1. Community Center Profile 2017

1. Contact Information

First Name
Cindy

Last Name
Moore

Title
Executive Assistant

Community Center
Andrews Center

Email Address
cmoore@andrewscenter.com

Phone Number
903-597-1351

2. List the number of appointments each sponsoring entity makes to your Board of Trustees. If none, enter "0" in the corresponding box.

County : 9
City : 0
Hospital District : 0
School District : 0

3. Estimate the number of your board members (self-disclosed) who have lived or personal experience with mental illness, substance use disorder or intellectual disability (personally or family member). Enter a whole, positive number or "0" in box below.

2

4. Estimate the number of public meetings the Center hosted and/or participated in during SFY2017. Include meetings of your Board of Trustees, meetings held to bring stakeholders together to comment on an issue, regular advisory committee meetings and/or regular collaborations. Enter a whole, positive number or "0" in box below.

121

2. Services

5. What was the total number of individuals served in IDD Targeted Case Management (TCM) through your Community Center in SFY2017?

737

6.
Does your Center provide any of the following non-treatment substance use disorder services or activities? Select all that apply.

Outreach, Screening, Assessment and Referral Services (OSAR)
Support Groups

7. Which substance use disorder treatment does your Center directly provide or subcontract to provide? Select all that apply.
Not applicable

8. What percentage of your population has co-occurring Mental Health and Substance Use Disorders?
17.2%

9. For physical health services, do you: (Select all that apply)
Directly provide services within your Center/clinic

10. For data exchanges with provider organizations (besides the state), do you engage in:
MOUs (Memorandum of Understanding)

11. Do you perform the following screenings? Select all that apply.
Diabetes
Smoking
BMI
Cholesterol
Blood Pressure
All of the above

12. Are the screenings listed in Question 11 (above) included in your Electronic Health Records (EHRs)?
Yes

13. Have you implemented a new EHR or plan to in the next two (2) years?
Yes

14. Do you have Accreditation/Certification with: (Select all that apply)
Not applicable

15. Where do you use telemedicine services? Select all that apply.
Clinics
Jail
Emergency room

16. Which of the following community-based alternatives to hospitalization are available through your Center? Select all that apply.
Crisis Respite
Mobile Units

17. Which types of peer support services does your Center provide? Select all that apply.
Veterans peers
Family partners
3. Population Served

18. What is your unduplicated total served for SFY2017 regardless of funding source?
   11363

19. For the following categories, what is your unduplicated total served regardless of funding source? NOTE: Categories are not mutually exclusive. If you do not serve individuals in a specific category below, enter "0" in the corresponding box.
   - ECI : 0
   - IDD : 588
   - Substance Use Disorders : 1748
   - Mental Health : 10167
   - Jails : 611
   - Veterans : 43
   - Housing : 368
   - Other : 0
   - Total : 13525

20. If you provided a response for "other" in previous question, list corresponding categories and number of people served. If this is not applicable to your Center, type the number "0" in each box.
   - Category : 0
   - Unduplicated number served : 0
   - Category : 0
   - Unduplicated number served : 0
   - Category : 0
   - Unduplicated number served : 0

21. How many new clients (not previously enrolled in your services) have you now served through a DSRIP/1115 Waiver project in SFY2017? If this does not apply to your Center, type the number "0" in box below.
   577

22. Of the people previously enrolled in your services (prior to 1115 Transformation Waiver), how many received enhanced services through DSRIP/1115 Waiver project in SFY2017? If this does not apply to your Center, type the number "0" in box below.
   1684

23. What percentage of your 1115 Waiver population is:
   - Medicaid : 20%
   - Uninsured : 54%

4. Personnel

24. Provide the number of total full-time employees at your organization.
   301

25. Provide the total number of part-time employees.
   51

26. Provide your total personnel expenditures (salary + benefits).
5. Volunteers /Interns

27. What is the total number of volunteers at your Center? If your Center does not have volunteers, type the number "0".
40

28. What is the total number of volunteer hours provided to your Centers? If no volunteer hours are spent at your Center, type the number "0".
2440

29. What is the estimated value of volunteer contributions? If you have no volunteer contributions, type the number "0".
61268

30. Describe highlights of your volunteer program. If you do not have a volunteer program, type "N/A".
Veterans program, intake, counseling, social work and psychology interns, forensics, IDD service coordination

31. Provide the number of interns who provide unpaid clinical services. If you do not have interns that provide unpaid clinical services, type the number "0".
4

32. Provide the number of internship hours for unpaid clinical services. If you do not have internship hours for unpaid clinical services to report, type the number "0".
1920

6. Purchase of Services

33. Provide number of subcontractors and total of subcontracted expenditures for ECI in boxes below. If you do not have subcontractors or expenditures for ECI, type the number "0" in each box as appropriate.
Number of subcontractors : 0
Subcontracted Expenditures : 0

34. Provide number of subcontractors and total of subcontracted expenditures for IDD in boxes below. If you do not have subcontractors or expenditures for IDD, type the number "0" in each box as appropriate.
Number of subcontractors : 37
Subcontracted expenditures : 623826

35. Provide number of subcontractors and total of subcontracted expenditures for Substance Use Disorders Services in boxes below. If you do not have subcontractors or expenditures for Substance Use Disorders Services, type the number "0" in each box as appropriate.
Number of subcontractors : 1
Subcontracted expenditures : 466233

36. Provide number of subcontractors and total of subcontracted expenditures for Mental Health in boxes below. If you do not have subcontractors or expenditures for Mental Health, type the number "0" in each box as appropriate.
Number of subcontractors : 19
Subcontracted expenditures : 971064

37. List other types of major categories (such as operational, maintenance, payroll, etc..) If this is not applicable to your
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<thead>
<tr>
<th>Category</th>
<th>Number of subcontractors</th>
<th>Subcontracted expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Audit</td>
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<td>32217</td>
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<tr>
<td>Payroll/HR</td>
<td>1</td>
<td>78124</td>
</tr>
<tr>
<td>Smith County Sheriff</td>
<td>1</td>
<td>130000</td>
</tr>
<tr>
<td>Smith County Sheriff</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

38. What is the total spent on all subcontracting services, including "other" categories?

2549405

39. Provide sources and dollar amounts of in-kind contributions (not including PAP). If you do not have sources for in-kind contributions, type the number "0" in each box.

- Source: 0
  - Dollar amount: 0
- Source: 0
  - Dollar amount: 0
- Source: 0
  - Dollar amount: 0
- Source: 0
  - Dollar amount: 0

7. Collaborations/Funding Initiatives

40. Identify local collaborations between your Center and key local stakeholder organizations. Select all that apply.

- Law enforcement agencies
- Military veteran organizations
- Public or private hospitals
- Local courts/judiciary
- District/county attorneys office
- Juvenile justice agencies
- Local housing authorities
- Private providers
- Department of public safety
- Public school/school districts
- Advocacy organizations

Other - Provide brief description of collaboration:

1. Behavioral Health Leadership Team – Smith County (County wide collaboration to improve access to mental health services for the Smith county area)
2. Tyler Integrated Health Care Workgroup – (Focus is improving access to primary care, behavioral healthcare, Emergency Room, HIV, and non-profit providers for the working poor and under insured)
3. Interagency meetings with Rains, Smith, Wood, Van Zandt, and Henderson county; focus is to keep behavioral health services transparent in the five counties
4. East Texas Veterans Roundtable (focus is to educate, promote awareness and advocate for veterans in the service area)
5. Medicaid Rural Service Area Provider Advisory Council (Focus educate, network about latest changes in managed care services for primary care and behavioral healthcare providers)
6. CIT training with Jail Diversion and OCR
7. Collaborated with TX Veterans and MVPN Program
8. UT Health NE – new MH beds
9. Sheriffs vehicles for MH deputies
10. Smith County Criminal Justice
Council – MH expertise, coordination and avocation. 11. Assessments for juvenile probation agency in Van Zandt County
University of Texas Health Science Center/Tyler. 15. E. TX Human Needs Network

41. Provide brief descriptions of major funding initiatives in SFY2017. Examples of resource development include grants,
foundations, investments from local sponsoring agencies, etc.

If this does not apply to your Center, type "N/A".

1115 Medicaid Waiver, Veterans Services PESC grant, Outpatient Competence Restoration

9. Thank You!

Thank you for taking our survey. If you have questions, contact Maria Rios at mrios@txcouncil.com.