

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

August 26, 2021



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, August 26, 2021.

The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m.

In accordance with section 418.016 of the Texas Government Code, Governor Abbott, as part of his Disaster Declaration related to COVID-19, has suspended various provisions of the Open Meetings Act including the requirement that government officials and members of the public be physically present at a specified meeting location for a Board meeting. In compliance with this suspended rule, the Tri-County Board of Trustees meeting will convene via teleconference at 10:00 a.m. at the number listed below. The public is invited to call and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

Teleconference Line: **800-719-7514**
Access Code: 963492
www.tcbhc.org/board-documents/August 2021 Board Packet

In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

- I. **Organizational Items**
 - A. Chair Calls Meeting to Order
 - B. Public Comment
 - C. Quorum
 - D. Review & Act on Requests for Excused Absence
- II. **Approve Minutes - July 29, 2021**
- III. **Executive Director's Report - Evan Roberson**
 - A. Operational Updates
 - B. Funding Updates (DPP-BHS, PHP-CCP, 1115 DSRIP)
 - C. American Rescue Plan Act
- IV. **Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2021 Audit
 - B. FY 2022 Budget
 - C. CFO Consortium
 - D. Workers' Compensation Audit

V. Program Committee

Action Items

- A. Approve the IDD Local Plan for FY 2022-2023 Pages 10-23
- B. Approve the IDD Quality Management Plan for FY 2022-2023 Pages 24-44
- C. Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member Page 45
- D. Appoint New Mental Health Planning Network Advisory Committee Member Page 46

Information Items

- E. Community Resources Report Pages 47-50
- F. Consumer Services Report for July 2021 Pages 51-52
- G. Program Updates Pages 53-57

VI. Executive Committee

Action Items

- A. Annual Election of FY 2022 Board Officers Page 58
- B. Executive Director's Evaluation, Compensation & Contract for FY 2022 Page 59
- C. Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees Pages 60-68

Information Items

- C. Personnel Report for July 2021 Pages 69-71
- D. Texas Council Risk Management Fund Claims Summary for July 2021 Pages 72-73
- E. Texas Council Board Meeting Update Page 74

VII. Business Committee

Action Items

- A. Approve July 2021 Financial Statements Pages 75-89
- B. Approve FY 2021 Year End Budget Revision Pages 90-93
- C. Approve Proposed FY 2022 Operating Budget Pages 94-97
- D. Approve Banking Services Contract with JP Morgan Chase, N.A. Pages 98-99
- E. Approve Interlocal Agreement with Montgomery County for American Rescue Plan Act Funds Pages 100-101
- F. Approve the FY 2022 Kingwood Pines Inpatient Hospital Contract Page 102
- G. Approve the FY 2022 Woodland Springs Inpatient Hospital Contract Page 103
- H. Approve the FY 2022 Cypress Creek Inpatient Hospital Contract Page 104
- I. Approve the FY 2022 Avail Solutions, Inc. Contract Page 105
- J. Approve the FY 2022 Contract for Hilary Akpudo, M.D. for Psychiatric Services Page 106
- K. Approve the FY 2022 RecessAbility, Inc. Contract Page 107
- L. Approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 2, First Episode Psychosis Page 108
- M. Ratify HHSC Treatment Adult Services (TRA) Contract No. HHS000663700009, Amd No. 1 Page 109
- N. Approve HHSC Substance Use Prevention Grant Program Contract No. HHS000539700205 Page 110

Information Items

- O. Board of Trustees Unit Financial Statement for July 2021 Pages 111-112

VIII. Executive Session in Compliance with Texas Government Code Section 551.071 - Consultation with Attorney and Section 551.074 - Personnel: Executive Director Evaluation.

Posted By:
Ava Green - Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

July 29, 2021

Board Members Present:

Patti Atkins
Tracy Sorensen
Gail Page
Morris Johnson
Richard Duren
Sharon Walker

Board Members Absent:

Janet Qureshi
Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Kelly Shropshire, Directory of IDD Authority Services
Kenneth Barfield, Director of Management Information Systems
Melissa Zemencsik, Director of Child & Youth Behavioral Health
Sara Bradfield, Director of Adult Behavioral Health
Catherine Prestigiovanni, Director of Strategic Development
Darius Tuminas, Controller
Tabatha Abbott, Cost Accountant
Robyn Gould, Medicaid Transformation Waiver Team Lead
Ava Green, Executive Assistant
Mary Lou Flynn-Dupart, Legal Counsel

Via Televideo:

Amy Foerster, Chief Compliance Officer
Tanya Bryant, Director of Quality Management and Support

Sheriff Representatives Present:

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:05 a.m.

Public Comment: Public Comment presented by John Nicks. Mr. Nicks requested that more financial information about the Center budget be placed on the website, including information about how much is state funding, what percentage goes to consumer care and what percentage goes to fund administration. He requested that committee meeting minutes be posted on the website. He further requested changes to the public information process including being able to request certain information via email and removal of the charge for public information requests.

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

Resolution #07-29-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board excuse the absence of Janet Qureshi and Jacob Paschal.

Resolution #07-29-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the May 27, 2021 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

- Operational Updates
- 1115 Reporting Issue
- ACT OIG Audit
- UT Health Contract
- SAMHSA Grant Award

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2022 Budget Update
- FY 2021 Year End Budget Revision
- FY 2020 Audit
- Fixed Asset Inventory

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for May and June 2021 were reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2021 Goals and Objectives Progress Report was reviewed for information purposes only.

The 3rd Quarter FY 2021 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 4th Quarter FY 2021 Corporate Compliance Training was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Board Chair, Patti Atkins, nominated Gail Page, Sharon Walker and Morris Johnson to the Nominating Committee for the FY 2022 Board Officers. Gail Page was chosen as the Chair of this committee.

Board Chair, Patti Atkins, nominated Janet Qureshi, Richard Duren, Jacob Paschal and Tracy Sorensen to the Executive Director's Evaluation Committee. Janet Qureshi was chosen as the Chair of this committee with an alternate being Tracy Sorensen.

The Personnel Report for May through June 2021 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of June 2021 was reviewed for information purposes only.

Dates of Scheduled Board Meetings for Calendar Year 2022 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #07-29-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the May 2021 Financial Statements.

Resolution #07-29-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the June 2021 Financial Statements.

Resolution #07-29-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the recommendation for FY 2022 Employee Health Insurance, Basic Life/Accidental & Dismemberment, and Long-Term Disability Plans.

Resolution #07-29-06

Motion Made By: Morris Johnson

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

Resolved:

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

Resolution #07-29-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY2022-23 HHSC IDD Performance Contract No. HHS000994900001.

Resolution #07-29-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2021 RecessAbility, Inc. Contract Amendment in the amount of \$60,000.

Resolution #07-29-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2021 Kingwood Pines Hospital Contract Amendment for Inpatient Psychiatric Services of \$900,000.

Resolution #07-29-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2021 Woodland Springs Hospital Contract Amendment for Inpatient Psychiatric Services of \$1,000,000.

Resolution #07-29-11

Motion Made By: Morris Johnson

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

Resolved: That the Board approve the FY 2021 Contract Amendment for Hilary Akpudo, M.D. for Psychiatric Services of \$90,000.

Resolution #07-29-12 **Motion Made By:** Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Gail Page, Sharon Walker, and Tracy Sorensen that it be...

Resolved: That the Board approve the sale of a 2006 Ford Wheelchair Van, 2012 Ford Focus and a 2014 Ford Focus to the highest bidder.

Resolution #07-29-13 **Motion Made By:** Morris Johnson
Seconded By: Sharon Walker, with affirmative votes by Gail Page, Tracy Sorensen, and Richard Duren that it be...

Resolved: That the Board approve the purchase of a 2021 Toyota RAV4 from Gullo Toyota, Inc. in Conroe, Texas for the Outpatient Competency Restoration Program.

Resolution #07-29-14 **Motion Made By:** Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Gail Page, Sharon Walker, and Tracy Sorensen that it be...

Resolved: That the Board approve the Liberty and Cleveland facility modifications not to exceed \$250,000.

Tri-County's 2019 990 Tax Return prepared by Eide Bailly LLP was reviewed for information purposes only.

The 3rd Quarter FY 2021 Investment Report was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for May and June 2021 were reviewed for information purposes only.

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

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

The regular meeting of the Board of Trustees adjourned at 11:32 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Personnel.

The meeting of the Board of Trustees reconvened at 11:35 a.m. to go into Executive Session.

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

Board Meeting Date

August 26, 2021

Committee: Program

Background Information:

It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services.

For Fiscal Years 2022 and 2023, staff completed the planning process for stakeholders of persons with IDD or related conditions. A series of seven (7) planning meetings were held across our four (4) primary service areas including two (2) evening planning meetings. Surveys were distributed to stakeholders during the planning process in both paper and electronic format and planning staff reached out to stakeholders via phone to solicit additional input for the plan. Prior to completion, the draft plan was reviewed by the IDD Planning and Network Advisory Committee (IDD PNAC) for comment.

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

- Development of additional resources for services, such as expanding services provided to additional locations, and exploring new programs such as the use of Family Partners for family members of persons with IDD and affordable housing options for those who may not be able to live independently;
- Improvement of community transportation to ensure that our service locations and populations served are considered in any future community plans;
- Continued focus on developing community relationships, reducing stigma, and educating the community about our services and the importance of the State Interest Lists;
- Staff retention and reduction of turnover whenever possible.

These focus areas can be viewed in the Goals and Objectives section of the IDD Local Plan on pages 12 and 13.

Supporting Documentation:

IDD Local Plan for FY 2022-2023

Recommended Action:

Approve the IDD Local Plan for FY 2022-2023



Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Local Plan
For Fiscal Years 2022 – 2023**

Board Chair

Date

Tri-County Behavioral Healthcare

Intellectual and Developmental Disabilities Local Plan

Introduction

In February 2021, Tri-County Behavioral Healthcare (Tri-County) initiated the Fiscal Year 2021 planning process to determine the direction of services for persons with Intellectual and Developmental Disabilities (IDD). Tri-County staff began collecting survey information from individuals served, families, interested community members and local officials (stakeholders) regarding the direction for services. Due to the planning session falling during the COVID-19 pandemic, Tri-County staff coordinated seven virtual planning meetings with stakeholders to gather input about plan direction. Additionally, a mono-lingual Spanish planning meeting was offered in order to continue efforts to educate local stakeholders about our services and seek input from this growing population regarding special needs. Two evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. Information gathered from these activities has been evaluated and will be discussed later in this plan.

Mission Statement for Tri-County

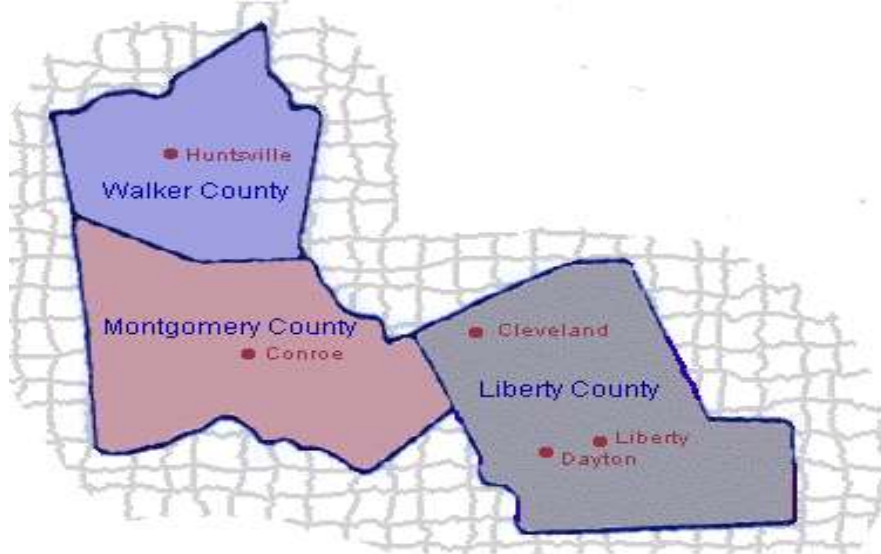
Our mission is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance use disorders and Intellectual and Developmental Disabilities.

Vision of Tri-County

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

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

Service Area Demographics



Tri-County's service area covers a three county area just north of Houston to include Montgomery, Liberty and Walker Counties. The most populous of the three counties in the Tri-County service area is Montgomery County which is located on the northern boundary of Harris County. It consists of 1,077 square miles of rural and urban areas with a population estimate of 607,391 and approximately 26% of the population under the age of 18 (2019 U.S. Census Estimate). The racial makeup is 87.9% White, 25.2% Hispanic or Latino, 5.9% African American, 3.3% Asian, 1% American Indian and Alaska Native, and 0.1% Native Hawaiian and other Pacific Islander with 1.9% indicating two or more races (2019 U.S. Census Estimates). Per capita income in the past 12 months (in 2019 dollars) was \$41,211 (2019 U.S. Census Estimate).

Liberty County is the contiguous county east of Harris and Montgomery Counties and has 1,176 square miles with a population of 88,219 (2019 U.S. Census Estimate). The racial makeup is 86.5% White, 28.6% Hispanic or Latino, 9.7% African American, 1.2% American Indian and Alaska Native, 0.7% Asian, and 0.1% Native Hawaiian and Other Pacific Islander with 1.7% indicating two or more races (2019 U.S. Census Estimates). Children under the age of 18 make up 27% of the population and the per capita income in past 12 months (in 2019 dollars) is \$23,461 (2019 U.S. Census Estimate).

Walker County is north of Montgomery County, consists of 802 square miles and is considered rural. With a population estimate of 72,971, the racial makeup is 72.7% White, 23.6% African American, 18.1% Hispanic or Latino, 1.1% Asian, 0.8% American Indian and Alaska Native and 0.1% Native Hawaiian and Other Pacific Islander with 1.6% indicating two or more races (2019 U.S. Census Estimate). Individuals under the age of 18 make up about 14.7% of the population and the per capita income in the past 12 months (in 2019 dollars) is \$18,544 (2019 U.S. Census Estimate).

For Walker and Liberty Counties, it should be noted that all Texas Department of Corrections inmates are counted in the census numbers. In 2015, there were an estimated 13,650 inmates in Walker County (19.3% of the 2015 total population) and 4,241 inmates (5% of the 2015 total population) in Liberty County. In addition to inflating the number of residents in the county, the inmate population is also disproportionately ethnic.

Montgomery County continues to be one of the fastest growing counties in the United States with a 33.3% growth rate estimated from 2010 to 2019 ranking the county the 10th fastest growing county in Texas (2019 U.S. Census Estimate). Additionally, the City of Conroe is ranked number nine in the country for fastest growing city with a population of over 50,000 between April 2010 and 2019 with a 39.3% growth rate during that timeframe (2019 U.S. Census Estimate).

Finally, it should be noted that the census number for Hispanic or Latino persons in the Tri-County catchment area is considered to be underreported due to concerns about governmental survey processes.

Persons served with Intellectual and Developmental Disabilities

Priority Population

The IDD priority population consists of:

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

Service Population Prioritization

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

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

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

Persons Served in FY 2020

In Fiscal Year 2020, Tri-County provided IDD Services to 1354 individuals with IDD and their families.

Priority Population Prevalence Data

On average, 2-3% of the total population will have an IDD diagnosis or a related condition. If this prevalence data is applied to our service area, it is estimated that approximately 23,000 persons in Tri-County's service area have a qualifying diagnosis for state funded IDD Services.

Current Tri-County Service Array

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

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

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

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

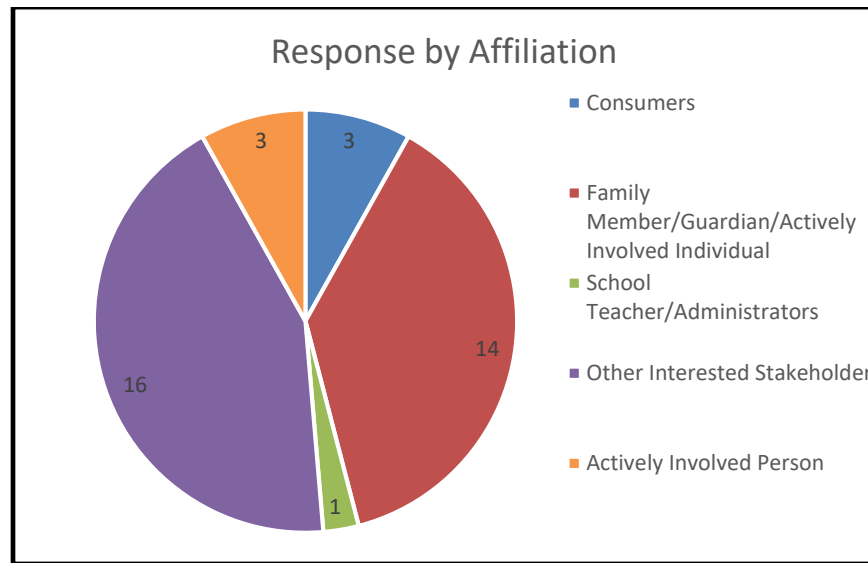
Gathering Public Input in the Planning Process

Survey Response

Tri-County developed a survey about our IDD services which was distributed both in paper and electronic formats to local stakeholders. An online survey option was also made available using Survey Monkey and announced via social media platforms. The survey and a link to the online survey were provided to IDD PNAC members, IDD Authority Staff, Individuals Served, Tri-County Board of Trustees, representatives from local school districts, and other stakeholders by email. Additionally, staff made calls to individuals served, guardians, and other actively involved individuals (with appropriate consent) using a random selection data pull to ensure individuals who may be concerned about the pandemic or having limited access to a computer had the opportunity to participate in providing feedback during this planning process.

Surveys were also made available in Spanish. Questions on the survey included both closed and open-ended questions about services.

Planning Responses by Affiliation



Out of the 37 survey responses received, the majority of stakeholders who answered the question are satisfied with the services they receive including hours of operation and location of services. Local stakeholders were generally less satisfied with wait times (interest lists), and noted a need for increased services and resources (including transportation, residential options, parent support, additional activities for individuals with IDD, and expansion of services) to better meet the needs of the community.

Community Forums

In addition to the survey process, seven community meetings were held virtually to gather information from stakeholders about services. Interested stakeholders were provided with a brief educational session about Tri-County, the purpose for the planning process and were asked several open-ended questions.

Local Planning Meetings	
Date	Location
February 24, 2021	IDD PNAC Local Planning Kick Off Meeting
April 7, 2021	IDD PNAC Local Planning Meeting
April 13, 2021	Virtual – Montgomery County
April 14, 2021	Virtual – Montgomery County
April 14, 2021	Virtual – Montgomery County (Spanish Speaking)
April 13, 2021	Virtual – Liberty County
April 14, 2021	Virtual – Liberty County
April 13, 2021	Virtual – Walker County
April 14, 2021	Virtual – Walker County
June 2, 2021	IDD PNAC Local Planning Meeting – Planning Review
August 11, 2021	IDD PNAC Local Planning Meeting – Planning Review

Planning Session Open-Ended Responses

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

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

Stakeholders continued to express concerns about the amount of funding available to serve individuals in our service area. While many expressed that they were happy with the services that were offered, they shared that they would like to see more of them as well as more funding to expand these services. Additionally, participants cited concerns over the long State Interest List and a need for more accessible and affordable residential options outside of those offered through the waiver program. Transportation, additional employment opportunities, expansion of services such as Autism and day programming to all service areas, and additional supports for parents were all highlighted as gaps. Participants also stressed the importance of continued focus on IDD specific community education and integration opportunities for individuals served and their families.

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

The number one area that stakeholders cited as the most needed was access to services and supports for young adults with IDD who have graduated high school. These responses included the need for access to affordable residential options, to include those who may not qualify for HCS but are unable to live independently; transportation; additional opportunities for community and socialization activities; and additional education and support for parents navigating the complexity of services. Additionally, respite was frequently cited as a high need for family members of individuals with IDD.

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

While many stakeholders responded that they were happy with the services and supports they were receiving, there was a general acknowledgment that there was much that could be improved with additional funding. Responses included concerns with the impact that staff turnover can have on individuals with IDD and their families. Participants also cited concerns over the long State Interest List and a desire for more local options for affordable long term residential, respite, and transportation options. Additionally, stakeholders cited the need to continue developing community partnerships with other community agencies that could assist with education and coordination of care for individuals with IDD and/or their family members. Feedback on this question also converged around the need to provide additional supports and resources such as support groups or peer providers to assist family members and/or parents navigate the complexity of the services and supports, and respondents stressed the importance of daily activities and socialization opportunities for individuals with IDD.

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

Several stakeholders mentioned feeling isolated from the community at various times, especially during, but not solely related to the pandemic. Participants expressed a need for additional education for the general public to better understand and accept individuals with IDD and recommended community integration activities or publications in local papers or magazines as ways to meet this need. Feedback also focused on the need to provide additional support and education for parents and family members navigating the complexity of services and supports for their loved ones including detailed information and/or training on understanding social security benefits, qualifying factors and renewal requirements.

5. *How well do you think that Tri-County is doing in meeting your needs or the needs of the community during the COVID-19 pandemic?*

The majority of respondents stated that they thought Tri-County handled the pandemic very well and reported that they received frequent calls during that time. A few respondents noted concerns about isolation and lack of community activities.

Stakeholder Information Summary

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

- Belief that the community in general (families, employers, legislative staff, educational system, healthcare providers etc.) continues to need greater awareness about these disorders to include the needs of individuals and families as well as how community organizations are working with and impacted by IDD. In addition to general community awareness, planning responses focused on the need to provide information and support to the community on how to navigate the changing system of care.
- Belief that individuals and families impacted by IDD need more supports than are available. Feedback specifically cited the challenges with long interest lists for waivers, the need for affordable residential options, additional respite and local transportation options. Additionally, participants frequently focused on the need for increased funding to support the growing populations in all counties and the need to expand services in areas experiencing significant growth.
- The continued need to retain quality staff whenever possible to prevent turnover and lessen the impact of change on individuals with IDD and their families.

Tri-County Services Area Goals and Objectives

In June of 2021, Tri-County's IDD Planning Network Advisory Committee reviewed stakeholder input from the local planning process and recommended the general direction for 2022 and 2023 Local Planning Goals and Objectives. Of special concern were the length of time community members had to remain on interest lists to receive services and supports, the need for additional funding to fill the service gaps that available services and supports don't address, the continued need for community education related to IDD conditions, abilities, services and navigating the IDD system of care. Before consideration of the Goals and Objectives for this two-year planning period, the following community and Center strengths, needs, and barriers should be considered:

Strengths

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

Community Needs and Priorities

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

Barriers

- There has been rapid growth of the Tri-County service area while funding has not been able to keep up with the need. In addition to service needs, Tri-County's geographical location bordering Harris County presents a challenge providing competitive salaries as a means to retain staff who can find higher pay for similar positions in the area.
- Health and Human Services contract requirements do not provide much opportunity for flexibility in service design with current available funding.

- Community stigma exists for persons with IDD which can limit opportunities and the COVID-19 pandemic has further isolated a population that is already faced with these challenges.
- The size of the Tri-County service area presents problems related to efficient service design.
- There are only very limited public transportation opportunities in the Tri-County service area.
- State regulations and mandates put centers at a disadvantage when competing with non-governmental entities for services.

Outcome

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

Goals and Objectives

Goal: Administrative Support for the Local Plan

Objective: Tri-County will continue to seek Grant and Resource Development opportunities and seek funding for new IDD programs and or expansion as available.

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

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

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

Goal: Improve Transportation Options

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

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

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

Goal: Community Education

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

Objective: Tri-County will continue to provide education and information to the community on the services available as well as how to get on the State Interest list and why this is important.

Goal: Staff Retention

Objective: Tri-County will seek at least one new way to incentivize current staff over the next planning cycle.

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

Agenda Item: Intellectual and Developmental Disabilities
Quality Management Plan

Board Meeting Date

August 26, 2021

Committee: Program

Background Information:

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

Supporting Documentation:

IDD Quality Management Plan for FY 2022-2023

Recommended Action:

Approve the IDD Quality Management Plan for FY 2022-2023



Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Quality Management Plan
For Fiscal Years 2022-2023**

Evan Roberson, Executive Director

Date

Introduction

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

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

The QM Department continues to work closely with program managers and direct service staff to ensure that they are compliant with contract requirements and Texas Administrative Code (TAC). We are constantly measuring, assessing, and striving to improve our local authority functions to ensure that our stakeholders receive the highest quality of services possible. In addition, the program remains committed to ensuring contract compliance including the accuracy, consistency, and timeliness with which service provision information is provided to HHSC.

MISSION, VISION AND PHILOSOPHY STATEMENT

Mission

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

Vision

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

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

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

Mission of the Quality Management Department

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

Direction

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

Intellectual and Developmental Disabilities Authority Responsibilities

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

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

Goals of the QM Program

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

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

Performance Standards:

1. Participate in internal program surveys throughout the year and produce reports for programs reviewed.

Measurable Activities:

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

Outcomes:

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

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

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

Performance Standards:

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

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

Performance standards:

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

Measurable results:

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

Outcomes:

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

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

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

Measurable activities:

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

Outcomes:

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

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

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

Performance Measures:

1. Serve 120 non-waiver individuals with IDD per quarter.
2. Ensure that 95% of enrollments into HCS meet timelines.
3. Ensure that 95% of Permanency Plans are completed within the correct timeline.
4. Ensure that 100% of individuals on the HCS and TxHmL interest list are contacted each biennium for review (50% the first contract year).
5. Ensure that 95% of PASRR evaluations or resident reviews meet timeframes.
6. Ensure 95% compliance with assigning PASRR habilitation coordinator within timeframes.
7. Ensure 95% compliance with Community Living Options (CLO) timeframes.
8. Ensure 95% of completed PL1s in which the “Alternative Placement (Disposition)” field is completed within PASRR timeframes.
9. Ensure 95% of referrals are completed when the PASRR evaluations indicate that an individual would like to live somewhere else besides a nursing facility within timeframes.
10. At least 95% of required submissions are completed within timeframes.

Measurable Activities:

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

Outcomes:

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

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

- Effectively monitoring the Center’s interest list program.
- Effectively administering the Center’s local planning process.
- Effectively monitoring and maintaining contract guidelines.

Quality-Related Responsibilities of Management and Committees

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

The Board of Trustees:

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

The Executive Director:

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

The Management Team:

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

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

- Implementing, overseeing, and reviewing QM activities.
- Reviewing and evaluating internal and external reports for all QM activities.
- Reviewing committee reports to ensure that issues related to individuals' needs are properly addressed.
- Monitoring and assuring compliance to all contract requirements, standards, and codes.
- Ensuring that changes in contracts and standards are provided to the relevant program staff.
- Serving as liaisons to all agency committees.
- Reviewing key service indicators and outcomes at least quarterly.
- Reviewing financial reports on a monthly basis.
- Monitoring all risk data for employees and individuals served on at least a quarterly basis.
- Monitoring results of internal program survey audits.

The Administrator of Quality Management:

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

- Co-chairs the QUM Committee.
- Serves as a member of the JUM Committee.
- Works closely with the Senior Director of QM and Support to carry out recommendations from the Corporate Compliance Committee.
- Works closely with Utilization, Risk Management and IDD program managers to measure, analyze, and improve service capacity and access to services.
- Provides the Management Team with reports so they can oversee and review QM activities.
- Completes all program survey audits for each selected program.
- Monitors and reports QM outcomes to the Management Team on at least a quarterly basis.
- Serves as the Rights Protection Officer while monitoring trends in client abuse, neglect, and exploitation and assigns follow-up responsibilities to appropriate staff.
- Coordinates the agency's Random Moment in Time Study (RMTS) program.

- Develops and ensures stakeholder surveys are distributed in all three local service areas every 2 years and monitors results of program specific surveys.
- Monitors the Performance Contract for compliance.

Rights Protection Officer:

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

Risk Manager:

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

Human Rights Committee (HRC):

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

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

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

Safety Committee:

The Risk Manager chairs the Center’s Safety Committee. The Safety Committee is comprised of selected members who review data from a variety of sources to identify situations that pose a risk to individuals served, the community, employees, and/or the

Center. In conjunction with the Safety Officer, the Safety Committee creates, implements, and maintains a system of tracking, reporting, and evaluating the Center Safety Plan. Trends, recommendations, and decisions made or identified by the Safety Committee are sent to the Management Team for review. The Safety Committee meets at least quarterly, and as necessary, to conduct business.

Risk Management Team:

The comprehensive Risk Management Team is responsible for the development, implementation, support, monitoring, and evaluation of the comprehensive Risk Management Program. Executive management staff serve as permanent members of this team, with additional staff serving on an as-needed basis. Information on rights and abuse will be presented to the Risk Management Team. This team meets monthly or as often as is necessary to conduct its business.

Quality and Utilization Management (QUM) Committee:

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

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

- Proposes consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources.

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

Junior Utilization Management Committee (JUM):

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

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

Grid Review Team (GRIT):

- Sets up encounter data modalities to ensure correct submission to the HHSC data warehouse.
- Reviews the Charge Master report to ensure that charges are accurate and up to date.
- Reviews the IDD service array to ensure that we are in compliance with the performance contract.
- Reviews service code definitions to ensure that they are in line with the service array and the performance contract.
- Meets annually and/or as needed.

Corporate Compliance Committee:

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

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

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

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

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

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

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

Regional Planning Network Advisory Committee (RPNAC):

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

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

ORGANIZATIONAL MEASUREMENT, ASSESSMENT AND IMPROVEMENT

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

Tri-County continues to work on perfecting the data that is used for measurement of our activities. Our focus remains to identify areas of weakness and ensure that improvements are made when necessary. Tri-County employs specific staff who work to ensure that the

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

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

Internal Program Survey Process:

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

Satisfaction Survey:

Satisfaction surveys are completed as part of the Center's self-assessment process. Each program has developed its own questionnaire and distributes it to their consumers at least annually. The results are used to make reasonable changes to the program. The HCS program continues to complete customer service surveys as required by the HCS program

standards. The Health and Human Services Commission HCS survey team typically reviews the results of these surveys annually. Results of satisfaction surveys are also reviewed during the internal program survey process to ensure that any problem areas have been resolved.

Stakeholder Involvement and Input:

External service providers and other stakeholders will receive information through meetings or other appropriate means of communication. Tri-County staff are involved in community meetings in order to collaborate on issues including quality improvement. Area organizations in which Tri-County participates include but are not limited to the Community Resource Coordinating Group (CRCG), Montgomery County Homeless Coalition, United Way, United Way Funded Partners, Disaster Recovery Committees including Montgomery County Community Assistance Recovery Efforts and Services (MC-CARES), Conroe Rotary Club, HCS Advisory Committee, the local Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), Regional Planning Network Advisory Committee (RPNAC), Healthcare Alliance of Montgomery County, and a jail diversion workgroup. Participating in these groups enables Tri-County staff to network and collaborate with representatives from other area agencies.

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

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

- Evaluating and addressing the satisfaction of individuals served, or legally authorized representatives (LAR) of individuals served, with the program provider's services.
- Soliciting, addressing, and reviewing complaints from individuals served or their LAR's about the operations of the program.
- Reviewing all allegations of abuse, neglect, and exploitation in order to ensure ongoing quality of care and prevention efforts as needed.
- Participating in a continuous quality improvement review of the program provider's operations and offering recommendations for improvement for actions by the program provider as necessary.

In addition to the information staff receive through networking and collaboration, our Center developed a survey to obtain information from our stakeholders to determine what

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

Clinical Records Review:

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

Corporate Compliance:

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

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

- The Corporate Compliance Policy has been revised to include:
 - Reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center.
 - Requirement that training includes information on:
 - The Federal False Claims Act
 - The State Medicaid False Claims Act
 - Qui Tam
- The Corporate Compliance Action Plan was developed to guide the activities of the Corporate Compliance Program at Tri-County.

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

Staff Development:

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

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

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

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

Rights related issues, as well as abuse and neglect information, is tracked, reviewed, and reported on a regular basis through the Rights Protection Officer. Tri-County safeguards the health and safety of individuals served, families, and staff through the ongoing monitoring and reporting of critical incidents, medication errors, infection control events, maintenance, and safety reports (risk data). The QUM Committee reviews the risk data quarterly, looking for trends in all aspects of the data. If trends are found, improvement plans are requested from the appropriate program. The Safety Committee reviews those incidents involving maintenance and safety issues. The Management Team reviews these reports at least quarterly and takes remedial action as appropriate. Complaints are tracked

through all levels of the organization, and each complaint continues to be tracked until it is resolved.

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

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

PLAN FOR REDUCING CONFIRMED INSTANCES OF ABUSE AND NEGLECT

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

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

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

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

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

REVIEWING AND UPDATING THE IDD QM PLAN

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

Agenda Item: Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member

Board Meeting Date

August 26, 2021

Committee: Program

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have nine (9) IDDPNAC members.

Staff is recommending the appointment of the volunteer listed below to the Intellectual and Developmental Disabilities Planning Network Advisory Committee.

Barbara Grogan, Community Member

- Parent Liaison at Conroe Independent School District

Ms. Grogan has agreed to serve on the IDDPNAC for the remainder of a two-year term which will expire August 31, 2022.

Supporting Documentation:

None

Recommended Action:

Appoint Barbara Grogan as a New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2022

Agenda Item: Appoint New Mental Health Planning Network Advisory Committee Member

Board Meeting Date

August 26, 2021

Committee: Program

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have two (2) MHPNAC vacancies.

Staff is recommending the appointment of the volunteer listed below to the Mental Health Planning Network Advisory Committee.

Barbara Grogan, Community Member

- Parent Liaison at Conroe Independent School District

Ms. Grogan has agreed to serve on the MHPNAC for a two-year term which will expire August 31, 2023.

Supporting Documentation:

None

Recommended Action:

Appoint Barbara Grogan as a New Mental Health Planning Network Advisory Committee Member to a Two-Year Term Which Expires August 31, 2023

Agenda Item: Community Resources Report

Board Meeting Date:

August 26, 2021

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

July 30, 2021 – August 26, 2021

Volunteer Hours:

Location	July
Conroe	83
Cleveland	0
Liberty	52.5
Huntsville	9.5
Total	145

COMMUNITY ACTIVITIES:

7/30/21	Heroes Fundraiser Collaboration Meeting	Montgomery
8/2/21	Bonterra Veterans Group Meeting	Conroe
8/2/21	Montgomery County Homeless Coalition Board Meeting	Conroe
8/2/21	KIDSfest	Magnolia
8/3/21	Combined Arms Wellness Committee - Virtual	Conroe
8/3/21	Social Determinates Coalition Meeting	Conroe
8/4/21	Veteran Ministry Fiscal Year Update Meeting	Conroe
8/4/21	Walker County Senior Center Presentation	Huntsville
8/4/21	Conroe Noon Lions Club Luncheon	Conroe
8/4/21	HEARTS Veteran Museum of Texas Meeting	Huntsville
8/5/21	Cleveland Chamber of Commerce Luncheon	Cleveland
8/6/21	Youth Mental Health First Aid – Huntsville ISD	Huntsville
8/6/21	Military Veteran Peer Network and Project Zero Collaboration Meeting	Conroe
8/6/21	Heroes Fundraiser Meeting	Montgomery
8/7/21	Basic Certification Training for Veteran Peer Support	Liberty
8/7/21	HEARTS Veteran Museum Breakfast	Huntsville
8/7/21	Grangerland Intermediate Bilingual Meet and Greet	Grangerland
8/9/21	Eagle’s Nest Program Introduction Meeting	Huntsville
8/9/21	Veteran Spouse Network State Meeting – Virtual	Conroe
8/10/21	Abundant Harvest Food Pantry Counseling	Montgomery
8/10/21	Assisting Victims Escape and Resist Trafficking (AVERT) - Virtual	Conroe
8/11/21	Conroe Noon Lions Club Luncheon	Conroe
8/11/21	Family & Community Coalition of Montgomery County Meeting	Montgomery
8/11/21	Huntsville Veteran Organization Meeting	Montgomery
8/11/21	105 Storage Veteran Breakfast	Conroe
8/11/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
8/12/21	Huntsville Chamber of Commerce Breakfast	Huntsville

8/12/21	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup – Virtual	Conroe
8/13/21	Camp Valor Veteran Organization Network Meeting	Conroe
8/13/21	Veteran Spouse Network Conroe Chapter Meet and Greet	Conroe
8/16/21	Veteran Mentor Meeting	Conroe
8/16/21	Supporting the Emotional Wellbeing of Veterans Meeting – Virtual	Conroe
8/16/21	Lone Star Community Radio – Suicide in the Community	Conroe
8/17/21	Veteran Taskforce Meeting - Virtual	Conroe
8/17/21	Veteran Suicide Prevention Training – Virtual	Conroe
8/17/21	Montgomery County Community Resources Coordination Group Meeting – Virtual	Conroe
8/18/21	Conroe Noon Lions Club Luncheon	Conroe
8/18/21	Liberty/Dayton Chamber of Commerce Meeting	Liberty
8/18/21	Abundant Harvest Food Pantry Counseling	Montgomery
8/18/21	Cleveland Job Fair	Cleveland
8/18/21	Homeless Management Information System Provider Input Forum	Conroe
8/19/21	Montgomery County Homeless Coalition Community Meeting	Conroe
8/20/21	Project Healing Waters Veteran Meeting	Conroe
8/23/21	Basic Certification Training for Veteran Peer Support	Conroe
8/24/21	Walker County Community Resources Coordination Group Meeting	Conroe
8/25/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
8/25/21	Liberty County Community Resources Coordination Group Meeting - Virtual	Liberty
8/25/21	Abundant Harvest Food Pantry Counseling	Montgomery
8/25/21	Conroe Noon Lions Club Luncheon	Conroe
8/25/21	Montgomery County Child Fatality Review Committee – Virtual	Conroe

UPCOMING ACTIVITIES:

8/27/21	Walker County Juvenile Justice Staffing	Huntsville
8/30/21	Veteran Spouse Network State Meeting - Virtual	Montgomery
8/31/21	Montgomery County First Annual Overdose Prevention Endeavor	The Woodlands
9/1/21	Conroe Noon Lions Club Luncheon	Conroe
9/1/21	ASK+ Suicide Prevention Texas Trainer Meeting - Virtual	The Woodlands
9/2/21	Cleveland Chamber of Commerce Luncheon	Cleveland
9/4/21	HEARTS Veteran Museum Breakfast	Huntsville
9/6/21	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe

9/6/21	Veteran Spouse Network State Meeting – Virtual	Conroe
9/8/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
9/8/21	Conroe Noon Lions Club Luncheon	Conroe
9/9/21	Huntsville Chamber of Commerce Breakfast	Huntsville
9/9/21	Huntsville ISD District Leadership Team Meeting	Huntsville
9/11/21	HEARTS Veteran Museum 20-year Anniversary of 9/11 Remembrance	Huntsville
9/11/21	VFW Post 4709 9/11 Remembrance	Conroe
9/14/21	Liberty County Veterans Treatment Court	Liberty
9/14/21	Better Living for Texas Committee Meeting - Virtual	Conroe
9/15/21	Conroe Noon Lions Club Luncheon	Conroe
9/15/21	Liberty/Dayton Chamber of Commerce Meeting	Liberty
9/21/21	Military Veteran Peer Network Annual Conference – Virtual	Conroe
9/21/21	Montgomery County Community Resources Coordination Group Meeting	Conroe
9/22/21	Montgomery County Veterans Treatment Court – Virtual	Conroe
9/24/21	Walker County Juvenile Justice Staffing	Huntsville
9/27/21	Basic Certification Training for Veteran Peer Support	Conroe
9/28/21	The Woodlands Family YMCA Senior Service Event	The Woodlands
9/28/21	Walker County Community Resources Coordination Group Meeting	Conroe
9/29/21	Conroe Noon Lions Club Luncheon	Conroe
9/29/21	Youth Mental Health First Aid Training – Huntsville ISD	Huntsville

Agenda Item: Consumer Services Report for July 2021

Board Meeting Date:

August 26, 2021

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for July 2021

Recommended Action:

For Information Only

Consumer Services Report July 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	581	48	35	59	723
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	64	0	5	2	71
Psychiatric Emergency Treatment Center (PETC) Bed Days	211	0	15	9	235
Adult Contract Hospital Admissions	26	2	0	3	31
Child and Youth Contract Hospital Admissions	4	0	0	0	4
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1267	194	136	96	1693
Adult Medication Services	920	105	73	120	1218
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	675	55	21	55	806
Child Medication Services	248	15	6	15	284
TCOOMMI (Adult Only)	103	13	8	11	135
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	3	0	0	1	4
Service Coordination	698	38	44	73	853
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	23	4	16	17	60
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	15	0	0	0	15
Adult Substance Abuse Treatment Services/COPSD	46	5	0	3	54
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	0	0	0	0	0
Home and Community Based Services Interest List	1654	127	148	191	2120
July Served by County					
Adult Mental Health Services	1723	181	127	220	2251
Child Mental Health Services	814	68	23	66	971
Intellectual and Developmental Disabilities Services	771	45	58	81	955
Total Served by County	3308	294	208	367	4177
July Served by Phone by County					
Adult Mental Health Services	445	33	31	54	563
Child Mental Health Services	364	24	9	18	415
Intellectual and Developmental Disabilities Services	564	35	39	68	706
Total Served by County	1373	92	79	140	1684
July Services by Phone by County					
Adult Mental Health Services	622	35	31	61	749
Child Mental Health Services	499	32	14	22	567
Intellectual and Developmental Disabilities Services	1178	90	80	169	1517
Total Served by County	2299	157	125	252	2833
June Served by County					
Adult Mental Health Services	1850	188	121	242	2401
Child Mental Health Services	965	86	33	71	1155
Intellectual and Developmental Disabilities Services	769	45	57	78	949
Total Served by County	3584	319	211	391	4505

Agenda Item: Program Updates

Board Meeting Date:

August 26, 2021

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

July 30, 2021 – August 26, 2021

Crisis Services

1. The Executive Director has put together an interim management team for crisis services including the Crisis Stabilization Unit. The team, made up of an Acting Crisis Director and the Chief Nursing Officer are managing services with support from the Executive Director as needed.
2. We continue to have crisis staffing impacted by staff turnover and COVID, and have very minimal staffing for the CSU on some shifts. As a consequence, the census at the CSU has continued to be capped at 12.
3. Crisis hospital utilization trends have been up and down over the summer, but utilization has been up thus far in the month of August.

MH Adult Services

1. Adult Outpatient program is making changes to internal processes designed to enhance the client experience and improve clinic flow by reducing wait time between medical staff, case managers, and other internal departments, ensuring smooth transitions between team members through effective communication regarding client needs, and working collaboratively across teams to ensure a high quality of service.
2. The Rural Clinics have reenergized efforts to be more active in the community, with agency representatives participating in events in Huntsville, Cleveland, and Liberty. These events allow staff to develop relationships with local community stakeholders, raise awareness of behavioral health, and form connections.
3. The First Episode Psychosis Program has been actively working alongside community providers, including local psychiatric hospitals, to encourage connections and seamless transitions for individuals identified as needing the program. Through these collaborations, the program has received several referrals, many of which were scheduled for admission to the program prior to discharge from the facility, eliminating gaps in care.
4. Routine intake has observed an increase in requests for services through the “call-in” process, which allows individuals access to a clinician for a screening of behavioral health needs on the date of their initial request for service. In most cases, individuals are able to be seen the same day for evaluation and connection to outpatient services, which allows for greater engagement in treatment and promotes positive treatment outcomes.
5. We continue to struggle with staffing issues across Adult Outpatient services with very few applications for most of the openings.

MH Child and Youth Services

1. We are back in schools and able to provide services to most of the children and youth we serve on campuses. There are a few schools that are not currently allowing us to meet with students on campus due to space issues, so we are reaching out to administration to discuss options as we cannot transport the students in our vehicles to and from the

office during the pandemic. It is challenging to meet with the children who attend these schools as many do not get home until very late at night.

2. We are continuing four of our school-based sites in Conroe ISD this year. The schools include Armstrong Elementary and three schools in the Grangerland area, including Grangerland Intermediate, Creighton Elementary, and Moorhead Junior High. We discontinued the site at San Jacinto Elementary School as the grant funding for that site has ended and the referrals to that site did not produce a full caseload.
3. We are excited to be in the process of implementing two new school-based sites in Cleveland ISD in the Plum Grove area with funding from the SAMHSA CCBHC grant. The schools are Cottonwood Elementary and Pine Burr Elementary.

Criminal Justice Services

1. In an effort to strengthen cooperative efforts between mental health services and criminal justice services, program staff will participate in the TDCJ-Community Justice Assistance Division (CJAD) and TDCJ Mental Health initiative collaborative training in Austin. The team will be accompanied by two probation officers from Montgomery County and will be provided training on Mental Health First Aid and collaboration training.
2. The Jail Services Liaison continues to provide important connections to ongoing care for individuals identified as having a mental health need who are in the jail. In July, staff met with over 100 individuals to provide screening, connection to care, and discharge planning.

Substance Use Disorder Services

1. Requests for substance use treatment remains consistent for both Adult and Youth programs, with referrals primarily coming from Probation. To meet the need of the community, additional groups are being offered, both during the day and after-hours to allow opportunity for those who have childcare or work related needs to participate. Combined with individual counseling, family education, and case management, the program has noted an increase in successful treatment outcomes as well as client satisfaction.
2. The Expanded Substance Use Disorder Program participated in a virtual HHSC Site Visit in July. The goal of the visit was to review the service offerings and provide guidance and support regarding any barriers to implementation. It was noted that this is the only project funded by this grant addressing pre-treatment needs for substance use and initial feedback from the visit was positive and complimentary of the work being done.
3. We are expanding prevention services into two New Caney ISD schools, Dogwood Elementary and Porter Elementary. New Caney ISD has partnered with Tri-County to ensure the full array of prevention services be throughout their district.
4. Our prevention team received high compliments from the Director of Youth Services for the Boys and Girls Club of Walker County. The team provided prevention activities at the Boys and Girls Club through the summer.
5. The majority of our prevention staff have completed their application to become a Certified Prevention Specialist and are waiting for approval to schedule their exam date.

IDD Services

1. IDD Authority is reviewing processes to begin the new fiscal year ensuring customer service and contract compliance.
2. IDD Authority currently has eight case manager positions open.
3. IDD Provider area continues to have a number of vacancies with no applications. Each of our Day Hab sites and PASRR services is looking for staff. Managers are often providing the direct care services at the Hab locations, in client homes and in nursing facilities.
4. Day Hab sites are open, but not at full operations as we have not resumed transportation. Some families are willing to transport but others express that it is too far to travel especially from Conroe area to Huntsville.

Support Services

1. Quality Management (QM):

- a. Quality Management Staff continue to conduct routine audits of provider documentation for quality assurance purposes. As a part of these audits, staff reviewed 61 notes containing the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier for the month of July to ensure proper use and documentation of this modifier for individuals indicating a need for Substance Use Disorder Intervention and provided additional training to staff as indicated.
- b. The Continuous Quality Improvement Committee (CQI) met on August 17, 2021 to review the status of the FY 21 CQI Goals before the end of the fiscal year. In an effort to continue improving our show rates for doctor appointments at the Center, staff have begun surveying individuals who have not shown up to their medication appointments in order to identify any trends or barriers that have prevented individuals from attending.

2. Utilization Management (UM):

- a. The Junior Utilization Management Committee continues to track and monitor the Center's performance data each week to ensure that required measures are met, monitor CQI data for change, identify trends in the data that may help guide program services, and continue to utilize the risk stratification tool to assist in identifying the most at-risk adult individuals served in order to provide targeted Care Coordination as appropriate.
- b. Staff reviewed 10% of all Center discharges for July to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers is provided as needed to ensure quality improvement where indicated.

3. Training:

- a. Staff are in the process of re-training 40% of all users of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) as required twice a year per our performance contract.
- b. A new Advanced Listening training has been launched for all mental health clinical staff designed to increase awareness of the needs of their clients and promote more therapeutic interactions.

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

- a. The IDD PNAC met on August 11, 2021 and reviewed program services, performance outcomes, and goals and objectives outlined in the draft IDD Local Plan for FY 2022-2023.
- b. As you may recall, the role of the Regional PNAC is to represent the perspectives of individuals served, family members and other stakeholders on the provision of services and supports. The RPNAC ensures that stakeholder's input plays a significant role in the local planning and networking process, as well as in policy making and service delivery design by reviewing data from the participating Centers. As a part of this process, staff completed and submitted a Hospitalization Survey which will be reviewed by the committee to determine if there are recommendations for improvement.

5. Veteran Services and Veterans Counseling/Crisis:

- a. The team will be bringing a Veteran Spouse Resiliency Group to Conroe and Liberty.
- b. The team is also collaborating with MET (Motivation, Education, and Training) Inc. and Love Hope Ranch to increase support for Veteran children who have lost a parent to suicide.

6. COVID-19 Team

- a. Since January 1, 2021 the team has received 150 hotline calls and have made 321 referrals for these callers. They have also helped 22,999 individuals and provided 180 groups.

7. Community Resource and Development

- a. The ExxonMobil presentations have been postponed until early fall when staff return from vacation and hopefully to the office. They would like to have the second North America presentation in person so that it can be more interactive; while the Asia Pacific will remain via Zoom.
- b. We are so excited to be working with former board member, William E. Hall's daughter Sarah Hall, in her creation of the "First Annual Montgomery County Overdose Awareness Day" event. Sarah lost her son a little over two years ago to an overdose and has worked tirelessly to increase awareness. On August 1, 2021 Governor Abbott officially made August 31st Overdose Awareness Day in the State of Texas. We are honored to be working with Sarah Hall in raising awareness and will be by her side during her inaugural event on August 31, 2021.
- c. Mental Health First Aid continues to be a highly sought after training throughout our communities; with our most recent training being Huntsville ISD.

<p>Agenda Item: Annual Election of FY 2022 Board Officers</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>August 26, 2021</p>
<p>Background Information:</p> <p>The By-laws for the Tri-County Board of Trustees require Board officers to be elected each fiscal year. Gail Page, Chair of the Nominating Committee, will present the slate of officers for election. Members of the Nominating Committee also include Sharon Walker and Morris Johnson.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Elect Officers for FY 2022 Board of Trustees</p>	

Agenda Item: Executive Director’s Annual Evaluation, Compensation and Contract for FY 2022

Board Meeting Date

August 26, 2021

Committee: Executive

Background Information:

Annually, the Board of Trustees reviews the Executive Director’s performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2021 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Tracy Sorensen, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Richard Duren, Jacob Paschal and Janet Qureshi.

Supporting Documentation:

None

Recommended Action:

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

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

Board Meeting Date

August 26, 2021

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 5th. Election ballots are due by Friday, October 15th.

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

- Mr. Hartley Sappington (Incumbent)
- Mr. Ken Bernstein (Incumbent)
- Mr. Jim Lykes (Incumbent)
- Ms. Diane Hickey (Non-Incumbent Nominee by Denton County MHMR Center)

Supporting Documentation:

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

Recommended Action:

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

August 16, 2021

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 5, 2021 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 Hartley Sappington (Place 7) and Ken Bernstein (Place 8) and Jim Lykes (Place 9) are listed on the ballot. The nominating committee has also included Diane Hickey with Denton County MHMR Center, a non-incumbent nominee made by the Center. Bios are attached for all nominees.

Please return the election ballot by email, mail or fax so that it is received in the Fund's office **no later than Friday, October 15, 2021**. You may also vote in person at the Annual Member Meeting on November 5th.

If you have any questions, please call Jennifer Trejo at the Fund, either 305-804-0307 or email her at jennifer.trejo@sedgwick.com.

cc: TCRMF Board of Trustees
Advisory Committee
Pam Beach



BOARD OF TRUSTEES ELECTION BALLOT

At the November 5th 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. Each Center may cast its votes by email, mail, fax in advance (preferred) or in person at the Annual Member Meeting.

The terms for three places are expiring. **Please vote for three of the four candidates listed below by entering an “X.” The three candidates receiving the most votes will be elected to the Board and will be assigned to the three Places up for election, Places 7-9.**

	Mark Vote (“X”) In box below <u>(for THREE)</u>
Mr. Hartley Sappington (Incumbent – seeking 5 th term)	[]
Mr. Ken Bernstein (Incumbent – seeking 2 nd term)	[]
Mr. Jim Lykes (Incumbent – seeking 2 nd term)	[]
Ms. Diane Hickey (Non-Incumbent – seeking 1 st term)	[]

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.

Name of Community Center

Signature of Authorized Representative

Date

Hartley Sappington – Williamson County – Chairman

Chairman Hartley Sappington of Georgetown, a founding Board Member of Bluebonnet Trails Community Services, serves as the Williamson County representative on the Bluebonnet Trails Community Services Board of Trustees. Having worked on the plan creating Bluebonnet Trails, he was elected to the Board of Trustees in 1997 when Bluebonnet Trails Community Services was formed. Sappington holds a Bachelor degree in Sociology and Theology from Texas Christian University and a Masters in Social Work from the University of Tennessee. He has an extensive background with community center services having served as a program director at Permian Basin, the Executive Director of Texoma MHMR, and as Assistant Deputy Commissioner with the Texas Department of Mental Health and Mental Retardation (TXMHMR) Central Office.

Hartley is a dedicated Board Member, and a past Chairperson, of Board of Trustees of the Texas Council of Community Centers. In addition, Hartley has been elected to, and serves on, the Board for the Texas Council Risk Management Fund. He serves on the Williamson County Mental Health Committee which is a county-wide collaborative identifying and recommending solutions to local issues related to access for services for persons experiencing mental illness.

Kenneth R. Bernstein
Independent Accounting and Finance Professional
Board Director

Director and Chair of Ad Hoc Finance Committee, 2018-present
Metrocare Services, Dallas, Texas

Metrocare provides a comprehensive array of services and supports for people dealing with the challenges of mental illness and/or developmental disabilities and has a budget of approximately \$115 million. Metrocare is governed by an independent Board appointed by the Dallas County Commissioners Court. Ken was nominated by County Judge Clay Jenkins.

Board Member, Budget & Finance Committee, 2020-present
Texas Council Risk Management Fund, Austin, Texas

TCRMF is a self-insurance governmental risk pool that provides products and services for workers' compensation, liability and property. 34 of the 39 community centers in Texas are members of TCRMF. TCRMF's Board members are elected by the participating community centers.

Board Member 2021-present
Texas Health Resources, Arlington, Texas

Member, Audit and Compliance Committee, 2019-present
Texas Health Resources, Arlington, Texas

Texas Health Resources is a major tax-exempt, north-Texas based health care system, with 14 acute care hospitals and a variety of allied businesses, including physician services, imaging centers, and surgery centers.

Member, Audit and Compliance Committee, 2020-present
Southwestern Health Resources, Dallas, Texas

Southwestern Health Resources is a clinically integrated network in north-Texas sponsored by Texas Health Resources and University of Texas Southwestern Medical School.

Partner (Retired), Ernst & Young 1979 - 2014
Dallas, Texas and National Offices

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Ken was on the firm's National Healthcare Industry Operating Committee and served as Area Industry Leader.

- Over his 37-year career in public accounting, Ken served not-for-profit, publicly held, and governmental organizations, with an emphasis on healthcare providers, life sciences companies, and on private equity and venture backed growth companies. Ken also served companies in other industries, including consumer products and real estate. Ken provided audit and assurance services, and assisted with SEC and financial statement reporting, employee benefit plan reporting, mergers and acquisitions, equity and debt transactions, compliance services, and internal audit services.
- Healthcare provider clients served included a broad range of providers and affiliated businesses, including multihospital systems, community hospitals, nursing homes, retirement housing, ambulance and emergency medicine providers, therapist services, staffing, long-term acute care hospitals, physician groups, clinical laboratories, hospice, health maintenance organizations, hospital alliances and group purchasing organizations, and private foundations.
- Ken was involved in over \$5 billion of debt and equity offerings, including several initial public offerings; over 100 mergers, acquisitions and divestitures; internal control and financial reporting for both public and private companies; financing of major construction projects; and compliance matters.

Ken also worked with the firm's National Quality and Risk Management Group, assisting engagement teams with their work with the firm's regulator, the Public Company Accounting Oversight Board (PCAOB).

Professional Credentials, Certifications and Related Activities

Certified Public Accountant, Texas (retired)

Fellow, Healthcare Financial Management Association (HFMA) and Past President, Lone Star Chapter; Muncie Gold Medal Award and Founders Medal of Honor Award recipient

Fellow, American College of Healthcare Executives (ACHE)

Certified Management Accountant (inactive)

Author and speaker

Education

University of Chicago Booth School of Business, MBA 1979

Macalester College (St. Paul, Minnesota), BA 1977

Selected Community and Board Activities

Dallas Theater Center Endowment Fund
Director and Vice President

2017- 2019

Dallas Theater Center
Director, President and Treasurer

1996 - 2016

Workforce Solutions Greater Dallas
Director, Officer, Chair—Audit Committee
Appointed by Mike Rawlings, Mayor of Dallas

2010 - 2014

Personal

Ken is married to Barbara Clay, has two children, and lives in east Dallas.

Contact Information

972-955-9292 (cell)

krbernstein@sbcglobal.net

8246 Forest Hills Blvd.
Dallas, Texas 75218

References available upon request.

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.

July 12, 2021

Dianne Hickey

Since moving to Flower Mound over 20 year ago, I have been engaged in many charitable efforts. My husband Robert and I have an amazing special needs daughter Alyse.

I have been doing charity work for over 45 years. I split my time between family and charitable works. The organizations that I have assisted include - Ronald McDONALD House, CookChildren's Hospital, Friends of the Family, Buckner Children's, North Texas Child Advocacy, CCA, Volunteers of America, United Way and of course MHMR to name a few.

I am on the advisory committee of HCS to help monitor the group homes and day habs that our clients are affiliated with. I was appointed to the Board of Trustees for MHMR in 2018. I am so proud of all that MHMR does for our communities and residents.

In 2020 I was honored with winning the Frank M. Adams Outstanding Volunteer Service Award from the TX 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.

When the opportunity came up to be a Board Trustee for the Texas Council Risk Management fund, I knew I could help make a difference.

Thanks so much for considering my application. If you need more information please let me know

Respectfully,

Dianne Hickey

Agenda Item: Personnel Report for July 2021

Board Meeting Date:

August 26, 2021

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for July 2021

Recommended Action:

For Information Only

Personnel Report July 2021

Total Applications received in July = 147

Total New Hires for July = 7

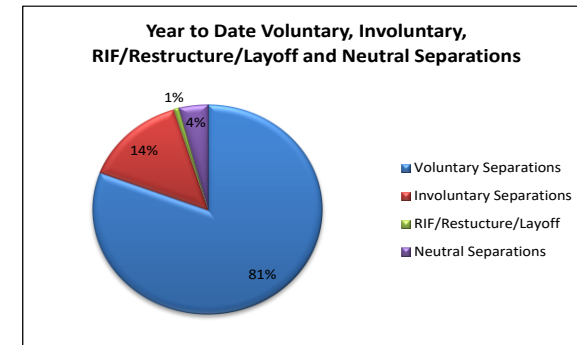
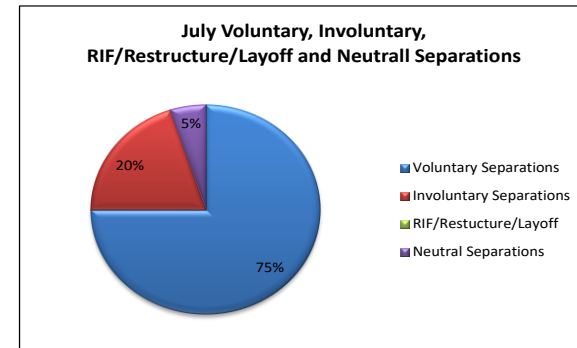
Total New Hires Year to Date = 99

Total Budgeted FTE Positions = 441.15

Vacant FTE Positions = 97.54

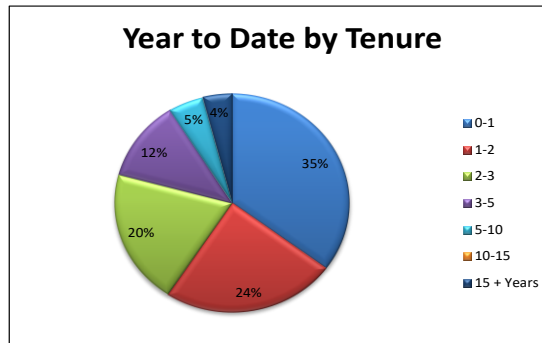
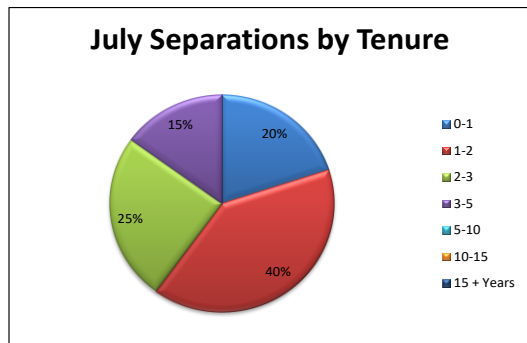
July Turnover - FY21 compared to FY20	FY21	FY20
Number of Active Employees	346	366
Number of Monthly Separations	20	20
Number of Separations YTD	125	97
Year to Date Turnover Rate	36%	27%
July Turnover Rate	6%	5%

Separations by Reason	July Separations	FY21 YTD
Better Pay	1	14
Commute	0	2
Death	0	1
Dissatisfaction with Supervisor/Job	0	0
Family	0	6
Another job	7	33
Lack of Opportunity for Advancement	0	2
Relocating	2	15
Retirement	0	3
Return to School	3	6
Schedule	0	1
Uncomfortable with Job Duties	0	5
Health	2	13
RIF/Restructure/Layoff	0	1
Neutral Termination	1	5
Involuntarily Terminated	4	18
Total Separations	20	125



Management Team	# of Employees	July Separations	Year to Date Separations	% July	% Year to Date
Evan Roberson	22	1	2	5%	9%
Millie McDuffey	30	2	14	7%	47%
Amy Foerster	4	0	2	0%	50%
Tanya Bryant	10	0	1	0%	10%
Sara Bradfield	92	5	20	5%	22%
Melissa Zemencsik	68	5	34	7%	50%
Catherine Prestigiovanni	18	1	7	6%	39%
PETC	42	2	20	5%	48%
Kelly Shropshire	31	4	20	13%	65%
Kathy Foster	21	0	5	0%	24%
Kenneth Barfield	8	0	0	0%	0%
Total	346	20	125		

Separation by EEO Category	# of Employees	July Separations	Year to Date Separations	% July	% Year to Date
Supervisors & Managers	26	1	4	4%	15%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	2	9	5%	20%
Professionals (QMHP)	105	11	53	10%	50%
Professionals (QIDP)	25	4	20	16%	80%
Licensed Staff (LCDC, LPC...)	26	0	6	0%	23%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	17	0	2	0%	12%
Program Support(Financial Counselors, QA, Training, Med. Records)	53	2	16	4%	30%
Nurse Technicians/Aides	15	0	8	0%	53%
Service/Maintenance	7	0	1	0%	14%
Direct Care (HCS, Respite, Life Skills)	16	0	5	0%	31%
Total	346	20	125		



Agenda Item: Texas Council Risk Management Fund Claims Summary as of July 2021

Board Meeting Date:

August 26, 2021

Committee: Executive

Background Information:

None

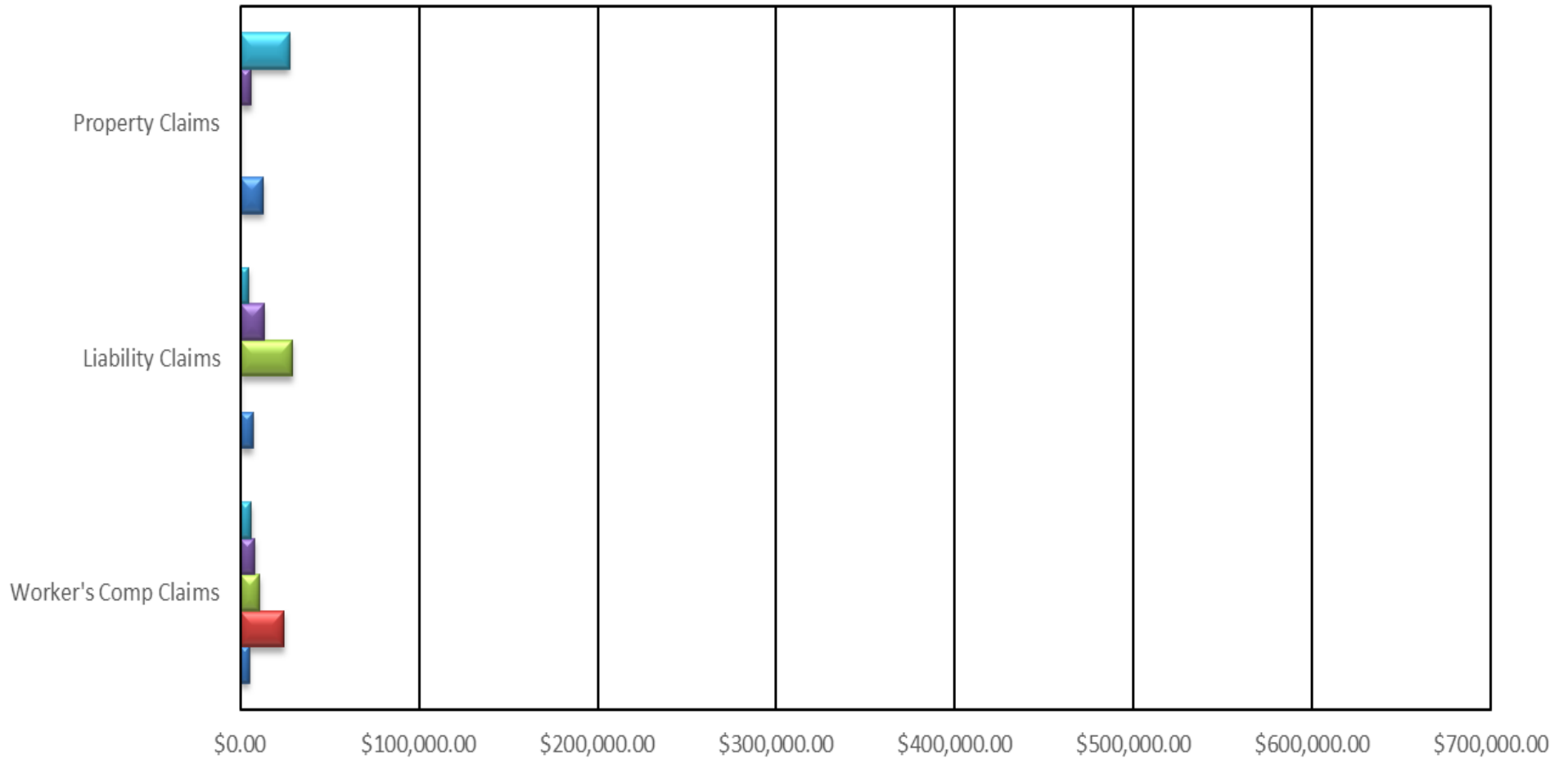
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of July 2021

Recommended Action:

For Information Only

TCRMF Claims Summary July 2021



	Worker's Comp Claims	Liability Claims	Property Claims
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$24,636.00	\$0.00	\$0.00
2021	\$5,122.00	\$6,991.00	\$12,751.00

Agenda Item: Texas Council Quarterly Board Meeting Update

Board Meeting Date

August 26, 2021

Committee: Executive

Background Information:

The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.

Supporting Documentation:

Texas Council Staff Report

Recommended Action:

For Information Only

Agenda Item: Approve July 2021 Financial Statements

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

None

Supporting Documentation:

July 2021 Financial Statements

Recommended Action:

Approve July 2021 Financial Statements

July 2021 Financial Summary

Revenues for July 2021 were \$3,033,428 and operating expenses were \$2,944,005 resulting in a gain in operation of \$89,422. Capital Expenditures and Extraordinary Expenses for July were \$82,937 resulting in a gain of \$6,486. Total revenues were 94.16% of the monthly budgeted revenues and total expenses were 100.23% of the monthly budgeted expenses (difference of 6.08%).

Year to date revenues are \$31,306,938 and operating expenses are \$29,552,202 leaving excess operating revenues of \$1,754,736. YTD Capital Expenditures and Extraordinary Expenses are 1,380,949 resulting in a gain YTD of \$373,786. Total revenues are 98.99% of the YTD budgeted revenues and total expenses are 99.25% of the YTD budgeted expenses (difference of .26%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
TCOOMMI	517,595	537,855	96.23%	20,260
Title XIX Case Management IDD	1,472,506	1,584,805	92.91%	112,299
Title XIX HCS Program	1,749,002	1,778,802	98.32%	29,800
Medicaid – Regular	413,012	490,202	84.25%	77,190
Title XIX Rehab	1,644,387	1,696,824	96.91%	52,437
HHSC – SA Treatment Adult	51,038	93,417	54.63%	42,379
HHSC – SA Treatment Youth	9,350	22,413	41.72%	13,063
DSHS - Supportive Housing	156,720	203,846	76.88%	47,126
DSHS Outpatient Competency Restoration	129,141	160,137	80.64%	30,996

TCOOMMI – This line is a cost reimbursement program. We have had vacant positions open for a good portion of this fiscal year. We still currently have an LPC and a QMHP position open. We had a discussion with TCOOMMI about eliminating the QMHP position and allocating the wages from this position to the other positions

to be more competitive and hopefully be able to recruit and keep qualified staff for this program. We are waiting for the decision from TCOOMMI which hopefully we should have any day so we can change the direction of this program.

Title XIX Case Management - IDD – This line item is an earned revenue line. As can be seen on the personnel report with the number of vacancies across the agency, this program is one of the areas that has many revenue generating positions vacant. We have completed a salary survey for our region and we have a number of positions that need wages adjusted to be competitive and hopefully be able to recruit new employees. This is a priority for FY 2022 and we hope to be able to make some changes and reduce the turnover rate for the new fiscal year.

Title XIX HCS Program – This line item is an earned revenue line. This program has had multiple individuals in and out of hospitals which has affected our revenue earned while they are out of the homes. This may continue until COVID settles down in our three counties.

Medicaid - Regular – This line item continues to be trending below normal. We adjusted the budget down during the first budget revision but revenues are still below expectations. This line has had the most volatility since COVID started. We are still expecting this trend to continue until COVID subsides.

Title XIX Rehab – This line item has been pretty stable for the fiscal year until the summer months hit and we continue to have more staff shortages. This line will not recover until we can get these positions filled and staff trained and up to speed to provide services to our clients. We are monitoring it and will adjust in future budgets.

HHSC – SA Treatment Adult – This is an earned revenue line. The program service delivery is mainly face to face group meetings which have been greatly affected by COVID. We should start to see an increase in this revenue line as the center is getting back to normal operations.

HHSC – SA Treatment Child – As stated with the Adult Treatment program above, we have also had difficulty scheduling face to face meetings for this program as well.

DSHS – Supportive Housing – This program is a cost reimbursement program. This is a rental assistance program that has been hit extremely hard by COVID. Some of the factors affecting this program have been the shortage of affordable rentals, and struggles with getting landlord approval for our clients.

DSHS Outpatient Competency Restoration – This is a cost reimbursement program. This program has been affected by COVID which has caused the courts to be closed

for the entire fiscal year and also we have had a staff position vacant during the same period.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repair & Maintenance	167,569	140,683	119.11%	26,886
Employee Recognition	29,690	10,536	281.80%	19,154
Payroll – SUI	114,947	62,435	184.11%	52,512

Building Repair & Maintenance – In July we had major repairs to the 7045 Hwy S Huntsville location that caused this line to go over budget year to date.

Employee Recognition – This line item is over budget due to the purchase of gift cards for employee incentives that we gave to staff to encourage them to become vaccinated for COVID.

Payroll – SUI – This line item is for the State Unemployment Tax Rate. This is normally a line that is very predictable. Every other year it alternates up and down. This was the year that the rate would normally be down, but with all the unemployment claims we received an out of the ordinary increase that was a retro rate adjustment going back to the beginning of the year from the Texas Unemployment Commission. This will be adjusted in the year end budget revision.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 31, 2021**

	TOTALS COMBINED FUNDS July 2021	TOTALS COMBINED FUNDS June 2021	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,589	3,650	(61)
Cash on Deposit-General Fund	7,504,657	7,652,794	(148,137)
Cash on Deposit-Debt Fund	-	-	-
Accounts Receivable	2,651,960	2,503,425	148,535
Inventory	2,720	2,720	-
TOTAL CURRENT ASSETS	10,162,926	10,162,589	338
FIXED ASSETS	18,775,157	18,775,157	-
OTHER ASSETS	228,099	239,110	(11,011)
TOTAL ASSETS	\$ 29,166,183	\$ 29,176,856	\$ (10,672)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,024,630	1,235,113	(210,483)
NOTES PAYABLE	719,395	719,395	-
DEFERRED REVENUE	(570,245)	(757,403)	187,157
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	-	-	-
First Financial Construction Loan	10,750,066	10,791,861	(41,795)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	373,786	367,301	6,485
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(10,750,066)	(10,791,861)	41,795
Reserved for Debt Retirement	-	-	-
COMMITTED			
Net Assets-Property and Equipment	18,775,157	18,775,157	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,004,912	2,004,912	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	67,834	61,667	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(719,395)	(719,395)	-
UNASSIGNED			
Unrestricted and Undesignated	4,499,311	4,499,310	0
TOTAL LIABILITIES/FUND BALANCE	\$ 29,166,183	\$ 29,176,856	\$ (10,672)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended July 31, 2021**

	General Operating Funds	Memorandum Only Final August 2020
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,589	3,900
Cash on Deposit-General Fund	7,504,657	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,651,960	2,166,985
Inventory	2,720	3,732
TOTAL CURRENT ASSETS	10,162,926	11,788,361
FIXED ASSETS	18,775,157	18,775,157
OTHER ASSETS	228,099	169,253
	-	-
	\$ 29,166,183	\$ 30,732,771
 LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,024,630	1,542,782
NOTES PAYABLE	719,395	719,395
DEFERRED REVENUE	(570,245)	424,724
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	-	-
First Financial Construction Loan	10,750,066	11,200,154
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	373,786	849,344
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(10,750,066)	(11,200,154)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets-Property and Equipment-Committed	18,775,157	18,775,157
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,004,912	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	67,834	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(719,395)	(719,395)
UNASSIGNED		
Unrestricted and Undesignated	4,499,311	3,649,967
TOTAL LIABILITIES/FUND BALANCE	\$ 29,166,183	\$ 30,732,771

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended July 2021
and Year To Date as of July 2021

INCOME:	MONTH OF July 2021	YTD July 2021
	<u> </u>	<u> </u>
Local Revenue Sources	71,420	1,833,185
Earned Income	1,031,081	11,871,706
General Revenue-Contract	1,930,927	17,602,047
TOTAL INCOME	\$ 3,033,428	\$ 31,306,938
EXPENSES:		
Salaries	1,807,503	18,096,172
Employee Benefits	401,995	3,851,998
Medication Expense	52,761	655,737
Travel-Board/Staff	23,580	162,340
Building Rent/Maintenance	49,607	217,599
Consultants/Contracts	423,516	4,368,035
Other Operating Expenses	185,043	2,200,322
TOTAL EXPENSES	\$ 2,944,005	\$ 29,552,202
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 89,422	\$ 1,754,736
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	13,269	614,595
Capital Outlay-Debt Service	69,667	766,354
TOTAL CAPITAL EXPENDITURES	\$ 82,937	\$ 1,380,949
GRAND TOTAL EXPENDITURES	\$ 3,026,942	\$ 30,933,151
Excess (Deficiency) of Revenues and Expenses	\$ 6,486	\$ 373,786

Debt Service and Fixed Asset Fund:		
Debt Service	69,667	766,354
Excess(Deficiency) of revenues over Expenses	69,667	766,354

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of July 2021

	YTD July 2021	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,833,185	1,744,685	88,500
Earned Income	11,871,706	12,161,218	(289,511)
	17,602,047	17,720,440	(118,393)
TOTAL INCOME	\$ 31,306,938	\$ 31,626,342	\$ (319,404)
EXPENSES:			
Salaries	18,096,172	18,204,712	(108,541)
Employee Benefits	3,851,998	3,818,947	33,051
Medication Expense	655,737	693,133	(37,396)
Travel-Board/Staff	162,340	169,310	(6,970)
Building Rent/Maintenance	217,599	190,802	26,797
Consultants/Contracts	4,368,035	4,387,494	(19,459)
Other Operating Expenses	2,200,322	2,266,763	(66,441)
TOTAL EXPENSES	\$ 29,552,202	\$ 29,731,162	\$ (178,960)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,754,736	\$ 1,895,180	\$ (140,444)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	614,595	670,297	(55,701)
Capital Outlay-Debt Service	766,354	766,370	(16)
TOTAL CAPITAL EXPENDITURES	\$ 1,380,949	\$ 1,436,667	\$ (55,717)
GRAND TOTAL EXPENDITURES	\$ 30,933,151	\$ 31,167,828	\$ (234,677)
Excess (Deficiency) of Revenues and Expenses	\$ 373,786	\$ 458,514	\$ (84,727)

Debt Service and Fixed Asset Fund:			
Debt Service	766,354	766,370	(16)
Excess(Deficiency) of revenues over Expenses	766,354	766,370	(16)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended July 2021

INCOME:	MONTH OF July 2021	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	71,420	72,414	(994)
Earned Income	1,031,081	1,164,994	(133,913)
General Revenue-Contract	1,930,927	1,984,277	(53,350)
TOTAL INCOME	\$ 3,033,428	\$ 3,221,685	\$ (188,257)
EXPENSES:			
Salaries	1,807,503	1,904,300	(96,797)
Employee Benefits	401,995	364,217	37,778
Medication Expense	52,761	65,167	(12,405)
Travel-Board/Staff	23,580	27,207	(3,626)
Building Rent/Maintenance	49,607	15,110	34,497
Consultants/Contracts	423,516	295,728	127,788
Other Operating Expenses	185,043	216,798	(31,756)
TOTAL EXPENSES	\$ 2,944,005	\$ 2,888,527	\$ 55,478
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 89,422	\$ 333,158	\$ (243,735)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,269	61,667	(48,397)
Capital Outlay-Debt Service	69,667	69,670	(3)
TOTAL CAPITAL EXPENDITURES	\$ 82,937	\$ 131,337	\$ (48,400)
GRAND TOTAL EXPENDITURES	\$ 3,026,942	\$ 3,019,864	\$ 7,078
Excess (Deficiency) of Revenues and Expenses	\$ 6,486	\$ 201,821	\$ (195,336)

Debt Service and Fixed Asset Fund:			
Debt Service	69,667	69,670	(3)
Excess(Deficiency) of revenues over Expenses	69,667	69,670	(3)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD July 2020 Comparative Data
Year to Date as of July 2021

INCOME:	<u>YTD July 2021</u>	<u>YTD July 2020</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	1,833,185	1,861,623	(28,438)
Earned Income	11,871,706	11,815,615	56,091
General Revenue-Contract	17,602,047	16,558,141	1,043,906
TOTAL INCOME	<u>\$ 31,306,938</u>	<u>\$ 30,235,379</u>	<u>\$ 1,071,559</u>
EXPENSES:			
Salaries	18,096,172	17,068,521	1,027,651
Employee Benefits	3,851,998	3,423,569	428,429
Medication Expense	655,737	687,924	(32,187)
Travel-Board/Staff	162,340	254,854	(92,514)
Building Rent/Maintenance	217,599	278,080	(60,481)
Consultants/Contracts	4,368,035	4,256,524	111,511
Other Operating Expenses	2,200,322	2,378,008	(177,686)
TOTAL EXPENSES	<u>\$ 29,552,202</u>	<u>\$ 28,347,478</u>	<u>\$ 1,204,722</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 1,754,736</u>	<u>\$ 1,887,901</u>	<u>\$ (133,163)</u>
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	614,595	307,988	306,607
Capital Outlay-Debt Service	766,354	1,025,153	(258,799)
TOTAL CAPITAL EXPENDITURES	<u>\$ 1,380,949</u>	<u>\$ 1,333,141</u>	<u>\$ 47,808</u>
GRAND TOTAL EXPENDITURES	<u>\$ 30,933,151</u>	<u>\$ 29,680,619</u>	<u>\$ 1,252,532</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 373,786</u>	<u>\$ 554,757</u>	<u>\$ (180,972)</u>
Debt Service and Fixed Asset Fund:			
Debt Service	766,354	1,025,153	(258,799)
Excess(Deficiency) of revenues over Expenses	<u>766,354</u>	<u>1,025,153</u>	<u>(258,799)</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2020 Comparative Data
For the Month Ended July 2021

INCOME:	MONTH OF July 2021	MONTH OF July 2020	Increase (Decrease)
Local Revenue Sources	71,420	631,184	(559,764)
Earned Income	1,031,081	1,057,294	(26,213)
General Revenue-Contract	1,930,927	1,713,848	217,079
TOTAL INCOME	\$ 3,033,428	\$ 3,402,326	\$ (368,898)
Salaries	1,807,503	1,770,507	36,996
Employee Benefits	401,995	327,598	74,397
Medication Expense	52,761	66,875	(14,114)
Travel-Board/Staff	23,580	5,531	18,049
Building Rent/Maintenance	49,607	39,982	9,625
Consultants/Contracts	423,516	414,531	8,985
Other Operating Expenses	185,043	229,836	(44,793)
TOTAL EXPENSES	\$ 2,944,005	\$ 2,854,858	\$ 89,145
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 89,422	\$ 547,468	\$ (458,044)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,269	69,867	(56,598)
Capital Outlay-Debt Service	69,667	92,972	(23,305)
TOTAL CAPITAL EXPENDITURES	\$ 82,937	\$ 162,839	\$ (79,902)
GRAND TOTAL EXPENDITURES	\$ 3,026,942	\$ 3,017,697	\$ 9,245
Excess (Deficiency) of Revenues and Expenses	\$ 6,486	\$ 384,626	\$ (378,141)

Debt Service and Fixed Asset Fund:			
Debt Service	69,667	92,972	(23,305)
			-
Excess(Deficiency) of revenues over Expenses	69,667	92,972	(23,305)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2021 Comparative Data
For the Month Ended July 2021

INCOME:	MONTH OF July 2021	MONTH OF June 2021	Increase (Decrease)
Local Revenue Sources	71,420	105,369	(33,949)
Earned Income	1,031,081	1,074,939	(43,858)
General Revenue-Contract	1,930,927	1,502,848	428,079
TOTAL INCOME	\$ 3,033,428	\$ 2,683,156	\$ 350,272
EXPENSES:			
Salaries	1,807,503	1,587,457	220,046
Employee Benefits	401,995	330,884	71,111
Medication Expense	52,761	58,221	(5,460)
Travel-Board/Staff	23,580	25,459	(1,878)
Building Rent/Maintenance	49,607	7,751	41,856
Consultants/Contracts	423,516	351,428	72,088
Other Operating Expenses	185,043	196,742	(11,700)
TOTAL EXPENSES	\$ 2,944,005	\$ 2,557,942	\$ 386,063
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 89,422	\$ 125,214	\$ (35,791)
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	13,269	73,144	(59,875)
Capital Outlay-Debt Service	69,667	69,667	-
TOTAL CAPITAL EXPENDITURES	\$ 82,937	\$ 142,811	\$ (59,875)
GRAND TOTAL EXPENDITURES	\$ 3,026,942	\$ 2,700,754	\$ 326,188
Excess (Deficiency) of Revenues and Expenses	\$ 6,486	\$ (17,598)	\$ 24,083

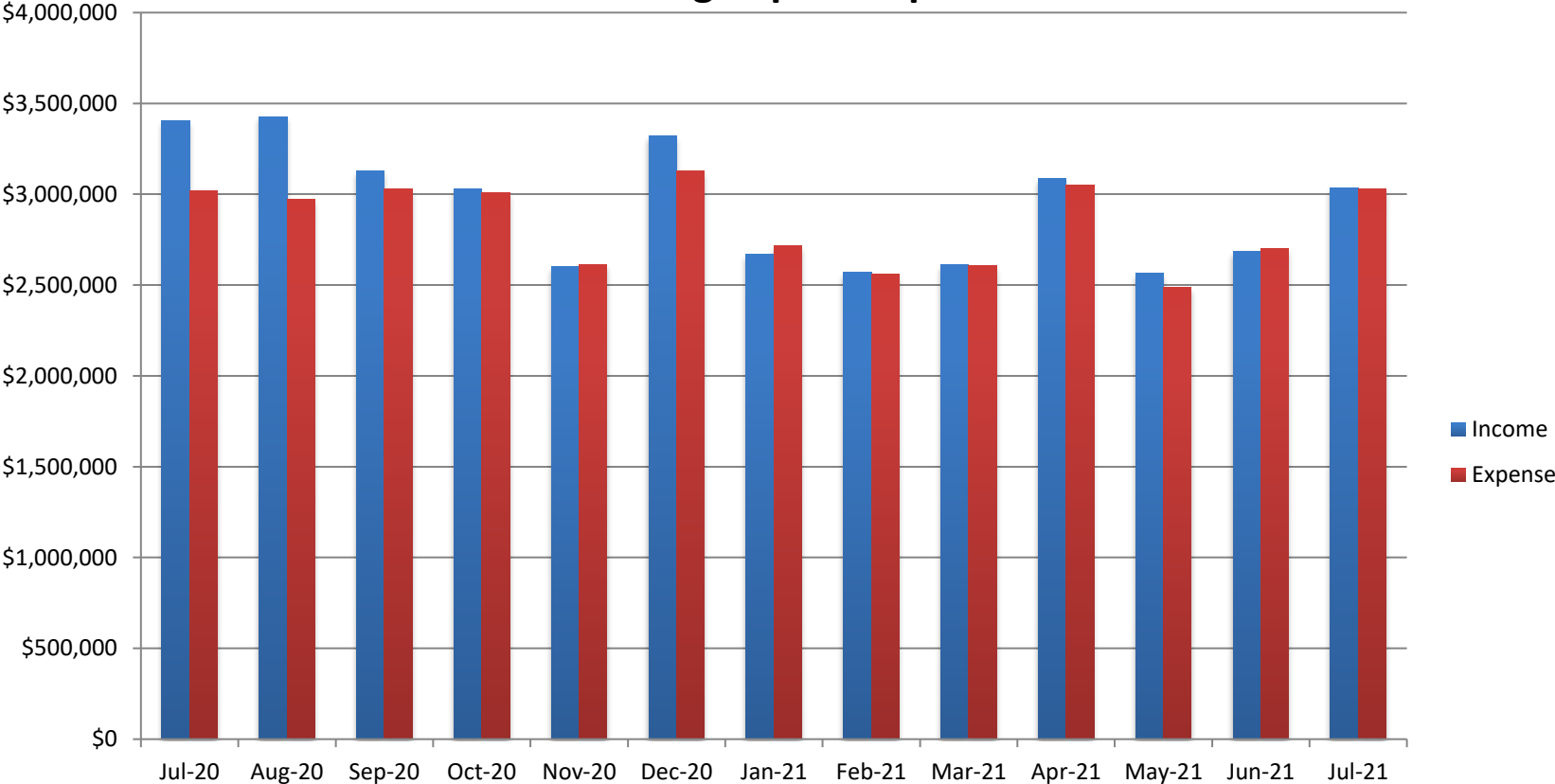
Debt Service and Fixed Asset Fund:			
Debt Service	69,667	69,667	-
Excess(Deficiency) of revenues over Expenses	69,667	69,667	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of July 2021

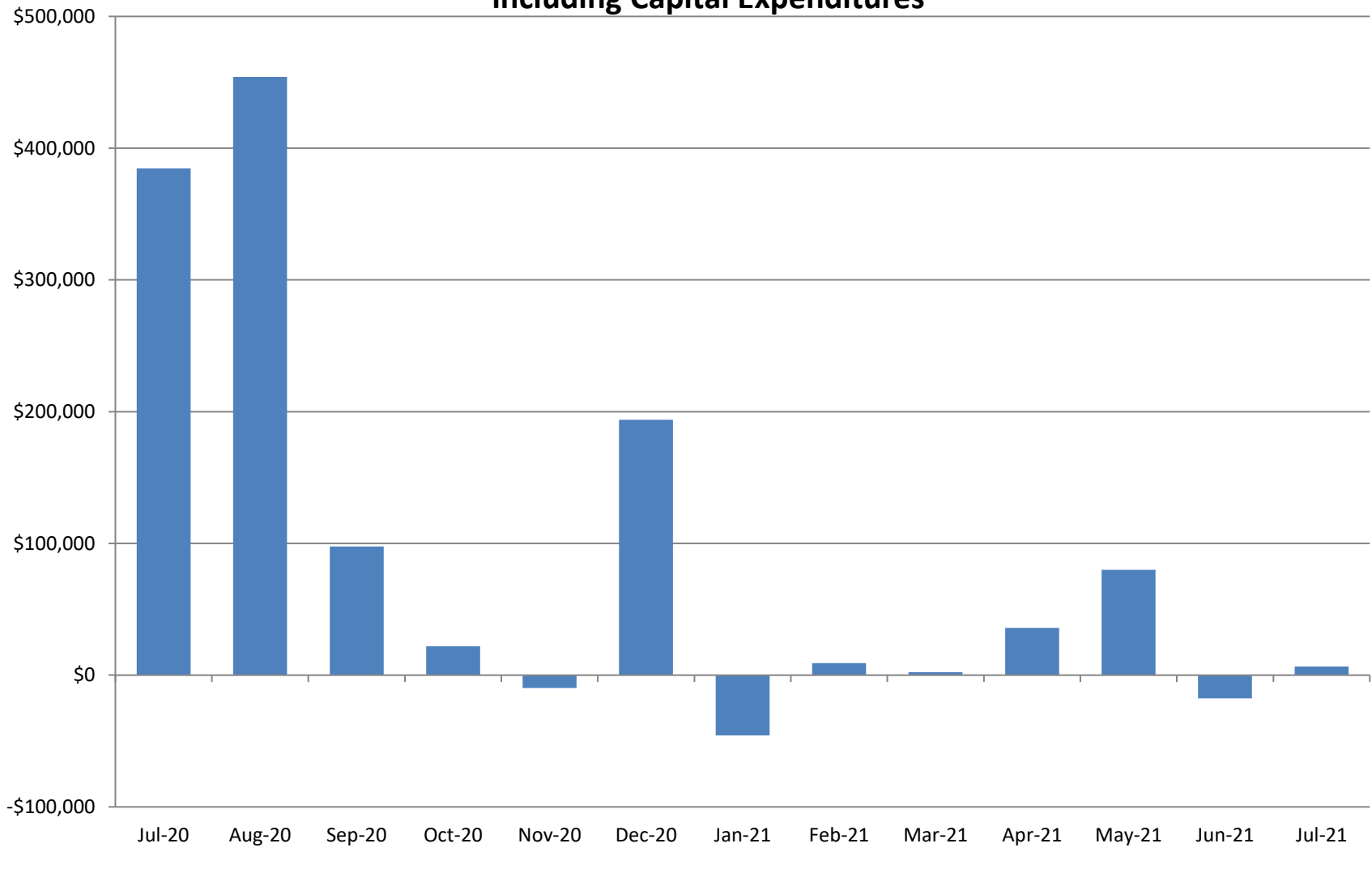
	YTD Mental Health July 2021	YTD IDD July 2021	YTD Other Services July 2021	YTD Agency Total July 2021	YTD Approved Budget July 2021	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,002,914	(490,131)	320,402	1,833,185	1,744,685	88,500
Earned Income	4,253,235	3,772,426	3,846,045	11,871,706	12,161,218	(289,512)
General Revenue-Contract	14,758,168	1,480,736	1,363,143	17,602,047	17,720,440	(118,393)
TOTAL INCOME	\$ 21,014,317	\$ 4,763,031	\$ 5,529,590	\$ 31,306,938	\$ 31,626,342	\$ (319,404)
EXPENSES:						
Salaries	11,897,811	2,562,447	3,635,913	18,096,172	18,204,712	(108,540)
Employee Benefits	2,509,690	553,170	789,138	3,851,998	3,818,947	33,051
Medication Expense	528,760	-	126,976	655,737	693,133	(37,395)
Travel-Board/Staff	120,674	11,058	30,609	162,340	169,310	(6,970)
Building Rent/Maintenance	146,164	46,647	24,788	217,599	190,802	26,797
Consultants/Contracts	3,131,381	919,900	316,754	4,368,035	4,387,494	(19,459)
Other Operating Expenses	1,395,276	456,471	348,575	2,200,322	2,266,763	(66,441)
TOTAL EXPENSES	\$ 19,729,757	\$ 4,549,693	\$ 5,272,753	\$ 29,552,202	\$ 29,731,162	\$ (178,958)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,284,560	\$ 213,338	\$ 256,837	\$ 1,754,736	\$ 1,895,180	\$ (140,446)
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	406,120	94,819	113,655	614,595	670,297	(55,701)
Capital Outlay-Debt Service	513,457	114,953	137,944	766,354	766,370	(16)
TOTAL CAPITAL EXPENDITURES	\$ 919,577	\$ 209,772	\$ 251,599	\$ 1,380,949	\$ 1,436,667	\$ (55,717)
GRAND TOTAL EXPENDITURES	\$ 20,649,334	\$ 4,759,465	\$ 5,524,352	\$ 30,933,151	\$ 31,167,828	\$ (234,675)
Excess (Deficiency) of Revenues and Expenses	\$ 364,983	\$ 3,566	\$ 5,238	\$ 373,786	\$ 458,514	\$ (84,729)
Debt Service and Fixed Asset Fund:						
Debt Service	513,457	114,953	137,944	766,354	766,370	(252,913)
		-	-	-	-	-
Excess (Deficiency) of Revenues over Expenses	513,457	114,953	137,944	766,354	766,370	(252,913)

TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2021 Year End Budget Revision

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

None

Supporting Documentation:

Summary

FY 2021 Year End Budget Revision

Recommended Action:

Approve FY 2021 Year End Budget Revision

Tri-County Behavioral Healthcare
Proposed FY 2021 REVISED YEAR END BUDGET Compared to
Current Approved FY 2021 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2021 REVISED YEAR END BUDGET compared to the Current Approved FY 2021 Budget.

REVENUES:

Local Revenue – This line item reflects an overall decrease mainly due to decreases in the Client Fees, Chip Income and a mid-year decrease to the United Way contract. We also have lapsed funds from the BWF – Veterans Services program that is being moved to FY 2022 and will extend the program until the funds are all expended. Donations continue to be down since COVID has started, so we hope that this will turn around soon and we can start receiving more donations to provide extras to our clients.

Earned Income – This line item reflects a decrease for earned income. This is based on current year to date actual with an estimate for August. The biggest decreases are in the following revenue lines: Case Management IDD, Medicaid Regular, Rehab services, Outpatient Competency Restoration and the amount deferred from the 1115 Waiver program. We also have lapsed funds in the RSP – COVID 19 FEMA program that will be moved to FY 2022 and the program will go through to the end of January 2022. We do have a couple of positive adjustments in the earned line so I want to make sure they are mentioned. Medicaid – PASRR had started to increase and the kids YES program is earning more than projected. And we also have the addition of the UTSA – Veterans Services Program that came on line in July and will continue in FY 2022.

General Revenue – This line item reflects an overall increase. This increase is mainly due to the contract amendment that we received in the last quarter of the fiscal year. This amendment gave us one-time Community MH Hospital funds that are to be used at the PETC. This allowed us to free up some of our other funds for Contract Hospital expenses that increase in the summer months. We also received other one-time GR funding to be used to fill other holes during this COVID period.

On the down side we had some cost reimbursement programs that had decreases mainly due to staff vacancies or programs not functioning as normal such as the substance abuse groups and rental assistance programs. The programs that had decreases were as follows: SA Treatment Adult and Youth Services, MH First Aid, First Episode Psychosis, and Supportive Housing.

EXPENSES:

Salaries – This line item reflects a slight decrease based on year to date trends and current vacancies.

Employee Benefits – This line reflects a decrease mainly due to the year-end retirement forfeiture amount that comes back to the agency based on turnover prior to being fully vested.

Travel – Board/Staff – This line item reflects a slight increase less than \$10,000.

Medication Expense – This line item reflects a decrease based on year to date actual medication expenses.

Building Rent/Maintenance – This line item reflects an increase based on repairs that were completed on the Huntsville location as well as repairs on the Huntsville house. This year building maintenance has been fairly stable until these repairs were incurred.

Consultants/Contracts – This line item reflects an increase based on the amendment funds that freed other funds to pay for contract hospital expenses for the higher summer months when the census usually increases. We increased the Adult Contract hospital, the Children’s Contract hospital line and the Contract – Clinical for Doctor’s fees.

Other Operating Expenses – This line item reflects a decrease to adjust for the year to date actual expenses being lower than the current budgeted amount. The biggest decreases are in the Consumer Services – general line for decreased rental assistance, Laboratory fees, Office Supplies, Program Supplies and Telephone Mobile Services. We also have a couple lines that increased such as Electricity, License Fees – Software, and the Employee Recognition line where we purchased gift cards for incentives to encourage staff to get the COVID vaccines.

Capital Outlay-FF&E, Automobiles – This line item reflects a decrease based on the actual amount spent this year on new computer equipment. We mainly had an issue of getting the items delivered within the fiscal year, so we will try next fiscal year.

Capital Outlay - Debt Service Bonds – No Change.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2021 REVISED YEAR END BUDGET COMPARED TO
CURRENT APPROVED FY 2021 BUDGET**

INCOME:	PROPOSED FY 2021 REVISED YEAR END BUDGET	CURRENT APPROVED FY 2021 BUDGET	Increase (Decrease)
Local Revenue Sources	\$ 1,802,772	\$ 1,901,875	\$ (99,103)
Earned Income	\$ 13,474,605	\$ 14,066,245	\$ (591,640)
General Revenue	\$ 18,260,341	\$ 17,664,116	\$ 596,225
TOTAL INCOME	\$ 33,537,718	\$ 33,632,235	\$ (94,517)
EXPENSES:			
Salaries	\$ 19,549,658	\$ 19,604,658	\$ (55,000)
Employee Benefits	\$ 4,027,128	\$ 4,114,728	\$ (87,600)
Travel-Board/Staff	\$ 186,518	\$ 182,518	\$ 4,000
Medication Expense	\$ 710,000	\$ 782,000	\$ (72,000)
Building Rent/Maintenance	\$ 249,820	\$ 205,912	\$ 43,908
Consultants/Contracts	\$ 4,745,707	\$ 4,462,707	\$ 283,000
Other Operating Expenses	\$ 2,349,149	\$ 2,446,287	\$ (97,138)
TOTAL EXPENSES	\$ 31,817,980	\$ 31,798,810	\$ 19,170
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,719,738	\$ 1,833,425	\$ (113,687)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 633,463	\$ 696,963	\$ (63,500)
Capital Outlay - Debt Services Bonds	\$ 836,040	\$ 836,040	\$ -
TOTAL CAPITAL EXPENDITURES	\$ 1,469,503	\$ 1,533,003	\$ (63,500)
GRAND TOTAL EXPENDITURES	\$ 33,287,483	\$ 33,331,813	\$ (44,330)
Excess (Deficiency) of Revenues and Expenses	\$ 250,235	\$ 300,422	\$ (50,187)

<p>Agenda Item: Approve Proposed FY 2022 Operating Budget</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 26, 2021</p>
<p>Background Information:</p> <p>None</p>	
<p>Supporting Documentation:</p> <p>Copy of Proposed FY 2022 Operating Budget with Narrative of Increases or Decreases of More than \$10,000</p>	
<p>Recommended Action:</p> <p>Approve Proposed FY 2022 Operating Budget</p>	

Tri-County Behavioral Healthcare
Proposed FY 2022 BEGINNING BUDGET Compared to
Current Approved FY 2021 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2022 BEGINNING BUDGET compared to the Current Approved FY 2021 Budget.

REVENUES:

Local Revenue – This line item reflects a decrease based on going back to normal operations. Where in FY 2021 this line had funds transferred from reserves for the purchase of land in Cleveland and we had funds recognized for the sale of the Campbell Street property also located in Cleveland. The line has gone back to normal revenue expectations.

Earned Income – This line item reflects an overall increase back to normal revenue expectations for all earned revenue program areas. This could change based on the current direction that COVID is going but we had to pick a direction and plan and this is where we are at this time. This puts the grant funded programs back to the normal funded award amounts for programs such as Autism, Youth Prevention, and OCR. We also have the full year of the UTSA – Veterans Services Program and the SAMHSA – CCBHC – Expansion grant included in this line item.

General Revenue – This line item reflects an increase back to the full general revenue contract and grant awards. This line also includes an increase of new General Revenue for both Adult and Children that comes with an increase in service targets.

EXPENSES:

Salaries – This line item reflects an increase to the salary line due to additional positions added with the new SAMHSA Grant and also adjusting back to full budgeted positions with a reasonable amount budgeted for expected lapse. We hope this year to be able to get vacancies filled in order to meet all the above revenue expectations.

Employee Benefits – This line item shows an increase for the fringe associated with the above referenced beginning salary budgeted amount.

Travel – Board/Staff – This line item reflects an increase with budgeting being based on getting the services back to normal operations and increase in travel will be needed to be able to see our clients in the community.

Medication Expense – This line item reflects a slight increase under the \$10,000 material change limit.

Building Rent/Maintenance – This line item reflects a decrease based on one-time expenses that were paid in FY 2021. This may be adjusted during the first budget revision when the plan for Liberty is complete.

Consultants/Contracts – This line item is slightly higher due to the increase in the Peace Officers contracts that was adjusted mid-year, so this will be the first whole year of these increased contracts.

Other Operating Expenses – This line item reflects an overall increase in the other operating expense category due to some changes in programs such as the addition of the SAMHSA Grant and the UTSA – Veterans Services Program. We have a few lines that are budgeted to increase this fiscal year such as Consumer Services – General for supported housing getting back to normal operations.

Capital Outlay-FF&E, Automobiles – This line item reflects a decrease based on a one-time purchase of land in Cleveland that occurred in FY 2021.

Capital Outlay - Debt Service Bonds – Under \$10,000 variance.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2022 BEGINNING BUDGET COMPARED TO
CURRENT APPROVED FY 2021 BUDGET**

INCOME:	PROPOSED FY 2022 BEGINNING BUDGET	CURRENT APPROVED FY 2021 BUDGET	Increase (Decrease)
Local Revenue Sources	\$ 950,475	\$ 1,802,772	\$ (852,296)
Earned Income	\$ 16,366,368	\$ 13,474,605	\$ 2,891,763
General Revenue	\$ 18,885,572	\$ 18,260,341	\$ 625,231
TOTAL INCOME	\$ 36,202,415	\$ 33,537,718	\$ 2,664,698
EXPENSES:			
Salaries	\$ 21,948,882	\$ 19,549,658	\$ 2,399,223
Employee Benefits	\$ 4,344,862	\$ 4,027,128	\$ 317,734
Travel-Board/Staff	\$ 441,884	\$ 186,518	\$ 255,366
Medication Expense	\$ 718,245	\$ 710,000	\$ 8,245
Building Rent/Maintenance	\$ 189,250	\$ 249,820	\$ (60,570)
Consultants/Contracts	\$ 4,796,916	\$ 4,745,707	\$ 51,209
Other Operating Expenses	\$ 2,662,299	\$ 2,349,149	\$ 313,150
TOTAL EXPENSES	\$ 35,102,337	\$ 31,817,980	\$ 3,284,358
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,100,078	\$ 1,719,738	\$ (619,660)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 264,050	\$ 633,463	\$ (369,413)
Capital Outlay - Debt Services Bonds	\$ 836,028	\$ 836,040	\$ (12)
TOTAL CAPITAL EXPENDITURES	\$ 1,100,078	\$ 1,469,503	\$ (369,425)
GRAND TOTAL EXPENDITURES	\$ 36,202,415	\$ 33,287,483	\$ 2,914,932
Excess (Deficiency) of Revenues and Expenses	\$ -	\$ 250,235	\$ (250,235)

Agenda Item: Approve Banking Services Contract with JPMorgan Chase Bank, N.A.

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has a Depository Contract with JPMorgan Chase Bank, N.A. from September 1, 2005 to August 31, 2021.

Staff recommends that the Board approve the extension of the contract with JPMorgan Chase Bank, N.A. for an additional year to expire on August 31, 2022.

Supporting Documentation:

Letter to Extend Agreement with JPMorgan Chase Bank, N.A.

Recommended Action:

Approve Banking Services Contract Extension with JPMorgan Chase Bank, N.A.



August 26, 2021

Nanette Gil
Portfolio Banker
JPMorgan Chase Bank, N.A.
221 W. 6th Street, 2nd Floor
Austin, TX 78701

RE: Depository Contract

Dear Ms. Gil:

Pursuant to the depository contract between Tri-County Behavioral Healthcare beginning September 1, 2005 and ending August 31, 2008, six additional two year extensions through August 31, 2020 and a one year extension through August 31, 2021 for said contract, please be advised that Tri-County Behavioral Healthcare hereby wishes to extend the contract for an additional one year period ending August 31, 2022. All other contracts remain.

Please return a signed copy of this letter as a representation of your agreement to extend.

Sincerely,

Evan Roberson
Executive Director

Printed Name
JPMorgan Chase Bank N.A.

Title

Signature
JPMorgan Chase Bank N.A.

Date

Agenda Item: Approve Interlocal Agreement with Montgomery County for American Rescue Plan Act Funds

Board Meeting Date:

August 26, 2021

Committee:

Background Information:

As the Board is aware, the Montgomery County Commissioners Court has awarded Tri-County up to six (6) million dollars in American Rescue Plan Act funds at their August 10th meeting from the allocation that they received from the Federal government for County initiatives. In a series of planning meetings with the County Judge and his Chief of Staff, a group of behavioral health organizations including Tri-County described a series of challenges for the behavioral health system of care. Broad categories of need included:

- Difficulty to hire and retain key essential workers in our system of care, most specifically bachelors level caseworkers, support positions and IDD Direct Care workers.
- Crisis services operations including excess private psychiatric hospital beddays, Crisis Stabilization Unit operations, premium pay for essential workers in crisis services and expanded crisis response.
- Expanded access including the ability to hire additional intake staff, and a mental health resource project that will be contracted out to a community non-profit organization.
- Enhanced services for children and youth, including therapy.
- Behavioral Health System of Care planning which will also be led by a community non-profit. The goal of this planning will be to identify system of care needs, discuss best practices for implementation of these services and provide cost estimates for these programs.

At the August 10th commissioners meeting, Commissioner Metts who serves East Montgomery County asked that we add a 6th priority for an East Montgomery County outpatient clinic. He was upset about the loss of the East Montgomery County Crisis Center and wanted to reestablish a Tri-County presence there. The original request of 4.5 million dollars was increased to six million dollars to cover this priority.

The funding is for 16 months or until December 31, 2022.

The next steps in the process involve developing a contract with Montgomery County for the distribution of the funds. The contract will pass on the Federal requirements of ARPA and will likely have additional reporting requirements for them. They have indicated that they would provide the funding in the form of an invoice each month that would be paid by the County.

This funding can only be used in Montgomery County. Evan Roberson is working with area Board members to attempt to access ARPA funds in Liberty and Walker Counties as well.

Our team is reviewing all the requirements of the Act, which are still in the 'Interim' stage and are not finalized. It will be our responsibility to ensure that we spend all of the dollars in compliance with the Act. If it is determined that we are not in compliance with the act, the County will be able to claw back funds from the Center.

Evan Roberson will be negotiating the agreement with the County. After the agreement is in a near-final phase, it will be reviewed by Jackson Walker attorneys.

Normally we would wait until the agreement is finalized to seek Board approval, and that may be what the Board would prefer to do this time as well. If the Board would like to take action today, the requested action would be to approve the interlocal agreement with Montgomery County as approved by Jackson Walker and authorized the Executive Director to execute the agreement.

If the Board would rather, the agreement will be brought back to the September Board meeting for review.

Supporting Documentation:

None

Recommended Action:

Approve Interlocal Agreement with Montgomery County for American Rescue Plan Act Funds as Approved by Jackson Walker and Authorize the Executive Director to Execute the Agreement.

Agenda Item: Approve the FY 2022 Kingwood Pines Inpatient Hospital Contract

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Kingwood Pines Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.

The Kingwood Pines contract for FY 2022 inpatient hospital beds is \$900,000. This figure is consistent with utilization trends observed in FY 2021.

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

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services

Agenda Item: Approve the FY 2022 Woodland Springs Inpatient Hospital Contract

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has primarily utilized Woodland Springs Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.

The Woodland Springs Hospital contract for FY 2022 inpatient hospital beds is \$900,000. Woodland Springs Hospital provides inpatient psychiatric care for adult and youth populations, and due to having the shortest travel distance from Conroe, became our most utilized hospital in FY 2021.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 Woodland Springs Inpatient Hospital Contract

Agenda Item: Approve the FY 2022 Cypress Creek Inpatient Hospital Contract

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes Cypress Creek Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC. Cypress Creek Hospital provides inpatient psychiatric care for both adult and youth populations.

The Cypress Creek contract for FY 2022 inpatient hospital beds is \$900,000. This figure is consistent with utilization trends observed in FY 2021.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 Cypress Creek Hospital Contract for Inpatient Psychiatric Services

Agenda Item: Approve the FY 2022 Avail Solutions, Inc. Contract

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

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

It should be noted that Avail does not currently meet the standards required for the new '988' mental health emergency hotline that was passed in October of 2020. It may be that a new service or type of service will be required going forward to meet these requirements in future years.

The total contract amount for FY 2022 is \$66,000, the same amount that we paid in FY 2021.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services

Agenda Item: Approve the FY 2022 Contract for Hilary Akpudo, M.D. for Psychiatric Services

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has utilized Dr. Hilary Akpudo, a psychiatrist affiliated with Kingwood Pines Hospital for many years.

Dr. Akpudo is the primary contractor at Kingwood Pines Hospital that works with individuals that are funded through the Health and Human Services Commission (HHSC) for state hospital diversion.

Dr. Akpudo's contract maximum allowance for FY 2022 is \$75,000 for physician services. This figure is consistent with utilization trends observed in FY 2021.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 Contract for Hilary Akpudo, M.D. for Psychiatric Services in the amount of \$75,000

Agenda Item: Approve the FY 2022 RecessAbility, Inc. Contract

Board Meeting Date:

August 26, 2021

Committee: Business

Background Information:

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

The RecessAbility, Inc. contract for FY 2022 is for \$85,000.

We serve as a pass through for HHSC/Medicaid Waiver funds for these services, so this additional amount does not represent an expense for our Center. HHSC will reimburse us for the full amount.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2022 RecessAbility, Inc. Contract

Agenda Item: Approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 2, First Episode Psychosis

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Tri-County Behavioral Healthcare contracted with the Health and Human Services Commission for early psychosis identification and service provision under the Coordinated Specialty Care Implementation grant initiative in January of 2019.

The First Episode Psychosis program (FEP) is designed to provide early interventions to persons who are having their first psychotic break and to provide interventions which can significantly alter the long-term impact of psychosis. Tri-County will provide FEP services for individuals ranging in age from 15-30 that meet the diagnostic criteria.

This amendment is effective September 1, 2021 and will continue the program until August 31, 2023. The amendment results in the addition of \$600,000 for the two-year period.

This contract revision does not include any financial changes, but does include a variety of new qualitative and programmatic changes which are of concern to program staff. These staff have reached out to the appropriate contract manager and have a meeting scheduled just prior to the Board meeting. The Executive Director or program staff will provide updates at the Board meeting; however, our choice is likely to either sign the agreement or lose the services.

The biggest changes in the grant program revolve around the shift to using OnTrackNY as the fidelity standard for the program. OnTrackNY was one of two options that could be used previously and is the more complex of the two. We are not currently meeting many of the program requirements to fidelity with OnTrackNY because our program is only a few years old and these types of specialty programs take a while to get to fidelity. The other significant challenge has been finding the appropriate types of staff for this program, especially during the pandemic.

Ultimately, we expect to request approval of this extension, but will provide additional details at the Board meeting.

Supporting Documentation:

Contract Amendment will be Available for Review at the Board Meeting

Recommended Action:

Approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS000336900001, Amendment No. 2, First Episode Psychosis

Agenda Item: Ratify HHSC Treatment Adult Services (TRA)
Contract No. HHS000663700009, Amendment No. 1

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

The HHSC Treatment Adult Services (TRA) contract provides funds for Adult Substance Use Treatment. For FY 2021, we applied for and were awarded additional funds to provide adult treatment services. This contract award increased from \$76,836 to \$175,000 per year. However, due to complications associated with COVID-19, we were only able to bill for about half of this amount in FY 2021.

This contract amendment includes changes to the Statement of Work, Program Services Requirements, Service Unit Rates and Special Conditions. There is no change in funding associated with this contract. None of the changes in the Statement of Work appear to be significant for program operation.

We are eager to get back to previous service levels in SUD treatment and hope the pandemic won't be too much of a barrier for service provision in FY 2022.

HHSC needed to process this contract before the Board meeting to ensure funding for FY 2022, so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify HHSC Treatment Adult Services (TRA) Contract No. HHS000663700009, Amendment No. 1

Agenda Item: Approve Health and Human Services Commission Substance Use Prevention Grant Program Contract No. HHS000539700205

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

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

In FY 2020 we were awarded five (5) year contracts for both Youth Prevention Services (YPS) and Youth Universal Program (YPU). HHSC determined this year that they would terminate these two contracts and this year would issue a new, combined contract.

Contracts No. HHS000539700102 and HHS000539700051 have been combined into this contract, No. HHS000539700205. This contract is effective on September 1, 2021, and terminates on August 31, 2024.

According to HHSC, this consolidation of Contracts will not change Contract term, amount, or any substantive requirements in the Statement of Work.

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

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Approve Health and Human Services Commission Substance Use Prevention Grant Program Contract No. HHS000539700205

Agenda Item: Board of Trustees Unit Financial Statements as of July 2021

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

None

Supporting Documentation:

July 2021 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

**Unit Financial Statement
July 2021**

	July 2021 Actuals	July 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 17,710.36	\$ 17,710.36	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 17,710.36	\$ 17,710.36	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 4.46	\$ 8.33	\$ (3.87)	\$ 55.02	\$ 91.63	\$ (36.61)	60.05%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 15,000.00	\$ 16,500.00	\$ (1,500.00)	90.91%	\$ 18,000.00
Supplies-Office	\$ -	\$ 14.62	\$ (14.62)	\$ 12.00	\$ 160.35	\$ (148.35)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ 58.33	\$ (58.33)	\$ -	\$ 291.65	\$ (291.65)	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ 133.33	\$ (133.33)	\$ -	\$ 666.65	\$ (666.65)	0.00%	\$ 800.00
Total Expenses	\$ 1,504.46	\$ 1,714.61	\$ (210.15)	\$ 15,067.02	\$ 17,710.28	\$ (2,643.26)	85.07%	\$ 19,425.00
Total Revenue minus Expenses	\$ 210.12	\$ (0.03)	\$ 210.15	\$ 2,643.34	\$ 0.08	\$ 2,643.26	14.93%	\$ -

UPCOMING MEETINGS

September 23, 2021 – Board Meeting

- Approve Minutes from August 26, 2021 Board Meeting
- Approve FY 2022 Goals and Objectives
- Community Resources Report
- Consumer Services Report for August 2021
- Program Updates
- Annual PNAC Reports
- FY 2021 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2021 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2022 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2022
- Board of Trustees Reappointments and Oaths of Office
- Analysis of Board Members Attendance for FY 2021 Regular and Special Called Board Meetings
- Personnel Report for August 2021
- Texas Council Risk Management Fund Claims Summary for August 2021
- Authorize Check Signers
- Approve FY 2022 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2021 Financial Statements
- 4th Quarter Investment Report
- Board of Trustees Unit Financial Statement for August 2021
- Foundation Board Update

October 28, 2021 – Board Meeting

- Approve Minutes from September 23, 2021 Board Meeting
- Longevity Recognitions
- Program Presentation - ISC Group, 401(a) Retirement Account Plan Review
- Community Resources Report
- Consumer Services Report for September 2021
- Program Updates
- Medicaid 1115 Transformation Waiver Project Status Report
- Board of Trustees Oaths of Office (any not present in September)
- Personnel Report for September 2021
- Texas Council Risk Management Fund Claims Summary for September 2021
- Approve September 2021 Financial Statements
- Board of Trustees Unit Financial Statement for September 2021
- HUD 811 Updates – Montgomery, Cleveland and Huntsville

Tri-County Behavioral Healthcare Acronyms

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

DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability

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

SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correction 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
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Abuse)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated 6/28/21