



---

# TEXOMA COMMUNITY CENTER

---

Board of Trustees Meeting



DECEMBER 5, 2018

COMMITTEE "AT LARGE" WORK SESSION 11:00 AM

BOARD MEETING 12:00 PM

315 W McLain, Sherman, Texas 75092

# AGENDA

---

**Texoma Community Center**  
**315 W McLain, Sherman, Texas 75092**  
**Committee “At Large” Work Session 11:00 AM**  
**Board of Trustees Meeting: Wednesday, December 5, 2018 12:00 PM**

---

## Board Members

---

Billy Hamilton, Chairman | Mark Brazelton, Vice-Chairman | Margaret Morris, Treasurer | Mary-k Wilson, Secretary | Terry Gilbert | Tom Watt | Mark Johnson | Don Riddle | Linda Henderson

---

- I. CALL TO ORDER AND RECOGNITION OF GUESTS**
- II. INVOCATION**
- III. COMMITTEE MINUTES (October 2018) No approval required** **Page 1**
- IV. APPROVAL OF BOARD OF TRUSTEES MINUTES (Sept 2018)** **Pages 2-4**
- V. PUBLIC COMMENT (Five minutes’ limit)**
- VI. CONSIDERATION OF EXCUSED TRUSTEES ABSENCES**
- VII. CHAIRPERSON’S REPORT**
- VIII. SPECIAL REPORTS**
  - Texas Council Report
  - PNAC
- IX. CEO’S REPORT** **Pages 5-18**
  - Presentation of Certificates of Appreciation
  - Total Serviced/Services for August 2018
  - State Funded: Adult Mental Health (AMH) Core Services
  - Mental Health First Aid
  - CRISIS/Mobile Crisis Outreach Team (MCOT)
  - State Funded: Veteran and Peer Services
  - State fee for Services: Home and Community Based Services (HCBS)
  - TDCJ Funded: Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)
  - Waiver Outpatient Counseling
  - CCBHC Readiness

- 1115 Waiver Funded: Substance Use Disorder
- DSHS Funded: Adult Specialized Female Outpatient Services (ASFOS)
- DSHS Funded: Office Based Opioid Treatment Program (OBOT)
- Sub-contracted: SUD Outreach, Screening, Assessment and Referral (OSAR)
- Non-State Funded: Drug Offender Education Program (DOEP)
- State Funded Recovery Support Services RU 140
- State Funded Adolescent Outpatient SUD Treatment RU 141
- Waiver Integrated Health Program
- State Funded and Cost Reimbursement: Intellectual & Developmental Disabilities (IDD)
- State Funded: Early Childhood Intervention (ECI)
- State Fee for Service: YES Waiver
- State Funded: Child & Adolescent Mental Health (C&A MH)
- Administrative Updates
- Front Desk Report (Cooke, Fannin, Grayson)
- Volunteer Services
- Human Resources Monthly Report
- Quality Management (Client Rights, QM, Training)
- Utilization Management
- Other Quality Management
- Planning and Network Advisory Committee (PNAC)
- IT issues (FYI)
- Program and Fiscal Expansion/Exploration
- Future Building Needs
- Transportation Issues (FYI)

**X. CONSENSUS REPORTS (No action required)**

- Monthly Safety Report

**Page 19**

**XI. ACTION ITEMS**

A. Budget & Finance Committee, Mrs. Margie Morris, Treasurer

1. Financial Report for October 2018

**Page 20**

B. Personnel Committee, Mr. Billy Hamilton, Chair

1. Consideration of providing each staff member with a \$25.00 gift card.

**Page 21**

**XII. PUBLIC COMMENT (Five minutes' limit)**

**XIII. ADJOURN**

# MINUTES (10/18)

---

## COMMITTEE MEETING MINUTES

Mr. Carvan Adkins presented the Annual Legal Training to the Trustees for the entirety of the work session. No action items were discussed at this time.

## **BOARD OF TRUSTEES MEETING MINUTES**

### **MEMBERS PRESENT**

Billy Hamilton  
Margaret Morris  
Mary-k Wilson  
Terry Gilbert  
Mark Johnson  
Tom Watt  
Don Riddle

### **STAFF PRESENT**

Daniel Thompson  
Jewel Morrow  
Andrea Mory  
Kristi Gourd  
Kahla Griffith  
Felicia Mays  
Diana Cantu  
Yvonne Posada  
Tohnie Hynds, Legal Counsel

### **MEETING CALLED TO ORDER**

Mr. Hamilton called the meeting to order at 11:05 PM on November 7, 2018. Mr. Daniel Thompson introduced and welcomed Yvonne Posada, Family Partner and Robert “Dale” Jackson, Controller.

### **INVOCATION**

Mr. Billy Hamilton gave the invocation.

### **COMMITTEE MINUTES**

No action required.

### **APPROVAL OF MINUTES**

The Board reviewed the minutes of the September 26, 2018 Board meeting. Mr. Don Riddle noted that a correction needed to be made. His name was not on the list of members present during last months meeting. Mr. Billy Hamilton moved to approve the minutes once the change has been made. Mr. Don Riddle seconded the motion. The motion carried unanimously.

### **PUBLIC COMMENT**

No public comment.

### **CONSIDERATION OF EXCUSED TRUSTEES ABSENCES**

Mr. Daniel Thompson explained that Mr. Mark Brazelton was absent due to a prior engagement. Mr. Hamilton requested Mr. Brazelton be excused from the Board Meeting. Ms. Mark-k Wilson made a motion to excuse their absences. Mr. Don Riddle seconded the motion. Motion carried unanimously.

### **CHAIRMAN'S REPORT**

Mr. Hamilton commented that he thoroughly enjoyed Destination Dignity. He mentioned seeing Board Members, staff, and their spouses working very hard at the event which made him proud.

## **SPECIAL REPORTS**

- **Texas Council Report** – Mrs. Margie Morris explained her takeaway on health, and health care from Texas Council. She stated countries that are comparable to the United States spend less money on healthcare but see better results than people in the United States. Mrs. Morris informed the Board that the issue is not political, it is a healthcare issue. Next, Ms. Morris mentioned speaking with a unified voice, so the community can be on the same page and also being committed to criminal justice. The last point mentioned was hot topics for the Legislative session.
  
- **The Planning and Network Advisory Committee (PNAC)** – The next PNAC meeting is December 4, 2018 at 3:30 p.m.

## **DIRECTOR'S REPORT**

Mr. Thompson's reviewed information referenced in his written report.

- **Administrative Updates** – Mr. Daniel Thompson stated although Mrs. Christina McManigell is absent, he is thankful for her five (5) years of service.

Mr. Thompson explained he has been going to multiple different conferences and Centers regarding the new CCBHC model. Also mentioning that there's a statewide desire that all 39 Centers become CCBHC certified. In a handout provided, Mr. Thompson explained Texas council is proposing an Integrated Health model that will extend and amend what is being done with Waiver funds. The Center has twenty-one (21) months left to prepare before the State expects us to be ready. The Chiefs have been working diligently on a strategic plan that will get The Center to where it needs to be.

## **CONSENSUS REPORT**

No action required.

- 1) Monthly Safety Report

## **ACTION ITEMS**

A. Budget & Finance Committee, Mrs. Morris, Chair

1. Consideration of the Financial Reports for September 2018.

Mrs. Jewel Morrow explained that there has been challenges with the new EHR system and how the encounter data is captured. She explained that if a service had not been completed and billed it was not being captured, also miscellaneous notes were not being captured. Mrs. Morrow believes the issue has since been fixed. Mr. Thompson stated that he spoke to an employee of the state and all 13 Centers who have switched to this system have been experiencing trouble as well. Mrs. Morrow mentioned revenue appears down, but they are in fact there, the way it was reported was inaccurate. The board was directed to page 1A where Mrs. Morrow explained that though a program appears in the negative the numbers may not fully be correct at this time, but the October report will be notably different. Although there has been issues the Center is positive 111,000.

Administrative costs are higher than normal, but that is due to the purchase of a new facility and charges that align with the facility. Mrs. Morrow informed the Trustees that the Financial auditors will return in December. The Center is currently at 32.2 days of operation. Mr. Mark Johnson made the motion to approve September 2018 financials. Ms. Margie Morris seconded the motion. The motion carried unanimously.

**CLOSED EXECUTIVE SESSION-** Government Code, 5 O.H.A. §551.074 Government Code, 5 O.H.A. §551.074 Consideration of requested changes to the CEO annual contract and related processes.

1. Called back into open session

### **ACTION ITEMS**

1. Consideration of approval of changes to the CEO's annual contract and related processes.

The Board reviewed the Consideration of approval of changes to the CEO's annual contract and related processes. Mr. Don Riddle made a motion to approve the changes to the CEO's annual contract and related processes. Mr. Mark Johnson seconded the motion. The motion carried unanimously.

### **PUBLIC COMMENT**

No public comment.

### **ADJOURN**

There being no further business, Mr. Mark Johnson asked for a motion to adjourn. Mr. Don Riddle seconded the motion. The meeting adjourned at 1:45 p.m.

---

Mary-k Wilson, Secretary  
(as recorded by Felicia Mays)

# CEO'S REPORT

---

## **Presentation of Certificates of Appreciation:**

Presentation of Certificates of Appreciation to Sue Nepvue, Accounts Payable Clerk, for her twenty years, Whitney Redden, Forensic Services Director, for her ten years, Seree Victorino, CAMH Administrative Assistant, for her five years, and Davetta Green, Crisis Tech, for her five years of service to Texoma Community Center.

## **Total Serviced/Services for October 2018:**

This information is currently not available. IT is working through issues with our new EHR. Once the issues have been resolved the information will be provided.

<b>October 2018</b>	<b>Grayson</b>	<b>Fannin</b>	<b>Cooke</b>	<b>other</b>	<b>unknown</b>
<b>Encounters</b>					
<b>Clients</b>					
<b>Hours of service</b>					

Note – program data freezes on the 15<sup>th</sup> of each month – some numbers may change

## **State-funded Adult Mental Health (AMH) Core Services:**

Adult Mental Health (AMH) served 907 individuals in a full level of care during the month of October. This is currently under our target by 2%, which resulted in individuals being removed from the waitlist during the first weeks of October. Admission into AMH will continue to be monitored by Steven Wilks (Director of AMH) and Dorcas Graham (Triage Manager) for continued need of a waitlist on a month-to-month basis with the goal to not exceed 103%.

Our triage staff remained busy as there were 94 individuals who presented for services during our open access days during the month of September—60 adults and 34 children. To allow for easier access to services and in preparation for CCBHC certification, the triage department is attempting to complete all intake requirements in one day. Our triage department is currently working on becoming fully staffed to handle the influx of individuals presenting for services.

The Triage programs experienced multiple staffing changes during October. Dorcas Graham was promoted to Triage Manager at the end of the month. Jacob Martinez, Triage Counselor, left the agency, but Emily Davis and Rebecca Chase were hired as triage counselors. In addition, one Fannin County case manager left the agency, but a replacement was hired at the end of the month. Case managers continue to be very busy and are working together to fill the gaps to make sure individuals continue to receive exceptional care despite staffing issues and influx of new admits. Some productivity reporting is still not available at this time due to the continued development of SmartCare reporting. However, all AMH staff have become more comfortable with the new system.

### **Mental Health First Aid:**

Whytney Mask and Joel McLain are currently in the process of setting up the first Youth Mental Health First Aid class. Both Whytney and Joel will also be working toward receiving their instructor certification for the Adult Mental Health First Aid course after the first of the year.

### **CRISIS/Mobile Crisis Outreach Team (MCOT):**

142 crisis screenings were completed by the Mobile Crisis Outreach Team (MCOT) in October, with 101 resulting in a face-to-face assessment. Thirty-six (36) individuals presenting in crisis were related to substance use issues and/or detox. Thirty-four (34) of the individuals were diverted from local and/or state hospitals to TCC's Crisis Respite Unit (CRU).

MCOT utilized the ICW (Inpatient Care Waitlist) for state hospital referrals for 4 individuals for the month of October, with another 4 individuals being carried over from September, with 1 acquiring placement from the ICW. Six were removed due to no longer meeting criteria. There are 2 individuals on the ICW to date that are rolling over to November. In October, MCOT found out that one of our local state hospitals, North Texas State Hospital in Wichita Falls, has lost 21 beds due to lack of funding. MCOT has been adjusting to having more difficulties finding state placement when necessary, and Private Purchase Bed Funding has been very much needed due to this new development.

Private purchase bed (PPB) funds are no longer on hold. The addition of this funding has reduced the stress on MCOT, local ERs, and law enforcement and has provided access to appropriate placement. Seven (7) individuals were approved on PPB with all 7 being admitted. 37 bed days were utilized for the month of September.

The CRU beds have been reduced to 2 mental health and 2 IDD crisis beds. Many factors have contributed to the reduction in crisis beds including lack of state crisis funding and minimal community support to expand needed crisis placement.

Cooke County Jail Diversion occurred on October 11<sup>th</sup>; Fannin County Jail Diversion occurred on October 25<sup>th</sup>, and Grayson County's MH Collaboration was on October 4<sup>th</sup>. Issues that continue to be discussed and collaborated on across all three counties include appropriate routes of treatment for individuals who have mental health concerns, and if jail assessments or crisis assessments are needed. Discussion has also been focused on Texoma Community Center's new forensic program: new services, new transitional housing, and what kind of care that can be provided. All jails are excited and ready for the new changes to be in place! Joel McLain has been working diligently to put together a Forensic Expansion Conference, which will be held on December 6<sup>th</sup> at the Municipal Ballroom to discuss Senate Bill 292, and how MCOT will play a role in this new addition to the center.

MCOT has also welcomed two new crisis team members over the past month. Virma Rider who has an extensive history in working with crisis intervention and case management has filled the part time weekend day shift position, and starting in November, we have also welcomed Austin Belrose, who will be working night shift full time. Both individuals are working diligently to learn how to provide effective crisis response, case management, and building new relationships with community members. Another new change to MCOT is Amanda Thiele moved from Crisis Team Lead to Crisis Fidelity Manager, which opened a spot for Crisis Team Lead. We now currently have a couple positions open, which include: Crisis Team Lead and a Crisis Team Worker for day shift 12p-8p Monday – Friday.

### **State-funded Veteran and Peer Services Report:**

The Veteran Services Program had a busy month in October. North Texas Regional Veteran Treatment County in Grayson County currently has thirteen participants. Three Marine Veterans will graduate in November. Fannin currently has ten participants. The Veteran Treatment Court has grown to include a Psychologist and a case worker that will be able to provide more resources.

Veteran Services assisted the planning of the Veterans Homeless Stand Down which is hosted by the Veterans Administration. Turnout was low due to the nonsupport from Bonham Domiciliary. The people that attended were provided with lots of resources and one Veteran received a free haircut. The Veteran Services program attended several networking meetings with in the area and is continuing to provide awareness for the program.

November will be a busy month with all the Veteran Day activities planned. The official opening of the Valor Program which is currently providing services to two of the Grayson County VTC participants will be held on November 10, 2018.

The Veteran Services/MVPN Program is continuing to gain more awareness within the community and receiving referrals. The program has awesome volunteers within the program and we could not do it without all of their hard work and dedication. Looking forward to another great month and more activities for the Veteran and family community.

### **State fee for services: Home and Community Based Services – AMH (HCBS):**

HHSC visited TCC in November to discuss plans for HCBS. The TCC HCBS currently has no clients enrolled. HHSC assured TCC that through an MCO contract with Cigna 30 clients in Grayson county and 80 in combined Cooke, Fannin, and Grayson counties had been identified to meet criteria for the HCBS Program. Pursuant to this meeting, conversation have continued between the CEO and HHSC HCBS team lead regarding coordination of referrals of potential clients identified.

HHSC is currently working to schedule a visit to Texoma the week of December 17-21 and provide a training with Texoma HCBS-AMH referral point of contact, the jail diversion contact (Joel McLain), Cigna care coordinator, and possibly the local ERs (main ER case manager).

Through the care coordinator, HCBS-AMH will initiate the referral and enrollment process for potential participants based on MCO data HHSC is currently seeking guidance on data sharing and the parameters around sharing the MCO data directly with LMHA's.

Additional issues discussed during the November visit included:

- RM requirements (master's level)
  - After session HHSC plans on re-evaluating (exploring) the requirements and considering making an exception for rural and frontier areas to have a bachelor's level staff overseeing the program.
  -
- Transparency of state hospital participants
  - HHSC is currently speaking with state hospital to ensure the appropriate information is shared when referring a participant. HHSC is also streamlining the referral and enrollment process by educating SH social workers.
- HCBS-AMH Assessment (ANSA) Eligibility
  - Creating a one-pager guide to share with providers on, "what is an appropriate HCBS-AMH participant".

HHSC will coordinate with Kristi Gourd moving forward, as Jessica Phillips (former HCBS Recovery Manager) separated employment in November. The HCBS Recovery Manager position is currently posted and interviews will be scheduled upon receipt of feasible applications. As there are no current HCBS clients, CEO has advised HHSC that we need to either utilize the program and remove obstacles to enrollment, or TCC may consider termination or amendments to the current contract.

### **TDCJ-funded: Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Program Update:**

The TCOOMMI program served 52 offenders in intensive case management with a team approach during October 2018. TCOOMMI Continuity of Care received 5 referrals from Texas Department of Criminal Justice this month. Five individuals were released from prison and back to the Texoma community this month. TCOOMMI provided full triage and assessment services to these individuals as well as service coordination and medication continuation services probation and parole referred 1 individual this month who also received full triage services in preparation for admit to the caseloads. The parole caseload successfully completed Quarterly Treatment Team Reviews this month. The Cooke county group continues to have high demand. Transportation for Cooke county clients has been a big challenge and lack of transportation continues to be a barrier to services in that area. Other program challenges continue to be space related at this time.

Both the parole and probation case managers are sharing an office and trying to serve 50 offenders out of one office. Individuals on the caseload continue to demonstrate a need for counseling level services but capacity is not able to meet that need at this time.

SB 292 is waiting on funds to arrive. Have conducted several interviews in preparation for startup.

### **Waiver Outpatient Counseling Program:**

The total number of clients served by staff in the Waiver Outpatient Counseling program in October 2018, was 76 individuals. Staff saw 57 clients from Grayson County, 8 from Cooke County and 11 from Fannin County. There were 29 new client referrals processed in October. The focus continues to be to get people scheduled with the next available counselor and engage them in services as soon as possible. Staff continued learning and utilizing the new SmartCareEHR system and are beginning to master it. The biggest challenge for the month, which also was exciting for staff, was the move to the new building at 2113 Loy Lake Road.

Staff successfully settled into their new offices and feedback from clients is that they feel the new space is more professional, which was a goal. Planning has begun to ramp up insurance-paying services while still meeting the criteria for providing counseling to low income, Medicaid and indigent individuals in this region.

### **CCBHC Readiness:**

Staff continue to focus on preparing to become a Certified Community Behavioral Health Center (CCBHC), using the “CCBHC Goals and Objectives Plan” as well as the National Council’s “Readiness Tool” for compliance preparation. Other certifications are also being pursued in order to improve the Clinic’s services and professional standing.

DY 7 and 8 reporting to HHSC was submitted at the end of October and all reportable categories were successfully completed. The entire format has changed from previous years, and CMS is requiring each Center to fill out a specific Cost Analysis Tool that will evaluate the health cost savings the waiver initiatives were designed to ensure. This tool has been selected and data for reporting outcomes will be completed throughout the next year.

### **1115 Federal Waiver Funded Adult Outpatient SUD Treatment RU 202/Family Drug Court RU 201**

The adult outpatient SUD team provided services for 101 individuals referred to and/or enrolled in SUD treatment. The SUD Department is working to fill all open positions and transitioning current teammates into new roles. Family Drug Court remains filled with 11 active participants and requires much time in participation in treatment team meeting and court sessions. The adult outpatient program continues to receive anywhere from 8-30 referrals each week and needs an additional counselor to accommodate requests for services. Barriers for the SUD programs include lack of participation in the EHR system for the months of September and October, precluding billing for services provided.

### **State Funded Adult Specialized Female Outpatient Services (ASFOS) RU 38**

The ASFOS Program had 28 active participants for the month with 0 clients in the referral/intake process. Due to the current growth of and need for the program, clients referred will be wait listed for ASFOS and offered interim services in the adult outpatient (202) program when possible. This process is in place until further notice as the SUD Team is waiting to hear about additional funding for TY 19 from HHSC for the ASFOS Program.

### **State Funded Office Based Opioid Treatment Program (OBOT) RU 39**

The OBOT Program remains filled with 19 active clients and 3 on the waitlist. Betty Towler, MSW, LCDC-Intern, has assumed a more intensive role in the program as she continues her training to move into the primary counselor role for the OBOT caseload. Her caseload of non-state funded clients who are on medication assisted treatment has also increased during the month of October.

### **Sub-contract Funded Outreach, Screening, Assessment and Referral (OSAR)RU 014:**

The Outreach, Screening, Assessment and Referral (OSAR-RU-14) program completed 16 screening (11-Grayson, 4-Fannin, 1-Cooke). Of those screened, 7 were referred to residential treatment, 4 were referred to OBOT, and 5 was referred to detox.

House Bill 13 funding has allowed for the creation of an MCOT LCDC position which will be combined with the OSAR Coordinator position moving forward; the position is posted at this time.

### **Non-State/Non-Federal Revenue Streams RU 212: Offender Education Program-Drug Offender Education (DOEP) / Drug & Alcohol Assessments / Substance Use EDU classes for Denison High School Students/ Snack Station Fundraiser**

DOEP class had (5) paid participants generating \$375. Two fee-for-service D&A were provided @ \$75.00, and snack station submitted \$56.00. Total non-state, non-federal revenue generated in October was \$506.00 for the SUD Department.

### **State Funded Recovery Support Services RU 140**

Recovery Coaches Paul Moore and Ashley Owens have continued building this state funded program designed to help people in recovery from an opioid use disorder develop firm attachments to their community and promote sustained recovery. Recovery Coaches participated in numerous community outreach activities and have a combined active caseload of 16 clients. Several of those clients have received support services including moving into sober living housing, obtaining jobs, receiving transportation to recovery related appointments, and support with CPS supervised visitation and appointments. This program is dynamic and extremely active and expected to continue growing as the Coaches work to form the Participant Action Committee in the coming months.

### **State Funded Adolescent Outpatient SUD Treatment RU 141**

Program Manager, Amber Denney, LPC is working with her team (Clayton Jech, LPC, and Ashley Hall, Administrative Assistant) to develop the adolescent outpatient treatment program. An open house for the community and all interested stakeholders has been scheduled for Thursday, November 15, 2018 from 4-8 p.m. in the adolescent treatment wing. Programming will include, in addition to group, individual and family counseling, a creative arts program and a tutoring/mentoring program. The Adolescent Program has begun receiving student referrals for SUD Education from Denison ISD for the 2018-2019 academic year. A meeting was held with the Grayson County Department of Juvenile Services in October to discuss contracting to provide services for adolescents on community supervision and in post adjudication residential facilities.

### **Waiver Integrated Health Program:**

The Integrated Health Care Program (IHC) provided services to 147 individuals in October 2018. The Family Nurse Practitioner saw 112 patients and the Counselor saw 35 patients in addition to providing immediate intervention support for the other providers across the entire clinic.

There were a record number of individuals scheduled, however, with 253 scheduled and 53 individuals rescheduling at a later date or cancelling. Integrated health care services are highly beneficial to patients with co-occurring mental health and chronic medical conditions, and their health outcomes are improved with this coordinated approach to treatment.

The primary care provider continues to offer consultation and receive referrals for patients throughout the Center who are identified as having high blood pressure. He provides the treatment for lowering blood pressure, which is one of the targeted CMS health risk concerns.

### **State-funded and Cost Reimbursement - Intellectual & Developmental Disabilities (IDD) Program Update:**

As the Local Developmental Disability Authority (LIDDA), TCC is currently serving 142 individuals enrolled in the Home and Community Based Services (HCS) waiver program, 42 individuals in the Texas Home Living (TxHmL) waiver program, in General Revenue (GR) and Community First Choice (CFC) services, 53 individuals who are receiving Pre- Admission Screening and Resident Review (PASRR) services, and 20 individuals who are served through our Intermediate Care Facilities (ICF). For IDD's intake department, 4 admissions were completed during October.

IDD Services is currently re-evaluating services provided and is going through an interim transitional period to work on streamlining the IDD team as well as roles and responsibilities. Jessica Phillips has been serving as interim IDD Director during this transition.

### **State-Fee for service - YES Waiver:**

YES waiver currently has 11 children enrolled in the program. The goal is to maintain caseloads at a 10:1 ratio for effective services to be provided by Wrap facilitators and Community Living Support (CLS) providers. C&A Director Whytney Mask along with YES staff participated in a YES workshop in Austin recently. This was to continue to increase working knowledge of the program and changes and assist in providing the highest quality of YES services to our consumers.

The workshop also allowed for several contacts to be made with other YES facilitators with the goal of bringing in additional YES providers and allow for growth within the program. We received 2 calls to the YES Inquiry line during the month of October.

Certified Family Partner, Yvonne Posada, continues to exceed the average target goal of 10% based off her list of services provided. Reported contact numbers for October reached 14.8% showing her continued diligence in providing Family Partner services.

### **State-funded C & A MH:**

The Child and Adolescent (C&A) Program continues to exceed the target goal by a large percentage. The most recent numbers show us at 41% over the target. With a number served of 195. C&A staff are diligently working with families, who have achieved service goals or are close to achieving service goals, to create transition to discharge plans. This will assist with the goal of moving children on the waitlist in to full services.

C&A also received a large response to the "Trunk or Treat" event held on Halloween night. Staff from various departments within Mental Health services participated in bringing candy, decorating doors, and working the event. Due to the weather, the event was moved inside the building and nearly 20 stations were set up allowing children and their families to stop for candy and activities. This was presented as a community engagement event and brought in over 300 children and approximately 475 total people from the community. Information about TCC services was made available during the event and countless positive responses were received.

### **Administrative Updates:**

Center personnel continue to move towards working on CCBHC readiness. In October Daniel Thompson was asked to be a part of the Texas Council's workgroup to develop the statewide Alternative Payment Methodology (APM), which will be used to help usher the entire system into CCBHC. Seven staff, including the Executive Management Team also attended a CCBHC readiness workshop in Austin, which was also hosted by the Texas Council. The workshop emphasized change management issues and practices and the timeline for moving into the new provider model, which is expected to be September 2020. TCC continues to push to be a part of the next round of 4 or 5 pilot Centers that the State may push this year, perhaps as early as March. As such, TCC staff are actively working on the areas to ready the Center.

This includes data dashboards, enhanced billing and collection practices, developing Outcome based service plans as opposed to service hours achieved. We are primarily focusing on Adult Mental Health (AMH) and Children's Mental Health (CMH) as well as policies, procedures and Business Office functions as priorities.

### **Front Desk Report (Cooke, Fannin, Grayson):**

Number of people served in the month of October 2018 for Adult and Children's Mental Health Services: 60 Adults and 34 Children

Total Mental Health clients:

Grayson: 585 Adults and 91 Children

Fannin: 47 Adults and 35 Children

Cooke: 97 Adults and 11 Children

With an additional 146 Adults and Children in other and/or unknown counties.

Number of people coming into the center for open intake in Adult and Child & Adolescent Mental Health Services for the month of October:

Adults -60 and - 34 Children- for a total of 94 Intakes

The number of people served in October for all programs in the Center, which includes Adult MH, C&A MH, IDD, and the 1115 Waiver is 925.

The amount the Center has saved in medication cost using samples, and PAP, (Prescription Assistance Program), for the month of October for Fannin, Cooke, and Grayson Counties is \$116,009.62.

TCC front office staff, along with all office support staff are continuing to adjust to our new EMR (Electronic Medical Record) system, SmartCare. There are still numerous documents to be entered, scanned, and filed by office support staff. We are trying different ways to help the flow of the Intake process run more efficient. We also have many clerical/office support positions open. Two positions in the Fannin county office-Office Manager and Record/Receptionist. One position in the Cooke county office-Records/Receptionist, and two Records/Receptionist in our Grayson county office. We also have an HR assistant, and a Scheduler position open in our Grayson county office as well.

The TCC office support staff are working together to manage the offices until these positions are filled. Even though it's a challenge, our staff are more than willing to help where it's needed. TCC has dedicated office support staff who care about the services we provide.

**Volunteer Services:**

**VOLUNTEER REPORT  
October 2018  
Fiscal Year: 2018-2019  
1<sup>st</sup> Quarter**

<b># Individuals Volunteering</b>	<b>Name of Volunteer Task</b>	<b>Hours Volunteered</b>	<b>Assigned Value (From List*)</b>	<b>Value (Hours Volunteered x Assigned Value)</b>
7	Advisory Board	36	\$23.56	848.16
0	Professional	0	\$23.56	0
12	Students Providing Assistance	36	\$23.56	848.16
1	Students In Training	5	\$23.56	117.80
0	Clerical	0	\$23.56	0
0	Fundraising	0	\$23.56	0
9	Party/Groups/Events	25.75	\$23.56	606.67
0	Skilled Technician	0	\$23.56	0
0	Teacher/Trainer	8	\$23.56	0
0	Unskilled Technician	0	\$23.56	0
<b>Total Individuals Volunteering October 2018 29</b>	<b>Total Donations October 2018 \$1,447.53</b>	<b>Total Hours Volunteered October 2018 110.75</b>		<b>Total \$Value Volunteerism October 2018 \$2420.79</b>
<b>Total Individuals Volunteering 2018 29</b>	<b>Total Donations 2018 \$1,447.53.</b>	<b>Total Hours Volunteered 2018 110.75</b>		<b>Total \$Value Volunteerism 2018 \$2420.79</b>

**Human Resources:**

TCC currently has 186 employees and 37\* open positions

<b>September 2018 Turnover Rate</b>	4.84%
Percentage change from July to August	+2.11%
Running 12 months (September 2017 – August 2018)	46.35
Running 12 months (September 2016 – August 2017)	41.35

**October New Hires:**

Emily Davis – Intake Triage Specialist/Counselor  
Rebecca Chase - Intake Triage Specialist/Counselor  
James McBroom – AMH Rehabilitation Case Manager – Fannin County  
Virma Rider – PT AMH Crisis Caseworker  
Robert Jackson - Controller

**October Transfers:**

Michelle Freeman – CRU Residential or Crisis Tech to IDD Residential Specialist  
Marshia Love – HCBS Case Manager to CRU Administrator  
Amanda Thiele – Crisis Team Lead to Crisis Fidelity Manager  
Megan Hesse – AMH Records Clerk to Administrative Nurse Assistant

**October Separations:**

Lindsey Prince – AMH Rehabilitation Case Manager – Fannin County  
Courtney Reynolds – IDD Community Support Specialist  
David Stevens – AMH Crisis Caseworker  
Radley Chase – Director of IDD  
Jacob Martinez - Intake Triage Specialist/Counselor  
Tyrell Cochran – CRU Residential or Crisis Tech  
Tanner Harris - CRU Residential or Crisis Tech  
Brittany Watson – IDD Residential Specialist  
Dylan Young – Maintenance Specialist

**\*Note:** Open positions reflect new contracts that came in through the month of August/September.

**Training:**

In October, our Training Specialist Kerri Turner became CPR/First Aid certified with the Red Cross. She is now able to conduct Center CPR/First Aid. She has already conducted her first CPR/First Aid course.

<b>August 2018</b>			
New Hire Sessions Held	2	New Employees Trained	5
Volunteer Training Sessions	0	New Volunteers Trained	0
Contractor Training Sessions	1	New Contractors Trained	1
Annual Training Sessions	0	Staff Attending Annual Training	0
CPR/First Aid Sessions Held	1	Staff Attending CPR/First Aid Training	3
Prevention and Management of Aggressive Behavior (PMAB) Sessions Held	2	Number of Staff Attending PMAB	14
IT Training Sessions Held <i>(*approximate number within departments and with direct staff)</i>	*3	Number of Staff attending SmartCare Training <i>(*approximate number within departments and with direct staff)</i>	*10
<b>Total Number of Unique Individuals Trained</b>			<b>33</b>

**Quality Management (Client Rights, QM and Training Updates):**

In the month of October most of the QM staff were primarily focused on assisting the IDD program with a variety of programmatic issues. With the separation of the IDD Director, staff were in need of guidance and assistance with survey preparation, staff education and targeted auditing. Toward that effort a new weekly meeting for IDD Provider Staff was initiated. The Quality Management Technical Assistance (QMTA) meeting serves to provide ongoing assistance to staff on a variety of issues and ensures that identified problems receive proper follow-through to resolution. This month the staff had their first training on SmartCare and worked with the trainer to identify a number of adjustments needed to best accommodate QM needs for auditing and access.

**Client Rights (Complaints/Rights/Abuse/Neglect):**

For the month of October, there were sixteen (16) complaint related calls to the Rights Office, three (3) of which involved a possible rights issue. There was one confirmed rights violation regarding treatment of dignity and respect by a staff person. There was one allegation of abuse, neglect or exploitation (ANE) reported to Department of Family and Protective Services (DFPS) for the month of October. This call was referred to TCC for review as it did not meet the definition of ANE for DFPS. The remainder of the calls involved issues including individuals unhappy with their current provider, staff not communicating clearly with individuals served, inability to get an appointment with a prescriber, and other customer service related issues.

## **IDD QM:**

IDD QM Specialist has spent the last month focused on training with Case Managers, assisting in developing Host Home Binders to be kept in their home as a requirement of the HCS Program. QM Director initiated Quality Management Technical Assistance (QMTA) meetings weekly with Provider Staff. This meeting gives staff opportunity to asking questions, bring up challenging issues and receive guidance on Waiver rules and on their program in general. QM Specialist continues to review and monitor records to stay in compliance with the Authority Audit, to review HCS charts as written in the CAP. QM has recommended training be held with SCs regarding completion of Discovery prior to developing PDP and how to add this discussion in progress note. PASRR program continues to improve, some of the ongoing issues are not able to be corrected due to specific time frames. PASRR staff did receive the State Training again at our Center and in Austin. GR/CFC and this has resulted in some improvements. QM staff check the status of Permanency Plans on a weekly basis and find we are still missing some deadlines in this area. Staff continue to review all notes for possible reportable incidents and continue meetings throughout the month with Authority Staff to ensure on-going communication regarding the CAP. Recent started receiving DIDs for review to ensure individual meets Priority Population. IDD QM staff attended an HHSC sponsored webinars related to IDD programming and conducted the monthly check of all IDD staff through both the State and Federal OIG registry.

## **MH QM:**

MH QM staff have focused on trying to stay on top of received C&A and AMH MACRAs with regard to the Evaluation & Management Process Note. MH QM staff continues to review the evaluation and management notes completed by nurse/prescriber and comparing them to what was entered in TCC Dashboard by data entry. Any notes reviewed that are missing documentation of counseling/education/referrals are returned to the prescriber; and any with data entry errors are returned to data entry. Staff continues to receive UM Denials to log and mail. Staff have spent some time working with C&A staff to help them understand what is required from their area. All staff, upon discharging a consumer need to complete the appropriate denial (Clinical or Administrative) and the Medicaid Letter (when applicable). In the transition into SmartCare this process was discontinued as a result of staff being told that the Discharge Summary acts as the administrative denial, but this is not the case. The Administrative denial is sent to the consumer giving them information as to why they are being discharged, who to contact for questions and farther clarification, as well as they have the right to make a complaint or appeal regarding the decision. Regarding AMH reviews, QM findings show that client rights documents are not always getting updated annually. Recovery Plan Reviews do not always review progress or lack of progress on goals and objectives and tend to be short and vague. Progress notes are not always entered within the two-business day required time frame. MH QM staff continue to attend scheduled Mental Health Action Team meetings and webinars regarding utilization management and assessment technical assistance. MH QM staff continues to run LEIE checks without any flags or matches.

## **Local Plan and Planning and Network Advisory Committee (PNAC)**

The last PNAC meeting was held on Tuesday, September 18<sup>th</sup>, 2018. There were three applications for vacant positions submitted to PNAC for review at the meeting. The three open positions were: one (1) for a MH representative, one (1) for a Community representative and one (1) for a C&A representative. All three applications were approved by the PNAC and submitted to the Board of Trustees for review at the September 24, 2018 board meeting.

The Board of Trustees approved all three applications for individuals to serve on the PNAC and they have been notified by letter. The next PNAC meeting is scheduled for Tuesday, December 4, 2018, at 3:30 p. m.

### **Utilization Management (UM)**

During the month of October, there was a total of seventeen (17) Clinical Denials for individuals who did not meet criteria for state funded priority population services, and thirty-one (31) Administrative Denials. Those who did not meet priority population criteria were referred to 1115 Waiver services which may include counseling, integrated health, substance use disorder (SUD) and/or case management, based on individual need. There was one appeal requested for denial of YES Waiver services. This was a Medicaid Fair Hearing request so will be facilitated by Health and Human Services Commission (HHSC). The appeal was overturned by HHSC. There were no additional appeals regarding either Clinical or Administrative denials of services for October. The most recent UM meeting was held on Tuesday, October 30<sup>th</sup>, at 10:00 a. m. Some of the areas reviewed include staff productivity, medication costs, service appeals and denials, and fairness and equity. The next regularly scheduled UM meeting is scheduled for Tuesday, February 5<sup>th</sup> at 10:00 a. m.

### **IT issues (FYI):**

The Information Technology Department closed 315 tickets for the month of October. The majority of these tickets still revolve around the move to the new EHR, although staff are becoming more familiar with the new system. The IT department has continued to work with the Billing department to resolve configuration and reporting issues.

The IT department rewired and installed network infrastructure to connect the new building off of Loy Lake to our network. We have been upgrading company owned cell phones as many staff have had the same phone for over two years and are preparing to begin upgrading tablets and other mobile devices.

We have posted a Data Analyst position to replace one of the two open positions. We hope to have an offer made in November as this position is critical for our new HER and CCBHC efforts.

### **Program and Fiscal Expansion/Exploration:**

None at this time.

### **Future Building Needs:**

None at this time.

### **Transportation Issues (FYI):**

None at this time.

# CONSENSUS REPORT

ITEM: Monthly Safety Report

See accompanying Report

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	TOTALS				FY 17	FY 18	
													1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Annual		
<b>RIGHTS/APPEALS</b>																			
# Allegations of Rights Violations	6	3	0	0	0	0	0	0	0	0	0	0	9	0	0	0	9	65	66
# Confirmed Rights Violations	1	2	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3	12	10
# of Appeals of Service Denials Overturned	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	8	9
	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2	4
<b>ABUSE/NEGLECT/EXPLOITATION</b>																			
# Allegations of Abuse Violations	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	10	11
# Confirmed Abuse Violations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
<b>HEALTH AND SAFETY</b>																			
# Incidents Requiring First Aid	4	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4	53	61
# Incidents Requiring ER and/or Ambulance	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	36	27
# Incidents Involving Physical Aggression	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	20
# High Risk Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	13
# Moderate Risk Events	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	43	37
# Low Risk Events	3	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3	116	125
Total # Deaths	0	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2	18	11
# attributed to Suicide	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	3	1
# Med Errors Reported*	3	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3	80	34
	5	7	0	0	0	0	0	0	0	0	0	0	12	0	0	0	12	18	54
<b>OTHER</b>																			
(includes rts/abuse, conf/unconf)	14	15	0	0	0	0	0	0	0	0	0	0	29	0	0	0	29	144	182
<i>*Reported quarterly</i>																			
<b>DRILLS and BUILDING INSPECTIONS:</b>																			
Fire Drills: ALF's 1 & 2; Walker St.; CMH; FMH; CRU; IDD Admin;																			
Fire Inspections: All due except CRU																			
Building Inspections: All Due																			
Tornado Drills: McLain Street; FMH; ALF 2; FMH																			

# BUDGET & FINANCE

---

**ITEM A-1:** Consideration of the Financial Report for October 2018

**COMMITTEE:** Budget & Finance Committee, Ms. Margie Morris, Chair

**RECOMMENDATION:** That the Board of Trustees approve the Financial Report and Revised Budgets for October 2018.

**SUPPORTING INFORMATION:** The financial data is provided in the accompanying Financial Supplement. Mrs. Morrow will be present to answer questions.

**FINANCIAL IMPACT:** Staff and Board scrutiny and planning regarding financial variances is essential to Center solvency.

# PERSONNEL

---

**ITEM B-1:** Consideration of providing each staff member with a \$25.00 gift card.

**COMMITTEE:** Personnel, Ms. Mary-k Wilson, Chair

**RECOMMENDATION:** That the Board of Trustees consider the Personnel Committee's recommendation pertaining to the provision of a \$25.00 gift card as a holiday reward for the staff's hard work during the past calendar year.

**SUPPORTING INFORMATION:** It has been the practice of the Board to award a \$25.00 gift card to staff prior to the Christmas season as an expression of appreciation for their hard work.

**FINANCIAL IMPACT:** Providing gift cards to staff will cost the Center approximately \$5,000.