

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

May 23, 2024



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, May 23, 2024. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

- II. Approve Minutes - April 25, 2024**

- III. Program Presentation - Longevity Recognitions**

- IV. Executive Director’s Report**
 - A. County ARPA
 - B. Medicaid Unwinding

- V. Chief Financial Officer’s Report**
 - A. FY 2025 Budget
 - B. Texas Council Risk Management Fund Training & Board Meeting Update
 - C. Fixed Asset Inventory
 - D. CFO Consortium Update
 - E. Audit Preparation
 - F. Streamline and Billing Updates

- VI. Program Committee**
 - Information Items
 - A. Community Resources Report 8-11
 - B. Consumer Services Report for April 2024 12-14
 - C. Program Updates 15-20

- VII. Executive Committee**
 - Information Items
 - A. Personnel Report for April 2024 21-23
 - B. Texas Council Risk Management Fund Claims Summary as of April 2024 24-25
 - C. Texas Council Quarterly Board Meeting Update 26

VIII. Business Committee

Action Items

A. Approve April 2024 Financial Statements.....	27-42
B. Approve FY 2024 Budget Revision.....	43-45
C. Approve FY 2024 Auditor Engagement Letter.....	46-53
D. Approve Change in Authorized Representatives for TexPool Investment Account.....	54-56
E. Approve HHSC Grant Agreement, Contract No. HHS00144200006, Youth Crisis Outreach Team Grant Program.....	57
F. Approve HHSC Local Mental Health Authority Performance Grant Agreement, Contract No. HHS001324500037, Amendment No. 1.....	58
G. Forgive Loan to Cleveland Supported Housing, Inc.....	59

Information Items

H. Board of Trustees Unit Financial Statement for April 2024.....	60-61
I. Cleveland Building Updates.....	62

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

Posted By:

Ava Green
Executive Assistant

BOARD OF TRUSTEES MEETING

April 25, 2024

Board Members Present:

Patti Atkins
Gail Page
Sharon Walker
Morris Johnson
Richard Duren
Jacob Paschal
Tim Cannon
Tracy Sorensen

Board Members Absent:

Carl Williamson

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Amy Foerster, Chief Compliance Officer
Kenneth Barfield, Director of Management Information Systems
Kathy Foster, Director of IDD Provider Services
Tanya Bryant, Director of Quality Management and Support
Beth Dalman, Director of Crisis Access
Stephanie Ward, Director of Adult Behavioral Health
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: Mike Duncum, WhiteStone Realty Consulting

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:01 a.m.

Public Comment: An individual served at the Huntsville Clinic spoke in regards to these concerns: Communication and the lack of, more use of TEAMS to be efficient and not email, retraining and education – no whispering in a health care environment, more encouragement and up-lifting, time management

especially on busy days as there are only seven financial counselors and three to four are needed for walk ins alone, term limits for Board Members for new ideas, five minutes for public comment is not enough to prepare thoughts to present and the maintenance of the restrooms. He stated he was grateful for the time to present today.

Quorum: There being eight (8) Board Members present, a quorum was established.

Resolution #04-25-01

Motion Made By: Richard Duren

Seconded By: Sharon Walker, with affirmative votes by Gail Page, Jacob Paschal, Tracy Sorensen, Morris Johnson and Tim Cannon that it be...

Resolved:

That the Board approve the absence of Carl Williamson.

Resolution #04-25-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the March 28, 2024 meeting of the Board of Trustees.

Program Presentation: Annual Board and Management Team Training presented by Amy Foerster.

Board Chair, Patti Atkins, suspended agenda to cover Business Committee Information Item VIII-F, Cleveland Building Updates presented by Mike Duncum.

Executive Director's Report:

The Executive Director's report is on file.

- IDD Updates
- STAR and CHIP MCO Awards

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2023 MEI Cost Report
- FY 2024 Budget Process
- County Annual Funding Requests
- Texas Council Risk Management Fund Strategic Planning & Board Meeting
- CFO Consortium

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

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

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

BUSINESS COMMITTEE:

Resolution #04-25-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the March 2024 Financial Statements.

Resolution #04-25-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board direct staff to solicit an Auditor Engagement Letter from Scott, Singleton, Fincher & Co., P.C. or solicit proposals for FY 2024 Independent Financial Audit Services.

Tri-County’s 2022 990 Tax Return prepared by Scott, Singleton, Fincher & Co., P.C. was reviewed for information purposes only.

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

The Board Unit Financial Statement for March 2024 were reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:22 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071 - Consultation with Attorney.

The meeting of the Board of Trustees reconvened at 11:23 a.m. to go into Executive Session.

Agenda Item: Community Resources Report

Board Meeting Date:

May 23, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

April 26, 2024 – May 23, 2024

Volunteer Hours:

Location	April
Conroe	118.5
Cleveland	0
Liberty	23.5
Huntsville	13.5
Total	155.5

COMMUNITY ACTIVITIES

4/26/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
4/26/24	Food Security Workgroup by UT Health - Virtual	Conroe
4/27/24	Adult Mental Health First Aid - Open Community Training	Conroe
4/27/24	Conroe KidzFest	Conroe
4/30/24	Camp Valor Veterans Collaboration	Conroe
5/1/24	Child Crisis Collaborative of Montgomery County	Conroe
5/1/24	Veterans Treatment Court	Conroe
5/2/24	New Waverly ISD Student Health Advisory Committee Meeting	New Waverly
5/3/24	Montgomery County Veterans Outreach	Conroe
5/3/24	Lecture by Dr. Maria Quintero-Conk - Sexuality and Sexual Health IDD & ASD - Lone Star LEND - Virtual	Conroe
5/4/24	Youth Mental Health First Aid for Court Appointed Special Advocates of Montgomery County	Conroe
5/4/24	Interfaith of The Woodlands Caregivers Conference	The Woodlands
5/6/24	Dunn Center Tour	Houston
5/7/24	Community Education Forum for Montgomery County Agrilife Extension Office	Conroe
5/7/24	Camp Valor Veterans Collaboration	Conroe
5/9/24	HCA Kingwood Hospital Crisis Meeting	Kingwood
5/9/24	Youth Mental Health First Aid for the General Public	Conroe
5/9/24	Mitchell Intermediate Cyberbullying Presentations	Conroe
5/9/24	New Waverly ISD Student Health Advisory Committee Meeting	New Waverly
5/9/24	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES)	The Woodlands
5/10/24	Nonprofit Roundtable Magnolia Parkway Chamber of Commerce Event	Magnolia
5/11/24	Adult Mental Health First Aid for Montgomery County Search and Rescue Training	Conroe
5/13/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity/Special Needs	Conroe

5/13/24	Cleveland High School Substance Use Prevention Presentations	Cleveland
5/14/24	Veterans Treatment Court	Liberty
5/14/24	Social Determinants of Health Collaborative Meeting - Virtual	Conroe
5/14/24	Walker County Child Crisis Collaborative	Huntsville
5/14/24	Walker County Adult Crisis Collaborative	Huntsville
5/14/24	Veteran Community Task Force Collaboration	Conroe
5/14/24	Camp Valor Veterans Collaboration	Conroe
5/14/24	MCHD & MCOT Community Partnership	Conroe
5/15/24	Veterans Treatment Court	Conroe
5/16/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
5/17/24	Cleveland Middle School Substance Use Prevention Presentations	Cleveland
5/17/24	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup	Conroe
5/20/24	Youth Mental Health First Aid for the General Public	Conroe
5/20/24	Behavioral Health Suicide Prevention Task Force - Major Mental Health	Conroe
5/21/24	Montgomery County Community Resource Collaboration Group	Conroe
5/21/24	Camp Valor Veterans Collaboration	Conroe
5/22/24	Adult Mental Health First Aid for the General Public - Virtual	Conroe
5/22/24	Montgomery County Child Fatality Review Team Meeting	Conroe

UPCOMING ACTIVITIES

5/24/24	Food Security Workgroup by UT Health - Virtual	Conroe
5/27/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
5/28/24	Camp Valor Veterans Collaboration	Conroe
5/28/24	Walker County Community Resource Collaboration Group	Huntsville
5/29/24	Montgomery County Community Crisis Collaborative	Conroe
5/30/24	Anchored in Unity - Mental Health Walk	Conroe
5/30 – 5/31/24	Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Conference	Houston
5/31/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
6/4/24	Camp Valor Veterans Collaboration	Conroe
6/5/24	Child Crisis Collaborative of Montgomery County	Conroe
6/6/24	Region 6 ESC Counselor Conference Crisis Panel	Huntsville
6/10/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity/Special Needs	Conroe
6/11/24	Walker County Child Crisis Collaborative	Huntsville
6/11/24	Walker County Adult Crisis Collaborative	Huntsville
6/12/24	Camp Valor Veterans Collaboration	Conroe
6/12/24	Veterans Treatment Court	Conroe

6/12 – 6/13/24	Sequential Intercept Model (SIM) Mapping Event	Conroe
6/18/24	Camp Valor Veterans Collaboration	Conroe
6/18/24	Montgomery County Community Resource Collaboration Group	Conroe
6/18/24	Liberty County Community Coalition	Liberty
6/20/24	Adult MHFA Veterans & Family Members	Conroe
6/20/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
6/21/24	Veterans Mentor Quarterly Meeting	Conroe
6/24/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
6/24/24	MCHD & Behavioral Health Community Partnership	Conroe
6/25/24	Camp Valor Veterans Collaboration	Conroe
6/25/24	Walker County Community Resource Collaboration Group	Huntsville
6/26/24	Veterans Treatment Court	Conroe
6/26/24	Montgomery County Community Crisis Collaborative	Conroe
6/26/24	CIT/TCOLE Training for Conroe ISD Police	Conroe
6/28/24	Food Security Workgroup by UT Health - Virtual	Conroe
6/28/24	Walker County Juvenile Probation Staffing Meeting	Huntsville

Agenda Item: Consumer Services Report for April 2024

Board Meeting Date:

May 23, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for April 2024

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT

April 2024

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	345	36	32	345	0	27	9	413
Crisis Hotline Served	379	68	48	-	-	-	-	495
Crisis Stabilization Unit	19	3	4	19	-	2	1	26
Crisis Stabilization Unit Bed Days	85	18	11	85	-	9	9	114
Adult Contract Hospital Admissions	75	7	5	75	-	4	3	87
Child and Youth Contract Hospital Admissions	11	1	1	11	0	1	0	13
Total State Hospital Admissions (Civil only)	2	0	0	2	0	0	0	2
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1139	244	134	1139	-	148	96	1517
Adult Medication	1139	204	173	1118	-	141	84	1516
Child Levels of Care (LOC 1-5, EO, YC, YES)	788	106	73	573	220	66	35	967
Child Medication	320	25	42	219	107	19	0	387
School Based Clinics	117	14	32	-	-	-	-	163
TCOOMMI (Adult Only)	100	34	10	100	-	17	17	144
Adult Jail Diversions	4	1	0	5	-	0	0	5
Expanded Therapy (SAMHSA, ARPA)	191	19	2	-	-	-	-	212
Veterans Served								
Veterans Served - Therapy	30	2	1	-	-	-	-	33
Veterans Served - Case Management	19	1	0	-	-	-	-	20
Persons Served by Program, IDD								
Number of New Enrollments for IDD	11	2	0	11	-	1	1	13
Service Coordination	568	78	66	568	-	34	44	712
Individualized Skills and Socialization (ISS)	7	17	17	-	-	3	14	41
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	15	18	26	-	6	9	59
Substance Use Services, Adults and Youth Served								
Children and Youth Prevention - Groups	810	27	0	-	-	-	-	837
Children and Youth Prevention - Presentations	1181	4	29	-	-	-	-	1214
Youth Substance Use Disorder Treatment/COPSD	19	0	0	19	-	0	0	19
Adult Substance Use Disorder Treatment/COPSD	33	0	1	33	-	0	0	34

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	1959	325	226	-	-	-	-	2511
SAMHSA Grant Served								
SAMHSA CCBHC	121	36	3	105	16	31	5	180
SAMHSA CMHC	460	52	26	454	6	34	18	538
March Served								
Adult Mental Health	1691	288	238	1691	-	178	110	2217
Child Mental Health	1111	118	106	756	355	87	31	1335
Intellectual and Developmental Disabilities	855	118	94	855	-	60	58	1067
Total Served	3657	524	438	3302	355	325	199	4619
April Served								
Adult Mental Health	1875	333	257	1875	-	205	127	2465
Child Mental Health	1094	149	112	738	356	107	42	1355
Intellectual and Developmental Disabilities	770	124	92	786	-	55	53	986
Total Served	3739	606	461	3399	356	368	222	4806

Agenda Item: Program Updates

Board Meeting Date:

May 23, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

April 26, 2024 – May 23, 2024

Crisis Services Number

1. The Crisis Stabilization Unit (CSU) has recently received word that the Medbank Cubex has been approved by the Board of Pharmacy (BOP) for the Crisis Stabilization Unit. The Cubex allows the Genoa pharmacy to store medications at the CSU that can then be distributed by Tri-County staff, with a doctor's order. Securing the Cubex is a key step in getting our CSU census up because many of the persons served at the CSU require medication that cannot be kept in stock by Tri-County without this licensed device. We are now waiting for next steps in terms of when the device will arrive on the CSU. Once we have arrival timeline, we will begin working with internal resources to begin interface, training, and go-live.
2. The CSU continues to recruit qualified staff to fill our remaining openings. We currently only have one FT position open with all individuals hired completing orientation mid-June.
3. In the month of April, PETC crisis staff provided 593 crisis services to children and adults, with 24% of those services (140) provided to individuals between the ages of 6 through 17 years of age. The services were provided virtually (44), by phone (94), or in person (455). The majority of the 593 services were provided to individuals at the PETC (48%), however, 20% were provided at the individuals' homes, and 24% in our local Emergency Departments. Included in these 593 total assessments are the 131 crisis services provided by our three different Crisis Intervention Teams.
4. In the month of April, Tri-County funded behavioral health hospital admissions for 92 adults and 13 youth. This demonstrates an average of 3.57 admissions per day, with 30% of all crisis assessments completed resulting in a contract funded admission. From the 105, 72% were referred as involuntary admissions and 28% referred for voluntary admission. We are continuing to work with our newer crisis staff in attempts to increase the number of crisis interventions provided and decrease the number of individuals who are admitted to Tri-County funded hospital admissions.
5. We are approaching an all-time record number of dollars spent on admissions to psychiatric hospitals of persons without insurance and will have used all state dollars for hospitalization by the end of May. American Rescue Plan Act dollars will be used to finish out the summer months, but Walker County ARPA funds have already been fully utilized. The needs and complexity of persons presenting in crisis remains high and hospitalization is one of the primary tools we have to deescalate individuals at risk to themselves or others.
6. Our staff vacancies have remained low in April; however, we have had multiple staff who experienced unplanned time away from work. We currently have one MCOT night position vacant. We have recently hired an individual who will transfer from adult outpatient to fill the second MCSO CIT position. This staff should be ready for the field on or around June 10th.

7. Crisis services continues to develop and strengthen our working relationships with the many community partners in our three counties who are also involved, to varying levels, with the adults and youth who experience and are impacted by their crisis behavioral health needs. We believe that it requires the services and supports of many to help our patients regain the strength and hope needed to recover and live a happier life.

MH Adult Services

1. We are currently looking for two Advanced Psychiatric Nurse Practitioners (APNs) to supplement our Adult prescribing team in Conroe. We have received fewer applications than usual, but we have received a few quality applicants and have begun interviews.
2. Our clients are citing increasing gas prices as an additional factor that prevents them from getting to appointments and, in addition to issues associated with road flooding, no-show rates are up across the Center.
3. Adult Outpatient experienced a 10% increase in mental health intake evaluations in April compared to March. It is typical to see an increase in the number of adults seeking services in summer months, but this increase is a little sooner than expected.
4. Employment applications to the Adult Outpatient field-based caseworker positions have slowed. In addition, in what is becoming a concerning trend for the Center, we have lost a few staff who just finished their Master's degree and took their Licensed Professional Counselor Associate test to private practice settings. We have hired two field-based positions and are able to keep some continuity for those individuals by transferring caseloads to the new staff.
5. The ACT team continues to seek a Coordinator to lead the team and support the clients with some direct services. In addition to the Coordinator, we are down one other member of this four person team, thus limiting the number of individuals that can be served by the ACT team.
6. The Rural Clinics brought in 40 new clients into outpatient services in the month of April. Huntsville continues to be the busiest of the three rural clinics.
7. In Liberty, a long-time highly complex female individual was successfully moved into a nursing facility where she will get the intensity of care she has really needed for years.
8. All Behavioral Health staff will be trained on Mental Health First Aid during the month of June. This initiative will not only help sharpen clinical skills, but will also help staff to be able to learn about their own self-care and mental health, and to support the mental health and wellbeing of their teammates.

MH Child and Youth Services

1. Three of our school-based sites will have new principals next year. We are eager to get to know the new principals better because we have learned that school-based sites are only successful if the principal is supportive and believes in the importance of mental health services for students. Fortunately, the former principals at both schools are very appreciative of our services and are letting the incoming principals know how much they have helped their students and school.
2. We showed appreciation for all the school receptionists we frequently visited this school year by giving them a small gift on Administrative Professionals Day. They work with us

to find time and space to meet with our clients during the school day. This is a very challenging task during this time of rapid school for many of the schools in our area. The response we received was extremely positive.

3. The end of the school year has been challenging for our Child and Youth Mental Health Specialists because there are many different types of testing days to avoid. Most schools will not let us on campus for the day if just one grade level has testing. In contrast, Tarkington schools let us on campus during their testing week days, stating, "You're not a visitor, you're staff."

Criminal Justice Services

1. We are looking forward to the Sequential Intercept Modeling event which is being led by HHSC in June. The SIM Lead Team, staff, and engaged community members have been gathering data and sharing processes and key players in those processes to help prepare for the event.
2. TCOOMMI has been notified of an on-site audit happening in June.
3. In April, the Jail Services Liaison completed 20 assessments/continuity of care contacts and assisted with the coordination (discharge planning, continuity of care query match review and screening, etc.) of 244 other individuals in Montgomery County jail.
4. Several staff toured the Dunn Center, a new hospital in Houston run by UT Health which includes contracted 'state hospital level of care' forensic and civil beds, and met with facility directors. This opened up dialogue to increase collaboration to coordinate discharge services for those who are involved in the justice system and served by Dunn and who are discharging back to our outpatient services.

Substance Use Disorder Services

1. As a response to two recent audits, the SUD program is working to streamline documents and program desk procedures to align with HHSC and Facility Licensing guidelines.
2. We have seen an increase in youth seeking SUD treatment, however many are needing referral to higher levels of care, such as residential treatment, due to the intensity of their use. Positively, our attendance for our Parent Support group for our current youth clients is steady and we are seeing great benefit in educating parents on substance use.
3. Our Prevention Team presented on Substance Use prevention to Cleveland Middle and Cleveland High Schools last week. They also have Fentanyl Presentations scheduled for Liberty ISD this week.
4. We have wrapped up prevention services for the school year. We received high praises for our partnerships with Disciplinary Alternative Education Programs for Liberty ISD, New Waverly ISD, Conroe ISD, and Huntsville ISD, as well as the counselors from Glen Loch Elementary, Oakley Elementary, New Waverly Intermediate, Piney Woods, Porter Elementary, and New Caney Elementary. All of them want us to continue to provide services for their students next year.
5. Our Prevention Team consists of two different programs. The Youth Prevention Selective (YPS) Program facilitates small groups for children and youth who have significant risk factors for future substance use. The Youth Prevention Universal (YPU) Program facilitates larger groups for all children and youth. Thanks to our collaborations with Willis and Conroe ISDs, we have already met all YPU contracted measures for

FY24. However, we are struggling to meet our YPS measures due to significant turnover and vacancy in this program. This struggle has been well communicated to HHSC. HHSC informed us that other prevention programs across the state have experienced the same challenges.

IDD Services

1. IDD Provider Services continues to monitor the benefits through the Medicaid unwinding of persons served by IDD Provider Services to try and ensure that no additional clients lose their Medicaid. The clients that have been waiting the longest period of time for Medicaid to be reinstated have been waiting since September 1st (four individuals).
2. IDD Provider Services has located a four-bedroom home in Huntsville. For one of our two homes in Huntsville, the clients are currently in an apartment and this set-up has been less than ideal. We have agreed to sign a two-year lease for the home and are glad to have this option.
3. IDD Authority Services received notification that our largest HCS Waiver program private provider, Integrated Life Choices (ILC), will voluntarily terminate their HCS contract on May 31, 2024. IDD Authority Case Managers have actively engaged 75 of the 76 individuals involved in the contract termination. IDD Authority Administrators continue to meet weekly with HHSC leadership, ILC, and D&D Services, providing updates via spreadsheet, and discussing any issues or concerns with the termination process. Some issues addressed include Medicaid renewal concerns, getting required signatures on transfer forms, and scheduling transfer meetings at times convenient for our families, while expressing the importance of adhering to the May 31st deadline. Several individuals have been successfully transferred to the new provider of their choice.
4. HHSC IDD Services and PASRR published a SharePoint site called LIDDA Connect. This permission-based site is intended for use by LIDDA staff, and it contains resources, quick links to program rules, previous webinar recordings, and more. Users must have permission in order to access the LIDDA Connect site. IDD Services and PASRR have been working with IDD Directors to add staff to LIDDA Connect SharePoint site. This site is intended for all levels of LIDDA staff who are interested in these resources.

Support Services

1. **Quality Management (QM):**
 - a. Quality Management Staff have completed the review of over 800 client charts to ensure a smooth transition into the EHR system and ensure data has been accurately corrected. Feedback has been provided to supervisors as needed.
 - b. The Administrator of Quality Management completed the annual HIPAA audits of all clinics.
2. **Utilization Management (UM):**
 - a. Staff reviewed 10% of all discharges for the month of April.
 - b. Staff reviewed all notes that utilized the COPSD modifier for the month of April and provided feedback as needed to program staff.

- c. Utilization Management Staff have been working with the IT Department to address reporting needs in SmartCare.
- d. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of March, to ensure continuous quality improvement.

3. Training:

The Chief Operating Officer and the Clinical Trainer coordinated to host a series of trainings from the Texas Council Risk Management Fund. Trainings were on the topics of Applied Ethics, Building Team and Trust, Time Management and Organization Skills, and Compassion Fatigue.

4. Veteran Services and Veterans Counseling/Crisis:

- a. Our Regional Veteran's Service Liaison has completed the training and testing requirements to be certified as a Peer Service Coordinator.
- b. The Veterans Treatment Court had three graduates from the program in April and four in May.
- c. There has been an increase in the Veteran clients being seen at the HEARTS museum and in the Conroe office for services. We have had 14 client intakes for counseling in the last month.

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

- a. The MH PNAC met in April to conduct Local Planning Kick Off and reviewed the guidelines and regulations surrounding the Consolidated Local Plan and the Local Provider Network Development Process as well as the role of both stakeholders and the PNAC in the process. While the Center is currently awaiting the release of the State CLSP template, the planning process will continue on schedule to ensure that stakeholder feedback is obtained and appropriately considered as a part of this process.
- b. IDD PNAC members spoke highly of the IDD Awareness Day event and express interest in getting the word out to more members of the community for the next Awareness Day to increase engagement and attendance for individuals and community partners.

6. Community Activities

- a. Staff participated in the Big as Texas Festival held at the Montgomery County Fairgrounds May 10th -12th. The purpose was to raise awareness of suicide, and a portion of the proceeds benefited all of the non-profits who participated in the event.
- b. The Veteran Service Program Therapist is now trained as an instructor for Adult Mental Health First Aid.
- c. There were a total of 22 Adult Mental Health First Aid and Youth Mental Health First Aid trainings between April and May.

Agenda Item: Personnel Report for April 2024

Board Meeting Date:

May 23, 2024

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for April 2024

Recommended Action:

For Information Only

Personnel Report

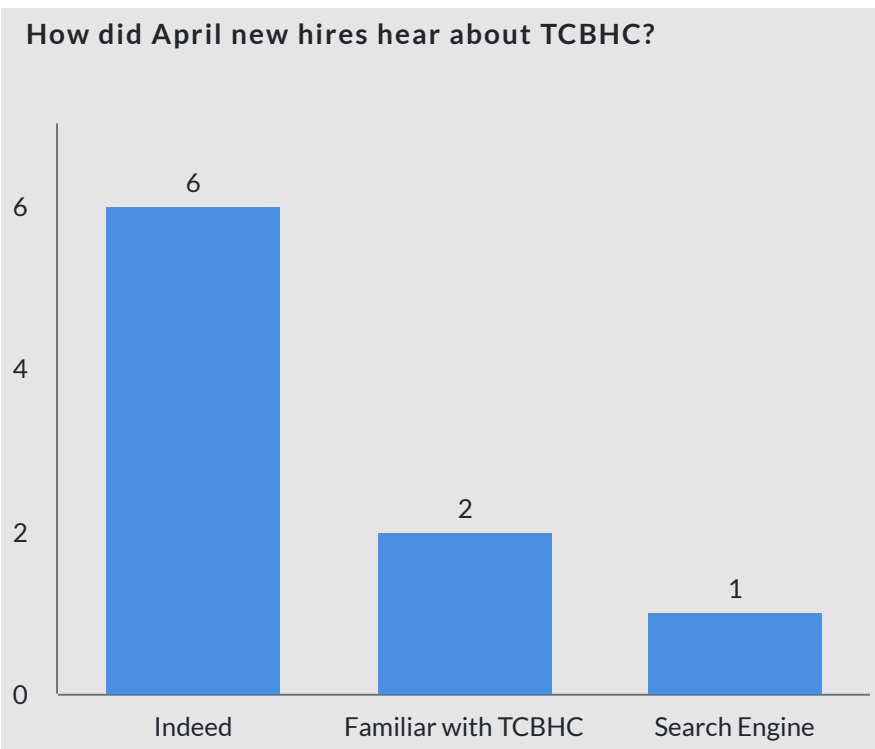
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OVERVIEW

NEW HIRES April 9 POSITIONS YTD 101 POSITIONS	SEPARATIONS April 13 POSITIONS YTD 90 POSITIONS	Vacant Positions 74 Frozen Positions 12	Newly Created Positions 2 Total Budgeted Positions 481
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RECRUITING



APPLICANTS

April Total Applicants	393
YTD Applicants	2942

CURRENT OPENINGS

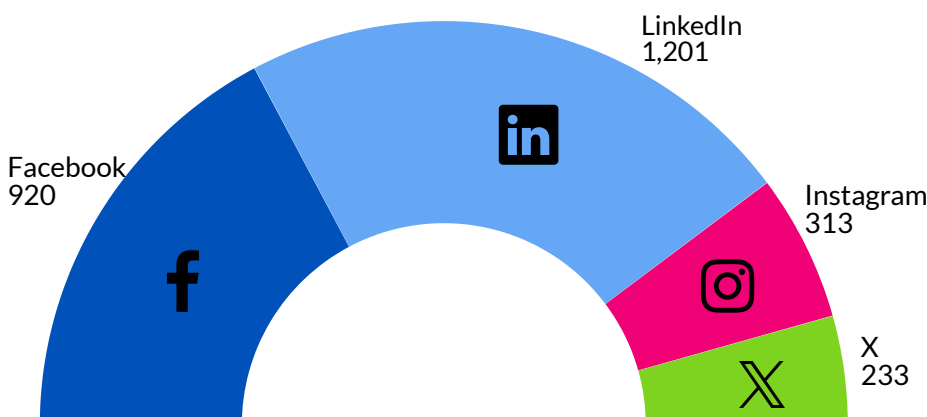
VACANCIES BY LOCATION

CONROE	48
PETC	11
HUNTSVILLE	6
CLEVELAND	5
LIBERTY	2
PORTER	2

RECRUITING EVENTS

University of St. Thomas Career Fair	4/16/2024
University of Houston - Social Sciences Career Mixer	4/18/2024
University of Houston - Non-Profit Career Mixer	4/25/2024

SOCIAL MEDIA FOLLOWERS



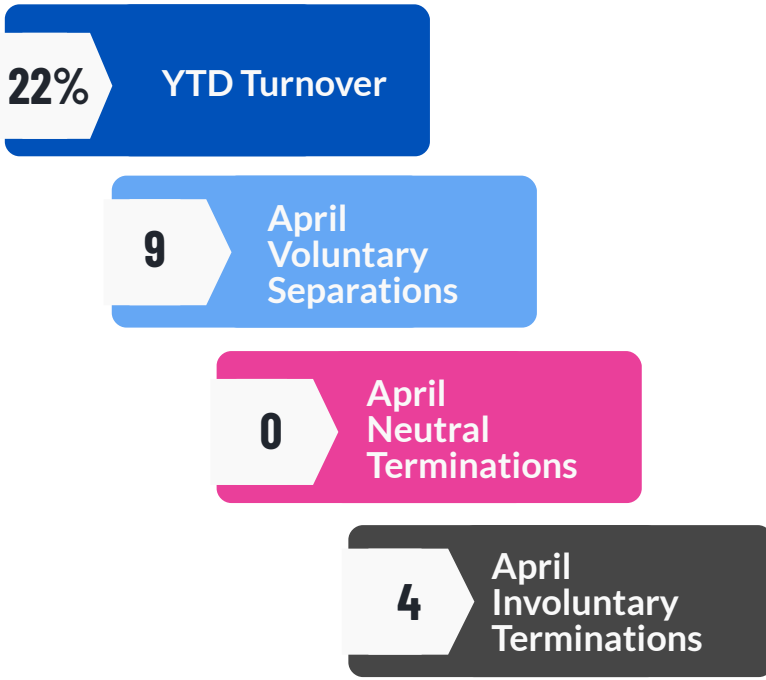
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	38
Direct Care Provider	10
Licensed Clinician	7
Providers (MD, APN)	4
Supervisors	3

Exit Data

FY24 | April 2024

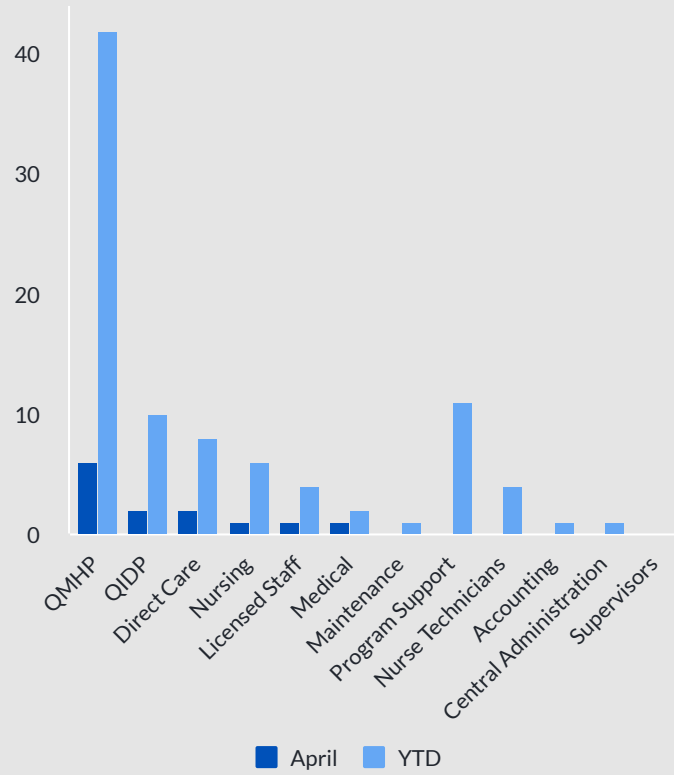
Exit Stats at a Glance



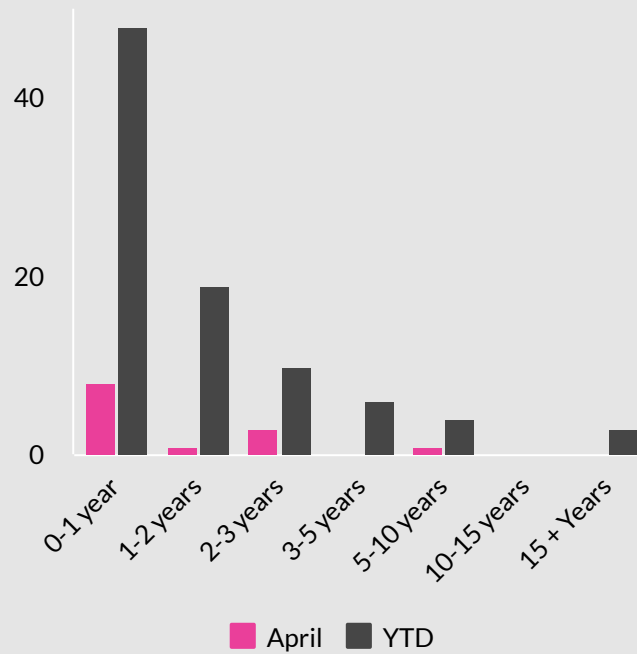
YTD Top Reasons for Separations

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

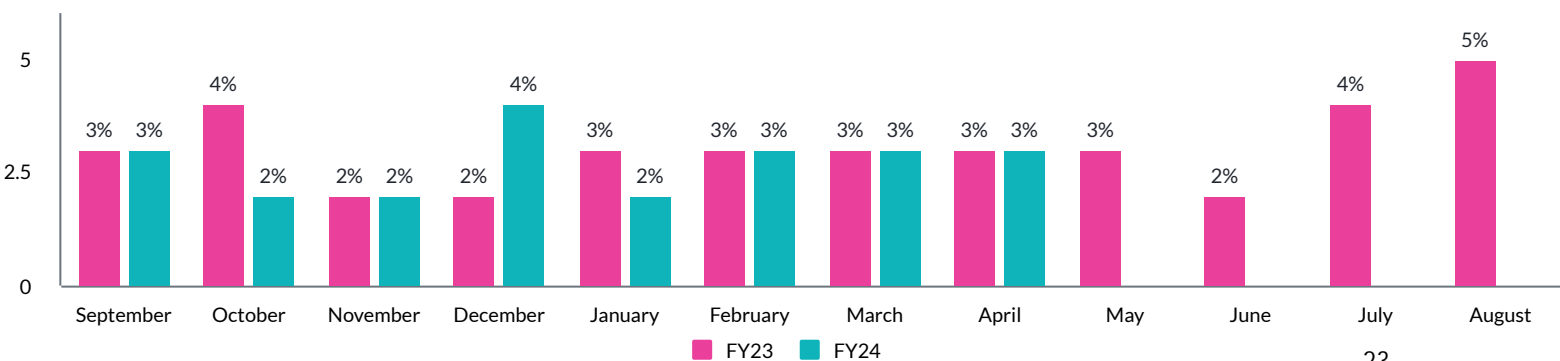
Separations by Category



Separations by Tenure



Turnover Rate by Month



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

Board Meeting Date:

May 23, 2024

Committee: Executive

Background Information:

None

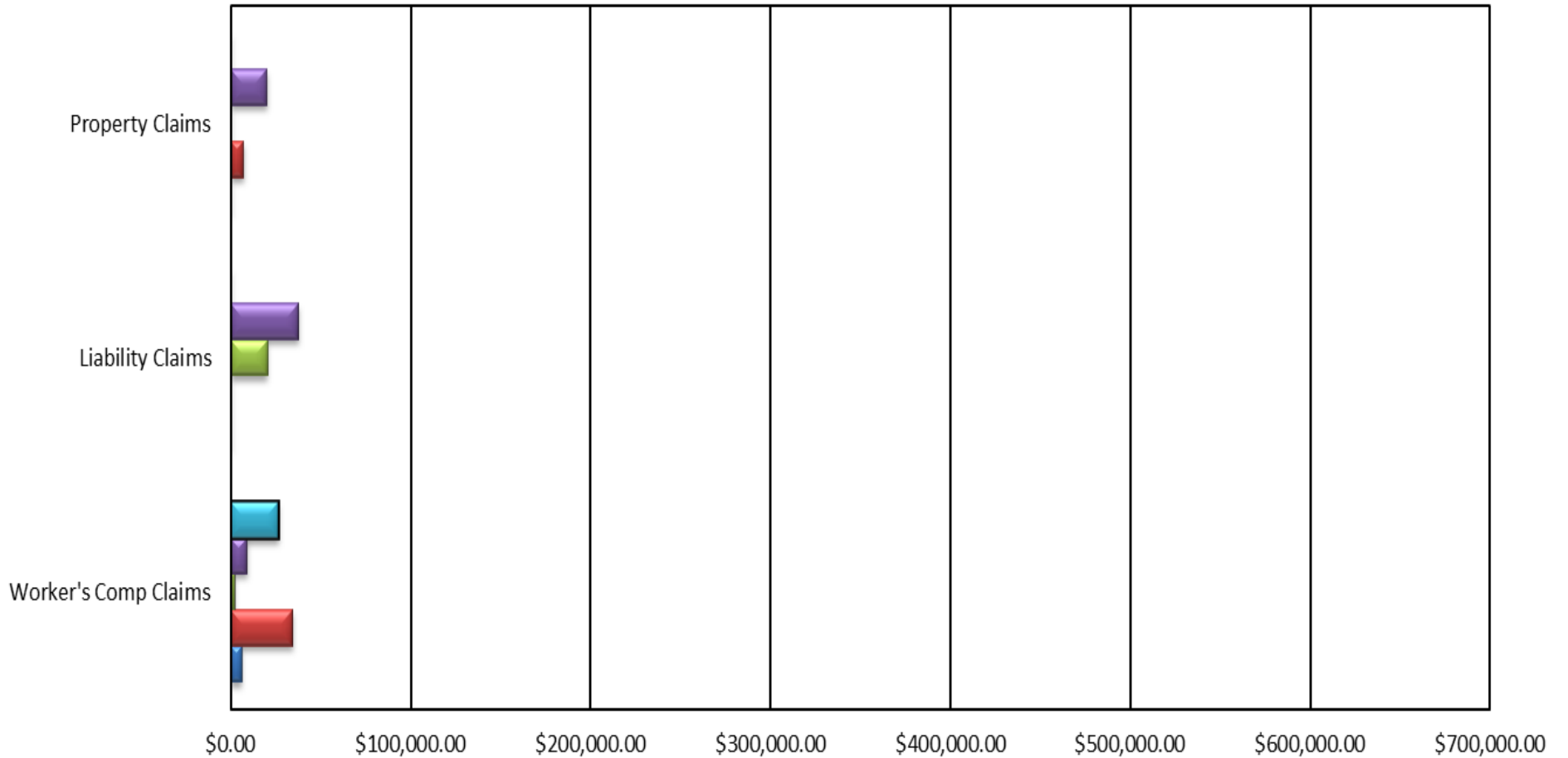
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of April 2024

Recommended Action:

For Information Only

TCRMF Claims Summary April 2024



	Worker's Comp Claims	Liability Claims	Property Claims
2020	\$26,111.00	\$0.00	\$0.00
2021	\$9,040.00	\$37,810.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,369.00	\$351.00	\$7,243.00
2024	\$6,204.00	\$0.00	\$0.00

<p>Agenda Item: Texas Council Quarterly Board Meeting Update</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>May 23, 2024</p>
<p>Background Information:</p> <p>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.</p>	
<p>Supporting Documentation:</p> <p>Texas Council Staff Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Agenda Item: Approve April 2024 Financial Statements Committee: Business	Board Meeting Date May 23, 2024
Background Information: None	
Supporting Documentation: April 2024 Financial Statements	
Recommended Action: Approve April 2024 Financial Statements	

April 2024 Financial Summary

Revenues for April 2024 were \$4,374,973 and operating expenses were \$3,726,761 resulting in a gain in operations of \$648,212. Capital Expenditures and Extraordinary Expenses for April were \$734,245 resulting in a loss of \$86,033. Total revenues were 113.82% of the monthly budgeted revenues and total expenses were 116.91% of the monthly budgeted expenses (difference of -3.08%).

Year to date revenues are \$34,102,638 and operating expenses are \$31,725,678 leaving excess operating revenues of \$2,376,960. YTD Capital Expenditures and Extraordinary Expenses are \$2,836,811 resulting in a loss YTD of \$459,851. Total revenues are 102.24% the YTD budgeted revenues and total expenses are 103.35% of the YTD budgeted expenses (difference of -1.11%)

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management - MH	345,556	515,375	67.05%	169,818
Title XIX Case Management - IDD	759,693	1,108,742	68.52%	349,049
DPP – Component 2	532,798	691,496	77.05%	158,698
Medicaid - Regular - Title XIX	325,621	398,704	81.67%	73,083
Title XIX Rehab	1,085,645	1,452,469	74.74%	366,824
HHSC – Autism Program	66,721	81,376	81.99%	14,656

Title XIX Case Management MH, Title XIX Case Management IDD, and Title XIX Rehab - These line items are our earned revenue categories that continue to trend well below our Pre-COVID historical service levels. We continue to have our largest area of vacant positions in these program areas making it difficult to meet revenue projections and provide all the services needed to the clients. There is also a reduction in the payroll expense lines to offset for this loss of revenue.

DPP - Component 2 - This line item is the Directed Payment Program for Behavioral Health Services. The DPP program is made up of two components:

- Component 1 is a uniform dollar increase issued in monthly payments to entities participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status and provide status updates on DPP BHS quality improvement activities.
- Component 2 is a uniform percent increase on certain CCBHC services paid on adjudicated claims. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. Providers that have CCBHC certification are eligible for a higher rate enhancement in this component for units of service provided.

We are under budget on Component 2 based on the number of units provided is less than the model used to determine our expected revenue for this fiscal year.

Medicaid – Regular – Title XIX – This line item is for Medicaid Card Services. As we have heard about all year, the unwinding of Medicaid in Texas has caused over two million Texans to lose their Medicaid coverage. This has affected our clients also so this revenue number is less than we have trended in the past few fiscal years. Some of the individuals who lost their coverage was due to procedural reasons, such as not submitting paperwork, so we hope to see this number improve as these people start getting covered again.

HHSC – Autism Program - This is our Autism program, which is a one staff program. Our autism staff person has been out on leave periodically this fiscal year which has caused this program to be under budget for revenue earned.

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
Advertising – Recruitment	54,061	37,200	145.32%	16,8613
Building Repairs & Maintenance	270,030	89,449	301.88%	180,580
Contract – Clinical	699,542	605,632	115.51%	93,910
Employee Wellness	15,260	2,333	65.41%	12,927
Fixed Assets – Building Improvements	117,454	1,667	70.46%	115,787

Fixed Assets – Construction in Progress	1,896,911	200,000	948.45%	1,696,911
Fixed Assets – Furn & Equip	70,995	0	0%	70,995
Legal Fees	57,241	14,000	408.86%	43,241
Medication Expense	417,574	391,370	106.69%	26,204
Training	66,475	31,161	213.32%	35,313
Travel - Local	258,837	211,191	122.56%	47,646

Advertising – Recruitment - This line item reflects the amount we paid for a recruiting fee for a doctor this fiscal year. We have been recruiting for doctors to fill current vacancies for many months.

Building Repairs & Maintenance – This line item is for the repair and maintenance of items at the existing buildings. The bulk of this overage is for the repair of the elevators and A/C units at the Conroe building. More recently we have seen additional A/C units going out at the PETC facility. We also had to replace the hot water heater at the Conroe facility which cost quite a bit more than a home hot water heater.

Contract – Clinical - This item is for contracted clinical services. The line is over mainly due to contracting with an additional Psychiatrist to cover a vacant doctor position. This is offset by a lapse in the wage line for the vacant position.

Employee Wellness – This line item is for annual flu shots we provide to our employees as well as TB tests and Hepatitis B vaccines we offer for specific group of employees. The price for these vaccines and tests has increased from prior years.

Fixed Assets – Building Improvements - This line item is for the costs to finish the refresh of the Sgt. Ed Holcomb building that we started in last fiscal year. In particular this is for the completion of the calm room on the 2nd floor and also the final cost of the painting and flooring for the last portion of the building.

Fixed Assets – Construction in Progress – This line item currently has all the costs associated with the Cleveland facility that have been paid this fiscal year. We have received some reimbursement through the Bank of New York from the Bond financing. This line will be restructured with the assistance of the Auditors to include a Capital Projects Fund and a Debt Service Fund to make tracking of all transactions more accurate.

Fixed Assets – Furniture & Equipment - This line item is also for the Conroe building refresh. The largest portion of this amount is for the replacement of the 2nd floor lobby seat, pan and back of the chairs. We also purchased furniture for the new calm room located on the 2nd floor.

Legal Fees – This line item is the cost of our attorney’s reviewing and bringing up to date the bond documents that have been under review for the past six months by Jackson Walker and a team of other lawyers from Municipal Capital. This was very labor intensive since these documents haven’t been updated in over 30 years.

Medication Expenses – This line item is up which reflects an increase in medication costs from prior year purchases. This includes the initial purchase of required stock medications that need to be on hand at the CSU.

Training – This line item includes the cost of the consultants to provide the leadership development training that we implemented in our goals and objectives to create the management development program that started mid fiscal year. This will be adjusted in the budget revision.

Travel -Local – This line item is for the reimbursement of miles driven by staff in their own personal vehicles. Our reimbursement rate has increased to match the current State of Texas approved rate of .67 cents per mile. We have more staff driving so hopefully this will all translate into more services being provided very soon.

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

ASSETS	TOTALS COMBINED FUNDS April 2024	TOTALS COMBINED FUNDS March 2024	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,500	2,600	(100)
Cash on Deposit - General Fund	10,055,335	7,731,947	2,323,388
Cash on Deposit - Debt Fund			-
Accounts Receivable	2,419,841	6,473,712	(4,053,871)
Inventory	(696)	(551)	(145)
TOTAL CURRENT ASSETS	12,476,980	14,207,708	(1,730,728)
FIXED ASSETS	24,400,583	24,400,583	-
OTHER ASSETS	220,656	177,828	42,828
TOTAL ASSETS	\$ 37,098,219	\$ 38,786,120	\$ (1,687,900)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	2,263,318	2,391,535	(128,217)
NOTES PAYABLE	802,466	802,466	-
DEFERRED REVENUE	2,296,458	3,112,068	(815,610)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,322,007	9,366,699	(44,692)
Guaranty Bank & Trust Loan	1,685,960	1,691,757	(5,797)
First Financial Huntsville Land Loan	809,314	811,611	(2,297)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	1,308,818	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(459,851)	(373,818)	(86,033)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,169,562)	(12,222,348)	52,786
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	23,091,764	23,091,764	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	1,022,039	1,686,246	(664,207)
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	49,333	43,167	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(802,466)	(802,466)	-
UNASSIGNED			
Unrestricted and Undesignated	4,535,541	4,535,541	-
TOTAL LIABILITIES/FUND BALANCE	\$ 37,098,219	\$ 38,786,120	\$ (1,687,900)

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

ASSETS	General Operating Funds	Memorandum Only Final August 2023
CURRENT ASSETS		
Imprest Cash Funds	2,500	2,100
Cash on Deposit - General Fund	10,055,335	7,455,394
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	2,419,841	4,917,356
Inventory	(696)	1,205
TOTAL CURRENT ASSETS	12,476,980	12,376,055
FIXED ASSETS	24,400,583	24,400,583
OTHER ASSETS	220,656	223,016
Total Assets	\$ 37,098,219	\$ 36,999,654
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	2,263,318	2,165,154
NOTES PAYABLE	802,466	802,466
DEFERRED REVENUE	2,296,458	407,578
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,322,007	9,679,420
Guaranty Bank & Trust Loan	1,685,960	1,732,496
First Financial Huntsville Land Loan	809,314	828,926
Lease Liability	352,281	352,281
SBITA Liability	1,308,818	1,308,818
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(459,851)	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,169,562)	(12,593,123)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	23,091,764	23,091,764
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	1,022,039	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	49,333	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(802,466)	(802,466)
UNASSIGNED		
Unrestricted and Undesignated	4,535,541	4,181,387
TOTAL LIABILITIES/FUND BALANCE	\$ 37,098,219	\$ 36,999,654

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

INCOME:	MONTH OF April 2024	YTD April 2024
	<u> </u>	<u> </u>
Local Revenue Sources	763,731	2,851,694
Earned Income	1,731,607	16,268,052
General Revenue - Contract	1,879,635	14,982,892
TOTAL INCOME	\$ 4,374,973	\$ 34,102,638
EXPENSES:		
Salaries	2,056,701	17,996,431
Employee Benefits	376,462	3,264,487
Medication Expense	56,837	417,574
Travel - Board/Staff	45,222	288,572
Building Rent/Maintenance	27,052	315,389
Consultants/Contracts	866,960	7,167,657
Other Operating Expenses	297,527	2,275,567
TOTAL EXPENSES	\$ 3,726,761	\$ 31,725,678
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 648,212	\$ 2,376,960
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	647,214	2,140,559
Capital Outlay - Debt Service	87,031	696,252
TOTAL CAPITAL EXPENDITURES	\$ 734,245	\$ 2,836,811
GRAND TOTAL EXPENDITURES	\$ 4,461,006	\$ 34,562,489
Excess (Deficiency) of Revenues and Expenses	\$ (86,033)	\$ (459,851)

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	696,252
Excess (Deficiency) of Revenues over Expenses	87,031	696,252

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

	YTD April 2024	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,851,694	967,764	1,883,930
Earned Income	16,268,052	17,361,862	(1,093,810)
General Revenue	14,982,892	15,025,313	(42,421)
TOTAL INCOME	\$ 34,102,638	\$ 33,354,939	\$ 747,700
EXPENSES:			
Salaries	17,996,431	19,190,108	(1,193,677)
Employee Benefits	3,264,487	3,312,034	(47,547)
Medication Expense	417,574	391,370	26,204
Travel - Board/Staff	288,572	238,271	50,301
Building Rent/Maintenance	315,389	133,807	181,582
Consultants/Contracts	7,167,657	7,085,593	82,064
Other Operating Expenses	2,275,567	2,137,677	137,890
TOTAL EXPENSES	\$ 31,725,678	\$ 32,488,860	\$ (763,185)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 2,376,960	 \$ 866,079	 \$ 1,510,885
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	2,140,559	257,333	1,883,225
Capital Outlay - Debt Service	696,252	696,252	-
TOTAL CAPITAL EXPENDITURES	\$ 2,836,811	\$ 953,585	\$ 1,883,225
 GRAND TOTAL EXPENDITURES	 \$ 34,562,489	 \$ 33,442,445	 \$ 1,120,040
 Excess (Deficiency) of Revenues and Expenses	 \$ (459,851)	 \$ (87,506)	 \$ (372,341)

Debt Service and Fixed Asset Fund:			
Debt Service	696,252	696,252	-
Excess(Deficiency) of Revenues over Expenses	696,252	696,252	-

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

INCOME:	MONTH OF April 2024	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	763,731	99,434	664,297
Earned Income	1,731,607	1,877,556	(145,949)
General Revenue-Contract	1,879,635	1,866,615	13,020
TOTAL INCOME	\$ 4,374,973	\$ 3,843,605	\$ 531,367
EXPENSES:			
Salaries	2,056,701	2,211,182	(154,481)
Employee Benefits	376,462	377,672	(1,210)
Medication Expense	56,837	49,421	7,416
Travel - Board/Staff	45,222	29,784	15,438
Building Rent/Maintenance	27,052	14,851	12,201
Consultants/Contracts	866,960	836,867	30,093
Other Operating Expenses	297,527	212,218	85,309
TOTAL EXPENSES	\$ 3,726,761	\$ 3,731,994	\$ (5,232)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 648,212	\$ 111,611	\$ 536,599
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	647,214	(3,125)	650,338
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 734,245	\$ 83,906	\$ 650,338
GRAND TOTAL EXPENDITURES	\$ 4,461,006	\$ 3,815,900	\$ 645,106
Excess (Deficiency) of Revenues and Expenses	\$ (86,033)	\$ 27,705	\$ (113,738)

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

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

INCOME:	YTD April 2024	YTD April 2023	Increase (Decrease)
Local Revenue Sources	2,851,694	2,705,373	146,321
Earned Income	16,268,052	18,117,200	(1,849,148)
General Revenue-Contract	14,982,892	11,583,500	3,399,392
TOTAL INCOME	\$ 34,102,638	\$ 32,406,073	\$ 1,696,565
EXPENSES:			
Salaries	17,996,431	14,951,644	3,044,787
Employee Benefits	3,264,487	2,772,647	491,840
Medication Expense	417,574	329,300	88,274
Travel - Board/Staff	288,572	246,439	42,133
Building Rent/Maintenance	315,389	249,830	65,559
Consultants/Contracts	7,167,657	5,633,839	1,533,818
Other Operating Expenses	2,275,567	2,257,940	17,627
TOTAL EXPENSES	\$ 31,725,678	\$ 26,441,639	\$ 5,284,038
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,376,960	\$ 5,964,434	\$ (3,587,473)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	2,140,559	924,237	1,216,322
Capital Outlay - Debt Service	696,252	668,337	27,915
TOTAL CAPITAL EXPENDITURES	\$ 2,836,811	\$ 1,592,574	\$ 1,244,237
GRAND TOTAL EXPENDITURES	\$ 34,562,489	\$ 28,034,213	\$ 6,528,276
Excess (Deficiency) of Revenues and Expenses	\$ (459,851)	\$ 4,371,860	\$ (4,831,710)

Debt Service and Fixed Asset Fund:			
Debt Service	696,252	668,337	27,915
Excess (Deficiency) of Revenues over Expenses	696,252	668,337	27,915

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

INCOME:	MONTH OF April 2024	MONTH OF April 2023	Increase (Decrease)
Local Revenue Sources	763,731	173,457	590,274
Earned Income	1,731,607	1,749,933	(18,326)
General Revenue-Contract	1,879,635	1,616,164	263,471
TOTAL INCOME	\$ 4,374,973	\$ 3,539,554	\$ 835,419
Salaries	2,056,701	1,804,102	252,599
Employee Benefits	376,462	341,234	35,228
Medication Expense	56,837	41,588	15,249
Travel - Board/Staff	45,222	38,117	7,105
Building Rent/Maintenance	27,052	37,340	(10,288)
Consultants/Contracts	866,960	753,910	113,050
Other Operating Expenses	297,527	336,681	(39,154)
TOTAL EXPENSES	\$ 3,726,761	\$ 3,352,972	\$ 373,789
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 648,212	\$ 186,582	\$ 461,630
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	647,214	188,720	458,494
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 734,245	\$ 275,751	\$ 458,494
GRAND TOTAL EXPENDITURES	\$ 4,461,006	\$ 3,628,723	\$ 832,283
Excess (Deficiency) of Revenues and Expenses	\$ (86,033)	\$ (89,169)	\$ 3,136

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

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2024 Comparative Data
For the Month Ended April 2024

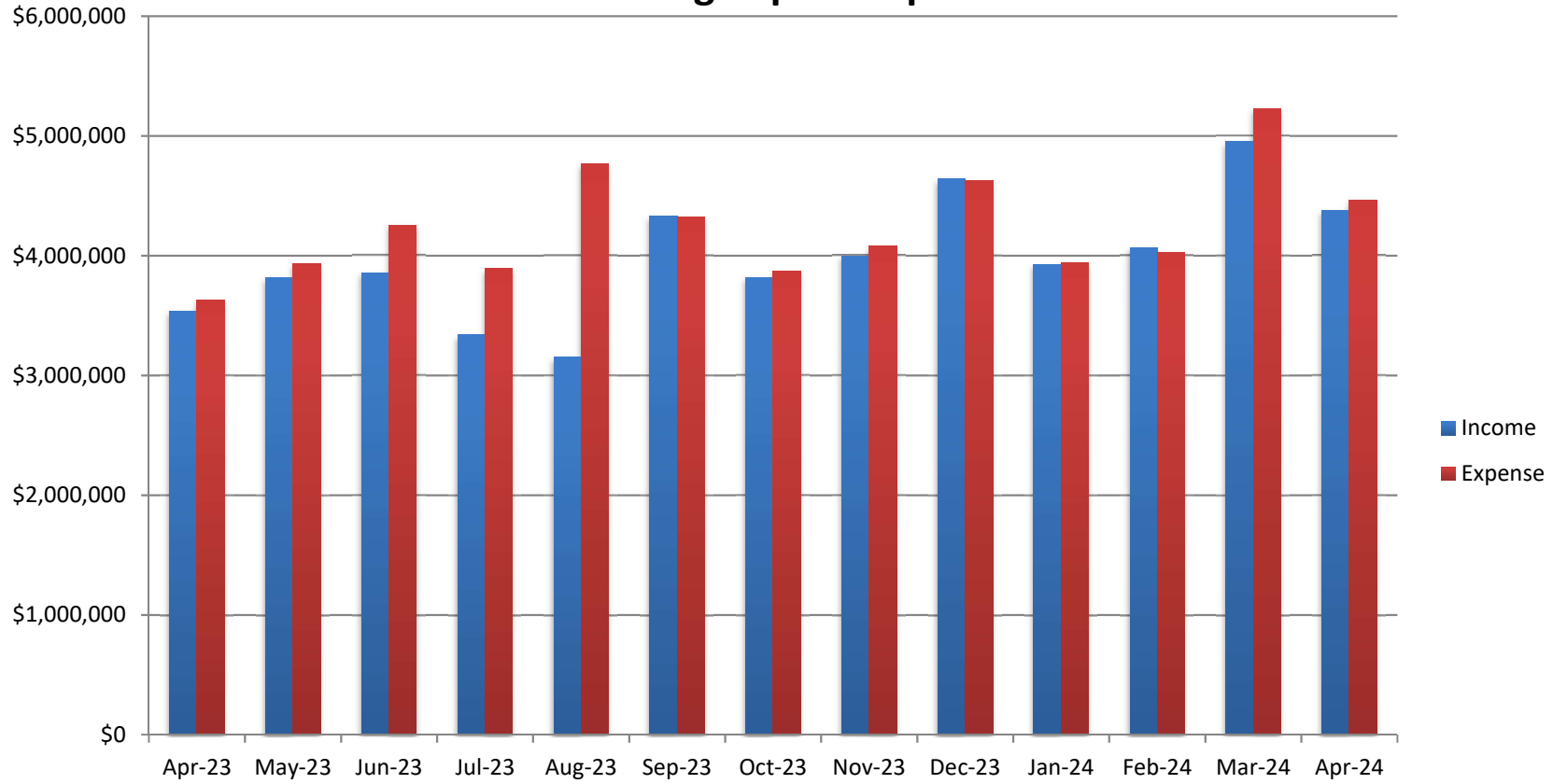
INCOME:	MONTH OF April 2024	MONTH OF March 2024	Increase (Decrease)
Local Revenue Sources	763,731	853,971	(90,240)
Earned Income	1,731,607	1,911,057	(179,450)
General Revenue-Contract	1,879,635	2,185,760	(306,125)
TOTAL INCOME	\$ 4,374,973	\$ 4,950,788	\$ (575,815)
EXPENSES:			
Salaries	2,056,701	2,533,673	(476,972)
Employee Benefits	376,462	436,657	(60,195)
Medication Expense	56,837	58,666	(1,829)
Travel - Board/Staff	45,222	34,871	10,351
Building Rent/Maintenance	27,052	26,363	689
Consultants/Contracts	866,960	1,058,077	(191,117)
Other Operating Expenses	297,527	294,387	3,140
TOTAL EXPENSES	\$ 3,726,761	\$ 4,442,695	\$ (715,933)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 648,212	\$ 508,093	\$ 140,118
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	647,214	699,102	(51,888)
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 734,245	\$ 786,133	\$ (51,888)
GRAND TOTAL EXPENDITURES	\$ 4,461,006	\$ 5,228,828	\$ (767,822)
Excess (Deficiency) of Revenues and Expenses	\$ (86,033)	\$ (278,040)	\$ 192,006

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

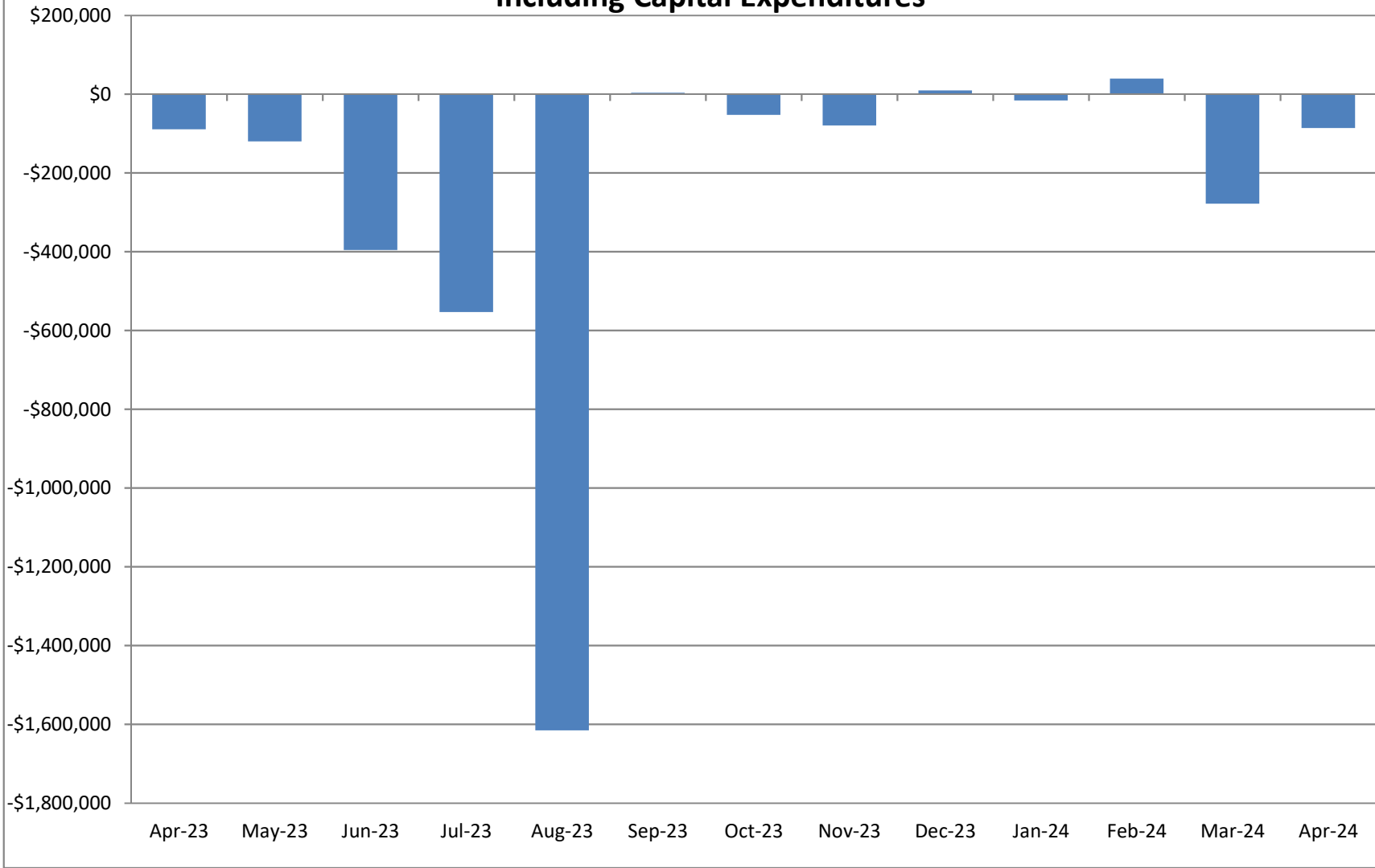
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of March 2024

	YTD Mental Health April 2024	YTD IDD April 2024	YTD Other Services April 2024	YTD Agency Total April 2024	YTD Approved Budget April 2024	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,705,469	132,989	13,235	2,851,694	967,764	1,883,930
Earned Income	6,624,082	2,878,577	6,765,393	16,268,052	17,361,862	(1,093,810)
General Revenue-Contract	13,271,089	1,267,166	444,637	14,982,892	15,025,313	(42,421)
TOTAL INCOME	22,600,640	4,278,732	7,223,265	34,102,638	33,354,939	747,699
EXPENSES:						
Salaries	11,364,144	2,403,966	4,228,321	17,996,431	19,190,108	(1,193,677)
Employee Benefits	2,102,607	459,206	702,675	3,264,488	3,312,034	(47,546)
Medication Expense	366,803		50,772	417,575	391,370	26,205
Travel - Board/Staff	159,920	85,824	42,827	288,571	238,271	50,300
Building Rent/Maintenance	294,092	10,293	11,003	315,388	133,807	181,581
Consultants/Contracts	5,013,239	799,522	1,354,895	7,167,657	7,085,593	82,064
Other Operating Expenses	1,447,820	459,141	368,606	2,275,567	2,137,677	137,890
TOTAL EXPENSES	20,748,625	4,217,952	6,759,099	31,725,678	32,488,861	(763,183)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	1,852,015	60,780	464,166	2,376,960	866,078	1,510,882
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	1,477,360	253,995	409,204	2,140,559	257,333	1,883,226
Capital Outlay - Debt Service	459,526	90,513	146,213	696,252	696,252	-
TOTAL CAPITAL EXPENDITURES	1,936,886	344,508	555,417	2,836,811	953,585	1,883,226
GRAND TOTAL EXPENDITURES	22,685,511 ##	4,562,460 ##	7,314,516	34,562,489	33,442,446	1,120,043
Excess (Deficiency) of Revenues and Expenses	(84,871) ##	(283,728)	(91,251) ##	(459,851) ##	(87,506) ##	(372,344)
Debt Service and Fixed Asset Fund:						
Debt Service	1,936,886 ##	344,508 ##	555,417 ##	2,836,811 ##	953,585 ##	1,883,226
Excess (Deficiency) of Revenues over Expenses	1,936,886	344,508	555,417	2,836,811	953,585	1,883,226

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2024 Budget Revision

Board Meeting Date:

May 23, 2024

Committee:

Background Information:

Periodically, throughout the budget year, we adjust the budget due to changes in funding or other scenarios that may have changed from the initial budget process.

This fiscal year we continue to have challenges with many moving parts. We have the additional ARPA funding from all three counties. And we will have the ending of the SAMHSA CCBHC – E and CMHC grants. ARPA funding will continue to fund several of the SAMHSA grants that are required for a CCBHC center so they will continue without interruption, just change in accounting.

The two programs that make up the current 1115 Waiver program, are continuing on with slightly less funding than prior years. DPP is in year three and currently is made up of Component 1 and Component 2 payments. Component 1 is a uniform dollar paid on a monthly basis and must have a CCBHC certification to receive payment and payments have been anything but uniform. Component 2 payments are based on certain claims, which have been down for our Center. In year four, they are changing and will have one method of payment.

We did receive our mental health performance contract amendment finally and it did provide a small increase to our base contract and also additional funding that doubled our hospital bed day funding. This is good since we are at a record pace this FY for hospital admissions.

The balance of the budget revision is a realignment of both revenue and expenses to adjust for cost variances of items or services purchased and staff vacancies throughout this year and also revenue targets not met.

This year continues to be a struggle to find the qualified committed staff that our clients deserve and we will not see much change until we can figure out the magic hiring formula to find these people. But, we will find them eventually.

Supporting Documentation:

FY 2024 Budget Revision and Narrative

Recommended Action:

Approve FY 2024 Budget Revision

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

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

REVENUES:

Local Revenue – This line item reflects an overall increase from the beginning budget for this fiscal year. This increase is from the funds received from the Bond financing for the initial funds spent by Tri-County for the Cleveland facility. This line also has a decrease for client fees for the annual review of our aging prior to the annual audit.

Earned Income – This line item reflects a decrease. The decreases are from all the programs that have had staff vacancies and have not earned the projected revenue. This includes Case Management MH, Case Management IDD, DPP Component 2, Medicaid Regular, the Medicaid Rehab program and the Autism program. We also had a decrease in the amount of the Charity Care Program payment. We do have some increases in this category also and they are the Liberty County ARPA, IDD Authority ARPA, increase in MAC Claims, and also a slight increase in the DPP Component 1 based on slight increases of the Medicaid enrollment.

General Revenue – This line item has an increase from the original budgeted amount. We finally received our contract revision and we had a slight increase to our base contract and also funding that doubled our hospital bed day funding.

EXPENSES:

Salaries – This line item reflects a decrease. This is due to adjusting out lapsed wages for vacant positions year to date.

Employee Benefits – This line item also has a decrease from the adjusting out of lapsed fringe for vacant positions year to date.

Travel – Board/Staff – This line item reflects an increase to adjust for the rising mileage reimbursement rate that we pay staff who use their own vehicles for TC business. We don't anticipate this rate decreasing anytime soon.

Medication Expense – This line item reflects an increase based on current medication costs trending up.

Building Rent/Maintenance – This line item is also up from the start of this fiscal year. The largest part of this increase was finishing the refreshing of the Conroe building, but we have also had facility repairs on the elevators and a/c units that have made this line be over budget all year.

Consultants/Contracts – This line item reflects an increase mainly for the additional hospital funds we received with our performance contract, but also adjusts for contract doctor usage due to vacancies.

Other Operating Expenses – This line item reflects an overall increase due to price increases we are seeing in all areas of our business.

Capital Outlay-FF&E, Automobiles – This line item reflects an increase. This line has the Cleveland building activity and also the furniture that we have purchased for the Calm room and also for the Huntsville Children's clinic.

Capital Outlay - Debt Service Bonds – This line has no change.

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

INCOME:	PROPOSED FY 2024 REVISED BUDGET	CURRENT APPROVED FY 2024 BUDGET	Increase (Decrease)
Local Revenue Sources	\$ 3,108,717	\$ 1,373,240	\$ 1,735,477
Earned Income	\$ 25,207,955	\$ 25,827,357	\$ (619,402)
General Revenue	\$ 20,622,463	\$ 18,393,068	\$ 2,229,395
TOTAL INCOME	\$ 48,939,134	\$ 45,593,665	\$ 3,345,469
 EXPENSES:			
Salaries	\$ 26,629,066	\$ 27,006,117	\$ (377,051)
Employee Benefits	\$ 4,631,983	\$ 4,728,260	\$ (96,277)
Travel-Board/Staff	\$ 404,700	\$ 354,700	\$ 50,000
Medication Expense	\$ 629,555	\$ 579,555	\$ 50,000
Building Rent/Maintenance	\$ 370,310	\$ 193,210	\$ 177,100
Consultants/Contracts	\$ 10,367,519	\$ 8,054,827	\$ 2,312,692
Other Operating Expenses	\$ 3,307,291	\$ 3,230,117	\$ 77,173
TOTAL EXPENSES	\$ 46,340,424	\$ 44,146,786	\$ 2,193,638
 Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 2,598,710	 \$ 1,446,879	 \$ 1,151,831
 CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 2,233,447	\$ 402,500	\$ 1,830,947
Capital Outlay - Debt Services Bonds	\$ 1,044,379	\$ 1,044,379	\$ -
TOTAL CAPITAL EXPENDITURES	\$ 3,277,826	\$ 1,446,879	\$ 1,830,947
 GRAND TOTAL EXPENDITURES	 \$ 49,618,250	 \$ 45,593,665	 \$ 4,024,585
 Excess (Deficiency) of Revenues and Expenses	 \$ (679,115)	 \$ 0	 \$ (679,116)

Agenda Item: Approve FY 2024 Auditor Engagement Letter

Board Meeting Date

May 23, 2024

Committee: Business

Background Information:

At the April 25th Board meeting, the Board authorized staff to solicit the Annual Financial Auditor Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2024 Independent Financial Audit.

Supporting Documentation:

Copy of Engagement Letter from Scott, Singleton, Fincher and Company, P.C.

Recommended Action:

Approve the Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2024 Independent Financial Audit

SCOTT, SINGLETON, FINCHER AND COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

4815-A KING STREET
TELEPHONE 903-455-4765
FAX 903-455-5312
GREENVILLE, TEXAS 75401

Member of:
AICPA Governmental Audit Quality Center

Members of:
American Institute of
Certified Public Accountants

Texas Society of
Certified Public Accountants

May 15, 2024

To the Board of Trustees and Management
Tri-County Behavioral Healthcare
233 West Holcomb Avenue South
Conroe, Texas 77034

We are pleased to confirm our understanding of the services we are to provide for Tri-County Behavioral Healthcare for the year ended August 31, 2024.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, including the disclosures, which collectively comprise the basic financial statements, of Tri-County Behavioral Healthcare (Center) as of and for the year ended August 31, 2024. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Tri-County Behavioral Healthcare's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Tri-County Behavioral Healthcare's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

1. Management's Discussion and Analysis.
2. Budgetary Comparison Schedule – General Fund

We have also been engaged to report on supplementary information other than RSI that accompanies Tri-County Behavioral Healthcare's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

1. Schedule of expenditures of federal and state awards.
2. Combining Schedule of Net Position – Component Units
3. Combining Schedule of Revenues, Expenses and Changes in Net Position – Component Units

In connection with our audit of the basic financial statements, we will read the following other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

1. Statistical section required by THHSC audit guidelines
2. Introductory Section

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor's report that includes our opinions about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP, and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements. The objectives also include reporting on:

Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.

Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal and state statutes, regulations, and the terms and conditions of federal and state awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Texas Grant Management Standards (TxGMS).

Auditor's Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; the provisions of the Uniform Guidance, the provisions of Texas Grant Management Standards (TxGMS) and will include tests of accounting records, a determination of major program(s) in accordance with Uniform Guidance and TxGMS, and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly

inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

We have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Net realizable value of accounts receivable.

- Revenue recognition policies.

- Compliance with federal and state major program requirements.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance and TxGMS, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal and state award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance or TxGMS.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, the Uniform Guidance and TxGMS.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will

perform tests of Tri-County Behavioral Healthcare’s compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance, and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance and TxGMS require that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal and state statutes, regulations, and the terms and conditions of federal and state awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement*, TxGMS, and the *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers* published by the Texas Health and Human Services Commission for the types of compliance requirements that could have a direct and material effect on each of Tri-County Behavioral Healthcare’s major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on Tri-County Behavioral Healthcare’s compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance and TxGMS.

Other Services

We will prepare the Organization’s federal information return (Form 990) for the year ended August 31, 2024, to be filed with the Internal Revenue Service based on information provided by you. We will also assist in preparing the financial statements, schedule of expenditures of federal and state awards, and related notes of Tri-County Behavioral Healthcare in conformity with accounting principles generally accepted in the United States of America, the Uniform Guidance, and TxGMS based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants. The other services are limited to the financial statements, schedule of expenditures of federal and state awards, and related notes services, and tax services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities. We will advise management with regard to tax positions taken in the preparation of the information return, but management must make all decisions with regard to those matters.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal and state awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are also responsible for making drafts of financial statements, schedule of expenditures of federal and state awards, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance and TxGMS; (3) additional information that we may request for the purpose of the audit; and (4) unrestricted access to persons within the government from whom we

determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements; schedule of expenditures of federal and state awards; federal and state award programs; compliance with laws, regulations, contracts, and grant agreements; and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. You are also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review on our first scheduled date of field work.

You are responsible for identifying all federal and state awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal and state awards (including notes and noncash assistance received, and COVID-19-related concepts, such as lost revenues, if applicable) in conformity with the Uniform Guidance and TxGMS. You agree to include our report on the schedule of expenditures of federal and state awards in any document that contains, and indicates that we have reported on, the schedule of expenditures of federal and state awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal and state awards that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal and state awards in accordance with the Uniform Guidance and TxGMS; (2) you believe the schedule of expenditures of federal and state awards, including its form and content, is stated fairly in accordance with the Uniform Guidance and TxGMS; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal and state awards.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the tax services, financial statements, schedule of expenditures of federal and state awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, the schedule of expenditures of federal and state awards, related notes and tax services, and that you have reviewed and approved the financial statements, the schedule of expenditures of federal and state awards, related notes and tax services prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal and state awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to Tri-County Behavioral Healthcare, however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Scott, Singleton Fincher and Company, P.C. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Texas Health and Human Services Commission (HHSC) or the Inspector General or its designee, a federal or state agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Scott, Singleton Fincher and Company, P.C. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date. If we are aware that a federal or state awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Jonathan B. Smith, CPA is the audit partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to them. We expect to begin our audit on mutually agreed-upon dates.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, excluding travel expenses, will not exceed \$62,000. This fee includes an estimated \$3,000 associated with new debt issued by Tri-County during FY24 and the related reporting associated with that activity. The cost of preparing the IRS form 990 will be \$2,950. Travel expenses, if any, will be billed at the actual cost of travel. Together we will mutually establish an audit schedule for the delivery of items we request to perform our audit procedures. Failure to deliver the items on the request list according to the schedule will result in scheduling delays that may increase the cost of the audit between 10% and 20%. Significant changes in lease reporting requirements under GASB 87 and SBITA reporting requirements under GASB 96 may also require additional time. In the event these circumstances arise, we will advise if significant additional time is necessary and inform you of the expected increase in cost. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly.

Reporting

We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the Board of Trustees and Management of Tri-County Behavioral Healthcare, Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be

necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will state that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance and TxGMS report on internal control over compliance will state that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and TxGMS. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to Tri-County Behavioral Healthcare and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,

Scott, Singleton, Fincher and Company, P.C.

RESPONSE:

This letter correctly sets forth the understanding of Tri-County Behavioral Healthcare

Acknowledged and agreed on behalf of management of Tri-County Behavioral Healthcare by:

Management signature: _____ Title _____ Date: _____

Acknowledged and agreed on behalf of the Board of Directors of Tri-County Behavioral Healthcare by:

Governance signature: _____ Title: _____ Date: _____

Agenda Item: Approve Change in Authorized Representatives for TexPool Investment Account

Board Meeting Date:

May 23, 2024

Committee: Business

Background Information:

Due to changes in the accounting department it is time to update who is authorized to have access to the TexPool Investment account.

Evan Roberson and Millie McDuffey will remain authorized representatives. We recommend removing Sheryl Baldwin who is now in a part-time accounting position, and adding two additional authorized representatives, Tabatha Abbott and Darius Tuminas to have access to the Tri-County Behavioral Healthcare account.

We do not write checks from this account. This account usually has wire transfers into or out of between TexPool and our main account with JPMorgan Chase bank.

Supporting Documentation:

TexPool form – Resolution Amending Authorized Representatives

Recommended Action:

Approve Change in Authorized Representatives for TexPool Investment Account



Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. *This document supersedes all prior Authorized Representative forms.*

*** Required Fields**

1. Resolution

WHEREAS,

Tri-County Behavioral Healthcare

[Redacted]

Participant Name*

Location Number*

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool / Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Evan Roberson Executive Director
 Name Title
9 3 6 5 2 1 6 1 1 9 N A EvanR@tcbhc.org
 Phone Fax Email

 Signature

2. Millie McDuffey Chief Financial Officer
 Name Title
9 3 6 5 2 1 6 1 2 0 N A MillieM@tcbhc.org
 Phone Fax Email

 Signature

3. Tabatha Abbott Manager of Accounting
 Name Title
9 3 6 5 2 1 6 1 0 6 N A TabathaA@tcbhc.org
 Phone Fax Email

 Signature

1. Resolution (continued)

4.
 Name Title

 Phone Fax Email

 Signature

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. *This limited representative cannot perform transactions.* If the Participant desires to designate a representative with inquiry rights only, complete the following information.

Name Title

 Phone Fax Email

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the day of , .

Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.

Name of Participant*

SIGNED

 Signature*

 Printed Name*

 Title*

ATTEST

 Signature*

 Printed Name*

 Title*

2. Delivery Instructions

Please return this document to **TexPool Participant Services:**
Email: texpool@dstsystems.com
Fax: 866-839-3291

Agenda Item: Approve Health and Human Services Commission Grant Agreement, Contract No. HHS00144200006, Youth Crisis Outreach Team Grant Program

Board Meeting Date

May 23, 2024

Committee: Business

The Youth Crisis Outreach Team Plus (YCOT+) pilot program is a crisis stabilizing resource that will provide support 24 hours a day, seven days a week, when any individual contacts the crisis system for a child or youth in crisis. The diversionary goals of the YCOT+ concept (reduced inpatient and law enforcement interventions) aligns with the current Mobile Crisis Outreach Team (MCOT) model; however, YCOT+ focuses on providing urgent and emergent crisis services to children and adolescents who are involved with the Department of Family and Protective Services (DFPS), including youth in DFPS conservatorship, or who are at risk of DFPS involvement. The YCOT+ teams will use trauma-informed interventions and strategies to de-escalate a child in crisis, aid in relapse prevention and safety planning, and be available to the child's family, or other caregiver, for up to 90 days (or no less than 4-6 weeks) after the crisis. The Local Mental Health Authority (LMHA or Grantee) must provide ongoing crisis stabilization support and ensure connection to community mental health resources.

Tri-County originally applied for a YCOT program at nearly two million dollars per year, but was instead awarded the more complex YCOT+ model at \$875,000 per year. The complexity of the persons served by YCOT+ and the nature (response times/cost) of a 24/7 program will not be able to be achieved with the funding in this grant award. There are only two YCOT+ programs in the state (Bluebonnet Trails) and both Centers are seeking additional feedback from HHSC regarding the anticipated program design.

At this time, staff is requesting approval of this grant program by the Board, but we will wait to execute the contract until further details are known about the program design and expectations.

The total not-to-exceed amount of the Contract is \$1,750,000.00 (biennium) and no match is required.

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Approve Health and Human Services Commission Grant Agreement, Contract No. HHS00144200006, Youth Crisis Outreach Team Grant Program

Agenda Item: Approve Health and Human Services Commission Local Mental Health Authority Performance Grant Agreement, Contract No. HHS001324500037, Amendment No. 1

Board Meeting Date

May 23, 2024

Committee: Business

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

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

This is the first amendment to the contract that became effective September 1, 2023 and terminates on August 31, 2025.

The most significant changes for this update are:

- There is \$494,338 new mental health outpatient 'maintenance of effort' funds (biennium). These funds require \$54,378 in additional local match.
- The \$2.5 million in funds for the Crisis Stabilization Unit which were allocated in the 88th Legislative Session are included in this contract. No match is required for these funds and they can be spent in either FY 24 or 25.
- There is \$3,859,222 new Private Psychiatric Bedday (PPB) money (biennium).
- There are additional PPB contract management and reporting requirements. NOTE: This area has been a focus of the Office of Inspector General in their Center reviews and we will need to add additional effort to monitoring our contract partners, especially with these additional requirements.
- There is new language and requirements related to Mental Health PreAdmission, Screening and Resident Review (MI-PASRR), including four sanctionable performance measures.

The total not-to-exceed amount of the Contract is increased by \$6,907,938 for a total of \$38,590,168 with local match requirements of \$3,448,474 over the two years of the contract. It should be noted that the total match currently contributed by our three Counties is \$340,253 per year meaning that the Center has to make up \$1,213,858 in local match from our earned revenue each year to match this Mental Health Performance Contract.

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Approve Health and Human Services Commission Local Mental Health Authority Performance Grant Agreement, Contract No. HHS001324500037, Amendment No. 1

Agenda Item: Forgive Loan to Cleveland Supported Housing, Inc.

Board Meeting Date

May 23, 2024

Committee: Business

Background Information:

As a part of regular operations, the Board of Trustees have made small cash advances to the three component unit housing boards for operations. Over the 19 years that these housing projects have been in place, these small loans have made it possible to absorb unexpected expenses for the projects which occur from time to time. Operational expenses can be reimbursed to the Board of Trustees by the Housing Board if there is a surplus in revenue at the end of a year and the Department of Housing and Urban Development (HUD) approves the use of funds.

As the Board is aware, Tri-County provided financial assistance and staff support to the Cleveland Supported Housing, Inc. (CSHI) Board, a component unit of the Board of Trustees that owns Independence Oaks in Cleveland, with resolution of some construction issues which were discovered in the first few years of operations.

There was a settlement reached as a part of arbitration for these construction repairs, but the settlement did not cover the full cost of repairs and, in addition to the settlement, \$12,265.64 was covered by the Board of Trustees on behalf of the project.

The costs of the construction repairs cannot be reimbursed via operational surpluses by the CSHI Board because HUD considers these costs covered in full by the settlement, and it is unlikely that the Board would be able to secure other funding to pay back this loan, certainly not for many years to come.

Staff recommend that the portion of the loan from Tri-County to CSHI related to the repairs of the project in the amount of \$12,265.64 be forgiven and removed from the amount owed by CSHI to Tri-County.

Supporting Documentation:

None

Recommended Action:

Forgive the portion of the Cleveland Supported Housing, Inc. loan related to property repairs in the amount of \$12,265.64

Agenda Item: Board of Trustees Unit Financial Statements as of April 2024

Board Meeting Date

May 23, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

April 2024 Board of Trustees Unit Financial Statement

Recommended Action:

For Information Only

Unit Financial Statement

FY 2024

April 30, 2024

	April 2024 Budget	April 2024 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 16,043	\$ 16,043	\$ -	100%	\$ 24,065
Total Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 16,043	\$ 16,043	\$ -	100%	\$ 24,065
Expenses								
Advertising-Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	0%	\$ -
Food Items	\$ -	\$ -	\$ -	\$ -	\$ 82	\$ (82)	0%	\$ -
Insurance-Worker Compensation	\$ 5	\$ 2	\$ 3	\$ 43	\$ 21	\$ 22	49%	\$ 65
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 12,000	\$ 12,000	\$ -	100%	\$ 18,000
Training	\$ 167	\$ 1,440	\$ (1,273)	\$ 1,334	\$ 2,415	\$ (1,081)	181%	\$ 2,000
Travel - Non-local mileage	\$ 37	\$ -	\$ 37	\$ 300	\$ 560	\$ (260)	187%	\$ 450
Travel - Non-local Hotel	\$ 250	\$ 1,400	\$ (1,150)	\$ 2,000	\$ 2,162	\$ (162)	108%	\$ 3,000
Travel - Meals	\$ 46	\$ 178	\$ (132)	\$ 367	\$ 262	\$ 105	71%	\$ 550
Total Expenses	\$ 2,005	\$ 4,520	\$ (2,515)	\$ 16,043	\$ 17,514	\$ (1,470)	109%	\$ 24,065
Total Revenue minus Expenses	\$ 0	\$ (2,515)	\$ 2,515	\$ -	\$ (1,470)	\$ 1,470	-9%	\$ -

Agenda Item: Cleveland Building Updates

Board Meeting Date:

May 23, 2024

Committee: Business

Background Information:

The Board has approved the construction of a 36,000 sq. ft. facility at 402 Liberty Street in Cleveland, Texas to meet program needs, and has contracted with Mike Duncum of Whitestone Reality to serve as construction manager for the project.

Mike will provide regular updates on the Cleveland project at scheduled Board meetings until the project is completed.

Supporting Documentation:

None

Recommended Action:

For Information Only

UPCOMING MEETINGS

June 2024 – No Board Meeting

July 25, 2024 – Board Meeting

- Approve Minutes from May 23, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for May and June 2024
- Program Updates
- FY 2024 Year to Date Goals & Objectives Progress Report
- 3rd Quarter FY 2024 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2024 Corporate Compliance Training
- Appoint Nominating Committee for FY 2025 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2024
- Texas Council Risk Management Fund Claims Summary for May and June 2024
- Approve Financial Statements for May and June 2024
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker’s Compensation Coverage
- 3rd Quarter FY 2024 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2024
- HUD 811 – Cleveland, Montgomery & Huntsville Updates
- Cleveland Building Updates

August 29, 2024 – Board Meeting

- Approve Minutes from July 25, 2024 Board Meeting
- Approve Goals and Objectives for FY 2025
- Community Resources Report
- Consumer Services Report for July 2024
- Program Updates
- Annual Election of FY 2025 Board Officers
- Executive Director’s Evaluation, Compensation & Contract for FY 2025
- Nominations for the Texas Council Risk Management Fund’s Board of Trustees
- Personnel Report for July 2024
- Texas Council Risk Management Fund Claims Summary for July 2024
- Texas Council Quarterly Board Meeting Verbal Update
- Approve July 2024 Financial Statements
- Approve FY 2024 Year End Budget Revision
- Approve Proposed FY 2025 Operating Budget
- Approve FY 2025 Dues Commitment & Payment Schedule for the Texas Council
- Board of Trustees Unit Financial Statement for July 2024
- Cleveland Building Updates

Tri-County Behavioral Healthcare Acronyms

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

DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)

LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OPC	Order for Protective Custody
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCB	Private Contract Bed
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal

RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TMHP	Texas Medicaid & Healthcare Partnership
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated September 2023