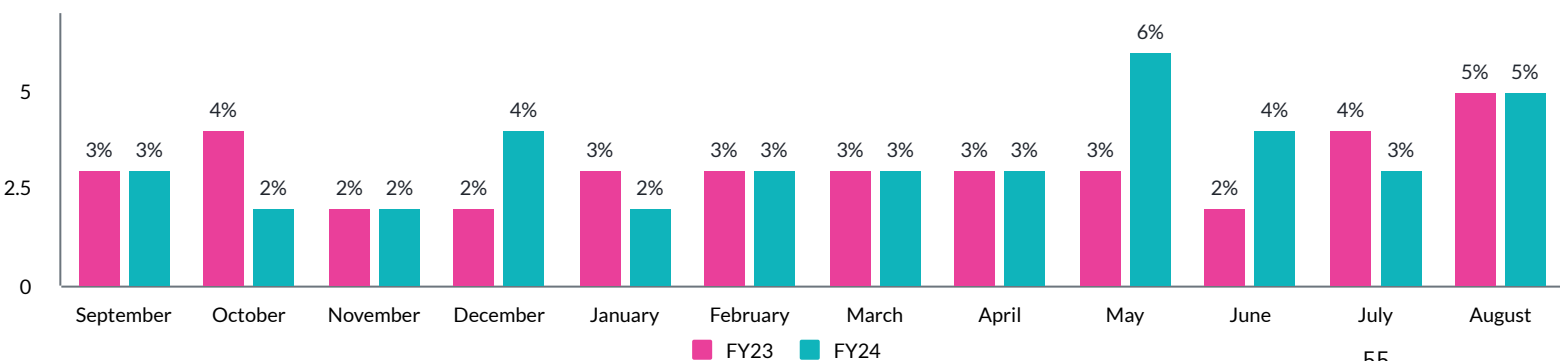
## Separations by Category



## Separations by Tenure



## Turnover Rate by Month



**Agenda Item:** Texas Council Risk Management Fund Claims Summary as of August 2024

**Board Meeting Date:**  
September 26, 2024

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

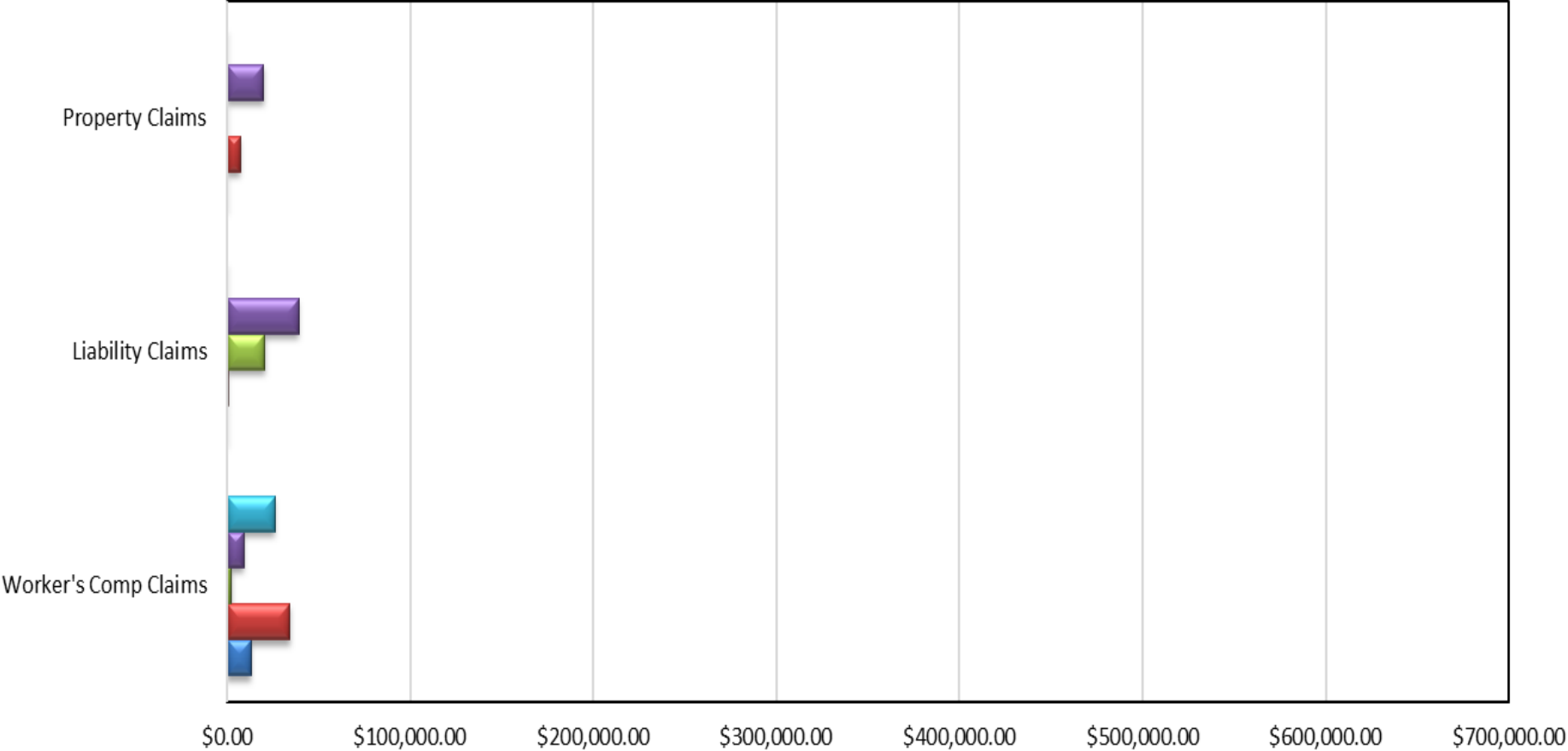
Texas Council Risk Management Fund Claims Summary as of August 2024

**Recommended Action:**

**For Information Only**



# TCRMF Claims Summary August 2024



	Worker's Comp Claims	Liability Claims	Property Claims
2020	\$26,111.00	\$0.00	\$0.00
2021	\$9,040.00	\$39,234.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,369.00	\$351.00	\$7,243.00
2024	\$13,206.00	\$0.00	\$0.00

<p><b>Agenda Item:</b> Board of Trustees Reappointments and Oaths of Office</p> <p><b>Committee:</b> Executive</p>	<p><b>Board Meeting Date</b></p> <p>September 26, 2024</p>
<p><b>Background Information:</b></p> <p>Listed below are the Board members who were reappointed by the Commissioner’s Court of their respective counties for an additional two-year term expiring August 31, 2026.</p> <p>Reappointments:</p> <ul style="list-style-type: none"> <li>• Patti Atkins, Liberty County</li> <li>• Carl Williamson, Liberty County</li> <li>• Jacob Paschal, Walker County</li> <li>• Richard Duren, Montgomery County</li> <li>• Tim Cannon, Montgomery County</li> </ul> <p>Oaths of Office will be recited at the Board meeting.</p>	
<p><b>Supporting Documentation:</b></p> <p>Oath of Office Recitation</p> <p>Liberty County Trustee – Copy of Minutes from Liberty County Commissioner’s Court Meeting dated July 9, 2024.</p> <p>Walker County Trustees – Copy of Minutes from Walker County Commissioner’s Court Meeting dated June 17, 2024.</p> <p>Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner’s Court Meeting dated July 23, 2024.</p>	
<p><b>Recommended Action:</b></p> <p><b>Recite Oaths of Office</b></p>	



LIBERTY COUNTY COMMISSIONERS COURT  
Regular Meeting of Commissioners Court  
July 09, 2024  
9:00 a.m.  
1923 Sam Houston St., Room 203 - Liberty, Texas 77575

1. CALL TO ORDER :

BE IT REMEMBERED that on TUESDAY, JULY 9, 2024, at 9:12 A.M., Judge Jay Knight called to order a REGULAR SESSION meeting of the Commissioners Court of Liberty County, Texas, with the following members present, to-wit:

Hon. Jay Knight, County Judge  
Hon. Bruce Karbowski, Commissioner, Precinct 1  
Hon. Greg Arthur, Commissioner, Precinct 2  
Hon. Leon Wilson, Commissioner, Precinct 4 (via Zoom)  
Hon. Lee Haidusek Chambers, County Clerk (*Ex-officio*)

Other elected officials and county department executives present:

Hon. Bobby Rader, Sheriff  
Hon. Matthew Poston, County Attorney (Kathrine McCarty representing)  
Hon. Kim Harris, Treasurer  
Dwayne Gott, County Auditor  
Harold Seay, County Purchaser  
Melinda Soliday, County Engineer  
Bill Hergemeuller, Fire Marshall  
Hon. Mark Davison, Constable Precinct 3  
Chief Billy Knox, Sheriff's Department

Having a quorum established, the Liberty County Commissioners Court considered the following matters:

2. PLEDGE TO THE U.S. FLAG AND TEXAS FLAG :

Pledges to the U.S. and Texas flags led by Lee Chambers.

3. INVOCATION :

Prayer led by Bobby Rader.

4. NOTICES AND PROCLAMATIONS :

Lee Chambers reminded the Court that Campaign Finance Reports are due by July 15, 2024.

5. PUBLIC COMMENT :

SECONDED BY: Greg Arthur  
VOTED AYE: Bruce Karbowski, Greg Arthur, Leon Wilson  
VOTED NO: NONE  
ABSTAINED FROM VOTE: Jay Knight  
ABSENT FOR VOTE: David Whitmire  
THE MOTION PASSED.

2. COMMISSIONER PCT. 1 - BRUCE KARBOWSKI

CONSIDER AND APPROVE ADOPTING A COUNTY WIDE POLICY PROHIBITING THE USE OF COUNTY LAW ENFORCEMENT VEHICLES FROM BEING OPERATED / USED FOR TRANSPORTING LAW ENFORCEMENT OFFICERS TO SECURITY, CONTRACT, AND TRAFFIC CONTROL JOBS OUTSIDE OF LIBERTY COUNTY.

Agenda Attachments

1. item 8.2 pct 1 vehicle use policy.pdf

MOTION TO TABLE FOR A WORKSHOP WITH SHERIFF AND CONSTABLES. AN ATTORNEY GENERAL OPINION IS PENDING.

MOTION BY: Bruce Karbowski  
SECONDED BY: Greg Arthur  
VOTED AYE: Bruce Karbowski, Greg Arthur, Leon Wilson  
VOTED NO: NONE  
ABSTAINED FROM VOTE: Jay Knight  
ABSENT FOR VOTE: David Whitmire  
THE MOTION PASSED.

3. COUNTY JUDGE JAY KNIGHT

CONSIDER AND APPROVE THE RE-APPOINTMENTS OF MS. PATTI ATKINS AND REVEREND CARL WILLIAMSON TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES, EACH FOR A TERM OF TWO (2) YEARS. THEIR CURRENT TERM WILL EXPIRE AUGUST 31, 2024

Agenda Attachments

1. item 8.3 tri-co trustees.pdf

MOTION TO APPROVE THE RE-APPOINTMENTS OF MS. PATTI ATKINS AND REVEREND CARL WILLIAMSON TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES, EACH FOR A TERM OF TWO (2) YEARS BEGINNING SEPTEMBER 1, 2024.

MOTION BY: Leon Wilson  
SECONDED BY: Greg Arthur  
VOTED AYE: Bruce Karbowski, Greg Arthur, Leon Wilson  
VOTED NO: NONE  
ABSTAINED FROM VOTE: Jay Knight  
ABSENT FOR VOTE: David Whitmire  
THE MOTION PASSED.

4. COUNTY JUDGE JAY KNIGHT

CONSIDER AND APPROVE PAYMENT TO SOUTH EAST TEXAS FLOOD CONTROL DISTRICT FOR INITIAL FUNDING DUES BASED ON 2020 COUNTY POPULATION

THESE DULY RECORDED MINUTES OF THE REGULAR SESSION MEETING OF THE COMMISSIONERS COURT OF LIBERTY COUNTY, TEXAS, ARE RESPECTFULLY SUBMITTED BY:

LEE HAIDUSEK CHAMBERS  
LIBERTY COUNTY CLERK





**MINUTES for Walker County Commissioners Court  
REGULAR SESSION  
Monday, June 17, 2024, 9:00 a.m.**



**CALL TO ORDER**

Be it remembered, Commissioners Court of Walker County was called to order by County Judge, Colt Christian at 9:00 a.m. in Commissioners Courtroom, 1st Floor, 1100 University Avenue, Huntsville Texas.

County Judge	Colt Christian	Present
Precinct 1, Commissioner	Danny Kuykendall	Present
Precinct 2, Commissioner	Ronnie White	Present
Precinct 3, Commissioner	Bill Daugette	Present
Precinct 4, Commissioner	Brandon Decker	Present

County Judge, Colt Christian stated a quorum was present.  
County Clerk, Kari French, certified the notice of the meeting was given in accordance with Section 551.001 of the Texas Government Code.

**GENERAL ITEMS**

Pledge of Allegiance and Texas Pledge were performed.  
Prayer was led by Pastor, James Ray Necker.

**CONSENT AGENDA**

1. Approve minutes from Commissioners Court Regular Session held on June 3, 2024.
2. Approve Disbursement Report for the period of 06/03/2024 – 06/17/2024.
3. Receive financial information as of June 12, 2024 for the fiscal year ending September 30, 2024.
4. Approve claims and invoices submitted for payment.
5. Approve transfer of fixed asset # 11502, iPad, from R&B 1 to R&B 2.
6. Approve transfer of fixed asset # 11898, 2015 Chevrolet Equinox from Sheriff's Office to the Jail.
7. Approve the transfer of fixed asset # 10172, 1992 Motor Grader from Surplus to R&B 1.
8. Approve GLO and HUD reports, GrantWorks/CDBG GLO Hurricane Harvey Grant Contract 20-065-104-C279 for May 2024.
9. Receive Walker County Appraisal District monthly tax collection report for May 2024.
10. Receive Huntsville Fire Department Reports for May 2024.
11. Receive Planning and Development Monthly Report for May 2024.

*Commissioner Kuykendall asked to pull item 1.  
Commissioner White asked to pull item 4.  
Commissioner Daugette asked to pull item 8.*

**MOTION:** Made by Commissioner Daugette to APPROVE Consent Agenda with items 1, 4 and 8 pulled for discussion.  
**SECOND:** Made by Commissioner White  
**VOTE:** Motion carried unanimously.

- (1) Approve minutes from Commissioners Court Regular Session held on June 3, 2024.  
*Commissioner Kuykendall questioned the amount on item 13. There was discussion. Will approve with corrections after Clerk goes to back to verify.*

**MOTION:** Made by Commissioner Kuykendall to APPROVE minutes from Commissioners Court Regular Session held on June 3, 2024.  
**SECOND:** Made by Commissioner Decker.  
**VOTE:** Motion carried unanimously.

- (4) Approve claims and invoices submitted for payment.  
*Commissioner White had questions on a few items.*

**MOTION:** Made by Commissioner White to APPROVE invoices submitted for payment.  
**SECOND:** Made by Commissioner Kuykendall.  
**VOTE:** Motion carried unanimously.

18. Discuss and take action on the reappointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term.  
*Judge Christian presented information.*

**MOTION:** Made by Judge Christian to APPROVE the reappointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term.

**SECOND:** Made by Commissioner White.

**VOTE:** Motion carried unanimously.

19. Discuss and take action on accepting surplus materials from Trevway construction in the form of concrete lane barriers for Pct. 3.  
*Commissioner Daugeette presented information.*

**MOTION:** Made by Commissioner Daugeette to APPROVE as presented.

**SECOND:** Made by Commissioner Decker.

**VOTE:** Motion carried unanimously.

20. Discuss and take action on purchase of a single axle dump truck for Pct. 3 from auction or private seller in an amount not to exceed \$50,000.  
*Commissioner Daugeette presented information.*

**MOTION:** Made by Commissioner Daugeette to APPROVE purchase of a single axle dump truck for Pct. 3 from auction or private seller in an amount not to exceed \$50,000.

**SECOND:** Made by Commissioner White.

**VOTE:** Motion carried unanimously.

21. Discuss and take action on obtaining a temporary easement from Anthony and Leann Hildebrandt at the bridge on Roy Webb Rd in Pct. 3 for the purpose of protecting the road and bridge from erosion.  
*Commissioner Daugeette presented information.*

**MOTION:** Made by Commissioner Daugeette to APPROVE obtaining a temporary easement from Anthony and Leann Hildebrandt at the bridge on Roy Webb Rd in Pct. 3 for the purpose of protecting the road and bridge from erosion.

**SECOND:** Made by Commissioner White.

**VOTE:** Motion carried unanimously.

22. Discuss and take action on accepting donation of concrete dividers from the contractor building Highland Bridge located in Pct. 3.

**ACTION:** PASS at this time.

#### Planning and Development

23. Public hearing concerning Plat # 2024-007, Replat of Lot(s) 2, 3 and 4, Section 3 of Sam Houston Forest Estates Subdivision, George Robinson Survey, A-454 – Magnolia Drive – Pct. 4.

**ACTION:** Public Hearing opened at 9:47 a.m.

*Andy Isbell presented information.*

**ACTION:** Public Hearing closed at 9:48 a.m.

24. Discuss and take action on Plat # 2024-007, Replat of Lot(s) 2, 3 and 4, Section 3 of Sam Houston Forest Estates Subdivision, George Robinson Survey, A-454 – Magnolia Drive – Pct. 4.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner Decker to APPROVE Plat # 2024-007.

**SECOND:** Made by Commissioner Daugeette.

**VOTE:** Motion carried unanimously.

25. Discuss and take action on Ray Twardeski request for variance to Section(s) 4.23 and B4.1 of the Walker County Subdivision Regulations regarding minimum right of way width and lot lines for Plat # 2024-006, Replat of Lot(s) 3A and 4A of the Horace N. Lewis, Jr. 50.54 Acre Tract, William Roark League, A-41 - FM 1696 W – Pct. 1.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner Kuvkendall to APPROVE the Twardeski request for variance to Section(s) 4.23 and B4.1 of the Walker County Subdivision Regulations regarding minimum right of way width and lot lines for Plat # 2024-006. Motion includes that it will not be dedicated.

**SECOND:** Made by Commissioner White.

**VOTE:** Motion carried unanimously.

33. Workshop to discuss Section 3.36 of the Walker County Subdivision Regulations regarding TCEQ groundwater certification requirement for subdivision of land in Walker County.

**ACTION:** Workshop opened at 10:05 a.m.  
*Andy Isbell presented information. Mike Namken also spoke regarding new changes effective January 1, 2024, with the ground water survey and rules and regulations. There was discussion with the Court.*

**ACTION:** Workshop closed at 10:17 a.m.

**ACTION:** County Judge, Colt Christian adjourned the meeting at 10:22 a.m.

I, Kari A. French, County Clerk of Walker County, Texas, do hereby certify that these Commissioners Court Minutes are a true and correct record of the proceedings from the Meeting on June 17, 2024.

*Kari A. French*

Walker County Clerk, Kari A. French



*Colt Christian* 7/19/24  
Walker County Judge, Colt Christian

Date Minutes Approved by Commissioners Court

**FILED FOR RECORD**

At 9:05 o'clock AM

JUL 01 2024

KARI FRENCH, COUNTY CLERK  
WALKER COUNTY, TEXAS

By *K. French* Deputy



COMMISSIONERS COURT DOCKET  
JULY 23, 2024  
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 23<sup>rd</sup> day of July, 2024, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

- |                          |                      |
|--------------------------|----------------------|
| County Judge             | Mark Keough          |
| Commissioner, Precinct 1 | Robert Walker        |
| Commissioner, Precinct 2 | Charlie Riley        |
| Commissioner, Precinct 3 | James Noack          |
| Commissioner, Precinct 4 | Matt Gray            |
| County Clerk             | L. Brandon Steinmann |

INVOCATION GIVEN BY ELDA BLAIR.

THE PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA RECITED.

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

Motion by Commissioner Riley, seconded by Commissioner Walker to approve Commissioners Court Agenda for discussion and necessary action. Motion carried.

CITIZENS – AGENDA ITEM 7

Jennifer Eckhart, a resident of Precinct 2, spoke on Agenda Item 19B1 in regards to approving the creation of a committee to provide recommendations for development regulations for Montgomery County. She requested that the court pay attention to the concerns of residents where new developments have had water runoff in adjacent neighboring developments.

Alizain Ali spoke on Agenda Item 10B in regards to a Resolution and Order approving a variance pursuant to Article 4.1 of the Montgomery County Regulations Prohibiting the Sale of Alcohol Beverages by Dealer near School or Church. After his statement, he asked that the court approve the variance.

72.	<b>TAX ASSESOR-COLLECTOR</b>	MONTES-RODRIGUEZ, JAVIER/ DEPUTY SPEC I	RESIGNED	7/05/2024
73.	<b>TRAFFIC OPERATIONS</b>	ALLEN, RYAN/ IT OPS MGR TRAFFIC	PROMOTION/ REPLACEMENT FOR BECKER, MARSHALL	7/06/2024

COUNTY JUDGE – AGENDA ITEMS 9J1-4

- J1. RESOLUTION AND ORDER APPROVED regarding acceptance of donation of an educational scholarship from Petco Love valued at approximately \$6,600. County Judge Mark J. Keough and/or Assistant Director of Animal Services, Mark Wysocki is authorized to execute applicable contract(s) and complete all necessary formalities to effectuate same.
- J2. ANNUAL FINANCIAL REPORT ACCEPTED for Montgomery County Emergency Services District No. 10 (ESD10) for the fiscal year ending December 31, 2023.
- J3. REAPPOINTMENT APPROVED of Tim Cannon and Dr. Richard Duren to the Tri-County Behavioral Healthcare Board of Trustees, for a two year term that ends August 31, 2026.
- J4. APPOINTMENT APPROVED of Susan Johnson, Elizabeth Logue, Gloria Fawcett, and Jessica Steinmann, as board members for the Montgomery County Child Welfare Board.

JUSTICE OF THE PEACE PRECINCT 1 – AGENDA ITEM 9K1

- K1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2024.

JUSTICE OF THE PEACE PRECINCT 2 – AGENDA ITEM 9L1

- L1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2024.

JUSTICE OF THE PEACE PRECINCT 3 – AGENDA ITEM 9M1

- M1. INTERLOCAL AGREEMENT ACCEPTED with The Woodlands Township regarding 2024 interim funding for staff member assigned to Justice of the Peace Precinct 3.

JUSTICE OF THE PEACE PRECINCT 4 – AGENDA ITEM 9N1

- N1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2024.

CONSTABLE PRECINCT 3 – AGENDA ITEMS 9O1-2

Montgomery County Clerk  
Clerk of Commissioners Court  
Montgomery County, Texas

BY: *J. Brian*  
COUNTY CLERK



*[Signature]*  
COUNTY JUDGE

## ADMINISTERING THE OATH OF OFFICE

*Please raise your right hand and repeat after me...*

I, STATE YOUR NAME,

do solemnly swear that I will faithfully execute the duties of the office of  
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the  
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,  
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or  
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation  
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such  
goods or services, for this Center,

so help me God.

# ADMINISTERING THE OATH OF OFFICE

I, \_\_\_\_\_,

do solemnly swear that I will faithfully execute the duties of the office of  
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the  
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,  
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or  
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation  
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such  
goods or services, for this Center,

so help me God.

<b>Agenda Item:</b> Board of Trustees Committee Appointments  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  September 26, 2024
<b>Background Information:</b>  Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

**Agenda Item:** Board of Trustees Attendance Analysis for FY 2024 Regular and Special Called Board Meetings

**Board Meeting Date**

September 26, 2024

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Board of Trustees Attendance Analysis for FY 2024

**Recommended Action:**

**For Information Only**

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	8/9	89%	1/1	100%	90%
Tracy Sorensen	6/9	67%	1/1	100%	70%
Sharon Walker	9/9	100%	1/1	100%	100%
Richard Duren	8/9	89%	1/1	100%	90%
Morris Johnson	8/9	89%	1/1	100%	90%
Gail Page	8/9	89%	1/1	100%	90%
Jacob Paschal	4/9	45%	1/1	100%	50%
Carl Williamson	8/9	89%	1/1	100%	90%
Tim Cannon	6/9	67%	0/1	0%	60%

<b><u>Summary of Attendance</u></b>	<b><u>2022</u></b>	<b><u>2023</u></b>	<b><u>2024</u></b>
Total Regular Meetings Held:	9	10	9
Average Attendance:	78%	79%	80%
Total Special Called Meetings Held:	0	0	1
Average Attendance:	N/A	N/A	89%
Total Number of Meetings Held:	9	10	10
Average Attendance:	78%	79%	85%
Average Number of Members Present:	6.23	7.50	7.61



**Agenda Item:** Approve FY 2025 Dues Commitment and Payment Schedule for the Texas Council

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background Information:**

The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.

The Texas Council Operating Budget for FY 2025 was approved at the Texas Council Board meeting on August 17, 2024.

Total dues for Tri-County in FY 2025 were decreased by \$3,058 from \$49,487 to \$46,429. The Center will pay this fee in one installment.

**Supporting Documentation:**

Cover Memorandum from Lee Johnson, CEO

FY 2025 Dues Commitment and Payment Schedule

**Recommended Action:**


**Approve FY 2025 Dues Commitment and Payment Schedule for the Texas Council**



**Texas Council**  
of Community Centers

**MEMO**  
**September 10, 2024**

**TO:** Evan Roberson  
Executive Director, Tri-County Behavioral Healthcare

**FROM:** Lee Johnson   
Chief Executive Officer

**SUBJECT:** FY 2025 Commitment of Dues for  
Texas Council of Community Centers

Please find attached the FY 2025 (September 1, 2024 – August 31, 2025) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 17, 2024 annual board meeting. To assist with local discussions, we include the following information:

- Budget Overview
- FY 2025 Budget (with side-by-side comparison to FY 2024)
- FY 2025 Dues Comparison to FY 2024 Dues
- FY 2025 Commitment of Dues Payment Form

If you have any questions, please contact Rae Horne at [rhorne@txcouncil.com](mailto:rhorne@txcouncil.com) or Tara Brown at [tbrown@txcouncil.com](mailto:tbrown@txcouncil.com).

cc: Texas Council Board Delegate

## FY 2025 Commitment of Dues Payment for Texas Council of Community Centers

**CENTER: Tri-County Behavioral Healthcare**

The dues for FY 2025 have been calculated as follows:

Total Dues ... ..	\$48,513.00
<b>LESS: Credit for Texas Council Risk Management Fund Members... (\$2,083.00)</b>	
<b>Net Dues .....</b>	<b>\$46,429.00</b>

The dues payment may be paid in one payment or in monthly or quarterly installments. Please identify the dues payment methodology you plan to use:

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
<b>September 2024</b>	_____	_____	<u>\$ 46,429.00</u>
<b>October</b>	_____	_____	
<b>November</b>	_____	_____	
<b>December</b>	_____	_____	
<b>January 2025</b>	_____	_____	
<b>February</b>	_____	_____	
<b>March</b>	_____	_____	
<b>April</b>	_____	_____	
<b>May</b>	_____	_____	
<b>June</b>	_____	_____	
<b>July</b>	_____	_____	
<b>August</b>	_____	_____	
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b><u>\$ 46,429.00</u></b>

Invoice for each payment required?  Yes  No

We appreciate your prompt and timely payment!

APPROVED:

Date: 9/26/24

\_\_\_\_\_  
(Authorized Signature)

**Agenda Item:** Ratify Interlocal Cooperation Agreement with Helen Farabee Centers for MHFA Funding

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background Information:**

The Health and Human Services Commission (HHSC) encourages Community Centers to transfer funds between themselves via interlocal agreement for certain budget lines rather than having unspent funds. This is especially important for funding that was specifically allocated by the legislature for a particular need in the community. The message that we want to avoid sending to the Legislature is that these funds are not needed. As a governmental entity we can transfer funds to other governmental entities via interlocal agreement as defined in Title 7, Chapter 791 of the Texas Government Code.

The attached Interlocal Agreement is between Helen Farabee (Wichita Falls) and Tri-County where Tri-County is giving \$2,800 to Helen Farabee to pay for Mental Health First Aid training in FY 2024.

Due to the timing of agreement, Evan Roberson sought approval from Chair Patti Atkins to sign the agreement before the Board meeting for ratification at the Board meeting.

**Supporting Documentation:**

Interlocal Cooperation Agreement with Helen Farabee Centers

**Recommended Action:**

**Ratify Interlocal Cooperation Agreement with Helen Farabee Centers for MHFA Funding in the amount of \$2,800.**

**INTERLOCAL COOPERATION AGREEMENT  
BETWEEN THE BOARDS OF  
TRI-COUNTY BEHAVIORAL HEALTHCARE  
AND  
HELEN FARABEE CENTERS**

This INTERLOCAL AGREEMENT is entered into by and between the Local Mental Health Authorities of Tri-County Behavioral Healthcare and Helen Farabee Centers in compliance with Title 7, Chapter 791 of the Texas government code for the provision of funding of the Mental Health First Aid program.

**I. PARTIES:**

Performing Agency: Helen Farabee Centers (“HFC”)  
Receiving Agency: Tri-County Behavioral Healthcare (“TCBHC”)

**II. STATEMENT OF SERVICES TO BE PERFORMED:**

Performing Agency agrees to provide the following services to the Receiving Agency:

Mental Health First Aid (“MHFA”) Training in accordance with HHSC and National Council for Behavioral Health guidelines.

**III. REIMBURSEMENT:**

In consideration of the delivery of Services as described above, Receiving Agency agrees to reimburse Performing Agency a fee of \$100 per person attending the training (“trainees” or “participants”).

**IV. INTERLOCAL AGREEMENT VALUE:**

THE TOTAL AMOUNT REIMBURSED BY Tri-County to Helen Farabee Centers via this INTERLOCAL AGREEMENT will not exceed \$2,800.00.

**V. PAYMENT OF SERVICES:**

Payment for Services performed shall be made payable to Helen Farabee Centers. An invoice will be emailed to the Tri-County MHFA Outreach Worker, Brittney Chapa, at [BrittneyC@tcbhc.org](mailto:BrittneyC@tcbhc.org).

**VI. REQUIREMENTS OF CONTRACT:**

A) Requirements of Performing Agency:

1. Purchase all MHFA Training participant material and supplies.
2. Provide MHFA Training courses, as scheduled.
3. Report number of training participants to TCBHC.

B) Requirements of Receiving Agency:

1. Submit number of training attendees to HHSC for reimbursement.
2. Upon receiving payment from HHSC, TCBHC shall remit payment to Performing Agency at the contracted rate within thirty (30) days of invoicing.
3. Agency at the contracted rate within thirty (30) days of invoicing.

**VII. TERM OF AGREEMENT:**

This agreement is to begin August 1, 2024 and will terminate on August 31, 2024. Any extensions will be by mutual written agreement between both Contracting Parties.

**VIII. TERMINATION OF AGREEMENT:**

Either Party may terminate this INTERLOCAL AGREEMENT for any reason, without cause, and at any time by furnishing to the other Party prior written notice. Upon termination, Receiving Agency shall be obligated to compensate Performing Agency for any services performed and payments earned hereunder up to the date of termination. Performing Agency shall be obligated to provide Services until the date of termination. Neither Party shall be entitled to any other compensation based on this contract.

THE UNDERSIGNED CONTRACTING PARTIES do hereby certify that:

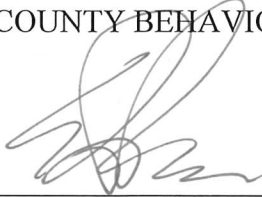
- (1) the services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the effected agencies,
- (2) the proposed arrangements serve the interest of efficient and economical administration,
- (3) nothing in the performance of this Agreement shall impose nor is it intended to create any liability for claims against any party hereto other than claims for which the Texas Tort Claims Act may impose liability. Further nothing in the entering into this agreement nor in its performance shall waive or is intended to waive the Parties' governmental immunity or any of the protections from liability or suit associated therewith.

RECEIVING AGENCY AND ITS AGENT further certify that it has the authority to contract for the above service by authority granted in Chapter 534 of the Texas State Health and Safety Code Annotated, as amended.

PERFORMING AGENCY AND ITS AGENT further certify that it has the authority to perform the Services contracted for by authority granted in Title 7, Texas Health and Safety Code and the current Appropriations Act.

This Agreement shall be considered executed upon the last date signed below.

**RECEIVING AGENCY**  
TRI-COUNTY BEHAVIORAL HEALTHCARE



\_\_\_\_\_  
Signature

Evan Roberson  
\_\_\_\_\_  
Printed Name and Title

8/27/24  
\_\_\_\_\_  
Date Signed

**PERFORMING AGENCY**  
HELEN FARABEE CENTERS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date Signed

**Agenda Item:** Appoint New Directors for the Montgomery Supported Housing, Inc. (MSHI) Board

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background Information:**

Ms. Darin Bailey and Ms. Patricia Carter Freeman have expressed interest in serving as Directors on the Montgomery Supported Housing, Inc. (MSHI) Board.

Ms. Darin Bailey will be serving for a term that would expire January 2025 and Ms. Patricia Carter Freeman will be serving for a term that would expire January 2026.

The current Board has four (4) members, with one Board member set to resign once replaced. Ms. Bailey and Ms. Freeman were recommended by current Board member Sharon Walker.

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Ms. Darin Bailey and Ms. Patricia Carter Freeman to Serve on the Montgomery Supported Housing, Inc. Board for a Term which Expires January 2025 and 2026.**



**Agenda Item:** Reappoint Tri-County's Consumer Foundation Board of Directors

**Board Meeting Date**

September 26, 2024

**Committee:** Executive

**Background Information:**

According to the bylaws for Tri-County's Consumer Foundation (TCCF), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.

Each of the following members has an expiring term and has been contacted to see if they would like to continue their term. They have agreed to continue serving on Tri-County's Consumer Foundation Board for an additional two-year term which will expire on August 31, 2026.

- Lee Tipton
- Madeline Brogan
- Roger Puccio-Johnson
- Raymond McDonald

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Lee Tipton, Madeline Brogan, Roger Puccio-Johnson and Raymond McDonald to Tri-County's Consumer Foundation Board of Directors for an Additional Two-Year Term Expiring on August 31, 2026.**

**Agenda Item:** Review August 2024 Preliminary Financial Statements

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

August 2024 Preliminary Financial Statements

**Recommended Action:**

**For Information Only**

**August  
2024 Preliminary Financial Summary**

Revenues for August 2024 were \$2,970,496 and operating expenses were \$3,597,083 resulting in a loss in operations of \$626,587. Capital Expenditures and Extraordinary Expenses for August were \$157,471 resulting in a loss of \$784,058. Total revenues were 128.13% of the monthly budgeted revenues and total expenses were 91.08% of the monthly budgeted expenses (difference of 37.05%).

Year to date revenues are \$47,219,274 and operating expenses are \$47,055,405 leaving excess operating revenues of \$163,869. YTD Capital Expenditures and Extraordinary Expenses are \$2,047,474 resulting in a loss YTD of \$1,883,605. Total revenues are 99.90% of the YTD budgeted revenues and total expenses are 99.94% of the YTD budgeted expenses (difference of -.04%).

**REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Client Fees	-44,072	-32,039	137.55%	12,033
Title XIX Case Management - IDD	1,992,059	2,048,040	97.27%	55,981
ARPA – Liberty Contract Hospital	183,400	206,400	85.85%	23,000
ARPA – Montgomery Crisis	2,375,636	2,535,142	93.71%	159,505
DPP – Component 2	913,716	929,503	98.30%	15,787
Title XIX MAC	1,116,826	1,156,826	96.54%	40,000
HHSC – Supportive Housing	188,095	222,063	84.70%	33,968
HHSC – Autism	118,977	137,000	86.84%	18,023
HHSC – PATH	129,822	149,635	86.76%	19,813

**Client Fees** – This line was actually positive for the month, but still under the amount expected. As we have reported all year, we have been reviewing the billing system setup and review of various billing lines. This line has been one of the main focuses of cleanup of the old system and flow of Streamline transactions. We have found

some issues and have cleaned those up. Also, we will be attending the Streamline conference in October and that should help to clarify system issues.

**ARPA – Liberty Contract Hospital** – This line is under the projected year end estimate. These are ARPA funds that can be rolled over to next fiscal year. Both the revenue and expense line for these funds will be spent in FY 2025.

**ARPA – Montgomery Crisis** – This line item came in under the projected year end estimate for hospital usage. Again, these are ARPA funds and can be rolled over to the next fiscal year. Both the revenue and expense line for these funds will be spent in FY 2025.

**Title XIX HCS/IDD Program** – This line item had some adjustments made to the year-end estimate based on prior accruals and also an HCS client that lost their Medicaid. This individual may not have Medicaid retroactive for the month when benefits are restarted. This year we have had three individuals that did not go retroactive which has impacted our annual revenue. We also had an individual that was hospitalized for the month of August and Medicaid benefits will not be recovered.

**DPP Component 2** – This is the Directed Payment Program for the Behavioral Health Services. This line is based on the services provided this fiscal year. We do anticipate in the annual reconciliation process that we should receive additional revenue in this line, but it is based on services provided statewide and to be conservative we will wait until the final reconciliation is completed.

**Title XIX MAC** – This line item is for the Medicaid Administrative Claiming that is completed on a quarterly basis. The last quarter was completed after the budget projection and based on staff vacancies and reduced expenses. The quarterly claim came in well below the estimated amount that was initially made at the beginning of the fiscal year.

**HHSC – Supportive Housing** – This program is a cost reimbursement and both revenue and expenses are less than the contracted amount for this fiscal year.

**HHSC - Autism** – This program is a cost reimbursement and both revenue and expenses are less than the contracted amount for this fiscal year.

**HHSC – PATH Grant** – This program is a cost reimbursement and both revenue and expenses are less than the contracted amount for this fiscal year.

## **EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Contract – Clinical	1,130,822	1,119,510	101.01%	11,312
Consultant – Other	1,099,904	1,036,881	106.07%	63,023
Payroll Salaries – Exempt	10,445,762	10,420,162	100.24%	25,601
Payroll Salaries – Non-Exempt	14,221,884	14,195,616	100.18%	26,268
Payroll Fringe – Retirement	2,372,080	2,345,076	101.11%	26,004
Vehicle – Repair & Maintenance	41,759	31,159	134.02%	10,600

**Contract – Clinical** – This item is over budget due to the Contract Psychiatrists coming in higher for August due to the five-week month. Budget calculated as an average of the past three months invoices.

**Consultant - Other** – This line item is over budget due to the Mosaic’s contract. This is an ARPA program and therefore the revenue is also higher than budgeted.

**Payroll Salaries** – This line item is coming in higher than the projected year-end budget due to the hiring of additional staff for new programs such as the FEMA Grant, MST, YCOT and filling some vacant CSU positions. All of these programs are cost reimbursement and the revenue was also higher than projected in year-end revision.

**Payroll Fringe – Retirement** – This has been an unusual year to project payroll and fringe. This line is offset at year-end by retirement forfeitures from terminated employees during the year. The amount of forfeitures shown in the OneAmerica site is quite a bit lower than historical amounts but there is still a possibility of adjustments to this number coming our way.

**Vehicle – Repair & Maintenance** - This line item is over the year-end budget amount due to maintenance completed on the mobile clinic that included brake repair that was not known when budget was finalized.

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
GENERAL FUND BALANCE SHEET  
For the Month Ended August 2024  
Preliminary**

<b>ASSETS</b>	<b>GENERAL FUND August 2024</b>	<b>GENERAL FUND July 2024</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,500	2,500	-
Cash on Deposit - General Fund	8,555,079	9,728,024	(1,172,945)
Accounts Receivable	3,630,120	4,699,594	(1,069,474)
Inventory	978	1,674	(696)
<b>TOTAL CURRENT ASSETS</b>	<b>12,188,677</b>	<b>14,431,792</b>	<b>(2,243,115)</b>
<b>FIXED ASSETS</b>	<b>24,400,583</b>	<b>24,400,583</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>191,727</b>	<b>223,102</b>	<b>(31,375)</b>
<b>TOTAL ASSETS</b>	<b>\$ 36,780,987</b>	<b>\$ 39,055,478</b>	<b>\$ (2,274,490)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,632,160	2,232,353	(600,193)
<b>NOTES PAYABLE</b>	785,852	802,466	(16,614)
<b>DEFERRED REVENUE</b>	4,254,012	5,150,418	(896,406)
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	9,140,481	9,185,632	(45,151)
Guaranty Bank & Trust Loan	1,662,317	1,668,179	(5,862)
First Financial Huntsville Land Loan	797,877	800,974	(3,097)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	1,308,818	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(1,883,605)	(1,099,546)	(784,058)
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(11,952,956)	(12,007,066)	54,110
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	23,091,764	23,091,764	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	777,499	777,499	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	74,000	67,833	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(802,466)	16,614
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	4,535,541	4,535,540	1
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 36,780,987</b>	<b>\$ 39,055,478</b>	<b>\$ (2,274,492)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended August 2024  
Preliminary

<b>ASSETS</b>	<b>General Operating Fund</b>	<b>Debt Fund</b>	<b>Service Fund</b>	<b>Capital Projects Fund</b>	<b>Government Wide May 2024</b>	<b>Memorandum Only  Final August 2023</b>
<b>CURRENT ASSETS</b>						
Imprest Cash Funds	2,500				2,500	2,100
Cash on Deposit - General Fund	8,555,079				8,555,079	7,455,394
Bond Reserve 2024			359,027		359,027	
Bond Fund 2024			298,223		298,223	-
Bank of New York - Capital Project Fund				8,093,729	8,093,729	
Accounts Receivable	3,630,120				3,630,120	4,917,356
Inventory	978				978	1,205
<b>TOTAL CURRENT ASSETS</b>	<b>12,188,677</b>		<b>657,250</b>	<b>8,093,729</b>	<b>20,939,656</b>	<b>12,376,055</b>
<b>FIXED ASSETS</b>	<b>24,400,583</b>				<b>24,400,583</b>	<b>24,400,583</b>
<b>OTHER ASSETS</b>	<b>191,727</b>				<b>191,727</b>	<b>223,016</b>
<b>Bond 2024 - Amount to retire bond</b>				<b>11,535,925</b>	<b>11,535,925</b>	
<b>Bond Discount 2024</b>				<b>384,075</b>	<b>384,075</b>	-
<b>Total Assets</b>	<b>\$ 36,780,987</b>	<b>\$ 657,250</b>	<b>\$ 20,013,729</b>	<b>\$ 57,451,965</b>	<b>\$ 36,999,654</b>	
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>						
<b>CURRENT LIABILITIES</b>	1,632,160				1,632,160	2,165,154
<b>BOND LIABILITIES</b>				11,920,000	11,920,000	
<b>NOTES PAYABLE</b>	785,852				785,852	802,466
<b>DEFERRED REVENUE</b>	4,254,012				4,254,012	407,578
<b>LONG-TERM LIABILITIES FOR</b>						
First Financial Conroe Building Loan	9,140,481				9,140,481	9,679,420
Guaranty Bank & Trust Loan	1,662,317				1,662,317	1,732,496
First Financial Huntsville Land Loan	797,877				797,877	828,926
Lease Liability	352,281				352,281	352,281
SBITA Liability	1,308,818				1,308,818	1,308,818
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>						
General Fund	(1,883,605)				(1,883,605)	129,506
Debt Service Fund					-	
Capital Projects Fund					-	
<b>FUND EQUITY</b>						
<b>RESTRICTED</b>						
Net Assets Reserved for Debt Service - Restricted	(11,952,956)				(11,952,956)	(12,593,123)
Reserved for Debt Retirement	-				-	-
<b>COMMITTED</b>						
Net Assets - Property and Equipment - Committed	23,091,764				23,091,764	23,091,764
Reserved for Vehicles & Equipment Replacement	613,712				613,712	613,712
Reserved for Facility Improvement & Acquisitions	777,499				777,499	2,500,000
Reserved for Board Initiatives	1,500,000				1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677				502,677	502,677
<b>ASSIGNED</b>						
Reserved for Workers' Compensation - Assigned	274,409				274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	74,000				74,000	-
Reserved for Insurance Deductibles - Assigned	100,000				100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)				(785,852)	(802,466)
<b>UNASSIGNED</b>						
Unrestricted and Undesignated	4,535,541	657,249		8,093,729	13,286,519	4,406,035
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 36,780,987</b>	<b>\$ 657,249</b>	<b>\$ 20,013,729</b>	<b>\$ 57,451,965</b>	<b>\$ 36,999,654</b>	

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended August 2024**  
**and Year To Date as of August 2024**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2024</b>	<b>YTD August 2024</b>
	<u>                    </u>	<u>                    </u>
Local Revenue Sources	94,720	1,852,493
Earned Income	1,524,263	24,049,485
General Revenue - Contract	1,351,513	21,317,296
<b>TOTAL INCOME</b>	<b><u>\$ 2,970,496</u></b>	<b><u>\$ 47,219,274</u></b>
<b>EXPENSES:</b>		
Salaries	2,199,024	26,871,297
Employee Benefits	324,048	4,771,073
Medication Expense	49,407	609,756
Travel - Board/Staff	31,155	426,545
Building Rent/Maintenance	49,464	437,791
Consultants/Contracts	714,114	10,679,226
Other Operating Expenses	229,871	3,259,717
<b>TOTAL EXPENSES</b>	<b><u>\$ 3,597,083</u></b>	<b><u>\$ 47,055,405</u></b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b><u>\$ (626,587)</u></b>	<b><u>\$ 163,869</u></b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	20,861	705,622
Capital Outlay - Debt Service	136,610	1,341,852
<b>TOTAL CAPITAL EXPENDITURES</b>	<b><u>\$ 157,471</u></b>	<b><u>\$ 2,047,474</u></b>
<b>GRAND TOTAL EXPENDITURES</b>	<b><u>\$ 3,754,554</u></b>	<b><u>\$ 49,102,879</u></b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b><u><u>\$ (784,058)</u></u></b>	<b><u><u>\$ (1,883,605)</u></u></b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	136,610	1,341,852
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b><u><u>136,610</u></u></b>	<b><u><u>1,341,852</u></u></b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of August 2024**  
**Preliminary**

	YTD August 2024	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,852,493	1,786,818	65,675
Earned Income	24,049,485	24,219,885	(170,400)
General Revenue	21,317,296	21,259,526	57,770
<b>TOTAL INCOME</b>	<b>\$ 47,219,274</b>	<b>\$ 47,266,230</b>	<b>\$ (46,954)</b>
<b>EXPENSES:</b>			
Salaries	26,871,297	26,773,529	97,768
Employee Benefits	4,771,073	4,744,922	26,151
Medication Expense	609,756	424,517	185,239
Travel - Board/Staff	426,545	607,591	(181,046)
Building Rent/Maintenance	437,791	430,033	7,758
Consultants/Contracts	10,679,226	10,788,118	(108,892)
Other Operating Expenses	3,259,717	3,321,763	(62,046)
<b>TOTAL EXPENSES</b>	<b>\$ 47,055,405</b>	<b>\$ 47,090,473</b>	<b>\$ (35,070)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 163,869</b>	<b>\$ 175,757</b>	<b>\$ (11,884)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	705,622	699,762	5,859
Capital Outlay - Debt Service	1,341,852	1,341,852	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 2,047,474</b>	<b>\$ 2,041,614</b>	<b>\$ 5,859</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 49,102,879</b>	<b>\$ 49,132,087</b>	<b>\$ (29,211)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (1,883,605)</b>	<b>\$ (1,865,858)</b>	<b>\$ (17,745)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,341,852	1,341,852	-
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>1,341,852</b>	<b>1,341,852</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended August 2024**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2024</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	94,720	(30,267)	124,987
Earned Income	1,524,263	1,083,650	440,613
General Revenue-Contract	1,351,513	1,264,986	86,527
<b>TOTAL INCOME</b>	<b>\$ 2,970,496</b>	<b>\$ 2,318,369</b>	<b>\$ 652,126</b>
<b>EXPENSES:</b>			
Salaries	2,199,024	2,025,789	173,235
Employee Benefits	324,048	320,159	3,889
Medication Expense	49,407	46,957	2,450
Travel - Board/Staff	31,155	46,194	(15,039)
Building Rent/Maintenance	49,464	71,674	(22,210)
Consultants/Contracts	714,114	832,355	(118,241)
Other Operating Expenses	229,871	371,436	(141,565)
<b>TOTAL EXPENSES</b>	<b>\$ 3,597,083</b>	<b>\$ 3,714,564</b>	<b>\$ (117,479)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ (626,587)</b>	<b>\$ (1,396,195)</b>	<b>\$ 769,605</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	20,861	23,332	(2,472)
Capital Outlay - Debt Service	136,610	384,505	(247,895)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 157,471</b>	<b>\$ 407,837</b>	<b>\$ (250,367)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,754,554</b>	<b>\$ 4,122,401</b>	<b>\$ (367,847)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (784,058)</b>	<b>\$ (1,804,032)</b>	<b>\$ 1,019,975</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	136,610	384,505	(247,895)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>136,610</b>	<b>384,505</b>	<b>(247,895)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD August 2023 Comparative Data**  
**Year to Date as of August 2024**  
**Preliminary**

<b>INCOME:</b>	<b>YTD August 2024</b>	<b>YTD August 2023</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,852,493	2,468,312	(615,819)
Earned Income	24,049,485	25,176,868	(1,127,383)
General Revenue-Contract	21,317,296	18,921,365	2,395,931
<b>TOTAL INCOME</b>	<b>\$ 47,219,274</b>	<b>\$ 46,566,545</b>	<b>\$ 652,729</b>
<b>EXPENSES:</b>			
Salaries	26,871,297	24,208,473	2,662,824
Employee Benefits	4,771,073	4,208,271	562,802
Medication Expense	609,756	509,367	100,389
Travel - Board/Staff	426,545	404,595	21,950
Building Rent/Maintenance	437,791	452,334	(14,543)
Consultants/Contracts	10,679,226	8,548,728	2,130,498
Other Operating Expenses	3,259,717	3,452,631	(192,914)
<b>TOTAL EXPENSES</b>	<b>\$ 47,055,405</b>	<b>\$ 41,784,399</b>	<b>\$ 5,271,006</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 163,869</b>	<b>\$ 4,782,146</b>	<b>\$ (4,618,277)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	705,622	2,078,972	(1,373,350)
Capital Outlay - Debt Service	1,341,852	1,016,463	325,389
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 2,047,474</b>	<b>\$ 3,095,435</b>	<b>\$ (1,047,961)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 49,102,879</b>	<b>\$ 44,879,834</b>	<b>\$ 4,223,045</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (1,883,605)</b>	<b>\$ 1,686,711</b>	<b>\$ (3,570,316)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,341,852	1,016,463	325,389
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>1,341,852</b>	<b>1,016,463</b>	<b>325,389</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With August 2023 Comparative Data**  
**For the Month ending August 2024**  
**Preliminary**

<b>INCOME:</b>	<u>MONTH OF August 2024</u>	<u>MONTH OF August 2023</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	94,720	(318,266)	412,986
Earned Income	1,524,263	1,799,758	(275,495)
General Revenue-Contract	1,351,513	1,668,634	(317,121)
<b>TOTAL INCOME</b>	<b><u>\$ 2,970,496</u></b>	<b><u>\$ 3,150,126</u></b>	<b><u>\$ (179,630)</u></b>
Salaries	2,199,024	2,398,753	(199,729)
Employee Benefits	324,048	240,936	83,112
Medication Expense	49,407	46,726	2,681
Travel - Board/Staff	31,155	38,909	(7,754)
Building Rent/Maintenance	49,464	10,297	39,167
Consultants/Contracts	714,114	827,409	(113,295)
Other Operating Expenses	229,871	418,163	(188,292)
<b>TOTAL EXPENSES</b>	<b><u>\$ 3,597,083</u></b>	<b><u>\$ 3,981,193</u></b>	<b><u>\$ (384,110)</u></b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b><u>\$ (626,587)</u></b>	<b><u>\$ (831,067)</u></b>	<b><u>\$ 204,480</u></b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	20,861	697,300	(676,439)
Capital Outlay - Debt Service	136,610	87,031	49,579
<b>TOTAL CAPITAL EXPENDITURES</b>	<b><u>\$ 157,471</u></b>	<b><u>\$ 784,331</u></b>	<b><u>\$ (626,860)</u></b>
<b>GRAND TOTAL EXPENDITURES</b>	<b><u>\$ 3,754,554</u></b>	<b><u>\$ 4,765,524</u></b>	<b><u>\$ (1,010,970)</u></b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b><u>\$ (784,058)</u></b>	<b><u>\$ (1,615,399)</u></b>	<b><u>\$ 831,340</u></b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	136,610	87,031	49,579
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b><u>136,610</u></b>	<b><u>87,031</u></b>	<b><u>49,579</u></b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With July 2024 Comparative Data**  
**For the Month Ended August 2024**  
**Preliminary**

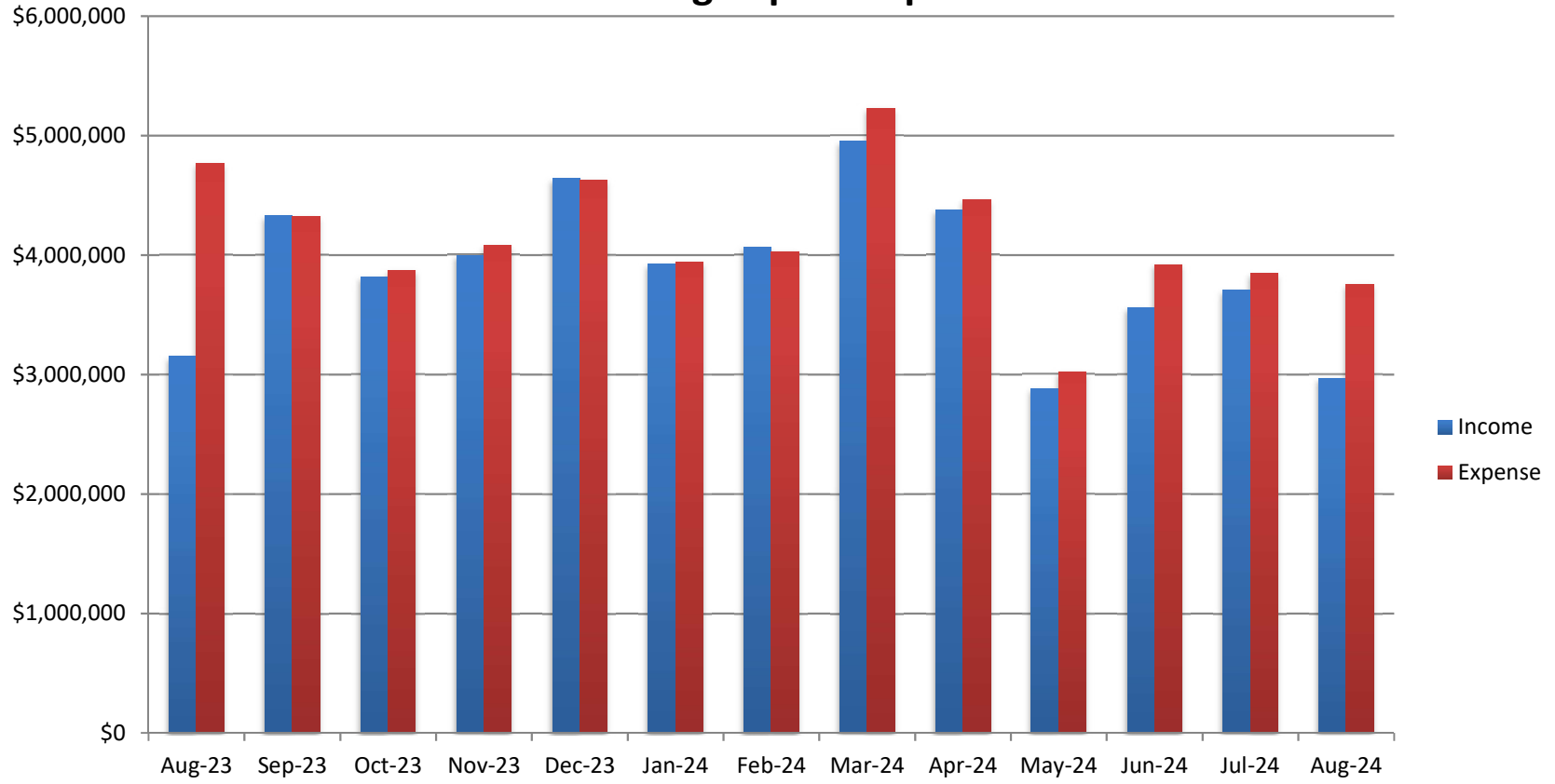
<b>INCOME:</b>	<b>MONTH OF August 2024</b>	<b>MONTH OF July 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	94,720	76,982	17,738
Earned Income	1,524,263	2,122,316	(598,053)
General Revenue-Contract	1,351,513	1,507,022	(155,509)
<b>TOTAL INCOME</b>	<b>\$ 2,970,496</b>	<b>\$ 3,706,320</b>	<b>\$ (735,824)</b>
<b>EXPENSES:</b>			
Salaries	2,199,024	1,965,716	233,308
Employee Benefits	324,048	364,110	(40,062)
Medication Expense	49,407	46,412	2,995
Travel - Board/Staff	31,155	26,994	4,161
Building Rent/Maintenance	49,464	21,228	28,236
Consultants/Contracts	714,114	1,015,787	(301,673)
Other Operating Expenses	229,871	247,628	(17,757)
<b>TOTAL EXPENSES</b>	<b>\$ 3,597,083</b>	<b>\$ 3,687,875</b>	<b>\$ (90,792)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ (626,587)</b>	<b>\$ 18,446</b>	<b>\$ (645,032)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	20,861	21,465	(604)
Capital Outlay - Debt Service	136,610	136,610	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 157,471</b>	<b>\$ 158,075</b>	<b>\$ (604)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,754,554</b>	<b>\$ 3,845,950</b>	<b>\$ (91,396)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (784,058)</b>	<b>\$ (139,629)</b>	<b>\$ (644,428)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	136,610	136,610	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>136,610</b>	<b>136,610</b>	<b>-</b>

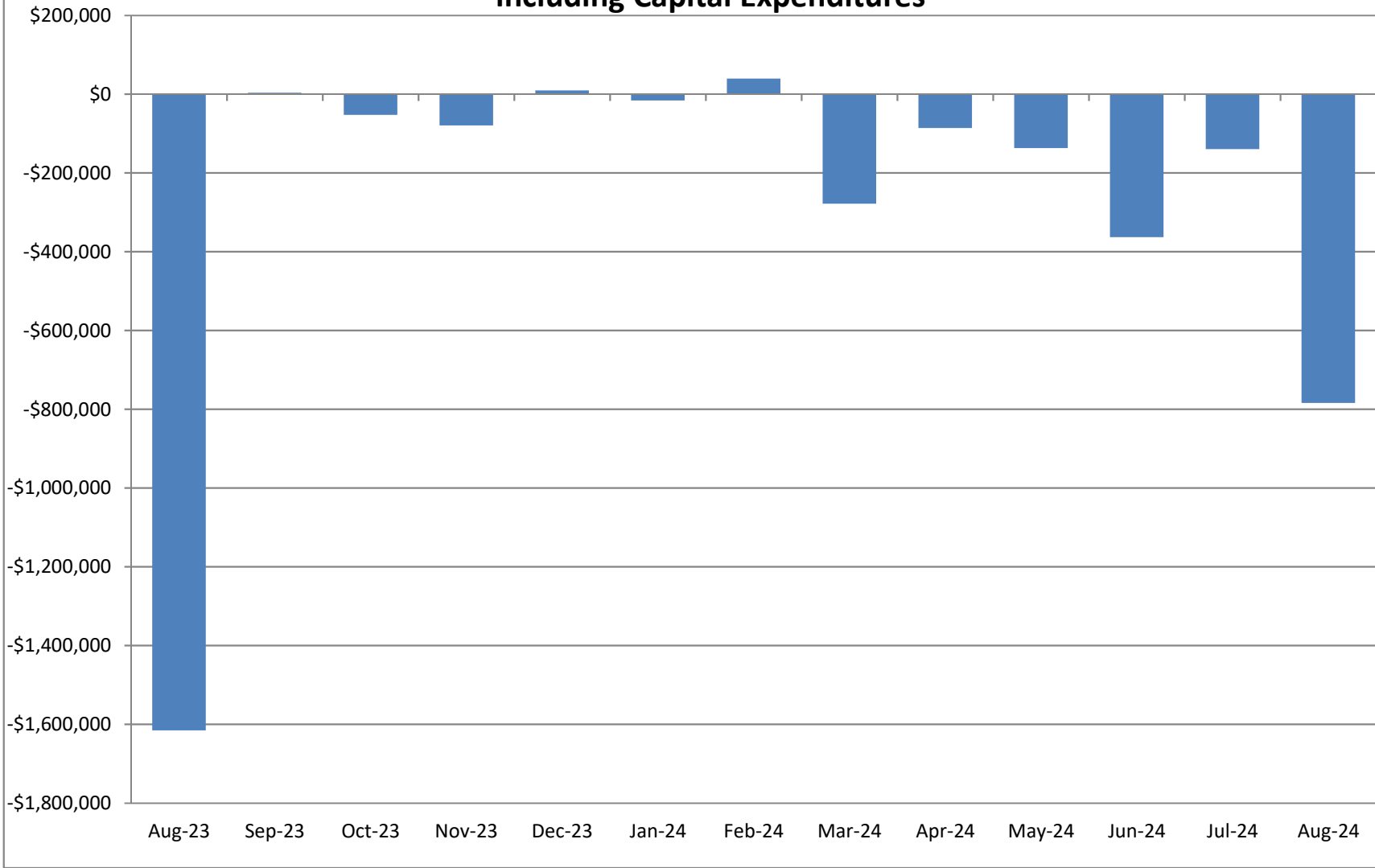
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of August 2024**  
Preliminary

	YTD Mental Health August 2024	YTD IDD August 2024	YTD Other Services August 2024	YTD Agency Total August 2024	YTD Approved Budget August 2024	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	2,287,506	(216,520)	(218,493)	1,852,494	1,786,818	65,676
Earned Income	9,024,112	4,300,604	10,724,769	24,049,485	24,219,884	(170,399)
General Revenue-Contract	18,661,831	1,905,057	750,408	21,317,296	21,259,526	57,771
<b>TOTAL INCOME</b>	<b>29,973,449</b>	<b>5,989,141</b>	<b>11,256,684</b>	<b>47,219,275</b>	<b>47,266,229</b>	<b>(46,952)</b>
<b>EXPENSES:</b>						
Salaries	16,943,553	3,641,432	6,286,312	26,871,297	26,773,528	97,769
Employee Benefits	3,074,800	684,256	1,012,017	4,771,073	4,744,922	26,151
Medication Expense	537,269	(2,741)	75,228	609,756	607,590	2,166
Travel - Board/Staff	243,091	121,369	62,084	426,544	424,512	2,032
Building Rent/Maintenance	409,628	12,035	16,128	437,791	430,033	7,758
Consultants/Contracts	6,301,772	1,258,742	3,118,712	10,679,226	10,788,118	(108,892)
Other Operating Expenses	2,004,586	675,077	580,053	3,259,716	3,321,768	(62,053)
<b>TOTAL EXPENSES</b>	<b>29,514,699</b>	<b>6,390,171</b>	<b>11,150,534</b>	<b>47,055,405</b>	<b>47,090,472</b>	<b>(35,068)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>458,750</b>	<b>(401,030)</b>	<b>106,150</b>	<b>163,870</b>	<b>175,757</b>	<b>(11,884)</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	257,526	8,403	439,693	705,622	699,762	5,860
Capital Outlay - Debt Service	647,515	135,769	558,568	1,341,852	1,341,852	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>905,041</b>	<b>144,172</b>	<b>998,261</b>	<b>2,047,474</b>	<b>2,041,614</b>	<b>5,860</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>30,419,740</b>	<b>6,534,343 ##</b>	<b>12,148,795</b>	<b>49,102,879</b>	<b>49,132,086</b>	<b>(29,208)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(446,291)</b>	<b>(545,202)</b>	<b>(892,111)</b>	<b>(1,883,605)</b>	<b>(1,865,857)</b>	<b>(17,747)</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	905,041	144,172	998,261	2,047,474	2,041,614	5,860
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>905,041</b>	<b>144,172</b>	<b>998,261</b>	<b>2,047,474</b>	<b>2,041,614</b>	<b>5,860</b>

# TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Income after Expense**  
**including Capital Expenditures**





**Agenda Item:** 4<sup>th</sup> Quarter FY 2024 Quarterly Investment Report

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background 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.

**Supporting Documentation:**

Quarterly TexPool Investment Report

Quarterly Interest Report

**Recommended Action:**

**For Information Only**

## QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31<sup>st</sup>, 2024

### 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	June	July	August
Uninvested Balance	683.32	\$1,176.45	\$980.38
Accrual of Interest Income	\$140,281,491.25	\$122,169,680.21	\$129,985,053.28
Interest and Management Fees Payable	(\$147,632,656.54)	(\$148,516,409.87)	(\$141,670,304.24)
Payable for Investments Purchased	(\$1,074,997,134.40)	(\$1,545,966,720.74)	(\$1,052,079,563.55)
Accrued Expense & Taxes	(\$-111,477.03)	(\$36,130.22)	(\$61,475.28)
Repurchase Agreements	\$7,485,599,000.00	\$9,335,743,000.00	\$7,043,488,000.00
Mutual Fund Investments	\$1,867,085,200.00	\$1,867,085,200.00	\$1,467,085,200.00
Government Securities	\$13,994,154,744.40	\$13,338,061,153.32	\$11,978,227,376.68
U.S. Treasury Bills	\$9,001,792,930.09	\$7,684,686,238.98	\$9,201,801,128.28
U.S. Treasury Notes	\$1,895,944,661.30	\$1,675,212,387.45	\$1,674,216,730.55
<b>TOTAL</b>	<b>\$33,162,117,442.39</b>	<b>\$32,328,439,575.58</b>	<b>\$30,300,993,126.10</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$178.21)	\$980.38
Accrual of Interest Income	\$119,838,425.94	\$129,985,053.28
Interest and Management Fees Payable	(\$156,364,152.55)	(\$141,670,304.24)
Payable for Investments Purchased	(\$1,615,895,309.40)	(\$1,052,079,563.55)
Accrued Expenses & Taxes	(\$38,238.91)	(\$61,475.28)
Repurchase Agreements	\$6,760,515,000.00	\$7,043,488,000.00
Mutual Fund Investments	\$1,867,085,200.00	\$1,467,085,200.00
Government Securities	\$14,521,160,654.43	\$11,977,613,453.52
U.S. Treasury Bills	\$10,807,699,122.88	\$9,195,869,271.22
U.S. Treasury Notes	\$1,744,745,786.88	\$1,674,784,791.82
<b>TOTAL</b>	<b>\$34,048,746,311.06</b>	<b>\$30,295,015,407.15</b>

### Portfolio by Maturity as of August 31<sup>st</sup>, 2024

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
65.1%	21.2%	7.8%	5.9%

### Portfolio by Type of Investments as of August 31<sup>st</sup>, 2024

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
34.6%	22.5%	38.2%	4.7%

**SUMMARY INFORMATION**

On a simple daily basis, the monthly average yield was 5.31% for June, 5.32% for July, and 5.30% for August.

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 August 31<sup>st</sup>, 2024 was 100 days.

The net asset value as of August 31<sup>st</sup>, 2024 was 1.00019.

The total amount of interest distributed to participants during the period was \$141,670,216.36.

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 2,866.

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

\_\_\_\_\_  
Millie McDuffey  
Chief Financial Officer / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darius Tuminas  
Controller / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tabatha Abbott  
Manager of Accounting / Investment Officer

\_\_\_\_\_  
Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
 QUARTERLY INTEREST EARNED REPORT  
 FISCAL YEAR 2024  
 As Of August 31, 2024**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07	\$ 315.06	\$ 311.65	\$ 318.48	\$ 1,260.26
First Liberty National Bank	\$ 1.85	\$ 1.85	\$ 1.87	\$ 1.87	\$ 7.44
JP Morgan Chase (HBS)	\$ 14,630.20	\$ 17,433.49	\$ 18,698.21	\$ 21,184.47	\$ 71,946.37
Prosperity Bank	\$ 25.68	\$ 17.40	\$ 25.63	\$ 25.50	\$ 94.21
Prosperity Bank CD (formerly Tradition)	\$ 2.63	\$ 1.82	\$ 2.72	\$ 2.76	\$ 9.93
TexPool Participants	\$ 28,105.23	\$ 28,460.62	\$ 28,986.60	\$ 22,789.83	\$ 108,342.28
First Financial Bank	\$ 630.16	\$ 632.96	\$ 657.33	\$ 647.45	\$ 630.16
<b>Total Earned</b>	<b>\$ 43,710.82</b>	<b>\$ 46,863.20</b>	<b>\$ 48,684.01</b>	<b>\$ 44,322.91</b>	<b>\$ 183,580.94</b>

**Agenda Item:** Board of Trustees Unit Financial Statement as of August 2024

**Board Meeting Date**

September 26, 2024

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

August 2024 Board of Trustees Unit Financial Statement

**Recommended Action:**

**For Information Only**

**Unit Financial Statement**

FY 2024  
August 31, 2024

	August 2024 Budget	August 2024 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 24,065	\$ 24,065	\$ -	100%	\$ 24,065
<b>Total Revenue</b>	\$ 2,005	\$ 2,005	\$ -	\$ 24,065	\$ 24,065	\$ -	100%	\$ 24,065
<b>Expenses</b>								
Advertising-Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 24	\$ (24)	0%	\$ -
Food Items	\$ -	\$ -	\$ -	\$ -	\$ 172	\$ (172)	0%	\$ -
Insurance-Worker Compensation	\$ (26)	\$ 3	\$ (29)	\$ 33	\$ 31	\$ 2	94%	\$ 65
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 18,000	\$ 18,000	\$ -	100%	\$ 18,000
Training	\$ 167	\$ -	\$ 167	\$ 2,000	\$ 2,415	\$ (415)	121%	\$ 2,000
Travel - Non-local mileage	\$ 37	\$ 206	\$ (169)	\$ 450	\$ 984	\$ (534)	219%	\$ 450
Travel - Non-local Hotel	\$ 250	\$ 341	\$ (91)	\$ 3,000	\$ 3,456	\$ (456)	115%	\$ 3,000
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 550	\$ 262	\$ 288	48%	\$ 550
<b>Total Expenses</b>	\$ 1,974	\$ 2,050	\$ (76)	\$ 24,034	\$ 25,344	\$ (1,311)	105%	\$ 24,065
<b>Total Revenue minus Expenses</b>	\$ 31	\$ (45)	\$ 76	\$ 31	\$ (1,279)	\$ 1,311	-5%	\$ -

# UPCOMING MEETINGS

---

## **October 24, 2024 – Board Meeting**

- Longevity Presentations
- Streamline Healthcare Solutions/SmartCare Presentation
- Approve Minutes from September 26, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2024
- Program Updates
- Board of Trustees Oaths of Office (if not present in September 2024)
- Approve Financial Statements for September 2024
- Personnel Report for September 2024
- Texas Council Risk Management Fund Claims Summary for September 2024
- Board of Trustees Unit Financial Statement for September 2024
- HUD 811 Updates – Cleveland, Montgomery & Huntsville
- Consumer Foundation Board Meeting Update

## **December 5, 2024 – Board Meeting**

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Approve Minutes from October 24, 2024 Board Meeting
- Approve the Local Provider Network Development Plan
- Approve the MH Consolidated Local Service Plan
- Community Resources Report
- Consumer Services Report October 2024
- Program Updates
- Personnel Report October 2024
- Texas Council Quarterly Board Meeting Update
- Texas Council Risk Management Fund Claims Summary for October 2024
- Approve Financial Statements for October 2024
- Reappoint ICI, MSHI and CSHI Board of Directors
- Board of Trustees Unit Financial Statement October 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
ATC	Attempt to Contact
BCBA	Board Certified Behavior Analyst
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
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.
MST	Multisystemic Therapy
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
RP	Recovery Plan
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
YCOT	Youth Crisis Outreach Team
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated June 14, 2024