

**LAKES REGIONAL COMMUNITY CENTER**  
**REGULAR MEETING OF THE BOARD OF TRUSTEES**  
**WEDNESDAY, JULY 27, 2022, 5 PM**

**THE MEETING WILL TAKE PLACE IN PERSON AND  
VIA ZOOM AND IS AVAILABLE TO THE PUBLIC:**

**You are invited to join the LRCC Board of Trustee's Meeting**

When: Wednesday, July 27, 2022 5:00 pm

Location: 655 Airport Road, Sulphur Springs, Texas or via Zoom

**Below is the Zoom information for the LRCC Board of Trustee's Meeting:**

Zoom link for LRCC Board of Trustee's Meeting:

<https://us06web.zoom.us/j/86875848063?pwd=U29McGFFNnNOOXhVcGRoYzhiYU5rZz09>

Meeting ID: 868 7584 8063

Passcode: 329569

To join by phone (audio only) dial: 346-248-7799

Meeting ID: 868 7584 8063

Passcode: 329569

## **AGENDA**

<b>AGENDA NUMBER</b>	<b>TOPIC</b>
07.01.22	<b>CALL TO ORDER</b> <ul style="list-style-type: none"><li>• Roll Call / Introduction of Guest.</li></ul>
07.02.22	<b>APPROVAL OF MINUTES</b> <ul style="list-style-type: none"><li>• Regular Board Meeting Minutes of May 25, 2022</li></ul>
07.03.22	<b>COMMENTS FROM CITIZENS</b> <p><i>Presentations are limited to three minutes per person and must pertain to an agenda item. The Board reserves the right to limit the number of speakers and/or the length of comments on any topic. Citizens wishing to address the Board must register prior to the start of the meeting.</i></p>
07.04.22	<b>COMMITTEE MEETING REPORTS</b> NA
07.05.22	<b>RECOMMENDATIONS FOR APPROVAL</b> <b>Handouts</b> <b>Erwin Hancock:</b> <ul style="list-style-type: none"><li>➤ Resolution Authorizing the Opening of New Bank Account "Cash Management Trust"</li><li>➤ Resolution Authorizing Membership in The Local Government Purchasing Cooperative.</li><li>➤ Motion to discuss and take possible action to approve Companywide Good Will Appreciation Payment.</li></ul> <b>Kellie Walker:</b> <ul style="list-style-type: none"><li>➤ Motion to discuss and take possible action to approve Utilization Management Plan.</li></ul>

- 07.06.22 EXECUTIVE DIRECTOR REPORT** (*John Delaney*) Handouts
- Annual Board Training Review
  - Lakes Regional IDD Authority Services – NCQA Accreditation Summary
  - 1115 Transformation Waiver Update
  - Fiscal Year 2023 Budget Preparation and Board Schedule
  - Texas Council Update

- 07.07.22 FISCAL REPORT** (*Erwin Hancock*)
- Motion to Accept Center’s Financial Statement for Period(s) Ending: May and June, 2022.

- 07.08.22 MENTAL HEALTH SERVICES REPORT** (*James Williams*)
- Child and Adolescent Service
  - Active Shooter
  - SAMSHA Grant
  - MH State Audit
  - Adult Empowerment
  - All Texas Access Project

- 07.09.22 INTELLECTUAL & DEVELOPMENTAL DISABILITIES REPORT** (*Laurie White*)
- Training Centers/Individual Skills and Socialization (ISS)
  - Home and Community-based Services (HCS)
  - Intermediate Care Facilities (ICF)
  - TMHP
  - Outpatient Biopsychosocial Intervention Team (OBI)
  - Staff Needs

- 07.10.22 QUALITY MANAGEMENT/CONTRACTS REPORT** (*Kellie Walker*)
- Contracts/Network Development
  - Planning
  - Rights/Abuse, Neglect, and Exploitation Allegations
  - QM MH, NTBHA & Substance Abuse
  - IDD
  - TANF PEAFF

- 07.11.22 HUMAN RESOURCES REPORT** (*Jessica Ruiz*)
- Staffing Issues
  - Compensation & Benefits

- 07.12.22 ADJOURNMENT**

Lakes Regional Community Center  
Upcoming Board-Related Meetings & Events  
Regular Meeting of the Board of Trustees  
Will be August 24, 2022  
1525 Airport Road  
Rockwall, Texas

**AGENDA ITEM NO. 07.02.22**

Approval of Minutes

**RECOMMENDATIONS FOR APPROVAL:**

- Motion to approve prior Board of Trustees meeting minutes.

**Rationale:**

Discussion and Approval of Regular Board Meeting Minutes of May 2022 as presented.

LAKES REGIONAL COMMUNITY CENTER  
 REGULAR MEETING OF THE BOARD OF TRUSTEES  
 WEDNESDAY, MAY 25, 2022, 5PM  
 BOARD MINUTES

AGENDA NUMBER	TOPIC
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**05.01.22 CALL TO ORDER**

The May 25, 2021 regular meeting of the Lakes Regional Community Center Board of Trustees called to order by Board Chairperson, Tom Brown at 5:01 PM with a quorum present by Zoom. Chairperson asked for Roll Call.

**Members Present (In Person/Zoom):**

Tom Brown, Hunt County, Chairperson  
 Steve Earley, Lamar County  
 Jan Brecht-Clark, Ph.D., Delta County  
 Marti Shaner, Navarro County

Lisa Heine, Ellis County  
 Shae Green, Rockwall County  
 E. P. Pewitt, Morris County  
 Sheriff Ricky Jones, Franklin County

**Members Absent:** Margaret Webster, Kaufman County; Frances Neal, Titus County; Sheriff Ricky Jones, Franklin County; Dana Sills, Hopkins County, Carrie Hefner, Camp County

**Vacant Seat(s): NA**

**Guest(s): NA**

**Ex Officio Members Present:** NA

**Ex Officio Members Absent:** Sheriff Tatum, Hopkins County; Sheriff Singleton, Delta County

**Management Staff Zoom:** John Delaney, Erwin Hancock, Laurie White, Kellie Walker, Jessica Ruiz, James William, Chris Cox (representative for Larry Jonczak)

**Management Staff Absent:** NA

**Board Liaison/Recording Secretary:** Judy Dodd; Tammie Johnson, CFO Assistant

**05.02.22 APPROVAL OF MINUTES**

**Recommended Board Action:**

➤ **Approval of Minutes of May 25, 2022 meeting.**

**Rational:**

Chairperson asked members if they had reviewed the minutes and if there were any corrections or additions. With no corrections, Chairperson asked for motion to approve. Motion made by Steve Earley to approve minutes as read and seconded by E. P. Pewitt. A sign of aye approved minutes unanimously.

**CLOSURE**

**05.03.22 COMMENTS FROM CITIZENS**

➤ **NA**

**CLOSURE**

**05.04.22 COMMITTEE MEETING REPORT**

➤ **NA**

**CLOSURE**

**05.05.22 RECOMMENDATIONS FOR APPROVAL**

- NA
- CLOSURE**

**05.06.22 EXECUTIVE DIRECTOR REPORT (*John Delaney*)**

**Recommended Board Action:**

None: Information only

**Rationale:**

Discussion on the following:

- **1115 Transformation Waiver Update:**
  - DSRIP reporting for April is complete.
  - Final payment due on July 29.
  - Beginning the utilization of two new 1115 Waiver funding strategies.
    - Behavior Health Directed Payment Program (BHS-DPP)
    - Public Healthcare Provider – Charity Care Pool (PHP-CCP)
- **Fiscal Year 2023 Budget Preparation and Board Schedule:**
  - Texas Council Conference in June in lieu of monthly meeting.
  - Human Resource and Budget/Finance Committees will need to meet prior to the August Board meeting to review the proposed benefit package and budget.
- **Texas Council Update:**
  - Council’s Health Opportunities Workgroup continues to focus on the implementation of the PHP-CCP and BHS-DPP payment programs.
  - SAMHSA released a Notice of Funding Opportunities for CCBHCs.
    - We have applied for the Grant.
- **East Texas Behavioral Health Network Update**
  - No update at this time.
- **HHSC Performance Contracts**
  - No update at this time.

**CLOSURE**

**05.07.22 FISCAL REPORT (Erwin Hancock)**

**Recommended Board Action:**

- Motion to Accept Center’s Financial Statement for Period(s) Ending: April 2022

**Rationale:**

- Erwin presented the Center’s financial reports for the month(s) of April 2022.
  - Noted: Income Statement includes:
    - Revenue exceeded expenses
    - Variable percentage for Comparative Income Statement for the period ending April 30, 2022 to be reviewed for possible error.
  - Noted: Disbursed final compensation for SAMHSA/CCBHC Grant
  - Noted: Software support exceeding one year reclassified to Computer Capital Outlay account.
  - Noted: Additional Insurance Claim Payment for Sulphur Springs Building

Chairperson asked if any questions. With no further discussion, Chairperson asked for motion to approve financials for the month of April 2022. E. P. Pewitt made motion to approve April financials and seconded by Shae Green. Financial were approved unanimously sign of aye of members.

**CLOSURE**

**05.08.22 MENTAL HEALTH SERVICES REPORT (James Williams)**

**Recommended by Board Action:**

None: Information only

**Rationale:** John Delaney presented report due to absence of James Williams.

- **Southwest Medical School**
  - Concern for GR Counties
  - Acute and Long term beds
- **Medical**
  - To be a forensic hospital.
- **Electronic Health Record**
  - Procedure to streamline process.
- **SAMHSA Grant**
  - Recertification process to begin in December.

**CLOSURE**

**05.09.22 INTELLECTUAL & DEVELOPMENTAL DISABILITIES REPORT (Laurie White)**

**Recommended by Board Action:**

None: Information only

**Rationale:**

- **Training Centers/Individual Skills and Socialization (ISS):**
  - Preparing for ISS programmatic changes to occur 03/2023.
  - Waiting for HHSC to determine the rules and regulations that we must adhere to from the Texas Administrative Code for the Day Activity and Health Services.
- **Behavior Learning Center (BLC):**
  - Successes of many of individuals.
  - Collaboration with BLC and Forney ISD has resulted in better communication and efficiency between internal and community specialty services.
- **Home and Community-based Services (HCS) and Texas Home Living (TXHML)**
  - Recent internal audit triggered additional staff training and some reassignment of staff duties and responsibilities.
  - On-going issue as IDDP has a partial Electronic Health Record and systems are being put in place to ensure an entire paper chart is available at all times.
- **Intermediate Care Facilities (ICF)**
  - Retirement of Marie Autry to be scheduled.
- **Telehealth**
  - Excited to have new staff member Amy Novak.
- **Outpatient Biopsychosocial Intervention (OBI):**
  - Program continues to provide counseling and skills training.

- Memorandum of Understanding (MOU) with ARC of Texas received.
- **Staff Retention and Recruitment:**
  - Wage Enhancement Workgroup reinstated and proposed incentive for June, July and August.
  - On-site job fairs are happening at our program sites with HR representatives.

**CLOSURE**

**05.10.22 QUALITY MANAGEMENT/CONTRACTS REPORT (Kellie Walker)**

**Recommended by Board Action:**

None: Information Only

**Rationale:** Report given by John Delaney

- **Contracts/Network Development**
  - MH COVID Contract Amendment received.
- **Rights / Abuse, Neglect, & Exploitation Allegations**
  - Rights Violation Allegations
    - IDD: 1 – Unconfirmed (IDD Authority)
    - NTBHA: 1 Unconfirmed (Greenville MH)
  - A,N, & E Allegations
    - a. APS Investigations: 2- (1-Terrell Group Home – Pending from October 2021; 1- Paris Group Home – Pending from May 2022).
- **QM MH, NTBHA & Substance Abuse**
  - MH & SUD Performance Measures: Lakes Regional is held harmless for performance measures and outcomes until further notice due to COVID-19.
  - Superior Chart Audit: Results to be received on May 24, 2022.
  - SAMHSA: Lakes has submitted an application for the CCBHC 1A grant.
  - Substance Abuse License: Greenville received license to treat adolescents for substance abuse.
  - Walk Behinds: Review has been completed.
- **IDD**
  - IDD Service Target: Held harmless for performance measures and outcomes until further notice due to COVID-19.
  - NCQA Accreditation: Received preliminary score of 100%.
  - Terrell HCS Provider Chart Audit: QM audited 16 individual's HCS provider charts in Terrell. A plan of correction is due to QM by May 20, 2022.

**CLOSURE**

**05.11.22 HUMAN RESOURCES REPORT (Jessica Ruiz)**

**Recommended by Board Action:**

None: Information only

**Rationale:**

- **Staffing issues**
  - Lakes had 452 authorized FTEs and 399 filled in the month of April 2022.
  - Lakes has an average of 57 vacancies.
  - Posting our Medical Services vacancies in the NHSC portal.
  - Lakes will be hosting on-site Job Fairs at all our locations.

➤ **Employee Compensation and Benefits:**

- Four COVID exposure in May – no hospitalization.
- Year to date we have 10 large claims from which 3 exceeded the stop loss.

**CLOSURE**

05.12.22

**ADJOURNMENT**

Chairperson ask for any other matter to discuss if not for motion to adjourn. E. P. Pewitt made motion to adjourn and seconded by Steve Earley. With no further discussion motion carried unanimously by a sign of aye.

ATTEST:

Margaret Webster

Margaret Webster, Board Secretary

7-27-22

DATE:

Lenny Johnson for Judy Dodd

7-27-22

Judy Dodd, Board Liaison/Transcriptionist Page | 3 7/20/22



**AGENDA ITEM NO. 07.03.22**

Citizens' Comments

**RECOMMENDATIONS FOR APPROVAL:**

Public comment(s) may be addressed to the Board of Trustees by community members and/or any interested parties.

**Rationale:**

Presentations are limited to three (3) minutes per person. The Board reserves the right to limit the number of speakers and/or the length of comment on any topic. Citizens wishing to address the Board must register prior to the start of the meeting and any comments should pertain to an agenda item.

**AGENDA ITEM NO. 07.04.22**

Committee Meeting Reports

**RECOMMENDATIONS FOR APPROVAL:**

NA

**Rationale:**

Report of the following committees of the Board of Trustees, if applicable:

- Budget & Finance, Margaret Webster, Chair
  - **No Meeting Posted**
- Human Resources, Shae Green, Chair
  - **No Meeting Posted**
- Programs, Dana Sills, Chair
  - **No Meeting Posted**

## **AGENDA ITEM NO. 07.05.22**

### **Recommendations for Approval:**

- Motion to approve Resolution Authorizing the Opening of New Bank Account "Cash Management Trust".
- Motion to approve Resolution Authorizing Membership in The Local Government Purchasing Cooperative.
- Motion to approve Companywide Good Will Appreciation Payment
- Motion to approve Utilization Management Plan

### **Rationale:**

Handouts

Erwin Hancock to give overall review for the following item(s):

- Review and take action to approve:
  - ❖ Resolution Authorizing the Opening of New Bank Account "Cash Management Trust"
  - ❖ Resolution Authorizing Membership in The Local Government Purchasing Cooperative
  - ❖ Action to approve Companywide Good Will Appreciation Payment
  - ❖ Action to approve Utilization Management Plan

**Resolution**  
**Authorizing the Opening of New Bank Account**

Whereas, Lakes Regional MHMR Center dba Lakes Regional Community Center (Lakes) is an agency of the State of Texas, a governmental unit and a unit of local government as defined by Chapters 101 and 102, Civil Practice and Remedy Code, and a local government as defined by Section 3, Article 4413 (32c) of the Inter-local Cooperation Act, Vernon's Texas Civil statute, and is empowered to open bank accounts in the counties where it is authorized to consummate business.

NOW THEREFORE, be it resolved as follows:

- A. That Lakes shall agree to open a new bank account entitled "Cash Management Trust" with The American National Bank of Texas, Terrell, Texas, and accordingly authorizes Erwin L. Hancock, Chief Financial Officer to open said bank account.
  
- B. This resolution and its authorization shall continue in full force and effect until amended by the Board of Trustees of Lakes, and until said designated local banks (per attached list) receives a copy of any such amendment or resolution.

This resolution is hereby adopted by the Board of Trustees of Lakes Regional Community Center at its regular meeting held on this 27<sup>th</sup> day of July, 2022.

Lakes Regional Community Center

By:   
Tom Brown, Chairman of the Board

By:   
John Delaney, Executive Director

LAKES REGIONAL MHMR CENTER

List of Bank Accounts

As of August 31, 2021

Alliance Bank  
P. O. Box 500  
Sulphur Springs, TX 75483  
903-885-2187

Acct # 10-6314-8

Depository Only

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American National Bank  
P. O. Box 40  
Terrell, TX 75160  
972-524-3411

Operating Acct  
Payroll Acct  
Trust Fund Account

Acct # 4600670576  
Acct # 4600670519  
Acct #4600670444

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Bank of Texas, Sherman  
P. O. Box 29775  
Dallas, TX 75229-0775

Acct #8096732704

Depository Only

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Lamar National Bank  
P. O. Box 1097  
Paris, TX 75461-1097  
903-783-9246

Acct # 67249

Depository Only

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Pilgrim Bank  
112 W. 16<sup>th</sup> St.  
Mt. Pleasant, TX 75455  
903-575-2180

Acct # 1026658

Depository Only

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Prosperity Bank  
207 South Clay  
Ennis, TX 75119-4521  
972-875-8461

Acct # 4746731

Depository Only

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**Resolution**  
**Authorizing Membership in The Local Government Purchasing**  
**Cooperative**

Whereas, Lakes Regional MHMR Center dba Lakes Regional Community Center (hereinafter "Lakes") is an agency of the State of Texas, a governmental unit and a unit of local government as defined by Chapters 101 and 102, Civil Practice and Remedy Code, and a local government as defined by Section 3, Article 4413 (32c) of the Interlocal Cooperation Act, Vernon's Texas Civil statute, and is of the opinion that participation in The Local Government Purchasing Cooperative (hereinafter "Cooperative"), a local government purchasing cooperative program created by local governments in accordance with and pursuant to the Act and Section 271.101, et seq., of the Texas Local Government Code, will be highly beneficial through the efficiencies and potential savings to be realized; and whereas, Lakes has reviewed the Interlocal Participation Agreement and seeks to adopt such Agreement in order to become a member of, and participate in, the Cooperative.

NOW THEREFORE, be it resolved as follows:

- A. That Lakes Board of Trustees hereby adopts the above-referenced Agreement as presented, thereby becoming a member of The Local Government Purchasing Cooperative; and
- B. That Lakes Board of Trustees authorizes Erwin Hancock, Chief Financial Officer, to execute the Interlocal Participation Agreement which includes the adoption and approval of the Organizational Interlocal Agreement previously executed and adopted by two or more local governments.

This resolution is hereby adopted by the Board of Trustees of Lakes Regional Community Center at its regular meeting held on this 27<sup>th</sup> day of July, 2022.

Lakes Regional Community Center

By:   
Tom Brown, Chairman of the Board

By:   
John Delaney, Executive Director

# ARPA – Home and Community Based Services Provider Retention Payments

## Summary

Lakes Regional has attested to certain spending provisions of the American Rescue Plan specifically directed to support recruitment and retention efforts for direct care staff delivering HCBS services. We anticipate that premiums associated with HCS and TxHmL Direct-care services delivered between March 1 and August 31 will amount to approximately \$451,000. The terms of the award require Lakes to expend these funds by various means including lump sum bonuses, sign-on and retention bonuses, as well as various recruitment costs. To date, Lakes has paid out ARPA incentives in the amount of \$127,509.

## Proposed All-Staff Incentive

We propose a \$750 per employee payment as a gesture of goodwill and appreciation for continued loyal service to our organization and our clientele. We anticipate that the total amount of this expenditure will amount to \$293,157. Since this payment will qualify under the terms of the ARPA funding described above, a portion of this cost (\$68,505) may be attributed to those criteria. The table below summarizes our proposal:

<b>2022 Year-end Goodwill Incentive Payment</b>		
<b>Lakes Appreciation Disbursement</b>		
\$750 per employee	\$	272,325
Payroll Taxes	\$	20,832
Total Incentive Cost		\$ 293,157
Associated ARPA funds		\$ (68,505)
<b>Expended from Earned Revenues</b>	<b>\$</b>	<b>224,652</b>

## Lakes Regional MHMR Center Utilization Management Plan FY22

This Utilization Management Plan (UM Plan) describes the Utilization Management (UM) program of Lakes Regional Community Center, hereafter "the Center", and is written to be consistent with the Center's policies and procedures and applicable regulatory and contractual requirements. The Center's Director of Authorization and Utilization (Utilization Manager), under the direction of the UM Psychiatrist and in consultation with the UM Committee, assumes the responsibility for execution of this UM Plan. Much of the plan, methods and standards apply to the interactions in counties where the Center is a provider of services for the NTBHA LBHA. The requirements of that LBHA are met with necessary accommodations. However, the focus of the plan is the Center's LMHA UM responsibilities. This Utilization Management Plan shall be reviewed and revised annually or more frequently, as necessary. UM providers are knowledgeable of relevant aspects of UM Program Plan.

### A. Psychiatrist Oversight of UM Program

The Psychiatrist who provides oversight of the responsibilities of the UM Program and Committee, at Lakes Regional MHMR Center is E. Scott Kemp, M.D., Medical Director.

### B. Utilization Manager Designation

The Center Utilization Manager is Dan Corley, PhD, LPC. The Center Utilization Manager's job description includes coordination and execution of UM responsibilities.

### C. Utilization Review Activities

1. **Procedure for Eligibility Determination:** The Center conducts screenings of each individual presenting for services to determine whether the requirements are met for admission to services and initial service Level of Care (LOC) assignment using the latest Health and Human Services Commission (HHSC) criteria. Determinations are made to ensure the Center's protocols and practice guidelines deliver treatment in an efficacious manner.
2. **Procedure for Level of Care Assignment:** Following clinical assessment, the Center assigns each individual presenting and qualifying for services to the appropriate Level of Care according to HHSC UM Guidelines under the Texas Resilience and Recovery (TRR) system using the Adult Needs and Strengths Assessment (ANSA) or the Children's Assessment of Needs and Strengths (CANS). Retrospective oversight of initial and subsequent level of care assignments are conducted to ensure consistent application of HHSC UM Guidelines for General Revenue (GR), Medicaid, or Managed Care Organization (MCO) funded clientele. These processes provide sufficient utilization and resource allocation determinations based on clinical assessment data, best practice guidelines, and information provided regarding the needs of the individual being served with consideration of both the individual and (where applicable) their LAR's treatment preferences and objections, and diversion for individual exceptions when justified for need, safety or health.
3. **Procedure for Authorizations and Reauthorizations:** The Center conducts retrospective oversight of initial and subsequent level of care assignments to ensure



consistent application of HHSC Utilization Management Guidelines prior to authorizing further treatment services. Further explanation is found in Section D.

4. **Procedure for Outlier Review:** The Center and ETBHN, as designated by the Center, conduct Outlier Reviews to identify trends in utilization and potential gaps in services. This process consists of a review of data to identify outliers and to determine any need for change in level of care assignment activities, service intensity or other service delivery activities. These reviews are conducted to ensure provider treatment is consistent with practice guidelines and utilization/resource allocation determinations both retrospectively and concurrently.
5. **Procedure for Inpatient Admissions, including State Hospitals and Discharge:** The Center conducts reviews of inpatient admissions to ensure clinically effective and efficient lengths of stay (LOS) at inpatient facilities and reviews discharge plan communication to ensure timely and appropriate treatment following an inpatient stay. These reviews ensure continuity of services for coordinating the delivery of mental health community services by multiple providers. A multi-level clinician hierarchy is designed to assist the clinic level and crisis response team in making determinations of hospitalization need for an individual, as well as, UM support in determining appropriate length of stay, authorizing hospital admittance and payment where necessary, and preparation for receiving an individual's return into the community for continued care and follow-up. For potential inpatient denials, psychiatric consultation is available 24 hours a day through the crisis response services. Currently, much of the state hospital LOS is determined by the hospital unit physician. Tracking is done through an IS Department hospital tracking report. Inquiry, advocacy and suggestion are the tools of the Center Continuity of Care Liaison's role in reducing LOS. State funded Private Psychiatric Bed (PPB) usage is tracked by the UM Department. Admission to an inpatient facility is arranged and authorized by the UM Department in consultation with the referring clinician. Regular communication with the hospital regarding discharge planning is relayed to outpatient clinic personnel for aftercare preparations.
6. **Inter-rater reliability:** The Center conducts regular Peer Reviews involving the LOC authorization decisions of Certified ANSA/CANS users led by UM staff quarterly to enhance inter-rater reliability in assignment activities, program fidelity and service program delivery. Further, Inter-rater reliability is reinforced with quarterly Super User training sessions. This is accomplished through following TRR Guidelines in the application of LOC-R determinations leading to assignments or deviated with justifiable reasoning to the most suitable LOC. Authorization to LOC decisions by the UM staff are made in consideration of adequate documentation to support decisions in relation to TRR Guidelines. Reviewers for authorizations consult liberally with one another on the application of LOC-R rules in specific cases on a daily basis.
7. **Administrative Review:** The Center conducts reviews of clinical and administrative documentation for timeliness, adequacy, professionalism, clarity and effectiveness of agency processes including reimbursement, corporate and contract compliance, data verification, service access and recovery plan oversight. Currently, the UM Program has oversight weekly by the BH Administration with input monthly from providers, QM and

other departments. Quarterly reporting meetings allow the UM Committee to officiate the oversight.

8. **UM Program Improvement:** The Center identifies, implements and monitors UM program improvement strategies as needed through LMHA administrative oversight. All PHI and HR information for UR/UM purposes are regarded as confidential according to HIPAA and CFR 42-part B guidelines. The UM Department as part of the Behavioral Health Administration participates in strategic planning and execution of administrative improvement efforts tracked through BH Management Meetings. Results are to be reported at the UM Committee Meetings for guidance on related UM improvement efforts.
9. **Provider UM Program Access:** The Center ensures providers have access to a current edition of the TRR and UM Guidelines and treatment procedures and protocols. These are available through Center network files available to all contracted providers and employees also through links on the Center website to HHSC public documents. Consultation with UM staff is continuously available to provider and leadership staff.
10. **Report Dissemination:** The Center ensures UM reports that are generated will be disseminated to all relevant LMHA and provider staff as needed. The UM Staff members meet with the provider clinic administrators monthly in UR Meeting to provide updated information and reporting on standards, performance, complaints, concerns and changes. Representation from Center stakeholder administrative departments are at Quarterly UM Committee Meetings when possible.
11. **UM Committee Membership:** The Center ensures the UM Committee will meet HHSC UM Manual criteria in composition and training requirements.
12. **UM Committee Meetings:** The Center ensures the UM Committee will meet at a minimum quarterly or more frequently as needed.

#### **D. UM Procedures**

Procedures for the conduct of the activities and responsibilities in the following are detailed and available to all staff in the Lakes Regional Policies and Procedures file area of the agency electronic file system and are updated as currency requires. The Center provides twenty-four hour/7 day a week availability of authorization notification by Cerner EHR software, office and cellular telephone, electronic mail and electronic fax.

1) Prospective and Concurrent Reviews: The Center reviews all authorization requests within two business days and notifies the Provider, via e-mail, within one business day thereafter if the authorization is denied. Written or electronic confirmation to provider of authorization decisions is done within three business days. Providers may review the Cerner system within two business days to ensure that an authorization is complete.

2) Retrospective Review: Determination is made within 30 business days. Notifications to providers of denial determinations will be done in writing within five business days of the determination.

3) Authorization for Continued Hospitalization or Services: The Private Psychiatric Hospital Provider will request of the Center via e-mail the following: 1) Number of extended days or units of service, 2) The next anticipated review point, 3) The new total number of days or services

approved, 4) The date of admission or onset of services. The Center will respond within one business day by e-mail. All authorizations are conducted electronically and are signed as such. Psychiatric consultations for potential hospital admissions or denials are available via the crisis services program.

**E. UM activities fulfilled by persons other than Utilization Manager**

The Assistant Directors of Utilization and Authorization positions conduct UM activities that meet all HHSC qualifications of a Utilization Director. At a minimum, this staff member is a LPHA with 5 years' experience in direct care for adults with serious mental illness or children and adolescents with serious emotional disturbances and have all UM activities directly supervised by the qualified Utilization Manager. The UM activities conducted by these persons are: Authorizations and Service or Hospitalization Reviews as assigned or needed in the event that the Utilization Manager is unavailable to maintain UM responsibilities, Peer Review activities and related administrative responsibilities.

**F. Conflict of Interest**

It is the policy of the Center that providers of mental health services may conduct screening and eligibility determination functions on behalf of the Center, as well as other business functions; however, providers of mental health services may not grant authorizations. The UM function is to provide oversight to appropriate use of service resources through the authorization process and identify needs and required training of service providers. Therefore, UM personnel are not direct service providers; however, as experienced clinicians they may provide consultation on clinical and administrative activities to inform and support best practices and standards compliance directly to clinical providers.

**G. UM Documentation of Training and Supervision**

It is the policy of the Center that UM staff and Committee are properly trained and supervised as required by HHSC or by other policies, law or regulation. It is the responsibility of the Center's Utilization Manager, in consultation with the UM Psychiatrist and the Human Resources department, as necessary, to ensure credentials, documentation and supervision by the UM Committee are properly maintained.

**H. UM Committee**

The Center maintains a Utilization Management Committee meeting roster in minutes to verify attendees. The primary function of the UM Committee is to assist the promotion, maintenance and availability of high-quality care in conjunction with effective and efficient utilization of resources, as well as review of the Performance Contract and steps to ensure that the Performance Contract Measures and regulatory UM requirements are met. UM Committee meetings must be held at least quarterly or more often if needed. Membership for this meeting consists of, but not limited to: Medical Director, Utilization Manager, UM Directors, UM Support Staff, a QM Representative, and a Fiscal Department Representative. Qualified and trained representatives may be appointed in the event regular UM Committee members are unable to attend a session. Others who may participate are the CEO, Center and Program Directors, MCOT Coordinator, Director of BH Services, Staff Training Representative, and Support Staff. The Center is responsible for taking, distributing, and storing minutes of every UM Committee meeting.

**I. Exception/Clinical Override Process**

The Center utilizes the current HHSC TRR Manual to establish the Level of Care-Recommended (LOC-R) resulting of Adult Needs and Strengths Assessment (ANSA)/ Child and Adolescent

Needs and Strengths (CANS) (ANSA/CANS) scores as the guide for LOC-Assignment (LOC-A) under normal conditions. When there is the need to make exceptions to the LOC-R and manage the number of units of service authorized for an individual in services, a request for deviation (LOC-D) from the LOC-R is made by the assessing clinician with rationale for consideration of an alternate LOC-A in the authorization for services process by the UM personnel. The Center will report on exceptions and overrides in the manner required by HHSC.

#### **J. Appeal Process**

Pursuant to 25 TAC 401.464, the Center is dedicated to providing mental health services which are viewed as satisfactory by persons receiving those services and their legally authorized representative (LAR). The appeal process is in place to assure that these persons:

- (1) Have a method to express their concerns or dissatisfaction;
- (2) Are assisted in doing so in a constructive way; and
- (3) Have their concerns or dissatisfaction addressed through a review process.

A request to review decisions may be made by the person requesting or receiving services/supports, the person's legal representative, or any other individual with the person's consent.

At the time of admission into services and on an annual basis thereafter, the Center shall provide to persons who receive services and their legally authorized representative written notification in a language and/or method understood by the individual the Center's policy for addressing concerns or dissatisfaction with services/supports. The notification shall explain:

- (1) An easily understood process for persons and legally authorized representatives to request a review of their concerns or dissatisfaction by the Center;
- (2) How the person may receive assistance in requesting the review;
- (3) The timeframes for the review; and
- (4) The method by which the person is informed of the outcome of that review.

#### **A) Adverse Determination:**

The Center shall notify persons and legally authorized representatives in writing in a language and/or method understood by the individual of the following decisions and of the process to appeal by requesting a review of those decisions:

- (1) A decision to deny the person services/supports at the conclusion of the Center's procedure which determines whether the person meets the criteria for the priority population; and
- (2) A decision to terminate services/supports and follow-along from the Center or its contractor, if appropriate.
- (3) All decisions to refer, reduce, terminate, or deny services are made by the UM Manager or by the UM Physician based upon a clinical determination. This clinical determination also considers that non-payment is not related to the person's mental illness and that the proposed action would not cause the person's mental or physical health to be at imminent risk. Proposals to refer persons to third party coverage are in accordance with Title 25, TAC Chapter 412, and Subchapter C.
- (4) At the time of the adverse determination decision, the UM staff will verbally notify the appellant and person receiving or requesting services, if different, and provider of the decision.

#### **B) Routine Review Process:**

The written notification referred to above must:

1. be given or mailed to the person and the legally authorized representative **within three working days** of the date the decision was made;
2. state the reason for the decision;
3. explain that the person and legally authorized representative may contact either the Center **within 30 days of receipt of notification** if dissatisfied with the decision and request that the decision be reviewed in accordance with this procedure;
4. include name(s), phone number(s) and address (es) of one or more accessible staff to contact during office hours.

If a person or legally authorized representative believes that the Center has made a decision to involuntarily reduce services by changing the amount, duration, or scope of services/supports provided and is dissatisfied with that decision, then the person may request in writing that the decision be reviewed in accordance this procedure. Requests to appeal an adverse determination decision are routed to the LMHA Utilization Management Department. Assistance with completing the written appeal may be provided by the Center, if requested.

The review by the Center shall:

1. begin within 20 working days of receipt of the request for a review and be completed within ten working days of the time it begins unless an extension is granted by the Executive Director of the Center;
2. begin immediately upon receipt of the request and be completed within five working days if the decision is related to a crisis service;
3. be conducted by an individual(s) who was not involved in the initial decision;
4. include a review of the original decision which led to the person's dissatisfaction;
5. result in a decision to uphold, reverse, or modify the original decision; and
6. provide the person an opportunity to express his or her concerns in person or by telephone to the individual reviewing the decision. The review shall also allow the person to:
  - (a) have a representative talk with the reviewer; or
  - (b) submit his or her concerns in writing, on tape, or in some other fashion.
7. Expedited initial/second appeal is completed based upon immediacy and no later than one calendar year and the person is notified within one business day by UM staff in person, phone or by certified mail.
8. An appeals log is kept and all appeals are categorized.

Following a review, the Center shall explain to the person and legally authorized representative in writing and also in person or by telephone, if requested, the action it will take or, if no action will be taken, why it will not change the decision or believes such action would not be in the person's best interest. This is the final step in the review process.

### **C) Notification and Review Process:**

(1) is applicable only to services/supports funded by HHSC and provided or contracted for by its local authorities;

(2) does not preclude a person or legally authorized representative's right to reviews, appeals, or other actions that accompany other funds administered through the Center or its contractors, or to other appeals processes provided for by other state and federal laws, e.g., Texas Health and Safety Code, Title 7, Chapter 593 (Persons with Mental Retardation Act); 42 USC §1396 (Medicaid statute); and Texas Human Resources Code, Chapter 73 (Chapter 621 of this title (relating to Early

Childhood Intervention)), Early Childhood Intervention programs as funded by the Texas Interagency Council for Early Childhood Intervention.

**D) Right to Make a Complaint/ Appeal an Adverse Determination**

At intake the Center will review the Clients Rights handbook with the client or LAR, and they will indicate that they have received and understood this information. The handbook will contain the information and phone number to the HHSC Client Services and Rights Protection Division.

Complaints may come through Clinics, Lakes Regional website, QM or directly to the UM Department by phone. Complaints are deferred to be addressed first by Clinic Directors to seek resolution locally and may then be referred to UM personnel to assist with resolution when unsuccessful. Resolution or determination is made by the UM Manager if possible or appeal assistance and instruction is given. Complaints are reviewed in monthly UR Meetings with Clinic Directors for documentation and management education.

**K. HHSC UM Oversight Activities**

The Center will participate in UM oversight activities, including submitting, but not limited to: Performance Contract Monitoring, the requisite Appeal Reports, as defined and scheduled by HHSC.

**L. Quality Management and Utilization Management**

The Center Quality Management (QM) provide oversight to ensure compliance with and the quality of the implementation of Texas Resilience & Recovery practices, monitor fidelity to service models, monitor performance in relation to Health and Human Services Commission-defined performance measures, and coordinate activities with the UM program.

**M. Provider Profiling**

The Center will utilize provider profiling to review, identify, and analyze current mental health community services, providers, and utilization patterns in order to educate clinicians and facilitate practice improvement. All current training is kept on record and monitored as needed.

**N. Delegated UM Activities and Oversight**


Pursuant to a written agreement, certain Utilization Management Activities have been designated by the Center to East Texas Behavioral Healthcare Network (ETBHN) and have been described as such in this Utilization Management Plan. It is the responsibility of the Center's Utilization Manager to ensure oversight of these delegated activities. To that end, ETBHN will provide all Utilization Management reports, results, analysis, of the above-mentioned Delegated Activities to the ETBHN Regional Oversight Committee, as well as to the Center's Utilization Manager. Any identifying information that is gathered is kept confidential.

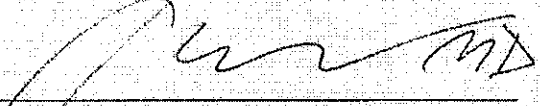
**O. Utilization Management Program Evaluation**


The UM program of the Center is evaluated at least annually to determine its effectiveness in facilitating access, managing care, improving outcomes, and providing useful data for resource allocation, quality improvement, and other management decisions and identifying any improvements that may be made. Any Utilization Plan Evaluation conducted by the Center will include an evaluation of the Center's Performance Contract measures. UM Program Evaluation activities and FY Report will be reflected in the UM Committee meeting minutes.

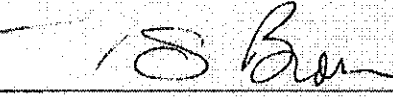
**P. UM Plan Approval**

After review and with understanding that the purpose herein is dedicated to the enhanced efficiency, effectiveness and access of all Lakes Regional Community Center services through these efforts and processes.

  
\_\_\_\_\_  
Director Authorization and Utilization

  
\_\_\_\_\_  
Medical Director

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Board Chair

Rev: 06.20

**AGENDA Item No: 07.06.22**  
**Executive Director's Report:**

**Recommended Board Action:**  
None: For Information Only

**Rational:**

Executive Director Report:

Handouts

**1. Annual Board Training Review:**

This is the annual refresher training of the Board members roles and responsibilities. Those who attended the recent TX. Council Conference in June attended the training session presented by Pamela Beach, the General Counsel for the Texas Council Risk Management Fund (TCRMF). At this meeting, we will present the same material to the rest of the Board.

**2. Lakes Regional IDD Authority Services - NCQA Accreditation Summary:**

Enclosed with your Board packet is a description of our Local Intellectual and Developmental Disability Authority (LIDDA) division's achievement of receiving a 3-year accreditation from the National Council for Quality Assurance (NCQA). NCQA, like CCBHC certification, is a federally recognized healthcare designation. Managed Care Organizations also recognize it within their provider system. Currently only seven other Texas Community Centers hold such accreditation.

**3. 1115 Transformation Waiver Update:**

We will receive our final DSRIP payment on July 29. As we have discussed at previous meetings, from now on we will be utilizing two new 1115 Waiver funding strategies: the Behavior Health Directed Payment Program (BHS-DPP) and the Public Healthcare Provider – Charity Care Pool (PHP-CCP) to replace as much of the DSRIP program funding as possible. From our preliminary estimates, it appears that our funding from these programs will closely match the current DSRIP funding.

**4. Fiscal Year 2023 Budget Preparation and Board Schedule:**

The Board's Human Resource and the Budget and Finance Committees will need to meet to review the proposed benefit package and budget at our August Board meeting. As we have done in past years, we will schedule the committees to meet at an earlier time on the same date as the regular Board meeting.

**Status of ARPA and Covid Relief Health Care Grants.**

During the Third Special Session, the 87th Legislature (2021) allocated \$178.3 million for healthcare providers, including ICF, HCS, and TxHmL providers, to strengthen the workforce recruitment and retention. Funds are being distributed as grants to eligible providers via HHSC's Request for Application (RFA) process coming up this month and in August for application.



The state is also distributing a temporary 6-month rate enhancement for HCS providers. We are currently participating in this and the total estimated addition is 451,000.00. The enhancement runs from March 1, 2022 through August 31st. 2022. The funds cannot be used to raise hourly salaries but are for retention and incentive bonuses or COVID related illness costs. The final report of expenditures is due November 2022 and so we can carry over some of the funding until then.

Our current strategy is to do monthly bonuses for direct care and other staff that are providing services. The first payments occurred in May and June. We are also paying a 2,000 sign on bonus for new IDDP staff hired at the 90-day period. A portion of this temporary funding will also be used for payment of a proposed center-wide staff appreciation bonus to be paid in August with Board approval.

#### 5. Texas Council Update:

The Council's Health Opportunities Workgroup continues to focus on the implementation of the Public Healthcare Provider – Charity Care Pool, and the Behavioral Health Directed Payment Programs.

The HOW and the TX. Council are also coordinating with HHSC in the state wide launch of the 988 Suicide & Crisis Lifeline. There was an update on this at the recent TX. Council Conference and more information is available at <https://988lifeline.org/>

#### 6. HHSC Performance Contracts/Grants

- a. ECI Contract Budget has been submitted. It contains additional ARPA funding, which will require an amendment be completed in October.
- b. Other HHSC contracts are still pending

Lakes Regional Community Center  
Financial Report  
For the Month of May 2022

Erwin Hancock  
Chief Financial Officer

June 21, 2022

**Lakes Regional Community Center**  
**Financial Report Outline**

<b>I. Financial Summary</b>	<b>Page 1</b>
<b>II. Balance Sheet</b>	<b>Page 2</b>
<b>III. Income Recap by Division</b>	<b>Page 3</b>
Comparative Income Statement	<b>Pages 4-5</b>
Statement of Revenues & Expenditures	<b>Page 6</b>
<b>IV. Related Data</b>	<b>Pages 7-8</b>
<b>V. Quarterly Investment Report</b>	<b>Page 9</b>

Lakes Regional Community Center  
 Financial Summary for the Month Ending May 31, 2022

Profit and Loss Summary

	Current Month	Year to Date
Revenues	\$3,626,955	\$31,525,801
Expenses	\$3,302,864	\$29,081,169
Net Income	\$324,092	\$2,444,632

Balance Sheet Summary

	Current YTD as of May 31, 2022	Last YTD as of May 31, 2021	Year to Year Change
Total Assets	\$34,529,821	\$35,286,631	\$ (756,810)
Total Liabilities	\$7,072,124	\$11,420,916	\$ (4,348,792)
Fund Balance	\$27,457,697	\$23,865,715	\$ 3,591,982

Lakes Regional Community Center  
Balance Sheet

	As of 5/31/2022	As of 5/31/2021	Net Change
<b>Current Assets</b>			
Cash	\$ 16,746,017	\$ 12,963,431	\$ 3,782,586
Accounts Receivable	5,828,909	5,787,237	41,672
Other Current Assets	831,910	430,526	401,384
<b>Total Current Assets</b>	<b>\$ 23,406,836</b>	<b>\$ 19,181,194</b>	<b>\$ 4,225,642</b>
<b>Long-Term Assets</b>			
Fixed Assets (net of depreciation)	\$ 8,091,172	\$ 7,985,910	\$ 105,262
Other Long-Term Assets	3,031,813	8,119,527	(5,087,714)
<b>Total Long-Term Assets</b>	<b>\$ 11,122,985</b>	<b>\$ 16,105,437</b>	<b>\$ (4,982,452)</b>
<b>Total Assets</b>	<b>\$ 34,529,821</b>	<b>\$ 35,286,631</b>	<b>\$ (756,810)</b>
<b>Current Liabilities</b>			
Accounts Payable	\$ 885,156	\$ 692,689	\$ 192,467
Accrued Expenses	755,449	904,105	(\$148,656)
Short-term Debt	2,399,707	1,704,595	695,112
<b>Total Current Liabilities</b>	<b>\$ 4,040,312</b>	<b>\$ 3,301,389</b>	<b>\$ 738,923</b>
Long-term Debt	\$ 3,031,812	\$ 8,119,527	\$ (5,087,715)
<b>Total Long-Term Debt</b>	<b>\$ 3,031,812</b>	<b>\$ 8,119,527</b>	<b>\$ (5,087,715)</b>
<b>Total Liabilities</b>	<b>\$ 7,072,124</b>	<b>\$ 11,420,916</b>	<b>\$ (4,348,792)</b>
Investment In General Fund Assets	\$ 8,091,172	\$ 8,173,410	\$ (82,238)
Fund Balance at Beginning of Year	19,366,525	15,692,305	3,674,220
<b>Total Equities and other Credits</b>	<b>\$ 27,457,697</b>	<b>\$ 23,865,715</b>	<b>\$ 3,591,982</b>
<b>Total Liabilities, Equities and other Credits</b>	<b>\$ 34,529,821</b>	<b>\$ 35,286,631</b>	<b>\$ (756,810)</b>

# Lakes Regional Community Center

## Income Statement Recap by Division

As of May 31, 2022

<u>Division</u>	<u>Current Month</u>	<u>Year to Date</u>
MH	\$ 140,295	\$ 775,648
Mental Health First Aid & Outreach	(391)	(1,098)
Hospitality House	2,969	9,796
IDD	125,768	675,204
ECI	(5,035)	15,389
Administration	28,434	40,633
Expending Fundraising	(390)	1,081
Telemedicine Services (All locations)	112,547	1,016,881
Medical Prescriber Services	858	(65,456)
CCBHC/CMHC SAMSHA Grants	(93,137)	(54,858)
Collaborative Grant	7,372	7,662
Education Services Pittsburgh	0	0
House Bill 133	25	17,535
TANF Pandemic Emergy Assistance	4,777	6,214
<b>Total Lakes</b>	<b>\$ 324,092</b>	<b>\$ 2,444,632</b>

Lakes Regional Community Center  
Comparative Income Statement for the Month ended May 31, 2022

	<u>5/31/2022</u>	<u>5/31/2021</u>	Variance	Var %
<b>Revenues</b>				
General Revenue IDD	\$212,926	\$260,371	(\$47,445)	-18%
General Revenue MH	\$679,724	\$686,180	(\$6,456)	-1%
Early Childhood Intervention Revenue	\$120,046	\$67,684	\$52,362	77%
1115b Waiver Revenue	\$562,353	\$834,430	(\$272,077)	-33%
NTBHA Revenue	\$204,276	\$246,989	(\$42,713)	-17%
Medicaid Revenue	\$277,821	\$298,651	(\$20,830)	-7%
Medicare Revenue	\$3,344	\$2,047	\$1,297	63%
HCS Revenue	\$415,695	\$404,384	\$11,311	3%
Managed Care Revenue	\$100,785	\$103,053	(\$2,268)	-2%
Private Insurance	\$14,943	\$7,605	\$7,338	96%
Client Fees	\$4,103	\$3,325	\$778	23%
Other Revenue	\$1,030,937	\$1,269,777	(\$238,840)	-19%
<b>Total Revenues</b>	<b>\$3,626,955</b>	<b>\$4,184,496</b>	<b>(\$557,541)</b>	<b>-13%</b>
<b>Expenses</b>				
Salaries and Wages	\$1,497,100	\$1,729,601	(\$232,501)	-13%
Employee Benefits	\$535,180	\$542,105	(\$6,925)	-1%
Staff Training	\$5,352	\$3,903	\$1,449	37%
Furniture and Equipment	\$3,373	\$4,561	(\$1,188)	-26%
Maintenance and Repairs	\$29,296	\$33,779	(\$4,483)	-13%
Utilities	\$31,331	\$4,639	\$26,692	575%
Client Support	\$22,456	\$6,516	\$15,940	245%
Supplies	\$35,569	\$19,672	\$15,897	81%
Vehicle Maintenance	\$3,002	\$3,510	(\$508)	-14%
Insurance Costs	\$25,157	\$29,327	(\$4,170)	-14%
Debt Service	\$32,385	\$55,862	(\$23,477)	-42%
Other Expenses	\$1,082,661	\$801,606	\$281,055	35%
<b>Total Expenses</b>	<b>\$3,302,864</b>	<b>\$3,235,081</b>	<b>\$67,783</b>	<b>2%</b>
<b>Net Surplus/(Deficit)</b>	<b>\$324,092</b>	<b>\$949,415</b>	<b>(\$625,323)</b>	<b>-66%</b>

Lakes Regional Community Center  
Comparative Income Statement for the period ended May 31, 2022

	<u>YTD ended</u> 05/31/2022	<u>YTD ended</u> 05/31/2021	Variance	Var %
<b>Revenues</b>				
General Revenue IDD	\$1,920,628	\$2,142,622	(\$221,994)	-10%
General Revenue MH	\$6,295,038	\$6,048,128	\$246,910	4%
Early Childhood Intervention Revenue	\$1,078,324	\$808,204	\$270,120	33%
1115b Waiver Revenue	\$5,098,569	\$5,323,934	(\$225,365)	-4%
NTBHA Revenue	\$1,872,262	\$1,958,003	(\$85,741)	-4%
Medicaid Revenue	\$2,447,357	\$2,665,401	(\$218,044)	-8%
Medicare Revenue	\$38,543	\$21,965	\$16,578	75%
HCS Revenue	\$3,772,713	\$3,527,052	\$245,661	7%
Managed Care Revenue	\$943,524	\$939,356	\$4,168	0%
Private Insurance	\$135,295	\$48,423	\$86,872	179%
Client Fees	\$46,607	\$28,651	\$17,956	63%
Other Revenue	\$7,876,940	\$5,948,555	\$1,928,385	32%
<b>Total Revenues</b>	<b>\$31,525,801</b>	<b>\$29,460,294</b>	<b>\$2,065,507</b>	<b>7%</b>
<b>Expenses</b>				
Salaries and Wages	\$14,640,421	\$13,496,951	\$1,143,470	8%
Employee Benefits	\$5,047,520	\$4,696,205	\$351,315	7%
Staff Training	\$43,658	\$32,569	\$11,089	34%
Furniture and Equipment	\$27,912	\$40,894	(\$12,982)	-32%
Maintenance and Repairs	\$255,782	\$127,734	\$128,048	100%
Utilities	\$301,418	\$323,568	(\$22,150)	-7%
Client Support	\$57,725	\$45,404	\$12,321	27%
Supplies	\$261,264	\$219,960	\$41,304	19%
Vehicle Maintenance	\$35,040	\$27,399	\$7,641	28%
Insurance Costs	\$242,289	\$265,374	(\$23,085)	-9%
Debt Service	\$255,634	\$488,592	(\$232,958)	-48%
Other Expenses	\$7,912,504	\$7,303,943	\$608,561	8%
<b>Total Expenses</b>	<b>\$29,081,169</b>	<b>\$27,068,593</b>	<b>\$2,012,576</b>	<b>7%</b>
<b>Net Surplus/(Deficit)</b>	<b>\$2,444,632</b>	<b>\$2,391,701</b>	<b>\$52,931</b>	<b>2%</b>



# Lakes Regional Community Center Statement of Revenues and Expenditures For the Period Ending May 31, 2022

	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Total
<b>Revenues</b>										
Local	\$ 56,420	\$ 86,621	\$ 85,336	\$ 82,079	\$ 74,759	\$ 78,996	\$ 662,570	\$ 77,470	\$ 380,310	\$ 1,534,561
State Programs	1,626,547	1,642,336	1,608,680	1,517,128	1,517,611	1,532,157	1,620,082	1,594,708	1,544,458	14,313,686
Federal Programs	1,217,075	1,310,044	1,386,628	1,411,858	1,366,476	1,528,982	2,086,146	1,927,918	1,541,776	13,776,883
Interest Income	2,403	2,666	2,428	2,955	2,473	2,507	3,122	3,695	6,135	28,408
North Texas BH Assoc	209,363	209,375	209,199	212,213	209,697	205,267	207,651	205,202	204,276	1,872,282
<b>TOTAL REVENUES</b>	<b>\$ 3,111,798</b>	<b>\$ 3,251,062</b>	<b>\$ 3,282,271</b>	<b>\$ 3,356,272</b>	<b>\$ 3,171,016</b>	<b>\$ 3,247,939</b>	<b>\$ 4,579,584</b>	<b>\$ 3,778,954</b>	<b>\$ 3,626,935</b>	<b>\$ 31,625,801</b>
<b>Expenditures</b>										
Current:										
Salaries & Wages	\$ 1,622,659	\$ 1,546,004	\$ 1,613,459	\$ 1,601,825	\$ 1,591,051	\$ 1,508,748	\$ 1,786,922	\$ 1,914,051	\$ 1,497,100	\$ 14,640,421
Employee Benefits	566,115	\$ 541,566	542,129	540,076	599,267	573,013	594,526	573,658	535,180	5,047,520
Other Operating Expenses:										
Client Respite	4,474	\$ 12,043	5,291	9,233	3,732	7,629	16,403	3,820	5,324	67,647
HCS Contract	112,198	\$ 114,830	111,472	118,928	116,928	111,262	120,295	116,643	115,875	1,038,366
Consult/Pro Svcs - External	12,433	\$ 13,810	13,193	16,761	14,379	13,080	16,266	14,594	13,910	131,429
Contracts with Other Orgs-Ext	355,731	\$ 349,584	370,709	380,382	356,323	374,651	380,565	372,800	348,002	3,286,627
ICF/MR Quality Assurance Fees	6,614	\$ 6,927	6,721	7,650	7,252	6,551	7,252	6,989	6,945	63,571
TX/MHIL Contracts	9,645	\$ 10,941	10,007	11,401	7,252	11,105	10,305	8,127	11,450	91,874
Contracted Lab Services	678	\$ 1,620	1,503	981	1,833	2,081	465	619	711	10,232
Staff Development/Training	4,743	\$ 4,472	4,251	7,979	1,833	2,081	465	619	711	10,232
Non-Clinical Contracts with Others	4,464	\$ 8,450	4,111	7,979	5,862	3,873	4,926	4,824	6,352	43,658
Pharmaceuticals/Supplies	26,889	\$ 20,812	24,781	21,256	3,862	6,112	4,926	8,954	16,147	61,981
Avypal Meets	2,354	\$ 2,354	3,075	2,354	21,699	18,745	24,049	18,429	18,809	195,261
Patent Asset Program/Filling Fees	1,500	\$ 1,500	1,500	1,500	5,727	5,616	6,792	5,987	6,662	47,397
Training and Travel	2,029	\$ 23,599	1,500	1,500	1,500	1,500	1,500	1,500	1,500	23,529
Consumable Supplies	23,137	\$ 24,796	28,234	27,756	19,372	28,142	26,617	56,327	32,200	233,278
Building Capital Outlay		\$ 21,664	9,000	40,208	0	68,541	45,295	40,587	35,589	261,262
Furniture/Equipment over \$5,000		\$ 4,292								146,644
Computer Capital Outlay		\$ 4,292								233,799
Furniture/Equipment under \$5,000		\$ 7,867								133,437
Computer Equipment Rental		\$ 9,456								27,912
Computer Equipment Under \$5,000		\$ 18,145								170,189
Other Monthly Expenses		\$ 8,513								12,982
Client Support Fees		\$ 14,418								14,418
Computer Software Support Fees		\$ 4,171								14,422
Computer Software Fees for HR System		\$ 1,000								13,964
Building Rent, Repair, Maintenance		\$ 112,042								13,964
Vehicle Operating Expense		\$ 4,175								2,895
Vehicle Fuel Costs		\$ 7,676								132,098
Non-Client Utilities		\$ 19,972								1,206,287
Telecommunications		\$ 44,000								35,040
Data Connect/Internet Access		\$ 19,219								10,160
Crisis Hotline Answering Svc		\$ 14,910								31,331
Insurance		\$ 2,500								70,403
Client Support Costs		\$ 26,629								301,419
Client Reimbursable Services		\$ 5,958								243,211
NTBHA Supported Housing		\$ 5,315								67,182
Debt Service		\$ 27,801								22,500
DPP BHS Prem Tax Risk Admin		\$ 704								25,187
COVID-19 Expenses		\$ 3328								242,269
ECI Client Support Costs		\$ 140								57,726
Expanding Fund Raising Funds		\$ (169)								71,837
LRM/HMRC Board Expenses		\$ 14								8,367
Expanding Red River Funds		\$ 280								4,897
Service Costs Unallowable		\$ 280								32,285
Total Other Operating Expenses		\$ 2,978								4,945
		\$ 877,942								1,241
		\$ 55,064								2,540
		\$ 87,650								1,410
		\$ 22,830								1,789
		\$ 986,664								3,161
		\$ 3,811								10
		\$ 1,054,913								84,080
		\$ 3,196,815								9,363,226
<b>TOTAL EXPENDITURES</b>	<b>\$ 3,095,716</b>	<b>\$ 3,094,140</b>	<b>\$ 3,195,532</b>	<b>\$ 3,198,815</b>	<b>\$ 3,112,078</b>	<b>\$ 3,198,514</b>	<b>\$ 4,482,945</b>	<b>\$ 3,613,845</b>	<b>\$ 3,302,894</b>	<b>\$ 29,081,168</b>
<b>Excess (deficiency) of revenues over expenditures</b>	<b>\$ 55,082</b>	<b>\$ 116,922</b>	<b>\$ 137,019</b>	<b>\$ 159,457</b>	<b>\$ 58,937</b>	<b>\$ 151,374</b>	<b>\$ 1,096,640</b>	<b>\$ 285,110</b>	<b>\$ 324,082</b>	<b>\$ 2,444,633</b>

note1: Includes \$73,965 freeze damage expense SSS Support Rel., Shelter Svcs; (\$5,445) Additional insurance payment Joseph St. group home fire claim.  
 note2: Includes \$31,185 - 37 desktop computers purchased for COVID-19 / COVID Programs.  
 note3: Includes Provider Relief Funding \$596,770  
 note4: Includes WAC additional revenue \$148,927 / DPP Component 1 \$592,539  
 note5: Software support exceeding one year reclassified to Computer Capital Outlay account.  
 note6: Add'l Ins Claim Payment Received for S.S. Building B  
 note7: Purchase 9 Vehicles - Total \$217,399.00

Lakes Regional Community Center  
FY22 Aged Accounts Receivable  
MAY

Accounts Receivable Description	Amount	May	Apr 30 Days	Mar 60 Days	Feb 90 Days	Jan & prior 120 +
MAC Adm Claim	808,242.66	77,169	77,169	77,169	77,169	499,567
FY22 1st Qtr (Oct-Dec) - \$422,398 (billed)						
FY22 1st Qtr (Jan-Mar) - \$231,607 (accrual)						
FY22 2nd Qtr (Apr-Jun) - \$154,338 (accrual)						
<b>NTBHA: \$3,060.85</b>						
Substance Abuse - GVL	2,909.13	2,909	-	-	-	-
Substance Abuse - RWL	151.73	152	-	-	-	-
Medicaid	320,129.14	254,660	5,047	6,570	4,856	48,997
Medicare **	1,816.11	1,815	-	-	-	-
Private Insurance **	7,770.63	7,082	545	112	31	-
Chip **	697.68	481	155	62	-	-
<b>MANAGED CARE:</b>						
Amerigroup	29,787.67	29,568	221	-	-	-
Superior (Cenpatico)	24,476.56	23,550	501	-	233	193
Optum	17,678.00	17,678	-	-	-	-
Cigna	230.82	217	14	-	-	-
Texas Childrens Plan	902.38	902	-	-	-	-
Beacon	13,290.03	10,533	2,713	44	-	-
Molina	25,331.45	25,257	27	48	-	-
Aetna Better Health	1,333.80	1,334	-	-	-	-
Texas Home Living - North	28,508.11	28,508	-	-	-	-
Texas Home Living - South	11,067.63	11,068	-	-	-	-
HCS - North	285,692.33	285,692	-	-	-	-
HCS - South	97,836.63	97,837	-	-	-	-
Reimbursable Svcs-TxHmL North & South	6,187.42	2,542	259	649	433	1,304
Reimbursable Svcs-HCS North	37,340.24	4,613	7,312	8,553	3,259	13,604
Reimbursable Svcs-HCS South	840.30	597	-	33	-	210
HCS Rm/Brd	-	-	-	-	-	-
ICF Residential Homes	157,803.82	126,271	3,671	5,592	5,050	17,219
Block Grant/TANF-Title XX Gen Revenue	71,103.21	23,702	23,702	23,699	-	-
BG/TANF PEAR	24,985.69	22,801	2,185	-	-	-
Block Grant Supp Housing	-	-	-	-	-	-
CCBHC Samsha Grant (799)- ends April 2022	-	-	-	-	-	-
CMHC Samsha Grant (798)	70,000.00	70,000	-	-	-	-
GR HB133-Outpatient Cap Activity	11,610.50	5,804	5,707	-	-	-
Supported Employment	-	-	-	-	-	-
Day Hab Billings (Private Providers)	27,702.79	14,660	8,974	4,069	-	-
1048 IDD Billed Svcs	4,586.03	4,586	-	-	-	-
ECI Grant Revenue	149,099.97	75,639	73,461	-	-	-
ECI Respite	140.00	140	-	-	-	-
ECI Priv Ins	15,434.59	8,081	3,152	1,389	813	2,000
ECI Medicaid	34,777.95	34,778	-	-	-	-
ECI Managed Care	54,498.74	46,543	4,225	1,053	648	2,030
ECI Chip	250.85	-	-	-	-	251
A/R Other Employees	-	-	-	-	-	-
A/R Employee Insurance (Cobra)	412.18	-	-	-	-	-
TCOOMMI GRANT	40,140.02	16,800	23,340	-	-	412
TDCJ Contract-Greenville	4,868.24	1,470	1,877	1,512	-	-
TDCJ - Sherman/Bonham/Paris	16,307.08	6,015	4,727	5,565	-	-
Fannin County Drug Court	2,500.00	2,500	-	-	-	-
Grayson County Drug Court	-	-	-	-	-	-
Titus County Drug Court	450.00	450	-	-	-	-
DSHS Region 3	10,772.52	10,486	286	-	-	-
DSHS Region 4	10,118.08	9,792	326	-	-	-
DSHS MHFA Outreach	12,266.83	4,962	7,305	-	-	-
ICF Upper Payment Limit	61,790.00	30,895	30,895	-	-	-
SAC Prog -Hunt County	1,936.67	1,937	-	-	-	-
ECC - (Enhanced Comm Coord)	21,901.52	10,290	11,611	-	-	-
Pharmacy Rental Income	-	-	-	-	-	-
Comm Education (Curt Pitton)	7,198.50	7,199	-	-	-	-
1115 Waiver Fed Share **accrual	3,293,019.39	562,353	562,353	562,353	568,585	1,037,375

Accounts Receivable Description	Amount	May	Apr 30 Days	Mar 60 Days	Feb 90 Days	Jan & prior 120 +
Misc Revenue - 1370-1200 - \$2,125.14						
**Vela Pyrl overpayment	1,964.93	-	-	1,965	-	-
**Spectrum/TW Book Credits - Grnvl	160.21	-	-	-	-	160

		GL bal	bal ck
FY22	Balance Due	<u>5,828,909.26</u>	6,828,909.26
	Apr Balance Due	5,718,056.03	110,853.23
	Mar Balance Due	368,835.76	5,460,073.50
	Feb Balance Due	1,036,815.44	4,793,093.82
	Jan Balance Due	3,503,057.43	2,325,851.83
	Dec Balance Due	5,195,181.23	633,728.03
	Nov Balance Due	4,575,016.72	1,253,892.54
	Oct Balance Due	3,695,473.34	2,133,435.92
	Sep Balance Due	3,295,481.89	2,533,427.37
	Aug Balance Due	2,849,661.22	2,979,248.04
	Jul Balance Due	3,027,271.97	2,801,637.29
	Jun Balance Due	6,517,005.39	(688,098.13)
	May Balance Due	5,787,236.69	41,672.57
	Apr Balance Due	4,191,244.93	1,637,664.33
	Mar Balance Due	4,191,244.93	1,637,664.33
	Feb Balance Due	3,505,346.09	2,323,563.17
	Jan Balance Due	3,136,893.13	2,692,016.13
	Dec Balance Due	4,825,281.48	1,003,627.78
	Nov Balance Due	4,379,915.08	1,448,994.18
	Oct Balance Due	4,110,911.88	1,717,997.38
FY21	Sep Balance Due	3,465,064.05	2,363,845.21
FY20	Aug Balance Due	2,590,621.62	3,238,287.64
	Jul Balance Due	2,163,708.17	3,665,201.09
	Jun Balance Due	4,250,475.75	1,578,433.51
	May Balance Due	4,344,360.19	1,484,549.07
	Apr Balance Due	4,678,182.25	1,150,727.01
	Mar Balance Due	3,866,748.23	1,962,161.03
	Feb Balance Due	3,381,352.87	2,447,556.39
	Jan Balance Due	3,024,731.51	2,804,177.75
	Dec Balance Due	4,487,991.29	1,340,917.97

**Lakes Regional Community Center Quarterly Investment Report  
For the 6 Months Ending May 31, 2022**

Particulars		Amount
Beginning Balance September 1, 2021:		
	TexPool	\$ 3,920,582
	Certificate of Deposit	\$ 1,034,738
	Business Star A/C	\$ 8,292,622
	Omaha Res. Savings	\$ 8,261
	Total Sept. 1, 2020	\$13,562,203
Ending Balance May 31, 2022:		
	TexPool	\$ 7,428,206
	Certificates of Deposit	\$ 1,035,441
	Business Star A/C	\$ 6,091,825
	Omaha Res. Savings	\$ 8,263
	Total August 31, 2021	\$14,563,735
<b>Net Change</b>		<b>\$ 1,001,532</b>

The market value and the book value of our fund in TexPool are the same. The aforementioned funds are available upon demand and thus do not have a maturity date. Lakes investments include 2 certificates of deposit that pay interest at the rate of 0.40%. Lakes, additionally earns 0.25% interest on its business investment account at the American National Bank. TexPool account earns 0.40% on its investment account.

Lakes Regional Community Center's investment portfolio is in compliance with the Lakes Regional Community Center Investment and Cash Management Policy 4.07 and is in compliance with the Public Funds Investment Act.

Respectfully submitted,

*Erwin Hancock*  
Chief Financial Officer  
Investment Officer



Lake's Regional Community Center  
Financial Report  
For the Month of June 2022

Erwin Hancock  
Chief Financial Officer

July 20, 2022

**Lakes Regional Community Center**  
**Financial Report Outline**

<b>I. Financial Summary</b>	Page 1
<b>II. Balance Sheet</b>	Page 2
<b>III. Income Recap by Division</b>	Page 3
Comparative Income Statement	Pages 4-5
Statement of Revenues & Expenditures	Page 6
<b>IV. Related Data</b>	Pages 7-8

Lakes Regional Community Center  
 Financial Summary for the Month Ending June 30, 2022

**Profit and Loss Summary**

	Current Month	Year to Date
Revenues	\$3,361,510	\$34,887,311
Expenses	\$3,121,363	\$32,202,532
Net Income	<u>\$240,147</u>	<u>\$2,684,779</u>

**Balance Sheet Summary**

	Current YTD as of June 30, 2022	Last YTD as of June 30, 2021	Year to Year Change
Total Assets	\$34,466,616	\$31,902,902	\$ 2,563,714
Total Liabilities	\$6,768,771	\$7,452,818	\$ (684,047)
Fund Balance	<u>\$27,697,845</u>	<u>\$24,450,084</u>	<u>\$ 3,247,761</u>



Lakes Regional Community Center  
Balance Sheet

	As of 6/30/2022	As of 6/30/2021	Net Change
<b>Current Assets</b>			
Cash	\$ 14,975,589	\$ 12,688,966	\$ 2,286,623
Accounts Receivable	6,824,811	6,517,005	307,806
Other Current Assets	1,567,795	962,116	605,679
<b>Total Current Assets</b>	<b>\$ 23,368,195</b>	<b>\$ 20,168,087</b>	<b>\$ 3,200,108</b>
<b>Long-Term Assets</b>			
Fixed Assets (net of depreciation)	\$ 8,091,172	\$ 7,985,910	\$ 105,262
Other Long-Term Assets	3,007,249	3,748,905	(741,656)
<b>Total Long-Term Assets</b>	<b>\$ 11,098,421</b>	<b>\$ 11,734,815</b>	<b>\$ (636,394)</b>
<b>Total Assets</b>	<b>\$ 34,466,616</b>	<b>\$ 31,902,902</b>	<b>\$ 2,563,714</b>
<b>Current Liabilities</b>			
Accounts Payable	\$ 943,922	\$ 809,013	\$ 134,909
Accrued Expenses	note1 (2,529)	862,872	(\$865,401)
Short-term Debt	2,820,129	2,032,028	788,101
<b>Total Current Liabilities</b>	<b>\$ 3,761,522</b>	<b>\$ 3,703,913</b>	<b>\$ 57,609</b>
Long-term Debt	\$ 3,007,249	\$ 3,748,905	\$ (741,656)
<b>Total Long-Term Debt</b>	<b>\$ 3,007,249</b>	<b>\$ 3,748,905</b>	<b>\$ (741,656)</b>
<b>Total Liabilities</b>	<b>\$ 6,768,771</b>	<b>\$ 7,452,818</b>	<b>\$ (684,047)</b>
Investment In General Fund Assets	\$ 8,091,172	\$ 8,173,410	\$ (82,238)
Fund Balance at Beginning of Year	19,606,673	16,276,674	3,329,999
<b>Total Equities and other Credits</b>	<b>\$ 27,697,845</b>	<b>\$ 24,450,084</b>	<b>\$ 3,247,761</b>
<b>Total Liabilities, Equities and other Credits</b>	<b>\$ 34,466,616</b>	<b>\$ 31,902,902</b>	<b>\$ 2,563,714</b>

note1: Includes \$721,172 July 1st payroll cash effect, clearing June bank statement. To be reversed July.

# Lakes Regional Community Center

## Income Statement Recap by Division

As of June 30, 2022

Division	Current Month	Year to Date
MH	\$ 63,759	839,406
Mental Health First Aid & Outreach	3,515	2,417
Hospitality House	3,234	13,030
IDD	63,672	738,876
ECI	(8,252)	7,138
Administration	520	41,153
Expending Fundraising	834	1,915
Telemedicine Services (All locations)	114,598	1,131,480
Medical Prescriber Services	(17,207)	(82,663)
CCBHC/CMHC SAMSHA Grants	(10,359)	(65,216)
Collaborative Grant	1,053	8,715
Education Services Pittsburgh	0	0
House Bill 133	13,623	31,158
TANF Pandemic Emergy Assistance	11,156	17,370
<b>Total Lakes</b>	<b>\$ 240,147</b>	<b>\$ 2,684,779</b>

Lakes Regional Community Center  
Comparative Income Statement for the Month ended June 30, 2022

Revenues	6/30/2022	6/30/2021	Variance	Var %
General Revenue IDD	\$207,824	\$223,973	(\$16,149)	-7%
General Revenue MH	\$703,072	\$664,859	\$38,213	6%
Early Childhood Intervention Revenue	\$118,167	\$91,000	\$27,167	30%
1115b Waiver Revenue	\$562,353	\$834,430	(\$272,077)	-33%
NTBHA Revenue	\$202,757	\$216,306	(\$13,549)	-6%
Medicaid Revenue	\$280,235	\$254,232	\$26,003	10%
Medicare Revenue	\$3,727	\$1,773	\$1,954	110%
HCS Revenue	\$426,406	\$426,022	\$384	0%
Managed Care Revenue	\$100,539	\$110,166	(\$9,627)	-9%
Private Insurance	\$15,602	\$6,444	\$9,158	142%
Client Fees	\$5,815	\$6,849	(\$1,034)	-15%
Other Revenue	note1 \$735,014	\$833,241	(\$98,227)	-12%
<b>Total Revenues</b>	<b>\$3,361,510</b>	<b>\$3,669,295</b>	<b>(\$307,785)</b>	<b>-8%</b>
<b>Expenses</b>				
Salaries and Wages	\$1,590,459	\$1,567,821	\$22,638	1%
Employee Benefits	\$458,338	\$527,078	(\$68,740)	-13%
Staff Training	\$4,064	\$2,541	\$1,523	60%
Furniture and Equipment	\$4,602	\$3,081	\$1,521	49%
Maintenance and Repairs	\$33,813	\$35,483	(\$1,670)	-5%
Utilities	\$36,760	\$2,409	\$34,351	1426%
Client Support	\$44,308	\$9,749	\$34,559	354%
Supplies	\$31,798	\$30,387	\$1,411	5%
Vehicle Maintenance	\$7,270	\$8,755	(\$1,485)	-17%
Insurance Costs	\$27,329	\$29,327	(\$1,998)	-7%
Debt Service	\$32,084	\$55,862	(\$23,778)	-43%
Other Expenses	\$850,538	\$812,434	\$38,104	5%
<b>Total Expenses</b>	<b>\$3,121,363</b>	<b>\$3,084,927</b>	<b>\$36,436</b>	<b>1%</b>
<b>Net Surplus/(Deficit)</b>	<b>\$240,147</b>	<b>\$584,368</b>	<b>(\$344,221)</b>	<b>-59%</b>

note1 Includes ARPA Revenue for HCS/TxHml & ICFMR, and ARC of Texas Revenue for IDD Authority - Offsetting Payroll Incentives Paid June

Lakes Regional Community Center  
Comparative Income Statement for the period ended June 30, 2022

	YTD ended 06/30/2022	YTD ended 06/30/2021	Variance	Var %
<b>Revenues</b>				
General Revenue IDD	\$2,128,451	\$2,366,595	(\$238,144)	-10%
General Revenue MH	\$6,998,109	\$6,712,987	\$285,122	4%
Early Childhood Intervention Revenue	\$1,196,491	\$899,204	\$297,287	33%
1115b Waiver Revenue	\$5,660,922	\$6,158,364	(\$497,442)	-8%
NTBHA Revenue	\$2,075,019	\$2,174,309	(\$99,290)	-5%
Medicaid Revenue	\$2,727,592	\$2,919,633	(\$192,041)	-7%
Medicare Revenue	\$42,270	\$23,738	\$18,532	78%
HCS Revenue	\$4,199,120	\$3,953,075	\$246,045	6%
Managed Care Revenue	\$1,044,063	\$1,049,523	(\$5,460)	-1%
Private Insurance	\$150,897	\$54,867	\$96,030	175%
Client Fees	\$52,422	\$35,500	\$16,922	48%
Other Revenue	\$8,611,954	\$6,781,794	\$1,830,160	27%
<b>Total Revenues</b>	<b>\$34,887,311</b>	<b>\$33,129,589</b>	<b>\$1,757,722</b>	<b>5%</b>
<b>Expenses</b>				
Salaries and Wages	\$16,230,880	\$15,064,772	\$1,166,108	8%
Employee Benefits	\$5,505,858	\$5,223,284	\$282,574	5%
Staff Training	\$47,722	\$35,111	\$12,611	36%
Furniture and Equipment	\$32,514	\$43,975	(\$11,461)	-26%
Maintenance and Repairs	\$289,595	\$163,217	\$126,378	77%
Utilities	\$338,177	\$325,976	\$12,201	4%
Client Support	\$102,034	\$55,154	\$46,880	85%
Supplies	\$293,062	\$250,347	\$42,715	17%
Vehicle Maintenance	\$42,310	\$36,154	\$6,156	17%
Insurance Costs	\$269,618	\$294,701	(\$25,083)	-9%
Debt Service	\$287,719	\$544,453	(\$256,734)	-47%
Other Expenses	\$8,763,043	\$8,116,375	\$646,668	8%
<b>Total Expenses</b>	<b>\$32,202,532</b>	<b>\$30,153,519</b>	<b>\$2,049,013</b>	<b>7%</b>
<b>Net Surplus/(Deficit)</b>	<b>\$2,684,779</b>	<b>\$2,976,070</b>	<b>(\$291,291)</b>	<b>-10%</b>

Lakes Regional Community Center  
Statement of Revenues and Expenditures  
For the Period Ending June 30, 2022

Revenues	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Local	\$ 56,420	\$ 86,621	\$ 85,336	\$ 82,079	\$ 74,759	\$ 78,998	\$ 682,570	\$ 771,470	\$ 330,310	\$ 78,397	\$ 1,613,956
State Programs	1,642,547	1,603,336	1,603,680	1,657,128	1,517,611	1,532,157	1,620,082	1,664,708	1,544,458	1,596,902	16,900,289
Federal Programs	1,217,075	1,310,044	1,395,628	1,411,858	1,366,476	1,528,982	2,086,149	1,927,916	1,541,778	1,496,688	16,263,521
Interest Income	2,403	2,686	2,429	2,985	2,473	2,507	3,122	3,688	3,172	6,116	34,524
North Texas BH Assoc	208,653	209,375	208,199	212,213	209,687	205,267	207,661	205,202	204,276	202,757	2,075,019
<b>TOTAL REVENUES</b>	<b>\$ 3,111,739</b>	<b>\$ 3,251,052</b>	<b>\$ 3,292,271</b>	<b>\$ 3,386,272</b>	<b>\$ 3,171,016</b>	<b>\$ 3,347,889</b>	<b>\$ 4,579,564</b>	<b>\$ 3,778,954</b>	<b>\$ 3,626,955</b>	<b>\$ 3,381,510</b>	<b>\$ 34,867,311</b>
<b>Expenditures</b>											
Current:											
Salaries & Wages	\$ 1,622,659	\$ 1,546,004	\$ 1,613,459	\$ 1,601,825	\$ 1,581,051	\$ 1,506,749	\$ 1,756,922	\$ 1,914,651	\$ 1,487,100	\$ 1,590,456	\$ 16,230,880
Employee Benefits	556,115	\$541,556	542,129	540,076	599,267	575,013	584,526	573,658	535,180	486,338	5,905,658
Other Operating Expenses:											
Client Respite	4,474	\$12,043	5,291	9,233	3,732	7,629	16,403	3,820	5,324	7,212	75,159
HCS Contract	112,196	\$114,830	111,472	118,857	116,928	111,282	120,295	116,643	115,875	116,650	1,155,008
Consulting Svcs - External	12,433	\$13,810	13,193	19,761	14,379	13,080	16,298	14,594	13,910	20,071	151,498
Contracts with Other Orgs-Ext	355,731	\$349,584	370,709	380,352	395,323	374,851	380,595	372,800	348,002	367,908	3,646,655
ICF/MR Quality Assurance Fees	6,914	\$6,927	7,820	6,621	7,252	6,651	6,989	6,945	6,945	6,972	69,842
TX-HML Contracts	9,546	\$10,941	10,007	11,401	8,851	11,105	10,305	8,127	11,450	9,776	101,650
Contracted Lab Services	676	\$1,620	1,503	901	1,635	2,061	485	619	711	1,508	11,740
Staff Development/Training	4,743	\$4,472	4,251	7,878	3,442	3,813	4,782	4,824	5,352	4,064	47,722
Non-Clinical Contracts with Others	4,494	\$6,450	4,111	5,245	5,862	6,112	4,626	8,964	6,018	67,969	67,969
Pharmaceuticals/Supplies	26,999	\$20,812	24,781	21,238	21,699	18,745	24,049	18,429	19,809	23,870	219,131
Physical Meds	2,354	\$5,272	3,015	5,963	6,727	5,616	6,792	5,997	6,662	2,379	48,777
Patient Asst Program/Filling Fees	1,500	\$1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	15,000
Training and Travel	2,029	\$23,599	23,884	23,106	19,372	28,142	26,817	56,327	32,200	55,102	290,378
Consumable Supplies	23,137	\$24,796	26,234	27,736	22,690	30,236	30,295	40,567	31,798	295,060	2,060,960
Building Capital Outlay		\$21,964	9,000	40,208	0	68,541	48,285	(36,052)	36,959	10,000	158,644
Furniture/Equipment over \$5,000	4,292	\$4,292	4,292	5,462	14,627	14,882	46,022	25,017	226,999	10,000	233,799
Computer/Equipment under \$5,000	7,667	\$682	1,344	2,519	1,134	5,694	4,788	8,200	14,550	14,682	148,118
Copier/Equipment Rental	12,980	\$9,435	8,679	14,285	8,900	10,961	10,961	15,684	3,373	4,602	32,514
Computer Equipment Under \$5,000	16,146	\$8,624	19,980	22,863	6,213	42,008	14,156	12,982	29,342	12,040	108,022
Other Monthly Expenses	5,513	\$9,170	12,378	11,812	9,798	23,697	30,328	14,122	14,449	7,901	142,168
Computer Software Support Fees	14,418	\$4,171	10,872	10,941	8,783	14,496	9,664	13,508	13,964	11,410	112,226
Computer Software	1,000	\$5,528	0	11,737	10,000	10,493	(20,670)	13,508	2,695	11,410	12,782
Building Rent, Repair, Maintenance	112,042	\$141,302	162,038	134,117	118,643	134,904	144,440	126,703	132,098	133,296	1,339,584
Vehicle Operating Expense	4,175	\$6,659	3,275	3,647	2,174	4,366	3,902	5,150	3,002	7,270	42,310
Vehicle Fuel Costs	7,676	\$6,881	7,593	6,562	4,362	6,501	8,575	10,160	11,582	14,377	84,780
Non-Client Utilities	19,572	\$44,000	28,133	32,045	32,786	38,083	40,078	34,382	31,393	36,760	388,178
Telecommunications	25,122	\$19,219	26,975	30,103	26,323	29,298	29,248	25,308	31,617	29,538	273,149
Data Connect/Internet Access	0	\$0	7,423	7,423	7,455	7,455	7,481	7,455	7,562	(16,774)	60,418
Crisis Hotline Answering Svc	2,500	\$2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	25,000
Insurance	26,629	\$26,629	29,213	26,629	26,629	26,629	26,629	26,629	26,157	27,329	269,618
Client Support Costs	5,958	\$4,679	5,282	4,987	5,184	840	3,808	4,525	7,385	16,194	102,034
Client Reimbursable Services	5,315	\$12,274	4,202	7,638	6,462	9,403	9,661	9,587	4,897	4,716	68,031
NTBHA Supported Housing	4,650	\$3,448	4,151	5,624	8,329	8,275	6,068	5,987	4,897	4,716	55,825
Dent Services	27,801	\$27,801	27,801	27,801	27,806	27,542	27,427	29,273	32,385	32,084	287,724
DPP BHS Prem Tax Risk Admin	0	\$0	993	470	1,914	1,814	1,241	4,945	4,945	4,945	49,449
COVID-19 Expenses	704	\$140	350	350	140	(140)	140	140	140	140	30,366
EOI Client Support Costs	(169)	\$0	80	125	119	0	419	503	380	166	1,835
Expanding Fund Raising Funds	280	\$14	60	272	119	0	1,586	136	683	3,571	6,752
LRM/MRC Board Expenses		\$0						10		475	485
Expanding Red River Funds		\$5,064	22,830	8,548	8,548	4,738	7,736	18,474	18,474	10,167	94,237
Service Costs Unallowable	877,942	\$876,580	989,664	1,054,913	931,761	1,114,763	1,141,467	1,028,334	1,270,583	1,072,966	10,465,792
Total Other Operating Expenses	3,056,716	\$3,054,140	3,185,252	3,196,815	3,112,078	3,196,514	3,482,945	3,513,845	3,302,864	3,121,363	32,202,631
<b>TOTAL EXPENDITURES</b>	<b>\$ 55,082</b>	<b>\$ 126,922</b>	<b>\$ 137,019</b>	<b>\$ 169,457</b>	<b>\$ 68,937</b>	<b>\$ 151,374</b>	<b>\$ 1,096,640</b>	<b>\$ 265,110</b>	<b>\$ 324,092</b>	<b>\$ 240,147</b>	<b>\$ 2,684,780</b>
Excess (deficiency) of revenues over expenditures											

note1: Includes 573,888 Trexco damage expenses 665 Airport Rd., Sulphur Springs; (\$5,446) Auditorial insurance payment Joseph St. group home fire claim.  
 note2: Includes \$31,186 - 37 desktop computers purchased for COVHC / COBHC programs.  
 note3: Includes Provider Relief Funding \$598,700  
 note4: Includes MAC additional revenue \$148,927; DFP Component 1 \$542,539  
 note5: Software support exceeding one year reclassified to Computer Capital Outlay account.  
 note6: Addl the Claim Payment Received for S. S. Building B  
 note7: Purchase 9 Vehicles - Total \$217,989.00  
 note8: Received Prior Year USAC Credit.

**Lakes Regional Community Center  
FY22 Aged Accounts Receivable  
JUNE**

Accounts Receivable Description	Amount	Jun	May 30 Days	Apr 60 Days	Mar 90 Days	Feb & prior 120 +
MAC Adm Claim	885,411.66	77,169	77,169	77,169	77,169	576,736
FY22 1st Qtr (Oct-Dec) - \$422,398 (billed)						
FY22 1st Qtr (Jan-Mar) - \$231,507 (accrual)						
FY22 2nd Qtr (Apr-Jun) - \$231,507 (accrual)						
<b>NTBHA: \$3,060.85</b>						
Substance Abuse - GVL	2,429.82	2,430	-	-	-	-
Substance Abuse - RWL	-	-	-	-	-	-
Medicaid	327,872.23	256,509	5,893	5,047	6,570	53,852
Medicare **	2,097.65	2,079	18	-	-	-
Private Insurance **	7,906.68	8,877	792	145	62	31
Chip **	532.35	429	41	25	38	-
<b>MANAGED CARE:</b>						
Amerigroup	26,196.56	25,932	265	-	-	-
Superior (Cenpatco)	29,245.26	28,996	249	-	-	-
Optum	18,995.79	18,996	-	-	-	-
Cigna	266.17	35	217	14	-	-
Texas Childrens Plan	1,149.57	1,150	-	-	-	-
Beacon	9,160.43	8,203	481	422	44	-
Molina	25,424.73	25,070	328	27	-	-
Aetna Better Health	3,632.51	1,828	1,805	-	-	-
Texas Home Living - North	38,771.74	24,923	13,849	-	-	-
Texas Home Living - South	13,428.29	9,692	3,738	-	-	-
HCS - North	389,066.39	245,009	144,058	-	-	-
HCS - South	160,739.78	90,620	60,120	-	-	-
Reimbursable Svcs-TxHmL North & South	7,686.04	5,041	-	259	649	1,737
Reimbursable Svcs-HCS North	48,945.88	12,977	3,241	7,312	8,553	16,863
Reimbursable Svcs-HCS South	3,798.77	2,958	597	-	33	210
HCS Rm/Brd	-	-	-	-	-	-
ICF Residential Homes	159,503.51	121,873	6,099	3,671	5,592	22,269
ARPA - HCS & TxHmL	53,437.33	53,437	-	-	-	-
ARPA - ICF	12,894.70	12,895	-	-	-	-
Block Grant/TANF-Title XX Gen Revenue	23,896.87	23,897	-	-	-	-
BG/TANF PEAFF	71,613.74	48,813	22,801	-	-	-
Block Grant Supp Housing	-	-	-	-	-	-
CCBHC Samsha Grant (799)- ends April 2022	-	-	-	-	-	-
CMHC Samsha Grant (798)	203,000.00	133,000	70,000	-	-	-
GR HB133-Outpatient Cap Activity	19,427.05	13,623	5,804	-	-	-
Supported Employment	184.00	184	-	-	-	-
Day Hab Billings (Private Providers)	27,883.27	12,858	11,658	3,114	253	-
1048 IDD Billed Svcs	5,019.34	4,837	183	-	-	-
ECI Grant Revenue	74,126.16	74,126	-	-	-	-
ECI Respite	140.00	140	-	-	-	-
ECI Priv Ins	15,809.36	7,913	3,418	2,028	1,201	1,250
ECI Medicaid	33,822.93	32,797	1,026	-	-	-
ECI Managed Care	52,847.90	40,115	7,466	1,742	1,053	2,473
ECI Chip	250.86	-	30	-	-	221
A/R Other Employees	5,672.00	5,672	-	-	-	-
A/R Employee Insurance (Cobra)	412.18	-	-	-	-	-
TCOMMI GRANT	43,181.72	16,800	25,753	629	-	412
TDCJ Contract-Greenville	2,956.06	1,486	1,470	-	-	-
TDCJ - Sherman/Bonham/Paris	11,116.90	5,101	6,015	-	-	-
Fannin County Drug Court	2,500.00	2,500	-	-	-	-
Grayson County Drug Court	-	-	-	-	-	-
Titus County Drug Court	450.00	450	-	-	-	-
DSHS Region 3	10,102.19	9,768	-	334	-	-
DSHS Region 4	11,591.30	11,265	-	327	-	-
DSHS MHFA Outreach	8,489.55	8,490	-	-	-	-
ICF Upper Payment Limit	92,685.00	30,895	30,895	30,895	-	-
SAC Prog -Hunt County	2,198.58	2,199	-	-	-	-
ECC - (Enhanced Comm Coord)	15,477.68	5,188	10,290	-	-	-
Pharmacy Rental Income	-	-	-	-	-	-
Comm Education (Curt Pitton)	6,922.50	6,923	-	-	-	-
1115 Waiver Fed Share **accrual	3,865,372.39	562,353	562,353	562,353	562,353	1,605,960

Misc Revenue - 1370-1200 - \$9,278.46						
**Vela Pyri overpayment	1,964.93	-	-	1,965	-	-
**Spectrum/TW Book Credits - Grnvl	160.21	-	-	-	-	-
**12/30 Pyri adjust	7,153.31	7,153	-	-	-	160

FY22	Balance Due	<u>6,824,810.71</u>	GL bal	6,824,810.71	bal ck
	May Balance Due	5,828,909.26		995,901.45	
	Apr Balance Due	5,718,056.03		1,106,754.68	
	Mar Balance Due	368,835.76		6,455,974.95	
	Feb Balance Due	1,035,815.44		5,788,995.27	
	Jan Balance Due	3,503,057.43		3,321,753.28	
	Dec Balance Due	5,195,181.23		1,629,629.48	
	Nov Balance Due	4,575,016.72		2,249,793.99	
	Oct Balance Due	3,695,473.34		3,129,337.37	
	Sep Balance Due	3,295,481.89		3,529,328.82	
	Aug Balance Due	2,849,861.22		3,975,149.49	
	Jul Balance Due	3,027,271.97		3,797,538.74	
	Jun Balance Due	6,517,005.39		307,805.32	
	May Balance Due	5,787,236.69		1,037,574.02	
	Apr Balance Due	4,191,244.93		2,633,565.78	
	Mar Balance Due	4,191,244.93		2,633,565.78	
	Feb Balance Due	3,505,346.09		3,319,464.62	
	Jan Balance Due	3,136,893.13		3,687,917.58	
	Dec Balance Due	4,825,281.48		1,999,529.23	
	Nov Balance Due	4,379,915.08		2,444,895.63	
	Oct Balance Due	4,110,911.88		2,713,898.83	
FY21	Sep Balance Due	3,465,064.05		3,359,746.66	
FY20	Aug Balance Due	2,590,621.62		4,234,189.09	
	Jul Balance Due	2,163,708.17		4,661,102.54	
	Jun Balance Due	4,250,475.75		2,574,334.96	
	May Balance Due	4,344,360.19		2,480,450.52	
	Apr Balance Due	4,678,182.25		2,146,628.46	
	Mar Balance Due	3,866,748.23		2,958,062.48	
	Feb Balance Due	3,381,362.87		3,443,457.84	
	Jan Balance Due	3,024,731.51		3,800,079.20	
	Dec Balance Due	4,487,991.29		2,336,819.42	

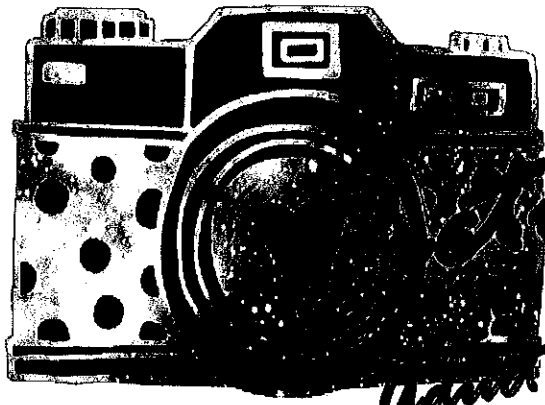
**AGENDA ITEM NO. 07.08.22**  
**Behavioral Health Director**

**Recommended Board Action:**

**Rationale:**

1. Child and Adolescent Service
  - A. Spring/Summer/Fall
  - B. Uvalde
  - C. ETBHN
  - D. Empowerment Banquet
  
2. Active Shooter
  
3. SAMSHA Grant
  
4. MH State Audit
  - A. Files in August
  - B. Onsite in September
  
5. Adult Empowerment
  - A. Thursday, August 4<sup>th</sup>, 2022  
The Savannah Venue
  - B. Peer Training
  
6. All Texas Access Project
  - A. Franklin County Jail
  - B. Data Meeting August 17, 2022





# *Sheryl Phillips Recovery Grant Empowerment Banquet*

## **YOU ARE INVITED!**

**TIME:** 6 p.m.

**WHEN:** Thursday, August 4, 2022

**WHERE:** The Savannah Venue  
246 County Road 4778  
Sulphur Springs, TX 75482

**Please RSVP to Nicole Martin @  
NicoleM@LakesRegional.org or  
972-388-2000 ext. 1169**

***LIFE IS LIKE A CAMERA  
JUST FOCUS ON WHAT'S  
IMPORTANT. CAPTURE  
THE GOOD TIMES,  
DEVELOP FROM THE  
NEGATIVES & IF THINGS  
DON'T WORK OUT, JUST  
TAKE ANOTHER SHOT!***

**2022  
Sheryl Phillips  
Behavioral  
Health  
Empowerment  
Banquet**

**AGENDA Item No.: 07.09.22**

**Intellectual and Developmental Disabilities Director's Report  
Recommended Board Action: None Information Only**

**1. Training Centers/Individual Skills and Socialization (ISS):**

- ISS programmatic changes to occur 03/2023, with 6-7 licenses to obtain.

**2. Home and Community-based Services (HCS):**

- Sadly a long term loved individual from Lamar County passed away in his home with family.

**3. Intermediate Care Facilities (ICF):**

- Marie made her journey to West Virginia and her Retirement Party was a success.
- Patsy Jefferson is moving into the ICF Residential Manager's position.

**4. TMHP:**

- IDD new billing system has had a very hectic start. New employees in Admin and new system state wide. The billing is being corrected from May to present day. The training from the state level for Provider and LIDDA has been minimal.

**5. Outpatient Biopsychosocial Intervention Team (OBI):**

- Waiting list to get into OBI in maintained.
- TANF/PEAF funds obtained for a young boy and his family to help with necessities while going back and forth to Houston area (Texana's Behavior Treatment and Training Center) for 6 months.
- Memorandum of Understanding (MOU) with ARC of Texas 15K to assist in Toolkit Development received

**6. Staff Needs:**

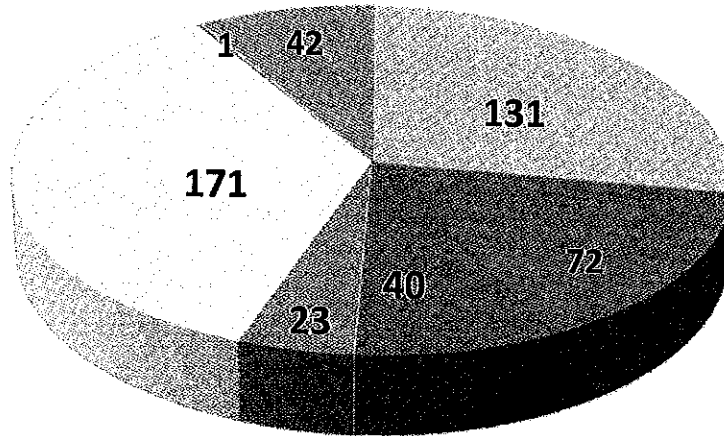
- IDDP incentive June, July with ARPA funds
- Vacation buyout warranted for those needed to work.

**AGENDA Item No.: 07.09.22**

**Intellectual and Developmental Disabilities Director's Report**

**Recommended Board Action: None Information Only**

**Total Number of Individuals  
Served in June 2022- 480**



■ HCS 131   ■ PASRR: 72   ■ TxHMI 40   ■ ICF: 23   ■ GR: 171   ■ TWS: 1   ■ Private 42

## **AGENDA ITEM NO. 07.10.22**

### **Contracts & Quality Management Report**

#### **Recommended Board Action**

None. Information only.

#### **Rationale:**

##### **1. CONTRACTS**

- All expenditure contract renewals for FY23 have been sent out except for IDDP PAS/HAB. We are still waiting for the information back from the program to renew these contracts.
- MH Disaster Contract Amendment: We received an amendment to extend our disaster crisis counseling program contract through FY24.
- HHSC IDD Contract Amendment #2: We received an amendment to extend our IDD contract through FY23.

##### **2. PLANNING**

- HHSC will distribute the Local Planning & Network Development (LPND) and Consolidated Local Service Plan (CLSP) templates within the next two weeks. Due to the delay, HHSC agreed to extend the LPND and CLSP Plan due date to December 31, 2022 at the request of Centers.
- The next Local PNAC meeting is scheduled for August 25, 2022.
- The next Regional PNAC meeting is scheduled for September 21, 2022.

##### **3. RIGHTS/ABUSE, NEGLECT, & EXPLOITATION ALLEGATIONS**

###### **Rights Violation Allegations**

- GR: 3 – Unconfirmed (2-Mt. Pleasant MH; 1-Paris MH)
- IDD: 3 – Unconfirmed (IDD Authority)
- NTBHA: 1-Unconfirmed (Greenville MH)

###### **A, N, & E Allegations**

- Open APS Investigations: 2 (Terrell Group Home – Pending from October 2021; 1-Paris Group Home – Pending from May 2022)

##### **4. QM MH, NTBHA & SUBSTANCE ABUSE**

- MH & SUD Performance Measures: Lakes will be held harmless for performance measures and outcomes until further notice due to COVID-19.
- Mystery Caller: Lakes received a finding for not having a toll-free number for routine mental health services. A corrective action plan was submitted to HHSC. Lakes established a toll-free number for routine mental health services and posted the number on our website.
- Contracts Audit: Lakes QM completed a contract audit. All contracts scored 100%.
- TDCJ Audit Results: Lakes received results from the February 2022 audit. We received one finding that we did not notify TDCJ that two ULM personnel had absences beyond 72 hours. A plan of correction is due to TDCJ by July 20, 2022.
- TDCJ Audit: TDCJ will be conducting an audit July 21-22, 2022.
- HHSC MH Audit: HHSC will be conducting a comprehensive audit from September 12, 2022 through September 16, 2022. Requested documentation will be submitted to HHSC by August 12, 2022.
- Approval of FY22 MH Utilization Management Plan

##### **5. IDD**

- IDD Service Target: Lakes will be held harmless for performance measures and outcomes until further notice due to COVID-19.

- HHSC ICF RFA: HHSC posted a RFA for COVID-19 healthcare relief. Lakes submitted RFA applications for 4 ICF homes. Possible funding is for up to \$15,000 per home.
- HHSC LIDDA Audit: HHSC will be conducting their annual audit August 15-18, 2022.

#### 6. TANF PEAFF

- TANF PEAFF: We have provided TANF PEAFF assistance to 32 families since May 2022.
- Total Spending:
  - May - \$22,800.69
  - June - \$43,813.05
  - July – \$26,399.37 (as of 7/18/22)
  - Total Spent: \$96,638.11
- Pending Requests: One request totaling \$400.00 is waiting for the program to take the individuals to Walmart.
- Pending Forms: Two payment request forms are waiting for the program to return the completed form.

## **AGENDA ITEM NO. 07.11.22**

### Human Resources Report

#### **Recommended Board Action:**

None; information only.

#### **1. Staffing Issues**

##### ➤ **Headcount**

We had a total of 464 authorized FTEs and 394 employees in the month of May and 395 employees for the month of June. We filled 12 positions in May 6 were new hires and 6 were internal transfers, in June we filled 11 positions, all of them were new hires. The amount of vacancies on May was 57 and 46 in June.

##### ➤ **Separations**

We had five separations in May; three of them were voluntary, and one neutral termination. In June, we had five separations and all of them were voluntary. The reasons for separation this month were; higher pay, starting private practice, not comfortable working when COVID is around again, and health issues.

##### ➤ **Recruitment**

We are expanding our ads to different newspapers, to reach out to more applicants in rural areas. During the month of May we held on-site Job Fairs, not much people attended, however, the promotion helped with exposure. We continue to post vacancies on Facebook, Texas Workforce Commission and Handshake (Colleges and Universities). With new HR/Payroll system, we are able to post in Career Builder. In addition, vacancies can be shared and people can apply through LinkedIn, we are working on enabling these options for applicants.

##### ➤ **Training and Development**

During the month of May, we had 13 classes with a total of 54 participants, in June we had 12 sessions with 47 participants. Trainings for both months were ASIST (*Applied Suicide Intervention Skills Training*), CPR (*Cardio Pulmonary Resuscitation*), and SAMA (*Satori Alternatives for Managing Aggression*). These trainings were for both current and new employees.

#### **2. Compensation & Benefits**

- COVID exposures during the past two months were higher, in May we had, seven employees who reported were exposed and three tested positive, in June we had 18 employees exposed, 15 of them tested positive. All employees who were exposed and/or tested positive were able to return to work and did not require hospitalization.
- Year to date we have nine large claims; four of them exceeded the stop loss limit.

HR Monthly Report  
FY2021

7/19/2022

I. Head Count (end of mo)	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD
<b>Overall Total</b>													
# Positions	455	462	457	441	453	452	453	456	455	439			452.30
# FTE	451.45	458.35	463.35	463.35	465.35	464.35	464.35	464.35	464.35	464.35			462.36
# Employees	382	394	393	395	396	396	399	393	394	395			393.7
# Vacant Positions	73	69	64	46	57	56	54	57	57	46			57.9
# Full-Time Vacancies	69	66	57	39	51	50	46	49	47	40			51
# Part-Time Vacancies	4	3	7	7	6	6	8	8	9	7			7
<b>General Administration</b>													
# Positions	39	39	39	39	39	38	39	39	39	39			38.9
# FTE	39.0	39.0	39.0	39.0	39.0	39.0	39.0	39.0	39.0	39.0			39
# Employees	37	37	37	38	37	35	37	37	38	38			37.1
# Vacant Positions	2	2	2	1	2	3	2	2	1	1			1.8
# Full-Time Vacancies	2	2	2	1	2	3	2	2	1	1			1.8
# Part-Time Vacancies	0	0	0	0	0	0	0	0	0	0			0
<b>E/CI Services</b>													
# Positions	24	24	24	24	24	24	24	24	24	24			24
# FTE	23.9	23.9	23.9	23.9	23.9	24	24	24	24.0	24			23.95
# Employees	22	22	22	22	23	23	23	23	22	22			22.4
# Vacant Positions	2	2	2	2	1	2	1	2	2	2			1.8
# Full-Time Vacancies	2	2	2	2	1	2	0	1	2	2			1.6
# Part-Time Vacancies	0	0	0	0	0	0	1	1	0	0			0.2
<b>IDD Authority Services</b>													
# Positions	61	61	61	61	61	61	61	61	61	61			61
# FTE	60.8	60.8	60.8	60.8	60.8	60.8	60.8	60.8	60.8	60.8			60.8
# Employees	51	52	53	54	55	54	56	53	56	58			54.2
# Vacant Positions	10	9	8	7	6	7	5	8	5	3			6.8
# Full-Time Vacancies	10	9	8	7	6	7	5	8	5	3			6.8
# Part-Time Vacancies	0	0	0	0	0	0	0	0	0	0			0
<b>IDD Provider Services</b>													
# Positions	102	103	103	103	103	103	103	103	103	103			102.9
# FTE	101.60	102.5	102.5	102.5	102.5	102.5	102.5	102.5	103	103			102.51
# Employees	91	93	92	90	87	90	88	90	94	100			91.5
# Vacant Positions	11	10	11	13	16	13	15	17	18	12			13.6
# Full-Time Vacancies	9	9	7	8	12	9	11	13	13	9			10
# Part-Time Vacancies	2	1	4	5	4	4	4	4	5	3			3.6
<b>Medical Prescriber Services</b>													
# Positions	17	17	17	17	17	18	18	18	18	18			17.5
# FTE	14.8	14.8	14.8	14.8	14.8	14.8	14.8	14.8	14.8	14.8			14.8
# Employees	15	15	15	15	15	15	14	14	14	14			14.6
# Vacant Positions	2	2	2	2	2	3	4	4	4	4			2.9
# Full-Time Vacancies	0	0	0	0	0	1	1	1	1	1			0.5

HR Monthly Report  
FY2021

7/19/2022

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD
# Part-Time Vacancies	2	2	2	2	2	2	2	3	3	3	3	3	2.4
<i>Mental Health Adult Services</i>													
# Positions	174	181	158	158	158	172	175	178	181	181			
# FTE	174	180.25	180.25	180.25	180.25	180.25	180.25	180.25	180.25	180.25	181		171.6
# Employees	138	144	143	142	135	160	162	164	160	160			179.625
# Vacant Positions	36	37	15	16	25	25	22	19	20	20			150.8
# Full-Time Vacancies	36	37	15	16	25	25	22	14	20	20			23.5
# Part-Time Vacancies	0	0	0	0	0	0	0	0	0	0			23
<i>Mental Health C&amp;A Services</i>													
# Positions	10	10	10	10	10	10	10	10	10	10			
# FTE	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10	10	10			10
# Employees	3	6	9	9	9	10	10	9	9	9			8.3
# Vacant Positions	7	4	1	1	1	0	0	1	1	1			1.7
# Full-Time Vacancies	7	4	1	1	1	0	0	1	1	1			1.7
# Part-Time Vacancies	0	0	0	0	0	0	0	0	0	0			0
<i>Substance Abuse Services</i>													
# Positions	12	12	12	13	13	13	13	14	14	14			13
# FTE	12	12	12	13	13	13	13	14	14	14			13
# Employees	11	11	11	11	11	11	10	10	10	11			10.7
# Vacant Positions	1	1	1	2	2	2	3	4	4	3			2.3
# Full-Time Vacancies	1	1	1	2	2	2	3	4	4	3			2.3
# Part-Time Vacancies	0	0	0	0	0	0	0	0	0	0			0
<b>II. Recruitment</b>													
# Applications Received	264	169	221	141	190	142	179	154	162	176			1798
# Applicants	122	69	89	53	85	84	116	87	92	102			
# Positions Filled	10	16	5	4	11	3	11	7	12	11			90
# New Hires	7	15	5	3	7	1	10	6	6	11			71
# Internal Promotions/Transfers	3	1	0	1	4	2	1	1	6	0			19
<b>III. Separations</b>													
# Separations *	9	3	8	4	5	5	7	12	5	5			63
YTD Avg # Employees	382	394	391	390	392	395	398	392	394	392			392
YTD Turnover Rate	2.30%	0.76%	2.01%	1.02%	1.26%	1.25%	1.73%	2.97%	1.25%	1.26%	#DIV/0!	#DIV/0!	1.58%
* excludes temporary, PRN, & RIF													
Avg LOS (Yrs)	0.30	0.90	1.66	0.70	7.90	1.68	7.90	2.38	4.50	3.70			31.62
# Involuntary Separations	1	0	0	0	0	0	1	1	1	0			4
# Voluntary Separations	8	3	8	4	5	5	6	11	4	5			59
# Vol Separations < 90 Days Empl	0	1	1	1	0	2	0	1	0	1			7
# Vol Separations > 90 Days < 1 Yr	3	0	2	1	1	0	1	1	1	1			11
<b>IV. Training</b>													
# NEO Classes	2	2	1	1	2	1	3	2	2	2			18
# NEO Participants	6	13	4	3	7	1	10	6	6	9			65



HR Monthly Report  
FY2021

7/19/2022

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD
# CPR Classes	6	5	6	3	3	5	8	3	3	5			49
# CPR Participants	17	15	15	9	8	8	21	8	8	14			131
# SAMA Initial Classes	2	3	1	1	2	0	2	2	2	2			17
# SAMA Initial Participants	5	11	2	2	6	0	4	6	6	9			51
# SAMA Refresher Classes	6	6	4	3	3	2	7	4	3	3			41
# SAMA Refresher Participants	22	24	12	7	10	6	25	14	18	13			151
# ASIST Initial Classes	1	0	1	1	0	0	1	0	0	0			5
# ASIST Initial Participants	7	0	8	9	0	0	9	0	10	0			43
# SOSAM Classes	0	0	1	0	0	0	0	0	0	0			1
# SOSAM Participants	0	0	1	0	0	0	0	0	0	0			1
# YMHFA Classes	0	0	0	1	0	0	0	1	0	0			2
# ISD Participants	0	0	0	5	0	0	0	0	0	0			5
# AMHFA Classes	0	0	0	0	0	0	0	0	0	0			0
# Community Participants	0	0	0	0	0	0	0	16	0	0			16
Total # Events	17	16	14	10	10	8	21	12	13	12			133
Total # Participants	57	63	42	30	31	15	69	50	54	47			458
<b>V. Benefits</b>													
<i>Retirement</i>													
# Eligible Employees	359	355	355	353	364	361	360	359	351	357			3574
# 457(b) Participants	266	265	266	266	274	273	274	274	267	272			2697
# Participating at 5% or More	160	161	159	160	159	162	164	163	158	161			1607
\$ Avg Contribution Amount	224.66	213	200	211	200	199	202	203	198	197			2048.35
\$ Total 457(b) Contribution	59,760	56,546	53,258	56,026	54,805	54,451	55,328	55,719.93	52,846	53,584			552,322.28
\$ Total Center's Match to 401(a)	48,541	46,107	45,459	46,255	44,563	44,451	44,865	45,044	43,809	44,403			453,496.5
<i>Health Insurance</i>													
# Eligible Employees	359	355	355	353	364	361	360	359	351	357			3574
# With Coverage	334	330	331	329	340	337	335	333	328	332			3329
\$ Total Premium per Month	448,110	440,492	442,757	442,677	454,089	449,221	448,171	447,881	441,446	449,714			4,464,558
<i>Value Plan Enrollment</i>													
# Employee Only	168	169	169	165	174	174	171	169	168	171			1698
# Employee & Child	35	32	32	32	34	33	34	36	35	36			339
# Employee & Spouse	16	16	17	17	18	18	18	18	19	20			177
# Employee & Family	26	26	26	27	26	26	26	26	25	26			260
\$ Paid by Employee	54,480	53,340	53,940	54,500	55,640	55,240	55,460	56,140	55,480	57,460			551,680
\$ Paid by Center	281,710	278,240	279,905	278,230	289,040	287,580	286,310	287,410	284,740	292,560			2,845,725
<i>Enhanced Plan Enrollment</i>													
# Employee Only	89	73	73	74	74	73	73	71	68	66			734
# Employee & Child	8	7	7	7	7	6	6	6	6	6			66
# Employee & Spouse	2	2	2	2	3	3	3	3	3	2			25
# Employee & Family	5	5	5	5	4	4	4	4	4	5			45
\$ Paid by Employee	23,978	23,168	23,168	23,315	23,027	22,217	22,217	21,923	21,482	21,476			225,971
\$ Paid by Center	87,942	85,744	85,744	86,632	86,382	84,184	84,184	82,408	79,744	78,218			841,182

