Tri-County Services Board of Trustees' Meeting

March 24, 2011



Serving individuals with mental illness and developmental disabilities

AGENDA

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Services will be held on Thursday, March 24, 2011. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 1506 FM 2854, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:15 a.m.

lten		
Ĭ.	Organizational Items	
	A. Chairman Calls Meeting to Order	
	B. Public Comment	
	C. Quorum	
II.	Approve Minutes – February 24, 2011	
III.	Longevity Recognition Presentations	
IV.	NISH Outstanding Performance Recognition	
v.	Executive Director's Report – Cindy Sill A. Department of State Health Services 1. RDM and TIMA proposed revisions 2. Crisis Stabilization Unit Update B. Department of Aging and Disability Services 1. Texas Home Living (TxHmL) Slots 2. Truman Street Remodeling update C. East Texas Behavioral Healthcare Network 1. Board Retreat 2. Business Expansion D. Legislative Update 1. Recent Budget Hearings 2. Bills Filed	
VI.	Chief Financial Officer's Report – Millie McDuffey A. Cost Accounting Methodology (CAM) Report B. FY 2009 ICF Cost Report OIG Audit C. FY 2009 HCS Cost Report Desk Review D. Surplus Sale E. CFO Consortium F. FY 2010 ICF/HCS and TxHmL Cost Report	
VII.	Program Committee Information Items A. Community Resources Report for February 2011 B. Consumer Services Report for February 2011 C. Program Updates for February 2011 D. Year to Date FY 2011 Goals & Objectives Progress Report E. 2 nd Quarter FY 2011 Corporate Compliance Report and 3 rd Quarter Corporate Compliance Training Report F. Program Presentation – Assertive Community Treatment (ACT) Program	Pages 4-5 Pages 6-9 Pages 10-13

Tri-County Services Board of Trustees' Meeting March 24, 2011 Page 2

		Pages 18-19
Bus	iness Committee	
Act	ion Items	
A.	Approve February 2011 Financial Statements	Pages 20-33
B.	Approve Submission of Tri-County Service's 990 Tax Return Prepared by David N.	
		Pages 34-67
C.		
Info	ormation Items	
D.	February 2011 Board of Trustees' Unit Financials	Pages 71-72
E.	Montgomery Supported Housing, Inc. Update	Pages 73-77
	Info A. Bus Act A. B. C. Info D.	Executive Committee Information Items8 A. Personnel Report for February 2011 Business Committee Action Items A. Approve February 2011 Financial Statements B. Approve Submission of Tri-County Service's 990 Tax Return Prepared by David N. Miller Company C. Approve FY 2011 Budget Revision as of January 31, 2011 Information Items D. February 2011 Board of Trustees' Unit Financials E. Montgomery Supported Housing, Inc. Update

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

Posted By:

Stacy Blake Executive Assistant

Tri-County Services

P.O. Box 3067 Conroe, TX 77305

BOARD OF TRUSTEES' MEETING

February 24, 2011

Mark Maltsberger

BOARD MEMBERS PRESENT:

BOARD MEMBERS ABSENT:

Cecil McKnight

Len George

Janet Qureshi

Brad Browder

Sharon Walker

Morris Johnson

David Walker

Patti Atkins

TRI-COUNTY STAFF PRESENT:

Millie McDuffey, CFO Evan Roberson, Director of Organizational Support Don Teeler, Director of Operations Sandy Kelly, Director of Administrative Services

Stacy Blake, Executive Assistant

Kimberly Willing, Coordinator of Community Resources

Mary Lou Flynn-Dupart, Legal Counsel

GUESTS:

Terry Hill, ISC Group Weldon Whitt, Tradition Bank Alma Martinez, Panda Express

CALL TO ORDER: Chairman, Cecil McKnight, called the meeting to order at 10:03 a.m. at 1506 FM 2854, Conroe, TX.

PUBLIC COMMENT: There were no public comments.

QUORUM: There being eight (8) members present, a quorum was established.

RESOLUTION #02-11-01

MOTION MADE BY: Morris Johnson

SECONDED BY: Patti Atkins, with affirmative votes by Cecil McKnight, Len George, Sharon Walker, Janet Qureshi,

Brad Browder and David Walker that it be...

RESOLVED:

That the Board excuse the absence of Mark Maltsberger.

Board of Trustees' Meeting Minutes February 24, 2011 Page 2

RESOLUTION #02-11-02

MOTION MADE BY: Morris Johnson

SECONDED BY: Sharon Walker, with affirmative votes by Cecil McKnight, Len George, Brad Browder, Patti Atkins,

Janet Qureshi, and David Walker that it be ...

RESOLVED:

That the Board approve the minutes of the January 27, 2011

meeting of the Board of Trustees.

Program Presentation – The From the Heart 2010 program report was presented by Kimberly Willing for information purposes only. Cecil McKnight, Chairman of the Board, and Kimberly Willing then presented Weldon Whitt of Tradition Bank with a framed thank you note from a Tri-County consumer.

The Chairman of the Board, Cecil McKnight, suspended the Agenda to move to Business Committee Item VIII-B, 401(a) Retirement Plan Account Review, and Terry Hill presented the report. Terry Hill with ISC Group recommended no changes to the 401(a) account; therefore, no action was taken.

The Board requested that presentations of the 401(a) Retirement Plan Account Review be decreased to twice per year instead of quarterly, unless otherwise requested.

The Board of Trustees returned to the regular agenda order commencing with the Executive Director's Report.

EXECUTIVE DIRECTOR'S REPORT:

The Executive Director's report is on file.

CHIEF FINANCIAL OFFICER'S REPORT:

The Chief Financial Officer's report is on file.

PROGRAM COMMITTEE:

RESOLUTION #02-11-03

MOTION MADE BY: Len George

SECONDED BY: Sharon Walker, with affirmative votes by Cecil McKnight, Brad Browder, Morris Johnson, Janet Qureshi,

Patti Atkins and David Walker that it be...

RESOLVED:

That the Board approve the submission of the 2011 Montgomery

County United Way grant applications for FY 2012.

The January 2011 Community Resources Report was reviewed for information purposes only.

The January 2011 Consumer Services Report was reviewed for information purposes only.

Board of Trustees' Meeting Minutes February 24, 2011 Page 3

The January 2011 Program Updates for were reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The January 2011 Personnel Report was reviewed for information purposes only.

BUSINESS COMMITTEE:

RESOLUTION #02-11-04

MOTION MADE BY: Morris Johnson

SECONDED BY: Brad Browder, with affirmative votes by Cecil McKnight, Len George, Janet Qureshi, Sharon Walker,

David Walker and Patti Atkins that it be...

RESOLVED:

That the Board approve the January 2011 financial

statements.

RESOLUTION #02-11-05

MOTION MADE BY: Morris Johnson

SECONDED BY: Patti Atkins, with affirmative votes by Cecil McKnight, Len George, David Walker, Janet Qureshi,

Brad Browder, and Sharon Walker that it be ...

RESOLVED:

That the Board approve the Cooperative Purchasing Agreement With the City of Fort Worth and the JPMorgan Chase Participation

Agreement and authorize the Board Chair to execute.

The January 2011 Board of Trustees' Unit Financials were reviewed for information purposes only.

The Montgomery Supported Housing Inc. update was reviewed for information purposes only.

The regular meeting of the Board of Trustees recessed at 11:02 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney.

The regular meeting of the Board of Trustees reconvened at 11:13 p.m., to go into regular session.

Cecil McKnight, Chairman of the Board, and Kimberly Willing presented Alma Martinez of Panda Express with a framed thank you letter from Tri-County for their participation in From the Heart.

Board of Trustees' Meeting Minutes February 24, 2011 Page 4

RESOLUTION #02-11-06

MOTION MADE BY: Morris Johnson

SECONDED BY: Janet Qureshi, with affirmative votes by Cecil McKnight, Len George, Brad Browder, Patti Atkins, David

Walker, and Sharon Walker that it be...

RESOLVED:

That the February 24, 2011 meeting of the Board of Trustees be

adjourned at 11:16 p.m.

ADJOURNMENT:			ATTEST:	
			<u> </u>	
Cecil McKnight Chairman	0	Date	Janet Qureshii Secretary	Date

Agenda Item: Community Resources Report for February 2011	Board Meeting Date		
2011	March 24, 2011		
Committee: Program			
Background Information:			
None			
Supporting Documentation:			
Community Resources Report for February 2011			
Recommended Action:			
For Information Only			

Community Resources Report February 2011

Volunteer Hours:

Location	February
Conroe	49
Cleveland	5.5
Liberty	15
Huntsville	11.5
Total	81

COMMUNITY ACTIVITIES:

	Sam Houston State University Future Fest Job Fair / Lone Star	
2/25/11	College	Conroe
3/1/11	Montgomery County Jail Diversion Working Group	Conroe
3/1/11	'Bringing Everyone In The Zone' Veterans Group	Huntsville
3/2/11	Liberty County Community Resource Coordination Group	Dayton
3/3/11	Walker County Community Resource Coordination Group	Huntsville
3/3/11	Transition Fair	The Woodlands
3/3/11	Leadership Montgomery County Meeting	Conroe
3/4/11	Cleveland Chamber of Commerce Annual Banquet	Cleveland
	Magnolia West High School Parent's Night - Youth Substance	
3/8/11	Abuse Prevention	Magnolia
3/8/11	Emergency Room Director's Meeting - CSU Patient Transfers	Conroe
3/9/11	Montgomery County United Way Campaign Cabinet Meeting	Conroe
3/9/11	Montgomery County United Way Funded Partners Meeting	The Woodlands
3/10/11	Huntsville Chamber of Commerce Breakfast	Huntsville
3/11/11	Montgomery County United Way Legislative Forum	Conroe
3/15/11	Montgomery County Community Resource Coordination Group	Conroe
3/15/11	Montgomery County Forensic Hospital Advisory Board Meeting	Conroe
3/15/11	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands
3/16/11	Conroe Rotary Club - Supported Employment Presentation	Conroe
3/16/11	Homeless Coalition Meeting	Conroe
3/17/11	Adult Protective Services Task Force Meeting	Conroe
3/17/11	Montgomery County United Way Well Being Council Meeting	The Woodlands
	Montgomery County Juvenile Probation Youth Outpatient	
3/21/11	Substance Abuse Treatment Program Information Meeting	Conroe
3/22/11	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands
	Montgomery County Juvenile Probation Community First Offender	
3/23/11	Program	Conroe

UPCOMING ACTIVITIES:

3/25/11	Lone Star College Human Services Advisory Committee Meeting	Conroe
3/28/11	Aging and Disability Resource Center Meeting	Houston
3/29/11	Jail Diversion Executive Task Force Meeting	Conroe
3/29/11	Montgomery County Area Business Women's Meeting	Conroe
4/6/11	Liberty County Community Resource Coordination Group	Dayton
4/7/11	Lone Star College Job Fair	Conroe
4/7/11	Cleveland Chamber of Commerce Luncheon	Cleveland
4/8/11	Greater Conroe/Lake Conroe Chamber of Commerce Job Fair	Conroe
	Montgomery County Women's Council Of Organizations Annual	
4/8/11	Women of Distinction Luncheon	The Woodlands
4/12/11	Montgomery County Community Resource Coordination Group	Conroe
4/12/11	Montgomery County United Way Campaign Celebration	Conroe
4/14/11	Huntsville Chamber of Commerce Breakfast	Huntsville
4/14/11	Walker County Community Resource Coordination Group	Huntsville
4/19/11	Montgomery County Forensic Hospital Advisory Board Meeting	Conroe
4/19/11	Montgomery County United Way Disaster Recovery Taskforce	The Woodlands
4/20/11	Careers Services Council & Veterans Affairs Center Job Fair	Conroe
4/20/11	Liberty/Dayton Chamber of Commerce Luncheon	Liberty
4/26/11	Montgomery County Area Business Women's Meeting	Conroe
	Montgomery County Juvenile Probation Community First Offender	
4/27/11	Program	Conroe

Agenda Item: Consumer Services Report for February 2011	Board Meeting Date
Committee Drogram	March 24, 2011
Committee: Program	
Background Information:	
None	
Supporting Documentation:	
Consumer Services Report for Febraury 2011	
Recommended Action:	
For Information Only	

CONSUMER SERVICES REPORT February 2011 - FY 2011

	MONTGOMERY			WALKER	
Crisis Services, MH Adults/Children	COUNTY	CLEVELAND	LIBERTY	COUNTY	TOTAL
Persons Screened, Intakes, Other Crisis Services	258	22	20	29	329
Crisis and Transitional Services (SP 0, SP5)	128	10	7	14	159
Crisis Residential Unit (CRU) Served	46	6	2	4	58
Crisis Residential Unit (CRU) bed days	170	11	17	31	229
Total Contract Hospital Admissions	18	2	1	3	24
Total State Hospital Admissions	33	5	3	6	47
Persons Served by Program, MH Non-Crisis					
Adult Service Packages (SP 1-4)	693	93	60	109	955
Adult Medication Services	569	46	50	94	759
Child Service Packages (SP 1.1-4)	365	14	5	50	434
Child Medication Services	158	6	3	23	190
Adult Jail Diversion Services	27	1	0	0	28
Juvenile Detention Diversion Services	4	0	0	0	4
TCOOMMI (Adult/Child)	110	5	7	9	131
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	3	0	0	2	5
Service Coordination/Case Management	361	29	29	40	459
Center Waiver Services (HCS, Supervised Living, TXHmL)	27	7	13	17	64
Contractor Provided ICF-MR	18	12	12	6	48
Autism Services	11	0	1	0	12
Substance Abuse Services					_
Children and Youth Prevention Services	128	0	0	0	128
Youth Substance Abuse Treatment Services/COPSD	13	0	0	1	14
Adult Substance Abuse Treatment Services/COPSD	23	0	0	0	23
Waiting/Interest Lists					
Department of State Health Services-Adults	210	31	44	10	295
Department of State Health Services-Children	18	0	1	0	19
Home and Community Based Services Interest List	986	85	79	83	1233
Persons Served Outside of the State Contracts					
Benefit Package 3 Adult/Child	34	4	4	7	49
February Served by County					
Adult Mental Health Services	1207	136	103	174	1620
Child Mental Health Services	396	19	7	53	475
Intellectual and Developmental Disabilities Services	416	43	50	56	565
Total Served by County	2019	198	160	283	2660
January Served by County					
Adult Mental Health Services	1217	141	123	155	1636
Child Mental Health Services	397	21	8	51	477
Intellectual and Developmental Disabilities Services	421	43	53	56	573
Total Served by County	2035	205	184	262	2686
December Served by County					
Adult Mental Health Services	1192	134	114	162	1602
Child Mental Health Services	393	17	6	51	467
Intellectual and Developmental Disabilities Services	405	41	49	54	549
Total Served by County	1990	192	169	267	2618

Agenda Item: Program Updates for February 2011	Board Meeting Date	
Committee: Program	March 24, 2011	
Background Information:		
None		
Supporting Documentation:		
Program Updates for February 2011		
Recommended Action:	-	
For Information Only		

Program Updates February 2011

MH Crisis and Admission Services

- A. Key Statistics:
 - 1. Number of new admissions during the month: 200
 - 2. Average daily census of the CRU/CSU: 9.32
- B. Program Comments:
 - 1. Night and weekend crisis assessments continue to average slightly less than 50 per month.
 - 2. We have had some turnover in key nurse positions in the CRU. We are now making final plans to transition to the CSU.

MH Adult Services

- A. Key Statistics:
 - 1. Number of adults served during the month: 1620
 - 2. Number of adults served in Medication Services: 759
- B. Program Comments:
 - 1. We have successfully integrated the William E. Hall Medication Clinic into the RP2 Medication Clinic. This also included integration of the Case Coordination staff.
 - 2. We are anticipating relocation of the Cleveland MH Outpatient Clinic to Truman Street soon.

MH Child Services

- A. Key Statistics:
 - 1. Number of children served during the month: 475
 - 2. Number of children served in Medication Services: 190
- B. Program Comments:
 - 1. MH Child Services has continued to grow. We have recently hired a new licensed staff to assist with counseling and diagnostic intakes.

Criminal Justice Services

- A. Key Statistics:
 - Number of Children and Adults Served Through Texas Office on Offenders with Medical and Mental Impairments (TCOOMMI): 33 Juvenile; 98 Adults

2. Number of Jail/Juvenile Diversions:8 Jail Diversions in the month of December; 4 Juvenile Diversions

B. Program Comments:

1. The Jail Diversion Program diverted 8 adults from jail to MH services in February which is slightly above our average of 7. We continue to serve our full capacity of 4 juvenile detention diversions.

Substance Abuse Services

A. Key Statistics:

- 1. Number of children served in prevention services: 104
- 2. Number of adults served in substance abuse/COPSD treatment services: 24 (COPSD 10; OUTPATIENT 14)
- 3. Number of children served in substance abuse treatment services: 14

B. Program Comments:

1. We are actively marketing our substance abuse treatment services to maximize DSHS funding. We are having difficulty with youth referrals and are focusing on contacts with schools, other child service agencies, and juvenile probation departments.

IDD Services

- A. Key Statistics:
 - 1. Total number of admissions for the month: 5
 - 2. Total number served in the HCS program for the month: 64
 - 3. Total number served in all IDD services for the month: 565

B. Program Comments:

1. We are adjusting to some restructuring in our HCS program as a result of funding reductions and staff layoffs. Foster Care reimbursement was reduced but so far the foster parents have accepted this change.

Personnel Information

A. We are actively recruiting for the CRU/CSU Nurses as part of transition to the CSU. We have started recruiting for an Advanced Practice Nurse/Physician Assistant Position.

Support Information

A. **Veterans' Services**: The Veterans' Services Department has started to work with Horizon Outreach, a company who specializes in assisting homeless vets and helping them obtain housing, clothing and job skills. They will also be referring veterans with mental health needs back to us.

- B. **Quality Management**: Program reviews were completed for the Huntsville, Liberty and Cleveland Community Support Services (CSS), Medication Clinics and Life Skills programs and a brief review was completed for Adult Substance Abuse Services.
- C. **Training**: The Texas Council Risk Management Fund is working with the Training Department to schedule a supervisor workshop, and an "All About Respect" workshop for all Tri-County staff in March.
- D. **Information Services**: The Information Services Department continues to prepare for the opening of the CSU and remodeling of the Truman Street facility.

Community Activities

A. The Woodlands' Children's Museum generously hosted an afternoon at the museum for children that we serve.

Agenda Item: Year to Date FY 2011 Goals and Objectives

Progress Report

Board Meeting Date

March 24, 2011

Committee: Program

Background Information:

The Board of Trustees and Leadership Team met on July 10, 2010 for the annual strategic planning retreat and to develop the Goals for FY 2011. Goals were discussed and a consensus was reached. Subsequently, the Leadership Team developed objectives for each of the goals. These goals are in addition to the contractual requirements of the Center's contracts with the Department of State Health Services and the Department of Aging and Disability Services.

The Board also requested that quarterly progress reports be presented as a "year to date summary".

This is the first "year to date" progress report of the FY 2011 Goals and Objectives which provides a summary from September 1, 2010 through February 28, 2011.

Supporting Documentation:

Year to Date FY 2011 Goals and Objectives Progress Report

Recommended Action:

For Information Only

FY 2011

Goals and Objectives Year-To-Date Progress Report September 1, 2010 – February 28, 2011

GOAL #1

Successfully Implement and Market the Expanded Substance Abuse Treatment Services

OBJECTIVE #1:

Hire and train staff.

- ➤ All staff have been hired and training is complete.
- A United Way application for additional staff has been submitted.

OBJECTIVE #2:

Market Substance Abuse Treatment Services to community stakeholders and all potential referral sources.

- > A press release is being prepared.
- Numerous meetings have been held with local agencies and more meetings are scheduled.

OBJECTIVE #3:

Maximize all funding for Substance Abuse Treatment including DSHS, Medicaid, private insurance and Montgomery County United Way.

- We have worked with DSHS to receive funding for previously submitted claims.
- We are struggling to maximize billing for DSHS awarded funds, partially because due to Medicaid eligibility of some person served.
- We are trying to resolve payment denials from Texas Children's Health Plan.

OBJECTIVE #4:

Funders, consumers, families and quality management reviews reflect effective services.

- An assessment of clinical services for adults is complete and consumers are happy with services. Staff documentation in two different clinical systems is improving.
- An assessment of clinical services for youth is underway.

GOAL #2

Increase Community Awareness of Center

OBJECTIVE #1:

Educate consumers, families and stakeholders about CSU, crisis hotline, Mobile Crisis Outreach Teams, other mental health services and intellectual and developmental disability services.

- IDD services have met with advisory committees.
- Procedures are being developed for the CSU.

- Meetings have been conducted with Conroe Regional Hospital and other local hospitals.
- ➤ We are participating in a new Community Resource Coordination Group in Huntsville.
- Executive Jail Diversion Task Force is apprised of CSU progress at each meeting.
- Mental Health Indigent Defense Board is apprised of CSU at meetings.

OBJECTIVE #2:

Promote Center's website to all stakeholders.

- > The website has been advertised at all service locations.
- ➤ The website has been presented to both Planning Network Advisory Committees and the veteran's planning groups.

OBJECTIVE #3:

Increase media coverage of Center services and events, including newspapers, radio stations, public service announcements and other media.

- > From the Heart Campaign promoted in all counties; appreciation display will be in all area papers.
- Articles regarding Veterans' program.
- Media kit being prepared for CSU open house.

OBJECTIVE #4:

Implement an educational plan for local and state elected officials regarding diversion of misdemeanor defendants from the criminal justice and state hospital system.

- > SB931 introduced by Senator Williams; this bill reduces the forensic commitment period from 120 to 60 days and allows two (2) 30 days extensions
- ➤ HB748 introduced by Representative Menendez; this bill limits the amount of time that an individual who has committed a misdemeanor is allowed to be committed to inpatient or outpatient treatment.
- Texas Council working with Senator Williams and Representative Menendez to incorporate best features of both bills into one.

GOAL #3

Diversity Center Revenues and Improve Efficiencies

OBJECTIVE #1:

Plan and conduct a gala fundraiser in FY 2011.

- Meeting with Board liaison rescheduled to March.
- > Discussions on-going about locations and themes.

OBJECTIVE #2:

Apply for HUD 811 funding for a Liberty County project.

- > Staff continue to speak with the owners of property which might be used for the project.
- ➤ The SuperNOFA release date is expected to be in March.

OBJECTIVE #3:

Apply for funding to support autism spectrum disorder services.

Tri-County was awarded a small grant for Autism Services from the Ladies Auxiliary VFW Post #4709 to purchase Adaptive Aides and Library materials.

OBJECTIVE #4:

Analyze operations to migrate from paper to electronic documentation wherever possible.

- ➤ Meetings are underway with several vendors who may help staff facilitate more significant changes in this area.
- > The hiring process forms were converted from paper to electronic forms.

GOAL #4 Recruit and Retain Quality Staff

OBJECTIVE #1:

Increase number of bilingual and culturally competent staff.

> There are currently six bilingual employees. We continue to seek new sources to advertise.

OBJECTIVE #2:

Identify and develop successor staff in key management positions.

- > Key positions have been identified for discussion at Leadership Team level.
- > Training initiatives are being developed to retain and promote current identified successors.

OBJECTIVE #3:

Expand employee wellness opportunities, including employee health clinic.

- > The Commit to Quit using tobacco products program yielded one success story.
- Pedometers were distributed to all staff to encourage participation in a "Steppin' Across Tri-County" Wellness Team activity. Twelve teams participated and the winning team from Liberty Med Clinic walked approximately 661 miles in 28 days.
- ➤ The Wellness Team is working to implement a program that would allow us to have a Physician's Assistant see employees for minor illnesses. This initiative is being undertaken to have a positive impact on employee health as well as employee health insurance rates.

OBJECTIVE #4:

Foster relationships with colleges and universities to secure practicum and intern students.

- Staff has contacted the Public Administration program at Sam Houston State University to inquire about administrative interns.
- ➤ Lone Star College nursing students complete rotations at Tri-County clinics
- ➤ Lone Star Health Clinic family practice physician interns complete rotation at Tri-County clinics.
- Participated in the Future Fest sponsored by Sam Houston State University at Lone Star College.

OBJECTIVE #5:

Expand and enhance employee recognition activities.

The VIP Team will be implementing a new "Above and Beyond" program so that supervisors can recognize outstanding performance of employees in their areas.

Agenda Item: 2nd Quarter FY 2011 Corporate Compliance Report and 3rd Quarter FY 2011 Corporate Compliance Training

Board Meeting Date

March 24, 2011

Committee: Program

Background Information:

The Corporate Compliance Officer is required by Policy and Procedure to submit quarterly reports on Corporate Compliance activities to the Board of Trustees. The Corporate Compliance Report for the 2nd quarter of FY 2011 is attached along with the educational information that has been provided to Center staff. The education portion is included in this packet for on-going education of the Tri-County Board of Trustees on Corporate Compliance issues.

Supporting Documentation:

2nd Quarter FY 2011 Corporate Compliance Report

3rd Quarter FY 2011 Corporate Compliance Training

Recommended Action:

For Information Only

Corporate Compliance Quarterly Report

2nd Quarter, FY 2011

Corporate Compliance Committee Attendance:

Committee Members Present: Evan Roberson, Millie McDuffey, Heather Hensley, Tanya Bryant, Chuck Lowman, Sami Tuminas, Beverly Standley

Quarterly meeting held on February 16, 2011.

Topics discussed: Summary of Recent Compliance Cases and Trends

Review of Texas Council 'Corporate Compliance Boot Camp' Training

Review of Audit Activities for FY 2011 to Date

Review of Current Legal Issues Related to Compliance:

- Health Care Fraud Prevention Regulations from CMS
- Review of Rules Regarding HIPAA, Doctors and Email
- Review of Article, Clinical Compliance through Organizational Synergy

The Corporate Compliance Officer reviewed all Corporate Compliance allegations and results of Corporate Compliance investigation activities since the previous Corporate Compliance Committee meeting.

In addition, the Corporate Compliance Officer reviewed audits in compliance with the Corporate Compliance Action Plan as well as discussed recent legal trends associated with Corporate Compliance with the committee.

Review of 2nd Quarter Corporate Compliance Allegations:

There were no Corporate Compliance allegations in the 2nd Quarter of FY 2011.

Corporate Compliance Training

3rd Quarter, FY 2011

On the day that the Patient Protection and Affordable Care Act (Health Care Reform) became law, things began to change for the Community Center System. Regardless of whether Health Care Reform remains law or not, it is clear that the Centers for Medicare and Medicaid Services (CMS) are going to expect that consistent, measureable outcomes be established to ensure that the health care is provided effectively. There is no place where qualitative outcomes are more challenging than in the field of mental health/substance abuse. As we begin adapting to changing expectations of our funders, it should be helpful to review some ideas about quality which have support from Federal agencies and other national groups.

The Substance Abuse Mental Health Services Agency (SAMHSA) has developed the following National Outcome Measures (NOMS) for persons with mental illness which may be used to measure mental health/substance abuse treatment:

Outcome	Measure	
Client Perception of Care	Clients reporting positively about outcomes	
Increased Access to Services	Number of persons served by age, gender, race and ethnicity	
Increased/Retained Employment	Profile of adult clients by employment status	
Reduced Utilization of Psychiatric Inpatient	Decreased rate of readmission to State	
Beds	psychiatric hospitals within 30 days and 180 days	
Increased Stability in Family and Living	Profile of clients' change in living situation	
Conditions		
Cost Effectiveness/Use of Evidence-Based	Number of persons receiving EBP services and	
Practices	Number of EBP's provided by the State	
Increased Social Connectedness	Social connectedness	
Decreased Criminal Justice Involvement	Profile of client involvement in criminal and	
	juvenile justice systems	
Return to/Stay in School	Increase school attendance (Children)	
Decreased Mental Illness Symptomology	Improved functioning	

In addition, the Mental Health Statistics Improvement Program (MHSIP) Consumer Oriented Task Force developed a "prototype consumer-oriented report card that could be used to compare and evaluate the quality of mental health services on the basis of concerns identified by mental health consumers." These outcomes include:

- Improved functioning
- Active participation in treatment planning
- Recovery orientation
- Quality interaction between clinicians and consumers
- Quality of treatment
- Safety (low medication errors)
- Availability of (varied) treatment options
- Availability of information/education materials
- Initiation of treatment (access to appropriate care)
- Cultural competence
- Co-occurring problems screening (focused on Substance Abuse)

- Perception of access (services available at time that is convenient, at a convenient location, etc.)
- Reduction in symptoms
- Social connectedness
- Peer support options-Adult (clubhouse models)
- Improvement in work-Adult
- Availability of New Generation Medications
- Illness Self-Management
- Improvement in school functioning (children)

The measure of quality can be difficult, but some or all of the standards above will likely be used to measure quality under Health Care Reform.

Staff should consider if the services that they are currently providing would meet these increased qualitative standards in a new funding environment because the expectations of qualitative outcomes are likely to become a larger piece of the documentation effort. In addition, these criteria are likely to become more important for corporate compliance programs to measure and review in coming years.

Agenda Item: Personnel Report for February 2011	Board Meeting Date		
Committee: Executive	March 24, 2011		
Background Information:			
None			
Supporting Documentation:			
Personnel Report for February 2011			
Recommended Action:			
For Information Only			

TRI-COUNTY SERVICES PERSONNEL BOARD REPORT FEBRUARY 2011

STAFF	NEW HIRE	s	SEPAR	ATED	VOLUN' SEPARA		INVOLUN SEPARA		BUDGETED	FILLED	MONTHLY TURNOVER	YEARLY TURNOVER
CLASSIFICATIONS	MO.	YTD.	MO.	YTD.	MO.	YTD.	MO.	YTD.	POSITIONS	POSITIONS	PERCENT	PERCENT
Bachelor's												
Qualified Mental Health Professional	1	12	1	11	1	5		6	94	82	1%	13%
Qualified Mental Retardation Professional (State Title)		1							13	13	0%	0%
Licensed Staff	1	4		1				1	14	13	0%	8%
Medical												
Physicians									5	5	0%	0%
Advanced Practice Nurse									2	1	0%	0%
RN's		1	1	1	1	1			10	8	13%	13%
LVN's									13	12	0%	0%
Techs/Aides												
мн		1	1	1	1	1			10	10	10%	10%
IDD		5	4	8	2	5	2	3	53	49	8%	16%
Supervisor/Manager												
мн		1		1				1	13	13	0%	8%
IDD			1	1			1	1	5	4	25%	25%
Program Support	1	2	1	3	1	2		1	39	39	3%	8%
Central Administration		4		3		3			18	17	0%	18%
Business Services	1								16	16	0%	0%
Maintenance/Janitorial/Lawn		1		1		1			25	24	0%	4%
GRAND TOTALS	4	32	9	31	6	18	3	13	330	306	3%	10%
Previous YTD											2%	11%

Agenda Item: Approve February 2011 Financial Statements	Board Meeting Date
Committee: Business	March 24, 2011
Background Information:	
None	
Supporting Documentation:	
February 2011 Financial Statements	
Recommended Action:	
Approve February 2011 Financial Statements	

February 2011 Financial Summary

Revenues for February 2011 were \$2,194,551 and operating expenses were \$1,919,519 resulting in a gain in operations of \$275,032. Capital Expenditures and Extraordinary Expenses for February were \$365,052 resulting in a loss of \$90,020. Total revenues were 95.54% of the monthly budgeted revenues and total expenses were 97.47% of the monthly budgeted expenses.

Year to date revenues are \$12,750,017 and operating expenses are \$11,181,042 leaving excess operating revenues of \$1,568,975. YTD Capital Expenditures and Extraordinary Expenses are \$1,483,328 resulting in a gain YTD of \$85,647. Total revenues are 97.42% of the YTD budgeted revenues and total expenses are 96.13% of the YTD budgeted expenses.

REVENUES

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

Revenue Source	YTD	YTD	% of	\$
	Revenue	Budget	Budget	Variance
TCOOMMI	236,782	256,648	92.26%	19,866
HCS Program – Title XIX	956,797	1,007,861	94.93%	51,064
ICF/MR Program – Title XIX	1,374,452	1,422,249	96.64%	47,797
DSHS Gen Rev Crisis - PESC	786,302	863,232	91.09%	76,930
DSHS Gen Rev - NGM	213,887	375,374	56.98%	161,487
DSHS-SSBG - Contract Inpatient	15,725	50,000	31.45%	34,275
DSHS – SA Treatment Adult Svs	3,828	24,000	15.95%	20,172
DSHS – SA Treatment Youth Svs	7,744	41,138	18.82%	33,394
DSHS - COPSD	4,176	21,758	19.19%	17,582

TCOOMMI – In both juvenile and adult programs, Medicaid revenue was higher than the budget projected it to be which reduces the direct TCOOMMI revenue. This is a cost reimbursement program and revenue will be under budget whenever expenses are less than expected but TCOOMMI has begun to bill for additional expenses which will further increase revenue.

<u>HCS</u> – This program is under budget due to consumer hospitalizations and decreased attendance in some program areas. Meetings are being held on the program side to discuss attendance issues and either gain a commitment from consumers to attend programs or revise the budget calculations if the trends continue.

<u>ICF/MR Program</u> – There have been a series of client vacancies in the homes due to hospitalization, one consumer moved to a skilled nursing facility, consumers moving to HCS and one consumer that passed away. As a result, the program is under budget for the year. As of February we have no more vacancies. An adjustment will be made to this line item during the mid-year budget revision.

<u>DSHS General Revenue Crisis – PESC</u> – This is a cost reimbursement program for our Crisis Residential Unit (CRU). Expenses are running under budgeted projections for the beginning of this fiscal year. This trend will change when the program transitions over to the Crisis Stabilization Unit (CSU) facility.

<u>DSHS General Revenue – NGM</u> – This line item has been trending under budget for the last few years. We are planning for acceptable alternate uses for these funds. We will continue to monitor this line item to determine if the lapse trends will continue.

<u>DSHS – SSBG – Contract Inpatient</u> – This line item reflects the last month of the Social Service Block Grant (SSBG) funding for Contract Inpatient services and will be adjusted during the first budget revision.

<u>DSHS – Substance Abuse (SA) Treatment Adult Services</u> – This is a new program for FY 2011. Services are ramping up and revenue should increase as the program gets fully operational.

<u>DSHS – Substance Abuse (SA) Treatment Youth Services</u> – This is a new program for FY 2011. Services are ramping up and revenues should increase as the program gets fully operational.

<u>DSHS – COPSD</u> – This is also a new program like the SA Treatment program and is ramping up as well and revenue should increase as the program becomes fully operational.

EXPENSES

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

Revenue Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Contract Hospital - Child	42,300	15,000	282.00%	27,300
Contract Services – Foster Care	344,119	326,995	105.24%	17,124

<u>Contract Hospital – Child – The number of children admitted to contract hospitals is higher than budgeted so far this fiscal year. We will monitor this line item to see if a mid-year budget revision is necessary.</u>

<u>Contract Services – Foster Care</u> – Foster Care expenses have increased as we have enrolled more consumers into that service. This line item will be adjusted during the first budget revision.

TRI-COUNTY SERVICES CONSOLIDATED BALANCE SHEET As of February 28, 2011

	TOTALS COMBINED FUNDS February 2011	TOTALS COMBINED FUNDS January 2011	Increase (Decrease)
ASSETS	_		
CURRENT ASSETS	<u></u>		
Imprest Cash Funds	4,025	4,025	-
Cash on Deposit-General Fund	6,565,232	7,487,214	(921,982)
Cash on Deposit-Debt Fund	232,478	194,365	38,113
Accounts Receivable	1,408,521	1,506,442	(97,921)
Inventory	33,620	32,904	716
TOTAL CURRENT ASSETS	8,243,876	9,224,950	(981,075)
FIXED ASSETS	5,050,968	5,050,968	-
OTHER ASSETS	62,207	47,194	15,013
AMOUNT TO BE PROVIDED FOR THE			
RETIREMENT OF LONG TERM DEBT	1,720,257	1,720,257	
TOTAL ASSETS	15,077,308	16,043,370	(966,062)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES	_		
CURRENT LIABILITIES	1,141,932	1,133,590	8,342
NOTES PAYABLE	407,690	407,690	-
DEFERRED REVENUE	1,759,292	2,687,957	(928,664)
LONG-TERM LIABILITIES FOR	<u> </u>		
Capital Leases-Equipment	82,567	82,567	-
Bond Series 1995	-	-	-
Bond Series 2004	1,230,000	1,230,000	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	 138,616	228,635	(90,020)
Debt Service Fund	(260,214)	(298,327)	38,113
FUND EQUITY			
Reserved for Fixed Assets		5,050,968	-
Reserved for Worker Comp	274,409	274,409	-
Reserved for Debt Retirement	1,230,000	1,230,000	-
Reserved for Debt Service	492,693	492,693	-
Reserved for Board Policy Requirements	879,405	879,405	-
Reserved for Equipment Reserve	354,290	354,290	-
Reserved for Current Year Budgeted Reserve	36,998	30,831	6,167
Reserved for Inventory Reserve	32,973	32,973	-
Reserved for Operations and Programs	2,000,000 225,690	2,000,000	-
Unrestricted and Undesignated TOTAL LIABILITIES/FUND BALANCE	15,077,308	225,690 16,043,370	(966,061)
TOTAL LIADILITIES/FUND DALANCE	15,077,308	10,043,370	(100,001)

TRI-COUNTY SERVICES CONSOLIDATED BALANCE SHEET As of February 28, 2011

TOTALS

Punds		General Operating	Debt Service	General Fixed		7.20
CURRENT ASSETS		Funds	Funds	Assets		•
ASSETS					February 2011	
Impress Cash Funds Cash Churds Cash on Deposit-Center Fund 6.555,232 2.975 2.275 2.32,478 2.32,478 5.58,605 2.32,478 5.58,605 2.32,478 2.32,478 5.58,805 2.32,478 2.32,478 5.58,805 2.32,478 2.	ASSETS					rinai
Cash no Deposit-General Fund 6,565,232 4,887,535 Cash no Deposit-Debt Fund 232,478 232,478 558,805 Accounts Receivable 1,408,521 1,408,521 1,534,673 Inventory 33,620 33,620 33,620 32,515 TOTAL CURRENT ASSETS 8,011,398 232,478 - 8,243,876 7,057,981 FIXED ASSETS 62,207 62,207 44,819 AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT 1,720,257 1,720,257 2,125,257 TOTAL ASSETS 8,073,605 1,952,735 5,050,968 15,077,308 14,102,677 LIABILITIES, DEFERRED REVENUE, FUND BALANCES CURRENT LIABILITIES 1,141,932 1,569,628 NOTES PAYABLE 407,690 407,690 407,690 407,690 LONG-TERM LIABILITIES FOR 2 2 2,567 82,567 82,567 Capitol Leases - 8,2567 82,567 82,567 82,567 Sond Series 2004 1,230,000 1,230,000 <td>CURRENT ASSETS</td> <td></td> <td></td> <td></td> <td></td> <td></td>	CURRENT ASSETS					
Cash no Deposit-Debt Fund Accounts Receivable 1,408,521 (1,					,	,
Accounts Receivable 1,408,521 1,548,673 1,548,673 1,754,673 1,7057,981	•	6,565,232				
Inventory 33,820 33,820 32,515 7,057,981 7		==.	232,478		,	
TOTAL CURRENT ASSETS		, ,			, ,	
Tiked ASSETS 5,050,968 5	· · · · •		222.470			
AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT	TOTAL CURRENT ASSETS	8,011,398	232,478	-	8,243,876	7,057,981
AMOUNT TO BE PROVIDED FOR THE RETIREMENT OF LONG TERM DEBT	FIXED ASSETS			5,050,968	5,050,968	5,050,968
RETIREMENT OF LONG TERM DEBT 1,720,257 1,20,257 1,50,50,968 15,077,308 14,102,677	OTHER ASSETS	62,207			62,207	44,819
TOTAL ASSETS 8,073,605 1,952,735 5,050,968 15,077,308 14,102,677	AMOUNT TO BE PROVIDED FOR THE					
CURRENT LIABILITIES 1,141,932 1,569,628	RETIREMENT OF LONG TERM DEBT		1,720,257		1,720,257	2,125,257
CURRENT LIABILITIES 1,141,932 1,569,628 NOTES PAYABLE 407,690 407,690 407,690 DEFERRED REVENUE 1,759,292 1,759,292 (35,546) LONG-TERM LIABILITIES FOR Capitol Leases - 82,567 82,567 82,567 Bond Series 1995	TOTAL ASSETS	8,073,605	1,952,735	5,050,968	15,077,308	14,102,677
NOTES PAYABLE 407,690 407,690 407,690 407,690 DEFERRED REVENUE 1,759,292 (35,546) LONG-TERM LIABILITIES FOR Capitol Leases - 82,567 82,567 82,567 82,567 80,400 1,230,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,0	LIABILITIES, DEFERRED REVENUE, FUND BAI	LANCES				
NOTES PAYABLE 407,690 407,690 407,690 407,690 DEFERRED REVENUE 1,759,292 (35,546) LONG-TERM LIABILITIES FOR Capitol Leases - 82,567 82,567 82,567 82,567 80,400 1,230,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,000 1,635,000 EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR 0.1,230,000 1,635,0						
DEFERRED REVENUE	CURRENT LIABILITIES	1,141,932			1,141,932	1,569,628
LONG-TERM LIABILITIES FOR 2,567 82,560 82,500 8	NOTES PAYABLE		407,690		407,690	407,690
Capitol Leases	DEFERRED REVENUE	1,759,292			1,759,292	(35,546)
Bond Series 1995						
Bond Series 2004 1,230,000 1,230,000 1,635,000	•	-	82,567		82,567	82,567
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR General Fund Debt Service Fund 138,616 138,616 52,969 Debt Service Fund - (260,214) (260,214) (260,214) (15,188) FUND EQUITY Reserved for Fixed Assets - 5,050,968 Reserved for Worker's Compensation 274,409 274,		=	-		-	-
OVER EXPENSES FOR General Fund 138,616 52,969 Debt Service Fund - (260,214) (260,214) (15,188) FUND EQUITY Reserved for Fixed Assets - 5,050,968 5,050,968 5,050,968 Reserved for Worker's Compensation 274,409 274,409 274,409 Reserved for Debt Retirement 1,230,000 - - Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - 36,998 - Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	Bond Series 2004		1,230,000		1,230,000	1,635,000
General Fund 138,616 52,969 Debt Service Fund - (260,214) (260,214) (15,188) FUND EQUITY Reserved for Fixed Assets - 5,050,968 5,050,968 5,050,968 Reserved for Worker's Compensation 274,409 274,409 274,409 274,409 Reserved for Debt Retirement 1,230,000 - - Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - 36,998 - Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390						
FUND EQUITY Reserved for Fixed Assets 5,050,968 5,050,968 5,050,968 6,050,968 7,050,968		138,616			138,616	52,969
Reserved for Fixed Assets - 5,050,968 5,050,968 5,050,968 Reserved for Worker's Compensation 274,409 274,409 274,409 Reserved for Debt Retirement 1,230,000 - - Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - - Reserved for Inventory Reserve 32,973 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	Debt Service Fund	-	(260,214)		(260,214)	(15,188)
Reserved for Worker's Compensation 274,409 274,409 274,409 Reserved for Debt Retirement 1,230,000 - Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - - Reserved for Inventory Reserve 32,973 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	FUND EQUITY					
Reserved for Debt Retirement 1,230,000 - Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - 36,998 - Reserved for Inventory Reserve 32,973 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	Reserved for Fixed Assets	-		5,050,968	5,050,968	5,050,968
Reserved for Debt Service 492,693 492,693 573,993 Reserved for Board Policy Requirements 879,405 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - - Reserved for Inventory Reserve 32,973 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	·	274,409			274,409	274,409
Reserved for Board Policy Requirements 879,405 2,109,405 Reserved for Equipment Reserve 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - Reserved for Inventory Reserve 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390		1,230,000				=
Reserved for Equipment Reserve 354,290 354,290 354,290 Reserved for Current Year Budgeted Reserve 36,998 - Reserved for Inventory Reserve 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390			492,693			,
Reserved for Current Year Budgeted Reserve 36,998 - Reserved for Inventory Reserve 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390						
Reserved for Inventory Reserve 32,973 32,973 32,973 Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390	···					354,290
Reserved for Operations and Programs 2,000,000 2,000,000 2,000,000 Unrestricted and Undesignated 225,690 144,390		,			,	-
Unrestricted and Undesignated 225,690 144,390	•					,
· — — — — — — — — — — — — — — — — — — —						
	TOTAL LIABILITIES/FUND BALANCE	8,073,605	1,952,735	5,050,968	15,077,308	14,102,677

TRI-COUNTY SERVICES Revenue and Expense Summary For the Month Ended February 2011 and YTD as of February 2011

INCOME:	MONTH OF February 2011	YTD February 2011
Local Revenue Sources	452,368	1,914,629
Earned Income	773,972	5,041,646
General Revenue-Contract	968,211	5,793,742
TOTAL INCOME	2,194,551	12,750,017
TOTAL INCOME	2,134,551	12,730,017
EXPENSES:		
Salaries	994,786	5,935,068
Employee Benefits	218,723	1,245,922
Medication Expense	39,277	224,073
Travel-Board/Staff	27,858	181,603
Building Rent/Maintenance	34,997	120,702
Consultants/Contracts	396,451	2,347,802
Other Operating Expenses	207,427	1,125,871
TOTAL EXPENSES	1,919,519	11,181,042
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	275,032	1,568,975
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	326,939	1,253,768
Capital Outlay-Debt Service Bonds	38,113	229,560
TOTAL CAPITAL EXPENDITURES	365,052	1,483,328
GRAND TOTAL EXPENDITURES	2,284,570	12,664,370
Excess (Deficiency) of Revenues and Expenses	(90,020)	85,647

TRI-COUNTY SERVICES Revenue and Expense Summary Compared to Budgeted Year to Date as of February 2011

INCOME:	YTD February 2011	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	1,914,629	1,864,091	50,538
Earned Income	5,041,646	5,187,409	(145,763)
General Revenue-Contract	5,793,742	6,036,008	(242,266)
TOTAL INCOME	12,750,017	13,087,508	(337,491)
EXPENSES:			
Salaries	5,935,068	6,014,019	(78,951)
Employee Benefits	1,245,922	1,296,030	(50,108)
Medication Expense	224,073	417,784	(193,711)
Travel-Board/Staff	181,603	209,700	(28,097)
Building Rent/Maintenance	120,702	112,950	7,752
Consultants/Contracts	2,347,802	2,373,544	(25,742)
Other Operating Expenses	1,125,871	1,187,039	(61,168)
TOTAL EXPENSES	11,181,042	11,611,066	(430,024)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	1,568,975	1,476,442	92,533
CAPITAL EXPENDITURES			(
Capital Outlay-FF&E, Automobiles	1,253,768	1,333,905	(80,137)
Capital Outlay-Debt Service Bonds TOTAL CAPITAL EXPENDITURES	229,560	228,981	579 (70 FF9)
TOTAL CAPITAL EXPENDITURES	1,483,328	1,562,886	(79,558)
GRAND TOTAL EXPENDITURES	12,664,370	13,173,952	(509,582)
Excess (Deficiency) of Revenues and Expenses	85,647	(86,444)	172,091
Debt Service and Fixed Asset Fund:	220 560	220 004	£70
Bond Payments Receipts Bond Payments Disbursements	229,560	228,981 -	579 -
Interest Income Excess(Deficiency) of revenues over Expenses	229,560	228,981	579

TRI-COUNTY SERVICES Revenue and Expense Summary Compared to Budget For the Month Ended February 2011

INCOME:	MONTH OF February 2011	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	452,368	438,564	13,804
Earned Income	773,972	860,820	(86,848)
General Revenue-Contract	968,211	997,668	(29,457)
TOTAL INCOME	2,194,551	2,297,052	(102,501)
EXPENSES:			
Salaries	994,786	1,011,707	(16,921)
Employee Benefits	218,723	215,015	3,708
Medication Expense	39,277	69,631	(30,354)
Travel-Board/Staff	27,858	34,953	(7,095)
Building Rent/Maintenance	34,997	21,325	13,672
Consultants/Contracts	396,451	393,762	2,689
Other Operating Expenses	207,427	208,198	(771)
TOTAL EXPENSES	1,919,519	1,954,591	(35,072)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	275,032	342,461	(67,429)
CAPITAL EXPENDITURES	000.000	054.405	(0.4.000)
Capital Outlay-FF&E, Automobiles	326,939	351,167	(24,228)
Capital Outlay-Debt Service Bonds TOTAL CAPITAL EXPENDITURES	38,113 365,052	38,163 389,330	(50) (24,278)
GRAND TOTAL EXPENDITURES	<u> </u>		
GRAND TOTAL EXPENDITURES	2,284,570	2,343,921	(59,351)
Excess (Deficiency) of Revenues and Expenses	(90,020)	(46,869)	(43,151)
Debt Service and Fixed Asset Fund:			
Bond Payments Receipts Bond Payments Disbursements Interest Income	38,113	38,163 -	(50) -
Excess(Deficiency) of revenues over Expenses	38,113	38,163	(50)
, , , , , , , , , , , , , , , , , , , ,	·	·	

TRI-COUNTY SERVICES Revenue and Expense Summary With February 2010 Comparative Data Year to Date as of February 2011

Earned Income 5,041,646 4,628,943 41 General Revenue-Contract 5,793,742 5,864,507 (7 TOTAL INCOME 12,750,017 11,204,361 1,54 EXPENSES: Salaries 5,935,068 5,495,468 43 Employee Benefits 1,245,922 1,127,257 11 Medication Expense 2,24,073 358,832 (13 Travel-Board/Staff 181,603 172,756 Building Rent/Maintenance 120,702 163,545 (4 Consultants/Contracts 2,347,802 2,214,830 13 Other Operating Expenses 1,125,871 1,097,604 2 TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 995 CAPITAL EXPENDITURES Capital Outlay-FF&E, Automobiles 229,560 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,163 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73	INCOME:	YTD February 2011	YTD February 2010	Increase (Decrease)
Seneral Revenue-Contract 5,793,742 5,884,507 7,77 11,204,361 1,54	Local Revenue Sources	1,914,629	710,911	1,203,718
EXPENSES: Salaries 5,935,068 5,495,468 43	Earned Income	5,041,646	4,628,943	412,703
EXPENSES: Salaries	General Revenue-Contract	5,793,742	5,864,507	(70,765)
Salaries 5,935,068 5,495,468 43 Employee Benefits 1,245,922 1,127,257 11 Medication Expense 224,073 358,832 (13 Travel-Board/Staff 181,603 172,756 Building Rent/Maintenance 120,702 163,545 (4 Consultants/Contracts 2,347,802 2,214,830 13 Other Operating Expenses 1,125,871 1,097,604 2 TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 95 CAPITAL EXPENDITURES 2,295,60 270,249 (4 Capital Outlay-Debt Service Bonds 229,560 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	TOTAL INCOME	12,750,017	11,204,361	1,545,656
Employee Benefits	EXPENSES:			
Medication Expense 224,073 358,832 (13 Travel-Board/Staff 181,603 172,756 4 Building Rent/Maintenance 120,702 163,545 (4 Consultants/Contracts 2,347,802 2,214,830 13 Other Operating Expenses 1,125,871 1,097,604 2 TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 95 CAPITAL EXPENDITURES 2 28,915 1,22 1,2 Capital Outlay-FF&E, Automobiles 1,253,768 28,915 1,2 Capital Outlay-Debt Service Bonds 229,560 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	Salaries	5,935,068	5,495,468	439,600
Travel-Board/Staff	Employee Benefits	1,245,922	1,127,257	118,665
Building Rent/Maintenance	Medication Expense	224,073	358,832	(134,759)
Consultants/Contracts 2,347,802 2,214,830 13 Other Operating Expenses 1,125,871 1,097,604 2 TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 95 CAPITAL EXPENDITURES 28,915 1,22 1,253,768 28,915 1,22 Capital Outlay-FF&E, Automobiles 1,253,768 28,915 1,22 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 39,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	Travel-Board/Staff	181,603	172,756	8,847
Other Operating Expenses 1,125,871 1,097,604 2 TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 95 CAPITAL EXPENDITURES 1,253,768 28,915 1,22 Capital Outlay-FF&E, Automobiles 1,253,768 28,915 1,22 Capital Outlay-Debt Service Bonds 229,560 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	Building Rent/Maintenance	120,702	163,545	(42,843)
TOTAL EXPENSES 11,181,042 10,630,292 55 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 99 CAPITAL EXPENDITURES	Consultants/Contracts	2,347,802	2,214,830	132,972
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures 1,568,975 574,069 95 CAPITAL EXPENDITURES Capital Outlay-FF&E, Automobiles 1,253,768 28,915 1,222 Capital Outlay-Debt Service Bonds 229,560 270,249 (4) TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	Other Operating Expenses	1,125,871	1,097,604	28,267
Expenses before Capital Expenditures 1,568,975 574,069 99 CAPITAL EXPENDITURES 28,915 1,22 Capital Outlay-FF&E, Automobiles 1,253,768 28,915 1,22 Capital Outlay-Debt Service Bonds 229,560 270,249 (4 TOTAL CAPITAL EXPENDITURES 1,483,328 299,164 1,18 GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	TOTAL EXPENSES	11,181,042	10,630,292	550,750
GRAND TOTAL EXPENDITURES 12,664,370 10,929,456 1,73 Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	CAPITAL EXPENDITURES Capital Outlay-FF&E, Automobiles	1,253,768	28,915	994,906 1,224,853 (40,689)
Excess (Deficiency) of Revenues and Expenses 85,647 274,905 (18	TOTAL CAPITAL EXPENDITURES	1,483,328	299,164	1,184,164
	GRAND TOTAL EXPENDITURES	12,664,370	10,929,456	1,734,914
Debt Service and Fixed Asset Fund:	Excess (Deficiency) of Revenues and Expenses	85,647	274,905	(189,258)
Bond Payments Receipts 229,560 270,249 (4		229.560	270.249	(40,689)
Bond Payments Disbursements			5,5	-
Interest Income				-
Excess(Deficiency) of revenues over Expenses 229,560 270,249	Excess(Deficiency) of revenues over Expenses	229,560	270,249	(40,689)

TRI-COUNTY SERVICES Revenue and Expense Summary With February 2010 Comparative Data For the Month February 2011

INCOME:	MONTH OF February 2011	MONTH OF February 2010	Increase (Decrease)
Local Revenue Sources	452,368	118,002	334,366
Earned Income	773,972	679,855	94,117
General Revenue-Contract	968,211	1,001,995	(33,784)
TOTAL INCOME	2,194,551	1,799,852	394,699
EXPENSES:			
Salaries	994,786	897,662	97,124
Employee Benefits	218,723	189,823	28,900
Medication Expense	39,277	50,219	(10,942)
Travel-Board/Staff	27,858	30,279	(2,421)
Building Rent/Maintenance	34,997	21,869	13,128
Consultants/Contracts	396,451	363,791	32,660
Other Operating Expenses	207,427	165,876	41,551
TOTAL EXPENSES	1,919,519	1,719,519	200,000
Excess(Deficiency) of Revenues over			
Expenses before Capital Expenditures	275,032	80,333	194,699
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	326,939	13,409	313,530
Capital Outlay-Debt Service Bonds	38,113	45,041	(6,928)
TOTAL CAPITAL EXPENDITURES	365,052	58,450	306,602
GRAND TOTAL EXPENDITURES	2,284,570	1,777,969	506,601
Excess (Deficiency) of Revenues and Expenses	(90,020)	21,881	(111,903)
Debt Service and Fixed Asset Fund:			
Bond Payments Receipts	38,113	45,041	(6,928)
Bond Payments Disbursements			-
Interest Income Excess(Deficiency) of revenues over Expenses	38,113	45,041	(6,928)
, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	, , , , ,

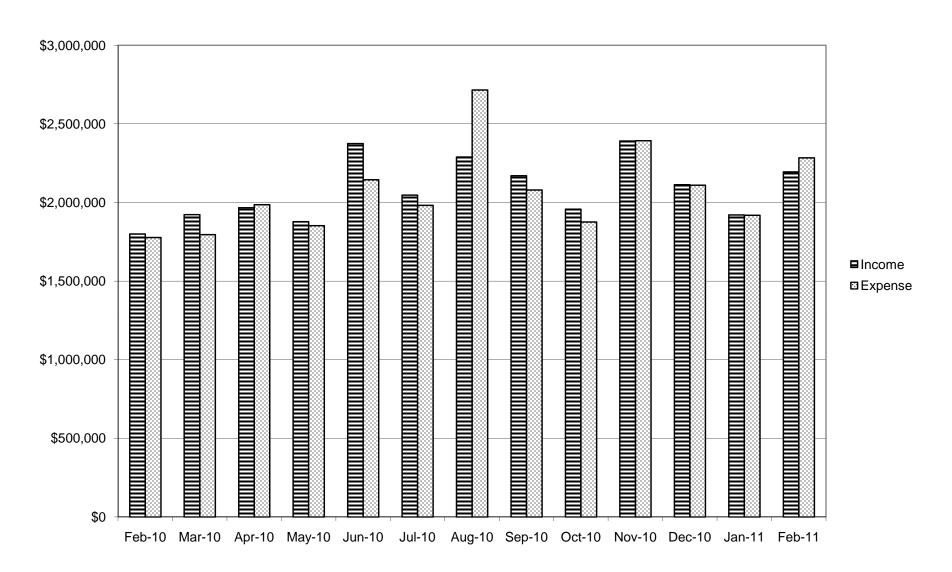
TRI-COUNTY SERVICES Revenue and Expense Summary With January 2011 Comparative Data As of February 2011

INCOME:	MONTH OF February 2011	MONTH OF January 2011	Increase (Decrease)
Local Revenue Sources	452,368	105,568	346,800
Earned Income	773,972	841,118	(67,146)
General Revenue-Contract	968,211	974,930	(6,719)
TOTAL INCOME	2,194,551	1,921,616	272,934
EXPENSES:			
Salaries	994,786	995,103	(317)
Employee Benefits	218,723	218,660	62
Medication Expense	39,277	45,274	(5,997)
Travel-Board/Staff	27,858	33,886	(6,027)
Building Rent/Maintenance	34,997	25,278	9,718
Consultants/Contracts	396,451	379,063	17,388
Other Operating Expenses	207,427	181,419	26,008
TOTAL EXPENSES	1,919,519	1,878,683	40,836
CAPITAL EXPENDITURES Capital Outlay-FF&E, Automobiles Capital Outlay-Debt Service Bonds	275,032 326,939 38,113	2,676 38,113	232,099 324,263
TOTAL CAPITAL EXPENDITURES	365,052	40,789	324,263
GRAND TOTAL EXPENDITURES	2,284,570	1,919,472	365,098
Excess (Deficiency) of Revenues and Expenses	(90,020)	2,145	(92,164)
Debt Service and Fixed Asset Fund: Bond Payments Receipts	38,113	38,113	_
Bond Payments Disbursements	30,113	30,113	-
Interest Income Excess(Deficiency) of revenues over Expenses	38,113	38,113	
Execusive in the state of the Expenses	30,113	30,113	

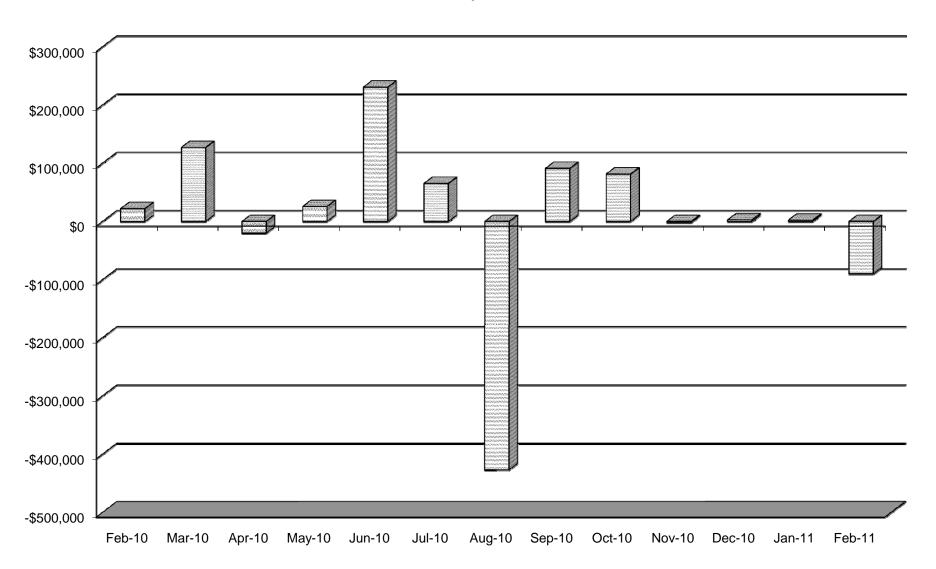
TRI-COUNTY SERVICES Revenue and Expense Summary by Service Type Compared to Budget As of YTD Ended February 28, 2011

INCOME:	YTD Mental Health February 2011	YTD IDD February 2011	YTD Other Services February 2011	YTD Agency Total February 2011	YTD Approved Budget February 2011	Increase (Decrease)
Local Revenue Sources	1,904,273	(75,678)	86,034	1,914,629	1,864,091	50,538
Earned Income	1,499,112	2,903,518	639,017	5,041,646	5,187,409	(145,763)
General Revenue-Contract	4,905,461	888,280	-	5,793,742	6,036,008	(242,266)
TOTAL INCOME	8,308,846	3,716,120	725,051	12,750,017	13,087,508	(337,491)
EXPENSES:						
Salaries	4,352,804	1,188,847	393,418	5,935,068	6,014,019	(78,951)
Employee Benefits	880,634	284,864	80,424	1,245,922	1,296,030	(50,108)
Medication Expense	218,391		5,682	224,073	417,784	(193,711)
Travel-Board/Staff	115,126	45,051	21,427	181,603	209,700	(28,097)
Building Rent/Maintenance	82,924	37,778	-	120,702	112,950	7,752
Consultants/Contracts	438,358	1,872,050	37,393	2,347,802	2,373,544	(25,742)
Other Operating Expenses	700,539	287,020	138,312	1,125,871	1,187,039	(61,168)
TOTAL EXPENSES	6,788,776	3,715,610	676,656	11,181,042	11,611,066	(430,025)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	1,520,070	510	48,395	1,568,975	1,476,442	92,534
CAPITAL EXPENDITURES Capital Outlay-FF&E, Automobiles	1,251,904	720	1,144	1,253,768	1,333,905	(80,137)
Capital Outlay-Debt Service Bonds	156,297	57,578	15,685	229,560	228,981	579
TOTAL CAPITAL EXPENDITURES	1,408,201	58,298	16,829	1,483,328	1,562,886	(79,558)
GRAND TOTAL EXPENDITURES	8,196,977	3,773,908	693,485	12,664,370	13,173,952	(509,583)
Excess (Deficiency) of Revenues and Expenses	111,869	(57,788)	31,566	85,647	(86,444)	172,092
			,	,		
Debt Service and Fixed Asset Fund: Bond Payments Receipts Bond Payments Disbursements Interest Income	156,297	57,578 - -	15,685 - -	229,560 - -	228,981 - -	(72,684) - -
Excess(Deficiency) of revenues over Expenses	156,297	57,578	15,685	229,560	228,981	(72,684)

TRI-COUNTY SERVICES Income and Expense



TRI-COUNTY SERVICES Income after Expenses



Agenda Item: Approve the Submission of the Tri-County 990 Tax Return Prepared by David N. Miller & Company, LLP

Board Meeting Date

March 24, 2011

Committee: Business

Background Information:

David N. Miller & Company, LLP has completed Tri-County's 990 Tax Return. The new IRS regulations require Board approval of the 990 prior to submission. The due date for the 990 is April 15^{th} .

Supporting Documentation:

Tri-County Services 990 Tax Return

Recommended Action:

Approve the Submission of the Tri-County 990 Tax Return Prepared by David N. Miller & Company, LLP

Revised Form 990

Distributed at the March 24th Board Meeting

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

5 Total number of employees (Part V, line 2a) 6 Total number of wolunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Total gross unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2b) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 11 Oyther revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising espenses (Part IX, column (A), lines 11e) b Total fundraising expenses (Part IX, column (A), lines 11e) b Total assets (Part X, line 16) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 18 from line 12 23 Total assets (Part X, line 16) 24 Total labilities (Part X, line 26) 25 Signature of officer 26 MILDRED MCDUFFEY, CFO 17 Opensor print name and title 18 Signature of officer 27 Total control balances of print name and title 28 Signature of officer 29 Total assets (Part X, line 26) 20 DAVID N. MILLER & CO., LLP 20 Total assets (Part X, line 26) 20 DAVID N. MILLER & CO., LLP 21 Total revenue (Part VIII, destructions) and the based on all information of which preparer has any knowledge. 29 Proparer's licentifying number case instructions) and complete. Declaration of proparer (pitch than office) is based on all information of which preparer has any knowledge. 20 David Nood David N				•	, ,	Additional and the second second
Second Programmer County Mental Health H	Α	For the	e 2009 calendar year, or tax year beginning $$ SEP 1 , $$ 2009 $$ ar	nd ending 🏻 🗚	UG 31, 2010	0
Second Processor Part COUNTY MENTAL HEALTH MENTAL	В	Check if			D Employer identi	fication number
Description			use IRS TRI-COUNTY MENTAL HEALTH MENTAL			
Description		lchang	pe print or RETARDATION SERVICES			
The component of the		Name chang	Doing Business As TRICOUNTY SERVICES		76-0	0032662
Part Summary		lnitial return	See Number and street (or P.O. box if mail is not delivered to street address	Room/suite	E Telephone numb	er
Marchael South Converted TX 7735		Termir ated	n- Specific 1 EO C TIM 20 EA			
CONROE, TX 77305						
Plane and address of principal officer/MILIDRED MCDUFFEY 1.506 FM 2854 CONROE, TX 77035 High Are all affiliates included?		Applic	CONROE, TX 77305		H(a) Is this a group	MILIONE TO THE TOTAL PROPERTY OF THE TOTAL P
Table		pendir		······································	7	
Tancexempt status:			1506 FM 2854, CONROE, TX 77035			······································
J Webster: ▶ TRICOUNTYSERVICES.ORG High Group exemption number ▶ K form of organization: Corporation Trust Association X Other ▶ STATE L year of formation: 1965 M State of legal domicile: Ty Part Summary	1	Tax-exe		 97	4 ''	
Record of comparization: Corporation Trust Association X Other STATE Lyear of formation: 1965 M State of legal domicial: TY					7	
Benefity describe the organization's mission or most significant activities: TO ENSURE THE PROVISION OF Discription of the provision of the provision or most significant activities: TO ENSURE THE PROVISION OF Discription of the provision				ATE Year		
Birefly describe the organization's mission or most significant activities: TO ENSURE THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND	_		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER			III oato or logal dominolo, ===
UNLITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND Check this box ▶	ш	T 4		ENSURE	THE PROVIS	ION OF
Number of independent voting members of the governing body (Part V, line 1b) 4 5 400	ĕ	'	OUALITY SERVICES FOR INDIVIDUALS WITH M	ENTAL I	LLNESS AND	
Number of independent voting members of the governing body (Part V, line 1b) 4 5 400	na	2				assets
Number of independent voting members of the governing body (Part V, line 1b) 4 5 400	Š	3			ı	1
5 Total number of employees (Part V, line 2a) 6 Total number of wolunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Total gross unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2b) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 11 Oyther revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising espenses (Part IX, column (A), lines 11e) b Total fundraising expenses (Part IX, column (A), lines 11e) b Total assets (Part X, line 16) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 18 from line 12 23 Total assets (Part X, line 16) 24 Total labilities (Part X, line 26) 25 Signature of officer 26 MILDRED MCDUFFEY, CFO 17 Opensor print name and title 18 Signature of officer 27 Total control balances of print name and title 28 Signature of officer 29 Total assets (Part X, line 26) 20 DAVID N. MILLER & CO., LLP 20 Total assets (Part X, line 26) 20 DAVID N. MILLER & CO., LLP 21 Total revenue (Part VIII, destructions) and the based on all information of which preparer has any knowledge. 29 Proparer's licentifying number case instructions) and complete. Declaration of proparer (pitch than office) is based on all information of which preparer has any knowledge. 20 David Nood David N		4				
Total number of volunteers (estimate if necessary)	တိ					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	iţie	6	Total number of volunteers (estimate if necessary)			
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	çį	72	Total gross unrelated business revenue from Part VIII. column (C) line 12	•••••	7,	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Nata sests or fundralsing expenses (Part IX, column (A), line 25) 21 Total assets (Part X, line 16) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets of Part X, line 26) 25 Total assets of Part X, line 26) 26 Total assets of Part X, line 26) 27 Total assets of Part X, line 26) 28 Total assets of Part X, line 26) 29 Total assets of Part X, line 26) 20 Total assets of Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Nata assets or fund balances. Subtract line 21 from line 20 20 Total assets of Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Nata assets or fund balances. Subtract line 21 from line 20 20 Total assets of Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Part II Signature Block 25 India (Part X, line 26) 26 Total assets of Part X, line 26) 27 Total assets of Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total assets of Part X, line 26) 20 Total assets of Part X, line 26) 20 Total assets of Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Part IX (Part X, line 26) 23 Total assets of Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets of Part X, line 26) 26 Total assets of Part X, line 26) 27 Total 27 Total 27 Total 28 Tota	ď				`	
8 Contributions and grants (Part VIII, line 1h) 503,955. 1,165,063. 9 Program service revenue (Part VIII, line 2g) 20,888,200. 22,276,923. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26,825. 16,922. 11 Symmetric revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 367,312. 281,890. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,786,292. 23,740,798. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 966,493. 663,882. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 966,493. 663,882. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370. 13,539,058. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370. 13,539,058. 16 Porfessional fundraising expenses (Part IX, column (D), line 25) 5 17 Other expenses (Part IX, column (A), line 11e) 5 16 Porfessional fundraising expenses (Part IX, column (B), line 11e) 6 7 7 7 7 7 7 7 7 7			THE GITTOUT OF THE COT		· · · · · · · · · · · · · · · · · · ·	
Program service revenue (Part VIII, line 2g)		B	Contributions and grants (Part VIII, line 1h)	<u> </u>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30 1 / 312 .	venue	Na /	D (D () (III) (D)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30 1 / 312 .		10				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Œ.	13			367 312	281 890
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 966, 493. 663, 882. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370. 13,539,058. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370. 13,539,058. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370. 13,539,058. 16 A Professional fundraising expenses (Part IX, column (D), line 25)	1					
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,001,370 . 13,539,058 . 16a Professional fundraising dees (Part IX, column (A), line 11e	_					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Proparer's ligentity Preparer's signature Preparer's ligentity Preparer's signature Date Preparer's signature Date Preparer's signature Date Preparer's signature Prepare			5 (1) 111 (5) (5) (6) (7) (7)	[200,423	003,002.
16a Professional fundraising fees (Part IX, column (A), line 11e)	' A				13 001 370	13 539 058
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Preparer's signature of officer NILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name or yours if self-employed, address, and 21P+4 Preparer's elf-employed, address, and 21P+4 Phone no. ▶ 713-977-6888	Šě	160			15,001,570	13,333,030.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Preparer's signature of officer NILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature of officer Date MILDRED MCDUFFEY, CFO Type or print name or yours if self-employed, address, and 21P+4 Preparer's elf-employed, address, and 21P+4 Phone no. ▶ 713-977-6888	Sen	loa h				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,986,611. 22,424,549. 19 Revenue less expenses. Subtract line 18 from line 12 -200,319. 1,316,249. 20 Total assets (Part X, line 16) 12,250,447. 12,386,744. 21 Total liabilities (Part X, line 26) 5,113,746. 3,933,794. 22 Net assets or fund balances. Subtract line 21 from line 20 7,136,701. 8,452,950. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Preparer's signature of officer Date Check if self-employed Signature Block Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's self-employed, address, and 2/P+4 PAVID N. MILLER & CO., LLP 7660 WOODWAY, SUITE 320 Phone no. ▶ 713-977-6888 Phone	蓝	47		1000	Ω N1Ω 7/Ω	8 221 600
19 Revenue less expenses. Subtract line 18 from line 12						
Beginning of Current Year 20						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► 713 – 977 – 6888	<u> </u>	119	nevenue less expenses. Subtract line to from line 12			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► 713 – 977 – 6888	335	200	Total acceta (Dart V. line 10)	B		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► 713 – 977 – 6888	Balss	20				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ► 713 – 977 – 6888	팔	21	· · · · · · · · · · · · · · · · · · ·			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Preparer's Signature Preparer's identifying number (see instructions) Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ▶ 713-977-6888				·····	7,130,701	0,432,330.
Sign Here Signature of officer Signature of officer MILDRED MCDUFFEY, CFO Type or print name and title Preparer's signature Preparer's signature Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 HOUSTON, TX 77063 Passed on all information of which preparer has any knowledge. Date Check if self-employed left in the self-	.5	MI WOLLS	V	and statements.	and to the best of my knowle	dge and belief, it is true, correct
Here Signature of officer						-9
Here Signature of officer	e:~				1	
MILDRED MCDUFFEY, CFO Type or print name and title Paid Preparer's signature Preparer's signature Preparer's signature Preparer's sidentifying number (see instructions) Date Check if self-employed ▶ □ Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. ▶ 713-977-6888			Signature of officer		Date	
Type or print name and title Paid Preparer's Signature Preparer's Use Only Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 PORTION TX 77063 Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no. 713-977-6888	Hei	e	I.			
Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's DAVID N. MILLER & CO., LLP Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) EIN ▶ 7660 WOODWAY, SUITE 320 Phone no. ▶ 713-977-6888						
Paid Preparer's Firm's name (or yours if self-employed ZIP + 4 HOUSTON, TX 77063 Self-employed Self-empl	-			l (Ch	eck if Prepa	arer's identifying number
Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 DAVID N. MILLER & CO., LLP 7660 WOODWAY, SUITE 320 HOUSTON, TX 77063 EIN ▶ Phone no. ▶ 713-977-6888	Pai	d	1 Topaler 5	sel	f- (see i	nstructions)
Use only Survey	Pre	parer's		Len		
ZIP+4 HOUSTON, TX 77063 Phone no. ▶ 713-977-6888	Use	Only			CIN	
•			HOUSTON TY 77063		Phono no	713_977_6000
	Mar	v tha IT			rnone no.	X Van Na

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: THE TAXPAYER IS A PUBLIC AGENCY THAT PERFORMS SERVICES FOR THE
	INTELLECTUALLY AND DEVELOPMENTALLY DISABLED IN MONTGOMERY, WALKER AND
	LIBERTY COUNTIES IN TEXAS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10157236 · including grants of \$) (Revenue \$ 10858622 ·) PROVIDED ADULT MENTAL HEALTH SERVICES TO 5,214 INDIVIDUALS
4b	(Code:) (Expenses \$ 6,760,546 • including grants of \$) (Revenue \$ 7,227,380 •)
	PROVIDED SERVICES TO 863 ADULT, CHILD AND ADOLESCENT INTELLECTUALLY AND
	DEVELOPMENTALLY DISABLED INDIVIDUALS
4c	(Code:) (Expenses \$ 1,768,060 • including grants of \$) (Revenue \$ 1,890,150 •)
	PROVIDED CHILD AND ADOLESCENT MENTAL HEALTH SERVICES TO 1,134
	INDIVIDUALS
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,681,562 · including grants of \$) (Revenue \$ 1,726,734 ·) Total program service expenses ▶ \$ 20,367,404 ·
4e	Total program service expenses ► 5 40,30/,404.

Page 3

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Form 990 (2009)

Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X Х as applicable _____ 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No X
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		х	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
040	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	- · · · · · · · · · · · · · · · · · · ·	24c		
~	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.10		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			٠,,
	Schedule L, Part III	27	(Salationistical	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	Λ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Δ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	I

Form 990 (2009)
Part V Sta

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	42			
b		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	;······		1c		250000000000000000000000000000000000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		404			/
	filed for the calendar year ending with or within the year covered by this return		404		15	A.—
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				- CX	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	this return?	3a	B	X
				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		· ·			177
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	<u>4a</u>	96168464C	X
b	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
_	Financial Accounts.				1014000	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	, , , , , , , , , , , , , , , , , , , ,			5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders of the Tax-E	_		_		
6-	Tax Shelter Transaction?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	_		ο-		x
L	any contributions that were not tax deductible?			6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		·	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •		6b	SWEEK	80(903)
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	anada	and continue		30333	(SHARE)
а		_		7a		х
h	provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		$\vdash \!$
Ū	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			OSPANIA CHESTA	8-XX-961	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		nal			
_	benefit contract?			7e	20.000.000	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	•••••	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		,			10 Nove A. 5 (
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Page 6

Form 990 (2009) RETARDATION SERVICES 76-UU32662 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
			ı	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body	1a		_뷔		
b	Enter the number of voting members that are independent			9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			**
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the					7.7
	of officers, directors or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its organizational documents since the prior Fo					X
5	Did the organization become aware during the year of a material diversion of the organization's asse				<u> </u>	X
6	Does the organization have members or stockholders?			6	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me					Х
	governing body?				-	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b	\$2000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	g the year			
_	by the following:				Х	
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			ОВ	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Fi			9		22
000	tion B. Folicies (This Section B requests information about policies not required by the internal A	CVCIIL	ie Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," does the organization have written policies and procedures governing the activities of such			10a		
D		-		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f				Х	
11A		9				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	2550 von 1006
	Are officers, directors or trustees, and key employees required to disclose annually interests that co					
_	to conflicts?	aia gi	3 1,00	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes.'	describe			
_	in Schedule O how this is done			12c	х	
13	Does the organization have a written whistleblower policy?			···	Х	
14	Does the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization				Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (501	(c)(3)s only) availa	able for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	y, and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a SHERYL BALDWIN - 936-756-8331	ind red	cords of the orga	nization:		
	1506 FM 2854, CONROE, TX 77305			· <u> </u>		

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		y current officer, director (C)					(D)	(E)	(F)
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours	(c	heck	call ·	that	app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CECIL MCKNIGHT	1 00									•
CHAIRPERSON	1.00	X				<u> </u>		0.	0.	0.
LEN GEORGE	1 00								_	_
VICE CHAIRMAN	1.00	X	ļ			ļ		0.	0.	0.
JANET QURESHI	1 00								0	
SECRETARY	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
A J HARTEL	1 00	37							_	
MEMBER MORRIS JOHNSON	1.00	Х				┡	<u> </u>	0.	0.	0.
MEMBER	1.00	x						0.	0.	^
BRAD BOWDER	1.00	_	-		_	 		0.	U •	0.
MEMBER	1.00	X						0.	0.	0.
MARK MALTSBERGER	1.00				-	├	 	J .	0.	0.
MEMBER	1.00	Х					l	0.	0.	0.
DAVID WALKER			-			┢				•
MEMBER	1.00	Х						0.	0.	0.
SHARON WALKER							\vdash			
MEMBER	1.00	X						0.	0.	0.
CYNTHIA SILL										
EXECUTIVE DIRECTOR	40.00			Х				134,985.	0.	15,057.
JONATHAN SNEED										
MEDICAL DIRECTOR	40.00				Х			188,488.	0.	22,253.
LAURA CHAMPAGNE										
STAFF PSYCHIATRIST	40.00					X	L	142,570.	0.	13,772.
VACHHANI, ASHOK										
STAFF PSYCHIATRIST	40.00					X		182,252.	0.	20,447.
WINAKER, KENNETH	40.00				İ			100 -00	_	
STAFF PSYCHIATRIST	40.00				ļ	X		183,722.	0.	20,291.
		-	<u> </u>	_	<u> </u>	-				
		\vdash	-		 	-	_			
		<u></u>	<u></u>		ļ	L				

Form 990 (2009)

RETARDATION SERVICES

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average		ı	Pos	itior	1		Reportable	Reportable	Es	timated
	hours	(ch	neck	all 1	that	app	ly)	compensation	compensatio		nount of
	per	ctor						from	from related		other
	week	r dire				paj		the organization	organization: (W-2/1099-MIS		pensation om the
		stee o	rustee			pensa		(W-2/1099-MISC)	(VV 27 1000 IVIIC	, I	anization
		nal fru	onal t		ployer	ee woo:		, , , , , , , , , , , , , , , , , , , ,		"	d related
		Indivídual trustee or directo	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizations
\$100100011073		۳,	ء	0	×	H I	T.				
manada pada and the second of											
								-			
									,		
					<u> </u>	 					
1b Total					<u> </u>	<u> </u>		832,017.		0. 9	1,820.
2 Total number of individuals (including but n					_		no r	· · · · · · · · · · · · · · · · · · ·	,000 in reportabl		•
compensation from the organization			>							0.3.W.0.W.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	5
										New Year	Yes No
3 Did the organization list any former officer,			, key	y em	plo	yee,	or i	nighest compensated er	nployee on	_	w l
line 1a? If "Yes," complete Schedule J for si										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											х
5 Did any person listed on line 1a receive or a											21
the organization? If "Yes," complete Schedu											X
Section B. Independent Contractors	are e rer ederr ;	3070	<u> </u>								
Complete this table for your five highest co.	mpensated inc	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of com	npensation f	rom
the organization.	•								,	•	
(A)								(B)		(C	
Name and business	address							Description of s	ervices	Compe	nsation
EMPOWERMENT OPTIONS INC											
2920 WEST DAVIS #140, CON		ζ 7	773	305	5			MEDICAL SERV	ICES	2,66	1,549.
DIAMOND COMMERCIAL CONSTR								~~\\			F F C O
211 RIGS ST, CONROE, TX	//3UI							CONSTRUCTION		54	<u>5,560.</u>
KINGWOOD PINES HOSPITAL	7 75207							PSYCHIATRIC	رو	21	7 175
PO BOX 974357, DALLAS, TX	10091						\dashv	INPATIENT SV	Co		7,175.
	אבואנב יויז	۲ 7	773	2 2 2	2			PSVCHT ATR TST		20	5 413.

EMPOWERMENT OPTIONS INC		
2920 WEST DAVIS #140, CONROE, TX 77305	MEDICAL SERVICES	2,661,549.
DIAMOND COMMERCIAL CONSTRUCTION		
211 RIGS ST, CONROE, TX 77301	CONSTRUCTION	545,560.
KINGWOOD PINES HOSPITAL	PSYCHIATRIC	
PO BOX 974357, DALLAS, TX 75397	INPATIENT SVCS	217,175.
DR. ROBERT BOGAN		
2450 LIGSTROM FLOWER, SPRING, TX 77388	PSYCHIATRIST	205,413.
7 Total number of independent contractors (including but not limited to these	listed shave) who reasived more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Page 9

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a	a Federated campaigns 1a					
	b Membership dues1b					
	c Fundraising events1c					
	d Related organizations1d	000 000				
	, Land 1	889,079.				
f	f All other contributions, gifts, grants, and					
	.,,	275,984.	1000			
_	g Noncash contributions included in lines 1a-1f: \$		445-656			
<u>h</u>	h Total. Add lines 1a-1f		1165063.			
		Business Code				
	a STATE CONTRACTS	624100	13,237,115.	13,237,115.		
	b MEDICARE & OTHER	624100	7956398.	7956398.		
_	e HOSPITAL DISTRICT FEES	624100	421,512.	421,512.		
d	d PATIENT FEES	624100	374,945.	374,945.		
е	e VOCATIONAL CONTRACT FE	624100	180,462.	180,462.		
	f All other program service revenue	624100	106,491.	106,491.		
	g Total. Add lines 2a-2f		22,276,923.			
3	Investment income (including dividends, interes		45 400	4 11 4 4 4 4		
	other similar amounts)		17,139.	17,139.		a
4	Income from investment of tax-exempt bond pr	· •				
5	Royalties					
	(i) Real	(ii) Personal				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	a Gross Rents 164542.					
	b Less: rental expenses					
	c Rental income or (loss) 164542.					
d	d Net rental income or (loss)	>	164,542.	164,542.		
7 a	a Gross amount from sales of (i) Securities	(ii) Other	La company de la			
	assets other than inventory					
b	b Less: cost or other basis					
	and sales expenses	217.				
С	c Gain or (loss)	-217.				
	d Net gain or (loss)	▶	-217.	-217.		
8 a	a Gross income from fundraising events (not					
	including \$ of					
	contributions reported on line 1c). See					
	Part IV, line 18a	18,500.				
	b Less: direct expensesb					
С	c Net income or (loss) from fundraising events		18,500.			18,500.
9 a	a Gross income from gaming activities. See					
	Part IV, line 19a					
b	b Less: direct expensesb					
	c Net income or (loss) from gaming activities	>				
10 a	a Gross sales of inventory, less returns					
	and allowancesa					
b	b Less: cost of goods soldb					40.00
	c Net income or (loss) from sales of inventory					em el lucino, mayeras parente de 11 mas 11 m
	Miscellaneous Revenue	Business Code				
11 a	a MISCELLANEOUS	624100	98,848.	98,848.	A STATE OF THE STA	a company and a company and a Mayle h
b						
c						
d	d All other revenue					
о С	e Total. Add lines 11a-11d	b	98,848.			
12	Total revenue. See instructions.		23,740,798.	22,557,235.	0.	18,500.

Form 990 (2009) RETARDATION S Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				ıd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			and the second s	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	560.000	562 000		
	the U.S. See Part IV, line 22	663,882.	663,882.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16	*****			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	navagna danavihad in anation 4000/a\/0\/D\				
7	Other salaries and wages	11,236,292.	9,829,516.	1,406,776.	
8	Pension plan contributions (include section 401(k)	,,	- , , ,	,,	
•	and section 403(b) employer contributions)	960,118.	839,912.	120,206.	
9	Other employee benefits	1,124,693.	983,882.	140,811.	
10	Payroll taxes	217,955.	190,667.	27,288.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	21,649.	18,939.	2,710.	-1
С	Accounting	29,962.		29,962.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	817,151.	817,151.		
12	Advertising and promotion	67,827.	59,335.	8,492.	
13	Office expenses	007 150	007 467	20 602	
14	Information technology	237,159.	207,467.	29,692.	
15	Royalties	474,544.	415,131.	59,413.	
16	Occupancy	367,521.	321,508.	46,013.	
17	Travel	307,321.	321,300.	40,013.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20		66,361.	66,361.		
21	Interest Payments to affiliates		00,0020		
22	Depreciation, depletion, and amortization	544,696.	476,500.	68,196.	
23	Insurance	103,355.	90,415.	12,940.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	2 000 000	2 020 777		
а	SERVICE CONTRACTORS	3,822,777.	3,822,777.		
b	CLIENT COSTS	668,901.	668,901.	60 470	
c	REPAIRS AND MAINTENANCE VEHICLE EXPENSE	483,007. 172,250.	422,535. 150,684.	60,472. 21,566.	
d	CONSUMABLE SUPPLIES	163,875.	163,875.	21,300.	
e f	All other expenses	180,574.		22,608.	
25	Total functional expenses. Add lines 1 through 24f	22,424,549.	20,367,404.	2,057,145.	0.
26	Joint costs. Check here Jif following	,,			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X | Balance Sheet (A) Beginning of year (B) End of year 729,209. 154,820. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 4,755,672. 2 4,735,687. 3 Pledges and grants receivable, net 3 1,487,045. 1,619,407. Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 189,723. Notes and loans receivable, net 84,481. 32,515. 29,865. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 25,130. 36,819. 9 10a Land, buildings, and equipment: cost or other 11,870,913. basis. Complete Part VI of Schedule D _____ 10a 6,819,945. 4,557,052. 5,050,968. b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 573,993. 558,805. Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 Intangible assets 14 14 8,000. 8,000. Other assets. See Part IV, line 11 15 15 12,250,447. Total assets. Add lines 1 through 15 (must equal line 34) 12,386,744. 16 16 1,166,402. 1,350,862. Accounts payable and accrued expenses 17 Grants payable _____ 18 18 762,128. 173,155. Deferred revenue 19 19 2,310,000. Tax-exempt bond liabilities 1,635,000. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 224,022. 82,567. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 651,194, 692,210. 25 Other liabilities. Complete Part X of Schedule D 3,933,794. 5,113,746. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28

Permanently restricted net assets

Organizations that do not follow SFAS 117, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund _____

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances Total liabilities and net assets/fund balances

complete lines 30 through 34.

12,386,744. Form 990 (2009)

8,452,950.

8,452,950.

0.

29

30

32

0.

0. 31

7,136,701.

7,136,701.

12,250,447.

30

31

32

33

34

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Form 990 (2009)
Part XI Financial State

76-0032662 Page **12**

Га	Thiancial Statements and neporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			000	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047
2009

Open to Public Inspection

Name of the organization TRI-COUNTY MENTAL HEALTH MENTAL **Employer identification number** RETARDATION SERVICES 76-0032662 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated d ____ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (i) organized in the (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes No

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

Schedule A	(Form	990 or	990-EZ1	2009

Schedule A (Form 990 or 990-EZ) 2009
Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009

Carolidai your (or noom your boginning in)	(u) 2000	(6) 2000	(0) 2001	(4) 2000	(6) 2000	(i) rotai
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties						

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	-
	check this box and stop here	
~		_

in this live years. If the form 300 is for the organization similar, 500 intri, or intri tax year as a section 50 https://doi.organization.com/second/				
	check this box and stop here			
ie (ction C. Computation of Public Support Percentage			
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	9/	
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	9/	
e e	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	17	9	
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	9	
l9a	33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 3	33 1/3%, and line 17 is not		

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	

-	and the control of th
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
١.	Private foundation of the organization did not shock a box on line 14, 10s, or 10b, shock this box and see instructions

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

TRI-COUNTY MENTAL HEALTH MENTAL

OMB No. 1545-0047

Employer identification number

2009

76-0032662 RETARDATION SERVICES Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

76-0032662

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LIBERTY COUNTY 588 CR 2010 HARDIN, TX 77561	\$63,634. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MONTGOMERY COUNTY 301 N THOMPSON, SUITE 210 CONROE, TX 77301	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MONTGOMERY COUNTY- CDBG 301 N THOMPSON, SUITE 210 CONROE, TX 77301	\$574,959.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	WALKER COUNTY 1100 UNIVERSITY HUNTSVILLE, TX 77342	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	WALKER COUNTY HOSPITAL DISTRICT 1217 AVE M HUNTSVILLE, TX 77340	\$24,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-0	UNITED WAY - MONTGOMERY COUNTY 1600 LAKE FRONT CIRCLE SUITE 248 THE WOODLANDS, TX 77380	\$\$ \$ 249,214.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

76-0032662

Employer identification number

art II	Noncash Property (see instructions)		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ .		 \$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
•		\$	
o. om rt l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
o. m	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
o. m rt l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ ·		 \$	

Name of organization

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Part III Exclusively religious, charitable, etc., individue

76-0032662

Employer identification number

ATION SERVICES		76-0032662
more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion	e columns (a) through (e) and the fo ous, charitable, etc., contributions o	ollowing line entry. For organizations completing
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferae's name address a	(e) Transfer of gift	Relationship of transferor to transferee
Transieree s Haine, auuress, al	IM CII TT	nelauonamp oi transieror to transieree
	Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the fe Part III, enter the total of exclusively religious, charitable, etc., contributions c \$1,000 or less for the year. (Enter this information once. See instructions.) (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Use of gift (g) Use of gift

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009
Open to Public Inspection

Name of the organization

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Employer identification number 76-0032662

Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	66. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bellet davies a lance	(2) Farias and other descarts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ead funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor as		
Ū	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the organization's accounting for
-	conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	William Control of the Control of th
1a	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, ec		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1:		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	llections of A	rt, Histo	rical Tr	easures, or	Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	is, check	any of the	following that a	are a sig	nificant ı	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	<u> </u>	oan or exc	hange program	ıs				
b	Scholarly research	е	□ o	ther						
С	Preservation for future generations			-						
4	Provide a description of the organization's col	lections and explai	n how the	y further t	he organization	's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, hist	torical trea	sures, or other	similar a	ssets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he organi	zation's c	ollection?			🗀	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if orga	nization a	nswered "Yes"	to Form	990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for c	ontribution	ns or other asse	ts not ir	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV a									
		·							Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIV.	,,,								
Pai	t V Endowment Funds. Complete if	the organization an	swered "	Yes" to Fo	orm 990, Part IV	, line 10.		<u> </u>		e e e e e e e e e e e e e e e e e e e
		(a) Current year		or year	(c) Two years I			ears back	(e) Four	ears back
1a	Beginning of year balance	(=, ===================================	(-)	,	1					14
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
Ŭ	and programs				100					
f	Administrative expenses									
	End of year balance									
g	Provide the estimated percentage of the year	and balance hold s	no:		The state of the s	enterior de la constitución		410200000000000000000000000000000000000	1,1,414,040,021,040,030	
2	Board designated or quasi-endowment		%							
a	Permanent endowment	%								
b	Term endowment									
20	Are there endowment funds not in the posses		ation that	ara bald a	and administers	d for the	organia	ration		
Sa	·	Sion of the organiza	alion mai	ale Helu a	and administere	u ioi uie	organiz	auon	Г	res No
	by:									les No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
	If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the						••••••		3b	
Par	t VI Investments - Land, Buildings) Dart V line 10					
i ai					·			-	(d) Deels	
	Description of investment	(a) Cost or o basis (investr	B		t or other (other)		umulate eciation	;u	(d) Book	value
	Land	1 (7)		Dasis	(Carer)	aehi	JOIGHON		1 670	,922.
	Land					4 5	81,2			$\frac{,922.}{,278.}$
b	Buildings	· 	240.			±, 5	υ Τ , Δ,	±0 •	1, JIJ	,410.
C	Leasehold improvements	4 0 6 5	267			1 =	60 0	- -	205	,307.
d	Equipment	1 721		****			69,90			
	Other	<u> </u>		(0) "	10(1)	0	58,7		1,065	<u>,461.</u>
Гota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part	x, columi	າ (<i>B), line</i> ີ	ιυ(c).)				5,050	, , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2009

RETARDATION SERVICES

76-0032662 Page 3

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) f	Method of valuation: end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
1000m/00000-1-1-1-1-1			
WWW	- ***		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. S	See Form 990 Part X line	13	
			Method of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
			-
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(4)	Doddingson		(D) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	0 1E \		
Part X Other Liabilities. See Form 990, Part X,	line 05	***************************************	
	iirie 25.	(b) Amount	
		(b) Amount	
Federal income taxes MEDICAID CONTINGENCY		284,520.	
ACCRUED VACATION		407,690.	
ACCROED VACATION		407,030•	
The state of the s			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.) ▶	692,210.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

TRI-COUNTY MENTAL HEALTH MENTAL

Sche	edule D (Form 990) 2009 RETARDATION SERVICES				0032662 Pa	age 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	temen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		23,740,7	98.
2	Total expenses (Form 990, Part IX, column (A), line 25)				22,424,5	49.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,316,2	
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities		5			
6	Investment expenses			***		
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)	***************************************	8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an				1,316,2	49.
	t XII Reconciliation of Revenue per Audited Financial Stateme			Returr		
1	Total revenue, gains, and other support per audited financial statements				23,740,7	98.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************		-		
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities			\dashv		
c	Recoveries of prior year grants			-		
d	Other (Describe in Part XIV.)			\exists		
e	Add lines 2a through 2d					0.
3				· -	23,740,7	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			. 3	23,710,7	<i></i>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)			\dashv		
C				ا ۵۰ ا		0.
5					23,740,7	
	rt XIII Reconciliation of Expenses per Audited Financial Statement		Expenses pe			<i></i>
1	Total expenses and losses per audited financial statements				22,424,5	49.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		••••••	100000000000000000000000000000000000000	22,121,5	4 J &
a	Donated services and use of facilities	2a				
	Prior year adjustments			\dashv		
b				-		
c C	Other losses			-		
d	Other (Describe in Part XIV.)	-				Λ
_	Add lines 2a through 2d				22,424,5	/ 0 ·
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			. 3	44,444,3	49.
4	· · · · · ·	أاسا				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIV.)	4b				0.
	Add lines 4a and 4b			. 4c	22,424,5	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIV Supplemental Information	*****		. 5	22,424,3	47.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					⊃art
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this par	t to provide any a	additional	l information.	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

TRI-COUNTY MENTAL HEALTH MENTAL

Employer identification number

RETARDATION SERVICES 76-0032662

Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17. Form 990-EZ filers are not

required to complete this part	t.	cica i	03 10	71 01111 000,1 411 14,1	IIIC 17.1 OIII 000 LZ	more are not
1 Indicate whether the organization rais	ed funds through any of the followi	ng acti	vities.	Check all that apply.		
a Mail solicitations	e 🔙 Solicita	tion of	non-g	overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g L Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	r oral agreement with any individual	l (inclu	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, Pa	art VII) or entity in connection with p	orofess	ional f	undraising services?	Yes Yes	∟∟ No
b If "Yes," list the ten highest paid indi		uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	(-t) A
(i) Name of individual	(ii) Activity	fundr have c or con	aiser ustody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(,	or con	trol of utions?	from activity	`fundraiser listed in col. (i)	organization '
		Yes	No			
		100	110			
	11. 4444.14.14.14.14.14.14.14.14.14.14.14.14	ļ				
		ļ				
Total						
3 List all states in which the organization		funds	or has	been notified it is ex	empt from registrati	on or licensing.

TRI-COUNTY MENTAL HEALTH MENTAL

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2009 RETARDATION SERVICES

76-0032662 Page 2

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ${ t GOLF}$ NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (event type) (total number) Revenue 18,500. 18,500. 1 Gross receipts 2 Less: Charitable contributions 18,500. 3 Gross income (line 1 minus line 2) 18,500. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,500. 11 Net income summary. Combine line 3, column (d), and line 10... Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

TRI-COUNTY MENTAL HEALTH MENTAL

76-0032662 Page 3 RETARDATION SERVICES Schedule G (Form 990 or 990-EZ) 2009 Yes No 13 Indicate the percentage of gaming activity operated in: a The organization's facility % b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Address > **16** Gaming manager information: Gaming manager compensation > \$ Description of services provided ▶ _____ Independent contractor Director/officer Employee 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year > \$

%⊠ Employer identification number 76-0032662 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of organization (b) EIN (c) IRC section or government if applicable cash grant assistance or government assistance or government or government assistance assistance or government or government or government assistance or government Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part II

Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

TRI-COUNTY MENTAL HEALTH MENTAL

RETARDATION SERVICES

PartIII

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Page 2

76-0032662

(f) Description of non-cash assistance PRESCRIPTIONS (e) Method of valuation (book, FMV, appraisal, other) 663,882, PRESCRIPTIONS GIVEN Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. BOOK VALUE OF (d) Amount of non-cash assistance 0 (c) Amount of cash grant 1850 (b) Number of recipients PRESCRIPTION DRUGS AND OTHER CONSUMABLE ITEMS (a) Type of grant or assistance PROVIDED TO ELIGIBLE INDIVIDUALS

Schedule I (Form 990) 2009

932102 02-02-10

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I | Questions Regarding Compensation

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Employer identification number 76-0032662

		١,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain1	ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
		2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		а	-carajopus	Х
b		b		X
		c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	ia		Х
b		b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	a		Х
		b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
		7	Ì	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	Lance to the second of the sec	в	- 1	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
		ام		

TRI-COUNTY MENTAL HEALTH MENTAL

RETARDATION SERVICES

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

76-0032662

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
- 1	(i)	134,985.	• 0	0	15,057.	0.	150,042.	0.
CYNTHIA SILL	(ii)		0.	0.	li	• 0		0.
	(1)	188,488.	0.	0.	22,253.	0	210,741.	0
JONATHAN SNEED	Ξ	• 0	0	0 •		0.		0.
	(i)	142,570.	0	0.	13,772.	• 0	156,342.	0.
LAURA CHAMPAGNE	(ii)	0.	0.	0.		0		0.
	Θ	182,25	0.	0	20,447.	0.	202,699.	0.
VACHHANI, ASHOK	Ξ		0	0		0	• 0	0.
	Ξ	183,722.	0	0	20,291.	0.	204,013.	• 0
WINAKER, KENNETH	Ξ	0	0	0	0	0	0.0	0.
	Ξ							
	€							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)					The state of the s		
	(i)							
	(E)							
	Ξ							The second secon
	Ξ							
	Ξ							
	Ξ							
	Θ							
	(ii)							
	(i)							
And the second s	Ξ							
	Ξ							
	Ξ							
	Ξ							
	▣							

Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES

Employer identification number 76-0032662

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: STATE AUTHORITY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS-VARIOUS EXPENSES \$ 1681562. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1726734. FORM 990, PART VI, SECTION B, LINE 11: A PDF WITH THE FORM 990 IS GIVEN TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW BEFORE THE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS ALL MAJOR CONTRACTS AND TRANSACTIONS. THE CFO WOULD ADVICE THE BOARD ABOUT ANY CONTRACT OR TRANSACTION WITH A RELATED PARTY AT THE BOARD MEETING. NO SUCH TRANSACTION OCCURRED IN THIS FISCAL YEAR. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS SURVEYS AND CONSIDERS COMPENSATION PAID BY OTHER LOCAL AUTHORITIES FOR SIMILAR POSITIONS IN TEXAS. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

▶ Attach to Form 990.

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 76-0032662

TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES Name of the organization

Direct controlling entity End-of-year assets <u>e</u> Total income 9 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) £ <u>@</u> ਭ <u>છ</u> 9 <u>a</u> Part II

Schedule R (Form 990) 2009				e, see the Instructions for Form 990	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
distribution of the state of th					
			1111		
enuty	501(c)(3))	JOHO SECTION	toreign country)		oi relateu oigalization
Direct controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
Ξ	<u> </u>	3	2)	Ē,	(a)

TRI-COUNTY MENTAL HEALTH MENTAL

RETARDATION SERVICES

Schedule R (Form 990) 2009

Part III) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

76-0032662

(1)	General or managing partner?	Yes									elated	(F)	Percentage ownership					
(i)	Code V-UBI amount in box	K-1 (Form 1065)	•								had one or more	(6)	Share of Pe end-of-year ov assets					**********
(F)	Disproportion- ate allocations?	Yes No				<u>.</u>				 	oecause it l						 	
(6)	ar ar	doodlo		-							art IV, line 34 b	(£)	Share of total income					
_							-				Form 990, Pa	(e)	Type of entity (C corp, S corp, or trust)					
(£)	Share of total income				 						ed "Yes" to							
•	nt income nrelated, m tax under	12-514)									on answere	(d)	Direct controlling entity					
(e)	Predominant income (related, unrelated, excluded from fax under	sections 5									ne organizati	(0)	Legal domicile (state or foreign country)					
(q)	Direct controlling entity										Trust (Complete if the	(q)	Primary activity					
<u>(</u>)	Legal domicile (state or foreign	country)									poration or x		.E.			1 1		- 1-
(q)	Primary activity										anizations Taxable as a Corporation or trust during the ta		Z -					
(a)	Name, address, and EIN of related organization										Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a)	Name, address, and EIN of related organization					

Schedule R (Form 990) 2009

032662 Page 3

Schedule R (Form 990) 2009 RETARDATION SERVICES

or 36.)	
35, 0	
le 34,	
IV, line	
art	
990, P	
E E	
to Fo	
es. 1	
ered "Y	
swere	
ก ลกเ	
zatio	
rgani	
the o	
ete if	
omple	
S (C	
atior	
Janiz	
d Ore	
latec	
th Re	
s Wit	
tion	
nsac	
Tran	
2	
Part	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		4		×
b Gift, grant, or capital contribution to other organization(s)		9		×
c Gift, grant, or capital contribution from other organization(s)		မ		×
		7	×	
		9		M
	· · · · · · · · · · · · · · · · · · ·			
f Sale of assets to other organization(s)		* =		M
g Purchase of assets from other organization(s)		1g		×
		1h		M
i Lease of facilities, equipment, or other assets to other organization(s)		÷		×
j Lease of facilities, equipment, or other assets from other organization(s)		÷		×
k Performance of services or membership or fundraising solicitations for other organization(s)		#		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		æ		X
n Sharing of paid employees		-th		×
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1p		×
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		1t		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	ivolved	
(1) INDEPENDENCE COMMUNITIES, INC.	D	52	2,366	9
(2) MONTGOMERY SUPPORTIVE HOUSING CORP	Д	126	6,856	9
(3) LIBERT PROJECT	D	10	0,500	0
(4)				
(5)				
9				
932163 02-04-10	Scher	Schedule R (Form 990) 2009	990) 20	8

76-0032662

TRI-COUNTY MENTAL HEALTH MENTAL

RETARDATION SERVICES Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Yes				
(g) Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)				
) opor- ate ions?	Ves No				
(e) Share of end-of- year assets					
(d) Are all partners section 501(c)(3) organizations?	Ves No	-		1,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,	
ile sign	country)	:			
(b) Primary activity					
(a) Name, address, and EIN of entity					

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			X		
If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation								
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain								
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,								
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.								
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
	oration required to file Form 990-T and requesting an autor			plete				
Part I c				•				
	er corporations (including 1120-C filers), partnerships, REM							
	ncome tax returns.	,	•					
Туре о	r Name of exempt organization			Emp	oyer identification	number		
print								
	RETARDATION SERVICES 76-0032662							
File by th	•	ee instruc	tions	L				
filing your return. Se	1506 FM 2854	oo mondo						
instructio	or City, town or post office, state, and ZIP code. For a for CONROE, TX 77305	oreign add	ress, see instructions.					
Enter the Return code for the return that this application is for (file a separate application for each return)								
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			08		
Form 9		03	Form 4720			09		
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
1 01111 0	SHERYL BALDWIN		T GIIII COTO					
• The	books are in the care of > 1506 FM 2854 -	CONRO	DE. TX 77305					
	phone No. ▶ 936-756-8331		FAX No. ▶					
	e organization does not have an office or place of business	in the Hr						
	is is for a Group Return, enter the organization's four digit					hack this		
box >								
	request an automatic 3-month (6 months for a corporation				CIS THE EXTENSION IS	101.		
	APRIL 15, 2011 , to file the exemp				The extension			
-	s for the organization's return for:	t organiza	tion rotal morting organization named t	bovo.	THE EXTENSION			
1	calendar year or							
P	X tax year beginning SEP 1, 2009	an	d ending AUG 31, 2010					
P	Last tax year beginning	, an	defiding 1100 017 1010		•			
2 i	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Eina	ıl retur	n			
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
_	onrefundable credits. See instructions.			3a	\$	0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-		3b	œ	0.		
_	estimated tax payments made. Include any prior year overp			30	\$			
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.							

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2009, or fiscal year beginning $SEP\ 1$, 2009, and ending $AUG\ 31$ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service See instructions. Name of exempt organization Employer identification number TRI-COUNTY MENTAL HEALTH MENTAL RETARDATION SERVICES 76-0032662 Name and title of officer MILDRED MCDUFFEY Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0.). But, if you entered 0. on the return, then enter 0. on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______ 1b ______ 23740798 b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) _____ 5b ___ 5a Form 8868 check here Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize DAVID N. MILLER & CO., LLP ERO firm name Enter five numbers, but as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication** Part III 76892377063 **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Date 📂

ERO's signature

Agenda Item: Approve FY 2011 Budget Revision as of

January 31, 2011

Board Meeting Date

March 24, 2011

Committee: Business

Background Information:

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

This budget revision reflects rate reductions in Medicaid programs and adjusts expenses in relation to these cuts in revenue. This revision also shows changes in expense lines based on year to date spending trends.

Supporting Documentation:

Summary

FY 2011 Budget Revision

Recommended Action:

Approve FY 2011 Budget Revision as of January 31, 2011

TRI-COUNTY SERVICES PROPOSED REVISED FY 2011 BUDGET COMPARED TO CURRENT FY 2011 BUDGET

2,960,856 10,197,966 12,114,524 25,273,346 11,831,799 2,661,317	2,958,703 10,210,089 12,195,855 25,364,649	2,153 (12,123) (81,331) (91,301)
10,197,966 12,114,524 25,273,346 11,831,799	10,210,089 12,195,855	(12,123) (81,331)
12,114,524 25,273,346 11,831,799		(81,331)
25,273,346 11,831,799	25,364,649	
	11,902,275	(70,476)
-,001,017	2,586,449	74,868
436,823	419,495	17,328
564,471	835,570	(271,099)
222,249	219,900	2,349
4,748,589	4,737,122	11,467
2,390,967	2,334,586	56,381
22,856,215	23,035,397	(179,182)
2,417,131	2,329,252	87,879
, ,	, ,	2,881
		- 0.004
2,332,131	2,329,250	2,881
25,188,346	25,364,649	(176,301)
05.000	(0)	85,000
	1,874,131 458,000 2,332,131 25,188,346	1,874,131 1,871,250 458,000 458,000 2,332,131 2,329,250

Tri-County Services Proposed Revised FY 2011 Budget Compared to Current FY 2011 Approved Budget

Explanation of line items that have material changes from Proposed Revised FY 2011 Budget compared to the Current FY 2011 Approved Budget.

REVENUES:

Local Revenue -. This line item is less than \$10,000 change.

Earned Income – This line item has a net decrease. The items that changed are Medicaid programs due to a decrease in the reimbursement rate effective February 1, 2011 and ICF/MR due to vacancies for the first six months of the fiscal year. TCOOMMI changed due to an increase in the Medicaid services for that program. Revenue lines that had an increase were the Ticket to Work and Medicare line items.

<u>General Revenue</u> – This line item has a net decrease with the majority coming from the new Substance Abuse Treatment programs including the Co-Occurring Psychiatric and Substance use Disorder (COPSD) program. Also in this line is the last remaining amount that was not spent of the Social Services Block Grant (SSBG) contract inpatient funding.

EXPENSES:

<u>Salaries</u> – This line item has a net decrease based on positions being frozen for the remainder of the fiscal year.

<u>Employee Benefits</u> – This line item has a net increase based on higher employee participation in the retirement match program since Tri-County switched investment options with ISC Group.

<u>Travel – Board/Staff</u> – This line item has a net increase based on year to date mileage reimbursements for employees using their personal vehicles.

<u>Medication Expense</u> – This line item has a decrease based on the year to date medication expense line.

Building Rent/Maintenance – This line item is less than \$10,000 change.

<u>Consultants/Contracts</u> – This line item shows an increase mainly due to an increase in the Children's Inpatient Hospital contract and also an increase in the HCS Foster Care contracts.

<u>Other Operating Expenses</u> – This line item shows a net increase due to the increase in fuel costs to operate facility owned vehicles as well as the purchase of the new wheelchair lift van for the Life Skills program and also the interest paid on the Tradition Bank line of credit. There were decreases in other operating categories such as some utility items trending lower.

Capital Outlay-FF&E, Automobiles – This line item is less than \$10,000 change.

Capital Outlay - Debt Service Bonds – This line item is less than \$10,000 change.

Agenda Item: February 2011 Board of Trustees' Unit Financial Statements	Board Meeting Date						
Committee: Business	March 24, 2011						
Background Information:							
None							
Supporting Documentation:							
February 2011 Board of Trustees' Unit Financial Statements							
Recommended Action:							
For Information Only							

FY 2011 February 11 YTD YTD February 11 Actuals Budgeted Actual **Budget** Variance Percent Variance Budget Revenues 80103998 Allocated Revenue 3,108.00 \$ 3,108.00 \$ 18,652.00 \$ 18,652.00 0.00% 37,300.00 **Total Revenue** \$ 3,108.00 \$ 3,108.00 \$ \$ 18,652.00 \$ 18,652.00 \$ 0.00% \$ 37,300.00 Expenses \$ 80105275 Food Items 176.22 \$ 208.00 \$ 769.35 \$ 1,252.00 \$ (482.65)\$ 2,500.00 (31.78)61.45% 80105320 Insurance-Worker Compensation 14.83 \$ 33.00 (18.17)\$ 87.80 \$ 202.00 \$ 43.47% \$ 400.00 (114.20)\$ 80105388 Legal Fees 1,500.00 1,500.00 \$ 9,000.00 9,000.00 \$ 100.00% 18,000.00 \$ 80105415 Miscellaneous Expense \$ \$ \$ \$ 0.00%

(25.00)

3,519.00

(100.00)

(333.00)

(458.00)

2,478.05

\$ (2,478.05)

(75.00)

\$

\$

\$

\$

\$

\$

\$

70.16

502.32

282.44

522.82

\$ 15,218.75

3,433.25

89.86

3,894.00

\$

\$

\$

\$

\$

\$

150.00

600.00

2,250.00

2,002.00

2,752.00

\$ 18,658.00

450.00

(6.00)

\$

(79.84)

(97.68)

1,644.00

(1,719.56)

(2,229.18)

3,439.25

\$ (3,439.25)

(360.14)

\$

\$

\$

\$

300.00

4,500.00

1,200.00

4,000.00

5,500.00

\$ 37,300.00

900.00

0.00%

0.00%

14.11%

19.00%

19.97%

81.57%

-81.57%

46.77%

173.07%

\$

\$

\$

\$

\$

\$

\$

\$

3,894.00

5,585.05

\$ (2,477.05)

25.00

375.00

100.00

333.00

458.00

75.00

1.00

\$ 3,107.00

80105605 Postage-Express Mail

80105757 Travel - Non-local Mileage/Air

80105758 Travel - Non-local Hotel

Total Expenses

Total Revenue minus Expenses

80105715 Supplies - Office

80105755 Travel - Local

80105759 Travel - Meals

80105750 Training

Unit Financial Statement

Agenda Item: Montgomery Supported Housing, Inc. Update

Board Meeting Date

March 24, 2011

Committee: Business

Background Information:

Thanks to assistance from Congressman Kevin Brady's office, we were able to get the electrical service provider for the project to begin discussions with us regarding electrical service in Montgomery. Unfortunately, the cost to install the lines came back at \$28,932 more than was expected (cost of 'premium' underground service) and we have had to contact HUD to approve the use of contingency funds to install the service. The project has contingency funds which will cover this expense if HUD approves the change order.

After we provide Entergy with the approval for the additional cost, it is estimated that it will take a month to get the lines installed. After the lines are installed, it will take a month to finish the site and get final inspections. The delay in getting the service installed means that we will likely not open the units until May. After the electrical service is installed, the road that leads into the project and activating the lift station need to be done, but we expect that both of these can happen quickly.

The project remains at 95% complete.

Paperwork from McDougal Property Management, including a signed contract for one year, has been submitted to HUD for final approval. We do not anticipate any problems with this approval based on previous conversations with HUD.

McDougal has been interviewing candidates for the apartment manager position and are receiving many applications for residency from consumers and other interested persons. Staff will begin purchasing furniture and other items for the office and community room in the near future.

Pictures of the Site

Recommended Action:

For Information Only



Buildings 3 and 4



Porch of Building 3



Living Room of an Apartment



Community Room and Manager's Unit



Laundry Room



Water Fountains in the Community Room



Sign Outside the Community Room Door



Building 6

UPCOMING MEETINGS

APRIL 28, 2011 - Board Meeting

- Approve Minutes from March 24th, 2011 Board Meeting
- Community Resources Report for March 2011
- Consumer Services Report for March 2011
- Program Updates for March 2011
- Annual Board & Leadership Team Training
- Personnel Report for March 2011
- Texas Council Quarterly Board Meeting Update
- ➤ Approve March 2011 Financials
- ➤ Approve Lease Renewal Amendment for 300/302 Campbell Street, Cleveland, Texas
- ➤ 2nd Quarter Investment Report
- ➤ 1st Quarter FY 2011 Medicaid Rehab Settle-up Report
- March 2011 Board of Trustees' Unit Financials
- Montgomery Supported Housing, Inc. Update
- Other Business Committee Issues

MAY 26, 2011 - Board Meeting

- > Approve Minutes from April 28th, 2011 Board Meeting
- Community Resources Report for April 2011
- Consumer Services Report for April 2011
- Program Updates for April 2011
- Program Presentation Youth Outpatient Substance Abuse Treatment Services
- Personnel Report for April 2011
- ➤ Approve April 2011 Financials
- > Approve FY 2011 Budget Revision as of March 31, 2011
- ➤ March 2011 Board of Trustees' Unit Financials
- Montgomery Supported Housing, Inc. Update
- Other Business Committee Issues

EXECUTIVE DIRECTOR'S REPORT MARCH 24, 2011

INFORMATION

- The next regularly scheduled Board meeting is April 28th. We will only have a few action items on the agenda, your annual training and we will spend the balance of our time discussing possible scenarios for FY 2012-13 based upon varying levels of funding reduction.
- The next quarterly Texas Council meeting is April 15-16th; much of the meeting will focus on the legislative session and there is consideration of legislative visits Friday morning.
- Mark your calendars the annual Trustee and Staff conference is June 15-17th, at the Galleria in Houston. There will certainly be many sessions related to the 82nd Legislative Session.

OPERATIONS

Department of State Health Services (DSHS) – Community centers and DSHS staff continue to analyze changes to the mental health treatment protocols known as Resiliency and Disease Management. The Performance Contract Committee is meeting on March 30th to review several recommendations and make a formal proposal to DSHS regarding RDM changes and contract relief. Additionally, DSHS has decided to eventually abandon the Texas Implementation Medication Algorithms (TIMA) and develop new criteria for medication prescribing. The TIMA guidelines have not been thoroughly reviewed since their development.

The architect has submitted the 100% inspection application to DSHS and we expect that inspection to occur the week of April 11th. In a conference call yesterday, Diamond Commercial Construction assured us that they would be ready for the inspection and barring any significant findings from DSHS that they would expect to hand the building to us approximately two (2) weeks after the inspection. The architect will be here to do a pre-inspection walk-through either April 5th or 7th and provide additional guidance to Diamond about inspection preparation.

A DSHS substance abuse surveyor arrived unannounced at our RiverPointe complex on March 22nd to review our adult and youth treatment services. One of the main findings thus far is lack of documentation that clients were given the substance abuse specific rights and laws and that some of our Center materials

also do not have specific reference to these issues. We expect the surveyor to depart today.

Department of Aging and Disability Services (DADS) – Staff continue to enroll those individuals who received slots into the Texas Home Living waiver (TxHmL). This Medicaid program is similar to the HCS program except it does not include residential or foster care services and the maximum amount of services is about \$18,000. If the individual does not accept the TxHmL services, they are no longer eligible for DADS general revenue funded services. DADS is also analyzing the budget impact of "refinancing" individuals who are receiving general revenue funded services into TxHmL services for 2012-13.

The remodeling of the facility on Truman Street, Cleveland is behind schedule and we do not expect to be able to occupy the building until later in April. The City of Cleveland recently advised the contractor that the entrance drives do not meet their current requirements so the contractor had to have an engineer redesign the drives.

 <u>East Texas Behavioral Healthcare Network (ETBHN)</u> – The next ETBHN retreat is being planned for September 8-9th in Galveston; although several months away, we hope you will mark your calendars and plan to attend.

Two more centers have asked for proposals from ETBHN to provide mental health authorization services, including Austin Travis Integral Care. Additionally, the Orange County jail and a federally qualified health clinic in the Round Rock area have requested proposals from the pharmacy. We expect there will be additional requests for proposals as centers and other agencies attempt to reduce expenses in anticipation of the budget reductions for FY 2012.

82nd Legislative Session – Not that anyone is counting, but the session is slightly more than halfway complete and there is still significant work to be done, including passage of the appropriations bill for FY 2012-13. The House will begin hearing testimony on re-districting on Friday, March 25th and this process will likely be very time consuming.

The House Appropriations Committee (HAC) has voted out their version of HB1 and it will be scheduled for full floor debate soon. The bill included a rider to restore \$112 million DADS safety net funding for IDD services contingent upon HB 275 passing. HB 275 authorizes the expenditure of \$3.2 billion from the "rainy day" fund for the FY 2011 budget shortfall. Restoration of crisis mental health funding was included in another bill that has not passed at this time. Members said that restoration of adult and children's MH funding was a priority; however, none of the adult or children's mental health funding was recommended for restoration by the HAC.

There has been a strong effort by private sector interests attempting to expand the NorthSTAR model through a rider entitled "Competition and Choice"; this rider has not been passed as yet. There have also been a variety of managed Medicaid riders that also have not passed. The Texas Council is supporting the recommendation of the Legislative Budget Board (LBB) and a rider that directs the State to conduct a comparative analysis of the Community MH Center and the NorthSTAR systems and report back to the Legislature.

Senate Finance is expected to vote their bill out soon; after both HB1 and SB1 are adopted a conference committee will be appointed to develop a compromise bill for consideration by both houses.

SB 931, Senator Williams, related to competency restoration was referred to the Criminal Justice Committee on March 8th and has not been voted out as yet. This bill reduces the criminal commitment term from 120 to 60 days, with two, 30 day extensions allowed. More than 6,600 bills have been introduced and the Texas Council is tracking 212 bills that relate to mental health, substance abuse and intellectual/developmental disabilities.

On March 23rd, the Texas Council sent a communication asking that all centers speak with a common voice. It is always a challenge to keep centers all pursuing the best interests of the system. There have been several center specific bills and riders proposed however, none have passed as yet. There is still a lot of time remaining and amendments and riders can be added throughout the process. (Attached)

CHIEF FINANCIAL OFFICER'S REPORT March 24, 2011

Cost Accounting Methodology (CAM) Report – The final CAM report was submitted electronically on February 28th. Our Cost Accountant is analyzing our final report and comparing it with prior years to determine trends in costs. The costs reported in the CAM report are starting to be used by both DADS and DSHS for analysis of current year service data.

FY 2009 ICF Cost Report Audit – We are still working with the auditor that was on site in February from the Texas Health and Human Services Commission, Office of Inspector General. He was here for three days for an intense review of our FY 2009 ICF cost report. We had a phone exit interview with the auditor but have not received the final written report of his findings. We continue to work together to determine the accuracy of the various cost categories reported.

FY 2009 HCS Cost Report Desk Review – The auditor that conducted the on-site audit is working on the desk review of the FY 2009 HCS cost report. The questions asked for the desk review continue to be along the same line as the questions asked in the ICF on-site audit. These cost reports are very comprehensive and include various allocation methods based on labor costs or facility costs.

Surplus Sale – We are planning to have the surplus sale in the month of April. We are currently trying to dispose of items that are hazardous waste prior to the sale, such as the T-11 light bulbs and the old computer monitors. The bay area located on Bryant Road has been cleaned as is ready for the sale.

CFO Consortium – The next CFO meeting is scheduled for April 7th and 8th in Austin. We have not received the agenda items yet, but I am sure the normal topics will be discussed as well as where we stand for the next budget cycle.

FY 2010 ICF/HCS and TxHmL Cost Reports – We have completed the required training for the FY 2010 ICF/HCS and TxHmL cost reports. The report program and process has changed significantly and the due date for these reports has been extended to June 15th.

Service Package 4 ACT Alternative	
Assertive Community Treatment ACT is a team-based program that provides treatment, rehabilitation, and support services to clients who have a history of multiple hospitalizations. The Program is designed to maintain small staff to client ratios to ensure accessibility.	
 A diagnosis of Bipolar Disorder, Schizophrenia, or Schizoaffective Disorder. Two hospitalizations within the last six months or four hospitalizations within the last two years. Eligibility is determined using the Texas Recommended Assessment Guidelines (TRAG) 	

SP4Team

- Team Leader
- Psychosocial Rehab Specialists
- Registered Nurse
- Psychiatrist

The team meets regularly for the purpose of clinical staffing.

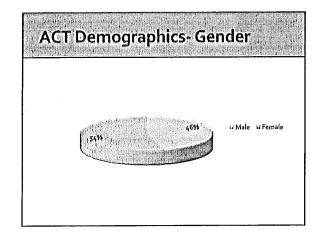
Number Served

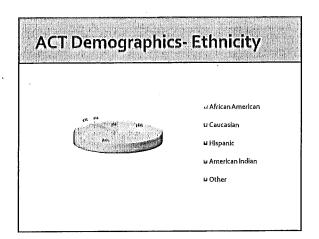
Tri County offers SP4 services to qualified individuals in all clinic sites.

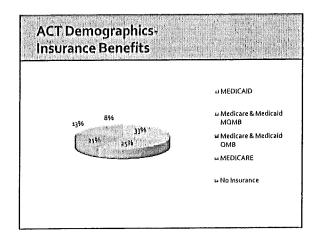
- Conroe 31
- Huntsville 11
- Cleveland 3
- Liberty 1

ACT Demographics Age	
	13 Between the ages of 18-29
696	ध Between the ages of 30-39
2011 1544 1544	■ Between the ages of 40-49
	ল Between the ages of 50-59
	ម 6o pr over

	·			 	
				 1.2.3	
			A		
					
		·····		 	
		· · · · · · · · · · · · · · · · · · ·		 	
-				 	







ACT Demographi Substance Abuse	CS-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Sobstance Apose		CARREST SALE				
山林市 斯拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	Materia de la companio del companio de la companio della companio					
5296	4896	 v Substance Abusers ы Drug Free Consumers 			·	
ACT Demographic Housing	s-1 15115					
Housing						
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1894	496				
78%		j				
ប Housed with self 🛭 ជ Supp	orted Housing 🛮 🛍 Hou	sed with family				
ACT Demographic	h					
ACT Demographic Supported Employ	ment					
				.,,,,		
	296 1396					
	B556		P			
· · · · · · · · · · · · · · · · · · ·						

ACT Demographics- Criminal Justice Involvement 1554 Description UProbation ULaw Abiding Citizens	
 Services Provided Pharmacological Management Psychosocial Rehabilitation Services which includes case management and skills training. Medication Training and Support Supported Housing Limited emergency financial assistance 	
 Service Delivery The majority of services are provided in the community. Frequent contacts scheduled based on the needs of each client. Primary goal is to prevent future hospitalizations and ensure the client remains in the community. 	

Performance Contract Targets	
 Minimum of 3.5 hours of service provided to 80% of enrolled SP4 clients each month. Our SP4 Program averaged 89% during FY10. Average of 10 hours of service per month. We provided an average of 12.1 hours per client during FY10. 	
Conclusion	· · · · · · · · · · · · · · · · · · ·
Client Success Story	