

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

**September 29, 2022**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 29, 2022. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## AGENDA

### I. Organizational Items

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

### II. Approve Minutes - August 25, 2022

### III. Executive Director’s Report - Evan Roberson

- A. System of Care Planning
- B. Peer Consultant Update
- C. ARPA Funding Update
- D. Huntsville Property Update

### IV. Chief Financial Officer’s Report - Millie McDuffey

- A. FY 2022 Audit
- B. CFO Consortium
- C. Fixed Asset Inventory
- D. Public Health Provider - Charity Care Pool - (PHP-CCP)
- E. Accounting Staff Changes

### V. Program Committee

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- A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members..... 10
- B. Reappoint Mental Health Planning Network Advisory Committee Members..... 11
- C. Approve FY 2023 Goals and Objectives..... 12-18

#### Information Items

- D. Community Resources Report..... 19-22
- E. Consumer Services Report for August 2022..... 23-24
- F. Program Updates..... 25-30
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- H. FY 2022 Goals & Objectives Progress Report 4<sup>th</sup> Quarter..... 34-38
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- J. Annual Corporate Compliance Report & 1<sup>st</sup> Qtr. FY 2023 Corporate Compliance Training..... 42-44

**VI. Executive Committee**

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A. Appoint Texas Council Representative & Alternate for FY 2023	45
B. Reappoint Consumer Foundation Board of Directors	46
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**VII. Business Committee**

Action Items

A. Approve FY 2023 Dues Commitment & Payment Schedule for Texas Council	74-76
B. Approve the FY 2022 Aspire Inpatient Hospital Contract Addendum No. 2	77
C. Approve FY 2022 Sun Behavioral Hospital Contract Addendum	78
D. Approve FY 2022 Kingwood Pines Inpatient Hospital Contract, Addendum No. 2	79
E. Approve the FY 2022 Contract Addendum for Adaku Njoku-Animashaun, M.D. dba Anda Psychiatry, for Psychiatric Services	80
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**VIII. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.072, Real Property.**

Posted By:

Ava Green  
Executive Assistant

# Tri-County Behavioral Healthcare

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

August 25, 2022

### Board Members Present:

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

### Board Members Absent:

Jacob Paschal

### Tri-County Staff Present:

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Kathy Foster, Director of IDD Provider Services  
Yolanda Gude, Directory of IDD Authority Services  
Melissa Zemencsik, Director of Child and Youth Behavioral Health  
Catherine Prestigiovanni, Director of Strategic Development  
Tabatha Abbott, Cost Accountant  
Ashley Bare, HR Manager  
Ava Green, Executive Assistant

### Legal Counsel Present:

Mary Lou Flynn-Dupart, Legal Counsel

**Sheriff Representatives Present:** None present.

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

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:09 a.m.

**Public Comment:** There was no public comment.

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

**Resolution #08-25-01**

**Motion Made By:** Tracy Sorensen

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

**Resolved:**

That the Board excuse the absence of Jacob Paschal.

**Resolution #08-25-02**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the minutes of the July 28, 2022 meeting of the Board of Trustees.

**Executive Director's Report:**

The Executive Director's report is on file.

- CSU Funding Update

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2022 Audit
- FY 2023 Budget
- CFO Consortium
- Workers' Compensation Audit
- Update on Vehicle Purchases

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for July 2022 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

**Resolution #08-25-03**

**Motion Made By:** Tracy Sorensen

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

**Resolved:**

That the Board approve Board Policy E.28 Public Health Provider – Charity Care Pool (PHP-CCP).

**Resolution #08-25-04**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the annual election of FY 2023 Board Officers; Patti Atkins as Board Chair, Gail Page as Vice-Chair and Jacob Paschal as Secretary.

The Personnel Report for July 2022 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for July 2022 was reviewed for information purposes only.

**BUSINESS COMMITTEE:**

**Resolution #08-25-05**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the July 2022 Financial Statements.

**Resolution #08-25-06**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2022 Year End Budget Revision.

**Resolution #08-25-07**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Operating Budget.

**Resolution #08-25-08**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the banking services with JP Morgan Chase for the period of September 1, 2022 and ending August 31, 2025.

**Resolution #08-25-09**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Kingwood Pines Hospital contract for inpatient psychiatric services for up to \$1,300,000.

**Resolution #08-25-10**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Woodland Springs Inpatient Hospital contract for up to \$1,300,000.

**Resolution #08-25-11**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Cypress Creek Hospital contract for inpatient psychiatric services for up to \$1,300,000.

**Resolution #08-25-12**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Aspire Inpatient Hospital contract for up to \$65,000.

**Resolution #08-25-13**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the contract maximum for Ralph Horne in FY 2023 to \$58,000 for on-site Peace Officer services at the PETC.

**Resolution #08-25-14**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 contract for Hilary Akpudo, M.D. for psychiatric services in the amount of \$100,000.

**Resolution #08-25-15**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 RecessAbility, Inc. contract for up to \$85,000.

**Resolution #08-25-16**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Lifetime Homecare Services Contract for IDD Crisis Respite services for up to \$95,000.

**Resolution #08-25-17**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 T.E.A.M. Abilities, Inc. contract for up to \$60,000.

**Resolution #08-25-18**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2023 Children's Autism Grant Program Contract No. HHS000693900003, Amendment No. 2.

**Resolution #08-25-19**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the purchase of 5.7 acres NW corner of Veterans Memorial Parkway and State Highway 30, Huntsville, authorize sale of approximately 28 acres behind our current Huntsville Service Center, with approval of all documents by Jackson Walker LLP, and authorize the Executive Director to execute all required documents.

The Board of Trustees Unit Financial Statement for July 2022 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:31 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.

The meeting of the Board of Trustees reconvened at 11:32 a.m. to go into Executive Session.

**Resolution #08-25-20**

**Motion Made By:** Gail Page

**Seconded By:** Tracy Sorensen, with affirmative votes by Sharon Walker, Richard Duren, Morris Johnson and Tim Cannon that it be...

**Resolved:**

That the Board of Trustees approve the increase in salary and compensation by 6% of the total salary and benefit package for the Executive Director and extend the contract by one year.

The Executive Session of the Board of Trustees adjourned at 11:59 a.m. to go into the regular meeting.

The regular meeting of the Board of Trustees adjourned at 12:03 p.m.

**Adjournment:**

**Attest:**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

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

Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire on August 31, 2024.

- Loretta Castro – Parent
- Pam Holak – Parent
- Jae Kim - Parent

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

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Loretta Castro, Pam Holak and Jae Kim to Two-Year Terms Expiring on August 31, 2024**

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

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

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

The following member has an expiring term and has been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2024.

- Loretta Castro – Parent

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

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Mental Health Planning Network Advisory Committee Member Loretta Castro to a Two-Year Term Expiring on August 31, 2024**

**Agenda Item:** Review and Approve Goals and Objectives for FY 2023

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

The Extended Management Team met on August 12, 2022 for our annual Strategic Planning meeting. The goal of this meeting was to review last years plan, talk about emerging dynamics in Community Center operations and to set goals for FY 2023. Subsequently, we have created a Strategic Plan Review Summary which includes proposed Goals and Objectives for FY 2023.

**Supporting Documentation:**

Strategic Plan Review Summary with Goals and Objectives for FY 2023

**Recommended Action:**

**Approve the Goals and Objectives for FY 2023**

# Strategic Planning Summary – FY 2023

On August 12, 2022, members of the Tri-County Extended Management Team met together to discuss the strategic direction for Tri-County Behavioral Healthcare. The team had put together a comprehensive 5-year strategic plan in Fiscal Year 2021 that was endorsed as a good foundation for goals and objectives in FY 2023. For the FY 2022 planning process, rather than a typical Strengths, Weakness, Opportunities, Threats (SWOT) analysis, the team focused on working through a series of questions put together by the Executive Director which were based on Center observations, industry trends, trends in business, etc. and discussed what might be applicable or helpful in shaping direction in FY 2023. We have included some of the topics and reaction below.

## Discussion topics:

### **No one ever becomes great by imitation:**

- Growth happens on the edge of your discomfort.
- Great innovation comes from outside of the box thinking.
- Pay attention to others and learn from them, but don't be afraid to forge our own path.

### **Collaboration done well yields unified voices:**

- Unified view of the problem means that we are talking about the problem the same way.
- A therapy view of collaboration is that collaboration involves negotiation and give and take.
- We listen to each other when we collaborate.
- When we collaborate well we function as a team.

### **Metric Driven Strategy:**

- We need to show that we are actually making folks better with data.
- Nothing matters if you cannot prove it.
- Open Minds (a behavioral health think-tank): "The foundation of all decision making is a strategy – planning and actions need to be framed around vision for future objectives. {These} strategies should be metric driven and scenario based..."

### **Increased Competition:**

- There are going to be non-Center CCBHCs and they could become competition.
- There are already 4-5 SB 58 providers in our community for kid's services. Most are Houston based but have outreach efforts to Montgomery County.
- Open Minds: "Traditional services are losing market share to new competitive offerings and traditional fee-for-service payment rates have not kept pace with inflation..." "...the options for growth and margins are limited – expand currently sustainable programs and services, build new or enhanced programs and services, and/or acquire new programs or services."

### **Reflecting our Counties:**

- What does it mean to look like our counties?
- We want to be recognized in our community as the solution.

- We want positive stories associated with our name in the community – to switch the narrative from ‘that Tri-County doesn’t do anything’ to ‘Tri-County was there when we needed them.’
- We need to provide quality services and expand resources.

**Innovation as the key to resilience:**

- Resilience refers to material that can return to its original form after being compressed or stretched.
- The purpose of innovation is to come up with new ideas and technologies that increase productivity (output) with the same inputs.

**Was 2020-2021 or 2021-2022 tougher?**

- Unanimously the team agreed that 2021-2022, this last year plus timeframe, was tougher than the year of the pandemic.
- The Expectation of getting back to normal didn’t happen.
- We started 21-22 with depleted energy.
- Our oversight agencies, who moved home to the ‘couch’, seem to have increased time on their hands and have made it more challenging to manage our responsibilities.

**What is the most significant new thing you have learned in 2022?**

- The importance of data to manage programs.
- It is time to rebuild skills that we have not used since the Pandemic began.
- There is a larger, longer-term culture shift underway that is impacting everything we do.
- Take care of yourself so that you can continue to achieve.

**What is the one word that describes who we want to be as an organization?**

- Competitive – in services provided, with our clients and staff, the leader.
- Efficient.
- Reputable.
- Light-house – the constant, safe in the storm.
- Partners.
- Leaders.
- Experts.
- Transformational.

**What do our communities expect us to do well?**

- Everything.

**Where do our communities expect us to be involved?**

- Depends on what problem they have, but essentially this is a wide set of problems and the community expects us to be everywhere that they have needs (not just crisis mental health, but ABA therapy for persons with Autism and Habilitation for persons with Intellectual Disabilities).
- Expect us to be a social service company (food, clothing, etc. [Social Determinants of Health]) and a medical provider.

**Telehealth: Fad or Future?**

- Internal use is here to stay – more efficient use of staff around the center (we have been doing this since 1994).

- External use needs to be explored more fully and needs to be developed to determine if it can meet needs more effectively. House Bill 4 from the last session certainly guides this and should be developed.
- How do we incorporate telehealth more fully into our workflow?

**Where should we invest in growth?**

- Technology.
- Employees.

**What type of stupid investment could be brilliant?**

- Growing out Day Habilitation to meet more community need.
- Building a Tri-County Day Care to recruit employees.
- Information technology investment.
- Additional administrative bandwidth (staff).
- New rural investment.
- Warren Buffet “Good companies use earnings to invest in themselves wisely to facilitate growth.”

**What must we do to remain relevant as an organization?**

- Relevant definition: Having significant and demonstrable bearing on the matter at hand.
- Stay connected to other community professionals (unity).
- Expand the use of technology.

**Where do you think we can get the best bang for our buck in the community (most impact, best politics, most ‘worthy’)?**

- Therapy expansion, especially since we have seen more persons presenting with anxiety and depression during the pandemic.
- A parenting program.
- Programs to take care of our staff.
- Substance Use Disorder treatment expansion.
- Group counseling.

**How will our facility/building needs change in the next 5/10 years?**

- We are going to need a facility designed specifically for child crisis.
- New locations will be needed more than expanding where we are currently located (e.g. Magnolia, western Liberty County near 99).
- Build space into buildings that can be developed as needed, but which is not built out when the building is ‘complete.’
- Do we need to be in the Woodlands because that is the power/financial center of Montgomery County? Are there other areas like that?

**What have we learned from the new First Friday meetings?**

- Meetings have been more valuable than the predecessor Management Team meetings.
- The larger group has helped us have more involvement.
- We have been able to address problems.
- More opportunities to include folks who have not historically been involved in management meetings, helping them understand the decision-making processes.

## Discussion of potential FY 2023 Goals and Objectives:

After the team had a chance to review these questions, we discussed previously identified goal areas for FY 2023 and agreed that we already had a lot on our plates. These goal areas are:

- The conversion of the Electronic Health Record from Anasazi to Streamline, a project that will involve 20 or more Tri-County managers and leaders.
- Continuation of the Peer Development project which began later in FY 2022 than anticipated.
- Completion of the System of Care Planning event which will take place in the first and second quarters of FY 2023.
- The need to begin preparing for construction in Cleveland, Texas now that the Pandemic appears to be over.
- Collaborative projects to include a genuine effort to establish an internship project with Sam Houston State University along with Stephen F. Austin University's Woodland Social Work program. While we have had a series of interns flowing through our program from SHSU and SFA, the process has been difficult and we do not feel that we are maximizing this opportunity.
- All things employee – because we have to have staff to do all of the work needed for the Center.
- The legislative session.
- Later in FY 2023, we will need to begin preparing for recertification of our CCBHC status.

## Other sources of feedback about strategic direction:

**South Liberty County stakeholders got together on August 11<sup>th</sup> to discuss Liberty, Texas area needs.**

**Feedback from the group included:**

- They like the mobile (healthcare) clinic, but wished it could do more or go to additional locations. Ultimately, they would like to see 'one-stop shopping' for the persons we serve so that all needs could be met at once.
- They would like us to focus on Social Determinants of Health needs in the community, "there are people out there who need more things." Specifically, the group mentioned SUD treatment, housing options, employment programs and transportation.
- They would like to see us serve folks beyond the group of clients that qualify for state-funded services, "you need to be more inclusive of individuals because you are the provider that is available."
- In addition, there was a long discussion about the anticipated growth around State Highway 99 on the west side of Liberty County. The group felt that we would need a clinic in that area sooner than later because of anticipated growth and they felt that that we should be planning for that now.

## ETBHN

On September 17<sup>th</sup>, as part of an ETBHN Consultation project, we had the chance to speak with Scott Lloyd, President of the MTM consulting group. MTM specializes in consultation involving Community Centers across the United States. Scott provided the following insight related to the question of 'where behavioral health is headed' in the next few years.

- First of all, the telemedicine genie is out of the bottle and won't be going back. This includes services like telephone services – clients like these services. Telehealth is not likely to go away because CMS is promoting expansion of telehealth services in Medicare.
- The permissions to provide these services will vary by state.
- Center can either view telehealth as a treat or an opportunity.

**The Great Resignation:**

In an August 9<sup>th</sup> article from Fox Business entitled “The great resignation turns to the great regret as worker needs are not being met, expert says.” In this article, the author discusses a couple of employment trends that we may should consider as we look at Centerwide employment.

- 26% of people who quit their job during the ‘Great Resignation’ already regret it.
- 42% of people who found a new job after quitting said that the new job did not live up to their expectations.
- 61% of young professionals between the age of 25-35 changed jobs in the last two years or plan to do so in the next two years.
- “It is in the employer’s benefit to focus on the wellness of their staff and to ensure that workers are satisfied with the culture of the workplace.”

**Elon Musk on producing cars:**

When asked how Tesla produced so many cars in 2021 despite the computer chip shortage, Elon Musk said that he had his engineers write software to make the chips that were available, work. What do we need to do to ‘write’ to the employees we currently have available?

**Warren Buffet on patience:**

“Researchers have discovered that people exhibiting the rare trait of patience make more progress toward their goals and are more satisfied when they achieve them compared to less patient people.”

**John Kotter, Harvard Business professor and author, on Urgent Patience:**

“Urgent patience is the recognition that some of the changes we want to make will take time, even years, to accomplish. But we need to work toward them every day, even if our progress is an inch at a time.”

# FY 2023 Board Goals and Objectives

## Goal #1 – Clinical Excellence

**Objective 1:** Develop a two-year implementation plan for appropriate clinical use of telehealth, including a process for accelerating the plan if needed, which incorporates state regulations and clinical best practices by June 1, 2022.

**Objective 2:** If adequate operational funding can be secured, reopen the Crisis Stabilization Unit by May 1, 2023. - or -  
If additional funds are not available for CSU operations, design an alternative Crisis program for Board approval by May 1, 2023.

## Goal #2 – Professional Facilities

**Objective 1:** Break ground on the new Cleveland Service Facility by August 31, 2023.

**Objective 2:** Complete a refresh of the Sgt. Ed Building in Conroe to include inside paint, carpet where needed and other general cleanup, the waiting rooms and children’s playroom by June 1, 2023.

## Goal #3 – Information Technology

**Objective 1:** Prepare the Streamline Smartcare Behavioral Health Software System for ‘Go-Live’ by August 31, 2023.

## Goal #4 – Employee Retention

**Objective 1:** Create an employee leadership development program for Center managers by May 1, 2023.

## Goal #5 – Financial

**Objective 3:** Implement required business office processes to ensure compliance with the Public Health Provider – Charity Care Pool guidance by February 28, 2023.

**Agenda Item:** Community Resources Report

**Board Meeting Date:**

September 29, 2022

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Community Resources Report

**Recommended Action:**

**For Information Only**

# Community Resources Report

## August 26, 2022 – September 29, 2022

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### Volunteer Hours:

Location	August
Conroe	105
Cleveland	0
Liberty	30.5
Huntsville	9.5
<b>Total</b>	<b>145</b>

### COMMUNITY ACTIVITIES:

8/26/22	Walker County Juvenile Services Staffing	Huntsville
8/26/22	Montgomery County Overdose Prevention Endeavor	Conroe
8/28/22	Montgomery County Overdose Awareness Event (M-COPE)	Conroe
8/29/22	Montgomery County Sexual Assault Review Team Meeting	Conroe
8/31/22	Conroe Noon Lions Club Luncheon	Conroe
8/31/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
9/1/22	Cleveland ISD Director of Special Education Meeting	Cleveland
9/2/22	The Meditating Veteran - HHSC Training Collaborative - Virtual	Conroe
9/6/22	Veterans of Foreign Wars Monthly Meeting	Liberty
9/7/22	Conroe Noon Lions Club Luncheon	Conroe
9/7/22	Outreach, Screening, Assessment, and Referral to Treatment (OSAR) Quarterly Meeting - Virtual	Houston
9/7/22	Suicide Prevention Resource Center Collaborative Call for Securing Access to Lethal Means - Virtual	Conroe
9/8/22	Montgomery ISD Service Meeting with Secondary Principals	Montgomery
9/8/22	Operation Brown Bag - Combined Arms Monthly Community Event	Conroe
9/8/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual	Conroe
9/10/22	Salvation Army Monthly Health Clinic	Conroe
9/10/22	HEARTS Veterans Museum 5 <sup>th</sup> Annual Muster	Huntsville
9/11/22	The Ark Church Presentation on Suicide Prevention	Conroe
9/12/22	Mighty Oaks Veteran Mental Health Retreat - New Facility Open House Ceremony	Conroe
9/12/22	City of Conroe Homeless Coalition	Conroe
9/13/22	Rotary Club Meeting - Conroe	Conroe
9/13/22	Veterans Affairs Community Engagement Committee Monthly Meeting - Virtual	Conroe
9/13/22	American Legion Monthly Meeting	Conroe

9/13/22	Montgomery County Community Collaborative Crisis Team Sub Committee Meeting - Virtual	Conroe
9/13/22	Assisting Victims Escape Trafficking Meeting	Conroe
9/13/22	Behavioral Health Suicide Prevention Task Force Meeting – First Responders Supports when Dealing with Neurodiversity - Virtual	Conroe
9/13/22	Huntsville ISD Student Health Advisory Council - Virtual	Huntsville
9/14/22	Conroe Noon Lions Club Luncheon	Conroe
9/14/22	Community Resource Symposium - Education Service Center Region 6	Huntsville
9/14/22	Veterans Treatment Court - Montgomery County	Conroe
9/15/22	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
9/15/22	Liberty County Mental Health Issues Stakeholder Meeting	Liberty
9/15/22	Veteran Affairs Advisory Committee	Huntsville
9/19/22	Magnolia ISD Counselor Meeting	Magnolia
9/20/22	Montgomery County Community Resource Collaboration Group Meeting	Conroe
9/20/22	Montgomery County System of Care Planning	Conroe
9/20-9/22	Military Veteran Peer Network and Texas Veterans Commission Annual Conference - Virtual	Conroe
9/21/22	Conroe Noon Lions Club Luncheon	Conroe
9/21/22	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity & Special Needs Workgroup	Conroe
9/23/22	HHSC Training Collaborative - Postvention Overview and Lessons from Experience - Virtual	Conroe
9/26/22	Montgomery County Sexual Assault Review Team Meeting	Conroe
9/27/22	Walker County Community Resource Collaboration Group Meeting	Huntsville
9/28/22	Third Annual CISD Resource Fair - Virtual	Conroe
9/28/22	Liberty County Community Collaborative Crisis Team Meeting	Liberty
9/28/22	Conroe Noon Lions Club Luncheon	Conroe

### **UPCOMING ACTIVITIES:**

9/30/22	Walker County Juvenile Services Staffing	Huntsville
10/4/22	Southeast Texas MCOT & LEO Coordination Meeting	Houston
10/5/22	Conroe Noon Lions Club Luncheon	Conroe
10/6/22	Behavioral Health Suicide Prevention Task Force Meeting - Trauma & Grief Workgroup	Conroe
10/10/22	City of Conroe Homeless Coalition Meeting	Conroe
10/11/22	Montgomery County Community Collaborative Crisis Team Sub Committee Meeting - Virtual	Conroe
10/12/22	Conroe Noon Lions Club Luncheon	Conroe
10/13/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual	Conroe
10/15/22	National Night Out	Conroe

10/15/22	Magnolia ISD Walkathon	Magnolia
10/18/22	Montgomery County Community Resource Collaboration Group Meeting	Conroe
10/18/22	Huntsville ISD Student Health Advisory Council - Virtual	Huntsville
10/19/22	Conroe Noon Lions Club Luncheon	Conroe
10/20/22	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
10/25/22	Walker County Community Resource Collaboration Group Meeting	Huntsville
10/26/22	Conroe Noon Lions Club Luncheon	Conroe
10/26/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
10/27/22	Autism...A Spectrum of Hope & Challenges - Criminal Justice and IDD Conference - In person and Virtual	Houston
10/28/22	Walker County Juvenile Services Staffing	Huntsville
10/29/22	2 <sup>nd</sup> Annual Golf Ball Drop Fundraiser & Fall Festival	Panorama
10/31/22	Montgomery County Sexual Assault Review Team Meeting	Conroe

**Agenda Item:** Consumer Services Report for August 2022

**Board Meeting Date:**

September 29, 2022

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Report for August 2022

**Recommended Action:**

**For Information Only**

## Consumer Services Report August 2022

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	601	71	45	79	796
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Bed Days	0	0	0	0	0
Adult Contract Hospital Admissions	53	3	3	4	63
Child and Youth Contract Hospital Admissions	4	0	1	1	6
Total State Hospital Admissions	0	0	0	0	0
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1-4, FEP)	1310	147	142	132	1731
Adult Medication Services	1036	117	97	126	1376
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	602	48	26	84	760
Child Medication Services	263	24	12	22	321
TCOOMMI (Adult Only)	97	13	14	11	135
Adult Jail Diversions	1	0	0	0	1
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	0	0	0	1	1
Service Coordination	654	27	41	57	779
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living)	21	4	13	18	56
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	441	0	0	0	441
Youth Substance Abuse Treatment Services/COPSD	14	0	0	0	14
Adult Substance Abuse Treatment Services/COPSD	38	3	1	1	43
<b>Waiting/Interest Lists as of Month End</b>					
Home and Community Based Services Interest List	1800	162	138	208	2308
<b>SAMHSA Grant Served by County</b>					
SAMHSA CCBHC Served	122	24	9	8	163
SAMHSA CMHC Served	220	4	1	3	228
<b>August Served by County</b>					
Adult Mental Health Services	1768	185	153	240	2346
Child Mental Health Services	794	77	36	96	1003
Intellectual and Developmental Disabilities Services	745	40	54	79	918
<b>Total Served by County</b>	<b>3307</b>	<b>302</b>	<b>243</b>	<b>415</b>	<b>4267</b>
<b>July Served by County</b>					
Adult Mental Health Services	1623	161	125	236	2145
Child Mental Health Services	627	52	26	78	783
Intellectual and Developmental Disabilities Services	674	38	54	75	841
<b>Total Served by County</b>	<b>2924</b>	<b>251</b>	<b>205</b>	<b>389</b>	<b>3769</b>

**Agenda Item:** Program Updates

**Board Meeting Date:**

September 29, 2022

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Program Updates

**Recommended Action:**

**For Information Only**

# Program Updates

## August 26, 2022 – September 29, 2022

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### Crisis Services

1. Remodeling of the front of the PETC building is planned over the next several weeks. Staff from the east side of the building shifted to the west side, with the point of entry for individuals also occurring on the west side. Once the first half of the remodel is complete, all staff will switch to the opposite side and the point of entry will occur through the front door and lobby area. Staff are excited about the opportunity for new carpet, paint, and an updated break room.
2. For the month of August, crisis services staff had 131 patients placed through XFERALL with a median acceptance of 33 minutes, compared to the market average of one hour ten minutes. In addition to crisis placements, 86 aftercare appointments were made. We are also seeing an increase in non-contract discharge referrals from the area behavioral health facilities to our outpatient services, only improving our ability to engage individuals in ongoing treatment. All of our crisis staff agree that XFERALL is drastically improving our ability to secure placements and provide continuity of care services.
3. We are anticipating a high volume of crisis assessments for those under the age of 18 in the 2022-2023 school year. From August 13 to September 13, 2021, 363 total crisis assessments were completed with 14.9% provided for children and youth and 35% for involuntary clients. During the same time period for 2022, 358 crisis assessments were provided with 30.2% delivered to children and youth and 36.3% to involuntary clients.
4. Since the national promotion of the 988 Lifeline Service in July, we are noticing a decline in calls received by our crisis hotline contractor, Avail. Avail calls have decreased from an average of 99.5 calls per week in June to only 80.6 calls per week in August. For those individuals who call 988 Lifeline and need an urgent or emergent crisis response, Lifeline staff will transfer the call to Avail for MCOT or law enforcement deployment.
5. We continue to have four (4) clinical openings and (1) support staff opening at the PETC. Several of our staff are working extra shifts to cover vacant positions, as available.

### MH Adult Services

1. Prosumers International conducted a site-visit at multiple clinics to review our peer and family partner services and provide feedback on how Tri-County can grow and improve our peer services.
2. Adult Behavioral health invited the IDD Psychologists to come speak to clinicians about testing and diagnosing Autism and IDD. The psychologists provided clinical strategies and interventions for working with this specialized population to help improve the quality of care to dually diagnosed adult clients.
3. With the closing of the FY, trends in requests for services were reviewed for each of the rural clinics. In Huntsville, the number of requests remained unchanged from last fiscal year, Cleveland had a slight decrease of 8%, and Liberty saw a 20% increase in requests for services. In all clinics, the majority of individuals who were determined appropriate

for care were provided a same day evaluation for admission to services and had an initial appointment with a prescriber available within two-three weeks of the admission date.

4. The PATH program is fully staffed and eagerly building relationships with community organizations and local landlords in order to increase the impact on the homeless population in Montgomery County.
5. Two Nurse Practitioners are in the process of being hired. One bilingual for Child and Youth and one for Adult Outpatient.

### **MH Child and Youth Services**

1. The Child and Youth School-Based Team has been extremely busy meeting with the administrative teams at each school and following up with new referrals for this school year. We are fully staffed at all schools with the exception of one therapy position for our Cleveland ISD Elementary Schools. All schools are very happy with the improved coverage we have for this school year in comparison to last year. In fact, some of the schools are finding it challenging to find enough space for us in their very full schools.
2. Child and Youth Intakes have really picked up in August and September due to referrals from the schools. For September, we are on track to more than double the number of intakes we had in July. We expect this number to continue to grow through mid-November. Thankfully, we have employed a couple of graduate student interns part-time to assist with this demand.
3. Child and Youth Supervisors have been focusing their time on training and guiding new employees. At this time 57% of our field-based MH Specialists are new hires who are either in training or adjusting to their new positions at Tri-County.

### **Criminal Justice Services**

1. TCOOMMI Program Administrator has spent time over the last month in the community with stakeholders providing updates on available services and methods for connecting to the program since returning to full operations post-Covid.
2. The Jail Services Liaison continues to provide access to care for individuals who are incarcerated in the Montgomery County Jail by providing jail diversion assessments, connection to mental health treatment, and coordinating care for over 300 individuals.
3. OCR continues to work with the courts and WellPath to identify candidates for the program and connect to appropriate outpatient care.

### **Substance Use Disorder Services**

1. Adult and Youth treatment observed a significant increase in requests for services from fiscal year 2021 to 2022, with adults increasing by 10% and youth 37%. Unfortunately, this trend did not translate to higher numbers served in adult treatment, as many of those requesting care were inappropriate for outpatient treatment and connected to residential programming, youth treatment exceeded both the target number served for the FY as well as admission numbers from previous years.
2. Youth Substance Use Disorder treatment services is celebrating a year of consistently meeting or succeeding a successful completion rate target, with 42% of individuals who

are discharged completing all recommended treatment steps and achieving their recovery goals.

3. Our prevention team has established agreements with more school districts than we have ever had in previous years. The team has found they are more successful in getting into new school districts by starting out providing presentations and other activities in the Disciplinary Alternative Education Program (DAEP) Schools. When the DAEPs see how effective they are, they spread the word across their districts.
4. As usual, our prevention services are in high demand. We have prevention groups booked for the rest of the school year and have submitted our bi-annual Implementation Plan to Health and Human Services as required by our contract, which demonstrates our plan.
5. This school year, we are partnering with Conroe ISD to provide weekly prevention activities in their DAEP as well as participate in parent and community events they are hosting throughout the district. In the recent past, our prevention activities have been limited to just our school-based sites and one additional elementary school, so this is definitely progress.

## **IDD Services**

1. IDD Provider services has hired a part-time Registered Nurse to assist in HCS and provide on-call relief to the one nurse that has been on-call. We are excited to have her join our team.
2. Managers are busy training the new employees that will be providing direct care to the individuals including the new house manager. The RN is very busy training and delegating as well as providing any type of medication and physical assistance.
3. IDD Provider Team is currently attempting to fill some additional vacant positions in the Huntsville and Conroe areas. The staff that filled our employment specialist position for over nine years has resigned due to medical problems. There is the only IDD employment position, so we hope to fill it quickly.
4. Provider COVID cases have been down throughout this month.
5. IDD Provider services has not received notification of an Annual HCS Audit. Our last HCS audit was in January 2021 so we are anticipating notification any day.
6. Due to the FY 2022 Data Migration Project which moved HCS & TxHmL Interest List activities to the Community Services Interest List (CSIL) application, and HCS and TxHmL form submissions to the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal, the FY 2022 Contract Performance Measure to contact at least 50% of the Biennial Interest List population by the end of FY 22, was waived for the HCS & TxHmL Interest Lists Biennial Contacts. This was announced on September 9, 2022. Per the CSIL application, Tri-County is currently at 51.88% with 1,189 of 2,292 individuals contacted. Tri-County also has an additional 281 individuals for which HHSC is responsible for adding to our Biennial contacts (could not be entered during the Migration Project).
7. IDD Authority participated in the CAP Compliance Review (CCR) formal debriefing on September 1, 2022 with HHSC Contract Accountability and Oversight (CAO), for our FY 22 Annual Survey. Per CAO, the IDD Authority team did a great job in meeting compliance timeframes and submission deadlines. Final findings have not been received.

8. IDD Authority is still working to fill open positions for three Case Managers, and also the Administrator of IDD Authority Intake position. We hope to have all positions filled soon, but the applicant pool continues to be sparse.

## **Support Services**

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

- a. The Quality Management Department is continuing to seek applicants to fill the vacancy for the Administrator of Quality Management position.
- b. Staff participated in the Texas Children's Health Plan Re-Credentialing Audit on August 30, 2022. Following the review, the Auditor noted that there were no deficiencies and they would be sending over a formal report to that effect with some additional minor recommendations. Staff will be participating in re-credentialing audits for three additional sites on October 4<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup>.
- c. Quality Management and Program Staff participated in the quarterly on-site Superior Audit on September 15, 2022.
- d. Staff received a request for 35 charts requested from Amerigroup for records dating back to January 1, 2021. Eight of the 35 Charts were identified as duplicates from a previous request and the insurance company was notified. Twenty-seven new Charts were reviewed and submitted.

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

- a. The JUM Committee met on September 8<sup>th</sup> to review the FY 22 Annual Continuous Quality Improvement (CQI) data and is pleased to report that the No Show Reduction goal was met with a 3% average annual reduction at both the Liberty and Cleveland Clinics. The Center has committed to continued focus on this goal for FY 23.
- b. Staff reviewed 10% of all Center discharges for August to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers was provided as needed to ensure quality improvement.
- c. Staff reviewed the use of the COPSD Modifier for August for appropriateness. Staff reviewed 41 notes that utilized the COPSD Modifier and reached out to the appropriate individuals to initiate corrections as needed.
- d. The Data Analyst reviewed individuals identified in our top 10% risk category and has continued to make referrals to the Care Coordination team as needed.

### **3. Training:**

- a. The Clinical Trainer conducted a Youth Mental Health First Aid (YMHFA) Training to Say Yes to Youth staff on September 16, 2022.
- b. Staff have completed the biannual re-training of 40% of all staff using the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) as required per our performance contract.
- c. The Diversity Workgroup is currently working on the development of a new training that will provide staff with a basic understanding of several different cultures in an effort to ensure staff are providing culturally competent services.

#### **4. Veteran Services and Veterans Counseling/Case Management**

- a. Staff participated in the Annual Muster Festival in Huntsville that honors all veterans, active duty, first responders, and corrections staff. It was a fun family day for all.
- b. Staff met with Veterans & Patriots United to potentially setup a collaboration to train peers to provide support to veterans living in a sober living environment and going through a 12-step program.

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

- a. The MH PNAC met on September 7<sup>th</sup> to review Center Updates, including program updates, consumer services reports, performance measures, and monthly financial summary reports. The Committee discussed updates to the Local Planning and Local Provider Network Development process and discussed vacancies and ways to expand membership. Lori Lilly, a long time PNAC member on both the IDD and MH Committees has resigned following her retirement and we are extremely grateful for her years of service.
- b. Staff participated in the Regional Planning Network Advisory Committee Meeting on Wednesday September 21, 2022.

### **Community Activities**

1. We completed the TANF Grant spending over \$400,000 to help our clients in all three counties with rental assistance, utilities, and approved supplies.
2. We are working with numerous vendors and agencies to ensure a successful fundraiser for the Foundation in October. The General Manager at Panorama changed so we had to basically start over with the new General Manager.

<p><b>Agenda Item:</b> Planning Network Advisory Committee Annual Reports</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>September 29, 2022</p>
<p><b>Background Information:</b></p> <p>According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees' activities for the year and committee attendance. Some of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group's focus. The attached reports on the two committees' activities are provided for your information.</p>	
<p><b>Supporting Documentation:</b></p> <p>Mental Health PNAC Annual Report</p> <p>Intellectual and Developmental Disabilities PNAC Annual Report</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

## Mental Health Planning Network Advisory Committee FY 2022 Annual Report

In FY 2022, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

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

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

- Ongoing Center Response to the COVID-19 Pandemic
- FY 22 Annual Continuous Quality Improvement (CQI) Goals and Status Updates
- Staff Turnover, Retention and Center Challenges
- HHSC Audit Results (Including MH, SUD, YES Program Services)
- Tri-County Electronic Health Record Transition
- 988 National Suicide Prevention Lifeline Roll out
- New Child and Youth Outpatient Clinic in Porter
- Internal Quality Management Program Survey Reports
- Quality improvement metrics being monitored related to Certified Community Behavioral Health Clinic (CCBHC)s and the Directed Payment Program (DPP)

In FY 22 the Committee received annual training as well as participated in the Local Plan and Local Provider Network Development Kick off and planning meetings. The committee discussed the unique challenges facing our Center to include but not limited to, continued growth, staffing challenges, need for additional funding and resources, and noted that, overall, the Center is doing well with the resources they have.

The MHPNAC met six times for regularly scheduled meetings. Membership continues to be a significant focus of the committee in FY 22 with one resignation during the year. The MHPNAC is required to have nine members and as of the end of FY 22, the committee membership was at seven members with two vacancies and an additional member pending replacement.

Additionally, MHPNAC member Richard Duren attended and served as a member of the Regional Planning and Network Advisory Committee on behalf of the local MH PNAC committee throughout the year.

# Intellectual and Developmental Disabilities Planning Network Advisory Committee

## FY 2022 Annual Report

In FY 2022, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

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

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

- Annual Training
- Continued Center Response to the COVID-19 Pandemic
- FY 22 Board Goal to hold at least (3) community events to educate persons about the IDD System of Care, Transition Plans and Waiver services
- Staff Turnover and Retention efforts
- Current PNAC Membership and Recruitment
- TxHmL Service Coordination Internal Audit Results
- HHSC IDD Authority Audit Results
- Tri-County Autism Program (TAP)
- Center Electronic Health Record Transition

In addition to Annual Training, the Committee actively participated in and provided feedback on a variety of topics affecting the Center. Key areas of concern brought up by the committee included, but were not limited to staff turnover and retention, the difficulties faced by families navigating the system of care, the length of the interest list, and funding concerns, specifically with how this will translate to services for individuals served and their families.

In FY 2022, the IDDPNAC met six times and had an overall attendance of 48%.

The IDDPNAC has nine members, which meets the required number per contract.

**Agenda Item:** FY 2022 Goals and Objectives Progress Report

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

Attached is the final report of the Board Goals and Objectives for FY 2022.

**Supporting Documentation:**

FY 2022 Goals and Objectives Progress Report

**Recommended Action:**

**For Information Only**

# Year-to-Date Progress Report

*September 1, 2021 – August 31, 2022*

## Goal #1 – Clinical Excellence

### Objective 1:

**A consultant will be hired to work with Center staff to create a Peer Development Plan. The plan will be shared with the Board of Trustees by February 28, 2022.**

- Staff finalized an agreement with Prosumers International to complete a review of Tri-County's Peer Services and to provide a list of recommendations for improvement.
- They requested a series of plans, procedures and other documents to review before their second visit.
- They were on site for a second visit the week of September 5<sup>th</sup> and visited most of our service locations and interviewed quite a few of our staff.
- After review of the Center's Peer program, Prosumers has a secondary proposal to lead peer groups and develop the peer service further. This would occur sometime in FY 2023 if staff determine this step is needed.

### Objective 2:

**Staff will increase access to services by establishing a Child and Youth Clinic in East Montgomery County using Montgomery County American Rescue Plan Act funds by March 31, 2022.**

- Grand Opening for the Child and Youth clinic in Porter was held on May 5<sup>th</sup>. Current staff that transferred to the Porter location (caseworkers who serve East Montgomery county already) began using the building immediately, but the facility was not fully open for business until June 6<sup>th</sup>.
- The hours for the clinic are Monday 8 am – 7 pm, Tuesday-Thursday 8 am – 5 pm, and Friday 8 am – 3 pm. Physician services are available Tuesday – Thursday. Over half of the staff, including the clinic manager, the physician, both front desk staff and several of the caseworkers, speak Spanish.
- We have hired all positions except for four (4) QMHPs who will be added as needed. The walk-in intake process will begin in October of 2022 at the clinic.
- Splendora and New Caney ISDs have both expressed gratitude for the new location. Both schools have been actively addressing the mental health needs of their students for some time and are excited to have a referral source for their kids that need a higher level of treatment.

**Objective 3:**

**Staff will rewrite all Crisis Stabilization Unit and Crisis Services procedures in FY 2022.**

- Since we have not been able to secure operational funding for the Crisis Stabilization Unit, the Executive Director has asked this team to focus on non-CSU crisis procedures only. While we may reopen the CSU, we may also open another type of residential program which would have different procedures.
- Staff reviewed the rules and guidelines for Crisis services and established a list of current and needed procedures. In addition to Texas Administrative Code, both HHSC and CCBHC guidelines must be considered when writing our procedures. QM and Crisis staff have spent one day a week this year producing Crisis procedures and work will continue on this objective until they are complete.

**Objective 4:**

**Tri-County will successfully implement the SAMHSA CCBHC Expansion grant by ensuring all proposed services are being provided by March 31, 2022.**

- Jennifer Kennedy, LCSW-S, an internal transfer, serves as the CCBHC-E Program Director for this grant.
- The grant includes expanded therapy across our service area, school-based clinic in Cleveland ISD, Rural Substance Use Expansion and a Care Coordination team.
- Staff have hired persons for a majority of grant positions, but exceptions include a therapist in Huntsville and both nursing positions in the Conroe Care Coordination team.
- SAMHSA reports that staffing issues are nationwide and many grant partners are struggling to fill critical positions.
- Our feedback from both SAMHSA and the Consultants that are providing evaluation services has been that we are doing very well with this grant.

## **Goal #2 – Intellectual and Developmental Disabilities**

**Objective 1:**

**IDD services will hold at least three (3) community events to educate persons about the IDD System of Care, Transition Plans and Waiver services which may be available in our communities by May 31, 2022. These events may be virtual, as needed.**

- Staff attended a meeting on November 8, 2021 with the CISD Parent Resource Center to identify needs and formulate plans for educating persons about the IDD System of Care, Transition Plans and Waiver Services available in our communities. A follow up meeting was held on December 1, 2021 with the IDD PNAC to brainstorm ideas and means of communication with stakeholders. Initial plans include the creation of educational videos on selected topics that can be added to our website and shared with the community through multiple means including via social media, transition fairs, and other community partners who frequently work with the IDD population.
- As a part of this goal, IDD services is collaborating with the training department to develop three, high-quality informational videos that community members can access through the

Tri-County website. The focus of the videos will be upon Autism Spectrum Disorder (ASD). ASD was chosen because most of the requests for intake that come from the community and internally from C&Y services involve diagnosing for ASD and/or requests for behavioral intervention for people with ASD.

- On March 31, 2022, IDD Authority Services, in collaboration with the Training Department filmed two of the three Autism Spectrum Disorder (ASD) informational videos that community members will be able to access through the Tri-County website. The final edits have been completed and both videos are ready to be uploaded to the Center's website (date to be determined).
  - Direction for the third video has been decided, and it will describe the IDD-GR services array, Waiver Programs, etc., and will include some IDD program staff.
- On April 8, 2022, IDD Authority staff presented at Sacred Heart Catholic Church in Conroe for the Loving Hearts Special Needs Ministry. The presentation was from 6pm to 7:30pm and open to anyone in the community. The presentation was also provided in English and Spanish, and included a question and answer session. The following topics were covered:
  - Explanation and overview of HCS and TxHmL Waivers
  - Explanation of, and instructions for accessing Waiver Interest List
  - Explanation and description of GR and CFC Non-wavier programs
  - Overview of the IDD Services Intake process
  - Description of Targeted Case Management (TCM)
  - Overview of IDD Crisis Services
  - Overview of Benefits Eligibility and how Tri-County assists
  - Overview of MCOs and their role in CFC Non-waiver services

### Goal #3 – Professional Facilities

#### Objective 1:

##### **Remodel of the Liberty Service Facility will be completed by May 31, 2022.**

- The remodel of the Liberty Service Facility is nearly complete. Items that remain include the security cameras which remain back-ordered. Overall, the facility looks much better, but perhaps more importantly many security features have been added to the facility to make it safer. These features include a front desk that faces the lobby, a window that allows front desk staff to see who is approaching the building, access controlled by card readers, and offices in the facility now have at least two escape routes including one that does not require traversing the lobby.
- When they arrive, cameras will be installed in common areas and will be viewable through monitors in the receptionist area.

## **Goal #4 – Information Technology**

### **Objective 1:**

**Staff will issue a Request for Proposals for a new Electronic Health Record in Fiscal Year 2022, review and score each of the qualified responses and make a recommendation to the Board of Trustees by March 31, 2022.**

- A Request for Proposals for a new Electronic Health Record was issued on December 31, 2021 and 13 software companies have expressed interest in submitting a proposal.
- Staff responded in writing to 126 questions that were received related to the RFP on January 14<sup>th</sup>.
- Out of 13 possible vendors, a team of staff interviewed four potential software vendors.
- There were several additional technical questions that the four vendors had to research and additional software meetings were scheduled and, therefore, this item was delayed until the April Board meeting.
- Staff recommended Streamline Solutions' SmartCare Electronic Health Record to the Board of Trustees at the April Board meeting.
- Several teams that will be involved in the conversion to SmartCare have already begun meeting with Streamline. The software 'go-live' date is September 1, 2023.

**Agenda Item:** 4<sup>th</sup> Quarter FY 2022 Corporate Compliance and Quality Management Report

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."

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

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4<sup>th</sup> quarter of FY 2022 are included in this Board packet.

**Supporting Documentation:**

4<sup>th</sup> Quarter FY 2022 Corporate Compliance and Quality Management Report

**Recommended Action:**

**For Information Only**

# Corporate Compliance and Quality Management Report 4th Quarter, FY 2022

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## **Corporate Compliance Activities**

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

There were two (2) compliance concerns reported in the 4<sup>th</sup> Quarter of FY22. The two concerns were reviewed or investigated to completion and listed below:

1. The billing department reported the first concern, alleging staff had provided multiple services that we could not bill for due to incomplete client assessments. As a result, payback was made in the amount of \$1,428.60 and referred to the HR Manager for said performance concerns.
2. The second concern was discovered by Compliance staff while auditing employee leave time. Upon further review, Compliance concerns were confirmed. As a result, payback was made in the amount of \$628.83 for inappropriate documentation of client service times and the findings were referred to the HR Manager to address with staff.

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

The Corporate Compliance Committee met on July 27, 2022. The Committee reviewed the following:

1. A final summary of FY22 3<sup>rd</sup> Quarter investigations/reviews;
2. FY22 4<sup>th</sup> Quarter updates; and
3. Trending concerns.

## **Quality Management Initiatives**

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

1. Staff reviewed and submitted six record requests, totaling 73 charts.
2. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

### **B. Reviews/Audits:**

1. Staff prepared and submitted one record request totaling four charts to Aetna dating back to January 2021.
2. Staff prepared and submitted one record request totaling four charts to Devoted Health dating back to January 2021.
3. Staff prepared and submitted one record request totaling one chart to Ambetter dating back to January 2021.

4. Staff prepared and submitted four record requests totaling 64 charts to Amerigroup dating back to January 2021.
5. Staff reviewed 125 notes that used the Co-Occurring Psychiatric and Substance Use Disorder modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly. Follow up was made with supervisors in four out of the 125 notes documented to initiate additional education and training as needed.
6. Staff reviewed 65 discharges that occurred in Q4, with August discharge review pending at the time of this report, and communicated areas that were needing improvement to supervisory staff.
7. Staff reviewed 131 MH Adult and Child and Youth progress notes and 16 IDD progress notes for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.

**C. Other Quality Management Activities:**

1. The Administrator of Quality Management completed the Adult Outpatient Level of Care 1 & 3 program survey on June 9, 2022.
2. Staff conducted Mental Health Local Planning Meetings in all three counties in the month of July. Local Planning Surveys were distributed during the month of July and data was collected through the end of the quarter.
3. The Continuous Quality Improvement Committee met on July 15, 2022 and August 18, 2022 to review the FY 22 goals. The Committee continues to discuss ways to improve show rates, decrease and prevent suicides, identify positive interventions for individuals who are readmitting to hospitals within 30 days and ensuring timely access to care.

**Agenda Item:** Annual Corporate Compliance Report and 1<sup>st</sup> Quarter Corporate Compliance Training

**Board Meeting Date**

September 29, 2022

**Committee:** Program

**Background Information:**

The Corporate Compliance Officer is required by Board Policy to submit quarterly reports on Corporate Compliance activities to the Board of Trustees as well as an Annual Report at the end of each fiscal year. The Annual Corporate Compliance Report for FY 2022 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.

**Supporting Documentation:**

FY 2022 Annual Corporate Compliance Report

FY 2023 1<sup>st</sup> Quarter Corporate Compliance Training

**Recommended Action:**

**For Information Only**

## **Corporate Compliance Program FY 2022 Annual Report**

### **General Overview:**

Tri-County Behavioral Healthcare's (TCBHC) Board Policy on Corporate Compliance requires that the Chief Compliance Officer present an annual report on program activities and investigations from the prior fiscal year.

### **Annual Report:**

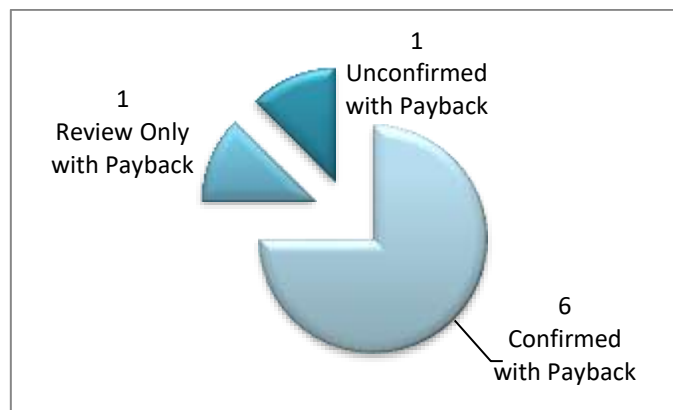
The Compliance Department is responsible for taking appropriate steps to design, implement, and/or modify TCBHC's Compliance Program to mitigate the risk of any compliance-related errors or misconduct by TCBHC employees or contractors. The Compliance Department and the Corporate Compliance Committee reviewed TCBHC's Corporate Compliance Action Plan (CCAP) this past year, as recommended by the United States Department of Justice. This year, the Committee did not recommend any changes be made to TCBHC's CCAP; therefore, moving forward into FY23, TCBHC's Compliance Department will continue to ensure TCBHC adheres to the CCAP in order to prevent, detect, and respond to potential compliance violations, while fostering a culture that promotes integrity and ethical behavior through programs such as these illustrated below:

The Compliance Department continues to require that all new hires complete three (3) compliance-related trainings: a computer-based training module, a face-to-face training conducted by the Compliance Department, and an in-person compliance "refresher" training that is conducted by the Compliance Department after ninety (90) days of employment. In addition to new hires, all employees and contractors receive quarterly compliance training in newsletter form, as well as annual computer-based training. The Compliance Department also provides specific programs with additional training as needed or warranted.

The Compliance Department receives, investigates, monitors, and provides resolution to all allegations of compliance-related concerns. The Compliance Department reports the outcome of all allegations to the Corporate Compliance Committee, Executive Director, and TCBHC's Board of Directors in order to address compliance issues quickly and transparently.

### **Corporate Compliance Investigation Results:**

In FY22, ten (10) corporate compliance allegations were reviewed. Of the ten (10) allegations, eight (8) required further review/investigation by the Chief Compliance Officer. Shown below is the breakdown of these eight reviews/investigations:



# COMPLIANCE NEWSLETTER

FY23, Quarter 1



## NEWSLETTER HIGHLIGHTS

**Importance of Corporate Compliance**

**Your Compliance Team**

**Report Compliance Concerns**



### YOUR CORPORATE COMPLIANCE TEAM

**Amy Foerster**  
Chief Compliance Officer  
amyf@tcbhc.org

**Heather Hensley**  
Administrator of Compliance  
heatherh@tcbhc.org

**Ashley Bare**  
HR Manager  
ashleyba@tcbhc.org

## Healthcare Regulatory Environment:

- Healthcare is the most heavily regulated industry in the United States.
- It is regulated because of the potential for fraud and abuse.
  - Fraud is when someone knowingly cheats the government for money or property through the submission of false claims.

### Why is a compliance program important?

**In healthcare, the most common type of false claim is billing for services that were not provided to the patient.**

Compliance  
Concerns  
Hotline:  
866-243-9252

## REPORT

**Reports are kept confidential and may be made anonymously.  
Reports may be made without fear of reprisal or penalties.  
Report to your supervisor, or any Compliance team member any concerns of fraud, abuse, or other wrong doing<sup>44</sup>**

**Agenda Item:** Appoint Texas Council Representative and Alternate for FY 2023

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

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

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Texas Council Representative and Alternate for FY 2023**

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

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

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

Each of the following members has an expiring term and has been contacted to see if they would like to continue their term. They have agreed to continue serving on Tri-County's Consumer Foundation Board for an additional two-year term which will expire on August 31, 2024.

- Lynn Scott
- Madeline Brogan
- Roger Puccio-Johnson

**Supporting Documentation:**

None

**Recommended Action:**

**Reappoint Lynn Scott, Madeline Brogan, and Roger Puccio-Johnson to Tri-County's Consumer Foundation Board of Directors for an Additional Two-Year Term Expiring on August 31, 2024.**

**Agenda Item:** Appoint New Tri-County Consumer Foundation Board of Directors

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

Mr. Raymond Sanders has announced he is stepping down from the TCCF as Board President due to being elected to the Conroe ISD Board. He indicates his schedule is only able to support serving on one board at this time.

Ms. Kris Karain has announced she is stepping down from the TCCF Board due to needing to focus her energies on a family matter.

On January 29, 2015, the Tri-County Board of Trustees approved the formation of a foundation that would exist to support Tri-County consumers. We currently have seven directors with two recently vacated positions mentioned above, and are requesting to add the following two directors for a total of nine Board Members.

Mrs. Meredith Heimsoth previously served as Vice-President on the Board from February 28, 2017 through January 19, 2018 when she stepped down due to a move out of state. She has now moved back to Texas. Mrs. Heimsoth has been contacted and has agreed to serve a two-year term, which would expire on August 31, 2024.

Mr. Raymond McDonald is a former Conroe City Councilman and Mayor Pro Tem. He is actively involved in our community, is a local pastor at The Vineyard Church, and he and his wife are the proud parents of 11 adopted "at risk children". Mr. McDonald has been contacted and has agreed to serve a two-year term, which would expire on August 31, 2024.

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Mrs. Meredith Heimsoth and Mr. Raymond McDonald as Directors of Tri-County's Consumer Foundation for a two-year term expiring August 31, 2024.**

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

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

The election process to fill the positions of the Board of Trustees in Places 1, 2 and 3 will be completed during the Texas Council Risk Management Fund Board Meeting on November 18th. Election ballots are due by Tuesday, November 7th.

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

- Ms. Mary Lou Flynn-Dupart (Incumbent)
- Mr. Steve Hipes (Incumbent)
- Judge Dorothy Morgan (Incumbent)

**Supporting Documentation:**

Memorandum from the Texas Council Risk Management Fund Nominating Committee

Election Ballot

**Recommended Action:**

**Cast Election Ballot for the Texas Council Risk Management Fund Board of Trustees to Fill Places 1, 2 and 3**

September 9, 2022

# MEMORANDUM

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

From: TCRMF Nominating Committee

Subject: **Board of Trustees Election Ballot  
Places 1, 2, and 3**

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The election process for Places 1, 2, and 3, will be finalized at the November 18, 2022, Annual Member Meeting of the Texas Council Risk Management Fund. Attached is the election ballot indicating the eligible candidates for this year's election.

The Nominating Committee has prepared the ballot for the upcoming election. Incumbents Mary Lou Flynn-DuPart (Place 1) and Steve Hipes (Place 2) and Judge Dorothy Morgan (Place 3) are listed on the ballot. Bios are attached for all nominees.

Please return the election ballot by email or mail so that it is received in the Fund's office **no later than Tuesday, November 7, 2022**. You may also vote in person at the Annual Member Meeting on November 18<sup>th</sup>.

If you have any questions, please call Kathy Hulse at the Fund, either 512-427-2420 or email her at [kathy.hulse@sedgwick.com](mailto:kathy.hulse@sedgwick.com).

cc: TCRMF Board of Trustees  
Advisory Committee  
Pam Beach



**BOARD OF TRUSTEES ELECTION BALLOT**

At the November 18<sup>th</sup> Annual Member Meeting of the Texas Council Risk Management Fund, elections will be finalized to fill the positions of Trustees in Places 1, 2, and 3. Each Center may cast its votes by email, mail, fax in advance (preferred) or in person at the Annual Member Meeting.

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

	<b>Mark Vote (“X”) In box below (for THREE)</b>
Ms. Mary Lou Flynn-DuPart	[     ]
Mr. Steve Hipes	[     ]
Judge Dorothy Morgan	[     ]

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

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

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

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND MAIL OR EMAIL THIS BALLOT  
NO LATER THAN November 1, 2022 TO:**

TEXAS COUNCIL RISK MANAGEMENT FUND  
P.O. Box 26655, Austin, Texas 78755-0655  
**Attention: Kathy Hulse**  
Email: [kathy.hulse@sedgwick.com](mailto:kathy.hulse@sedgwick.com)

# Texas Council Risk Management Fund

## **Ms. Mary Lou Flynn-DuPart**



Ms. Flynn-DuPart is a partner in the Houston law firm of Jackson Walker L.L.P., practicing in the Electronic Discovery, Technology, Privacy and Data Security, Intellectual Property Litigation, Intellectual Property, Litigation, Medical Malpractice, Construction, Insurance, and Toxic Tort/Environmental Litigation fields. Mary Lou is a member of the Board of Trustees for The Gulf Coast Center. She is currently serving as Chair of the Texas Council Risk Management Fund Board of Trustees and has served on the Board since 1992.

## **Judge Dorothy Morgan**



Judge Morgan served as County Judge of Washington County for 23 years. She also served as a Board member for Texas Council Community Centers for 25 years. She is a current board member and former Chair of the Board of Trustees for MHMR Authority of Brazos Valley. Prior to serving as County Judge, her previous occupations included schoolteacher and Mayor of the City of Brenham. Dorothy has also served as a Trustee to the Texas Council Risk Management Fund Board since 1992, currently serving as Vice Chair.

## **Stephen Hipes**



Mr. Stephen Hipes serves as a Senior Chairman for Prosperity Bank since 2005. Areas of responsibility include lending approval for the West Texas, Central Texas, and Houston. Responsibilities include the oversight of the South Texas Area including participation in the Prosperity Bank management committee. Throughout his career, Mr. Hipes has served as President for First Capital Bank for Houston, Corpus Christi, and Victoria markets. Mr. Hipes also served as President and CEO for Alice Bank of Texas with a dominant market position in the South Texas area. He also worked as Executive VP and Chief Lending Officer at Victoria Bank and Trust. Community activities include Victoria College Foundation board member and former board Chair at South Texas Public Broadcasting. Mr. Hipes currently serves as a Chair of the Board at Gulf Bend Center. He serves on the Board of Directors of the Texas Council of Community Centers. Mr. Hipes also serves as Trustee of the Texas Council Risk Management Fund Board, joining the Board in 2017.

**Agenda Item:** Personnel Report for August 2022

**Board Meeting Date:**

September 29, 2022

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Personnel Report for August 2022

**Recommended Action:**

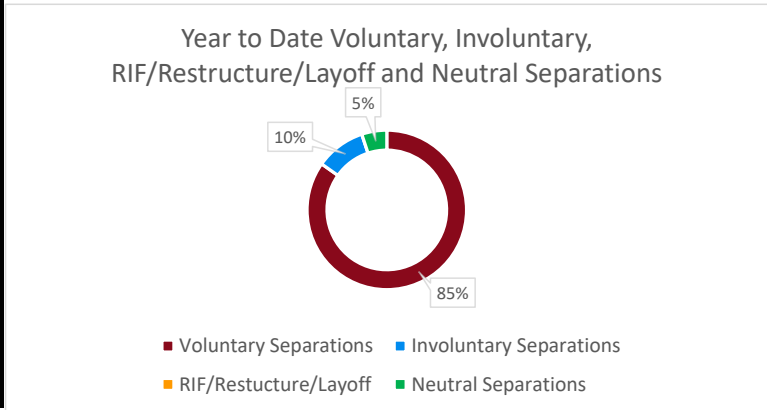
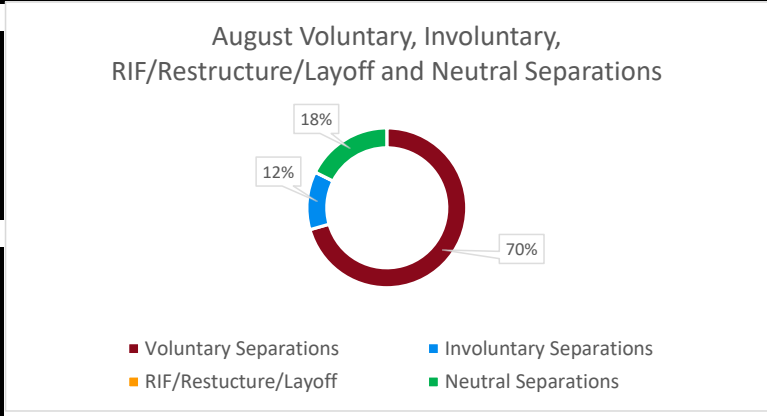
**For Information Only**

## Personnel Report August 2022

Total Applications received in August = 229
Total New Hires for August = 12
Total New Hires Year to Date = 134
Total Budgeted FTE Positions = 457.23
Vacant FTE Positions = 118.35

August Turnover - FY22 compared to FY21	FY22	FY21
Number of Active Employees	350	347
Number of Monthly Separations	17	11
Number of Separations YTD	138	136
Year to Date Turnover Rate	39%	39%
August Turnover Rate	5%	3%

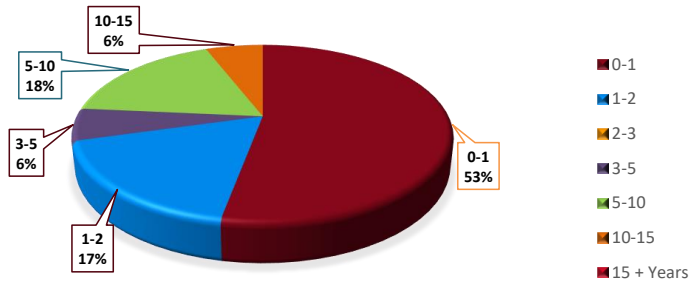
Separations by Reason	August Separations	FY22 YTD
Better Pay	1	15
Commute	0	5
Death	0	0
Dissatisfaction with Supervisor/Job	0	0
Family	1	11
Another job	5	44
Lack of Opportunity for Advancement	0	1
Relocating	0	9
Retirement	0	4
Return to School	2	9
Schedule	0	4
Uncomfortable with Job Duties	2	3
Health	1	13
RIF/Restructure/Layoff	0	0
Neutral Termination	3	7
Involuntarily Terminated	2	13
<b>Total Separations</b>	<b>17</b>	<b>138</b>



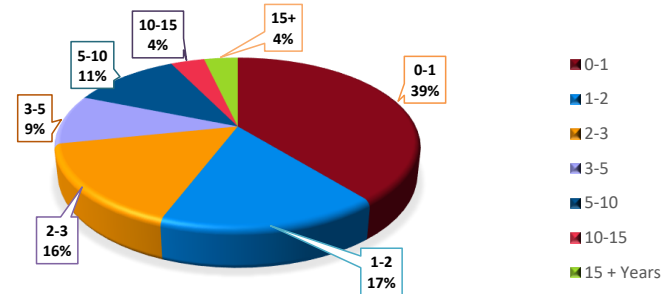
Management Team	# of Employees	August Separations	Year to Date Separations	% August	% Year to Date
Evan Roberson	37	3	12	8%	32%
Millie McDuffey	35	0	5	0%	14%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	9	1	3	11%	33%
Sara Bradfield	79	5	33	6%	42%
Melissa Zemencsik	81	3	37	4%	46%
Catherine Prestigiovanni	6	1	10	17%	167%
PETC	27	1	19	4%	70%
Yolanda Gude	37	2	12	5%	32%
Kathy Foster	26	1	6	4%	23%
Kenneth Barfield	8	0	0	0%	0%
<b>Total</b>	<b>350</b>	<b>17</b>	<b>138</b>		

Separation by EEO Category	# of Employees	August Separations	Year to Date Separations	% August	% Year to Date
Supervisors & Managers	25	1	7	4%	28%
Medical (MD,DO, PA, Psychologist)	8	0	1	0%	13%
Nursing (LVN, RN, APN)	23	2	17	9%	74%
Professionals (QMHP)	108	5	58	5%	54%
Professionals (QIDP)	29	1	11	3%	38%
Licensed Staff (LCDC, LPC...)	33	2	9	6%	27%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	17	0	1	0%	6%
Program Support (Financial Counselors, QA, Training, Med. Records)	56	5	23	9%	41%
Nurse Technicians/Aides	13	0	6	0%	46%
Service/Maintenance	7	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	19	1	4	5%	21%
<b>Total</b>	<b>350</b>	<b>17</b>	<b>138</b>		

**AUGUST SEPARATIONS BY TENURE**



**YEAR TO DATE SEPARATIONS BY TENURE**



**Agenda Item:** Texas Council Risk Management Fund Claims Summary as of August 2022

**Board Meeting Date:**

September 29, 2022

**Committee:** Executive

**Background Information:**

None

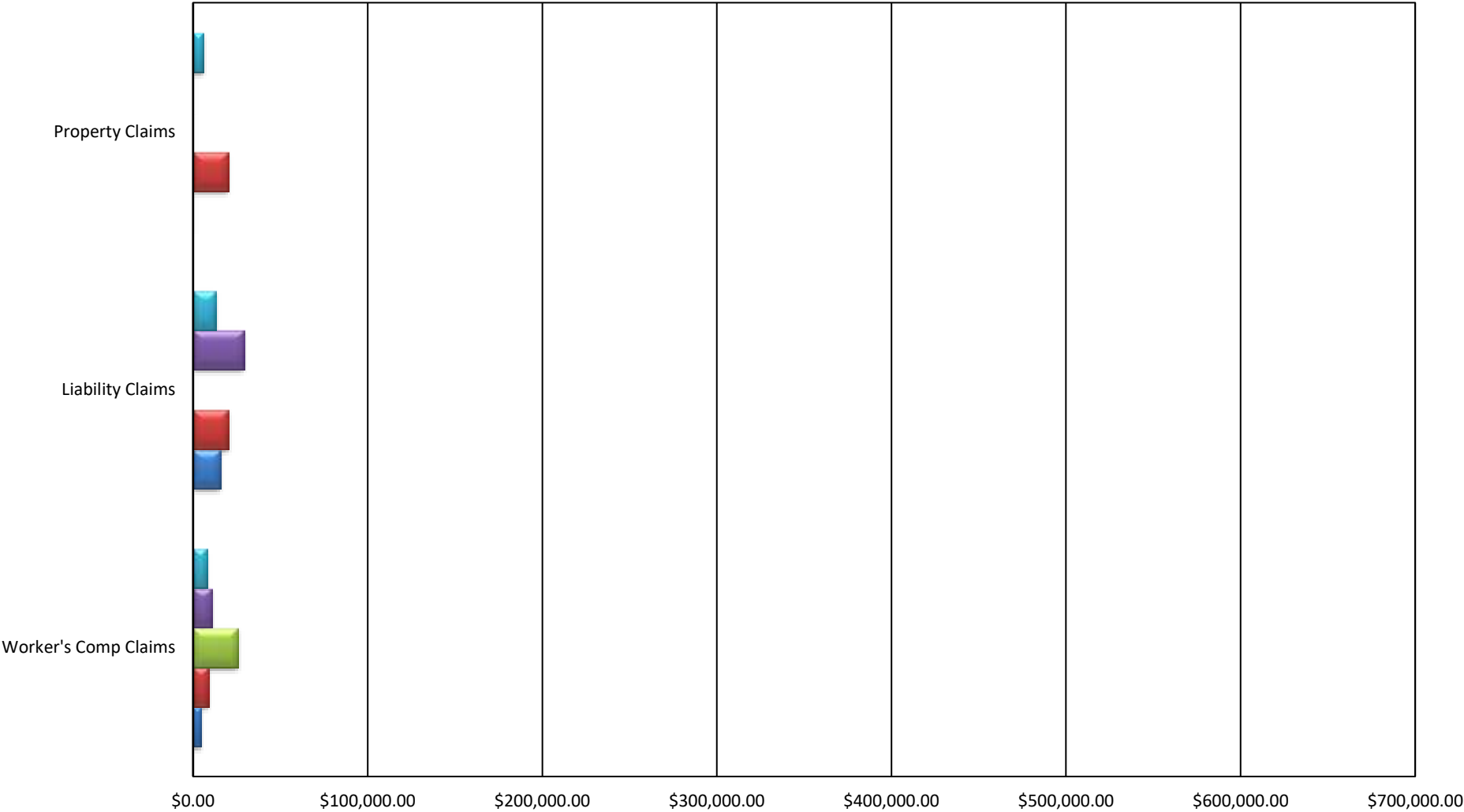
**Supporting Documentation:**

Texas Council Risk Management Fund Claims Summary as of August 2022

**Recommended Action:**

**For Information Only**

### TCRMF Claims Summary August 2022



	Worker's Comp Claims	Liability Claims	Property Claims
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$25,847.00	\$0.00	\$0.00
2021	\$8,860.00	\$20,608.00	\$20,074.00
2022	\$4,619.00	\$15,901.00	\$0.00

**Agenda Item:** Board of Trustees Reappointments and Oaths of Office

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

Listed below are the Board members who were reappointed by the Commissioner's Court of their respective counties for an additional two-year term expiring August 31, 2024.

Reappointments:

- Patti Atkins, Liberty County
- Jacob Paschal, Walker County
- Richard Duren, Montgomery County
- Tim Cannon, Montgomery County

Oaths of Office will be recited at the Board meeting.

**Supporting Documentation:**

Oath of Office Recitation

Liberty County Trustee – Copy of Minutes from Liberty County Commissioner's Court Meeting dated July 26, 2022.

Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated July 18, 2022.

Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated July 26, 2022.

**Recommended Action:**

**Recite Oaths of Office**



**LIBERTY COUNTY COMMISSIONERS COURT**

THE ATTACHED MINUTES, had at a REGULAR SESSION meeting of the Commissioners Court of Liberty County, Texas, on TUESDAY, JULY 26, 2022, at 9:00 A.M., having been read by the Court, and with the following requested changes:

NONE  
\_\_\_\_\_  
\_\_\_\_\_

are hereby approved on this the 9<sup>th</sup> day of August, 2022.

Signed by:

  
\_\_\_\_\_  
JAY KNIGHT  
COUNTY JUDGE

Attested by:

  
\_\_\_\_\_  
LEE HAIDUSEK CHAMBERS  
LIBERTY COUNTY CLERK





LIBERTY COUNTY COMMISSIONERS COURT  
Regular Meeting of Commissioners Court

July 26, 2022

9:00 a.m.

1923 Sam Houston St., Room 203 - Liberty, Texas 77575

1. CALL TO ORDER :

BE IT REMEMBERED that on TUESDAY, JULY 26, 2022, at 9:03 A.M., Judge Jay Knight called to order a REGULAR SESSION meeting of the Commissioners Court of Liberty County, Texas, with the following members present, to-wit:

Hon. Jay Knight, County Judge  
Hon. Bruce Karbowski, Commissioner, Precinct 1  
Hon. Greg Arthur, Commissioner, Precinct 2  
Hon. David Whitmire, Commissioner, Precinct 3  
Hon. Leon Wilson, Commissioner, Precinct 4  
Hon. Lee Haidusek Chambers, County Clerk (*Ex-officio*)

Other elected officials and county department executives present:

Hon. Bobby Rader, Sheriff  
Hon. Matthew Poston, County Attorney (Kathrine McCarty, A.C.A.)  
Hon. Kim Harris, Treasurer  
Hon. Jennifer Bergman, District Attorney  
Dwayne Gott, County Auditor  
Harold Seay, County Purchaser  
David Douglas, County Engineer  
Bill Hergemeuller, Fire Marshall (via Zoom)  
Rolondria Webb (via Zoom)

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

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

PLEDGES TO THE U.S. AND TEXAS FLAGS LED BY LEE CHAMBERS.

3. INVOCATION :

PRAYER LED BY JUDGE JAY KNIGHT.

4. NOTICES AND PROCLAMATIONS :

NONE.

5. PUBLIC COMMENT :

1. BENNY CARROLL, HULL-DAISETTA EMERGENCY SERVICES DISTRICT NO. 2 CHIEF--SPOKE TO THE COURT REGARDING FIRINGS AND LOSS OF FIRE FIGHTERS BECAUSE OF DISAGREEMENT WITH MANAGEMENT AT ESD NO. 2. HE REQUESTED NEW APPOINTMENTS. HE IS PERSONALLY RESIGNING THE 9TH OF AUGUST, 2022, IN PROTEST.

2. PARKER WHITE--AGREED WITH CHIEF CARROLL REGARDING THE NEED FOR CHANGE IN THE ESD NO. 2 GOVERNANCE.

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

8. CONSTABLE PCT 5 - DAVID HUNTER

CONSIDER AND APPROVE AN ADDITIONAL SCHOOL RESOURCE OFFICER FOR TARKINGTON ISD TO ENHANCE SCHOOL CAMPUS SAFETY

Agenda Attachments

1. item 8.8 pct 5 sro 7-26.pdf

MOTION TO APPROVE AN ADDITIONAL SCHOOL RESOURCE OFFICER FOR TARKINGTON INDEPENDENT SCHOOL DISTRICT TO ENHANCE SCHOOL CAMPUS SAFETY.

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

9. COUNTY JUDGE JAY KNIGHT

CONSIDER AND APPROVE THE REAPPOINTMENT OF PATTI ATKINS TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TWO (2) YEAR TERM

Agenda Attachments

1. item 8.9 tricounty 7-26.pdf

MOTION TO APPROVE THE REAPPOINTMENT OF PATTI ATKINS TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TWO (2) YEAR TERM.

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

10. COUNTY CLERK LEE H. CHAMBERS

CONSIDER AND APPROVE THE PURCHASE OF SECURITY EQUIPMENT FROM AIO SOLUTIONS FOR \$6,750.00 FOR THE LIBERTY COUNTY CLERK'S OFFICES IN THE LIBERTY COURTHOUSE AND THE CLEVELAND COURTHOUSE ANNEX, PAID FROM THE LIBERTY COUNTY CLERK RECORDS MANAGEMENT FUND. THE PROPOSAL ADDS EMERGENCY CALL BUTTONS TO THE CURRENT SYSTEM IN THE LIBERTY COURTHOUSE, BUT, AS THERE IS NO EMERGENCY CALL SYSTEM CURRENTLY IN THE CLEVELAND ANNEX, A FULL INSTALLATION IS REQUIRED TO EQUIP THAT OFFICE.

Agenda Attachments

LEE HAIDUSEK CHAMBERS  
LIBERTY COUNTY CLERK  
July 27, 2022



*Lee H. Chambers*



**MINUTES for Walker County Commissioners Court  
REGULAR SESSION  
Tuesday, July 18, 2022, 9:00 a.m.**



**CALL TO ORDER**

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

<b>County Judge</b>	<b>Danny Pierce</b>	<b>Present</b>
<b>Precinct 1, Commissioner</b>	<b>Danny Kuykendall</b>	<b>Present</b>
<b>Precinct 2, Commissioner</b>	<b>Ronnie White</b>	<b>Present</b>
<b>Precinct 3, Commissioner</b>	<b>Bill Daugette</b>	<b>Present</b>
<b>Precinct 4, Commissioner</b>	<b>Jimmy D. Henry</b>	<b>Present</b>

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

**GENERAL ITEMS**

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

**CONSENT AGENDA**

1. Approve minutes from Commissioners Court Regular Session on July 5, 2022.
2. Approve minutes from Commissioners Court Special Session on July 12, 2022.
3. Approve Walker County COVID-19 Disaster Declaration Extension issued July 5, 2022.
4. Approve Disbursement Report for the period of 07/01/2022-07/11/2022.
5. Approve GLO and HUD reports, GrantWorks/CDBG GLO Hurricane Harvey Grant Contract 20-065-104-C279 for June 2022.
6. Receive financial information as of July 13, 2022, for the fiscal year ending September 30, 2022.
7. Receive overview of Road and Bridge General invoices.
8. Approve payment of claims and invoices submitted for payment.
9. Receive Walker County Purchasing Board Amended Order, for the re-appointment of Purchasing Agent.
10. Approve Order 2022-92, Directing Payment of Salary of Purchasing Agent.
11. Receive District Clerk report for June 2022.
12. Receive Walker County Appraisal District monthly tax collection report for June 2022.

*Judge Pierce asked for items 1 and 2 be pulled for discussion.*

**MOTION:** Made by Commissioner Daugette to APPROVE Consent Agenda with items 1 and 2 pulled for discussion.  
**SECOND:** Made by Commissioner Kuykendall.  
**VOTE:** Motion carried unanimously.

- (1) Approve minutes from Commissioners Court Regular Session on July 5, 2022.  
*Judge Pierce stated that on agenda item 8, we need to have it reflect in the Minutes the date the Committee will be in effect. The date is October 1, 2022.*
- (2) Approve minutes from Commissioners Court Special Session on July 12, 2022.  
*Judge Pierce stated that on agenda item 16, we need to record the name that EMS was changing from and what the new name will be. On item 29 Commissioner Kuykendall's name is misspelled.*

**MOTION:** Made by Judge Pierce to APPROVE consent agenda item numbers 1 and 2 with corrections.  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

24. Discuss and take action on the re-appointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees.  
*Judge Pierce presented information.*

**MOTION:** Made by Commissioner Kuykendall to APPROVE the re-appointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees.  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

25. Discuss and take action on the nomination of Butch Davis and Sherri Pegoda to the HGAC Unified Area Coordination Committee.  
*Judge Pierce presented information.*

**MOTION:** Made by Commissioner White to APPROVE the nomination of Butch Davis and Sherri Pegoda to the HGAC Unified Area Coordination Committee.  
**SECOND:** Made by Commissioner Daugette.  
**VOTE:** Motion carried unanimously.

26. Discuss and take action on Proclamation 2022-83, Samuel Walker Houston High School Reunion Week, July 25-30, 2022.  
*Judge Pierce presented information.*

**MOTION:** Made by Commissioner White to APPROVE Proclamation 2022-83, Samuel Walker Houston High School Reunion Week, July 25-30, 2022.  
**SECOND:** Made by Commissioner Daugette.  
**VOTE:** Motion carried unanimously.

#### Planning and Development

27. Discuss and take action on John and Michele Czichos request for variance to Section B2.3 of the Walker County Subdivision Regulations regarding flag lot depth to width ratio for proposed land division of Czichos 14.91 Acre Tract, Ethan Allen Survey, A-1, F.M. 980, Pct. 1.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner Kuykendall to APPROVE John and Michele Czichos request for variance to Section B2.3 of the Walker County Subdivision Regulations regarding flag lot depth to width ratio for proposed land division of Czichos 14.91 Acre Tract, Ethan Allen Survey, A-1, F.M. 980, Pct. 1.  
**SECOND:** Made by Commissioner White.  
**VOTE:** Motion carried unanimously.

28. Discuss and take action on Paleo Midstream, LLC Utility Installation Request for 3" gas line and 3" water line on Vick Spring Road, Pct. 4.  
*Andy Isbell presented information.*

**ACTION:** PASS at this time.

29. Discuss and take action on Right of Way Acquisition Report for Ross and Kerrie Eubanks on Scales Ranch Road in the Abraham Peck Survey, A-430, Pct. 2.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner White to APPROVE Right of Way Acquisition Report for Ross and Kerrie Eubanks on Scales Ranch Road in the Abraham Peck Survey, A-430, Pct. 2. This is 1,945 feet at \$5.00 per foot.  
**SECOND:** Made by Commissioner Kuykendall.  
**VOTE:** Motion carried unanimously.

30. Discuss and take action on acceptance of Right of Way Easement from Ross and Kerrie Eubanks on Scales Ranch Road in the Abraham Peck Survey, A-430, Pct. 2.  
*Andy Isbell presented information.*

**MOTION:** Made by Commissioner White to APPROVE acceptance of Right of Way Easement from Ross and Kerrie Eubanks on Scales Ranch Road in the Abraham Peck Survey, A-430, Pct. 2. This is 1,945 feet at \$5.00 per foot.  
**SECOND:** Made by Commissioner Kuykendall.  
**VOTE:** Motion carried unanimously.

31. Discuss and take action on Chesley W. Taylor request for variance to Sections A2.2 regarding minimum road frontage and B2.3 regarding minimum staff width for flag tracts of the Walker County Subdivision Regulations for, Family Grant Exception E # 2022-022, 3.60 acres out of Theresa Ward Taylor 40.99 acre tract, Juan Jose Sanchez League, A-46, Roberts Road, Pct. 2. *Andy Isbell presented information.*

**MOTION:** Made by Commissioner White to APPROVE Chesley W. Taylor request for variance to Sections A2.2 regarding minimum road frontage and B2.3 regarding minimum staff width for flag tracts of the Walker County Subdivision Regulations for, Family Grant Exception E # 2022-022, 3.60 acres out of Theresa Ward Taylor 40.99 acre tract, Juan Jose Sanchez League, A-46, Roberts Road, Pct. 2.

**SECOND:** Made by Commissioner Henry.

**VOTE:** Motion carried unanimously.

32. Discuss and take action on Family Grant Exception - E # 2022-022, 3.60 acres out of Theresa Ward Taylor 40.99 acre tract, Juan Jose Sanchez League, A-46, Roberts Road, Pct. 2. *Andy Isbell presented information.*

**MOTION:** Made by Commissioner White to APPROVE Family Grant Exception - E # 2022-022, 3.60 acres out of Theresa Ward Taylor 40.99 acre tract, Juan Jose Sanchez League, A-46, Roberts Road, Pct. 2.

**SECOND:** Made by Commissioner Daugeette.

**VOTE:** Motion carried unanimously.

**ACTION:** County Judge, Danny Pierce took a recess at 9:50 a.m.

**ACTION:** County Judge, Danny Pierce reconvened back in to Regular Session at 10:04 a.m.

#### BUDGET WORKSHOP

**ACTION:** Workshop began at 10:04 a.m.

- Auditor, Patricia Allen  
*Mrs. Allen presented preliminary information via zoom. There was review of the Salary Study, Certified values, Longevity Plan and other expenses were discussed with the Court.*

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

**ACTION:** County Judge, Danny Pierce adjourned the meeting at 10:17 a.m.

*I, Kari A. French, County Clerk of Walker County, Texas, do hereby certify that these Commissioners Court Minutes are a true and correct record of the proceedings from the Meeting on July 18, 2022.*

*Kari French*

Walker County Clerk, Kari A. French



*Danny Pierce*

Walker County Judge, Danny Pierce

Date Minutes Approved by Commissioners Court

**FILED FOR RECORD**

At 9:10 o'clock AM

AUG 01 2022

KARI FRENCH, COUNTY CLERK  
WALKER COUNTY, TEXAS  
By K French Deputy

COMMISSIONERS COURT DOCKET  
JULY 26, 2022  
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 26<sup>th</sup> day of July, 2022, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack
Commissioner, Precinct 4	James Metts
Also County Clerk's Office	Holly Pinkard

ABSENT:

Commissioner, Precinct 1	Robert Walker
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INVOCATION GIVEN BY Michael Silvio.

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

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

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

CITIZENS – AGENDA ITEM 7

Barry Smith addressed the court regarding an incident of assault.

PROCLAMATIONS/RESOLUTIONS/PRESENTATIONS – AGENDA ITEM 8A

Constable Cash and Lieutenant Luly gave a brief presentation to the court regarding the Constable Precinct 1 Mental Health Unit. They gave updates and answered the court's questions about the units progress.

<b>TAX ASSESSOR-COLLECTOR</b>	GUNNELS, WILLIAM/ DEPUTY SPEC I	RESIGNED	07/22/2022
	MALCOLM, AMIR/ DEPUTY SPEC I	NEW HIRE/ REPLACEMENT FOR GUNNELS, WILLIAM	08/08/2022
	ROEKEL, REBECCA VAN/ DEPUTY SPEC I	NEW HIRE	07/25/2022
	YABNEZ, STACY/ DEPUTY SPEC I	NEW HIRE	07/20/2022

COUNTY JUDGE – AGENDA ITEMS 10J1-4

- J1. APPOINTMENT APPROVED of Kameron K. Searle to the Montgomery County Historical Commission. This appointment was made at the request of the Montgomery County Historical Commission.
- J2. AMENDMENT/MODIFICATION NO. P00009 RATIFIED between U.S. Immigration and Customs Enforcement and Montgomery County regarding Joe Corley Detention Center. The purpose of this amendment is to deobligate excess funds.
- J3. AGREEMENT RATIFIED between Montgomery County and Children’s Safe Harbor.
- J4. REAPPOINTMENTS APPROVED of Tim Cannon and Dr. Richard Duren to the Tri-County Behavioral Healthcare Board of Trustees, for a two (2) year term that ends August 31, 2024.



JUSTICE OF THE PEACE PRECINCT 4 – AGENDA ITEM 10K1

- K1. MONTHLY COLLECTIONS REPORT ACCEPTED for June 2022.

EMERGENCY MANAGEMENT – AGENDA ITEM 10L1

- L1. PAYMENT APPROVED for URA relocation and moving expenses for the future acquisition of 17829 Lakeview Dr. in accordance with the Flood Mitigation Assistance Grant 2019. Expenses to be paid in installments with installment of 1 of 3 in the amount of \$2,742.40, not to exceed a total of \$5,050.

CITIZENS – AGENDA ITEM 24

COMMISSIONER METTS LEFT THE COURTROOM.

Garrett Jester played a recording on his phone between himself and a VA administration member.

Barry Smith addressed the court regarding living conditions at the Salvation Army.

MISCELLANEOUS – AGENDA ITEM 25 – NO ITEMS LISTED

13. COURT ADJOURNS

Motion by Commissioner Noack, seconded by Commissioner Riley, to adjourn this session of Court. Motion carried.

The above and foregoing minutes were read and approved by the Court.

ATTEST:

Mark Turnbull, County Clerk  
Ex-Officio Clerk - Commissioners' Court  
Montgomery County, Texas

BY:

*Mark Turnbull*

COUNTY CLERK

*James Noack*

COUNTY JUDGE

James Noack

*County Judge Pro-tem*



## ADMINISTERING THE OATH OF OFFICE

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

I, STATE YOUR NAME,

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

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

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

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

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

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

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

so help me God.

# ADMINISTERING THE OATH OF OFFICE

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

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

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

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

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

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

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

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

so help me God.

**Agenda Item:** Board of Trustees Committee Appointments

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.

**Supporting Documentation:**

None

**Recommended Action:**

**For Information Only**

**Agenda Item:** Board of Trustees Attendance Analysis for FY 2022 Regular and Special Called Board Meetings

**Board Meeting Date**

September 29, 2022

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Board of Trustees Attendance Analysis for FY 2022

**Recommended Action:**

**For Information Only**

# Board of Trustees Attendance Analysis | FY 2022

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	9/9	100%	-	-	100%
Tracy Sorensen	7/9	78%	-	-	78%
Sharon Walker	9/9	100%	-	-	100%
Richard Duren	6/9	67%	-	-	67%
Morris Johnson	9/9	100%	-	-	100%
Gail Page	9/9	100%	-	-	100%
Jacob Paschal	5/9	56%	-	-	56%
Janet Qureshi	0/5	0%	-	-	0%
Tim Cannon	2/2	100%	-	-	100%

<b><u>Summary of Attendance</u></b>	<b><u>2020</u></b>	<b><u>2021</u></b>	<b><u>2022</u></b>
Total Regular Meetings Held:	7	8	9
Average Attendance:	86%	85%	78%
Total Special Called Meetings Held:	0	0	0
Average Attendance:	N/A	N/A	N/A
Total Number of Meetings Held:	7	8	9
Average Attendance:	86%	85%	78%
Average Number of Members Present:	6.57	6.75	6.23

**NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.**

<p><b>Agenda Item:</b> Texas Council Quarterly Board Meeting Update</p> <p><b>Committee:</b> Executive</p>	<p><b>Board Meeting Date</b></p> <p>September 29, 2022</p>
<p><b>Background Information:</b></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><b>Supporting Documentation:</b></p> <p>Texas Council Staff Report</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

**Agenda Item:** Approve FY 2023 Dues Commitment and Payment Schedule for the Texas Council

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

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

The Texas Council Operating Budget for FY 2023 was approved at the Texas Council Board meeting on August 27, 2022.

Total dues for Tri-County in FY 2023 were increased by \$4,022 from \$36,423 to \$40,445. The Center will pay this fee in one installment.

**Supporting Documentation:**

Cover Memorandum from Danette Castle, CEO

FY 2023 Dues Commitment and Payment Schedule

**Recommended Action:**


**Approve FY 2023 Dues Commitment and Payment Schedule for the Texas Council**



**Texas Council**  
of Community Centers

**MEMO**  
**September 2, 2022**

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

**FROM:** Lee Johnson   
Chief Executive Officer

**SUBJECT:** FY 2023 Commitment of Dues for  
Texas Council of Community Centers

Please find attached the FY 2023 (September 1, 2022 – August 31, 2023) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 27, 2022 annual board meeting. To assist with local discussions, we include the following information:

- Budget Overview
- FY 2023 Budget (with side-by-side comparison to FY 2022)
- FY 2023 Dues Comparison to FY 2022 Dues
- FY 2023 Commitment of Dues Payment Form

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

cc: Texas Council Board Delegate

**FY 2023 Commitment of Dues Payment for  
Texas Council of Community Centers**

**CENTER: Tri-County Behavioral Healthcare**

The dues for FY 2023 have been calculated as follows:

Total Dues ... ..	\$42,528.00
<b>LESS: Credit for Texas Council Risk Management Fund Members... (\$2,083.00)</b>	
<b>Net Dues .....</b>	<b>\$40,445.00</b>

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

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
<b>September 2022</b>	_____	_____	<u>\$ 40,445.00</u>
<b>October</b>	_____		
<b>November</b>	_____		
<b>December</b>	_____	_____	
<b>January 2023</b>	_____		
<b>February</b>	_____		
<b>March</b>	_____	_____	
<b>April</b>	_____		
<b>May</b>	_____		
<b>June</b>	_____	_____	
<b>July</b>	_____		
<b>August</b>	_____		
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b><u>\$ 40,445.00</u></b>

Invoice for each payment required?  Yes  No

We appreciate your prompt and timely payment!

APPROVED:

Date: \_\_\_\_\_

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

**Agenda Item:** Approve the FY 2022 Aspire Inpatient Hospital Contract Addendum No. 2

**Board Meeting Date**

May 26, 2022

**Committee:** Business

**Background Information:**

Tri-County Behavioral Healthcare utilizes Aspire Hospital in Conroe for inpatient psychiatric services. Aspire is also licensed as a medical hospital and specializes in serving persons with complicated medical needs in addition to psychiatric needs.

The Aspire Hospital contract for FY 2022 inpatient hospital beds was amended from \$40,000 to \$75,000 but needs to be increased and additional \$5,000 based on actual utilization in August. One of the factors in the higher than anticipated use of Aspire was that Interstate 45 South was closed on the weekends twice during August and we could not use our north Houston hospitals.

**Supporting Documentation:**

Contract Available for Review.

**Recommended Action:**

**Approve the FY 2022 Aspire Inpatient Hospital Contract, Addendum No. 2 for up to \$80,000**

**Agenda Item:** Approve FY 2022 Sun Behavioral Hospital Contract Addendum

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

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

The Sun Behavioral contract for FY 2022 inpatient hospital beds was initially set up at \$40,000, but due to increased utilization in August there is a need to increase the contract maximum to \$60,000.

**Supporting Documentation:**

Contract Addendum Available for Review at the Board Meeting.

**Recommended Action:**

**Approve FY 2022 Sun Behavioral Contract Inpatient Psychiatric Services Contract Addendum in the amount of \$60,000.**

**Agenda Item:** Approve the FY 2022 Kingwood Pines Inpatient Hospital Contract, Addendum No. 2

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

Tri-County Behavioral Healthcare utilizes Kingwood Pines Hospital in Kingwood for inpatient psychiatric services. Kingwood Pines Hospital serves adults, youth (13-17) and children (12 and younger). Kingwood Pines is our only local option for children under the age of 13 at this time.

The Kingwood Pines contract for FY 2022 inpatient hospital beds was increased from \$900,000 to \$1,300,000 for FY 2022 in May, but needs to be increased a second time to \$1,500,000 based on higher than anticipated utilization in the month of August.

**Supporting Documentation:**

Contract Addendum Available for Review.

**Recommended Action:**

**Approve the FY 2022 Kingwood Pines Inpatient Hospital Contract, Addendum No. 2, for up to \$1,500,000.**

**Agenda Item:** Approve the FY 2022 Contract Addendum for Adaku Njoku-Animashaun, M.D. dba Anda Psychiatry, for Psychiatric Services

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

Tri-County Behavioral Healthcare has utilized Dr. Adaku Njoku-Animashaun, M.D. dba Anda Psychiatry, an inpatient psychiatry practice affiliated with Kingwood Pines Hospital for many years.

Due to higher than anticipated utilization of Kingwood Pines hospital, Anda Psychiatry requires a FY 22 contract addendum to increase from \$35,000 to \$50,000.

**Supporting Documentation:**

Contract Addendum Available for Review.

**Recommended Action:**

**Approve the FY 2022 Contract Addendum for Adaku Njoku-Animashaun, M.D. dba Anda Psychiatry, for Psychiatric Services in the amount of \$50,000.**

**Agenda Item:** Cleveland Service Facility Construction

**Board Meeting Date:**

September 29, 2022

**Committee:** Business

**Background Information:**

In 2019, the Board directed staff to purchase 4.26 acres in Cleveland, Texas for the Center to build a new facility to serve persons with mental illnesses, intellectual disabilities and/or substance use disorders. Planning for the new facility was halted after the Pandemic started in early 2020.

Staff are recommending the restart of planning and construction of this facility as an FY 2023 Board goal. Ultimately, the plan would be to construct an approximately 30,000 square foot two-story facility that would be completed in late FY 2024 or early FY 2025. We will be designing this clinic with the idea of reusing this design in Huntsville as well if possible.

Attached is a Cleveland Ground Breaking timeline and estimated construction costs supplied by Center building consultant, Mike Duncum. Mike will be at the meeting to discuss this document further.

Construction costs and finance charges have been changing rapidly, but appear to be stabilizing. Staff think the time is right to get this process moving again.

The construction contractor will be recommended to the full Board of Trustees after a sub-committee interviews companies who bid on the project and will be a separate Board approval item sometime later in the Fiscal Year.

Evan Roberson will be required to notify the state of our intent to build this facility and will need to speak to the three County Judges as part of this process.

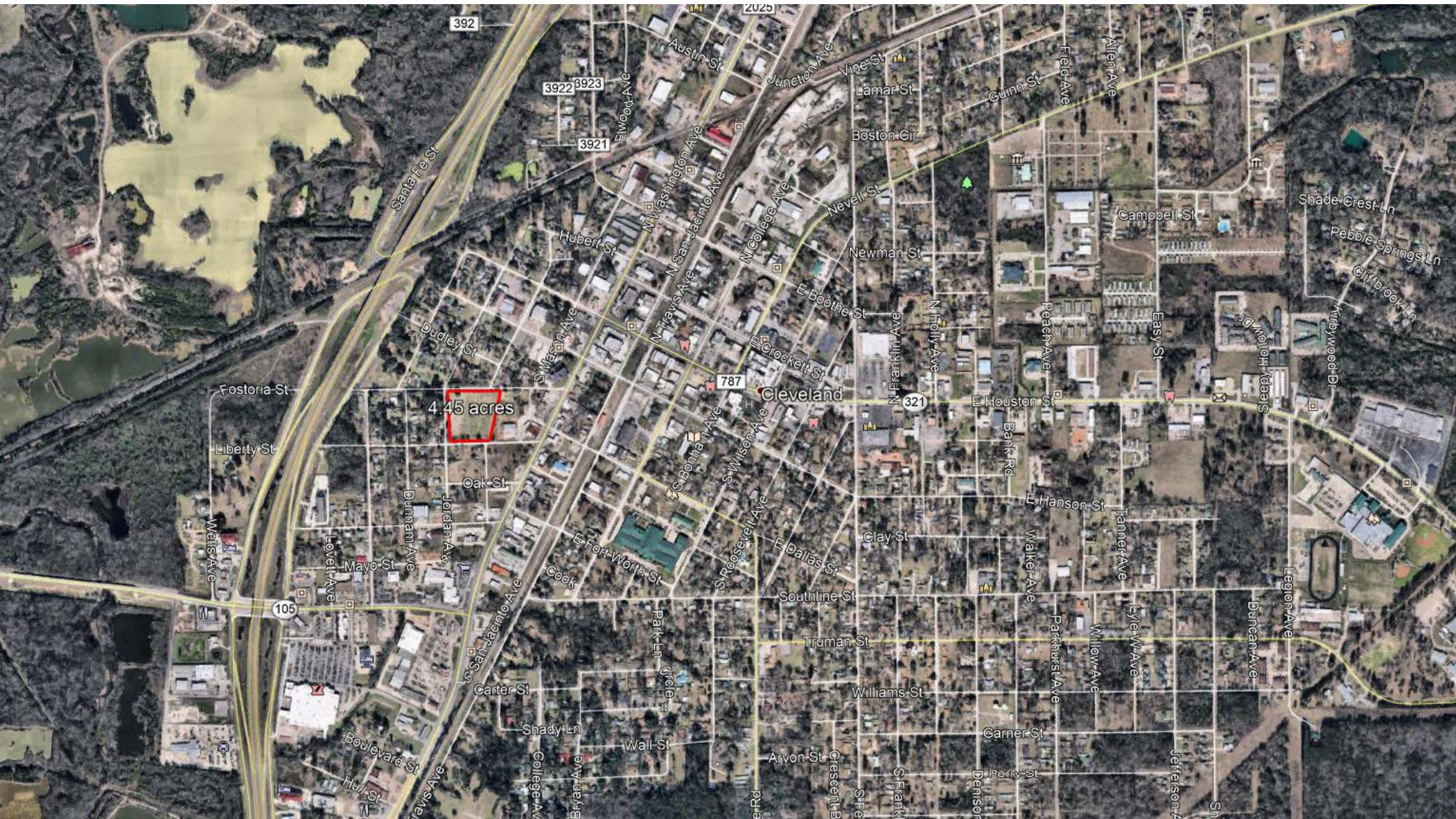
**Supporting Documentation:**

**Cleveland 4.26 Acre Tract summary**

**Cleveland Facility Groundbreaking Timeline and Facility Cost Estimate**

**Recommended Action:**

**Approve Planning Costs for Construction of a New Cleveland Service Facility Not to Exceed \$500,000 and Authorize the Executive Director to Execute any Necessary Construction-related Documents with Consultation from Jackson Walker.**





4.45 acres

Jordan Ave

Foster St

Liberty St

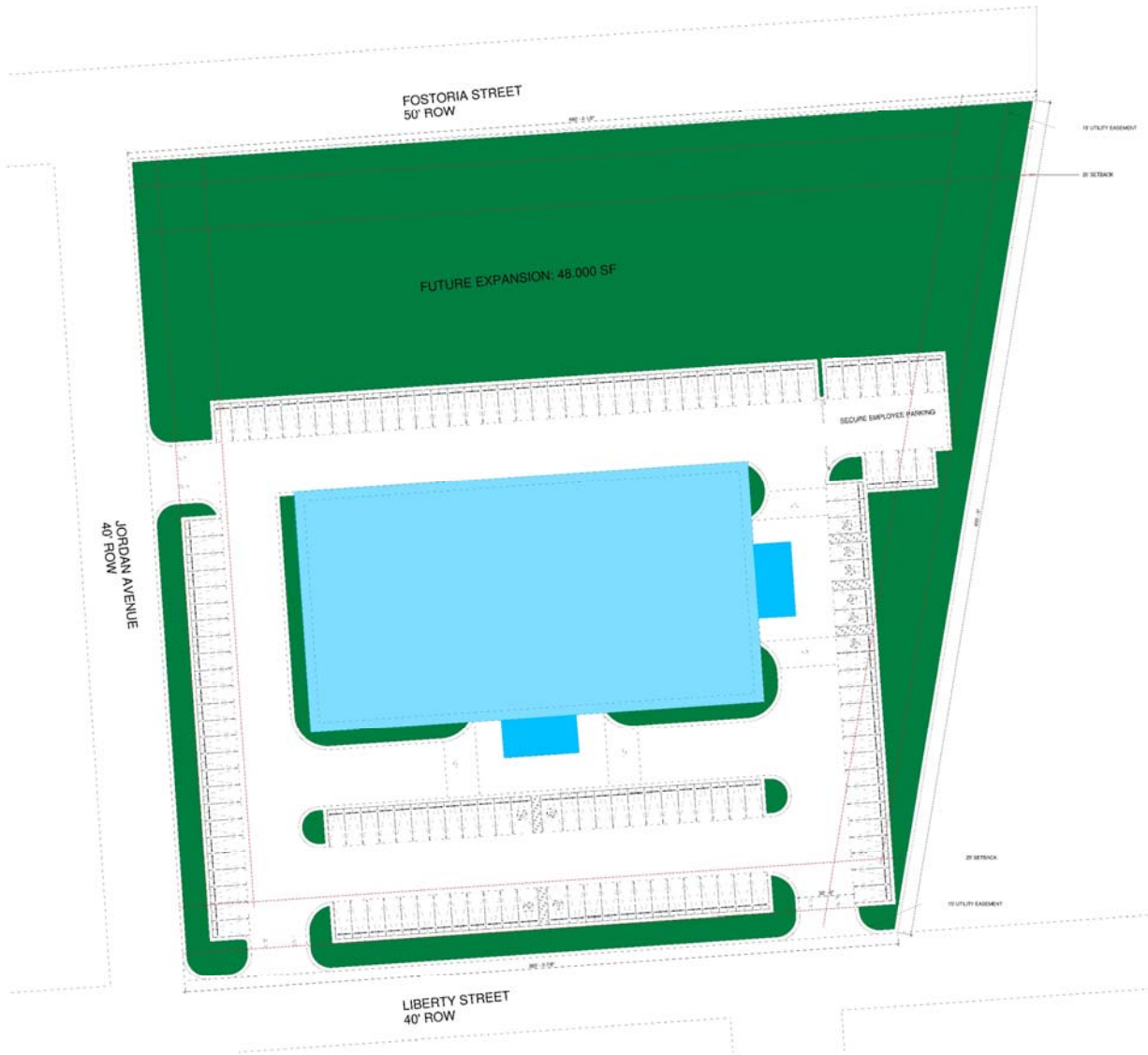
105

S Washington Ave

W Dallas St

© 2020 Google

Google Earth



1 A1\_20 SITE PLAN  
7-20-21



# Tri-County Behavioral Healthcare

## Cleveland, Liberty County, Texas

### Timeline to Break Ground

October 10, 2022	Initial design meeting with Identity Architects
October 24, 2022	First concept presentation
November 7, 2022	Second concept presentation, start programing requirements.
November 21, 2022	Tri-County delivers programing needs
November 28, 2022	First presentation of programing concepts
December 12, 2022	Revisions to programing concepts
December 19, 2022	Begin architectural drawings
January 9, 2023	First presentation of architectural drawings
January 16, 2023	Second presentation of architectural drawings
January 30, 2023	Final presentation of architectural drawings, submission of architectural drawings to engineering for MEP design
February 27, 2023	Submission of MEP design
March 13, 2023	Submit construction set to City of Cleveland for permitting remarks
March 27, 2023	First response to City of Cleveland permitting remarks
April 10, 2023	Re-submission of permitting set to City of Cleveland  Post RFP in local newspapers and Dodge Data - two week exposure time to request bid package
April 24, 2023	Second round of permitting questions  Send bid package to all potential bidders
May 8, 2023	Response to second round of permitting questions  Respond to all RFI's from bidders

May 15, 2023	All bids due
May 22, 2023	Permit approval
	Tri-County interview of all qualified bidders
May 29, 2023	Contract awarded
	Begin contracts development A101 and A201
June 12, 2023	Finalize and sign contract with General Contractor
July 3, 2023	Mobilize and break ground

### **Preliminary Estimate of Project Cost**

Building Area:	30,000 SF
Building Stories:	Two
Construction Type:	Tilt-Wall
Roof Type:	Pitched metal behind parapet
Site Specs:	Concrete parking, wet bottom detention pond

Cost Per SF Range:		\$225.00	\$275.00
Base Cost Range:		\$6,750,000	\$8,250,000
Architectural Fees:	5%	\$337,500	\$412,500
Construction Mgmt:	2%	\$141,750	\$173,250
<b>Total Preliminary Cost Range</b>		<b>\$7,229,250</b>	<b>\$8,835,750</b>

**Agenda Item:** Review August 2022 Preliminary Financial Statements

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

August 2022 Preliminary Financial Statements

**Recommended Action:**

**For Information Only**

## August 2022 Preliminary Financial Summary

Revenues for August 2022 were \$4,708,264 and operating expenses were \$3,722,365 resulting in a gain in operation of \$985,899. Capital Expenditures and Extraordinary Expenses for August were \$293,665 resulting in a gain of \$692,234. Total revenues were 81.77% of the monthly budgeted revenues and total expenses were 82.22% of the monthly budgeted expenses (difference of -.44%).

Year to date revenues are \$40,589,437 and operating expenses are \$37,019,497 leaving excess operating revenues of \$3,569,940. YTD Capital Expenditures and Extraordinary Expenses are \$2,498,818 resulting in a gain YTD of \$1,071,122. Total revenues are 99.02% of the YTD budgeted revenues and total expenses are 99.04% of the YTD budgeted expenses (difference of -.03%).

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
ARPA Montgomery Crisis	980,548	1,116,730	87.81%	136,182
Client Fees	(94,483)	74,274	-127%	(168,758)
Private Insurance	109,563	151,630	72%	42,067
Medicaid Regular – Title XIX	539,730	563,000	96%	23,269

**Earned Income** – The above listed items are earned revenue lines with variances of over \$10,000. We have separated revenue sources into two categories, Earned Income and Grant Funded Cost Reimbursement Programs to make it easier to follow what is happening with our revenue lines.

ARPA Montgomery Crisis – This line item was left with a large budget amount to be able to use for Contract Hospital inpatient costs. This line has fluctuated all year and we ended up having a relatively low month for August to close out the fiscal year.

Client Fees, Private Insurance and Medicaid Regular – These line items are normally adjusted throughout the year and during the audit. This year we completed the year end write-offs for accounts that are uncollectible before the preliminary August close which has caused them to be reflected as variances on the August financial.

**\*\*NOTE – The following are Grant Funded Cost Reimbursement Programs Under Budget by more than \$10,000:**

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
DSHS Gen Rev IDD	1,997,669	2,013,946	99.19%	16,277
DSHS – First Episode Psychosis	278,610	290,000	96.07%	11,390

**Grant Funded Cost Reimbursement Programs** – The above listed items are grant funded cost reimbursement programs with variances over \$10,000.

DSHS Gen Rev IDD – This small variance is due to being unable to spend the entire IDD GR amount designated for the Crisis intervention and Crisis Respite this fiscal year. We have found an additional contract for FY 2023 so hopefully we will spend all funds going forward.

DSHS First Episode Psychosis - This line item reflects unspent funds from a period of time of staff vacancies. We thought we had adjusted under the \$10,000 threshold, but expenses for August continued to be lower.

**EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Consumer Services - General	608,426	517,191	117.64%	91,235

Consumer Services – General – This line item represents the TANF funding that we received mid-year that is providing clients with assistance needed for housing and utilities etc. This program ends on September 30<sup>th</sup> so there was a big push to get funds spent before that date. We came in higher in FY 22, but we have the revenue to offset in FY 22 also.

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended August 2022  
Preliminary**

	<b>TOTALS COMBINED FUNDS August 2022</b>	<b>TOTALS COMBINED FUNDS July 2022</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	1,750	1,750	-
Cash on Deposit - General Fund	5,380,827	3,534,903	1,845,924
Cash on Deposit - Debt Fund	-	-	-
Accounts Receivable	6,244,271	6,236,540	7,731
Inventory	1,649	2,147	(498)
<b>TOTAL CURRENT ASSETS</b>	<b>11,628,497</b>	<b>9,775,340</b>	<b>1,853,157</b>
<b>FIXED ASSETS</b>	<b>18,541,959</b>	<b>18,541,959</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>280,834</b>	<b>244,135</b>	<b>36,699</b>
<b>TOTAL ASSETS</b>	<b>\$ 30,451,290</b>	<b>\$ 28,561,434</b>	<b>\$ 1,889,857</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,849,610	2,114,794	(265,184)
<b>NOTES PAYABLE</b>	738,448	738,448	0
<b>DEFERRED REVENUE</b>	(48,782)	(1,579,425)	1,530,643
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	10,202,342	10,244,666	(42,324)
Guaranty Bank & Trust Loan	1,800,752	1,806,255	(5,503)
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,071,122	378,888	692,234
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,003,094)	(12,050,921)	47,827
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	18,541,959	18,541,959	-
Reserved for Vehicles & Equipment Replacement	502,677	613,712	(111,035)
Reserved for Facility Improvement & Acquisitions	1,735,901	1,735,901	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	613,711	502,677	111,034
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	-	67,837	(67,837)
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(738,448)	(738,448)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	4,310,682	4,310,682	0
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 30,451,290</b>	<b>\$ 28,561,434</b>	<b>\$ 1,889,855</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended August 2022  
Preliminary**

	<b>General Operating Funds</b>	<b>Memorandum Only  Final August 2021</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	1,750	2,850
Cash on Deposit - General Fund	5,380,827	8,111,466
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	6,244,271	3,656,102
Inventory	1,649	2,918
<b>TOTAL CURRENT ASSETS</b>	<b>11,628,497</b>	<b>11,773,337</b>
<b>FIXED ASSETS</b>	<b>18,541,959</b>	<b>18,541,959</b>
<b>OTHER ASSETS</b>	<b>280,834</b>	<b>164,343</b>
	<b>\$ 30,451,290</b>	<b>\$ 30,479,639</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,849,610</b>	<b>1,489,380</b>
<b>NOTES PAYABLE</b>	<b>738,448</b>	<b>738,448</b>
<b>DEFERRED REVENUE</b>	<b>(48,782)</b>	<b>646,820</b>
<b>LONG-TERM LIABILITIES FOR</b>		
First Financial Conroe Building Loan	10,202,342	10,709,095
Guaranty Bank & Trust Loan	1,800,752	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	1,071,122	(188,629)
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt Service - Restricted	(12,003,094)	(10,709,095)
Reserved for Debt Retirement	-	-
<b>COMMITTED</b>		
Net Assets - Property and Equipment - Committed	18,541,959	18,541,959
Reserved for Vehicles & Equipment Replacement	502,677	613,712
Reserved for Facility Improvement & Acquisitions	1,735,901	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	613,711	502,677
<b>ASSIGNED</b>		
Reserved for Workers' Compensation - Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	-	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(738,448)	(738,448)
<b>UNASSIGNED</b>		
Unrestricted and Undesignated	4,310,682	4,499,309
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 30,451,290</b>	<b>\$ 30,479,638</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended August 2022**  
**and Year To Date as of August 2022**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2022</b>	<b>YTD August 2022</b>
	<u>                    </u>	<u>                    </u>
Local Revenue Sources	(97,055)	2,259,074
Earned Income	3,252,038	18,912,871
General Revenue - Contract	1,553,281	19,417,492
<b>TOTAL INCOME</b>	<b><u>\$ 4,708,264</u></b>	<b><u>\$ 40,589,437</u></b>
<b>EXPENSES:</b>		
Salaries	2,144,180	20,816,509
Employee Benefits	173,955	3,660,874
Medication Expense	63,646	582,386
Travel - Board/Staff	30,266	270,133
Building Rent/Maintenance	24,634	313,842
Consultants/Contracts	949,114	8,181,889
Other Operating Expenses	336,569	3,193,864
<b>TOTAL EXPENSES</b>	<b><u>\$ 3,722,365</u></b>	<b><u>\$ 37,019,497</u></b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b><u>\$ 985,899</u></b>	<b><u>\$ 3,569,940</u></b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	213,612	1,590,113
Capital Outlay - Debt Service	80,053	908,705
<b>TOTAL CAPITAL EXPENDITURES</b>	<b><u>\$ 293,665</u></b>	<b><u>\$ 2,498,818</u></b>
<b>GRAND TOTAL EXPENDITURES</b>	<b><u>\$ 4,016,030</u></b>	<b><u>\$ 39,518,315</u></b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b><u>\$ 692,234</u></b>	<b><u>\$ 1,071,122</u></b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	80,053	908,705
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b><u>80,053</u></b>	<b><u>908,705</u></b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of August 2022**  
**Preliminary**

	YTD August 2022	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	2,259,074	2,485,434	(226,360)
Earned Income	18,912,871	19,538,455	(625,584)
General Revenue	19,417,492	18,968,634	448,858
<b>TOTAL INCOME</b>	<b>\$ 40,589,437</b>	<b>\$ 40,992,523</b>	<b>\$ (403,086)</b>
<b>EXPENSES:</b>			
Salaries	20,816,509	20,941,718	(125,209)
Employee Benefits	3,660,874	3,752,088	(91,214)
Medication Expense	582,386	573,245	9,141
Travel - Board/Staff	270,133	270,290	(157)
Building Rent/Maintenance	313,842	322,050	(8,208)
Consultants/Contracts	8,181,889	8,277,167	(95,278)
Other Operating Expenses	3,193,864	3,193,221	643
<b>TOTAL EXPENSES</b>	<b>\$ 37,019,497</b>	<b>\$ 37,329,779</b>	<b>\$ (310,282)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,569,940</b>	<b>\$ 3,662,744</b>	<b>\$ (92,804)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	1,590,113	1,659,131	(69,018)
Capital Outlay - Debt Service	908,705	910,613	(1,908)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 2,498,818</b>	<b>\$ 2,569,744</b>	<b>\$ (70,926)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 39,518,315</b>	<b>\$ 39,899,523</b>	<b>\$ (381,208)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,071,122</b>	<b>\$ 1,093,000</b>	<b>\$ (21,878)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	908,705	910,613	(1,908)
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>908,705</b>	<b>910,613</b>	<b>(1,908)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended August 2022**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2022</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(97,055)	468,888	(565,943)
Earned Income	3,252,038	3,817,649	(565,611)
General Revenue-Contract	1,553,281	1,471,310	81,971
<b>TOTAL INCOME</b>	<b>\$ 4,708,264</b>	<b>\$ 5,757,847</b>	<b>\$ (1,049,583)</b>
<b>EXPENSES:</b>			
Salaries	2,144,180	1,082,539	1,061,641
Employee Benefits	173,955	151,674	22,281
Medication Expense	63,646	9,851	53,795
Travel - Board/Staff	30,266	(34,732)	64,998
Building Rent/Maintenance	24,634	114,191	(89,557)
Consultants/Contracts	949,114	2,362,077	(1,412,963)
Other Operating Expenses	336,569	744,244	(407,675)
<b>TOTAL EXPENSES</b>	<b>\$ 3,722,365</b>	<b>\$ 4,429,844</b>	<b>\$ (707,480)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 985,899</b>	<b>\$ 1,328,003</b>	<b>\$ (342,103)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	213,612	372,975	(159,363)
Capital Outlay - Debt Service	80,053	81,939	(1,886)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 293,665</b>	<b>\$ 454,914</b>	<b>\$ (161,249)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 4,016,030</b>	<b>\$ 4,884,758</b>	<b>\$ (868,728)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 692,234</b>	<b>\$ 873,089</b>	<b>\$ (180,854)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	80,053	81,939	(1,886)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>80,053</b>	<b>81,939</b>	<b>(1,886)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD August 2021 Comparative Data**  
**Year to Date as of August 2022**  
**Preliminary**

<b>INCOME:</b>	<b>YTD August 2022</b>	<b>YTD August 2021</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	2,259,074	1,938,535	320,539
Earned Income	18,912,871	12,868,586	6,044,285
General Revenue-Contract	19,417,492	18,961,407	456,085
<b>TOTAL INCOME</b>	<b>\$ 40,589,436</b>	<b>\$ 33,768,528</b>	<b>\$ 6,820,909</b>
<b>EXPENSES:</b>			
Salaries	20,816,509	19,511,221	1,305,288
Employee Benefits	3,660,874	3,998,269	(337,395)
Medication Expense	582,386	689,693	(107,307)
Travel - Board/Staff	270,133	188,785	81,348
Building Rent/Maintenance	313,842	239,674	74,168
Consultants/Contracts	8,181,889	4,752,665	3,429,224
Other Operating Expenses	3,193,864	2,403,913	789,951
<b>TOTAL EXPENSES</b>	<b>\$ 37,019,497</b>	<b>\$ 31,784,218</b>	<b>\$ 5,235,277</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,569,939</b>	<b>\$ 1,984,310</b>	<b>\$ 1,585,632</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	1,590,113	645,494	944,619
Capital Outlay - Debt Service	908,705	836,022	72,683
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 2,498,818</b>	<b>\$ 1,481,516</b>	<b>\$ 1,017,302</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 39,518,312</b>	<b>\$ 33,265,734</b>	<b>\$ 6,252,578</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,071,122</b>	<b>\$ 502,793</b>	<b>\$ 568,330</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	908,705	836,022	72,683
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>908,705</b>	<b>836,022</b>	<b>72,683</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With August 2021 Comparative Data**  
**For the Month ending August 2022**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2022</b>	<b>MONTH OF August 2021</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(97,055)	105,350	(202,405)
Earned Income	3,252,038	996,880	2,255,158
General Revenue-Contract	1,553,281	1,359,360	193,921
<b>TOTAL INCOME</b>	<b>\$ 4,708,264</b>	<b>\$ 2,461,590</b>	<b>\$ 2,246,674</b>
Salaries	2,144,180	1,415,049	729,131
Employee Benefits	173,955	146,271	27,684
Medication Expense	63,646	33,956	29,690
Travel - Board/Staff	30,266	26,444	3,822
Building Rent/Maintenance	24,634	22,076	2,558
Consultants/Contracts	949,114	384,630	564,484
Other Operating Expenses	336,569	203,591	132,978
<b>TOTAL EXPENSES</b>	<b>\$ 3,722,365</b>	<b>\$ 2,232,017</b>	<b>\$ 1,490,347</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 985,899</b>	<b>\$ 229,573</b>	<b>\$ 756,327</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	213,612	30,899	182,713
Capital Outlay - Debt Service	80,053	69,667	10,386
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 293,665</b>	<b>\$ 100,566</b>	<b>\$ 193,099</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 4,016,030</b>	<b>\$ 2,332,583</b>	<b>\$ 1,683,447</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 692,234</b>	<b>\$ 129,007</b>	<b>\$ 563,228</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	80,053	69,667	10,386
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>80,053</b>	<b>69,667</b>	<b>10,386</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With July 2022 Comparative Data**  
**For the Month Ended August 2022**  
**Preliminary**

<b>INCOME:</b>	<b>MONTH OF August 2022</b>	<b>MONTH OF July 2022</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(97,055)	67,326	(164,381)
Earned Income	3,252,038	1,815,469	1,436,569
General Revenue-Contract	1,553,281	2,066,827	(513,546)
<b>TOTAL INCOME</b>	<b>\$ 4,708,264</b>	<b>\$ 3,949,622</b>	<b>\$ 758,642</b>
<b>EXPENSES:</b>			
Salaries	2,144,180	1,901,126	243,054
Employee Benefits	173,955	342,267	(168,312)
Medication Expense	63,646	40,108	23,538
Travel - Board/Staff	30,266	19,305	10,961
Building Rent/Maintenance	24,634	57,911	(33,277)
Consultants/Contracts	949,114	839,934	109,180
Other Operating Expenses	336,569	436,969	(100,400)
<b>TOTAL EXPENSES</b>	<b>\$ 3,722,365</b>	<b>\$ 3,637,621</b>	<b>\$ 84,743</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 985,899</b>	<b>\$ 312,001</b>	<b>\$ 673,899</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	213,612	224,183	(10,571)
Capital Outlay - Debt Service	80,053	80,053	0
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 293,665</b>	<b>\$ 304,235</b>	<b>\$ (10,570)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 4,016,030</b>	<b>\$ 3,941,856</b>	<b>\$ 74,174</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 692,234</b>	<b>\$ 7,765</b>	<b>\$ 684,470</b>

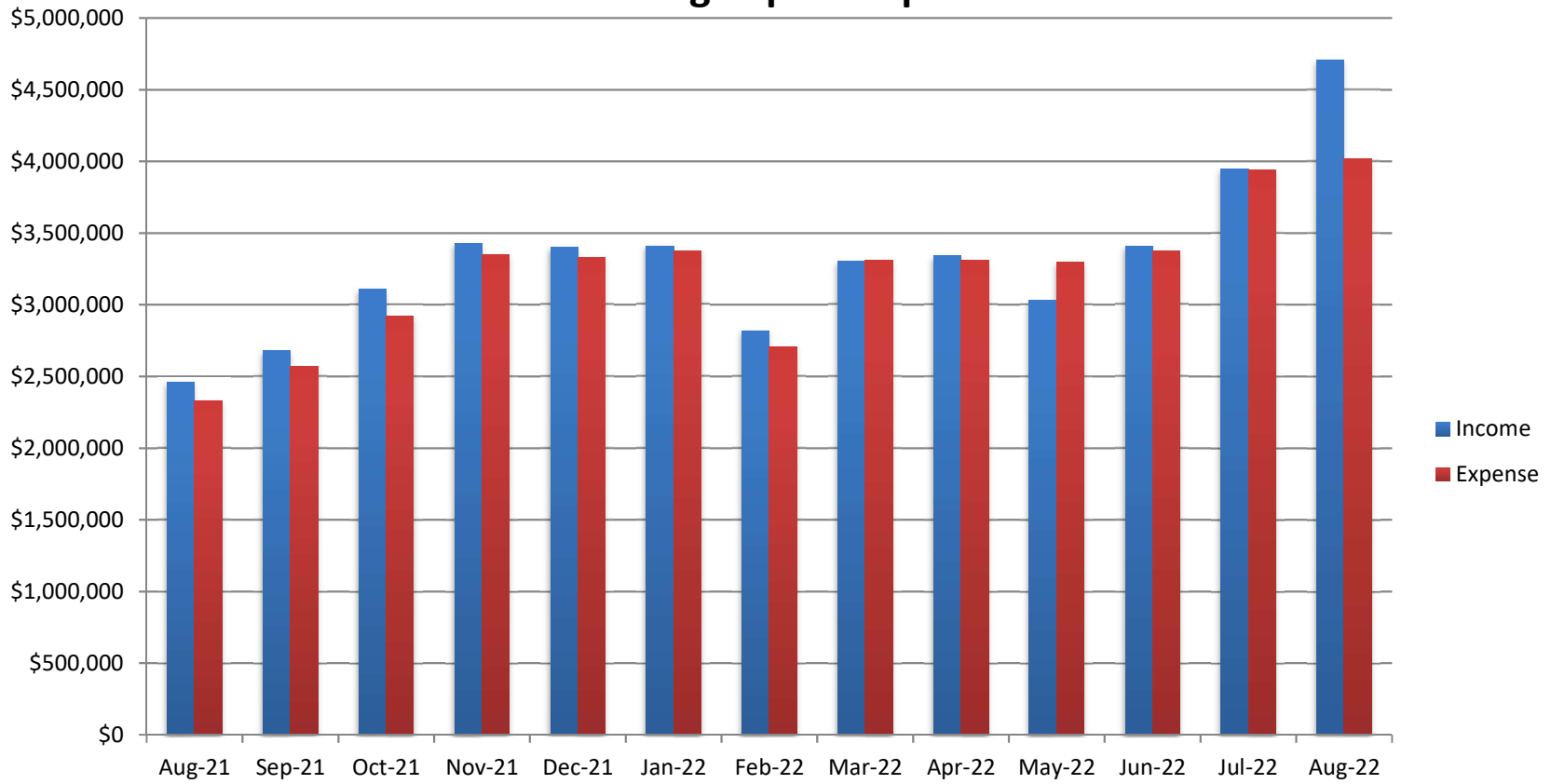
<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	80,053	80,053	0
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>80,053</b>	<b>80,053</b>	<b>0</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of August 2022**

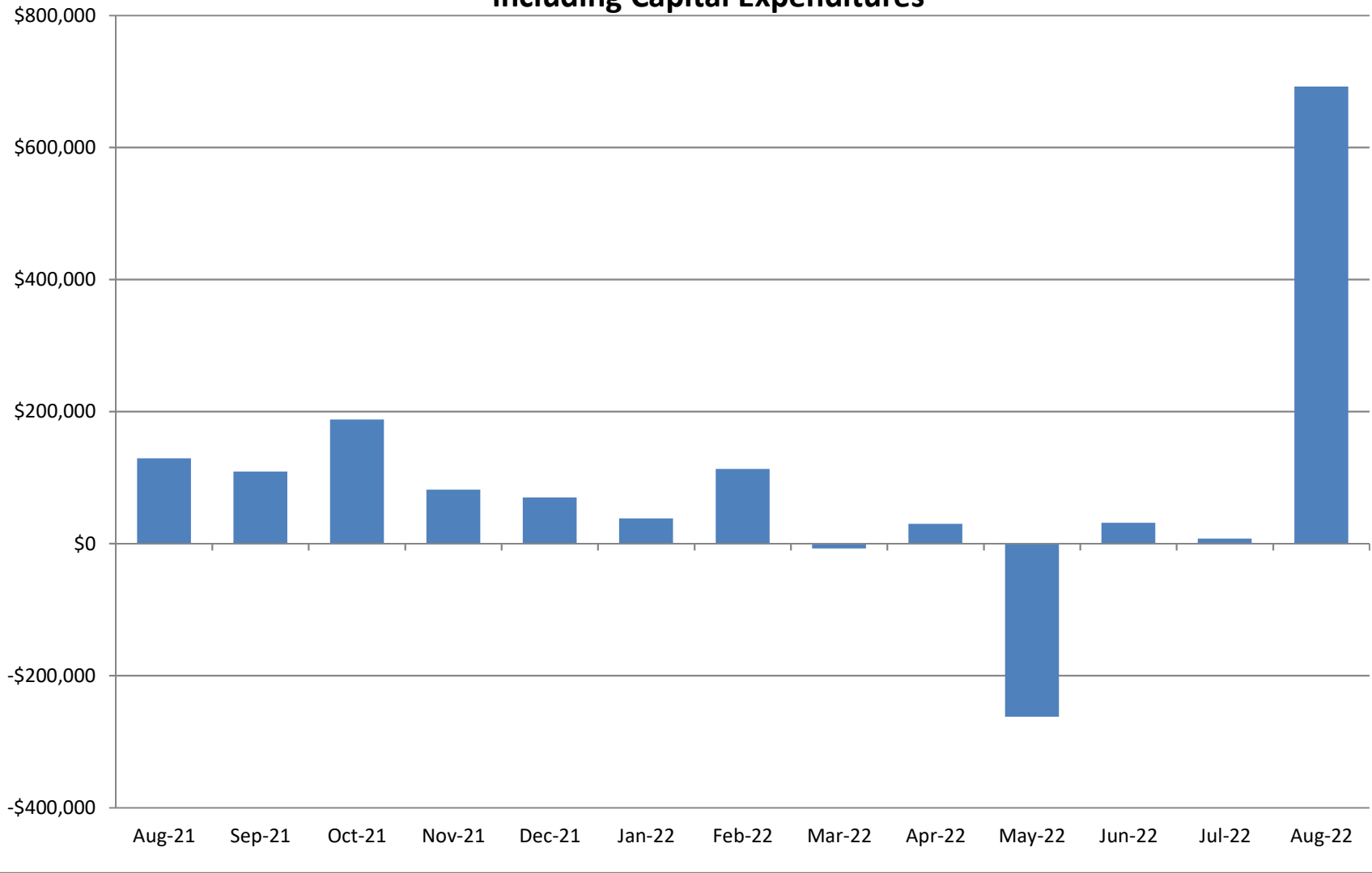
	YTD Mental Health August 2022	YTD IDD August 2022	YTD Other Services August 2022	YTD Agency Total August 2022	YTD Approved Budget August 2022	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,951,050	(174,541)	482,566	2,259,074	2,485,434	(226,360)
Earned Income	6,312,386	4,196,137	8,404,348	18,912,871	19,538,455	(625,584)
General Revenue-Contract	16,047,235	1,786,745	1,583,511	19,417,491	18,968,634	448,857
<b>TOTAL INCOME</b>	<b>\$ 24,310,671</b>	<b>\$ 5,808,341</b>	<b>\$ 10,470,425</b>	<b>\$ 40,589,437</b>	<b>\$ 40,992,523</b>	<b>\$ (403,087)</b>
<b>EXPENSES:</b>						
Salaries	11,338,157	3,176,954	6,301,398	20,816,509	20,941,718	(125,209)
Employee Benefits	2,115,384	566,796	978,693	3,660,874	3,752,088	(91,214)
Medication Expense	498,041		84,345	582,386	573,245	9,141
Travel - Board/Staff	136,490	78,999	54,645	270,133	270,290	(157)
Building Rent/Maintenance	245,116	20,069	48,658	313,842	322,050	(8,208)
Consultants/Contracts	5,267,627	1,101,840	1,812,422	8,181,888	8,277,167	(95,279)
Other Operating Expenses	1,610,680	655,672	927,512	3,193,864	3,193,221	643
<b>TOTAL EXPENSES</b>	<b>\$ 21,211,495</b>	<b>\$ 5,600,330</b>	<b>\$ 10,207,673</b>	<b>\$ 37,019,497</b>	<b>\$ 37,329,779</b>	<b>\$ (310,283)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,099,176</b>	<b>\$ 208,011</b>	<b>\$ 262,752</b>	<b>\$ 3,569,940</b>	<b>\$ 3,662,744</b>	<b>\$ (92,804)</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	1,140,984	183,213	265,914	1,590,110	1,659,131	(69,021)
Capital Outlay - Debt Service	527,049	136,306	245,350	908,705	910,613	(1,908)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,668,033</b>	<b>\$ 319,519</b>	<b>\$ 511,264</b>	<b>\$ 2,498,816</b>	<b>\$ 2,569,744</b>	<b>\$ (70,929)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 22,879,528</b>	<b>\$ 5,919,849</b>	<b>\$ 10,718,937</b>	<b>\$ 39,518,313</b>	<b>\$ 39,899,523</b>	<b>\$ (381,212)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,431,143</b>	<b>\$ (111,508)</b>	<b>\$ (248,512)</b>	<b>\$ 1,071,122</b>	<b>\$ 1,093,000</b>	<b>\$ (21,875)</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	527,049	136,306	245,350	908,705	910,613	(383,564)
		-	-	-	-	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>527,049</b>	<b>136,306</b>	<b>245,350</b>	<b>908,705</b>	<b>910,613</b>	<b>(383,564)</b>

# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense including Capital Expenditures



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



**Agenda Item:** 4<sup>th</sup> Quarter FY 2022 Quarterly Investment Report

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

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

**Supporting Documentation:**

Quarterly TexPool Investment Report

Quarterly Interest Report

**Recommended Action:**

**For Information Only**

## QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31<sup>st</sup> 2022

### GENERAL INFORMATION

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	June	July	August
Uninvested Balance	746.58	1,363.05	236.90
Accrual of Interest Income	13,239,410.71	21,039,373.47	30,416,645.77
Interest and Management Fees Payable	-13,838,432.26	-21,640,557.77	-33,450,341.93
Payable for Investments Purchased	-124,001,527.50	0.00	-807,481,798.01
Accrued Expense & Taxes	-22,376.48	-25,216.52	-72,711.31
Repurchase Agreements	5,243,484,686.00	7,202,408,000.00	7,695,254,000.00
Mutual Fund Investments	3,523,074,000.00	2,127,085,200.00	2,127,085,200.00
Government Securities	9,244,988,725.23	9,518,696,407.89	9,586,924,689.50
U.S. Treasury Bills	4,131,382,419.99	3,689,330,629.20	2,178,953,146.43
U.S. Treasury Notes	3,998,160,483.24	3,617,109,423.72	4,573,639,055.86
<b>TOTAL</b>	<b>\$26,016,468,135.51</b>	<b>\$26,154,004,623.05</b>	<b>\$25,351,268,123.21</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	746.58	-784,625.43
Accrual of Interest Income	2,305,265.68	35,457,148.67
Interest and Management Fees Payable	-13,838,432.26	-45,232,820.64
Payable for Investments Purchased	-124,001,527.50	-50,000,000.00
Accrued Expenses & Taxes	-22,376.48	-24,628.34
Repurchase Agreements	5,243,484,686.00	8,489,894,000.00
Mutual Fund Investments	3,523,074,000.00	1,627,074,000.00
Government Securities	9,245,226,335.03	8,247,280,930.25
U.S. Treasury Bills	4,134,504,337.74	1,616,881,144.27
U.S. Treasury Notes	4,000,439,901.11	4,421,384,707.22
<b>TOTAL</b>	<b>\$26,022,107,080.93</b>	<b>\$24,341,929,856.00</b>

### Portfolio by Maturity as of August 31, 2022

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
81.3%	10.5%	5.1%	3.1%

### Portfolio by Type of Investments as of August 31, 2022

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
15.3%	34.8%	43.2%	6.7%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 1.00% for June, 1.52% for July, and 2.16% for August.

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

The weighted average maturity of the fund as of August 31, 2022 was 24 days.

The net asset value as of August 31, 2022 was 0.99942.

The total amount of interest distributed to participants during the period was \$45,232,569.22.

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

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

During the reporting period, the total number of participants increased to 2,728.

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

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

Submitted by:

\_\_\_\_\_  
Sheryl Baldwin  
Manager of Accounting / Investment Officer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evan Roberson  
Executive Director / Investment Officer

\_\_\_\_\_  
Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
 QUARTERLY INTEREST EARNED REPORT  
 FISCAL YEAR 2022  
 As Of August 2022**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07	\$ 315.07	\$ 308.22	\$ 311.64	\$ 1,250.00
First Liberty National Bank	\$ 0.45	\$ 0.44	\$ 0.45	\$ 0.47	\$ 1.81
JP Morgan Chase (HB)	\$ 197.42	\$ 187.98	\$ 418.29	\$ 2,634.31	\$ 3,438.00
Prosperity Bank	\$ 26.03	\$ 25.75	\$ 26.33	\$ 67.57	\$ 145.68
Prosperity Bank CD (formerly Tradition)	\$ 5.10	\$ 5.07	\$ 5.19	\$ 5.19	\$ 20.55
TexPool Participants	\$ 5.42	\$ 7.28	\$ 58.66	\$ 255.25	\$ 326.61
<b>Total Earned</b>	<b>\$ 549.49</b>	<b>\$ 541.59</b>	<b>\$ 817.14</b>	<b>\$ 3,274.43</b>	<b>\$ 5,182.65</b>

**Agenda Item:** Board of Trustees Unit Financial Statement as of August 2022

**Board Meeting Date**

September 29, 2022

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

August 2022 Board of Trustees Unit Financial Statement

**Recommended Action:**

**For Information Only**

**Unit Financial Statement**

FY 2022  
August 31, 2022

	August 2022 Actuals	August 2022 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,031.00	\$ 2,031.00	\$ -	\$ 24,350.00	\$ 24,350.00	\$ -	100.00%	\$ 24,350.00
<b>Total Revenue</b>	<b>\$ 2,031.00</b>	<b>\$ 2,031.00</b>	<b>\$ -</b>	<b>\$ 24,350.00</b>	<b>\$ 24,350.00</b>	<b>\$ -</b>	<b>100.00%</b>	<b>\$ 24,350.00</b>
Expenses								
Employee Recognition	\$ -	\$ -	\$ -	\$ 29.90	\$ -	\$ 29.90		
Insurance-Worker Compensation	\$ 3.93	\$ 7.00	\$ (3.07)	\$ 34.38	\$ 150.00	\$ (115.62)	22.92%	\$ 150.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 18,000.00	\$ 18,000.00	\$ -	100.00%	\$ 18,000.00
Miscellaneous	\$ -	\$ -	\$ -	\$ 179.00	\$ -	\$ 179.00		\$ 18,000.00
Supplies-Office	\$ -	\$ -	\$ -	\$ 56.90	\$ -	\$ 56.90		\$ 18,000.00
Training	\$ -	\$ -	\$ -	\$ 910.00	\$ -	\$ 910.00	0.00%	\$ -
Travel - Local	\$ -	\$ 38.00	\$ (38.00)	\$ -	\$ 500.00	\$ (500.00)	0.00%	\$ 500.00
Travel - Non-local mileage	\$ -	\$ 212.00	\$ (212.00)	\$ 420.66	\$ 2,500.00	\$ (2,079.34)	0.00%	\$ 2,500.00
Travel - Non-local Hotel	\$ 151.47	\$ 163.00	\$ (11.53)	\$ 4,219.27	\$ 2,500.00	\$ 1,719.27	0.00%	\$ 2,000.00
Travel - Meals	\$ -	\$ 100.00	\$ (100.00)	\$ 796.98	\$ 1,200.00	\$ (403.02)	0.00%	\$ 1,200.00
<b>Total Expenses</b>	<b>\$ 1,655.40</b>	<b>\$ 2,020.00</b>	<b>\$ (364.60)</b>	<b>\$ 24,647.09</b>	<b>\$ 24,850.00</b>	<b>\$ (202.91)</b>	<b>99.18%</b>	<b>\$ 60,350.00</b>
<b>Total Revenue minus Expenses</b>	<b>\$ 375.60</b>	<b>\$ 11.00</b>	<b>\$ 364.60</b>	<b>\$ (297.09)</b>	<b>\$ (500.00)</b>	<b>\$ 202.91</b>	<b>0.82%</b>	<b>\$ (36,000.00)</b>

# UPCOMING MEETINGS

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## **October 27, 2022 – Board Meeting**

- Longevity Presentations
- Approve Minutes from September 29, 2022 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2022
- Program Updates
- Board of Trustees Oaths of Office (if not present in September 2022)
- Approve Financial Statements for September 2022
- Personnel Report for September 2022
- Texas Council Risk Management Fund Claims Summary for September 2022
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for September 2022
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement for September 2022
- HUD 811 Updates – Cleveland, Montgomery & Huntsville

## **December 1, 2022 – Board Meeting**

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Approve Minutes from October 27, 2022 Board Meeting
- Community Resources Report
- Consumer Services Report October 2022
- Program Updates
- Personnel Report October 2022
- Texas Council Risk Management Fund Claims Summary for October 2022
- Approve Financial Statements for October 2022
- Reappoint ICI, MSHI and CSHI Board of Directors
- Board of Trustees Unit Financial Statement October 2022

### Tri-County Behavioral Healthcare Acronyms

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

DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
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
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital

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

Updated June 2022