

# Tri-County Behavioral Healthcare Board of Trustees Meeting

July 27, 2017



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 27, 2017. The Business Committee will convene at 8:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd S, Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

## AGENDA

### I. Organizational Items

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

### II. Approve Minutes - May 25, 2017

### III. Program Presentation - Essay Contest Winners

### IV. Program Presentations - Longevity Recognition

### V. Executive Director's Report - Evan Roberson

- A. HHSC/DSHS Quality Management Audit Scheduled
- B. Update City of Conroe Transportation Discussions
- C. Report on HCS/TxHmL Provider Audit
- D. ICF/IID Sale Update
- E. Impact of Legislation passed in the 85<sup>th</sup> Session
  - 1. Senate Bill 292 Meetings
  - 2. House Bill 13 Discussions
- F. 1115 Update

### VI. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2018 Budget Process
- B. FY 2017 Year End Budget Revision
- C. FY 2017 Audit
- D. Annual County Funding Request
- E. Fixed Asset Inventory

### VII. Program Committee

#### Action Items

- A. Approve IDD Local Planning.....Pages 8-19
- B. Approve IDD Quality Management Plan.....Pages 20-41

#### Information Items

- C. Community Resources Report.....Pages 42-45
- D. Consumer Services Reports for May & June 2017.....Pages 46-48
- E. Program Updates.....Pages 49-53
- F. FY 2017 Goals & Objectives Progress Report.....Pages 54-58
- G. 3<sup>rd</sup> Quarter FY 2017 Corporate Compliance & Quality Management Report.....Pages 59-60
- H. 4<sup>th</sup> Quarter FY 2017 Corporate Compliance Training.....Pages 61-62
- I. Autism Program.....Page 63
- J. Medicaid 1115 Transformation Waiver Project Status Report.....Pages 64-66

## VIII. Executive Committee

### Action Items

- A. Appoint Nominating Committee for FY 2018 Board Officers..... *Page 67*  
B. Appoint Executive Director Evaluation Committee..... *Page 68*

### Information Items

- C. Personnel Reports for May & June 2017..... *Pages 69-73*  
D. Texas Council Risk Management Fund Claims Summary as of May & June 2017..... *Pages 74-76*

## IX. Business Committee

### Action Items

- A. Approve May 2017 Financial Statements..... *Pages 77-90*  
B. Approve June 2017 Financial Statements..... *Pages 91-104*  
C. Approve Cost Overruns for 233 Sgt. Ed Holcomb Blvd. S., Conroe..... *Pages 105-108*  
D. Approve Offers on Property Adjoining 233 Sgt. Ed Holcomb Blvd. S., Conroe..... *Pages 109-110*  
E. Approve FY 2017 Auditor Engagement Letter..... *Pages 111-120*  
F. Approve Recommendation to Declare Four (4) Vehicles as Surplus..... *Page 121*  
G. Approve/Ratify sale of 406 N. Washington and 117 N. College in Cleveland, TX..... *Page 122*  
H. Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans..... *Pages 123-125*  
I. Approve Texas Council Risk Management Fund Minimum Contribution Plan for  
Workers' Compensation Coverage..... *Pages 126-127*  
J. Approve Roof and Gutter Repair at 2004 Truman, Cleveland, TX..... *Pages 128-133*  
K. Approve HHSC Contract No. 537-17-0127-00035A, Amendment No. 1..... *Page 134*  
L. Approve FY 2017 Lifetime Homecare Services Contract Addendum..... *Page 135*  
M. Approve HHSC Contract No. 2016-048162.001B, Amendment No. 2, PATH..... *Page 136*

### Information Items

- N. Review Tri-County's 2015 990 Tax Return Prepared by Scott, Singleton, Fincher  
& Company, P.C..... *Pages 137-185*  
O. 3<sup>rd</sup> Quarter FY 2017 Investment Report..... *Pages 186-190*  
P. Board of Trustees Unit Financial Statements for May & June 2017..... *Pages 191-193*

- X. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney; Section 551.072, Real Property; 406 N. Washington, Cleveland, TX, 117 College St., Cleveland, TX and three lots east of 233 Sgt. Ed Holcomb Blvd S, Conroe, TX; Section 551.074, Personnel Matters.

Posted By:

Ava Green  
Executive Assistant

# Tri-County Behavioral Healthcare

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

May 25, 2017

### Board Members Present:

Patti Atkins  
Sharon Walker  
Gail Page  
Richard Duren  
Morris Johnson  
Jacob Paschal

### Board Members Absent:

Tracy Sorensen  
Janet Qureshi

### Tri-County Staff Present:

Evan Roberson, Executive Director  
Kathy Foster, Director of IDD Provider Services  
Tanya Bryant, Director of Quality Management and Support  
Breanna Robertson, Director of Crisis Services  
Kenneth Barfield, Director of Management Information Systems  
Amy Foerster, Chief Compliance Officer  
Kelly Shropshire, Director of IDD Authority Services  
Tabatha Abbott, Cost Accountant  
Ava Green, Executive Assistant  
Mary Lou Flynn-Dupart, Legal Counsel

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:01 a.m. at 233 Sgt. Ed Holcomb Blvd. S, Conroe, TX.

**Public Comment:** Board Member, Richard Duren, commented on an article in the Conroe Courier regarding persons with 'dual diagnoses,' often thought of as relating to persons with mental illness and substance use disorders, also referring to persons with mental illnesses and intellectual disabilities. Mr. Duren indicated that the article is about more persons in the jails with mental illnesses and intellectual disabilities. Kelly Shropshire mentioned funding that was provided during the last Legislative Session to address crises, which often involves mental health, for persons with Intellectual Disabilities.

Mr. Duren also mentioned an article that was in the paper about resources Montgomery County Sheriff Rand Henderson has requested to augment medical and mental health treatment in the jail. Breanna Robertson mentioned that she was on a committee that evaluated these proposals.

**Quorum:** There being six (6) members present, a quorum was established.

### Resolution #05-17-01

**Motion Made By:** Richard Duren

**Seconded By:** Gail Page, with affirmative votes by Morris Johnson, Sharon Walker, Jacob Paschal, and Patti Atkins that it be...

**Resolved:** That the Board excuse the absence of Tracy Sorensen and Janet Qureshi.

**Resolution #05-17-02**

**Motion Made By:** Morris Johnson

**Seconded By:** Sharon Walker, with affirmative votes by Jacob Paschal, Richard Duren, Gail Page, and Patti Atkins that it be...

**Resolved:** That the Board approve the minutes of the April 27, 2017 meeting of the Board of Trustees.

**Program Presentations:**

Longevity Awards Presentation

Pharmacology Changes Presentation

**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:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for April 2017 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The Regional Planning Network Advisory Committee's (RPNAC) FY 2017 Transportation Recommendations Report was reviewed for information purposes only.

**EXECUTIVE COMMITTEE:**

**Resolution #05-17-03**

**Motion Made By:** Richard Duren

**Seconded By:** Morris Johnson, with affirmative votes by Patti Atkins, Gail Page, Jacob Paschal and Sharon Walker that it be...

**Resolved:** That the Board approve revisions of General Administration Board Policy D.6.

The Personnel Report for April 2017 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for April 2017 was reviewed for information purposes only.

The Texas Council Quarterly Board Meeting Update was presented by Sharon Walker for information purposes only.

**BUSINESS COMMITTEE:**

**Resolution #05-17-04**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Patti Atkins, Gail Page, Sharon Walker and Jacob Paschal that it be...

**Resolved:**

That the Board approve the April 2017 Financial Statements.

**Resolution #05-17-05**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Gail Page and Jacob Paschal that it be...

**Resolved:**

That the Board approve the replacement of the PETC Air Conditioning Software System, awarding the bid to Innovative Cooling and Energy Solutions, Inc. in the amount of \$40,962.50.

**Resolution #05-17-06**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Patti Atkins, Sharon Walker, Jacob Paschal and Gail Page that it be...

**Resolved:**

That the Board approve the FY 2018-2019 HHSC IDD Authority Services Performance Contract #529-18-0053-00001.

**Resolution #05-17-07**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Patti Atkins, Gail Page, Jacob Paschal and Sharon Walker that it be...

**Resolved:**

That the Board approve staff to solicit an Audit Engagement Letter from Scott, Singleton, Fincher and Company, PC for the FY 2017 Independent Financial Audit.

The Board of Trustees Unit Financial Statement for April 2017 was reviewed for information purposes only.

**There was no need for Executive Session.**

**The regular meeting of the Board of Trustees adjourned at 11:46 a.m.**

**Adjournment:**

[Redacted Signature]

Patti Atkins  
Chair

Date

**Attest:**

[Redacted Signature]

Sharon Walker  
Secretary

Date



## Executive Director's Report

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*July 27, 2017*

### **Announcements**

- The next Regular Board meeting will be August 24, 2017.
- As a reminder, the East Texas Behavioral Health Network has decided to have their annual Board Retreat in Galveston on October 5-6, 2017. Our deadline for registration is in two weeks. Please let Ava know if you are interested in attending.
- I wanted to remind each of you that the annual Burnham Classic will be at the Magnolia Ridge Country Club in Liberty on August 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>. Over the last twenty seven years, the Burnham Classic has raised over \$540,000.00 for Tri-County Behavioral Healthcare and our consumers. Several of us will attend on Friday night and the Board is welcome to join us. It looks like another cool weather weekend to be sure! Big thanks to Patti Atkins for her work to help pull the tournament together this year.
- I presented at the Montgomery County budget hearings this week. Neither provided additional funding for FY 2017, but both were receptive to the information shared and complementary of the work completed by the Center.
- As you will remember, the Behavioral Health Director role has been vacant since November. I interviewed a couple of candidate for the role, but did not find a good fit. Recently, I have split the responsibilities and have assigned them to three current staff that will report to me. These staff will not be on Management Team and will not be regularly attending Board meetings, but will provide leadership to our mental health and substance use disorder services.
- I am pleased to announce that Catherine Prestigiovanni has been selected to participate in the 2018 Leadership Montgomery County class. Catherine is our first participant since 2010 and we are thrilled that she was selected. Leadership Montgomery County (LMC) is a 501 (c) (3) nonprofit organization, "dedicated to developing and enhancing current and future leaders of Montgomery County". As a 2005 graduate of LMC, I am certain that Catherine is going to enjoy her time in LMC and will make lots of connections with leaders in our community.

- The birthday Cake today is in honor of Jacob Paschal that had a birthday on July 6<sup>th</sup> and Janet Qureshi that had a birthday on July 8<sup>th</sup>.
- Ava has several items for each of you to sign today. Please hang around after the meeting to ensure we get all the appropriate signatures.

### **HHSC/DSHS QM Audit Scheduled**

- We received word last week that our Health and Human Services Commission/ Department of State Health Services (Mental Health) Quality Management Audit would be scheduled September 19<sup>th</sup>-22<sup>nd</sup> with exit on the 22<sup>nd</sup>. This audit occurs every 3-4 years and is very comprehensive. They will want at least one Board member to participate in the exit meeting which we expect to be on September 22<sup>nd</sup>. We will provide the results of this audit at the September Board meeting.

### **City of Conroe Transportation Update**

- I met with the City of Conroe City Manager and Transportation Department staff about a proposed bus stop at 233 Sgt. Ed Holcomb Blvd. S. in Conroe on May 31, 2017. The closest spot on the southern route is currently at the Veterans Administration Clinic on South Loop 336, approximately 2.3 miles from our clinic locations on Sgt. Ed Holcomb. Transportation staff indicated that they could not add another stop to the current route because the route was currently 60 minutes round trip, the limit for their federal funding source.

I did ask them to verify that the additional stop would add too much time to the southern route, so they tested the route again and verified that it could not be added. We were assured that the Sgt. Ed Holcomb location would be added to a proposed third route and that service to our consumers was important to them.

### **HCS/TxHmL Provider Report**

- I want to let the Board know that Kathy Foster and her staff scored a perfect score (zero deficiencies) on their Home and Community-based Services/Texas Home Living provider audit conducted June 27<sup>th</sup> - 29<sup>th</sup> with exit on 29th. Kathy has had zero deficiencies on nine (9) previous occasions. She and her staff do a great job and I am very proud of the work that they do. The Board can be confident that you have a remarkable HCS/TxHmL provider programs.

## **ICF/IID Sale Updates**

- On July 1<sup>st</sup>, we notified Educare of our intent to end the management agreement for the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) group homes.

We also mailed the families a letter about our intent to sell the homes and the planned transition which would occur on September 1, 2017.

Jackson Walker has negotiated the real estate contract with Scioto Properties for the eight (8) homes and they are currently in the process of having the homes inspected and appraised.

Jackson Walker and D & S Community Solutions have negotiated the purchase agreements for the eight (8) home service contracts and both the real estate and service contracts are set to close the same day.

Today we will be meeting with families of the residents in the home at 1 pm in Conroe and at 4 pm in Cleveland. I have only had one family contact me thus far with questions and they seemed comfortable with the transition once their questions were answered.

After submitting the notice to HHSC of our intent to sell the service contracts to D & S, the homes will go on 'vendor hold' for any payments. This means that we will have a large receivable for ICF payments from the state until all change of ownership audits are complete. It is our understanding that this timeline can be anywhere from 1-3 years.

## **Legislation Passed in the 85<sup>th</sup> Session**

- **Senate Bill 1326** revises criminal justice procedures and requirements for defendants suspected of having mental illnesses or intellectual disabilities, including shorter reporting, assessment and examination periods. The Bill establishes different requirements for defendants charged with Class B misdemeanors vs. Class A misdemeanors or higher offenses. SB 1326 has significant impacts on how persons with MI or IDD should be processed if involved with the criminal justice system.

Of specific concern to Centers is that, after receiving evidence establishing reasonable cause to believe a defendant has a mental illness or intellectual disability, a magistrate must conduct a proceeding under Article 16.22 (Mental Illness Evaluation) or Article 17.032 (Intellectual Disability Evaluation). If there is reasonable cause to suspect the inmate has MI or IDD, notice must be provided to the magistrate within twelve (12) hours (shortened from 72 hours) and the Centers must complete an assessment within two (2) days and submit the assessment to the magistrate within four (4) days if the defendant is in custody. Four days would be very difficult for mental health assessments, but is not possible for IDD Assessments. The Texas Council is working with HHSC to determine what we can do about this legislative requirement.

- **Senate Bill 1849, the Sandra Bland Act**, revises laws on the identification and screening of an arrestee who might be a person with mental illness or an intellectual disability and on diversion to treatment by law enforcement agencies of a persons suffering a mental health crisis or suffering from the effects of substance abuse.

The law requires the Commission on Jail Standards to adopt rules and procedures addressing jail safety, establish requirements for reporting serious incidents in jails, revise training requirements for certain law enforcement authorities, and expand reporting of certain types of information about law enforcement activities.

- **Senate Bill 292** requires HHSC to establish a program to provide grants to county-based community collaboratives for the purpose of reducing: 1) recidivism, frequency of arrests and incarceration of persons with mental illness; and, 2) the total waiting time for forensic commitment of persons with mental illness to a state hospital.

Twelve and one half (12.5) Million will be available in FY 2018 and 25 Million will be available in FY 2019. In FY 2018, only counties over 250,000 in population may apply.

Dollar for dollar match required in counties over 250,000 in population and \$.50 on the dollar for counties under 250,000 in population. In-kind match will be allowed, but we have yet to see the rules on match. I am hopeful that we can leverage dollars currently being expended for match. We have had an internal team meet and discuss grant options.

I have met with the Montgomery County Judge and have a meeting scheduled with the Montgomery County Hospital District and County Probation/Parole tomorrow to discuss some of our ideas. We are trying to reach the Sheriff's office as well to include them in these discussions.

- **House Bill 13** requires, to the extent money is appropriated, HHSC to establish a matching grant program to support community mental health programs providing services and treatment to individuals experiencing mental illness. Grant funds must be used for the sole purpose of supporting community programs that provide mental health care services and treatment to individuals with a mental illness and that coordinate mental health care services for individuals with a mental illness with other transition support services.

Ten Million dollars will be available in FY 2018 and 20 million will be available in FY 2019.

Dollar for dollar match required in counties over 250,000 in population and \$.50 on the dollar for counties under 250,000 in population. In-kind match will be allowed, but we have yet to see the rules on match. We will be meeting with an internal team next week to establish priorities for the grants. These grants are open to any organization.

### **1115 Waiver Updates**

We continue to wait for approval of the Funding Protocol Mechanics for Demonstration Years 7 & 8 so that we can finalize plans for the 1115 program going forward. Our most recent information is that we will be allowed to modify current program designs as long as we meet our new outcome measures. At this time, we believe that we will select measures that focus on the physical health of our existing consumers. We will likely need to shift additional dollars to that program to meet the outcome metrics. We currently expect the funding protocol to finalize in September and will provide you more updates as we receive new information.

## **CHIEF FINANCIAL OFFICER'S REPORT**

### **July 27, 2017**

**FY 2018 Budget Process** – We are getting near the end of the FY 2018 budget process. Over the past month, we have consolidated all the manager budget submissions into a master, agency-wide budget for FY 2018. After comparing the preliminary budget to the current center trends to determine accuracy, we made adjustments where needed. We are currently analyzing the vacancy rate for this year to determine the actual lapse rate for the new fiscal year. After the actual lapse rate is determined, the FY 2018 budget process should be complete.

**Year End Budget Revision** – As we do every year, we are working on the final budget revision that will be on the August agenda. This year's big adjustment is the sale of the vacated buildings. We also have the completion of the new Conroe facility which has affected a number of budget lines such as utilities, janitorial services and security.

**FY 2017 Audit** – We have been in contact with the auditors to start the planning process for the FY 2017 audit. We have scheduled the dates for their on-site work to begin. Their first visit will be August 28<sup>th</sup> to September 1<sup>st</sup>. The next site visit will be October 30<sup>th</sup> to November 3<sup>rd</sup>. They will provide us with details of requested items to be available for each visit and we expect the work to go smoothly. In between the on-site visits, we will send electronic data as needed.

**County Annual Funding Request** – We presented at both Walker and Montgomery Commissioner's courts for budget requests. Presentations went well, but doubt we will be given any increase of funding.

**Fixed Asset Inventory** – The fixed asset inventory process is on the verge of completion. As always, this is a very labor intensive process, so we rely on building coordinators to assist with the actual count at each location. This is our off year, so we are not doing a complete count. However, since we have consolidated locations in Montgomery County, we did a complete count for the new facility.

**Surplus Sale** – This item was not put on the list, but our intention is to put this on the agenda. We are preparing to have a surplus sale, but have not identified the date yet because we would like to wait until it is cooler outside. We have an assortment of desks, file cabinets, tools and other various furnishings left from the move and need to get the maintenance bays cleaned out. Advertising will be placed in local newspapers and signs will be posted on the day of the sale. After the sale, items left that may have any salvage value for scrap metal will be hauled off the premises.

<p><b>Agenda Item:</b> Intellectual and Developmental Disabilities Local Plan</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services. In the past, Tri-County had a combined Local Plan for mental health and Intellectual and Developmental Disability services (IDD). In 2008, a Local Planning and Network Development statute required the development of a separate plan for mental health services.</p> <p>For Fiscal Years 2018 and 2019, staff completed the planning process for stakeholders of persons with IDD or related conditions. A series of ten (10) planning meetings were held across our four (4) primary service areas. Two (2) evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. In addition to face-to-face meetings, staff distributed surveys to stakeholders in both in paper and electronic format.</p> <p>Stakeholders are interested in the following focus areas for this plan:</p> <ul style="list-style-type: none"> <li>• Development of additional resources for services, including seeking additional funding;</li> <li>• Improvement of community relationships, specifically with regard to the educational system;</li> <li>• Community education about IDD, available resources, and navigation through the changing system of care; and,</li> <li>• Improvement of community transportation options to ensure that our service locations and populations served are considered in any future community plans.</li> </ul> <p>These focus areas can be viewed in the Goals and Objectives section of the IDD Local Plan on pages 10 and 11.</p>	
<p><b>Supporting Documentation:</b></p> <p>IDD Local Plan for FY 2018-2019</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve the IDD Local Plan for FY 2018-2019</b></p>	

# Tri-County Behavioral Healthcare

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## Intellectual and Developmental Disabilities Local Plan

### **Introduction**

In February 2017, Tri-County Behavioral Healthcare (Tri-County) initiated the Fiscal Year 2017 planning process to determine the direction of services for persons with Intellectual and Developmental Disabilities (IDD). Tri-County staff began collecting survey information from consumers, families, interested stakeholders and local officials (stakeholders) regarding the direction for services. Tri-County staff also coordinated ten (10) face-to-face planning meetings with stakeholders to gather input about plan direction. Following a successful turnout during the 2009 planning cycle, a mono-lingual Spanish planning meeting in Montgomery County was coordinated as a part of the 2017 planning process in order to continue efforts to educate local stakeholders about our services and seek input from this growing population regarding special needs. Two evening planning meetings were also provided to ensure that community members had both day and evening options for participating in the planning sessions. Information gathered from these activities has been evaluated and will be discussed later in this plan.

### **Philosophy**

Tri-County has the following C.O.R.E Values:

<i><b>Commitment</b></i>	We are committed to Honesty and Integrity
<i><b>Optimism</b></i>	We are optimistic about the future of those we serve and for Tri-County
<i><b>Respect</b></i>	Everyone deserves to be treated with dignity and respect
<i><b>Excellence</b></i>	We will strive for excellence in all that we do

### **Tri-County's Mission Statement**

Our mission is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.

### **Tri-County's Vision Statement**

Our vision is to develop a mental health and developmental disabilities care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community.

To achieve our vision, we will partner with the community to:

- Expand the availability of new and existing resources; and
- Assure the availability of technically and culturally competent staff

### **Service Area Demographics:**



The largest of the three counties in the Tri-County service area, Montgomery County, is contiguous to the north boundary of Harris County. It consists of 1,077 square miles of rural and urban areas with a population of 537,559 (2015 Census) with approximately 27% under the age of 18 (U.S. Census Bureau). The racial makeup is Caucasian 78.7%, Hispanic origin 23.1%, African American 5%, and Other 1.8% (2015 U.S. Census). 2015 Per capita income was \$60,490 (2015 US Bureau of Economic Analysis (BEA)). Liberty County is the contiguous county east of Harris and Montgomery Counties and has 1,176 square miles of rural territory with a population of 79,654 (2015 Census). The racial makeup is Caucasian 67.8%, Hispanic origin 21.5%, African American 10.8%, and Other 1.6%. Children under the age of 18 make up 25.2% of the population (2015 U.S. Census). Per capita income is \$35,081 (2015 US BEA). Walker County is north of Montgomery County, consists of 802 square miles and is considered rural. With a population of 70,699 (2015 Census), the racial makeup is Caucasian 56.7%, Hispanic origin 18.2%, African American 22.9%, and Other 1.5%. About 15.6% of the population are under the age of 18 (2015 Census) and the per capita income is \$26,061 (2015 BEA).

For Walker and Liberty Counties, it should be noted that all Texas Department of Corrections inmates are counted in the census numbers. There are an estimated 13,650 inmates in Walker County (19.3% of total population) and 4,241 inmates (5% of total population) in Liberty County. In addition to inflating the number of residents in the county, the inmate population is also disproportionately ethnic.

According to the 2015 U.S. Census, Montgomery County continues to be one of the fastest growing counties in the United States with a 22% growth rate estimated from the 2010 Census to 2016 by the 2015 Census and is now considered the 17<sup>th</sup> fastest growing county in the United States with the City of Conroe ranked number 1 in the country for fastest growing city under 50,000 residents.

Finally, it should be noted that the census number for Hispanic persons, especially in Montgomery County but probably to a lesser degree in our other two counties, is considered to be underreported due to concerns about governmental survey processes.

### **Persons served with Intellectual and Developmental Disabilities**

#### **Priority Population**

The Intellectual and Developmental Disabilities priority population consists of:

- Persons with an intellectual disability, as defined by Texas Health and Safety Code §591.003 (15-a);
- Individuals with an autism spectrum disorder, as defined in the current edition of the Diagnostic and Statistical Manual;
- Individuals with a related condition who are eligible for, and enrolling in services in the ICF/IID Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- Nursing facility residents who are eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- Children who are eligible for Early Childhood Intervention services through the System Agency; and
- A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

#### **Service Population Prioritization**

Since resources are insufficient to meet the service needs of every consumer in the intellectual and developmental disabilities priority population, services should be provided to meet the most intense needs first. Intense needs are determined as follows:

- An individual is in danger or at risk of losing his or her support system, especially the living arrangements or support needs to maintain self;
- An individual is at risk of abuse or neglect;
- An individual's basic health and safety needs are not being met through current supports;
- An individual is at risk for functional loss without intervention, preventive or maintenance services; or
- An individual demonstrates repeated criminal behavior.

#### **Persons Served In FY 2016**

In Fiscal Year 2016, Tri-County provided Services to 1300 individuals with Intellectual and Developmental Disabilities and their families.

#### **Priority Population Prevalence Data**

On average, 2-3% of the total population will have a diagnosis of an intellectual and developmental disability or a related condition. If this prevalence data is applied to our service

area, it is estimated that approximately 20,000 persons in Tri-County's service area have a qualifying diagnosis for state funded Intellectual and Developmental Disability Services.

### **Current Tri-County Service Array**

Tri-County currently provides the following services:

- Screening – the process of gathering information to determine the need for services.
- Eligibility Determination – an interview and assessment or endorsement conducted to determine if an individual has an Intellectual and Developmental Disability or is a member of the Intellectual and Developmental Disabilities priority population.
- Service Coordination – assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the Plan for Services and Supports.
- Continuity of Services –  
Service Coordination performed for:
  - A consumer residing in a State IDD facility whose movement to the community is being planned or for a consumer who formerly resided in a State facility and is on community-placement status; or
  - A consumer enrolled in the HCS or ICF/IDD program to maintain the consumer's placement or to develop another placement for the consumer.
- Service Authorization and Monitoring – Service Coordination provided to a consumer who is assessed as having a single need.
- Service Coordination- HCS or TxHmL Program – Service Coordination for consumers enrolled in the HCS or TxHmL Program.
- Community Support – individualized activities that are consistent with the consumer's person-directed plan and provided in the consumer's home and community locations. Supports include:
  - Habilitation and support activities;
  - Activities for the consumer's family that help preserve the family unit and prevent out-of-home placement;
  - Transportation for a consumer between home and the consumer's community employment or habilitation site; and
  - Transportation to facilitate the consumer's employment and participation in community activities.
- Respite – planned or emergency short term relief services provided to the consumer's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances.
- Employment Assistance – assistance to a consumer in locating paid, individualized, competitive employment in the community setting.
- Supported Employment – provided to a consumer who has paid, individualized, competitive employment in the community.

- Day Habilitation – assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.
- Texas Home Living Waiver – provides selected essential services and supports to persons with Intellectual and Developmental Disabilities who are living in family homes or their own homes.
- Home and Community-based Services (HCS) – provides individualized services and supports to persons with Intellectual and Developmental Disabilities who are living with their family, in their own home or in other community settings, such as small group homes.
- Permanency Planning – a philosophy and planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship.
- PASRR Evaluation – An evaluation of an individual in a nursing facility to determine if the individual is appropriately placed and whether they have a mental health or intellectual and developmental disability that would benefit from alternative placement or supplemental services.
- IDD ACT Services - Multidisciplinary approach to provide intensive short term behavior intervention for person's diagnosed with an intellectual and developmental disability, autism or PDD and a co-occurring serious/persistent mental illness and/or severe acting out behavior. This program focuses on crisis prevention through the use of Applied Behavior Analysis (ABA). ABA is a scientific, systematic approach that focuses on the observable relationship between environmental events and the target behavior. Behavior specialists work to identify the underlying motivations (i.e., behavioral "functions") of challenging behaviors, while simultaneously working to teach more appropriate behavior to replace the challenging behavior.
- Community First Choice – Community First Choice (CFC) is a program that enables Texas Medicaid to provide the most cost effective approach to basic attendant and habilitation service delivery. The services available in CFC are: Personal assistance services, Habilitation services, Emergency response services and Support management.
- Crisis Intervention Services - support to individuals with Intellectual and Developmental Disabilities (IDD) with significant behavioral and psychiatric challenges. These individuals often exhibit significant needs requiring additional support beyond the array of services typically provided within community programs. "Crisis" means a situation in which the individual presents an immediate danger to self or others; the individual's mental or physical health is at risk of serious deterioration; an individual believes he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration. To avoid or lessen the crisis; crisis respite may be provided as a short-term (up to 14 calendar days) for individuals. This respite may be in-home or out-of-home.

## **Gathering Public Input in the Planning Process**

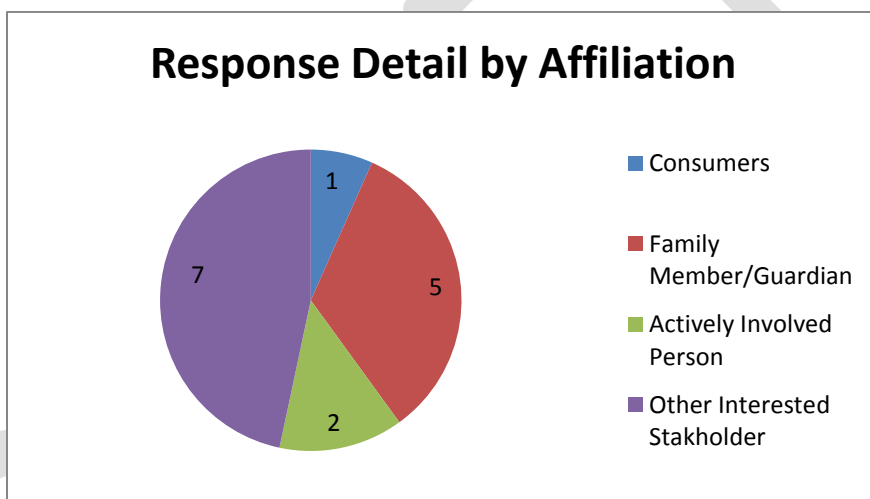
### **Survey Response**

Tri-County developed a survey about our IDD services which was distributed to local stakeholders and at local planning meetings. Staff distributed surveys both in paper and electronic format via Survey Monkey. Surveys were provided to our IDD PNAC members, IDD Authority Staff and consumers, Tri-County Board of Trustees, and representatives from local school districts, and to other stakeholders by email. Paper copies were also made available at each public planning meeting.

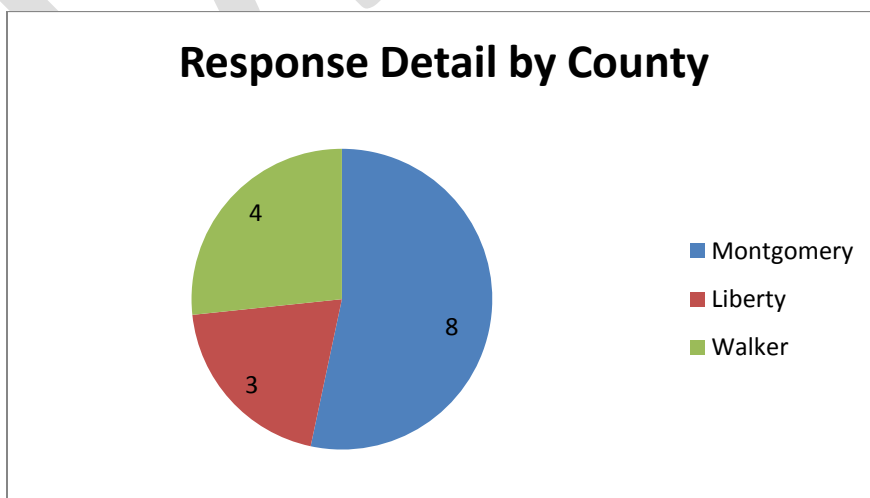
Although surveys were made available in Spanish, no Spanish surveys were completed. Questions on the survey included both closed and open ended questions about services.

### **Planning Session Closed Ended Responses**

Graph of local stakeholder response type:



Graph of response by county of residence:



Survey results indicate that 100% of stakeholders who answered the question are satisfied with the courtesy and competency of all employees. Following feedback from the last several local planning sessions, Tri-County consolidated several facilities to improve not only the condition of the facilities where services were provided but to improve community awareness and efficiencies to the services offered. Local stakeholders were generally less satisfied with wait times (interest lists), and noted a need for increased services and resources (including transportation) to better meet the needs of the community.

### Community Forums

In addition to the survey process, ten (10) community meetings were held to gather information from stakeholders about services and plan direction. Interested stakeholders were provided with a brief education about Tri-County, the purpose for the planning process and were asked several open-ended questions.

<b>Local Planning Meetings</b>	
<b>Date</b>	<b>Location</b>
February 15, 2017	IDD Planning and Network Advisory Meeting – Planning Kickoff
March 9, 2017	Liberty – Public Forum (2)
March 10, 2017	Huntsville – Public Forum (2)
March 13, 2017	Cleveland – Public Forum
April 12, 2017	Conroe Spanish Planning Meeting – Public Forum
April 13, 2017	Conroe – Public Forum (2)
April 19, 2017	IDD Planning and Network Advisory Planning Meeting
June 21, 2017	IDD Planning and Network Advisory Meeting – Plan Review

### Planning Session Open Ended Responses

A series of open ended questions were asked of local stakeholders through both the survey process and at planning meetings. Obviously, open ended questions are more unique in nature, but staff attempted to categorize answers to questions in order to summarize this data.

#### *1. What services would you like Tri-County to provide which are not currently being offered?*

Stakeholders continued to express concerns about the amount of funding available to serve individuals in our service area citing both the fast rate at which our population is growing in our service area. Transportation needs, additional day habilitation and group home options as well as additional in-home supports for individuals and families impacted by Intellectual and Developmental Disabilities were cited as gaps in our community.

2. What services/supports do you think are the most needed for individuals with Intellectual and Developmental Disabilities and/or their family members?

The number one area that stakeholders cited as the most needed service/support was funding for additional respite hours and attendant care followed by the need for transportation, early education on interest lists and navigating the system of care, and additional day programming options for families.

3. *What could we do to improve the services we provide to persons with Intellectual and Developmental Disabilities and/or their families?*

Stakeholders seemed to have very consistent ideas about what Tri-County could do to improve the services they provide to consumers, many similar to those identified in the previous planning cycle. Specifically, stakeholders cited the need to continue developing community partnerships with other community agencies that could assist with education and coordination of care for individuals with Intellectual Disabilities and/or their family members. Also cited was the continued need for additional transportation options in our community, reduction of wait times for interest lists, and additional family supports such as respite.

4. *What education related to Intellectual and Developmental Disabilities do you feel is most needed in our community?*

Several stakeholders mentioned this as one of the areas Tri-County is currently doing the best at this time and noted that they have seen improvement in the community awareness and collaboration since the previous planning cycle. Notwithstanding the improvements made, stakeholders noted that continued education is needed for local employers related to the abilities and benefits of employing individuals with Intellectual and Developmental Disabilities. Stakeholders also cited educational needs related to general information to the community and educational system related to available services and system navigation.

5. Is there any other feedback you would like Tri-County to consider as a part of their planning process?

Several stakeholders provided positive feedback about the services already being received at Tri-County.

#### Stakeholder Information Summary

Over a time period of several months, Tri-County staff collected information from interested stakeholders about Intellectual and Developmental Disabilities Services provided by the Center and asked for input about other services needed by this population. Although there were a great deal of interesting responses collected in this process, staff believe that the convergence of responses is especially significant. Areas of stakeholder convergence included:

- Belief that the community in general (families, employers, legislative staff, educational system, healthcare providers etc.) continue to need greater awareness

about these disorders, the needs of individuals, families and community organizations impacted by Intellectual and Developmental Disabilities and continued information on how to navigate the changing system of care;

- Belief that individuals and families impacted by Intellectual and Developmental Disabilities need more supports than are available. Feedback specifically cited the challenges with long interest lists for waivers, need for additional respite and attendant care and the continued need for local transportation options.
- The need for family support groups/Special Education Advocates and education opportunities continue to be needed in the community;

### **Tri-County Services Area Goals and Objectives**

In April of 2017, Tri-County's Intellectual and Developmental Disability Planning Network Advisory Committee reviewed stakeholder input from the local planning process and recommended the general direction for 2018 and 2019 Local Planning Goals and Objectives. Of special concern were the length of time community members had to remain on interest lists to receive services and supports, the need for additional funding to fill the service gaps that available services and supports don't address, and the continued need for community education related to IDD conditions, abilities, services and navigating the IDD system of care. Before consideration of the Goals and Objectives for this two year planning period, the following community and center strengths, needs, and barriers should be considered:

#### **Strengths**

- Tri-County has experienced service and management staff that are knowledgeable about Health and Human Services (previously the Department of Aging and Disability Services (DADS)) rules and contract requirements.
- Tri-County has a history of fiscal and program audit excellence.
- Tri-County remains focused on providing the best services possible for persons with Intellectual and Development Disabilities.
- Tri-County has a long standing positive relationship with the community.
- Tri-County has excellent Board governance and positive relationships with State and County officials.
- Tri-County has strengthened data reporting and outlier management.

#### **Community Needs and Priorities**

- Tri-County needs additional financial resources to keep up with the growth in our service area.
- Tri-County needs to find innovative ways to make stakeholders aware of our services and educate them about the disorders that their family members are experiencing.
- Tri-County needs to educate the community on navigating the IDD system of care including information on interest lists, waivers, and preparing individuals with Intellectual and Developmental Disabilities and their families for changes and resources available during typical developmental life stages.

### Barriers

- There has been rapid growth of the Tri-County service area while funding has not been able to keep up with the need.
- Health and Human Services contract requirements do not provide much opportunity for flexibility in service design with currently available funding.
- Community stigma exists for persons with Intellectual and Developmental Disabilities which can limit opportunities.
- The size of the Tri-County service area presents problems related to efficient service design.
- There are only very limited public transportation opportunities in the Tri-County service area.
- State regulations and mandates put centers at a disadvantage when competing with non-governmental entities for services.

### Outcome

Tri-County will ensure the provision of quality services for individuals with Intellectual and Developmental Disabilities and enhance the quality of life in our community.

### Goals and Objectives

**Goal:** **Provide Additional Education to the community, family members, and significantly involved individuals**

**Objective:** Tri-County will seek new ways to educate the community about services provided, resources available, and navigation of the changing system of care for individuals with Intellectual and Developmental Disabilities.

**Objective:** Tri-County will continue to seek opportunities to build relationships with local employers as a means of educating them on the abilities and benefits employing individuals with Intellectual and Developmental Disabilities.

**Objective:** Tri-County will continue to seek opportunities to build relationships with the educational system as a means of reaching the parent/educator population.

**Objective:** Tri-County will continue to seek opportunities to educate individuals and family members/significantly involved persons on interest lists and system navigation.

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**Goal:** **Improve Transportation Options**

**Objective:** Tri-County will continue to have conversations with local stakeholders involved in the development of community transportation options to ensure that our service locations and population served are considered in any future plans.

**Objective:** Tri-County will continue to assist individuals served and their family members/significantly involved individuals with awareness of all community service options related to transportation.

Objective: Tri-County will continue to discuss community transportation needs with city, county and state officials to ensure that funding needs are recognized and potential opportunities are made available.

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**Goal: Administrative Support for the Local Plan**

Objective: Tri-County will apply Grant and Resource Development to study, design and seek funding for new Intellectual and Developmental Disability programs.

Objective: Tri-County will use relationships with local and state officials to continue explaining the need for additional funding in our service area.

Objective: Tri-County and East Texas Behavioral Health Network Utilization Management and Planning Network Advisory Committees will review the cost effectiveness of the current service design and will make recommendations about service design changes which will provide greater efficiency.

Objective: Tri-County will use their Quality Management Department to evaluate programs for contract compliance and quality of services and will make efforts to ensure health, safety, and well-being of persons in services.

<p><b>Agenda Item:</b> Intellectual and Developmental Disabilities Quality Management Plan</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>In 2006, Tri-County split the Center’s Quality Management Plan into a plan for mental health services and a plan for Intellectual and Developmental Disabilities (IDD) services due to increasingly different expectations for quality management activities in the contracts for Department of State Health Services (DSHS) and Department of Aging and Disability Services (DADS).</p> <p>As a part of the planning activities for persons with IDD which were undertaken this year, the IDD Quality Management Plan was reviewed and updated as necessary to ensure compliance with DADS contract requirements and Texas Administrative Code (TAC). This plan will remain in effect for two years, unless a program change requires the plan to be revised.</p>	
<p><b>Supporting Documentation:</b></p> <p>IDD Quality Management Plan for FY 2018-2019</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve the IDD Quality Management Plan for FY 2018-2019</b></p>	

Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities  
Quality Management Plan  
For Fiscal Years 2018 – 2019**

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Evan Roberson, Executive Director

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Date

## **Introduction**

The Intellectual and Developmental Disabilities (IDD) Quality Management (QM) Plan is a document written to provide a qualitative framework of activities that are designed to ensure that individuals who are receiving services through Tri-County Behavioral Healthcare (Tri-County), are receiving quality services provided by culturally competent and adequately trained staff in a manner that is financially viable.

The IDD QM Plan is guided by Tri-County's stakeholders, the performance contract between Tri-County and the Texas Department of Aging and Disability Services (DADS), the Board of Trustees, the Center's Local Plan, East Texas Behavioral Healthcare Network (ETBHN), the Management Team, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), and the Regional Planning Network Advisory Committee (RPNAC).

The QM Department continues to work closely with program managers and direct service staff to ensure that they are compliant with contract requirements and Texas Administrative Codes (TAC). We are constantly measuring, assessing, and striving to improve our local authority functions to ensure that our stakeholders receive the highest quality of services possible while maintaining contract compliance, including the accuracy, consistency, and timeliness with which service provision information is provided to DADS.

## ***MISSION, VISION AND PHILOSOPHY STATEMENT***

### **Mission**

Our mission is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.

### **Vision**

Our vision is to develop a mental health and developmental disabilities care system with adequate resources that ensures the provision of effective and efficient services to meet the need of our community.

To achieve our vision, we will partner with the community to:

- Expand the availability of new and existing resources; and
- Assure the availability of technically and culturally competent staff

### **Philosophy/Values**

The CORE Values of Tri-County Behavioral Healthcare are:

<i>Commitment</i>	We are committed to honesty and integrity
<i>Optimism</i>	We are optimistic about the future of those we serve and for Tri-County
<i>Respect</i>	Everyone deserves to be treated with dignity and respect
<i>Excellence</i>	We will strive for excellence in all that we do

### ***Mission of the Quality Management Department***

The mission of the Quality Management Department is to ensure that the highest possible quality of services is provided to our stakeholders.

### ***Direction***

The Quality Management Program focuses on a systematic, objective, and continuous process for monitoring, evaluating, and improving the quality and appropriateness of service delivery systems within our organization. The QM Program assists Tri-County in assuring existing standards of care are met and provides the framework to obtain feedback from stakeholders on the manner in which the center conducts its business.

### ***Intellectual and Developmental Disabilities Authority Responsibilities***

Tri-County continues to ensure that we are developing and managing a network that offers consumer choice to the highest extent possible. Tri-County contracts with outside providers when practical and requires contracted medical providers meet the same

professional qualifications as providers employed by the Center. ETBHN, our local IDDPNAC, and the RPNAC provide best value analysis for Center services on a regular basis. In addition, we analyze Cost Accounting Methodology data and Medicaid Administrative Claiming results to identify areas where improvements are needed.

To expand our service capacity, Tri-County continues to seek opportunities for grant funding and service contracts. We are also actively pursuing fundraising opportunities and soliciting donations. Additionally, Tri-County continues to analyze and improve productivity so that more services can be provided with existing resources.

### ***Goals of the QM Program***

The goals of the QM Program are designed to ensure that Tri-County's QM activities are measuring the key elements of quality services provided to individuals with IDD. These goals are meant to be a foundation for the QM Department and are not intended to be the only activities of the department.

### **Goal 1: Direct the internal program survey process to consistently, effectively, and efficiently monitor and evaluate the provision of services to individuals with intellectual and developmental disabilities (IDD).**

#### **Performance Standards:**

1. Participate in internal program surveys throughout the year and produce reports for programs surveyed.

#### **Measurable Activities:**

1. Update, as necessary, all program survey tools to be in compliance with TAC, Medicaid rules, state performance contracts and other state regulations, as applicable.
2. Complete program surveys for selected service programs annually.
3. Provide feedback to surveyed programs that include department strengths, weaknesses, and recommendations for improvement.
4. Provide the program survey report to program managers and the Management Team within four (4) weeks of report completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from program surveys to the IDD Quality and Utilization Management (QUM) Team for evaluation.
7. Continually monitor the program survey process and make modifications as needed to ensure that the process is measuring critical program elements.

#### **Outcomes:**

1. All tools used in the program survey process are being reviewed and updated, as necessary, prior to each program survey.

2. Reports are completed for each program and are shared with program managers for their input before being presented to the Management Team.
3. Reports have been provided within four (4) weeks of completion.
4. The QM Department has followed up with program managers regarding their plan of correction as needed.
5. The current program survey process includes program managers completing monthly chart reviews and the QM staff complete a follow-up audit of a smaller percentage of charts for validity purposes. This enables the program manager to assess the strengths or weaknesses of their staff in completing person directed plans, progress notes and other areas.
6. Program managers have provided training to program staff when weaknesses are noted during the program review.
7. The QM Department has presented program results for evaluation, as necessary, at the QUM meetings.

**Goal 2: Successfully coordinate the Center's organizational self-assessment activities as a part of the ongoing evaluation and monitoring process of Tri-County.**

**Performance Standards:**

1. At intervals designated by DADS, ensure that organizational self-assessment activities are completed and submitted.
2. At intervals designated by DADS, ensure that applicable improvement plans are completed, submitted, and reviewed.

**Goal 3: Support Tri-County in meeting or exceeding all applicable requirements and standards.**

**Performance standards:**

1. Review all new Texas Administrative Codes (TAC) that apply to services to persons with IDD.
2. Assure that all programs have a current copy of the TAC or know how to quickly access the information if maintained electronically.
3. Review Tri-County's Policies and Procedures, and program desk procedures as a part of the internal program survey process.

**Measurable results:**

1. Review all new TAC posted in the TAC Registry within two (2) weeks.
2. Forward relevant TAC to programs within two (2) weeks of review.
3. Look at each programs training materials (whether maintained in hard copy or electronically) as part of the program survey process to ensure programs have the most current information.
4. Review applicable policies and procedures and make recommendations for revision to ensure compliance with current requirements.

**Outcomes:**

1. The QM Department reviews all new TAC posted in the TAC Registry within two (2) weeks.
2. The QM Department continues to forward all new TAC to appropriate programs within two (2) weeks of review.
3. The QM Department looks at the program training materials during each program survey and assists the manager as needed to ensure that current TAC requirements are included in staff training.

**Goal 4: To ensure individuals served are treated with dignity and respect.****Measurable activities:**

1. Monitor allegations of abuse, neglect, and exploitation.
2. Ensure relevant training is provided to staff when trends are noted.
3. Ensure all individuals served are provided with a copy of the rights handbook, that it is explained to them in a way they understand, and is documented in the individual's clinical record.
4. Ensure that all staff knows who to contact in the event of an allegation of abuse, neglect, and/or exploitation.
5. Investigate all rights complaints in a timely manner and ensure that these complaints are handled with confidentiality.
6. Make reasonable improvements to programs resulting from complaints of individuals served.
7. For a deficiency identified by DADS related to critical health, safety, rights, or abuse and neglect, the deficiency will be corrected immediately, and within five (5) business days after receipt of a request from DADS, a corrective action plan (CAP) will be developed that adequately addresses the correction of the deficiency.

**Outcomes:**

1. The Rights Protection Officer monitors, reports on, and makes recommendations to management regarding abuse, neglect, and exploitation allegations and investigation results.
2. When appropriate, trainings are provided to program staff resulting from allegations in an attempt to reduce instances of abuse, neglect, and exploitation during this fiscal year.
3. Individuals served are provided with rights booklets upon admission, as well as annually, and documentation is made in the individual's clinical record.
4. During program survey audits staff are asked questions related to how, where and when to report events of abuse, neglect, and exploitation. The ability of staff to answer these questions correctly is part of the program survey process and feedback is provided to program managers within a reasonable amount of time.
5. All complaints are handled with confidentiality and in a timely manner.

6. The Rights Protection Officer and the program managers have worked well together in ensuring that complaints from individuals served and/or other stakeholders are taken seriously and reasonable changes are made as a result of complaints, if necessary.
7. Tri-County strives to work collaboratively with DADS to ensure that individuals served receive the best care possible.

**Goal 5: To ensure that Contract Targets and Performance Measures are met.**

**Performance Measures:**

1. Serve 120 non-waiver individuals with IDD per quarter.
2. Ensure that 95% of enrollments into HCS meet timelines.
3. Ensure that 95% of Permanency Plans are completed within the correct timeline.
4. Ensure that 95% of TxHmL meet timelines.
5. Ensure that 100% of individuals on the HCS interest list are contacted within timelines.
6. Ensure that 95% of PASRR evaluations or resident reviews meet timeframes.
7. Ensure that 95% compliance with assigning PASRR service coordinators within timeframes.
8. Ensure 95% compliance with developing an Individual Service Plan within timeframes for PASRR.
9. Ensure percentages of HCS and TxHmL interest lists are contacted within timeframes
10. Ensure 95% compliance with Community Living Options timeframes.

**Measurable Activities:**

1. Monitor Tri-County's status on all performance measures in the Quality and Utilization Management (QUM) and Junior Utilization Management (JUM) Committees.
2. Issue warnings from the JUM or QUM committees if any of the measures trend low or fall below contract expectations.
3. Ensure that reports used by DADS to monitor our agencies performance are identified and made available to program staff.

**Outcomes:**

1. Tri-County continues to perform within the required expectations.
2. Information will be shared about ways non-program departments can assist program staff in meeting targets.
3. All program and utilization staff will be aware of status on reaching agency targets and performance measures.
4. Information on the status of reaching goals will be shared with the Management Team.
5. QUM and program staff commit to working together to monitor the status of performance measures.

**In addition to the goals above, other QM Responsibilities of the Center to ensure best quality include:**

- Effectively monitoring the Center's interest list program.
- Effectively administering the Center's local planning process.
- Effectively monitoring and maintaining contract guidelines.

### ***Quality-Related Responsibilities of Management and Committees***

Tri-County is dedicated to promoting a team approach to serving persons with mental illness and IDD. Tri-County continues to work diligently at increasing the lines of communication between levels of management, quality-related committees, and all staff. We continue to strive to enrich the lives of individuals served and their families. Although we adhere to the team philosophy, there must also be groups of people identified to focus on specific aspects of the Center. The leadership groups and committees of Tri-County are the following:

#### **The Board of Trustees:**

- Responsible for the provision of a comprehensive program of mental health and IDD services in its service area.
- Strives to obtain the highest quality of service for the lowest cost.
- Establishes mental health and IDD services directly and/or through contractual arrangements stressing accessibility, availability, acceptability, and continuity of care, based on the financial capability of the Center.
- Develops and executes plans for the continued financial stability and the acquisition of adequate resources to accomplish the purposes and objectives of the Center.
- Establishes an on-going quality assurance program that provides for appropriate review systems which monitor client care.
- Reviews, at least quarterly, monthly reports of programmatic and fiscal activities.
- Promotes the objectives of the Center to the community by utilizing the media and other forms of communication.

#### **The Executive Director:**

- Ensures the Executive Management Team implements, oversees, and reviews QM activities.
- Ensures the Management Team receives and evaluates internal and external reports for all QM activities.
- Ensures that program operations and policies and procedures are in compliance with local, state, and federal statutes and regulations.
- Evaluates and monitors QM performance outcomes to ensure compliance with the QM plan.
- Appoints members to agency committees.

- Ensures that Center goals and objectives are developed annually and that progress toward goals is monitored on at least a quarterly basis.
- Implements Board Policies through the development of operational procedures.
- Responsible for overall operations of the Center and compliance with the performance contract.

### **The Management Team:**

The Management Team consists of the Executive Director, Chief Financial Officer, Chief Compliance Officer, Director of Strategic Development, Medical Director, the Director of Quality Management and Support, Director of Crisis Services, Director of IDD Provider Services, Director of IDD Authority Services.

The Management Team meets weekly and is responsible for:

- Implementing, overseeing, and reviewing QM activities.
- Reviewing and evaluating internal and external reports for all QM activities.
- Reviewing committee reports to ensure that issues related to individuals' needs are properly addressed.
- Monitoring and assuring compliance to all contract requirements, standards, and codes.
- Ensuring that changes in contracts and standards are provided to the relevant program staff.
- Serving as liaisons to all agency committees.
- Reviewing key service indicators and outcomes at least quarterly.
- Reviewing financial reports on a monthly basis.
- Monitoring all risk data for employees and individuals served on at least a quarterly basis.
- Monitoring results of internal program survey audits.

### **The Administrator of Quality Management:**

The Administrator of Quality Management's duty, in cooperation with the Management Team, is to ensure oversight of a QM plan that describes the on-going method for assessing, coordinating, communicating, and improving the QM functions, processes, and outcomes of the Center. The Administrator of Quality Management:

- Co-chairs the QUM Committee.
- Serves as a member of the JUM Committee.
- Serves as a member of the Corporate Compliance Committee.
- Works closely with Utilization, Risk Management and IDD program managers to measure, analyze, and improve service capacity and access to services.
- Ensures aggregate critical incident data for IDD services is reported accurately and in a timely manner to DADS.
- Provides the Management Team with reports so they can oversee and review QM activities.
- Completes all program survey audits for each selected program.

- Monitors and reports QM outcomes to the Management Team on at least a quarterly basis.
- Assists the Rights Protection Officer with monitoring trends in client abuse, neglect, and exploitation and assigns follow-up responsibilities to appropriate staff.
- Coordinates the agency's RMTS program.
- Develops and ensures stakeholder surveys are distributed in all three local service areas every 2 years and monitors results of program specific surveys.
- Monitors the Performance Contract for compliance.

#### **Rights Protection Officer:**

- Acts as the Center's Rights Protection Officer.
- Receives and follows up on complaints until there is resolution.
- Assists the Director of Quality Management and Support with various appeals and fair hearing processes, as needed.
- Monitoring rights and abuse data for trends.
- Assists with the completion of all program surveys conducted throughout the year.

#### **Administrator Risk Management:**

- Co-Chairs the Center's Safety Committee.
- Monitors safety and health data for trends, and provides information to the Management Team on at least a quarterly basis.
- Serves as a member of the Corporate Compliance Committee.
- Assists the Compliance Department conduct compliance investigations and reports quality concerns back to the Quality Management Department.

#### **Human Rights Committee (HRC):**

The Rights Protection Officer (RPO) is mandated by the Texas Administrative Code for the protection, preservation, promotion, and advocacy of the health, safety, welfare, legal, and human rights of individuals served. The HRC assists the RPO, as warranted, for collaborative reviews. The responsibilities of the HRC and/or RPO may include:

- Ensuring due process for individuals when a limitation of rights is being considered.
- Meeting as requested by the RPO to conduct business.
- Reviewing behavior modification plans to ensure that individual rights are protected.
- Reviewing medication changes for some individuals if necessary.
- Reviewing the Critical Incident Report (rights, abuse, safety, and neglect) data.

Recommendations from the HRC and/or RPO are submitted to the Management Team when adverse trends, patterns, or barriers are identified.

**Safety Committee:**

The Administrator Risk Management chairs the Center's Safety Committee. The Safety Committee is comprised of selected members who review data from a variety of sources to identify situations that pose a risk to individuals served, the community, employees, and/or the Center. In conjunction with the Safety Officer, the Safety Committee creates, implements, and maintains a system of tracking, reporting, and evaluating the Center Safety Plan. Trends, recommendations, and decisions made or identified by the Safety Committee are sent to the Management Team for review. The Safety Committee meets at least quarterly, and as necessary, to conduct business.

**Risk Management Team:**

The comprehensive Risk Management Team is responsible for the development, implementation, support, monitoring, and evaluation of the comprehensive Risk Management Program. Executive management staff serve as permanent members of this team, with additional staff serving on an as-needed basis. Information on rights and abuse will be presented to the Risk Management Team. This team meets weekly or as often as is necessary to conduct its business.

**Quality and Utilization Management (QUM) Committee:**

The QUM committee has representation from an array of staff in IDD services. The Director of Quality Management & Support and the Administrator of QM are the committee chairs. Members include the Director of IDD Provider Services, the Director of IDD Authority Services, the Coordinator of IDD Intakes and Enrollment, the Administrator of IDD Authority Services, and the Data Coordinator. The Director of QM and Support acts as a liaison for the Management Team. The duty of the QUM Committee is to ensure the Center is effectively managing its resources and improving the efficiency of the QUM process. To fulfill its responsibility, the QUM Committee will meet at least quarterly, and will:

- Work to review and coordinate internal auditing of services and programs to ensure compliance with the Texas Administrative Code, the Center's Performance Contracts, the Texas Department of Aging and Disability Services (DADS), other state agencies as applicable, and any MOU relevant to the provision of IDD services.
- Review data for IDD Services, complaints, deaths of individuals served, abuse/neglect allegations, voter registration activities, incident reports, safety committee recommendations, staff productivity, interest lists, program satisfaction surveys, and any other data or reports that reflect compliance with quality standards.
- Review any recommendations of the local IDDPNAC and participate in and submit, as requested, information to the RPNAC.
- Review results of program surveys..

- Monitors performance in relation to defined contract performance measures, including outcomes.
- Reviews reports regarding appeals of eligibility for services.
- Makes recommendations to managers, as necessary, regarding changes to the current service delivery and/or data collection system to ensure timely and efficient adherence to required performance measures, including outcomes.
- Makes recommendations, as necessary, to the Management Team on how to efficiently and effectively meet the requirements for various contracts.
- Proposes consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources.

After review of the above, the QUM committee will determine whether there are indications that changes are needed in the delivery of services, to policies and procedures, or to the training needs of staff. The committee's Management Team member will be responsible for presenting the committee recommendations to the Management Team for review and approval.

#### **Junior Utilization Management Committee (JUM):**

The Director of Quality Management and Support chairs this committee. The Junior Utilization Management Committee (JUM) consists of the Administrator of Quality Management, Reimbursement and Services Analyst, and the Manager of Information Technology Services. Additional Center staff are brought to JUM meetings as deemed necessary. The JUM Committee meets at least three times a month to analyze factors that might be affecting Tri-County's ability to meet contract performance expectations. To fulfill its responsibilities the JUM Committee:

- Reviews a list of contract expectations and performance on these issues up to the date of the meeting.
- Updates a document that is accessible to all managers, that reflects agency performance on target measures.
- Sends emails to managers of programs that are below contract expectations, informing them of program areas that are not in compliance with contract expectations.
- Reviews contract due dates and sends reminders to staff about upcoming contract deadlines.
- Creates custom reports for problem areas so staff can be more knowledgeable about factors that are affecting contract compliance.
- Scrutinizes data that is submitted to determine possible data problems that might be affecting performance.
- Invites program managers to present compliance concerns to the committee so that the JUM can assist with problem-solving activities.

#### **Grid Review Team (GRiT):**

- Sets up encounter data modalities to ensure correct submission to the HHSC data warehouse.
- Reviews the Chargemaster report to ensure that charges are accurate and up to date.
- Reviews the IDD service array to ensure that we are in compliance with the performance contract.
- Reviews service code definitions to ensure that they are in line with the service array and the performance contract.
- Meets quarterly and/or as needed.

### **Corporate Compliance Committee:**

The Chief Compliance Officer chairs this committee. The Corporate Compliance Committee is comprised of the Chief Compliance Officer, Director of Quality Management and Support, Administrator Risk Management, Administrator of Quality Management, the Chief Financial Officer, Reimbursement Manager, and other Center Directors responsible for direct care services at the Center. The Corporate Compliance Committee is scheduled to meet at least quarterly, but the meetings may be scheduled more frequently, as determined by the existing needs of the Center.

The Corporate Compliance Committee is responsible for reviewing corporate compliance issues on both a systems level and an individual provider level to determine whether there are changes that the Center needs to make to ensure compliance with rules and laws related to ethics, service, and/or billing. To fulfill its responsibility, the committee will:

- Provide oversight of the Center's Corporate Compliance Program.
- Review results of external audits and make recommendations for corrective actions (i.e. changes to policies and procedures, staff training) as necessary to assure compliance with federal funding rules.
- Coordinate information and actions with the QUM Committee.
- Review findings of any Corporate Compliance investigations.
- Assure that staff are provided with education regarding corporate compliance issues at least quarterly.
- Evaluate the Chargemaster Review, which is completed by the Grid Review Team at least annually.
- Review Corporate Compliance Programs of Tri-County's large contractors who do not wish to participate in the Tri-County Compliance Program.
- Review the Corporate Compliance Action Plan at least annually to determine if modification or additions are needed.
- Report all Corporate Compliance allegations, findings, and dispositions (e.g. increased employee training, termination of employment, corrected billing/financial reports) to the Board of Trustees on at least a quarterly basis.

**Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC):**

The purpose of the IDDPNAC is to advise the Board of Trustees on planning, budget, and contract issues, as well as the needs and priorities for the service area. Members are appointed by the Board of Trustees and represent persons with IDD. The IDDPNAC is charged with providing input on local needs, best value, and local planning. One member of the IDDPNAC is asked to sit on the RPNAC for the East Texas Behavioral Healthcare Network. The IDDPNAC is composed of nine members, at least 50% of which are individuals served, or family members of persons with IDD. Staff from Tri-County serves as liaison members of the IDDPNAC to provide support and information, as necessary and appropriate, for the IDDPNAC to conduct its business. Liaison members have a voice but no vote at IDDPNAC meetings. Tri-County will replace IDDPNAC members within 3 months of their leave. The IDDPNAC is always given the opportunity to make recommendations to the Board through the Director of Quality Management and Support. The responsibilities of the IDDPNAC include, but are not limited to:

- Advising the Board of Trustees on planning, budgeting, and contract issues, as well as the needs and priorities in Tri-County's service area.
- Obtaining stakeholder input on service needs and delivery, and presenting this information to the Board of Trustees and the Executive Director.
- Assisting with patron and Center advocacy projects.
- Reviewing and providing input on the local plan.
- Assisting in promoting Tri-County in the community through education efforts, presentations, and contact with key community and political leaders.
- Meeting at least quarterly.
- Providing an annual report to the Board of Trustees.

**Regional Planning Network Advisory Committee (RPNAC):**

Tri-County, as a member of ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed the RPNAC to be made up of at least one (1) IDDPNAC member from each ETBHN member Center. At least one of Tri-County's IDDPNAC members and the Administrator of Quality Management attends the quarterly RPNAC meetings. Tri-County IDDPNAC members who are on the RPNAC, Management Team staff, and Quality Management staff work with other ETBHN Centers to meet the following goals:

- To assure that the ETBHN network of providers will continuously improve the quality of services provided to all consumers through prudent mediation by network leadership.
- To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices.
- To maintain a process by which unacceptable outcomes, processes, and practices can be identified.

- To facilitate Best Value Determinations and Service Evaluations; evaluations shall take place one service at a time, as determined by the Regional Oversight Committee (ROC). ETBHN will collect and compile data and distribute it to member Centers.

## ***ORGANIZATIONAL MEASUREMENT, ASSESSMENT AND IMPROVEMENT***

### **Measuring, Assessing, and Improving the Accuracy of Data Reported by the Local Authority:**

Tri-County continues to work on perfecting the data that is used for measurement of our activities. Our focus remains to identify areas of weakness and ensure that improvements are made when necessary. Tri-County employs specific staff who work to ensure that the mapping of our internal procedure codes to the state grid code is correct. Our staff is dedicated to re-evaluating and adjusting our system to improve its efficiency, as necessary. Tri-County batches encounter data to the state on a daily basis so that reports from the HHSC data warehouse can be used daily for monitoring our progress toward meeting performance measures. Each day, selected staff review encounter data warnings so that corrections can be made in Tri-County's clinical system that might affect batching accuracy. Data entries completed by clinical staff are monitored to ensure accountability of the accuracy of service data. Additionally, Tri-County staff are doing the following activities:

- CARE reports used for monitoring performance are sent to JUM members, as well as program managers, for review.
- The billing department has begun monitoring weekly service reports. In this review, staff review billing for possible billing errors.
- The billing department looks for diagnosis errors as a part of their weekly billing review.
- Monthly billing suspense reports are provided to clinical staff to correct billing errors.

### **Internal Program Survey Process:**

One of Tri-County's self-assessment initiatives is the Program Survey process also referred to as Program Survey. The Administrator of Quality Management, assisted by other Quality Management staff, completes this process. This internal auditing process looks at each program's compliance with the contract and applicable standards. Program outcomes (including program manuals and program descriptions), quality and satisfaction endeavors, progress toward meeting DADS Performance Measures, financial reports, personnel development, and compliance with the Health Insurance Portability Accountability Act (HIPAA) are measured in this process. Chart audits, interviews with program staff, interviews with the program manager, inspection of the facilities, review of satisfaction surveys, and review of the program manual are all a part of this process. Documentation and chart review tools used in this audit are developed from the Performance Contract, relevant Texas Administrative Code, State-approved self-review

tools, and other State regulations, as applicable. The tools will continue to be changed as necessary to ensure we are measuring compliance with the most current standards and guidelines. A result of each program survey audit is shared with the program manager who makes a plan of correction, if necessary, and submits it to the Administrator of Quality Management. A final report is generated and presented to the Management Team. The Center's QUM Committee also reviews the results of each IDD program survey audit.

**Satisfaction Survey:**

Satisfaction surveys are completed as part of the Center's self-assessment process. Each program has developed its own questionnaire and distributes it to their consumers at least quarterly. The results are used to make reasonable changes to the program. The HCS program continues to complete customer service surveys as required by the HCS program standards. The Department of Aging and Disability Services HCS survey team reviews the results of these surveys during their annual program review. Results of satisfaction surveys are also reviewed during the program survey process to ensure that any problem areas have been resolved.

**Stakeholder Involvement and Input:**

External service providers and other stakeholders will receive information through meetings. One example of this is the Partnership for Quality Improvement (PQI), which is a meeting between Tri-County staff and staff from a contract agency. This meeting is used to exchange information, discuss any problems, and review data. Tri-County staff are involved in community meetings so issues including quality can be addressed. Area organizations in which Tri-County participates include the Community Resource Coordinating Group (CRCG), Montgomery County Homeless Coalition, United Way, United Way Funded Partners, Disaster Recovery Committee, United Way Disaster Recovery Task Force, Conroe Rotary Club, Montgomery County Disaster Assistance Planning Committee, HCS Advisory Committee, the local Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), Regional Planning Network Advisory Committee (RPNAC), the Cleveland Advisory Board, Healthcare Alliance of Montgomery County, and three jail diversion task force groups. Participating in these groups enables Tri-County staff to network and collaborate with representatives from other area agencies.

We continue to strive to engage individuals served, their families, providers, advocates, local officials, volunteers, staff, and the general public in planning initiatives. Information needed to ensure Tri-County identifies community values, service needs, and priorities for the persons in the Department of Aging and Disability Services (DADS) priority population is obtained in many different ways. Networking and collaborating with community agencies, as well as distribution of surveys to obtain stakeholder input, have helped us to identify service gaps and priorities.

Tri-County's Home and Community Based Services program (HCS) has an advisory committee that meets at least quarterly and is composed of individuals served, legally

authorized representatives (LARs) of individuals served, community representatives, and family members. The goal of this committee is to assist the program provider to perform the following activities:

- Evaluating and addressing the satisfaction of individuals served, or legally authorized representatives (LAR) of individuals served, with the program provider's services.
- Soliciting, addressing, and reviewing complaints from individuals served or their LAR's about the operations of the program.
- Reviewing all allegations of abuse, neglect, and exploitation alleged to have been committed by program provider personnel against individuals and the program provider's practices for preventing the occurrence or reoccurrence of abuse, neglect, and exploitation.
- Participating in a continuous quality improvement review of the program provider's operations and offering recommendations for improvement for action by the program provider as necessary.

In addition to the information staff receive through networking and collaboration, our Center developed a survey to obtain information from our stakeholders to determine what Tri-County could do to improve specific IDD services or supports, the types of education the community would like Tri-County to provide, services the Center does not currently provide that are deemed as beneficial to the community, additional comments, overall satisfaction with Tri-County, and feedback on the transition impact of IDD services into managed care. The survey was developed by the Administrator of Quality Management, the members of the agency's Quality Management Committee, and the members of the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC). These stakeholder surveys were hand-delivered and mailed to individuals served, families, community agencies, healthcare organizations, schools, and governmental entities. These surveys were also given to members of the CRCG and the IDDPNAC, with the request to complete them and to distribute to other stakeholders to complete. Details on the results of this survey effort can be found in the Center's Intellectual and Developmental Disabilities Local Plan.

#### **Clinical Records Review:**

The Program Survey process also looks at clinical records. This process is a structured approach to reflect standard and contract compliance and the quality and quantity of a program's clinical records. This internal auditing process helps programs achieve better overall quality of clinical records. Periodically, the QUM Committee will also review clinical records.

#### **Corporate Compliance:**

Tri-County continues to implement and monitor initiatives that are outlined in the Center's Corporate Compliance Action Plan. Corporate Compliance training is part of the new employee orientation. All employees and the Board of Trustees receive annual training on Corporate Compliance. Mandatory training helps protect the Board of

Trustees, employees of all levels, and contractors against the negative consequences of federal healthcare fraud and abuse. The Corporate Compliance Procedure requires that the Center develop an improved culture of sensitivity and awareness of federal funding requirements and compliance obligations. All Corporate Compliance allegations are investigated and, if needed, corrective action is taken. Corporate Compliance training issues are discussed with employees by their supervisor on a quarterly basis. An executive level staff member continues to be the Chief Compliance Officer and the Corporate Compliance Committee meets at least quarterly.

To ensure compliance with the Deficit Reduction Act of 2005 (DRA), Tri-County has modified our Corporate Compliance Program to include the following:

- The Corporate Compliance Policy has been revised to include:
  - Reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center.
  - Requirement that that training includes information on:
    - The Federal False Claims Act
    - The State Medicaid False Claims Act
    - Qui Tam
- The Corporate Compliance Action Plan was developed to guide the activities of the Corporate Compliance Program at Tri-County.
- The Community Based Services Agreement was modified to specify that contractors with Tri-County had to either:
  - Participate in the Tri-County Compliance program, or
  - Provide their Corporate Compliance information to our committee for review and approval.
- The Corporate Compliance Training was revised to reflect all changes.
- The Agency Employee Handbook was revised to reflect all Corporate Compliance Program changes.

### **Staff Development:**

To ensure the provision of quality services, Tri-County staff receive on-going training. Training is provided to staff using various media. In addition to computer based training, the Training Department also provides a variety of face-to-face trainings. Included in this training is a Corporate Compliance training review.

As program managers have identified problems or potential problems in their departments, the Training Department has developed specific computer based training modules, as well as provided face-to-face training to the program staff. The training department has taken on a very proactive collaborative approach to improving the competencies of direct service program staff, which improves the quality of services they provide to the individuals with whom they work.

For supervisors, we have a required a half-day supervisor training bi-annually, given and developed by The Management Team; ongoing optional supervisory trainings provided

by the Training Department, and; annual supervisory training by the Texas Council of Risk Management.

Tri-County staff may also receive training from the Texas Council Risk Management Fund and other regional and statewide conferences. The Training Department ensures that all staff are current on their training and no lapse occurs. Tri-County ensures that professional clinical staff's licensing and credentials are current. Tri-County is committed to on-going professional training and provides a variety of experts to provide training on such topics as cultural diversity, customer service, responsible care, best practices, and teaching strategies for persons with intellectual and developmental disabilities and mental illness.

#### **Rights, Abuse/Neglect, Safety, and Health Data:**

Rights related issues, as well as abuse and neglect information, is tracked, reviewed, and reported on a regular basis through the Rights Protection Officer. Tri-County safeguards the health and safety of individuals served, families, and staff through the ongoing monitoring and reporting of critical incidents, medication errors, infection control events, maintenance, and safety reports. The QUM Committee reviews the Critical Incident Reporting (CIR) data quarterly, looking for trends in all aspects of the data. If trends are found, improvement plans are requested from the appropriate program. The Safety Committee reviews those incidents involving maintenance and safety issues. The Management Team reviews these reports at least quarterly and takes remedial action as appropriate. Complaints are tracked through all levels of the organization, and each complaint continues to be tracked until it is resolved.

When an allegation is confirmed by the Rights Protection Officer, the Administrator of Utilization and Risk Management and the appropriate program manager determine what the Center can do to keep incidents from happening again. Occasionally, staff have received more in-depth, face-to-face training on topics such as positive behavior management, customer service, and abuse and neglect. Often these trainings are customized for other programs in an attempt to proactively reduce the incidents of abuse, neglect, and exploitation before it occurs.

All individuals served or their legally authorized representatives (LARs) will be provided information on all available providers of IDD services in the area, including the State Schools, and will be informed of all choices. No efforts will be undertaken to persuade families to choose one option over the other.

#### ***PLAN FOR REDUCING CONFIRMED INSTANCES OF ABUSE AND NEGLECT***

On a quarterly basis, the Rights Protection Officer presents information relevant to abuse and neglect of persons served. This data includes not only confirmed allegations, but also unconfirmed and inconclusive allegations. The data are reviewed and analyzed by the QUM Committee for trends or patterns involving particular programs, certain staff or

persons served. If trends or patterns are identified, recommendations for improvements are made, and improvement plans are requested if necessary. Tri-County QM Department staff have worked closely with the providers to assist with increased staff training to include documented annual updates in all training areas for new employees, as well as for current employees. The Safety Committee also reviews the data to determine any trends or patterns related to safety and makes necessary recommendations.

Tri-County continues its efforts to safeguard the well-being of the individuals they serve. The 1-800 line routed directly to the Rights Protection Officer continues to be a helpful tool to both individuals served and staff. Individuals served may stay in touch with the Rights Protection Officer without having to make a long distance phone call. Although the 1-800 line is picked up by voicemail after hours, the Rights Protection Officer instructs callers in her message on how to reach the Department of Family and Protective Services (DFPS) 1-800 line in cases of abuse, neglect, or exploitation. If DFPS is contacted about potential abuse, neglect, or exploitation, they will contact the Rights Protection Officer on a pager which is on 24 hours a day, 365 days a year. If the individual served seeks an operator after hours by pressing zero during the voicemail message, instructions are given on how to contact our after-hours crisis service. We continue to pursue a diligent education program on how to exercise rights and contact the Rights Protection Officer, as well as the Department of Family and Protective Services, when there is a need. We ask that each department include a small portion of Rights Training in their staff meetings on a regular basis.

In identifying improvement opportunities, it is important to note the significance of quality staff training. Our staff gets both face-to-face and computer based training upon date of hire, with strict completion dates. Retraining in these areas continue on an annual basis via computer based and face-to-face training. In addition, the Rights Protection Officer may conduct training with specific program staff as needed.

Additionally, the QM Department has interviews with program staff during the program survey process of each department to ensure that staff members are knowledgeable in reporting rights, abuse, neglect, and exploitation issues. During the review, each facility is checked to ensure that proper information on how to contact the Rights Protection Officer and the DFPS is posted with easy to understand instructions on how to utilize the information.

The Center continues to focus on best hiring practices in order to reduce the turnover rate of our employees. Significant efforts to retain staff continue to be explored and utilized when financially viable for the Center, including pay increases, higher quality health insurance, and increases in our match of retirement funds. The Center continues in its commitment to seek and identify new ways to provide quality services to individuals with resources that are available.

### ***REVIEWING AND UPDATING THE IDD QM PLAN***

The IDD QM Plan will be reviewed as needed by the Administrator of Quality Management and potential changes will be discussed with at least one Management Team staff. At least every 2 years, the QM Plan is re-evaluated for its effectiveness. If the plan is not determined to be effective, new activities including intensified monitoring efforts, re-assignment of staff, and/or the appointment of additional committees or improvement teams will be considered. The IDD QM Plan is reviewed and approved every 2 years by the Board of Trustees. This plan will be amended, as needed, if any portion of the plan is modified or discontinued.

<b>Agenda Item:</b> Community Resources Report  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## May 26, 2017 – July 27, 2017

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### Volunteer Hours:

Location	May	June
Conroe	266.5	151.5
Cleveland	0	1.5
Liberty	13	24.5
Huntsville	9	28
<b>Total</b>	<b>288.5</b>	<b>205.5</b>

### COMMUNITY ACTIVITIES:

5/26/17	Walker County Juvenile Justice Meeting	Huntsville
5/29/17	Conroe American Legion Memorial Day Event	Montgomery
5/30/17	Walker County Community Resource Coordination Group Meeting	Huntsville
5/31/17	Conroe Noon Lions Club Luncheon	Conroe
6/1/17	Cleveland Chamber of Commerce Luncheon	Cleveland
6/1/17	Montgomery County Area Business Women's Lake Conroe Luncheon	Montgomery
6/1/17	April's House Shelter – Introduction of Services Meeting	Cleveland
6/2/17	Inspiration Ranch Tour and Meeting	The Woodlands
6/3/17	Liberty County Veteran's Resource Fair	Liberty
6/5/17	Veteran Services Lunch & Learn	Conroe
6/5/17	TDPS- Hurricane Charlie Drill	Huntsville
6/5/17	CISD Counselor Tour and Meeting	Conroe
6/5/17	Homeless Coalition Board Meeting	Conroe
6/6/17	Veteran 101 Class	Conroe
6/7/17	Community Relations Team Meeting	The Woodlands
6/7/17	Mental Health Training Meeting at Montgomery County Probation	Conroe
6/7/17	Conroe Noon Lions Club Luncheon	Conroe
6/8/17	Small Business Breakfast – Huntsville Memorial Hospital	Huntsville
6/8/17	YMHFA – Montgomery County Hospital District – Part I	Conroe
6/8/17	Huntsville Chamber of Commerce Breakfast	Huntsville
6/9/17	YMHFA – Montgomery County Hospital District – Part II	Conroe
6/13/17	Conroe American Legion Meeting	Conroe
6/13/17	Montgomery County NAACP – Meeting with the President	Conroe
6/14/17	Veteran's Treatment Court 2 <sup>nd</sup> Year Anniversary Celebration and Graduation	Conroe
6/14/17	Conroe Noon Lions Club Luncheon	Conroe
6/14/17	Cleveland Chamber of Commerce Meeting and Seminar	Cleveland
6/14/17	Montgomery County Youth Services Meeting with Shelter Director	Conroe
6/14/17	Liberty County Community Resource Coordination Group Meeting	Liberty
6/16/17	LMC Non-Profit Information Session and Community Meeting	Conroe
6/16/17	Lone Star Family Health Meeting	Conroe

6/16/17	Multidisciplinary Behavioral Health Workshop	Huntsville
6/20/17	Veteran's Affairs Mental Health Summit Planning Committee Meeting	Houston
6/20/17	Montgomery County Community Resource Coordination Group Meeting	Conroe
6/21/17	Child Fatality Review Team	Huntsville
6/21/17	Liberty Chamber of Commerce Luncheon	Liberty
6/21/17	Outreach, Screening, Assessment and Referral Meeting (OSAR)	League City
6/21/17	Montgomery County Mental Health Court	Conroe
6/22/17	Social Security Outreach, Access and Recovery Meeting	Houston
6/22/17	Conroe Chamber of Commerce Luncheon	Conroe
6/23/17	Walker County Juvenile Justice Meeting	Huntsville
6/24/17	Walker County Veteran's Resource Fair	Huntsville
6/26/17	Military Veteran Peer Network (MVPN) Basic Training	Conroe
6/26/17	Montgomery County Women's Center Quarterly Suicide Prevention Speaking Engagement	Conroe
6/27/17	Montgomery County Business Women's Luncheon	Conroe
6/28/17	Veteran's Treatment Court	Conroe
6/28/17	Montgomery County Parole Conroe District Training Meeting	Conroe
6/30/17	Pepsi Incorporated Foundation Donation - Meeting and Pictures	Conroe
6/30/17	Walker County Juvenile Justice Meeting	Huntsville
7/2/17	New Caney Chamber Luncheon	New Caney
7/3/17	Veteran Services Lunch & Learn	Conroe
7/3/17	Veteran 101 Class	Conroe
7/3/17	MVPN Mentor and Volunteer Strategic Planning Meeting for FY18	Conroe
7/5/17	Conroe Noon Lions Luncheon	Conroe
7/6/17	Cleveland Chamber of Commerce Luncheon	Cleveland
7/10/17	Montgomery County Homeless Coalition Board Meeting	Conroe
7/11/17	Conroe American Legion Meeting	Conroe
7/11/17	Senator Creighton's Office Open House	The Woodlands
7/12/17	Veteran's Treatment Court	Conroe
7/12/17	Conroe Noon Lions Club Luncheon	Conroe
7/12/17	The Woodlands Chamber Community Relations Team Meeting	The Woodlands
7/13/17	E3 Steering Committee Meeting	The Woodlands
7/13/17	Child Fatality Review Team	Conroe
7/13/17	Huntsville Chamber of Commerce Breakfast	Huntsville
7/13/17	Morning Mingle Networking Group Meeting	Conroe
7/13/17	"Investigation University" Presentation at the Department of Family and Protective Services	Conroe
7/14/17	E3 Steering Committee Meeting	The Woodlands
7/17/17	Spiritual Care Networking Meeting	The Woodlands
7/18/17	North Houston Network Meeting	The Woodlands
7/19/17	Conroe Noon Lions Club	Conroe
7/19/17	Eating Recovery Center Chat and Tour	The Woodlands
7/19/17	Multidisciplinary Behavioral Health Quarterly Meeting	Huntsville

7/19/17	Liberty County Community Resource Coordination Group Meeting	Liberty
7/20/17	Montgomery County Mental Health Court	Conroe
7/24/17	MVPN Basic Training	Conroe
7/25/17	VA Mental health Summit Planning Committee Meeting	Houston
7/25/17	Montgomery County Business Women's Luncheon	Conroe
7/26/17	Veterans Treatment Court	Conroe
7/26/17	Montgomery County Violence Prevention Committee Meeting	The Woodlands

### **UPCOMING ACTIVITIES:**

7/28/17	Walker County Juvenile Justice Meeting	Huntsville
8/2/17	The Woodlands Chamber Community Relations Team Meeting	The Woodlands
8/2/17	Conroe Noon Lions Club Luncheon	Conroe
8/3/17	Cleveland Chamber of Commerce Luncheon	Cleveland
8/7/17	Montgomery County Homeless Coalition Board Meeting	Conroe
8/8/17	Conroe Noon Lions Club Luncheon	Conroe
8/9/17	Liberty County Community Resource Coordination Group Meeting	Liberty
8/10/17	Conroe ISD Community Partners Showcase Meeting	Conroe
8/10/17	Huntsville Chamber of Commerce Breakfast	Huntsville
8/15/17	Montgomery County Community Resource Coordination Group Meeting	Conroe
8/15/17	North Houston Network Group Meeting	The Woodlands
8/16/17	Conroe Noon Lions Club Luncheon	Conroe
8/16/17	YMHFA – Montgomery County Risk Management Group 1	Conroe
8/16/17	YMHFA – Montgomery County Risk Management Group 2	Conroe
8/17/17	Montgomery County Homeless Coalition Community Meeting	Conroe
8/21/17	Spiritual Care Networking Meeting	The Woodlands
8/22/17	Montgomery County Business Women's Luncheon	Conroe
8/23/17	Conroe Noon Lions Club Luncheon	Conroe
8/25/17	Walker County Juvenile Justice Meeting	Huntsville
8/30/17	Leadership Montgomery County Community Project Choice	Navasota
8/25/17	Walker County Juvenile Justice Meeting	Huntsville

<b>Agenda Item:</b> Consumer Services Reports for May and June 2017  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Reports for May and June 2017	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Consumer Services Report

## May 2017

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	557	33	30	48	668
Crisis and Transitional Services (LOC 0, LOC 5)	67	0	0	0	67
Psychiatric Emergency Treatment Center (PETC) Served	74	5	5	3	87
Psychiatric Emergency Treatment Center (PETC) Bed Days	297	17	15	17	346
Contract Hospital Admissions	13	0	0	1	14
Diversion Admits	8	0	0	0	8
Total State Hospital Admissions	13	0	0	1	14
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1m,1s,2,3,4)	1300	178	109	110	1697
Adult Medication Services	907	101	67	78	1153
Child Service Packages (LOC 1-4 and YC)	526	47	18	67	658
Child Medication Services	244	16	7	34	301
TCOOMMI (Adult Only)	126	20	20	6	172
Adult Jail Diversions	3	0	0	0	3
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	6	0	0	0	6
Service Coordination	645	40	45	66	796
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living, TxHmL)	39	5	19	22	85
Contractor Provided ICF-IID	18	12	12	5	47
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	59	10	0	48	117
Youth Substance Abuse Treatment Services/COPSD	11	0	0	0	1
Adult Substance Abuse Treatment Services/COPSD	35	0	0	0	35
<b>Waiting/Interest Lists as of Month End</b>					
Home and Community Based Services Interest List	1470	123	131	146	1870
<b>May Served by County</b>					
Adult Mental Health Services	1650	174	128	176	2128
Child Mental Health Services	628	55	23	72	778
Intellectual and Developmental Disabilities Services	665	49	51	74	839
<b>Total Served by County</b>	<b>2943</b>	<b>278</b>	<b>202</b>	<b>322</b>	<b>3745</b>
<b>April Served by County</b>					
Adult Mental Health Services	1436	156	131	180	1903
Child Mental Health Services	648	47	21	68	784
Intellectual and Developmental Disabilities Services	665	51	53	71	838
<b>Total Served by County</b>	<b>2747</b>	<b>254</b>	<b>205</b>	<b>319</b>	<b>3525</b>
<b>March Served by County</b>					
Adult Mental Health Services	1332	167	100	172	1771
Child Mental Health Services	585	47	24	66	722
Intellectual and Developmental Disabilities Services	652	50	53	73	828
<b>Total Served by County</b>	<b>2569</b>	<b>264</b>	<b>177</b>	<b>311</b>	<b>3321</b>

# Consumer Services Report

## June 2017

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	541	32	23	44	<b>640</b>
Crisis and Transitional Services (LOC 0, LOC 5)	54	0	0	0	<b>54</b>
Psychiatric Emergency Treatment Center (PETC) Served	70	0	2	6	<b>78</b>
Psychiatric Emergency Treatment Center (PETC) Bed Days	326	0	12	17	<b>355</b>
Contract Hospital Admissions	7	0	0	0	<b>7</b>
Diversion Admits	23	0	2	1	<b>26</b>
Total State Hospital Admissions	7	0	0	0	<b>7</b>
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1m,1s,2,3,4)	1296	158	116	112	<b>1682</b>
Adult Medication Services	879	85	85	101	<b>1150</b>
Child Service Packages (LOC 1-4 and YC)	505	51	18	59	<b>633</b>
Child Medication Services	202	19	7	23	<b>251</b>
TCOOMMI (Adult Only)	129	24	28	6	<b>187</b>
Adult Jail Diversions	2	0	0	0	<b>2</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	1	0	3	0	<b>4</b>
Service Coordination	641	40	51	67	<b>799</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living, TxHmL)	38	5	19	21	<b>83</b>
Contractor Provided ICF-IID	18	12	12	5	<b>47</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	0	0	0	72	<b>72</b>
Youth Substance Abuse Treatment Services/COPSD	9	0	0	0	<b>9</b>
Adult Substance Abuse Treatment Services/COPSD	25	0	0	0	<b>25</b>
<b>Waiting/Interest Lists as of Month End</b>					
Home and Community Based Services Interest List	1475	123	131	146	<b>1875</b>
<b>June Served by County</b>					
Adult Mental Health Services	1672	160	130	191	<b>2153</b>
Child Mental Health Services	584	56	20	64	<b>724</b>
Intellectual and Developmental Disabilities Services	651	48	55	71	<b>825</b>
<b>Total Served by County</b>	<b>2907</b>	<b>264</b>	<b>205</b>	<b>326</b>	<b>3702</b>
<b>May Served by County</b>					
Adult Mental Health Services	1650	174	128	176	<b>2128</b>
Child Mental Health Services	628	55	23	72	<b>778</b>
Intellectual and Developmental Disabilities Services	665	49	51	74	<b>839</b>
<b>Total Served by County</b>	<b>2943</b>	<b>278</b>	<b>202</b>	<b>322</b>	<b>3745</b>
<b>April Served by County</b>					
Adult Mental Health Services	1436	156	131	180	<b>1903</b>
Child Mental Health Services	648	47	21	68	<b>784</b>
Intellectual and Developmental Disabilities Services	663	51	53	71	<b>838</b>
<b>Total Served by County</b>	<b>2747</b>	<b>254</b>	<b>205</b>	<b>319</b>	<b>3525</b>

<b>Agenda Item:</b> Program Updates  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Program Updates**

## **May 26, 2017 – July 27, 2017**

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### **Crisis Services**

1. The Director of Crisis Services and the two Crisis Intervention Response Team (CIRT) clinicians were selected to be a part of the Montgomery County Sheriff's Office (MCSO) Critical Incident Stress Management Team (CISM). This team will assist with debriefings and provide support when local law enforcement encounters particularly stressful calls or outcomes. In June the team met at the MCSO's Training Academy for a presentation and team building activities.
2. The Director of Crisis Services received a plaque of appreciation at the June Montgomery County Hospital District's board meeting for her participation in CISM activities for EMT's and the fire department following the devastating fire that occurred in the Tamina community.
3. Conroe Police Department (CPD) provided a Crime Scene Etiquette Training to Tri-County's Local Outreach to Suicide Survivor's (LOSS) Team. This training was coordinated to help employees know how to assist a family without interfering in a law enforcement investigation. Also, feedback was acquired from CPD on unmet needs that are commonly observed in this impacted population. Ways that the LOSS Team could provide additional support was explored.

### **MH Adult Services**

1. The Administrator of Adult Outpatient and ACT Coordinator have completed a program manual for ACT services, which will be used as a training tool and to standardize practices. Further, they have developed a survey to evaluate program success and aid in identification of areas for improvement.
2. Adult Outpatient is working to improve overall quality of services by implementing standards for documentation, revising clinic schedules to allow for consistent coverage, and developing training tools for services.
3. The Administrator of Adult Outpatient has submitted Quarter 3 reports for both PATH and Supported Housing programs.
4. HHSC announced changes to the competency requirements for LPHAs providing Cognitive Behavioral Therapy, making it easier for staff to obtain competency shortly after hire. Effective July 1<sup>st</sup>, staff will complete an on-line training to meet this contract requirement.
5. The Medical Services Liaison is working with Nurse Practitioner students from two universities. These students are working toward degrees in Psychiatric Nursing.
6. A new Director of Nursing has been hired and will start training on 7/15.

## **MH Child Services**

1. We are excited about all our new hires on our growing team. Their training is coming along well, and they are enthusiastic about serving our kids and families.
2. We now have three Family Partners, including one bilingual in Spanish, to provide support to our families.

## **Criminal Justice Services**

1. TCOOMMI adult caseloads are close to reaching maximum capacity.
2. Jail Liaison assessed 59 individuals and coordinated the treatment of 63 others in Montgomery County Jail in June.
3. Outpatient Competency Restoration (OCR) admitted two more individuals in June and 1 so far in July to make 12 served in FY 17.

## **Substance Abuse Services**

1. We are finalizing a grant proposal for funding through United Way Greater Houston. The proposal is due on July 12th and utilizes a Continuous Quality Improvement model for measuring performance outcomes. We have made changes to the outcomes and outputs from the previous grant to track data that will assist in identifying methods for engaging individuals in treatment and decreasing our dropout rates.
2. Our Youth Substance Abuse Treatment Program has been busy with intakes and making schedule changes for the kids going back to school.
3. Our Youth Substance Abuse Licensed Chemical Dependency Counselor (LCDC) is focusing on increasing group services and family involvement by engaging families and educating them about the benefits.
4. We have two new highly qualified and motivated Prevention Specialists providing services in the schools this year.
5. With the addition of a new bilingual Prevention Specialist, we now offer prevention presentations and services in Spanish.

## **IDD Services**

1. HCS census 63 our CAP is 67. We have enrolled 2 individuals, but discharged 2 due to death by natural causes.
2. TxHmL census is at 18, 1 discharge in June due to move out of our service area. Our CAP remains at 12. As part of the budgeting process and the rate cut to CFC, we will be considering the viability of this program.
3. IDD Crisis has provided respite for 18 individuals. The Crisis Intervention Specialist is working with multiple individuals to assist in finding supports in the community to deter crisis events and maintain community residence.
4. Our Continuity of Care Coordinator is assisting 17 individuals with Residential Options. This is a substantial increase of assisting individuals in finding appropriate ICF group homes.
5. Progress on the sale of the Intermediate Care Facility for Individuals with Intellectual Disability contracts and homes continues with an anticipated close date of August 31,

2017. Letters have been sent out to families. D & S Community Solutions will hold 'town-hall' meetings with families of those affected today, July 27, 2017 in Conroe (1 p.m.) and Cleveland (4 p.m.).

## **Support Services**

### **1. Quality Management:**

- a. Staff completed the Assertive Community Treatment (ACT) Program Survey.
- b. Staff is currently conducting a Program Survey of the Crisis Stabilization Unit.
- c. The Tri-County Protected Health Information Procedure has been updated and staff are working on a series of HIPAA trainings that will be distributed to the agency on a quarterly basis.
- d. Staff attended a full-scale disaster drill in Walker County to prepare for hurricane season.

### **2. Utilization Management:**

- a. Staff have been monitoring the use of a recently created Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier, which allows clinicians to indicate when they have provided a COPSD service.
- b. Staff have continued to analyze new evidence based practice reports, developed by the State, to identify future training opportunities.

### **3. Training:**

- a. An internal candidate has been selected for the Clinical Trainer position and a transition plan is being developed.
- b. Staff development trainings provided by the Texas Council Risk Management Fund are scheduled to occur on August 31, 2017 to any employees looking to continue their professional growth.
- c. Staff have arranged for Jon Stigliano to conduct a new class of Leadership Tri-County beginning this August. Additionally, the original cohort of managers participating in Leadership Tri-County will begin their third year of development, focusing on project management. These classes meet once a month and the completion ceremonies will be held in April of 2018.

### **4. Veteran Affairs:**

- a. The Veteran Services Liaison facilitated a Texas Commission on Law Enforcement (TCOLE) 4067 Trauma Affected Veteran course for the Montgomery County Sheriff's Office.
- b. Staff hosted two (2) Veteran Resource Fairs in both Walker and Liberty counties. Veterans who had never accessed resources were able to speak face to face with providers and service agencies.

## **Community Activities**

1. We continue to train various agencies in Youth Mental Health First Aid – the most recent being Montgomery County Hospital District Employees. We are scheduled to train 2 different groups from Montgomery County Risk Management in August, as well as the Conroe ISD Nursing Department in September.
2. We continue to work with numerous community agencies through our Board memberships, steering committee memberships, and community involvement.
3. We are providing suicide prevention speaking engagements at least 1-2 times per quarter – this month we are speaking to Montgomery County Women’s Center new volunteer trainees.

<b>Agenda Item:</b> FY 2017 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  <p>The Board of Trustees and Management Team met on August 5, 2016 for the annual strategic planning meeting to develop the goals for FY 2017. Goals were discussed and a consensus was reached. Subsequently, the Management 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.</p> <p>The Board also requested that quarterly progress reports be presented as a "year-to-date summary."</p> <p>This report shows progress through the 3rd Quarter of FY 2017.</p>	
<b>Supporting Documentation:</b>  FY 2017 Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Year-to-Date Progress Report**

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*September 1, 2016 – May 31, 2017*

## **Goal #1 – Professional Facilities**

### **Objective #1**

**Tri-County will successfully move into the 233 Sgt. Ed Holcomb Blvd. S. facility in Conroe by March 31, 2017.**

- We moved to the new facility on March 20<sup>th</sup>.

### **Objective #2**

**Staff will develop a timeline for facility improvements in Huntsville and Cleveland by March 31, 2017.**

- Huntsville – Work to update facility has been completed as follows: New flooring and paint throughout identified areas, parking lot paving repaired, exterior of building and sidewalks pressure washed, broken windows replaced, and old window screens on front of building replaced. Office and lobby furniture from prior Conroe office sites has been delivered to replace older furniture. New meeting and conference spaces have been created. Roof has been repaired and new gutters installed.
- Cleveland: Lobby and office furnishings from prior Conroe office sites have been delivered to Cleveland to replace older furniture. In the 4<sup>th</sup> Quarter of FY17, we will have further discussions about how to add office space to the Truman facility.

## **Goal #2 – Community Connectedness**

### **Objective #1**

**Tri-County's Consumer Foundation will hold at least one (1) fundraising event by May 31, 2017**

- We will have a "Come and Learn About the Work We Do" breakfast in early September per board chair recommendation.

### **Objective #2**

**Tri-County will launch the 'I Choose Life' website with the youth and caregiver commitments that can be made online by March 31, 2017.**

- In progress – should be available by August 2017.

**Objective #3**

**Tri-County will begin a Suicide Postvention group in Conroe by May 31, 2017.**

- A Local Outreach to Suicide Survivors (LOSS) trainer came to Tri-County on 4/12 to help educate and implement a team in Montgomery County. Volunteers will provide comfort care to individuals that have been impacted by a suicide loss. The hope is that through these interactions a cohesive and viable postvention group will form.
- In June, Conroe Police Department conducted a Crime Scene Etiquette course to educate the team on how to interact with families on the scene without interfering with law enforcement's investigation.

**Objective #4**

**Staff will meet with County Judges and Commissioners quarterly to discuss Tri-County's services and seek feedback about service gaps.**

- No progress at this time.

**Goal #3 – Clinical Excellence****Objective #1**

**Tri-County will implement Co-Occurring Psychiatric Substance Use Disorder rehabilitation programming by April 15, 2017.**

- Staff identified a possible evidence based practice to incorporate into current rehabilitative programming. In an effort to enhance services provided to the COPSD population, Qualified Mental Health Professionals (QMHP) may utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) strategies.
- Permission was granted to utilize materials formulated by Dr. James Bray, Baylor College of Medicine.
- Anasazi has been updated to provide staff with the ability to indicate when their rehabilitation programming is related to COPSD. This will improve our ability to capture data related to how often these services are being provided. Trainings have been provided to clinical staff and this data is being monitored on a weekly basis.

**Objective #2**

**A Zero Suicide Clinical Team will be developed and four (4) recommendations from this team will be implemented by the Center by May 31, 2017.**

- An evidenced based assessment tool called, The Columbia Suicide Severity Rating Scale Screen will be incorporated into all risk assessments. Training was disseminated to all applicable staff in preparation for this revision.
- An assessment tool in the form of a pre and post-test has been added to the Ask Training to help measure learning and development related to staff competency on the subject of suicide.
- Tri-County participated as Team Outreach on 11/5 for the Greater Houston Area Out of the Darkness Community Walk to raise awareness about suicide.

- Staff have facilitated 25 suicide prevention trainings to date, meeting the goal set for this fiscal year.
- Staff have identified an employee who is also a suicide survivor to participate in quarterly updates and discussions with the Planning and Network Advisory Committee.

## Goal #4 – Staff Development

### Objective #1

**Tri-County will develop a list of evidence-based training courses to be offered to Adult, Child and Intellectual Disability staff by March 31, 2017.**

- The National Center on Trauma-Informed Care and Alternatives to Restraint and Seclusion (NCTIC) traveled to Texas to provide Trauma Informed Care training for select agency staff within the East Texas Behavioral Health Network. The training took place at Tri-County Behavioral Healthcare on June 8th through the 9th and resulted in 32 regional staff and 16 TCBHC staff being trained as train the trainers.
- Two staff gained Psychological First Aid Train the Trainer status which will allow us to provide further trainings to our staff on how to respond to individuals mental health during and following a disaster situation.
- Person Centered Planning training has been added to Relias Learning Online for MH Direct Care staff.
- Following research of available Evidence Based Trainings for Individuals with IDD, two IDD staff have been identified to attend face to face EBP trainings related to TIC for IDD and Positive Behavior Management and Support Workshops. Additionally, 6 new training modules have been added to Relias Learning Online for all new IDD Authority staff which include both EBP and trainings recommended by HHSC. The modules include: Co-Occurring Disorders: Intellectual and Developmental Disabilities and Mental Illness, Trauma Informed Care for Individuals with IDD, Functional Behavior Assessment and Behavior Support, Overview of Genetic Syndromes Associated with IDD, Overview of Medical Diagnosis Associated with IDD, and Putting it all Together, Supports and Strategies for Direct Service Workers (DSWs). Additionally the Co-Occurring Disorders Training is now required for all Direct Care Mental Health Workers.
- Continued research is being conducted surrounding available EBP trainings for IDD and MH direct Care staff working with individuals (adults and children) with challenging behaviors.
- Once a Clinical Trainer has been hired, staff will provide intermittent trainings on current Evidence Based Practices (EBPs) utilized at the Center to improve competency and comfort with utilizing required EBPs.

## Goal #5 – Administrative Competence

### Objective #1

**A workgroup will meet to determine if IDD Services can be converted to electronic processes in Anasazi. This analysis will be completed by May 31, 2017.**

- The workgroup met to determine the feasibility of converting IDD services to the Anasazi EHR and ascertained that making smaller changes incrementally would best serve due to the complexity and program changes needed to accomplish a total conversion. The steps determined by this group to become electronic are:
  - Implement an electronic form to track individuals waiting for general revenue funded services through Anasazi.
  - Scanning documents into the client charts to give access to staff working in the field. Through this process, a report will be generated to track the multiple deadlines that assist staff in contract compliance.
  - Begin developing annual forms in Anasazi that will replace the paper copies.

### Objective #2

**The Management Team will develop succession plans for their area which will be approved by the Executive Director by May 31, 2017.**

- Management Team has met with the Executive Director and has discussed potential succession plans. It is clear from these conversations that rather than having identified staff to succeed a departing Management Team member, restructure would likely need to occur to ensure program success.

## Goal #6 – Fiscal Responsibility

### Objective #1

**Tri-County fiscal and clinical staff will interview other center staff and will create a plan for revenue diversification opportunities by May 31, 2017.**

- IDD Authority is considering the viability of contracting with another state agency for providing alternate services to children.
- Feasibility of applying for an Autism services grant was underway in the third quarter of FY17.

### Objective #2

**Tri-County will have 90 days of operating funds by August 31, 2017 without the inclusion of general revenue fund allocations.**

- All but one of the buildings in Conroe have sold.
- As of May 31<sup>st</sup>, we have 80 days of reserves with the projection to be at 90 days by August 31<sup>st</sup>.

<b>Agenda Item:</b> 3rd Quarter FY 2017 Corporate Compliance and Quality Management Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  <p>The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 3rd Quarter of FY 2017 are included in this Board packet.</p>	
<b>Supporting Documentation:</b>  3rd Quarter FY 2017 Corporate Compliance and Quality Management Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Corporate Compliance and Quality Management Report**

## **3<sup>rd</sup> Quarter, FY 2017**

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### **Corporate Compliance Activities**

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

1. There were two (2) Corporate Compliance investigations and one (1) Corporate Compliance review completed in the 3rd quarter of FY 2017. All three (3) cases were reported by supervisors.
  - a. Both Corporate Compliance investigations involved services that were not being recorded appropriately and/or in a timely manner. One investigation resulted in \$6,382.41 in payback. The other did not result in payback. In both cases, the staff resigned prior to completion of investigation.
  - b. The Corporate Compliance review was completed with no findings and no payback needed.

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

1. The Corporate Compliance Committee met on April 12, 2017. The committee reviewed the following:
  - a. A summary of the 2nd quarter investigations;
  - b. Legal updates on compliance issues;
  - c. Trending items at other community centers.

### **Quality Management Initiatives**

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

1. Staff reviewed and submitted five (5) MCO record requests, totaling six (6) charts.

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

1. Staff reviewed and submitted one (1) chart for Texas Children's Health Plan dating back to January 2015.
2. Staff reviewed and submitted three (3) charts to United Healthcare dating back to September 2016.
3. Staff reviewed and submitted two (2) charts for Aetna dating back to January 2016.

#### **C. Internal Programs Reviewed by Quality Management:**

1. Staff completed Program Surveys for Peer Support and Supported Housing.
2. The Quality Management (QM) Department assisted with a Beacon and Optum credentialing audit and completed review tools evaluating program procedures.

#### **D. Other Quality Management Activities:**

1. Staff continue to review 10% of all monthly discharges

<b>Agenda Item:</b> 4th Quarter FY 2017 Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.  This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  4th Quarter FY 2017 Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Compliance Reporting Do You Know? 4th Quarter, FY 2017**

## **The Anti-Kickback Statute and Vendors**

The Federal Anti-Kickback Statute prohibits the knowing and willful solicitation, offer, payment or acceptance of any remuneration (gift), directly or indirectly, overtly or covertly, in cash or in kind return for:

- referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program; or
- purchasing, leasing, ordering, or arranging for, or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program.

**In a nutshell, the Anti-Kickback Statute prohibits employees of Tri-County, and Community Centers like Tri-County, from accepting any gifts, big or small, from vendors or outside businesses.**

**What does this mean for you as an employee or contractor with Tri-County?**

- **You cannot accept any gift, trinket or food, from outside businesses, vendors, or sales representatives.**
  - **This includes the fruit basket that a vendor drops off during the holidays**
  - **or the pens and cups that the pharmaceutical company representative drops off because they want to earn Tri-County's business.**
- **Only employees that participate in training from an outside business, vendor or sales representative may accept the meal(s) and/or snack(s) provided. Employees that did not participate in the training are not allowed to enjoy the leftovers.**
- **As an employee it is ok to refuse such items and explain the reason.**

**If you have concerns please report to your Compliance Team:**

[Amy Foerster – Chief Compliance Officer](#)

[Heather Hensley](#)

[Michelle Foster](#)

- Phone: 936-521-6152 or toll free at 1-866-243-9252
  - You may dial \*69 to block your number if you prefer to remain anonymous.
  - Messages can be left confidentially. Please leave a detailed message with helpful information.
- Email: [corporatecompliance@tcbhc.org](mailto:corporatecompliance@tcbhc.org); or
- By appointment, your Corporate Compliance team is located at the Administration building located at 233 Sgt. Ed. Holcomb Blvd. South.

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Staff Signature

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Print Name

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Date

<b>Agenda Item:</b> Autism Program  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  <p>In the recent past, individuals who were in need of ABA Therapy (Adaptive Behavior Analysis) were able to receive this service through the Easter Seals Foundation, funded through their contract with HHSC. Individuals who were actively receiving services through Tri-County were able to benefit from the service which was also available to persons who were not in Tri-County consumers. However, East Seals is no longer contracting with HHSC and there is a potential opportunity for Tri-County to provide these much needed services. Tri-County IDD Authority is gathering information to submit a grant application to HHSC. Approximately \$203,000 will be requested to serve 24 children over 12 months. The final budget will be negotiated with HHSC.</p> <p>The ABA services are provided to children diagnosed with an Autism Spectrum Disorder and are between the ages of 3 through 15. These children would receive ABA focused treatment which is focused on an identified problem behavior and/or to maximize a social or adaptive skill in a specific area.</p> <p>In this program, parent training is mandatory with a required 85% attendance. The service duration is a maximum of 30 hours per month for 6 months with a lifetime maximum of 24 months. The Program Manager and therapist providing the training must be a Board Certified Behavior Analyst (BCBA). The rate is a negotiated hourly rate and billed for the hours of service delivery. The families will have a cost share as determined by a fee scale and any private insurance would have to be billed first.</p> <p>Services will be provided at the 233 Sgt. Ed Holcomb Blvd. S. location in what is currently a training room on the second floor. Through the Tri-County Autism program, services will also be also be offered off site at a well-respected private provider of ABA services with whom Tri-County will subcontract for 10 slots.</p> <p>Some minimal startup costs will be needed for skills training purposes including stations for 1:1 training, an area for skills training for more than 1 individual, and stations for theme play.</p> <p>The estimated timeline to begin is November 1, 2017 dependent on contract approval by HHSC.</p>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Informational Only</b>	

<b>Agenda Item:</b> Medicaid 1115 Transformation Waiver Project Status Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  <p>Round 1 achievement reports for Demonstration Year 6 (DY6) were submitted in April 2017. Tri-County reported full achievement of the Quantifiable Patient Impact (QPI) goals for four (4) of the five (5) projects along with the percentages of Medicaid/Low Income/Uninsured (MLIU) for each project. Payment for the QPI and M/LI/U represents 50% of the total DY6 payment. Progress on Core Components and Sustainability metrics are locked until Round 2 and will be reported in October. Numeric goals for service and funding remain the same as DY5.</p> <p>Round 1 achievement amount: \$2,308,488.75  IGT and Monitoring fees: \$1,021,514.55  To be paid July 29, 2017: \$1,286,974.20</p> <p>Program Summaries:</p> <p>In the first half of DY6, with a goal of 500, the Intensive Evaluation and Diversion (IED) program reported serving 501 persons in crisis of which 170 were admitted to the Extended Observation Unit (EOU). The Category 3 performance outcome measure, Patient Health Questionnaire (PHQ-9), is a depression study which needs to show a 12.5% decrease from its baseline score to be reported in October 2017.</p> <p>The IDD ACT program has had 42 admissions since October of 2016. With a target of 50, the program will report QPI achievement in October. The Aberrant Behavior Checklist (ABC) is the Category 3 is still required this DY, but payment is dependent on the successful results of a center-wide PHQ-9. The PHQ-9 is based on a remission score of &lt;5 and is difficult to achieve for payment for our CMHC population. We have been meeting these category 3 outcome measures and believe that we will be able to do so for DY 6.</p> <p>The Expanded Psychiatry Delivery (EPD) program serving Montgomery and Walker Counties reported a QPI visit count of 617. The Expanded program covering Liberty County also achieved by April reporting with a visit count of 334. The PHQ-Somatic, Anxiety, and Depression (PHQ-SADS) survey is the Category 3 tool for the EPD programs and requires a 12.5% decrease from baseline established in DY4.</p> <p>The Integrated Primary and Behavioral Health Care Program (IHC) reported its QPI achievement for DY6 serving 226 unique persons by March 31, 2017. Category 3 continues to be the HTN-<i>Controlling High Blood Pressure</i> study with a goal of 20% Improvement Over Self (IOS) over its DY 4 baseline. There are currently 122 patients in the study.</p>	
<b>Supporting Documentation:</b>  Medicaid 1115 Transformation Waiver Project Status Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Tri-County Behavioral Healthcare Medicaid 1115 Transformation Waiver Projects

DY 6 - 10/1/2016 - 09/30/2017

Status Update: 10/1/2016 -07/10/17 - Round 2

Source: Internal Reporting / HHSC Reports



On Target to Meet DY6 Outcomes



Not Started / To be completed in DY 6



Pending HHSC Approval

Project	County	DY 6 Target	As of 7/10/17	Progress Towards Goals	Status	Barriers / Comments
<b>1.1.1 Intensive Evaluation &amp; Diversion</b>	Montgomery Walker	1.DY 6 - 500 Persons seen in crisis	1. 501 2. 50% achieved	<ul style="list-style-type: none"> <li>Of the 501 persons seen in crisis, 170 were diverted to the EOU as of 3/31/17.</li> <li>Reported in April 2017.</li> </ul>		DY6 Estimated Incentive Bundle Amount: \$2,189,622
Required Milestones		2.400 M/LI/U 3. Core Components 4. Sustainability	2. 500 3 & 4 Oct Report	2. Report M/LI/U in April = 12.38% 3. 4 Stakeholder meetings held to be reported in October. 4. HHS requirements still in process.		DY6 Round 1 Achieved: \$1,094,811.00
Category 3 Performance Outcomes		PHQ-9 - Dep Survey Baseline: 10.43	Oct Report	Will need to show 12.5% improvement in Oct 2017.		Will report in October. DY6 Incentive Payment: \$280,558.50
<b>1.1.2 IDD ACT</b>	Montgomery Walker	1. 50 Individuals	1. 42 2. 73.17%	Will report for payment in 10/2017.		DY6 Estimated Incentive Bundle Amount: \$349,341.00
Required Milestones		2. M/LI/U 3: Core Components 4. Sustainability	3 & 4 Oct Report	3. 0 Stakeholder meeting held. 4. HHSC requirements still in process.		DY6 Round 1 Achieved: \$0.00
Category 3 Performance Outcomes		1. ABC-30Pre / 30 Posttests 2. PHQ-9	Oct Report	1. Must be completed and reported. 2. 100% payment w/ achievement.		DY 6 Incentive Payment: \$280,558.50 Remission score of <5 becoming more difficult to achieve
<b>1.1.3 Expanded Psychiatry Delivery</b>	Montgomery Walker	1. 375 Visits 2. 300 M/LI/U 80%	1. 617 2. 617	1. Reported achievement in April. 2. Will report MLIU achievement in April & October.		DY6 Estimated Incentive Bundle Amount: \$689,958.00
Required Milestones		3. Core Components 4. Sustainability	Oct Report	3. Update accomplishments/ Challenges/ Lessons Learned. 4. HHS requirements still in process.		DY6 Round 1 Achieved: \$344,979.00

## Tri-County Behavioral Healthcare

### Medicaid Transformation Waiver Projects

DY 6 - 10/1/2016 - 09/30/2017

Status Update: 10/1/2016 -07/10/17 - Round 2

Source: Internal Reporting / HHSC Reports



On Target to Meet DY6 Outcomes



Not Started / To be completed in DY 6



Pending HHSC Approval

Project	County	DY 6 Target	As of 7/10/17	Update	Status	Barriers / Comments
Category 3 Performance Outcomes		PHQ-SADS - Depression/Anxiety Establish baseline	Baseline: 36.8 Goal: ↓12.5%	Will report a ≥ 12.5% decrease in behavioral health symptoms due to treatment		DY 6 Incentive Payment: \$280,558.50
<b>1.2.1 Integrated Primary &amp; Behavioral Healthcare</b>	Montgomery Walker	1. 225 persons 2. 180 M/LI/U	1.226	1. Reported in April 2. M/LI/U % = 100%		DY6 Estimated Incentive Bundle Amount: \$1,254,782.00
Required Milestones/Metrics		3. Core Components 4. Sustainability	2. 226	3. Ongoing data is collected showing strengths & weaknesses for continuous quality improvement (CQI). 4. HHS requirements still in process		DY6 Round 1 Achieved: \$627,391.00
Category 3 Performance Outcomes		Report controlled BPs in last 6 months of DY5	Baseline: 55.56%	122 persons with HTN were being followed as of 7/10/2017.		Improve BP scheduling DY6 Incentive Payment: \$ 280,558.50
<b>1.1.1 Expanded Psychiatry Delivery</b>	Liberty	1. 125 Visits 2. 100 M/LI/U	1. 334 2. 334	Achievement reported in April 2017. 2. M/LI/U 100% reported on in April.		DY6 Estimated Incentive Bundle Amount: \$1,254,782.00
Required Milestones/Metrics		3. Core Components 4. Sustainability	October Report	3. Ongoing data is collected showing strengths & weaknesses for continuous quality improvement (CQI). 4. HHS requirements still in process		DY6 Round 1 Achieved: \$153,970.00
Category 3 Performance Outcomes		PHQ-SADS - Depression/Anxiety Establish baseline	47.2: Baseline	Will report 10% ↓ over baseline in Oct 2016 reporting period		DY 6 Incentive Payment: \$77,000.00

<b>Agenda Item:</b> Appoint Nominating Committee for FY 2018 Board Officers  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  The Board Chair will select representatives for the Nominating Committee for FY 2018 Board Officers. Typically, the committee is made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.  The annual election of officers will occur at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Nominating Committee for FY 2018 Board Officers</b>	

<b>Agenda Item:</b> Appoint Executive Director Evaluation Committee  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  The Board Chair will select representatives for the FY 2017 Executive Director Evaluation Committee. Typically, the committee has been made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.  The results of the Executive Director Evaluation will be reviewed at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Executive Director Evaluation Committee</b>	

<b>Agenda Item:</b> Personnel Report for May and June 2017  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Reports for May and June 2017	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Personnel Report May 2017

Total Applications received in May = 579

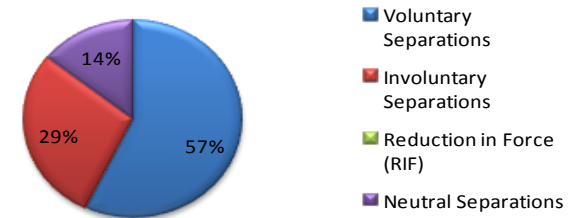
Total New Hires for the month of May = 2

Total New Hires Year to Date = 73

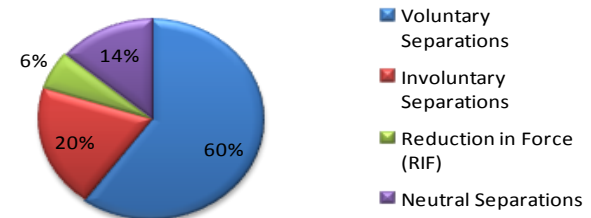
May Turnover	FY17	FY16
Number of Active Employees	344	337
Number of Monthly Separations	7	7
Number of Separations YTD	65	62
Year to Date Turnover Rate	19%	18%
May Turnover	2%	2%

Separations by Reason	May Separations	Year to Date
Retired	0	2
Involuntarily Terminated	2	13
Neutral Termination	1	9
Dissatisfied	0	0
Lack of Support from Administration	0	0
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	1	1
RIF	0	4
Deceased	0	0
Pay	0	0
Health	0	0
Family	1	3
Relocation	0	3
School	0	1
Personal	0	2
Unknown	0	2
New Job	2	25
<b>Total Separations</b>	<b>7</b>	<b>65</b>

**May Voluntary, Involuntary, RIF and Neutral Separations**



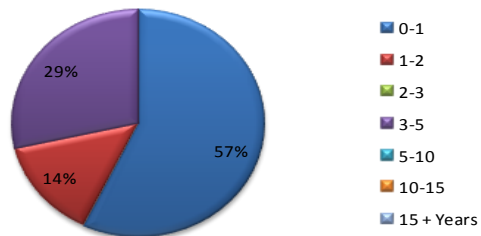
**Year to Date Voluntary, Involuntary, RIF and Neutral Separations**



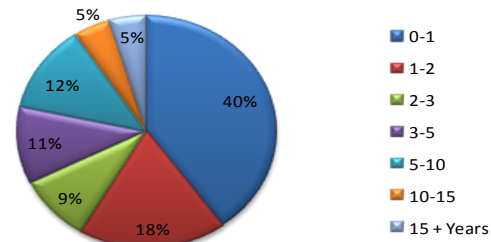
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% May	% YTD
Evan Roberson	27	1	3	4%	11%
Millie McDuffey	26	1	11	4%	42%
Amy Foerster	17	0	4	0%	24%
Tanya Bryant	11	0	0	0%	0%
Behavioral Health Director	126	4	31	3%	25%
Breanna Robertson	61	0	7	0%	11%
Kelly Shropshire	34	0	2	0%	6%
Kathy Foster	34	1	6	3%	18%
Kenneth Barfield	8	0	1	0%	13%
<b>Total</b>	<b>344</b>	<b>7</b>	<b>65</b>		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% May	% Year to Date
Supervisors & Managers	23	0	4	0%	17%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	46	2	9	4%	20%
Professionals (QMHP)	94	2	24	2%	26%
Professionals (QIDP)	28	0	2	0%	7%
Licensed Staff (LCDC, LPC...)	18	1	1	6%	6%
Business Services (Accounting)	14	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	23	1	0	4%	0%
Program Support(Financial Counselors, QA, Training, Med. Records)	37	1	15	3%	41%
Nurse Technicians/Aides	17	0	1	0%	6%
Service/Maintenance	15	0	5	0%	33%
Direct Care (HCS, Respite, Life Skills)	29	0	4	0%	14%
<b>Total</b>	<b>344</b>	<b>7</b>	<b>65</b>		

**May Separations by Tenure**



**Year to Date Separations by Tenure**



## Personnel Report June 2017

Total Applications received in June = 505

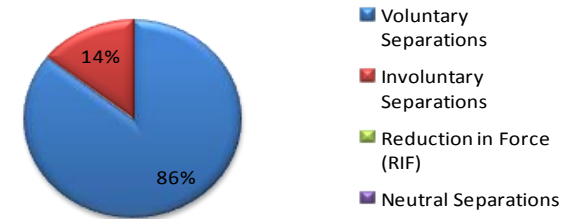
Total New Hires for the month of June = 3

Total New Hires Year to Date = 76

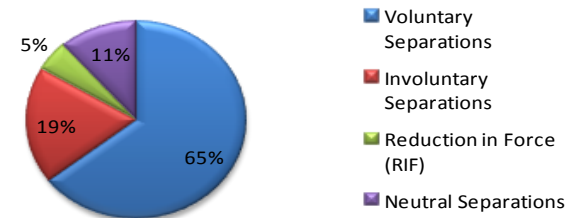
June Turnover	FY17	FY16
Number of Active Employees	334	330
Number of Monthly Separations	14	10
Number of Separations YTD	79	72
Year to Date Turnover Rate	23%	22%
June Turnover	4%	3%

Separations by Reason	June Separations	Year to Date
Retired	0	2
Involuntarily Terminated	2	15
Neutral Termination	0	9
Dissatisfied	0	0
Lack of Support from Administration	1	1
Micro-managing supervisor	0	0
Lack of growth opportunities/recognition	0	0
Difficulty learning new job	0	0
Co-workers	0	0
Work Related Stress/Environment	0	1
RIF	0	4
Deceased	0	0
Pay	1	1
Health	0	0
Family	2	5
Relocation	1	4
School	1	2
Personal	1	3
Unknown	2	4
New Job	3	28
<b>Total Separations</b>	<b>14</b>	<b>79</b>

**June Voluntary, Involuntary, RIF and Neutral Separations**



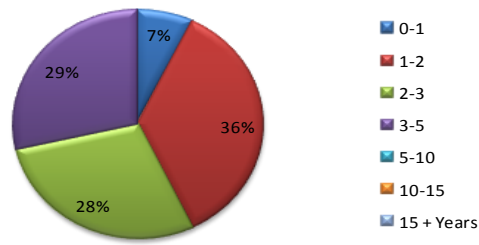
**Year to Date Voluntary, Involuntary, RIF and Neutral Separations**



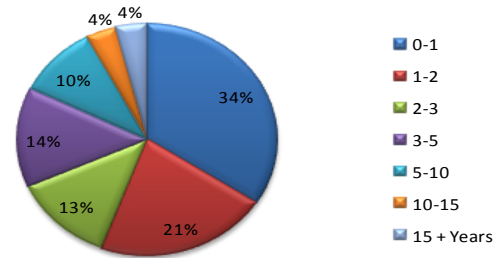
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% June	% YTD
Evan Roberson	26	1	4	4%	15%
Millie McDuffey	26	0	11	0%	42%
Amy Foerster	16	1	5	6%	31%
Tanya Bryant	11	0	0	0%	0%
Behavioral Health Director	123	7	38	6%	31%
Breanna Robertson	60	2	9	3%	15%
Kelly Shropshire	31	3	5	10%	16%
Kathy Foster	33	0	6	0%	18%
Kenneth Barfield	8	0	1	0%	13%
<b>Total</b>	<b>334</b>	<b>14</b>	<b>79</b>		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date	% June	% Year to Date
Supervisors & Managers	23	1	5	4%	22%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	45	1	10	2%	22%
Professionals (QMHP)	88	6	30	7%	34%
Professionals (QIDP)	27	1	3	4%	11%
Licensed Staff (LCDC, LPC...)	18	0	1	0%	6%
Business Services (Accounting)	14	0	0	0%	0%
Central Administration (HR, IT, Executive Director)	23	0	0	0%	0%
Program Support(Financial Counselors, QA, Training, Med. Records)	36	3	18	8%	50%
Nurse Technicians/Aides	18	1	2	6%	11%
Service/Maintenance	14	1	6	7%	43%
Direct Care (HCS, Respite, Life Skills)	28	0	4	0%	14%
<b>Total</b>	<b>334</b>	<b>14</b>	<b>79</b>		

**June Separations by Tenure**

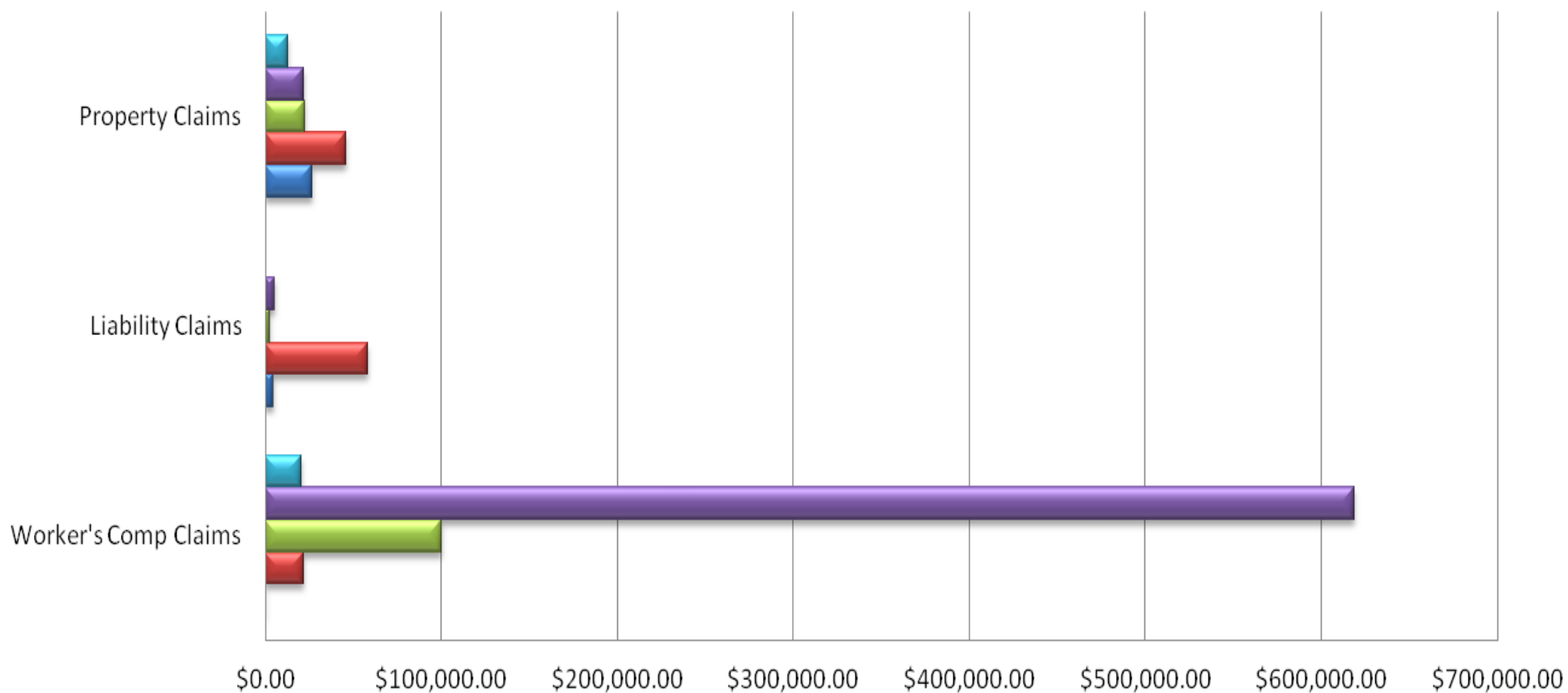


**Year to Date Separations by Tenure**



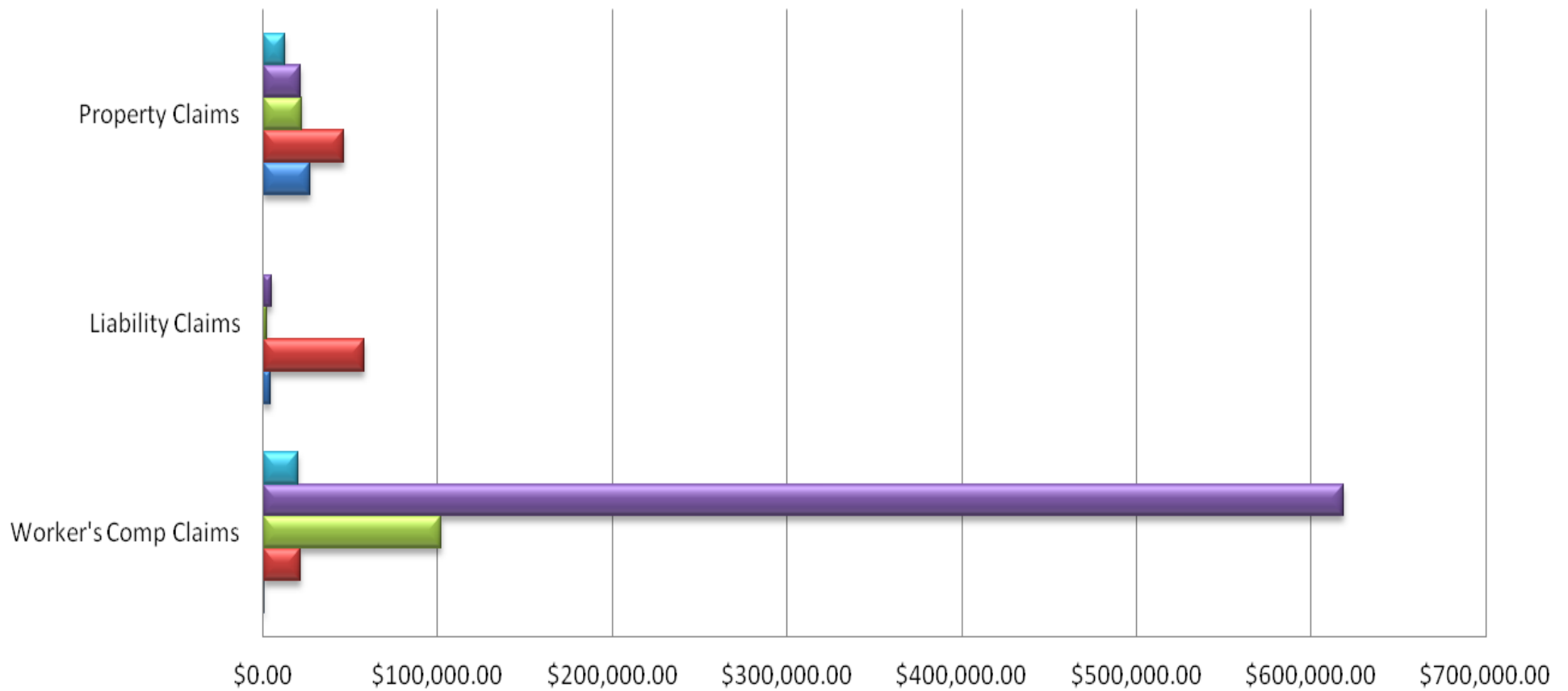
<b>Agenda Item:</b> Texas Council Risk Management Fund Claims Summary as of May and June 2017  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Texas Council Risk Management Fund Claims Summary as of May and June 2017	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## TCRMF Claims Summary May 2017



	Worker's Comp Claims	Liability Claims	Property Claims
2013	\$20,263.00	\$0.00	\$12,869.00
2014	\$618,699.00	\$5,295.00	\$21,931.00
2015	\$100,083.00	\$2,556.00	\$22,505.00
2016	\$21,868.00	\$58,190.00	\$46,114.00
2017	\$716.00	\$4,553.00	\$26,625.00

## TCRMF Claims Summary June 2017



	Worker's Comp Claims	Liability Claims	Property Claims
2013	\$20,263.00	\$0.00	\$12,869.00
2014	\$618,699.00	\$5,295.00	\$21,931.00
2015	\$101,929.00	\$2,556.00	\$22,505.00
2016	\$21,868.00	\$58,316.00	\$46,114.00
2017	\$728.00	\$4,742.00	\$27,125.00

<b>Agenda Item:</b> Approve May 2017 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  May 2017 Financial Statements	
<b>Recommended Action:</b>  <b>Approve May 2017 Financial Statements</b>	

## May 2017 Financial Summary

Revenues for May 2017 were \$2,587,544 and operating expenses were \$2,527,414; resulting in a gain in operations of \$60,130. Capital Expenditures and Extraordinary Expenses for May were \$164,802; resulting in a loss of \$104,672. Total revenues were 101.00% of the monthly budgeted revenues and total expenses were 104.89% of the monthly budgeted expenses.

Year to date revenues are \$26,013,902 and operating expenses are \$22,631,722; leaving excess operating revenues of \$3,382,180. YTD Capital Expenditures and Extraordinary Expenses are \$1,484,386; resulting in a gain YTD of \$1,897,794. Total revenues are 109.32% of the YTD budgeted revenues and total expenses are 99.93% of the YTD budgeted expenses

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
HCS Program – Title XIX	1,376,881	1,401,870	98.22%	24,989
Rehab – Title XIX	1,392,007	1,425,072	97.68%	33,065
DSHS – SA Treatment Adult	43,448	63,927	67.97%	20,479
DSHS – SA Treatment Youth	0	23,074	0	23,074

**HCS Program** – This line item is for the HCS program which is currently running under budget due to one client entering a nursing home and another transferring out of the program.

**Rehab – Title XIX** – This line item remains on the narrative mainly due to a continued decrease in the number of adult Medicaid clients being seen for Rehab services. We have seen this percentage continue to decrease over the past 3+ years. We will continue to monitor our data to ensure our revenue expectations are realistic in the new year's budget.

**DSHS – SA Treatment Adult** – This line item represents the Substance Abuse Treatment program for adults. We are in the process of reviewing and will determine if the program is viable in the new fiscal year.

**DSHS – SA Treatment Youth** – This line item represents the Substance Abuse Treatment program for youth. As of this time, we have not billed any services through DSHS in FY 2017. This line item will continue to be monitored and evaluated to determine if the program will continue.

**EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Building Repairs & Maintenance	306,839	248,274	1.24%	58,565
Contract – Clinical	693,788	650,635	1.07%	43,153
Consultant – Other	100,000	49,411	2.02%	50,589
Fixed Asset – Vehicles	82,755	56,730	1.46%	26,025
Insurance – Errors & Omissions	48,996	35,394	1.38%	13,602

**Building Repairs & Maintenance** – This line item is over for the month based on repairs needed on our Huntsville facility's roof and a major plumbing issue at one of the ICF IDD homes. We expect this expense to be reduced significantly the next fiscal year.

**Contract – Clinical** – This line item's overage is mainly due to a clinical contract for doctor services in Conroe. As we continue to serve more people, the demand for doctors will continue to be an issue.

**Consultant – Other** – This line item shows the new janitorial and security contracts that are being provided at the new facility. This line also reflects a reclassification of the PAP contract with ETBHN for medication costs.

**Fixed Asset – Vehicles** – This line item's overage is due to the 12 passenger van that was approved to be purchased at the April Board meeting.

**Insurance – Errors & Omissions** – This line item reflects a deductible charge on one of our current cases that has exceeded the cost limits.

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended May 31, 2017

	<b>TOTALS COMBINED FUNDS May 2017</b>	<b>TOTALS COMBINED FUNDS April 2017</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,890	3,890	-
Cash on Deposit-General Fund	7,158,187	8,065,369	(907,182)
Cash on Deposit-Debt Fund			-
Accounts Receivable	1,919,937	1,867,578	52,360
Inventory	5,178	5,442	(265)
<b>TOTAL CURRENT ASSETS</b>	<u>9,087,192</u>	<u>9,942,279</u>	<u>(855,087)</u>
<b>FIXED ASSETS</b>	15,648,025	15,648,025	-
<b>OTHER ASSETS</b>	70,560	86,795	(16,236)
<b>TOTAL ASSETS</b>	<u><b>\$ 24,805,777</b></u>	<u><b>\$ 25,677,099</b></u>	<u><b>\$ (871,321)</b></u>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,070,709	990,402	80,307
<b>NOTES PAYABLE</b>	607,292	607,292	-
<b>DEFERRED REVENUE</b>	675,229	1,528,353	(853,124)
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	246,542	266,754	(20,212)
Note Payable Prosperity Bank	489,689	502,720	(13,030)
First Financial loan tied to CD	1,054,167	1,100,000	(45,833)
First Financial Construction Loan	10,823,732	3,113,876	7,709,856
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,897,794	2,002,466	(104,672)
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,614,130)	(4,983,350)	(7,630,780)
Reserved for Debt Retirement	963,631	963,631	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment	15,648,025	15,648,025	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
Reserved for Board Initiatives	1,464,542	1,464,542	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	55,499	49,332	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(607,292)	(607,292)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	1,460,994	1,460,994	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<u><b>\$ 24,805,777</b></u>	<u><b>\$ 25,677,099</b></u>	<u><b>\$ (871,322)</b></u>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended May 31, 2017**

	<b>General Operating Funds</b>	<b>Memorandum Only  Final August 2016</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	3,890	2,985
Cash on Deposit-General Fund	7,158,187	4,841,244
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	1,919,937	1,703,269
Inventory	5,178	6,455
<b>TOTAL CURRENT ASSETS</b>	<b>9,087,192</b>	<b>6,553,953</b>
<b>FIXED ASSETS</b>	<b>15,648,025</b>	<b>15,648,025</b>
<b>OTHER ASSETS</b>	<b>70,560</b>	<b>68,231</b>
	<b>\$ 24,805,777</b>	<b>\$ 22,270,209</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	1,070,709	1,235,254
<b>NOTES PAYABLE</b>	607,292	607,292
<b>DEFERRED REVENUE</b>	675,229	(107,050)
<b>LONG-TERM LIABILITIES FOR</b>		
Line of Credit - Tradition Bank	246,542	429,919
Note Payable Prosperity Bank	489,689	606,132
First Financial loan tied to CD	1,054,167	1,100,000
First Financial Construction Loan	10,823,732	3,113,876
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	1,897,794	(1,941,141)
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(12,614,130)	(5,249,927)
Reserved for Debt Retirement	963,631	963,631
<b>COMMITTED</b>		
Net Assets-Property and Equipment-Committed	15,648,025	15,648,025
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	2,136,013
Reserved for Board Initiatives	1,464,542	1,500,000
Reserved for 1115 Waiver Programs	516,833	516,833
<b>ASSIGNED</b>		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	55,499	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(607,292)	(607,292)
<b>UNASSIGNED</b>		
Unrestricted and Undesignated	1,460,994	1,266,122
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 24,805,777</b>	<b>\$ 22,270,209</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended May 2017**  
**and Year To Date as of May 2017**

<b>INCOME:</b>	<b>MONTH OF May 2017</b>	<b>YTD May 2017</b>
Local Revenue Sources	124,959	3,655,496
Earned Income	1,275,538	10,927,647
General Revenue-Contract	1,187,048	11,430,759
<b>TOTAL INCOME</b>	<b>\$ 2,587,544</b>	<b>\$ 26,013,902</b>
<b>EXPENSES:</b>		
Salaries	1,352,263	12,343,289
Employee Benefits	275,216	2,448,690
Medication Expense	39,703	513,601
Travel-Board/Staff	38,883	349,809
Building Rent/Maintenance	41,552	327,978
Consultants/Contracts	587,487	4,621,668
Other Operating Expenses	192,310	2,026,687
<b>TOTAL EXPENSES</b>	<b>\$ 2,527,414</b>	<b>\$ 22,631,722</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 60,130</b>	<b>\$ 3,382,180</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	76,587	913,128
Capital Outlay-Debt Service	88,215	571,258
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 164,802</b>	<b>\$ 1,484,386</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,692,216</b>	<b>\$ 24,116,108</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (104,672)</b>	<b>\$ 1,897,794</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	88,215	571,258
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>88,215</b>	<b>571,258</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of May 2017**

	YTD May 2017	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	3,655,496	1,510,519	2,144,977
Earned Income	10,927,647	10,916,868	10,779
General Revenue-Contract	11,430,759	11,368,133	62,626
<b>TOTAL INCOME</b>	<b>\$ 26,013,902</b>	<b>\$ 23,795,520</b>	<b>\$ 2,218,382</b>
<b>EXPENSES:</b>			
Salaries	12,343,289	12,378,083	(34,794)
Employee Benefits	2,448,690	2,451,400	(2,710)
Medication Expense	513,601	526,531	(12,930)
Travel-Board/Staff	349,809	351,620	(1,811)
Building Rent/Maintenance	327,978	265,149	62,829
Consultants/Contracts	4,621,668	4,640,822	(19,154)
Other Operating Expenses	2,026,687	2,073,830	(47,143)
<b>TOTAL EXPENSES</b>	<b>\$ 22,631,722</b>	<b>\$ 22,687,435</b>	<b>\$ (55,713)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,382,180</b>	<b>\$ 1,108,085</b>	<b>\$ 2,274,095</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	913,128	874,073	39,055
Capital Outlay-Debt Service	571,258	572,192	(934)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,484,386</b>	<b>\$ 1,446,265</b>	<b>\$ 38,121</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 24,116,108</b>	<b>\$ 24,133,700</b>	<b>\$ (17,592)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,897,794</b>	<b>\$ (338,180)</b>	<b>\$ 2,235,974</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	571,258	572,192	(934)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>571,258</b>	<b>572,192</b>	<b>(934)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended May 2017**

<b>INCOME:</b>	<b>MONTH OF May 2017</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	124,959	113,114	11,845
Earned Income	1,275,538	1,276,214	(676)
General Revenue-Contract	1,187,048	1,172,602	14,446
<b>TOTAL INCOME</b>	<b>\$ 2,587,544</b>	<b>\$ 2,561,930</b>	<b>\$ 25,614</b>
<b>EXPENSES:</b>			
Salaries	1,352,263	1,364,591	(12,328)
Employee Benefits	275,216	275,401	(185)
Medication Expense	39,703	57,423	(17,720)
Travel-Board/Staff	38,883	38,446	437
Building Rent/Maintenance	41,552	7,617	33,935
Consultants/Contracts	587,487	469,168	118,319
Other Operating Expenses	192,310	218,296	(25,986)
<b>TOTAL EXPENSES</b>	<b>\$ 2,527,414</b>	<b>\$ 2,430,942</b>	<b>\$ 96,472</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 60,130</b>	<b>\$ 130,988</b>	<b>\$ (70,858)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	76,587	47,874	28,713
Capital Outlay-Debt Service	88,215	87,833	382
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 164,802</b>	<b>\$ 135,707</b>	<b>\$ 29,095</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,692,216</b>	<b>\$ 2,566,649</b>	<b>\$ 125,567</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (104,672)</b>	<b>\$ (4,719)</b>	<b>\$ (99,953)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	88,215	87,833	382
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>88,215</b>	<b>87,833</b>	<b>382</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With May 2016 Comparative Data**  
**Year to Date as of May 2017**

<b>INCOME:</b>	<b>YTD May 2017</b>	<b>YTD May 2016</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	3,655,496	3,097,925	557,571
Earned Income	10,927,647	10,564,320	363,327
General Revenue-Contract	11,430,759	11,303,394	127,365
<b>TOTAL INCOME</b>	<b>\$ 26,013,902</b>	<b>\$ 24,965,639</b>	<b>\$ 1,048,263</b>
<b>EXPENSES:</b>			
Salaries	12,343,289	11,982,482	360,807
Employee Benefits	2,448,690	2,335,652	113,038
Medication Expense	513,601	525,455	(11,854)
Travel-Board/Staff	349,809	354,877	(5,068)
Building Rent/Maintenance	327,978	234,441	93,537
Consultants/Contracts	4,621,668	4,301,373	320,295
Other Operating Expenses	2,026,687	1,913,590	113,097
<b>TOTAL EXPENSES</b>	<b>\$ 22,631,722</b>	<b>\$ 21,647,870</b>	<b>\$ 983,852</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,382,180</b>	<b>\$ 3,317,769</b>	<b>\$ 64,411</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	913,128	2,362,493	(1,449,365)
Capital Outlay-Debt Service	571,258	324,661	246,597
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,484,386</b>	<b>\$ 2,687,154</b>	<b>\$ (1,202,768)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 24,116,108</b>	<b>\$ 24,335,024</b>	<b>\$ (218,916)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,897,794</b>	<b>\$ 630,615</b>	<b>\$ 1,267,179</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	571,258	324,661	246,597
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>571,258</b>	<b>324,661</b>	<b>246,597</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With May 2016 Comparative Data**  
**For the Month Ended May 2017**

<b>INCOME:</b>	<b>MONTH OF May 2017</b>	<b>MONTH OF May 2016</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	124,959	107,041	17,918
Earned Income	1,275,538	1,292,677	(17,139)
General Revenue-Contract	1,187,048	1,214,395	(27,347)
<b>TOTAL INCOME</b>	<b>\$ 2,587,544</b>	<b>\$ 2,614,113</b>	<b>\$ (26,569)</b>
Salaries	1,352,263	1,289,818	62,445
Employee Benefits	275,216	254,888	20,328
Medication Expense	39,703	36,600	3,103
Travel-Board/Staff	38,883	36,788	2,095
Building Rent/Maintenance	41,552	31,840	9,712
Consultants/Contracts	587,487	582,959	4,528
Other Operating Expenses	192,310	189,359	2,951
<b>TOTAL EXPENSES</b>	<b>\$ 2,527,414</b>	<b>\$ 2,422,252</b>	<b>\$ 105,162</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 60,130</b>	<b>\$ 191,861</b>	<b>\$ (131,731)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	76,587	13,031	63,556
Capital Outlay-Debt Service	88,215	37,949	50,266
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 164,802</b>	<b>\$ 50,980</b>	<b>\$ 113,822</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,692,216</b>	<b>\$ 2,473,232</b>	<b>\$ 218,984</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (104,672)</b>	<b>\$ 140,881</b>	<b>\$ (245,553)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	88,215	37,949	50,266
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>88,215</b>	<b>37,949</b>	<b>50,266</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With April 2017 Comparative Data**  
**For the Month Ended May 2017**

<b>INCOME:</b>	<b>MONTH OF May 2017</b>	<b>MONTH OF April 2017</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	124,959	2,515,639	(2,390,680)
Earned Income	1,275,538	1,218,023	57,515
General Revenue-Contract	1,187,048	1,193,560	(6,513)
<b>TOTAL INCOME</b>	<b>\$ 2,587,544</b>	<b>\$ 4,927,222</b>	<b>\$ (2,339,678)</b>
<b>EXPENSES:</b>			
Salaries	1,352,263	1,486,389	(134,125)
Employee Benefits	275,216	234,661	40,556
Medication Expense	39,703	56,373	(16,671)
Travel-Board/Staff	38,883	41,160	(2,277)
Building Rent/Maintenance	41,552	23,357	18,195
Consultants/Contracts	587,487	480,716	106,771
Other Operating Expenses	192,310	261,131	(68,820)
<b>TOTAL EXPENSES</b>	<b>\$ 2,527,414</b>	<b>\$ 2,583,785</b>	<b>\$ (56,371)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 60,130</b>	<b>\$ 2,343,437</b>	<b>\$ (2,283,307)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	76,587	19,926	56,661
Capital Outlay-Debt Service	88,215	89,084	(868)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 164,802</b>	<b>\$ 109,010</b>	<b>\$ 55,792</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,692,216</b>	<b>\$ 2,692,795</b>	<b>\$ (579)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (104,672)</b>	<b>\$ 2,234,427</b>	<b>\$ (2,339,099)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	88,215	89,084	(868)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>88,215</b>	<b>89,084</b>	<b>(868)</b>

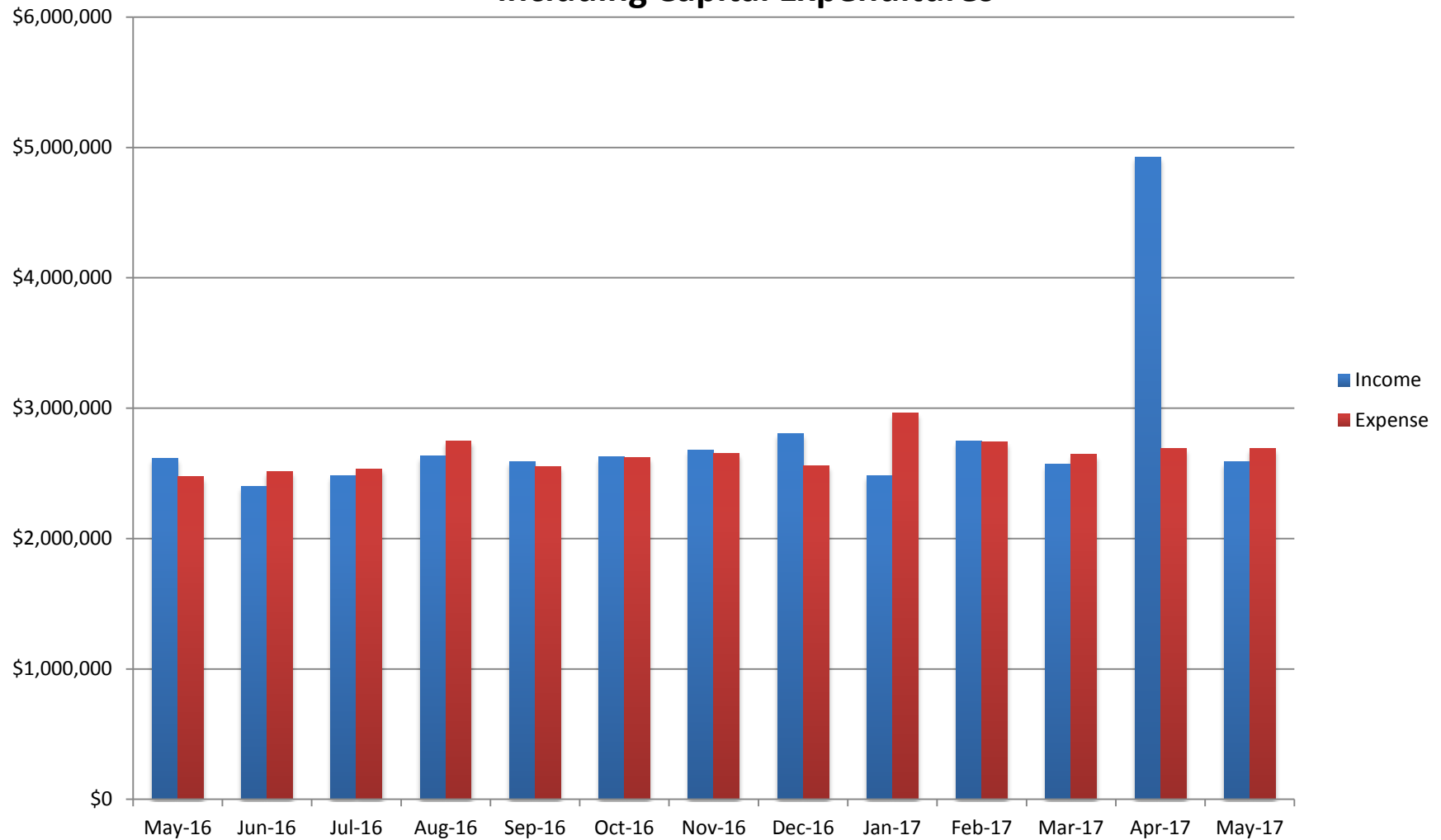
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of May 2017**

	YTD Mental Health May 2017	YTD IDD May 2017	YTD Other Services May 2017	YTD Agency Total May 2017	YTD Approved Budget May 2017	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	2,936,376	880,710	(161,591)	3,655,496	1,510,519	2,144,977
Earned Income	2,980,760	4,828,948	3,117,939	10,927,647	10,916,868	10,779
General Revenue-Contract	9,733,321	1,556,838	140,601	11,430,759	11,368,133	62,626
<b>TOTAL INCOME</b>	<b>\$ 15,650,457</b>	<b>\$ 7,266,496</b>	<b>\$ 3,096,949</b>	<b>\$ 26,013,902</b>	<b>\$ 23,795,520</b>	<b>\$ 2,218,382</b>
<b>EXPENSES:</b>						
Salaries	7,869,497	2,477,895	1,995,897	12,343,289	12,378,083	(34,794)
Employee Benefits	1,540,809	538,025	369,855	2,448,690	2,451,400	(2,710)
Medication Expense	394,116		119,485	513,601	526,531	(12,930)
Travel-Board/Staff	201,505	104,296	44,008	349,809	351,620	(1,811)
Building Rent/Maintenance	196,997	90,119	40,863	327,978	265,149	62,829
Consultants/Contracts	1,792,082	2,700,291	129,295	4,621,668	4,640,822	(19,154)
Other Operating Expenses	1,179,853	492,489	354,346	2,026,687	2,073,830	(47,143)
<b>TOTAL EXPENSES</b>	<b>\$ 13,174,859</b>	<b>\$ 6,403,115</b>	<b>\$ 3,053,749</b>	<b>\$ 22,631,722</b>	<b>\$ 22,687,435</b>	<b>\$ (55,713)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 2,475,598</b>	<b>\$ 863,381</b>	<b>\$ 43,200</b>	<b>\$ 3,382,180</b>	<b>\$ 1,108,085</b>	<b>\$ 2,274,095</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	492,681	276,856	143,592	913,128	874,073	39,055
Capital Outlay-Debt Service	339,805	80,080	151,373	571,258	572,192	(934)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 832,486</b>	<b>\$ 356,936</b>	<b>\$ 294,965</b>	<b>\$ 1,484,386</b>	<b>\$ 1,446,265</b>	<b>\$ 38,121</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 14,007,345</b>	<b>\$ 6,760,051</b>	<b>\$ 3,348,714</b>	<b>\$ 24,116,108</b>	<b>\$ 24,133,700</b>	<b>\$ (17,592)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,643,112</b>	<b>\$ 506,445</b>	<b>\$ (251,765)</b>	<b>\$ 1,897,794</b>	<b>\$ (338,180)</b>	<b>\$ 2,235,974</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	339,805	80,080	151,373	571,258	572,192	(232,387)
		-	-	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>339,805</b>	<b>80,080</b>	<b>151,373</b>	<b>571,258</b>	<b>572,192</b>	<b>(232,387)</b>

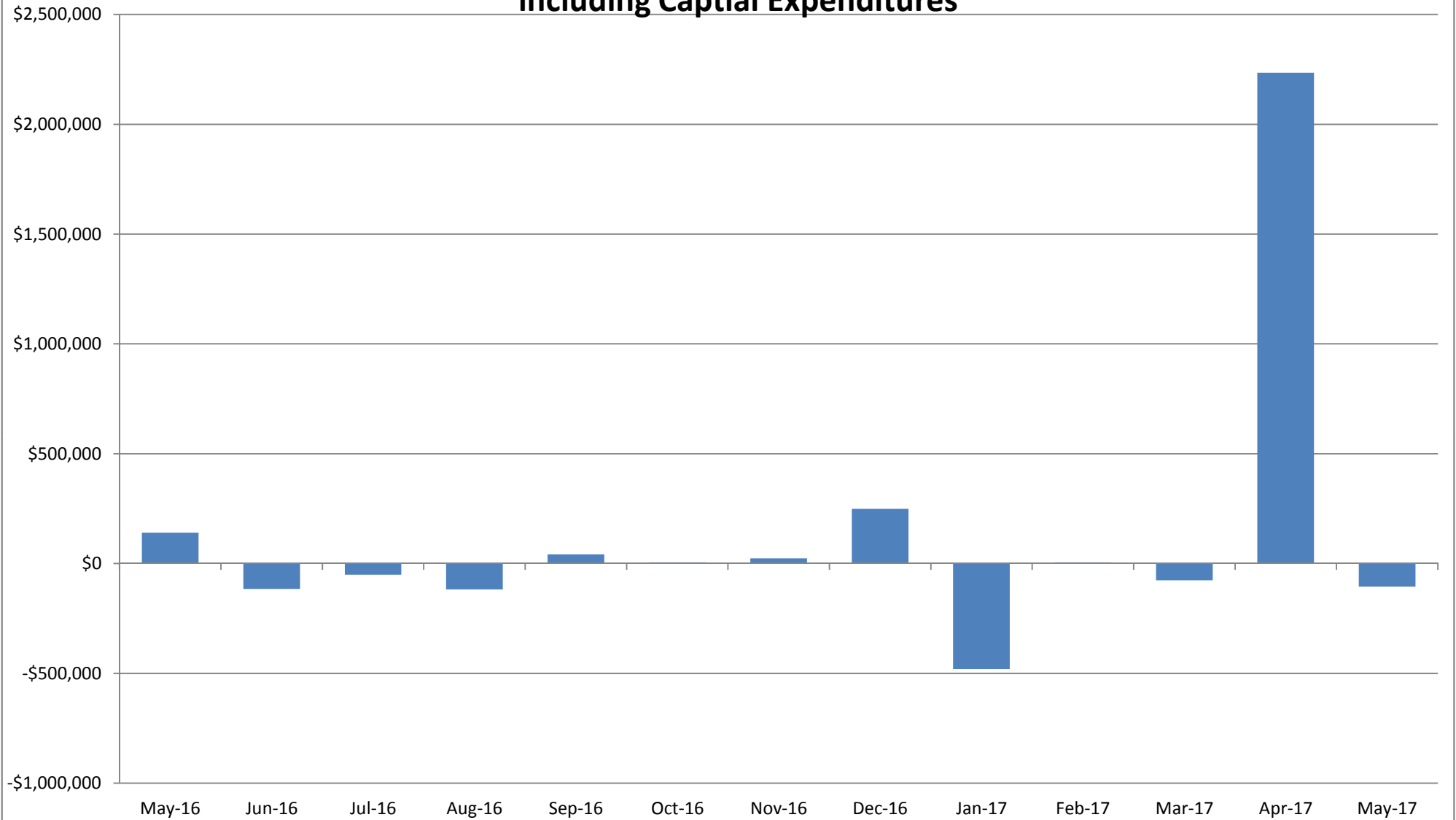
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### including Capital Expenditures



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



<b>Agenda Item:</b> Approve June 2017 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  June 2017 Financial Statements	
<b>Recommended Action:</b>  <b>Approve June 2017 Financial Statements</b>	

## June 2017 Financial Summary

Revenues for June 2017 were \$2,662,769 and operating expenses were \$2,553,395; resulting in a gain in operations of \$109,374. Capital Expenditures and Extraordinary Expenses for June were \$90,591; resulting in a gain of \$18,783. Total revenues were 99.57% of the monthly budgeted revenues and total expenses were 100.60% of the monthly budgeted expenses.

Year to date revenues are \$28,676,671 and operating expenses are \$25,185,117; leaving excess operating revenues of \$3,491,554. YTD Capital Expenditures and Extraordinary Expenses are \$1,574,977; resulting in a gain YTD of \$1,916,577. Total revenues are 108.34% of the YTD budgeted revenues and total expenses are 99.99% of the YTD budgeted expenses

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Rehab – Title XIX	1,530,044	1,594,722	95.94%	64,678
DSHS – SA Treatment Adult	43,448	75,030	57.91%	31,582
DSHS – SA Treatment Youth	0	27,350	0	27,350
DSHS – SA Prevention	138,321	154,833	89.34%	16,512

**Rehab – Title XIX** – This line item remains on the narrative mainly due to a continued decrease in the number of adult Medicaid clients being seen for Rehab services. We have seen this percentage continue to decrease over the past 3+ years. We will continue to monitor our data to ensure our revenue expectations are realistic in the new year's budget.

**DSHS – SA Treatment Adult** – This line item represents the Substance Abuse Treatment program for adults. We are in the process of reviewing the Substance Abuse programs and will determine if the program is viable in the new fiscal year.

**DSHS – SA Treatment Youth** – This line item represents the Substance Treatment program for youth. As of this time, we have not billed any services through DSHS in FY 2017. This line item will continue to be monitored and evaluated to determine if the program will continue.

**DSHS – SA Prevention** – This line item is a cost reimbursement program for the Substance Abuse Prevention program. The financials have an offset of expenses being below budget, as well as on the revenue side.

**EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Building Repairs & Maintenance	317,460	254,016	1.25%	63,444
Contract – Clinical	770,053	712,760	1.08%	57,293
Consultant – Other	120,071	57,828	2.08%	62,243
Insurance – Errors & Omissions	51,128	37,526	1.36%	13,602

**Building Repairs & Maintenance** – This line item continues to be over budget due to the repairs to our Huntsville facility and repairs for our ICF IDD homes. We expect this expense line to be reduced significantly the next fiscal year.

**Contract – Clinical** – This line item's overage is mainly due to a clinical contract for doctor services in Conroe. As we continue to serve more people, the demand for more doctor time will continue to be an issue.

**Consultant – Other** – This line item shows the new janitorial and security contracts that are being provided at the new Conroe facility. This line also reflects a reclassification of the PAP contract with ETBHN.

**Insurance – Errors & Omissions** – This line item reflects a deductible charge on one of our current cases that has exceeded the cost limits.

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended June 30, 2017

	<b>TOTALS COMBINED FUNDS June 2017</b>	<b>TOTALS COMBINED FUNDS May 2017</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,890	3,890	-
Cash on Deposit-General Fund	7,952,802	7,158,187	794,615
Cash on Deposit-Debt Fund			-
Accounts Receivable	1,770,979	1,919,937	(148,958)
Inventory	5,084	5,178	(94)
<b>TOTAL CURRENT ASSETS</b>	<b>9,732,755</b>	<b>9,087,192</b>	<b>645,563</b>
<b>FIXED ASSETS</b>	15,648,025	15,648,025	-
<b>OTHER ASSETS</b>	54,272	70,560	(16,287)
<b>TOTAL ASSETS</b>	<b>\$ 25,435,053</b>	<b>\$ 24,805,777</b>	<b>\$ 629,277</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,278,025	1,070,709	207,316
<b>NOTES PAYABLE</b>	607,292	607,292	-
<b>DEFERRED REVENUE</b>	1,072,239	675,229	397,010
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	225,893	246,542	(20,649)
Note Payable Prosperity Bank	476,599	489,689	(13,090)
First Financial loan tied to CD	1,031,250	1,054,167	(22,917)
First Financial Construction Loan	10,823,732	10,823,732	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	1,916,577	1,897,794	18,783
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,557,474)	(12,614,130)	56,656
Reserved for Debt Retirement	963,631	963,631	-
<b>COMMITTED</b>			
Net Assets-Property and Equipment	15,648,025	15,648,025	-
Reserved for Vehicles & Equipment Replacement	678,112	678,112	-
Reserved for Facility Improvement & Acquisitions	-	-	-
Reserved for Board Initiatives	1,464,542	1,464,542	-
Reserved for 1115 Waiver Programs	516,833	516,833	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	61,666	55,499	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(607,292)	(607,292)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	1,460,994	1,460,994	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 25,435,053</b>	<b>\$ 24,805,777</b>	<b>\$ 629,276</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended June 30, 2017**

	<b>General Operating Funds</b>	<b>Memorandum Only Final August 2016</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	3,890	2,985
Cash on Deposit-General Fund	7,952,802	4,841,244
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	1,770,979	1,703,269
Inventory	5,084	6,455
<b>TOTAL CURRENT ASSETS</b>	<b>9,732,755</b>	<b>6,553,953</b>
<b>FIXED ASSETS</b>	<b>15,648,025</b>	<b>15,648,025</b>
<b>OTHER ASSETS</b>	<b>54,272</b>	<b>68,231</b>
	<b>\$ 25,435,053</b>	<b>\$ 22,270,209</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,278,025</b>	<b>1,235,254</b>
<b>NOTES PAYABLE</b>	<b>607,292</b>	<b>607,292</b>
<b>DEFERRED REVENUE</b>	<b>1,072,239</b>	<b>(107,050)</b>
<b>LONG-TERM LIABILITIES FOR</b>		
Line of Credit - Tradition Bank	225,893	429,919
Note Payable Prosperity Bank	476,599	606,132
First Financial loan tied to CD	1,031,250	1,100,000
First Financial Construction Loan	10,823,732	3,113,876
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	1,916,577	(1,941,141)
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(12,557,474)	(5,249,927)
Reserved for Debt Retirement	963,631	963,631
<b>COMMITTED</b>		
Net Assets-Property and Equipment-Committed	15,648,025	15,648,025
Reserved for Vehicles & Equipment Replacement	678,112	678,112
Reserved for Facility Improvement & Acquisitions	-	2,136,013
Reserved for Board Initiatives	1,464,542	1,500,000
Reserved for 1115 Waiver Programs	516,833	516,833
<b>ASSIGNED</b>		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	61,666	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(607,292)	(607,292)
<b>UNASSIGNED</b>		
Unrestricted and Undesignated	1,460,994	1,266,122
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 25,435,053</b>	<b>\$ 22,270,209</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended June 2017**  
**and Year To Date as of June 2017**

<b>INCOME:</b>	<b>MONTH OF June 2017</b>	<b>YTD June 2017</b>
Local Revenue Sources	122,200	3,777,696
Earned Income	1,234,300	12,161,947
General Revenue-Contract	1,306,268	12,737,027
<b>TOTAL INCOME</b>	<b>\$ 2,662,769</b>	<b>\$ 28,676,671</b>
<b>EXPENSES:</b>		
Salaries	1,428,021	13,771,310
Employee Benefits	282,036	2,730,725
Medication Expense	59,621	573,222
Travel-Board/Staff	35,575	385,384
Building Rent/Maintenance	10,870	338,848
Consultants/Contracts	526,661	5,148,329
Other Operating Expenses	210,612	2,237,299
<b>TOTAL EXPENSES</b>	<b>\$ 2,553,395</b>	<b>\$ 25,185,117</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 109,374</b>	<b>\$ 3,491,554</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	928	914,056
Capital Outlay-Debt Service	89,663	660,921
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 90,591</b>	<b>\$ 1,574,977</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,643,986</b>	<b>\$ 26,760,094</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 18,783</b>	<b>\$ 1,916,577</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	89,663	660,921
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>89,663</b>	<b>660,921</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of June 2017**

	YTD June 2017	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	3,777,696	1,616,334	2,161,362
Earned Income	12,161,947	12,173,349	(11,402)
General Revenue-Contract	12,737,027	12,680,166	56,861
<b>TOTAL INCOME</b>	<b>\$ 28,676,671</b>	<b>\$ 26,469,849</b>	<b>\$ 2,206,822</b>
<b>EXPENSES:</b>			
Salaries	13,771,310	13,762,674	8,636
Employee Benefits	2,730,725	2,724,800	5,925
Medication Expense	573,222	588,754	(15,532)
Travel-Board/Staff	385,384	388,261	(2,877)
Building Rent/Maintenance	338,848	272,766	66,082
Consultants/Contracts	5,148,329	5,151,905	(3,576)
Other Operating Expenses	2,237,299	2,297,212	(59,913)
<b>TOTAL EXPENSES</b>	<b>\$ 25,185,117</b>	<b>\$ 25,186,372</b>	<b>\$ (1,255)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,491,554</b>	<b>\$ 1,283,477</b>	<b>\$ 2,208,077</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	914,056	915,545	(1,489)
Capital Outlay-Debt Service	660,921	660,025	896
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,574,977</b>	<b>\$ 1,575,570</b>	<b>\$ (593)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 26,760,094</b>	<b>\$ 26,761,942</b>	<b>\$ (1,848)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,916,577</b>	<b>\$ (292,093)</b>	<b>\$ 2,208,670</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	660,921	660,025	896
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>660,921</b>	<b>660,025</b>	<b>896</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended June 2017**

	<b>MONTH OF June 2017</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
<b>INCOME:</b>			
Local Revenue Sources	122,200	105,815	16,385
Earned Income	1,234,300	1,256,481	(22,181)
General Revenue-Contract	1,306,268	1,312,033	(5,765)
<b>TOTAL INCOME</b>	<b>\$ 2,662,769</b>	<b>\$ 2,674,329</b>	<b>\$ (11,560)</b>
<b>EXPENSES:</b>			
Salaries	1,428,021	1,384,591	43,430
Employee Benefits	282,036	273,400	8,636
Medication Expense	59,621	62,223	(2,602)
Travel-Board/Staff	35,575	36,641	(1,066)
Building Rent/Maintenance	10,870	7,617	3,253
Consultants/Contracts	526,661	511,083	15,578
Other Operating Expenses	210,612	223,382	(12,770)
<b>TOTAL EXPENSES</b>	<b>\$ 2,553,395</b>	<b>\$ 2,498,937</b>	<b>\$ 54,458</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 109,374</b>	<b>\$ 175,392</b>	<b>\$ (66,018)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	928	41,472	(40,544)
Capital Outlay-Debt Service	89,663	87,833	1,830
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 90,591</b>	<b>\$ 129,305</b>	<b>\$ (38,714)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,643,986</b>	<b>\$ 2,628,242</b>	<b>\$ 15,744</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 18,783</b>	<b>\$ 46,087</b>	<b>\$ (27,304)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	89,663	87,833	1,830
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>89,663</b>	<b>87,833</b>	<b>1,830</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With June 2016 Comparative Data**  
**Year to Date as of June 2017**

<b>INCOME:</b>	<b>YTD June 2017</b>	<b>YTD June 2016</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	3,777,696	3,202,491	575,205
Earned Income	12,161,947	11,654,844	507,103
General Revenue-Contract	12,737,027	12,509,340	227,687
<b>TOTAL INCOME</b>	<b>\$ 28,676,671</b>	<b>\$ 27,366,675</b>	<b>\$ 1,309,996</b>
<b>EXPENSES:</b>			
Salaries	13,771,310	13,363,778	407,532
Employee Benefits	2,730,725	2,606,394	124,331
Medication Expense	573,222	588,828	(15,606)
Travel-Board/Staff	385,384	392,992	(7,608)
Building Rent/Maintenance	338,848	248,942	89,906
Consultants/Contracts	5,148,329	4,804,541	343,788
Other Operating Expenses	2,237,299	2,120,001	117,298
<b>TOTAL EXPENSES</b>	<b>\$ 25,185,117</b>	<b>\$ 24,125,476</b>	<b>\$ 1,059,641</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 3,491,554</b>	<b>\$ 3,241,199</b>	<b>\$ 250,355</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	914,056	2,362,606	(1,448,550)
Capital Outlay-Debt Service	660,921	363,019	297,902
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,574,977</b>	<b>\$ 2,725,625</b>	<b>\$ (1,150,648)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 26,760,094</b>	<b>\$ 26,851,101</b>	<b>\$ (91,007)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,916,577</b>	<b>\$ 515,574</b>	<b>\$ 1,401,003</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	660,921	363,019	297,902
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>660,921</b>	<b>363,019</b>	<b>297,902</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With June 2016 Comparative Data**  
**For the Month Ended June 2017**

<b>INCOME:</b>	<b>MONTH OF June 2017</b>	<b>MONTH OF June 2016</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	122,200	104,566	17,634
Earned Income	1,234,300	1,090,524	143,776
General Revenue-Contract	1,306,268	1,205,947	100,321
<b>TOTAL INCOME</b>	<b>\$ 2,662,769</b>	<b>\$ 2,401,037</b>	<b>\$ 261,732</b>
Salaries	1,428,021	1,381,296	46,725
Employee Benefits	282,036	270,742	11,294
Medication Expense	59,621	63,373	(3,752)
Travel-Board/Staff	35,575	38,114	(2,539)
Building Rent/Maintenance	10,870	14,502	(3,632)
Consultants/Contracts	526,661	503,168	23,493
Other Operating Expenses	210,612	206,411	4,201
<b>TOTAL EXPENSES</b>	<b>\$ 2,553,395</b>	<b>\$ 2,477,606</b>	<b>\$ 75,789</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 109,374</b>	<b>\$ (76,569)</b>	<b>\$ 185,943</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	928	113	815
Capital Outlay-Debt Service	89,663	38,358	51,305
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 90,591</b>	<b>\$ 38,471</b>	<b>\$ 52,120</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,643,986</b>	<b>\$ 2,516,077</b>	<b>\$ 127,909</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 18,783</b>	<b>\$ (115,040)</b>	<b>\$ 133,823</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	89,663	38,358	51,305
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>89,663</b>	<b>38,358</b>	<b>51,305</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With May 2017 Comparative Data**  
**For the Month Ended June 2017**

<b>INCOME:</b>	<b>MONTH OF June 2017</b>	<b>MONTH OF May 2017</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	122,200	124,959	(2,758)
Earned Income	1,234,300	1,275,538	(41,238)
General Revenue-Contract	1,306,268	1,187,048	119,221
<b>TOTAL INCOME</b>	<b>\$ 2,662,769</b>	<b>\$ 2,587,544</b>	<b>\$ 75,225</b>
<b>EXPENSES:</b>			
Salaries	1,428,021	1,352,263	75,758
Employee Benefits	282,036	275,216	6,819
Medication Expense	59,621	39,703	19,919
Travel-Board/Staff	35,575	38,883	(3,308)
Building Rent/Maintenance	10,870	41,552	(30,682)
Consultants/Contracts	526,661	587,487	(60,826)
Other Operating Expenses	210,612	192,310	18,301
<b>TOTAL EXPENSES</b>	<b>\$ 2,553,395</b>	<b>\$ 2,527,414</b>	<b>\$ 25,981</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 109,374</b>	<b>\$ 60,130</b>	<b>\$ 49,244</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	928	76,587	(75,659)
Capital Outlay-Debt Service	89,663	88,215	1,448
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 90,591</b>	<b>\$ 164,802</b>	<b>\$ (74,211)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,643,986</b>	<b>\$ 2,692,216</b>	<b>\$ (48,230)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 18,783</b>	<b>\$ (104,672)</b>	<b>\$ 123,455</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	89,663	88,215	1,448
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>89,663</b>	<b>88,215</b>	<b>1,448</b>

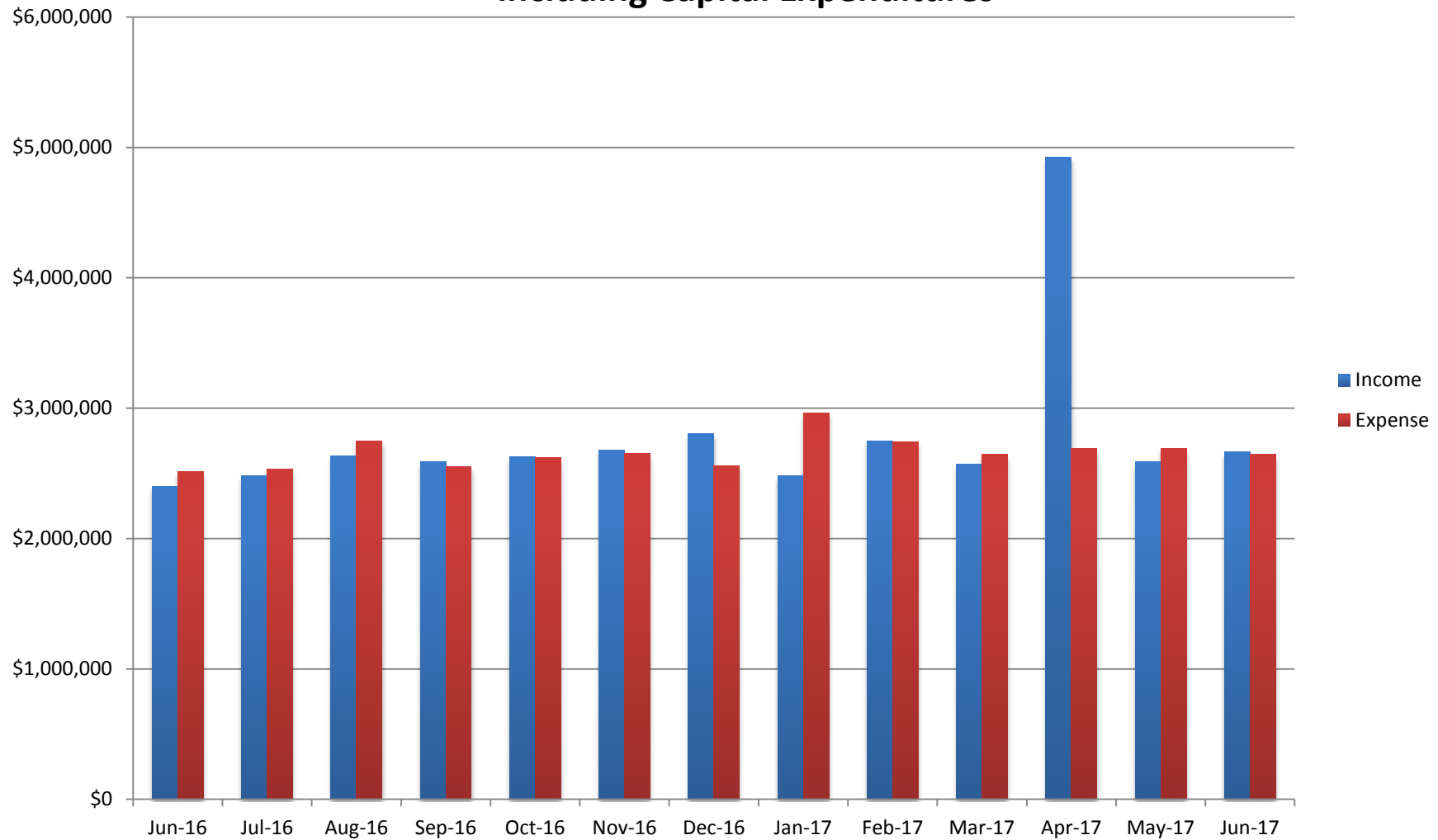
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of June 2017**

	YTD Mental Health June 2017	YTD IDD June 2017	YTD Other Services June 2017	YTD Agency Total June 2017	YTD Approved Budget June 2017	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	3,101,473	897,501	(221,279)	3,777,696	1,616,334	2,161,362
Earned Income	3,305,342	5,402,377	3,454,229	12,161,947	12,173,349	(11,402)
General Revenue-Contract	10,996,782	1,740,245		12,737,027	12,680,166	56,861
<b>TOTAL INCOME</b>	<b>\$ 17,403,597</b>	<b>\$ 8,040,123</b>	<b>\$ 3,232,950</b>	<b>\$ 28,676,670</b>	<b>\$ 26,469,849</b>	<b>\$ 2,206,821</b>
<b>EXPENSES:</b>						
Salaries	8,792,807	2,764,621	2,213,882	13,771,310	13,762,674	8,636
Employee Benefits	1,720,592	599,994	410,140	2,730,725	2,724,800	5,925
Medication Expense	440,854		132,368	573,222	588,754	(15,532)
Travel-Board/Staff	221,480	114,406	49,499	385,384	388,261	(2,877)
Building Rent/Maintenance	202,108	94,543	42,197	338,848	272,766	66,082
Consultants/Contracts	2,002,838	3,001,120	144,371	5,148,329	5,151,905	(3,576)
Other Operating Expenses	1,301,551	546,368	389,380	2,237,299	2,297,212	(59,913)
<b>TOTAL EXPENSES</b>	<b>\$ 14,682,230</b>	<b>\$ 7,121,052</b>	<b>\$ 3,381,837</b>	<b>\$ 25,185,117</b>	<b>\$ 25,186,372</b>	<b>\$ (1,255)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 2,721,367</b>	<b>\$ 919,071</b>	<b>\$ (148,887)</b>	<b>\$ 3,491,553</b>	<b>\$ 1,283,477</b>	<b>\$ 2,208,076</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	492,681	277,783	143,592	914,055	915,545	(1,490)
Capital Outlay-Debt Service	415,751	95,117	150,053	660,921	660,025	896
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 908,432</b>	<b>\$ 372,900</b>	<b>\$ 293,645</b>	<b>\$ 1,574,976</b>	<b>\$ 1,575,570</b>	<b>\$ (594)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 15,590,662</b>	<b>\$ 7,493,952</b>	<b>\$ 3,675,482</b>	<b>\$ 26,760,093</b>	<b>\$ 26,761,942</b>	<b>\$ (1,849)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 1,812,935</b>	<b>\$ 546,171</b>	<b>\$ (442,532)</b>	<b>\$ 1,916,577</b>	<b>\$ (292,093)</b>	<b>\$ 2,208,670</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	415,751	95,117	150,053	660,921	660,025	(244,274)
		-	-	-	-	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>415,751</b>	<b>95,117</b>	<b>150,053</b>	<b>660,921</b>	<b>660,025</b>	<b>(244,274)</b>

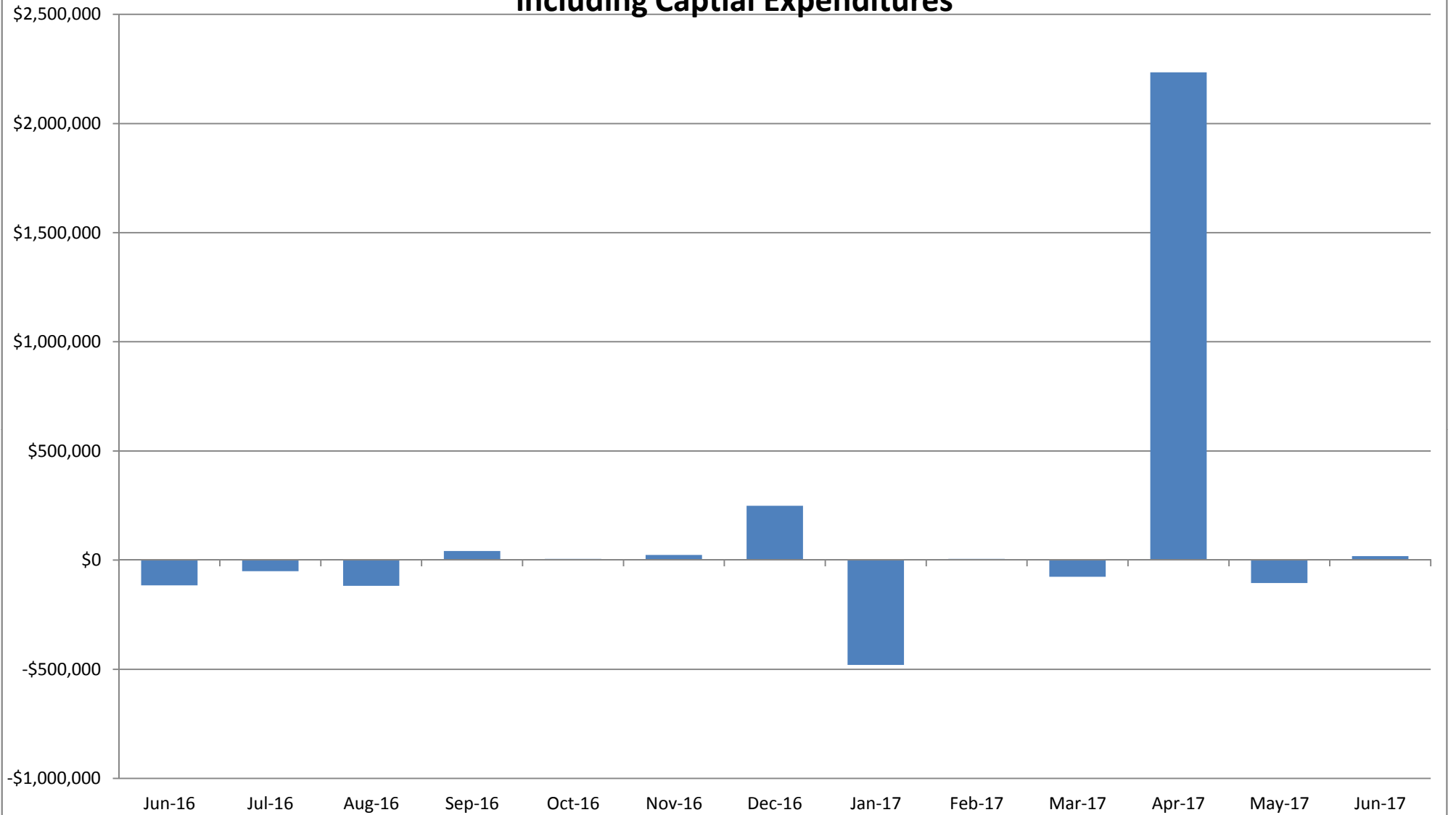
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### including Capital Expenditures



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



**Agenda Item:** Approve Cost Overruns for 233 Sgt. Ed Holcomb Blvd. S., Conroe

**Board Meeting Date:**

July 27, 2017

**Committee:** Business

**Background Information:**

As staff prepared to pay the final requisition for the consolidated services location at 233 Sgt. Ed Holcomb Blvd. S. in Conroe, staff were made aware of cost overruns on the project that were not discussed in the last Board update in April.

The largest overrun for the project was a change in plumbing from the specified polyvinyl chloride (PVC) pipe to the required cast iron pipe in the plenum air space between the ceiling tiles and the concrete ceiling. PVC pipe cannot be used in a plenum space. This change order resulted in an additional cost of \$99,000. Additional overruns include several small change orders and office shades.

In addition, the following two items may require additional expense:

1. Axiom, Mike Duncum and Staff do not believe that the millwork was completed properly or on time. Axiom has recommended that \$49,362.50, the millwork company's 10% retainer, not be paid unless qualitative issues with the millwork are resolved. At this time, it is anticipated that we will owe the \$49,362.50 at some point once repairs are made.
2. The project team continues to work with the City of Conroe regarding trees at the site. As the Board is aware, the City is contending that trees that they required to be cut for the expanded retention pond and for the south ditch (Anderson road) should be replaced. The city is requiring in their Tree Ordinance Compliance Report (attached) that we add 58 trees or pay \$46,334 into their remediation fund.

The City of Conroe has indicated that a required step of having our forestry plan reevaluated was missed by the project team. The project team believes that the city should have included the review of forestry changes in their required changes to other plans.

We have opened the facility with a Temporary Certificate of Occupancy, but will be required to address the tree issue by September to receive our final Certificate of Occupancy.

While we believe that all potential additional costs for the building, beyond the proceeds of the loan, would be \$137,642, we are asking the Board to approve a not to exceed cost overrun of \$140,000.

**Supporting Documentation:**

Project Expense Summary

Tree Ordinance Compliance Report

**Recommended Action:**

**Approve Cost Overruns for 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas not to exceed \$140,000**

## 233 Sgt. Ed Holcomb Building - Outstanding Items

Item #	Description	Balance Due	Comments
17	Millwork	\$ 49,362.50	Installation quality not acceptable.
24	Quartz Flooring	\$ 8,528.00	Subject to Further Inspection. Problem from the start. NOT Approved - Mike and Evan to do a walk.
33	Miniblinds	\$ 3,630.80	Blinds not complete
40	Final Clean	\$ 1,810.90	Final clean not completed.
53	PCCO #10: Well & Hydromulch	\$ 2,130.00	Hydro Mulch did not stick not effective.
57	PCCO #14: Plumbing	\$ 99,000.00	Change Order needed to be approved in advance - Amount needs Board Approval
<b>Other Items:</b>			
Remaining Balance Due for Management Fee		\$ 39,907.58	
Roller Shades		\$ 26,700.00	Not completed as of this date.
Back Charge for Furniture Handling		\$ 7,350.00	
Tree Mitigation Fee		\$ 46,334.00	
<b>Balance Due for Outstanding Items</b>		<u>\$ 284,753.78</u>	
<b>Less: Remaining Loan Balance</b>		\$ (147,111.77)	
<b>Amount Required over Funding</b>		<u>\$ 137,642.01</u>	

# CITY OF CONROE TREE ORDINANCE COMPLIANCE INSPECTION OF SITE TREE PRESERVATION AND LANDSCAPING

PROJECT NAME/LOCATION:	Tri-County Behavioral Healthcare 233 Sgt. Ed Holcomb Blvd., Conroe, TX
APPROXIMATE ACREAGE:	8.0 acres
TREE CANOPY ANALYSIS SUBMITTAL DATE:	Revised Issue 08.31.2015
LANDSCAPE PLAN SUBMITTAL DATE:	Revised Issue 09.15.2015
TREE CANOPY ANALYSIS REPORT RESULTS:	Canopy Credit: Protected Trees – 13.6%, Woodland Tree Stand -8.3%, Preserved Understory – 4.15% Required Parking Lot Tree – 7.4% = Total Canopy Cover Credit of 33.45%
LANDSCAPE PLAN:	Observation of installed landscaping – 1/24/2017 (Reference enclosed landscape redline markup)

PROTECTED TREES:	A total of 39 of the 73 protected trees have been removed, thereby reducing the canopy cover credit from 13.6% to 6.6%. (50,400 sq. ft. to 23,000 sq. ft.)
WOODLAND TREE STANDS:	Of the 29,000 sq. ft. designated in the Tree Canopy Analysis, a total of 17,759 sq. ft. remain, thereby reducing the canopy cover credit from 8.3% to 5.1%.
PRESERVED UNDERSTORY COVER:	A total of 4746 sq. ft. of understory remain of the original designated 14,500 sq. ft. of preserved understory. This reduced the canopy cover credit from 4.15% to 1.36%.
PARKING LOT TREES:	A total of 48 parking lot trees planted with 50% located in the interior of parking lot, no more than 75% large growth trees and no less than 50% evergreen trees. All Cedar Elm (total 16) and Live Oaks (total 16) were 3" caliper plus. Of the 16 Lacebark Elm, 2 were 3" plus and 14 were 2 3/4". The requirement for no less than 25% of the planted parking lot trees (12) to be at least 4" caliper was only represented by 2 of the Cedar Elm @ 4" caliper. Canopy cover credit for the planted parking lot trees is 7.4%.
PARKING LOT BUFFER:	Correct species, height and required quantities provided. There was inconsistent 3' planting spacing.
IRRIGATION SYSTEM FOR PLANTED TREES:	All planted trees were irrigated by popup sprinkles or covered drip line rings. Water source for irrigation system being transferred to on site well water.
ADDITIONAL TREE PLANTINGS FOR CANOPY COVER CREDIT:	A total of 17 Little Gem Magnolias planted in the parking lot area. All trees 3" to 3 3/4" caliper. 13 of the trees planted in 4'x4' islands of 16 sq. ft. A minimum planting area of 162 sq. ft. is required for each new planted tree. A canopy credit of 2550 sq. ft. or 0.73% for the Magnolias would be requested.

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ADDITIONAL OBSERVATIONS: Planting issues with mulch touching tree trunks. No closer than 2" to base of trees. Wire basket trees still with ties across top of root ball. Cut tree and wire from top of root ball to prevent girdling.

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CONCLUSION:

The major compliance issue for this project is non-compliance of the required 30% canopy cover due to the removal of protected trees, woodland tree stands and the preserved understory during site construction. The approved canopy cover credit was reduced from 33.45% to 21.19%. Minor non-compliance issues included the minimum 3" caliper size not being met for 14 of the 16 total Lacebark Elms for parking lot credit. Also, the requirement of no less than 25% of the parking lot trees (12 total) to be at least 4" caliper was not met. Only 2 Cedar Elms were 4" caliper. Additionally, 17 of the Little Gem Magnolias were planted in the parking area in 4' by 4' planters that only provided 16 sq. ft. of growing space and not the 162 sq. ft. as required by ordinance for each new planted tree.

If all planted trees presented above are considered for the required 30% canopy cover credit, there would still be a deficit of 30,889 sq. ft. (8.86%) equal to a mitigation planting of 59 trees (38 large growth and 21 medium growth trees) or a mitigation fee payment of \$46,334.00.

BY

  
  
\_\_\_\_\_  
Jack L. Hill

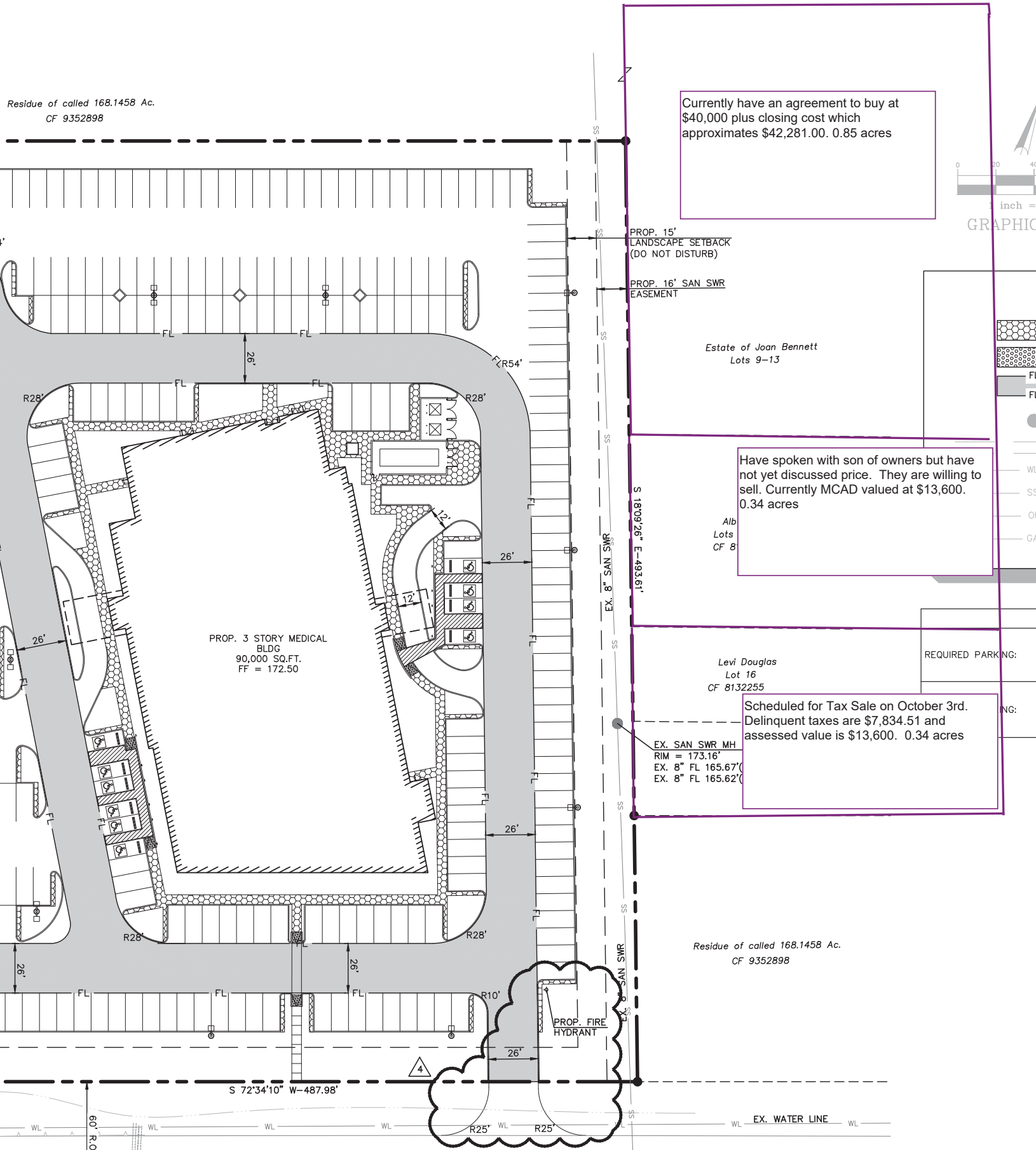
DATE: 1/24/17

Burditt Consultants, LLC

Enclosure:     Landscape Plan  
                  Redline Markup

<p><b>Agenda Item:</b> Approve Offers on Property Adjoining 233 Sgt. Ed Holcomb Blvd. S, Conroe</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date:</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>Mike Duncum will discuss an opportunity to purchase two lots that adjoin the 233 Sgt. Ed Holcomb Blvd. S. property in Conroe. Staff are interested in having adjoining property so that programs could expand onsite if needed.</p> <p>As the Board is aware, Mike Duncum and staff have been discussing the purchase of three lots which are contiguous with 233 Sgt. Ed Holcomb Blvd. S. The Board has already approved an offer on .85 acre lot that adjoins the northeast corner of the lot. In addition, two lots to the south of the original lot, each .34 acres, may be available.</p> <p>Mike will review options on the two new lots and discuss an acquisition strategy.</p> <p>As a reminder, the Center can purchase property below the taxing entity's assessed value without County Judge or Department approval. If the property is above assessed value, a series of steps would need to be taken in order to receive approval from the Department.</p>	
<p><b>Supporting Documentation:</b></p> <p>Site Map with Identified Properties</p>	
<p><b>Recommended Action:</b></p> <p>Approve Offers on Two Lots Adjoining 233 Sgt. Ed Holcomb Blvd. S, Conroe</p>	

Residue of called 168,1458 Ac.  
CF 9352898



<b>Agenda Item:</b> Approve FY 2017 Auditor Engagement Letter  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  At the May 25th Board meeting, the Board authorized staff to solicit the Annual Financial Audit Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2017 Independent Financial Audit.	
<b>Supporting Documentation:</b>  Copy of Engagement Letter from Scott, Singleton, Fincher and Company, P.C.	
<b>Recommended Action:</b>  <b>Approve the Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2017 Independent Financial Audit</b>	

**SCOTT, SINGLETON, FINCHER AND COMPANY, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

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GREENVILLE, TEXAS 75401

Tommy L. Nelson, CPA  
Hannah C. Nelson-Rix, CPA

Members of:  
American Institute of  
Certified Public Accountants

Texas Society of  
Certified Public Accountants

June 5, 2017

To the Board of Trustees and Management  
Tri-County Behavioral Healthcare  
P.O. Box 3067  
Conroe, Texas 77305

We are pleased to confirm our understanding of the services we are to provide Tri-County Behavioral Healthcare (Center) for the year ended August 31, 2017. We will audit the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information, including the related notes to the financial statements, which collectively comprise the basic financial statements, of Tri-County Behavioral Healthcare as of and for the year ended August 31, 2017. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Tri-County Behavioral Healthcare's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Tri-County Behavioral Healthcare's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis.
- 2) Budgetary Comparison Schedule – General Fund

We have also been engaged to report on supplementary information other than RSI that accompanies Tri-County Behavioral Healthcare's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements:

- 1) Schedule of expenditures of federal and state awards.

The following additional information accompanying the financial statements will not be subjected to the auditing procedures applied in our audit of the financial statements, and our auditor's report will not provide an opinion or any assurance on that other information.

1) Statistical section containing the supplementary schedules required by THHSC audit guidelines

### **Audit Objectives**

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. The objective also includes reporting on—

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal and state statutes, regulations, and terms and conditions of federal and state awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996; Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State of Texas *Uniform Grant Management Standards* (UGMS) which incorporates the State of Texas *Single Audit Circular*.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control and compliance. The Uniform Guidance and UGMS report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and UGMS. Both reports will state that the report is not suitable for any other purpose.

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance and UGMS; and will include tests of accounting records, a determination of major program(s) in accordance with the Uniform Guidance and UGMS, and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the Board of Trustees of Tri-County Behavioral Healthcare. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or may withdraw from this engagement.

### **Audit Procedures—General**

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance

about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and of any material abuse that comes to our attention. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; schedule of expenditures of federal and state awards; federal and state award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

#### **Audit Procedures—Internal Control**

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance and UGMS, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal and state award program.

However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance and UGMS.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, the Uniform Guidance, and UGMS.

## **Audit Procedures—Compliance**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Center's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance and UGMS require that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal and state statutes, regulations, and the terms and conditions of federal and state awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement*; and the *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers* published by THHSC for the types of compliance requirements that could have a direct and material effect on each of the Center's major programs. The purpose of these procedures will be to express an opinion on the Center's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance and UGMS.

## **Other Services**

We will also assist in preparing the financial statements, schedule of expenditures of federal and state awards, and related notes of the Center in conformity with U.S. generally accepted accounting principles; the Uniform Guidance; and UGMS based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statements, schedule of expenditures of federal and state awards, and related notes services previously defined. We, in our sole professional judgement, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

## **Management Responsibilities**

Management is responsible for (1) establishing and maintaining effective internal controls, including internal controls over federal and state awards, and for evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal and state awards, and all accompanying information in conformity with U.S. generally accepted accounting principles; and for compliance with applicable laws and regulations (including federal and state statutes) and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for accuracy and completeness of that information.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information.

You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance and UGMS, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any unrecorded misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the Center complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, or abuse that we report. Additionally, as required by the Uniform Guidance and UGMS, it is management's responsibility to evaluate and monitor noncompliance with federal and state statutes, regulations, and the terms and conditions of federal and state awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review on the date of our first scheduled audit field work.

You are responsible for identifying all federal and state awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal and state awards (including notes and noncash assistance received, if applicable) in conformity with the Uniform Guidance and UGMS. You agree to include our report on the schedule of expenditures of federal and state awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal and state awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal and state awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal and state awards no later than the date the schedule of expenditures of federal and state awards is issued with our report thereon.

Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal and state awards, in accordance with the Uniform Guidance and UGMS; (2) you believe the schedule of expenditures of federal and state awards, including its form and content, is stated fairly in accordance with the Uniform Guidance and UGMS; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal and state awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on the supplementary information.

You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal and state awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal and state awards, and related notes and that you have reviewed and approved the financial statements, schedule of expenditures of federal and state awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

#### **Engagement Administration, Fees, and Other**

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal and state awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification.

The Data Collection Form and the reporting package must be submitted within the earlier of 30 days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the Center; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Scott, Singleton, Fincher and Company and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation, and appropriate individuals will be made available upon request in a timely manner to Texas Health and Human Services Commission Office of the Inspector General or its designee, a federal or state agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Scott, Singleton, Fincher

and Company personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date. If we are aware that a federal or state awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit and issue our reports on mutually agreed upon dates. Tommy Nelson is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.). We estimate that our total fees for this audit will be \$29,500 including the actual costs incurred for travel, lodging and meals. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

*Government Auditing Standards* require that we provide you with a copy of our most recent external peer review report and any letter of comment, and any subsequent peer review reports and letters of comment received during the period of the contract. Our peer review report dated October 29, 2015 accompanies this letter.

We appreciate the opportunity to be of service to Tri-County Behavioral Healthcare and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

*Scott, Singleton, Fincher and Company, PC*

Scott, Singleton, Fincher and Company, P.C.

**RESPONSE:**

This letter correctly sets forth the understanding of Tri-County Behavioral Healthcare.

Board signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Management signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

## System Review Report

October 29, 2015

To the Owners

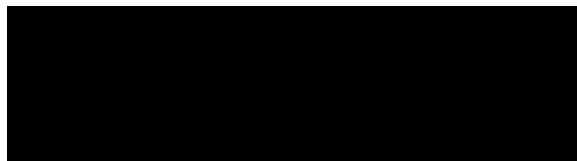
Scott, Singleton Fincher and Company, P.C.

and the Peer Review Committee of the Texas Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Scott, Singleton Fincher and Company, P.C. (the firm) in effect for the year ended June 30, 2015. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. As a part of our peer review, we considered reviews by regulatory entities, if applicable, in determining the nature and extent of our procedures. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary).

As required by the standards, engagements selected for review included engagements performed under *Government Auditing Standards*.

In our opinion, the system of quality control for the accounting and auditing practice of Scott, Singleton Fincher and Company, P.C. in effect for the year ended June 30, 2015, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Scott, Singleton Fincher and Company, P.C. has received a peer review rating of *pass*.



Certified Public Accountants

<p><b>Agenda Item:</b> Approve Recommendation to Declare Four (4) Vehicles as Surplus</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>Staff have recommended that the 1999 Ford E350 Van, 2000 Ford E350 Van, 1997 Cargo Van, and the 1999 F150 Truck to be declared as surplus due to the age of the vehicles, high mileage, increased maintenance and repair costs, and safety.</p> <p><b>Vehicle Descriptions:</b></p> <ul style="list-style-type: none"> <li>• 1999 Ford E350 Van <ul style="list-style-type: none"> <li>○ License #DDY-6187</li> <li>○ Mileage as of June 30, 2017 – 336,720</li> </ul> </li> <li>• 2000 Ford E350 Van <ul style="list-style-type: none"> <li>○ License #DBD-2518</li> <li>○ Mileage as of June 30, 2017 – 304,368</li> </ul> </li> <li>• 1997 Cargo Van <ul style="list-style-type: none"> <li>○ License #DL4-R052</li> <li>○ Mileage as of June 30, 2017 – 361,702</li> </ul> </li> <li>• 1999 F150 Truck <ul style="list-style-type: none"> <li>○ License #DDY-1174</li> <li>○ Mileage as of June 30, 2017 – 218,706</li> </ul> </li> </ul>	
<p><b>Supporting Documentation:</b></p> <p>None</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Recommendation to Declare 1999 Ford E350 Van, 2000 Ford E350 Van, 1997 Cargo Van, and the 1999 F150 Truck as Surplus and Approve Sale to the Highest Bidder</b></p>	

<p><b>Agenda Item:</b> Approve/Ratify sale of 406 N. Washington and 117 N. College in Cleveland, Texas</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date:</b></p> <p>July 27, 2017</p>				
<p><b>Background Information:</b></p> <p>In July of 2014, the Board of Trustees authorized the Executive Director to sell 406 N. Washington and 117 N. College in Cleveland. The resolutions from July 2014 are below:</p> <table border="0"> <tr> <td data-bbox="147 485 618 758"> <p><b>Resolution #07-14-10</b></p> <p><b>Resolved:</b></p> </td><td data-bbox="618 485 1474 758"> <p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with assistance from legal counsel, to negotiate the sale of 117 N. College Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$110,000.</p> </td></tr> <tr> <td data-bbox="147 779 618 1052"> <p><b>Resolution #07-14-11</b></p> <p><b>Resolved:</b></p> </td><td data-bbox="618 779 1474 1052"> <p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with the assistance of legal counsel, to negotiate the sale of 406 N. Washington Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$280,000.</p> </td></tr> </table> <p>We were not successful selling either building in 2014. The North Washington buyer could not get a pawn shop license and the North College buyer could not get financing.</p> <p>In June 2017 we received cash offers from a single buyer for these two properties. Both properties were reappraised and the value was assessed at \$200,000 for Washington and \$70,000 for College Street. Closing may happen before the July 27, 2017 Board meeting.</p> <p>Both properties have been vacant for a decade or more and have deteriorated substantially, including significant roof damage at N. Washington.</p> <p>Evan Roberson spoke with Board Attorney, Mary Lou Flynn-Dupart, and she recommended that if the appraised values are consistent with the offers received, we should move forward with the sale and ratify the sale at the July Board meeting.</p> <p>Evan Roberson spoke with Board Chair Patti Atkins who authorized the sale.</p>		<p><b>Resolution #07-14-10</b></p> <p><b>Resolved:</b></p>	<p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with assistance from legal counsel, to negotiate the sale of 117 N. College Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$110,000.</p>	<p><b>Resolution #07-14-11</b></p> <p><b>Resolved:</b></p>	<p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with the assistance of legal counsel, to negotiate the sale of 406 N. Washington Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$280,000.</p>
<p><b>Resolution #07-14-10</b></p> <p><b>Resolved:</b></p>	<p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with assistance from legal counsel, to negotiate the sale of 117 N. College Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$110,000.</p>				
<p><b>Resolution #07-14-11</b></p> <p><b>Resolved:</b></p>	<p><b>Motion Made By:</b> Morris Johnson</p> <p><b>Seconded By:</b> Patti Atkins, with affirmative votes by Tracy Sorensen and Cecil McKnight with one abstention by Brad Browder that it be...</p> <p>That the Board authorize the Executive Director, Evan Roberson, with the assistance of legal counsel, to negotiate the sale of 406 N. Washington Avenue in Cleveland, Texas with a sale price that is no less than the appraised value of \$280,000.</p>				
<p><b>Supporting Documentation:</b></p> <p><b>Appraisals available for review</b></p>					
<p><b>Recommended Action:</b></p> <p><b>Approve/Ratify sale of 406 N. Washington and 117 N. College in Cleveland, Texas</b></p>					

**Agenda Item:** Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans

**Board Meeting Date**

July 27, 2017

**Committee:** Business

**Background Information:**

Tri-County currently has employee health insurance coverage through Aetna. In FY17, we offered a structure of four plan types – with a “lower end” plan that has primarily been funded by Tri-County and three “higher end” plans that we offer employees the option to “buy up” into. Our current plans will expire on September 30, 2017. In May 2017, Benefit Solutions requested quotes (on our behalf) for FY 2018 employee health insurance coverage and provided fully funded plan quotes to the Management Team for review.

The following quotes were received with a similar plan design as we currently have with Aetna:

- **Aetna** (Renewal Quote) – 35% increase
- **Humana** – 65% increase
- **Cigna** – 35% increase
- **United Healthcare** – 34% increase
- **Blue Cross Blue Shield** – 13% increase

Based on the quotes received, the Management Team is recommending that Tri-County change carriers to Blue Cross Blue Shield with similar plan options as provided in the quote.

Tri-County currently pays \$400 per month toward employee premiums. The base plan will increase employee out of pocket premiums by \$59.57 per month (annual increase of \$714.84). Since we are currently in the middle of the FY18 budget process, we will evaluate the possibility of increasing the Tri-County’s contribution and bring the recommendation to the August board meeting for approval.

The FY 2018 plan options provided for employees are described below:

**BCBS HSA 3000:**

The HSA 3000 Plan has a \$3,000/\$6,000 deductible and pays benefits at 90% once the deductible is met. Employees will pay 100% for medical services and prescriptions until their deductible is met. The cost of this plan is \$459.57 per month for employee only coverage. Tri-County will pay \$400 per month. Therefore, the out of pocket cost to the employee for employee only coverage is \$59.57 per month. The cost to the employee for employee and spouse is \$602.60, employee and children is \$551.91 and employee and family is \$1096.06.

**BCBS HAS 1500 Middle Plan:**

The HSA 1500 has a \$1,500/\$3,000 deductible. This plan will pay 80% of all medical once the deductible is met. Employees are responsible for co-pays for prescription medications after the deductible is met. The cost for this plan is \$695.58 for employee only coverage. Tri-County will pay \$400. Therefore, the out of pocket cost to the employee for employee only coverage is \$295.58. The cost to the employee for employee and spouse is \$1007.55, employee and children is \$941.01 and employee and family is \$1648.68. This plan includes a rider for bariatric surgical procedures that was added in FY17.

**BCBS PPO 1500:**

The PPO 1500 has a \$1,500/\$3,000 deductible. This plan pays at 80% once deductible is met. Office visits are \$30 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$300. The cost of this plan is \$550.20. Tri-County will pay \$400 toward the employee only cost. The out of pocket cost for employee only coverage \$120.20 per month. The cost to the employee for employee and spouse is \$800.36, employee and children is \$739.67 and employee and family is \$1,389.93.

**BCBS PPO Buy Up 1000:**

This option offers a \$1,000/\$2,000 deductible with 100% coinsurance once deductible is met. Office visits are \$25 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$300. The cost of this plan is \$614.30. Tri-County will pay \$400 toward the employee only cost. The out of pocket cost for employee only coverage is \$214.30 per month. The cost to the employee for employee and spouse is \$940.16, employee and children is \$872.42 and employee and family is \$1,598.41.

**Ancillary Plans**

Tri-County pays for Basic Life/Accidental Death and Dismemberment (AD&D) and Long Term Disability (LTD) coverage for all full time employees. Coverage is currently provided through Lincoln Financial. The renewal for Basic Life/AD&D will not increase in price for FY18.

**Supporting Documentation:**

Tri-County Employee Health Insurance Spreadsheet

**Recommended Action:**

**Approve Recommendation for FY 2018 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long Term Disability Plans**

					CURRENT				REVISED QUOTE			
Carrier Name					AETNA				BCBS			
Plan Name					OTS HSA 3000 (In Network Only)	HSA C15 (In Network Only)	OTS 1500 80/50 (In Network Only)	Buy Up/OTS 1000 100/70 (In Network Only)	HSA 3000 (In Network)	HSA 1500 (In Network)	PPO 1500 (In Network)	PPO 1000 (In Network Only)
Plan Network					OAMC NETWORK				BLUE CHOICE NETWORK			
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit	SP HSA 3000	H SA C15	SP 1500	BUY UP PPO	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%
Calendar Year Maximums							copays and rx apply to the OOP	copays and rx apply to the OOP			copays and rx apply to the OOP	copays and rx apply to the OOP
Individual OOP - In-Network (includes deductible)					\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$5,000	\$2,500
Family OOP - In-Network (includes deductible)					\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$10,000	\$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & Xrays					Ded. & Coins.	Ded. & Coins.	covered with OV if part of OV and billed by physician	covered with OV if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	covered with OV if part of OV and billed by physician	covered with OV if part of OV and billed by physician
In/Out Patient Hospital Services					Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					Ded. & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded. & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					Ded. & Coins.	Ded. & Coins.	\$300 Co-pay + 20%	\$300 Copay	Ded. & Coins.	Ded. & Coins.	\$300 Co-pay + <b>Ded</b> + 20%	\$300 Copay
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs					After Deductible \$3/\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$3/\$15/\$50/\$90/\$150/\$300	\$3/\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$50/\$90/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$300	\$15/\$50/\$90/\$300
Preventive Medications Rider					Included	Included	N/A	N/A	<b>N/A</b>	<b>N/A</b>	N/A	N/A
Bariatric Rider					None	Included	None	None	None	<b>None</b>	None	None
Monthly Total Rate					SP HSA 3000	HSA C15	SP 1500 80/60/50	PPO Buy Up	H SA 3000	H SA 1500	PPO 1500	PPO 1000
Employee Only	85	4	76	64	\$405.32	\$613.48	\$485.26	\$541.79	\$459.57	\$695.58	\$550.20	\$614.30
Employee/Spouse	3	0	2	4	\$884.26	\$1,241.41	\$1,058.67	\$1,181.98	\$1,002.60	\$1,407.55	\$1,200.36	\$1,340.16
Employee/Children	6	0	5	5	\$839.56	\$1,182.70	\$1,005.15	\$1,122.23	\$951.91	\$1,341.01	\$1,139.67	\$1,272.42
Employee/Family	0	0	1	3	\$1,318.59	\$1,806.86	\$1,578.66	\$1,762.53	\$1,495.06	\$2,048.68	\$1,789.93	\$1,998.41
Monthly Total / Plan	94	4	84	76	\$42,142	\$2,454	\$45,602	\$50,301	\$47,783	\$2,782	\$51,704	\$57,033
Annual Total/Plan					\$505,708	\$29,447	\$547,218	\$603,615	\$573,390.81	\$33,388.03	\$620,452.36	\$684,394
Combined Annual Total	258				\$1,685,988				\$1,911,626			
\$ Change from Current					n/a				\$225,638			
									<b>13%</b>	<b>13%</b>	<b>13%</b>	<b>13%</b>
% Change from Current					n/a				13%			

For illustrative purpose, out of network is not shown but is available for all plans.  
This proposal is a general description of coverage (s) provided. For a detailed description of policy terms and conditions, please refer to the policy itself. If a conflict exists between this proposal and the policy, the policy will be controlling. Proposed rates are estimated and based on census provided. Final rates are based on effective date, plan design & actual enrollment.  
Rates are based on information provided at time of quote.

<p><b>Agenda Item:</b> Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation; the revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.</p> <p>Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</b></p>	

**AMENDMENT TO  
INTERLOCAL AGREEMENT  
TEXAS COUNCIL RISK MANAGEMENT FUND**

This contract and amendment to the Interlocal Agreement is entered into between the Texas Council Risk Management Fund (the Fund) and the undersigned member of the Fund.

WHEREAS, the Fund and the undersigned have previously entered into an Interlocal Agreement evidencing the undersigned's self-insurance coverage through the Fund;

WHEREAS, the undersigned is eligible for the Minimum Contribution Plan (MCP) for workers' compensation, as established by the board of Trustees of the Fund, which modifies the normal calculation of contribution under Section 7 of the Interlocal Agreement;

WHEREAS, the parties desire to modify Section 7 of the Interlocal Agreement to reflect the implementations of a MCP for workers' compensation.

NOW, THEREFORE, for and in consideration of the premises, the premises contained herein, and other good and valuable consideration, the parties agree as follows:

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2017 through August 31, 2018.**

It is agreed that the (the member) will pay workers' compensation contributions relative to its own loss experience. This will be subject to a minimum and a maximum MCP factor (as set forth below). In determining final contribution, ultimate losses and expenses will be compared to standard contribution to determine the combined ratio. (i.e., the sum of ultimate losses and expenses divided by standard contribution.)

**Tri-County Behavioral Healthcare elects the following option for Fund Year 2017 – 2018:  
(Check only one)**

☒ 80% (minimum MCP factor) of standard contribution up-front with the potential of eventually paying up to 100% (maximum MCP factor) of standard contribution over six annual adjustments; or

☐ MCP Option Declined

A combined ratio less than or equal to the minimum MCP factor will result in a contribution equal to the product of the minimum MCP factor and the standard Fund contribution. A combined ratio between the minimum and maximum MCP factors will result in a contribution equal to the product of the combined ratio and the standard Fund contribution. A combined ratio greater than or equal to the maximum MCP factor will result in a contribution equal to the product of the maximum MCP factor and the standard Fund contribution.

The member agrees to pay contributions based on actual payrolls during this period. Adjustments will be made on January 1 for each of the six years following the end of the **2017-2018** Fund year. These adjustments could require that the member make an additional contribution to the Fund.

All other provisions of the Interlocal Agreement, as amended, shall remain in full force and effect.

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**Tri-County Behavioral Healthcare**

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**TEXAS COUNCIL RISK MANAGEMENT FUND**

By: \_\_\_\_\_  
Signature of Authorized Center Official

By: \_\_\_\_\_  
Signature of Authorized Fund Official

Title: Executive Director

Title: Board Chair

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

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

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<b>Agenda Item:</b> Approve Extensive Repair of the Roof and Gutters at 2004 Truman, Cleveland, TX	<b>Board Meeting Date</b>
<b>Committee:</b> Business	July 27, 2017
<b>Background Information:</b>	
<p>The roof and gutters at 2004 Truman, Cleveland, TX need extensive repair to stop leakage into the building when it rains.</p>	
<p>Several businesses were contacted to inspect the overall condition of the roof and gutters and to provide a bid on repairs or replacement. Many did not return our calls or emails.</p>	
<p>The following bids have been submitted:</p>	
<p>Roof Roof, Inc. – Gutters and Roof – \$21,391.00</p>	
<p>A1 Roofing – Gutters Only - \$4,327.00</p>	
<p>Precision Roof Crafters – Roof Only - \$39, 985.00</p>	
<p>Please see supporting documentation for the scope of work proposed as well as warranty on proposed work.</p>	
<b>Supporting Documentation:</b>	
<p>List of Businesses Contacted &amp; Bids Submitted</p>	
<b>Recommended Action:</b>	
<b>Approve Extensive Repair of the Roof and Gutters by Roof Roof, Inc.</b>	

# List of Businesses Contacted for Repair Bids

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Pyramid Roofing – Went out to the location but did not bring equipment to look at the Roof. Said they would return but did not contact us again.

Texas Roofers – Called, left a voicemail and emailed. Did not return our call.

Thrashers – Called and left a voicemail. Did not return our call.

Discount Roofing – Called and left a voicemail. Returned call and referred us to 1<sup>st</sup> choice roofing. 1<sup>st</sup> Choice Roofing was the roofing company that failed to provide quality work at the Huntsville location which we recently had fully repaired with a 2 year warranty.

Conroe Roof Repair – Called and left a voicemail. Did not return our call.

Harrington's Roofing – Called and left a voicemail. Did not return our call.

Will Cox Roofing – Called and left a voicemail. Did not return our call.

Burnett & Sons Roofing Co. – Called and left a voicemail. Did not return our call.

Redemption Roofing – Refused to provide a bid.

Amazing Renovations – Called and left a voicemail. Did not return our call.

Roof Roof Inc.  
25428 Loop 494 # C  
Porter, TX 77365  
Office: 281-350-1249  
Fax: 281-350-1259

# Estimate

Date	Estimate #
6/6/2017	3504

## Name / Address

Tri County  
2004 Truman  
Cleveland, TX 77327  
Existing Building

## Project

Description	Qty	Rate	Total
<p>1. Remove and dispose of gutters on main building.</p> <p>2. Provide and install new commercial grade 6" box gutter and downspout.. Metal to be 24 ga Kynar. Color to be chose by Owner.</p> <p>3. Provide ad install fasteners at ridge cap and window.</p> <p>4. Provide and install Karnak 502 seam sealer at all fasteners, horizontal seams ,holes and at windows vertical seams at ridge cap.</p> <p>5. Seal any holes, voids and defects that we discover during process.</p> <p>Roof Roof Inc will provide a 2 year labor warranty on all work performed.</p>		21,391.00	21,391.00T
		<b>Subtotal</b>	\$21,391.00
		<b>Sales Tax (0.0%)</b>	\$0.00
		<b>Total</b>	\$21,391.00

## Phone #

281-350-1249



A-1 Roofing +  
27350 Blueberry Hill #5  
Conroe, Texas 77385  
Houston – 713.869.4550  
Woodlands – 281.367-2828  
Conroe – 936.756-7663

6-23-17

TRI-COUNTY

JENNIFER BIRDWELL  
2004 TRUMAN  
CLEVELAND, TX

proposal #62237111211-88111232

PH# 936-521-6162

We do hereby submit specifications and estimates for furnishing labor, material, and insurance for the following scope of work

1. REMOVE THE EXSISTING RUSTED OUT GUTTER AND DOWNSPOUTS AROUND PERIMETER OF ROOF.
2. INSTALL NEW LIGHT GREEN SCULPTURE GUTTER AND DOWNSPOUTS TO REPLACE THE EXSISTING GUTTER.
3. CLEAN AND REMOVE THE OLD GUTTER.
4. WORKMANSHIP WARRANY TWO YEARS.

TOTAL OF JOB \$ 4,327.00

Payment Schedule:. 50 % DOWN Balance due upon completion of job.

Acceptance to proposal and above price, specifications and condition satisfactory and are hereby accepted to perform the work.

Date: 6/23/17 \_\_\_\_\_ Signed: \_\_\_\_\_

Contractor's Signature Date: \_\_\_\_\_ Signed: \_\_\_\_\_

If you would like us to do the job. Please sign, date, and return. Thank you.



3919 Jeanetta Dr., Houston, TX 77063  
Tel. 713.799.8555 • Toll Free 888.261.7283 • Fax 713.334.4458  
www.precisionroofcrafters.com

Date: 6/01/17

To: Client: Tri-County MH/MR-Jennifer  
Office: 936-521-6162  
Email: jenniferb@tcbhc.com

Mobile: 713-854-6884

From: Mark Strickler

Mobile: 713-997-0338

Project Name: Re-Roof Coating  
Project Address: 2004 Truman Street, 77327

Squares: 110  
Building: 1

### Scope of Work Proposed:

**NOTE:** All work to be completed according to available manufacturer's specifications and local building codes. Permits pulled by Precision Roof Crafters, Inc. will incur separate charges and are not included in the following proposal.

### ROOF COAT SYSTEM PACKAGE

The following scope applies to the designated repair areas only....

1. Install perimeter protection, as needed, to protect property and landscaping.
2. Remove any loose metal that is not serving a function as well as all loose debris.
3. Re-secure any loose panels or flashing.
4. Pressure wash roof to create a bondable surface.
5. Inspect roof for rust and treat as needed with rust inhibitor.
6. Fill gaps between panels as needed using filler most appropriate for condition.
7. Apply *Premium Foundation Coat* on all seams and fasteners in repair area.
8. Provide and install protective caps on all exposed fasteners.
9. Apply *Premium Fabric* on all seams
10. Apply Energy Star rated *Finish Coat* roof coat in accordance with manufacturer specifications.
11. Clean work site and promptly remove all job related debris.
12. **Ten Year Material and Workmanship Guarantee.**
13. **Ten Year Limited Manufacturer Material Warranty.**

- Price to complete the above Scope of Work: \$ 39,985

Payment agreement: 1/2 Down Balance Upon Completion

### Alternates:

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

## Items Excluded from Scope of Work Proposed:

Even if one of the following exclusion types is specifically included in the preceding Scope of Work Proposed, the following **general exclusions** still apply and are excluded from the Scope of Work Proposed:

- Structural work or materials, carpentry work, decking, painting, siding, stucco, masonry, gutters, electrical, plumbing, a/c, etc.
- Architectural plans, building permits, engineering drawings or designs.
- Any provisions, work or materials not specifically set forth in above **Scope of Work Proposed**.

## Additions and Clarifications:

**Precision Roof Crafters, Inc.** is hereafter referred to as the "Company." The Company and the Client may be hereinafter collectively referred to as the "Parties."

THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND SUPERSEDES ALL PRIOR NEGOTIATIONS, REPRESENTATIONS, STATEMENTS, COMMUNICATIONS, OR AGREEMENTS RELATED TO OR CONNECTED WITH THIS DOCUMENT OR THE SCOPE OF WORK PROPOSED, WHETHER WRITTEN OR ORAL. NO AMENDMENTS TO THIS DOCUMENT WILL BE EFFECTIVE UNLESS EVIDENCED IN WRITING AND SIGNED BY BOTH PARTIES TO THIS DOCUMENT.

1. Client represents and warrants that he or she is the owner of the property located at the project address as listed on page (1) of this document and/or has authority to engage Company on behalf of the actual owner(s) of the property located at the project address.
2. The aforementioned proposal will expire after fourteen (14) days from date listed above.
3. The Client is to provide all necessary electrical and plumbing outlets to facilitate roof system installation.
4. Work schedule shall be during normal business hours unless otherwise requested by the Client and agreed upon by the Company.
5. Payment is due immediately upon completion of the Scope of Work Proposed unless otherwise agreed upon in writing. In the event a final inspection is required by Client before payment is made and Client cannot be available within 48 hours of completion to make said inspection, the Client agrees to pay the total balance due, less 10% as holdback, until the final inspection and any subsequent punch list is completed.
6. Any work, other than the specified Scope of Work Proposed, which must be performed to ensure that the roof system is in compliance with local building codes, manufacturer's guidelines, or U.L. requirements will be done at a cost **above and beyond** this proposal price and will be done by signed change order **ONLY**.
7. Any work requested by the Client not specifically included in the preceding Scope of Work Proposed will be done by signed change order **ONLY** and will incur a cost **above and beyond** this proposal price.
8. The Client agrees that the Company will have sole control and direction over the performances necessary to complete the Scope of Work Proposed, including, but not limited to, any and all construction means, methods, techniques, sequences, and procedures and for coordinating all portions of the work under this contract.
9. The Company will make every reasonable effort to protect the Client's property during the construction phase and shall not be held liable for any damages that occur as a result of weather or other conditions during the roofing process unless gross negligence on the part of the Company or its representatives can be shown.
10. Unless otherwise provided for herein, any claim or dispute arising out of, relating to, or otherwise connected with this contract or any services provided hereunder, whether grounded in contract or tort, will be decided and settled by binding arbitration in Houston, Texas administered by the local branch of the American Arbitration Association to the exclusion of all other courts or tribunals. The Arbitration proceeding will be before a single arbitrator pursuant to the Construction Industry Arbitration Rules. Any judgment on the award rendered by the Arbitrator may be entered in any court having jurisdiction thereof. Each party will bear its own costs and expenses and an equal share of the Arbitrators' and administrative fees of arbitration. This contract will be governed by and construed according to the laws of the State of Texas.
11. Should default be made in payment by Client under this contract, a lien will be placed on the property and filing fees and any unpaid charges will bear interest at a rate of 1.5% per month (18% per annum) commencing from the date of substantial completion. The Client agrees to pay all attorney and legal fees incurred by Company if placed in the hands of an attorney for the collection of any sum outstanding under this contract. Notwithstanding Paragraph 10, the Company retains the right to bring an action to collect any outstanding sum owed by Client under this contract in any court or tribunal of competent jurisdiction.
12. The Client will be issued all warranties and waivers upon receipt of final payment. The Company will not honor any warranties and will not waive lien rights on any project that is not paid in full.
13. If any provisions of this contract should be held invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be affected thereby.
14. In order for this contract to be enforceable as against Company, the Parties agree that it must be signed by Company.

## Agreement:

**Final Contract Price: \$ 39,985**

I, the Client, hereby accept all of the terms and conditions on page one (1) and page two (2) of this document, which includes, but is not limited to, the Scope of Work Proposed, Items Excluded from Scope of Work Proposed, any alternates selected, Additions and Clarifications, Final Contract Price, and authorize Precision Roof Crafters, Inc. to secure materials and labor to complete this proposal:

Project: **Tri-County MH/MR**

**2004 Truman,77327**

**Mark Strickler**

Precision Roof Crafters, Inc. Representative

Printed Name ("Client")

Signature

Date Signed

Printed Name ("Client")

Signature

Date Signed

<b>Agenda Item:</b> Approve Health and Human Service Commission Contract No. 537-17-0127-00035A, Amendment No. 1  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  <p>Unlike our Intellectual and Disability Services contracts, Health and Human Services Commission (HHSC) mental health contracts have typically been for one year. We have received Amendment No. 1 to the FY 2017 HHSC mental health contract to carry us into FY 2018. We expect that we will have an additional HHSC contract documents sometime in the first quarter of FY 2018.</p> <p>There are no changes in funding in Amendment No. 1, but “no state fiscal year 2018 work may begin, and no state fiscal year 2018 expenditures may be incurred until the System Agency issues a written notice to proceed.” In short, the contract uses last FY’s contract numbers as a place holder for FY 2018 until more is known about funding coming out of the legislative session.</p> <p>Included in the contract are the following changes:</p> <ul style="list-style-type: none"> <li>• Additional programmatic expectations related to the YES waiver;</li> <li>• Modification to due dates on the submission calendar;</li> <li>• Revision programmatic expectations for the Home and Community Based Services-Adult Mental Health program;</li> <li>• Revisions to the eligibility requirements for adult populations served; and,</li> <li>• Additional programmatic expectations related to the use of Evidence based practices.</li> </ul> <p>Significant additional changes are expected in the first contract in FY 2018.</p>	
<b>Supporting Documentation:</b>  Amendment will be available for review at the Board meeting.	
<b>Recommended Action:</b>  <b>Approve Health and Human Service Commission Contract No. 537-17-0127-00035A, Amendment No. 1</b>	

<p><b>Agenda Item:</b> Approve the Addendum to the FY 2017 Lifetime Homecare Services</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>Tri-County Behavioral Healthcare has contracted with Lifetime Homecare Services for out-of-home crisis respite services. Lifetime Homecare Services provides crisis respite in a setting for which the state provides oversight as required. It is a short-term respite service for individuals with intellectual or developmental disabilities provided in a 24-hour supervised environment for an individual who is demonstrating a crisis that cannot be stabilized in a less intensive setting.</p> <p>HHSC has provided funding to all Local Intellectual &amp; Developmental Disability Authorities (LIDDA's) for this service.</p> <p>The Lifetime Homecare Services contract for FY 2017 is \$50,000. This addendum will increase this contract to \$100,000.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve the Addendum to the FY 2017 Lifetime Homecare Services Contract for IDD Crisis Respite Services for an additional \$50,000 to a total of \$100,000</b></p>	

<p><b>Agenda Item:</b> Approve Health and Human Service Commission Contract No. 2016-048162.001B, Amendment No. 2, PATH</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>The 2016 Projects for Assistance in Transition from Homelessness (PATH) contract is being extended into FY 2018 as Amendment No. 2. The PATH program is our outreach program to homeless populations that live on the street. We have two staff that work with these individuals and try to identify persons who have severe and persistent mental illness and to engage them in treatment.</p> <p>There are no significant changes to terms and no changes to the value of the contract.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment will be available for review at the Board meeting.</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Health and Human Service Commission Contract No. 2016-048162.001B, Amendment No. 2, PATH</b></p>	

<p><b>Agenda Item:</b> Review Tri-County's 2015 990 Tax Return Prepared by Scott, Singleton, Fincher &amp; Company, P.C.</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>Scott, Singleton, Fincher &amp; Company, P.C. has completed Tri-County's 990 Tax Return for 2015 (fiscal year September 1, 2015 to August 31, 2016) for review by the Board.</p>	
<p><b>Supporting Documentation:</b></p> <p>Copy of Tri-County Behavioral Healthcare 2015 990 Tax Return</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

**2015 TAX RETURN**

Client Copy

**Client:** 47141

**Prepared for:** TRI-COUNTY BEHAVIORAL HEALTHCARE  
P O BOX 3067  
CONROE, TX 77305  
936-756-8331

**Prepared by:** Thomas L. Nelson  
Scott, Singleton, Fincher, & Co.  
4815 King Street, Suite A  
Greenville, TX 75401  
(903) 455-4765

**Date:** June 6, 2017

**Comments:**

**Route to:** \_\_\_\_\_

**2015 Exempt Org. Return**  
prepared for:

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
P O BOX 3067  
CONROE, TX 77305

**Scott, Singleton, Fincher, & Co.**  
4815 King Street, Suite A  
Greenville, TX 75401

**SCOTT,SINGLETON,FINCHER, & CO.**  
**4815 KING STREET, SUITE A**  
**GREENVILLE, TX 75401**  
**(903) 455-4765**

June 6, 2017

TRI-COUNTY BEHAVIORAL HEALTHCARE  
P O BOX 3067  
CONROE, TX 77305

Dear Client:

Enclosed for your review:

Form 990                      2015 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Thomas L. Nelson

## TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

	2015	2014	Diff
<b>REVENUE</b>			
Contributions and grants.....	501,146	542,701	-41,555
Program service revenue.....	29,804,361	27,107,543	2,696,818
Investment income.....	30,081	22,770	7,311
Other revenue.....	41,009	21,965	19,044
Total revenue.....	30,376,597	27,694,979	2,681,618
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	19,247,064	17,867,465	1,379,599
Other expenses.....	10,725,447	9,812,177	913,270
Total expenses.....	29,972,511	27,679,642	2,292,869
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	404,086	15,337	388,749
Total assets at end of year.....	23,580,664	16,421,377	7,159,287
Total liabilities at end of year.....	10,499,680	3,744,479	6,755,201
Net assets/fund balances at end of year.	13,080,984	12,676,898	404,086

**2015**

**General Information**

**Page 1**

**TRI-COUNTY BEHAVIORAL HEALTHCARE**

**76-0032662**

**Forms needed for this return**

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch J, Sch O, Sch R, 8868 p2

**Carryovers to 2016**

None

**ELECTRONICALLY FILED:**

Form 990 - 2015 Return of Organization Exempt From Income Tax

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-E0 - IRS e-file Signature Authorization.

**PAYMENT:**

No payment is required.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 9/01, 2015, and ending 8/31, 202016▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).****2015**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Name and title of officer

MILLIE MCDUFFEYCFO

Employer identification number

76-0032662**Part I Type of Return and Return Information (Whole Dollars Only)**

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 being filed with 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.

<b>1 a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> <u>30,376,597.</u>
<b>2 a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	<b>5 b</b> _____

**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 2015 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) the reason for any delay in processing the return or refund, and (c) 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**

☒ I authorize Scott, Singleton, Fincher, & Co. to enter my PIN   as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 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 2015 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 ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (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 2015 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's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	TRI-COUNTY BEHAVIORAL HEALTHCARE	76-0032662
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	Scott, Singleton, Fincher, & Co. 4815 King Street, Suite A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Greenville, TX 75401	

Enter the Return code for the return that this application is for (file a separate application for each return). 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ SHERYL BALDWIN  
Telephone No. ▶ 936-521-6100 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). . . . . If this is for the whole group, check this box . . . ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 7/15, 20 17.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 9/01, 20 15, and ending 8/31, 20 16.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension. . . ALL OF THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN ASSEMBLED. AS SOON AS THIS INFORMATION IS AVAILABLE THIS RETURN WILL BE FILED.

8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. . . . .	8 a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. . . . .	8 b	\$
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . .	8 c	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶ CFO

Date ▶

BAA

Form 8868 (Rev 1-2014)

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning 9/01, 2015, and ending 8/31, 2016**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** TRI-COUNTY BEHAVIORAL HEALTHCARE  
 P O BOX 3067  
 CONROE, TX 77305

**D** Employer identification number

76-0032662

**E** Telephone number

936-756-8331

**G** Gross receipts \$ 30,376,597.**F** Name and address of principal officer:

Same As C Above

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If 'No,' attach a list. (see instructions)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ TRICOUNTYSERVICES.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ STATE AU **L** Year of formation: 1965 **M** State of legal domicile: TX**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS A PUBLIC AGENCY THAT ENSURES THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ENHANCES THEIR QUALITY OF LIFE IN MONTGOMERY, WALKER AND LIBERTY COUNTIES IN TEXAS.</u>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 9
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 9
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a) <b>5</b> 467
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> 239
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34. <b>7b</b> 0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>Prior Year</b> 542,701. <b>Current Year</b> 501,146.
	<b>9</b>	Program service revenue (Part VIII, line 2g) 27,107,543. 29,804,361.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,770. 30,081.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,965. 41,009.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,694,979. 30,376,597.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17,867,465. 19,247,064.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,812,177. 10,725,447.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,679,642. 29,972,511.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 15,337. 404,086.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>Beginning of Current Year</b> 16,421,377. <b>End of Year</b> 23,580,664.
	<b>21</b>	Total liabilities (Part X, line 26) 3,744,479. 10,499,680.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 12,676,898. 13,080,984.

**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.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>Date</b>			
	<b>MILLIE MCDUFFEY</b>	<b>CFO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Thomas L. Nelson				
	Firm's name ▶	Scott, Singleton, Fincher, & Co.			Firm's EIN ▶
	Firm's address ▶	4815 King Street, Suite A Greenville, TX 75401			Phone no. (903) 455-4765

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 10/12/15

Form **990** (2015)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:See Schedule O**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 ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 16,842,781. including grants of \$ ) (Revenue \$ )  
PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 6,324 ADULT  
INDIVIDUALS LIVING IN MONTGOMERY, WALKER AND LIBERTY COUNTIES IN TEXAS. THESE  
SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

**4b** (Code: ) (Expenses \$ 7,211,685. including grants of \$ ) (Revenue \$ )  
PROVIDED SERVICES TO 1,300 ADULTS, AS WELL AS CHILDREN AND ADOLESCENTS, WITH  
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN THE COUNTIES OF MONTGOMERY, WALKER AND  
LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S  
ABILITY TO PAY FOR THE SERVICES.

**4c** (Code: ) (Expenses \$ 3,236,322. including grants of \$ ) (Revenue \$ )  
PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 3,128  
CHILDREN AND ADOLESCENTS LOCATED IN THE COUNTIES OF MONTGOMERY, WALKER AND LIBERTY IN  
TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR  
THESE SERVICES.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 27,290,788.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 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.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		X
7 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
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b 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.		X
c 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.		X
d 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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
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 (see instructions).		X
18 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.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes', complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes', complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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? <i>If 'Yes', complete Schedule J.</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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Form 990 (2015)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 79		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 467		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9 a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		

**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.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 9		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7 a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>		X
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10 b</b>		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . <b>12 a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . See Schedule O . . . . . <b>12 c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O. . . . . <b>15 a</b>	X	
<b>b</b> Other officers or key employees of the organization. See Schedule O. . . . . <b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>		X
<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16 b</b>		

**Section 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
SHERYL BALDWIN 233 SGT ED HOLCOMB BLVD S CONROE TX 77304 936-521-6100

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

- 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, if any. 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACOB PASCHAL Director	1 0	X						0.	0.	0.
(2) GAIL PAGE Director	1 0	X						0.	0.	0.
(3) SHARON WALKER Secretary	2 0	X						0.	0.	0.
(4) TRACY SORENSEN Vice Chair	2 0	X						0.	0.	0.
(5) PATTI ATKINS Chairman	1 0	X						0.	0.	0.
(6) MORRIS JOHNSON Director	1 0	X						0.	0.	0.
(7) CECIL MCKNIGHT Director	1 0	X						0.	0.	0.
(8) JANET QURESHI Director	1 0	X						0.	0.	0.
(9) RICHARD DUREN Director	1 0	X						0.	0.	0.
(10) EVAN ROBERSON Executive Dir.	40 0			X				137,550.	0.	930.
(11) MILLIE MCDUFFEY CFO	40 0			X				91,738.	0.	5,047.
(12) JONATHAN SNEED MEDICAL DIRECTOR	40 0					X		312,046.	0.	13,667.
(13) ASHOKKUMA VACHHANI STAFF PSYCHIATRIST	40 0					X		301,218.	0.	1,248.
(14) KENNETH WINAKER STAFF PSYCHIATRIST	40 0					X		227,675.	0.	6,869.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) OLAYINKA AYENI STAFF PSYCHIATRIST	40 0					X		232,437.	0.	18,867.
(16) ROBERT BOGAN STAFF PSYCHIATRIST	40 0					X		264,516.	0.	19,931.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>								1,567,180.	0.	66,559.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,567,180.	0.	66,559.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RESCARE 9050 N CAPITAL OF TX HIGHWAY AUSTIN, TX 78759	ICFMR RESIDENTIAL	2,047,432.
TX CYPRESS CREEK HOSPITAL 17750 CALI DRIVE HOUSTON, TX 77090	PSYCHIATRY INPATIENT	661,100.
KINGWOOD PINES HOSPITAL 2001 LADBROOK DRIVE KINGSWOOD, TX 77339	PSYCHIATRY INPATIENT	599,825.
JACKSON & COKER PO BOX 277638 ATLANTA, GA 30384	RECRUITERS	105,489.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 501,146.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		501,146.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> STATE SERVICES CONTRACTS .....	624100	16,688,930.	16,688,930.		
	<b>b</b> MEDICAID REVENUES .....	624100	12,113,912.	12,113,912.		
	<b>c</b> PATIENT FEES/INSURANCE .....	624100	678,922.	678,922.		
	<b>d</b> OTHER CONTRACTS .....	624100	249,431.	249,431.		
	<b>e</b> MEDICARE REVENUES .....	624100	73,166.	73,166.		
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		29,804,361.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		30,081.			30,081.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....					
	<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including.. \$ .....					
	of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 20,000.				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....		20,000.			20,000.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> GAIN-SALE OF ASSETS .....		21,009.	21,009.			
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		21,009.				
<b>12 Total revenue.</b> See instructions .....		30,376,597.	29,825,370.	0.	50,081.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	235,265.	0.	235,265.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	15,900,766.	14,318,139.	1,582,627.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,459,103.	1,328,513.	130,590.	
9 Other employee benefits.	1,358,195.	1,236,637.	121,558.	
10 Payroll taxes.	293,735.	267,446.	26,289.	
11 Fees for services (non-employees):				
a Management.				
b Legal.	44,692.		44,692.	
c Accounting.	27,000.		27,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.	34,542.	31,450.	3,092.	
13 Office expenses.	322,185.	293,349.	28,836.	
14 Information technology.	326,700.	297,460.	29,240.	
15 Royalties.				
16 Occupancy.	638,160.	581,045.	57,115.	
17 Travel.	546,428.	497,523.	48,905.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	63,437.	63,437.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	575,348.	523,854.	51,494.	
23 Insurance.	130,027.	118,390.	11,637.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACTED SERVICES</u>	6,022,532.	5,917,043.	105,489.	
b <u>MEDICATIONS</u>	722,792.	722,792.		
c <u>OTHER COSTS</u>	402,991.	268,661.	134,330.	
d <u>CONSUMER COSTS</u>	381,854.	381,854.		
e All other expenses.	486,759.	443,195.	43,564.	
25 Total functional expenses. Add lines 1 through 24e.	29,972,511.	27,290,788.	2,681,723.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	495,543.	<b>1</b>	555,483.
	<b>2</b> Savings and temporary cash investments .....	5,693,171.	<b>2</b>	4,726,231.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,921,553.	<b>4</b>	2,367,845.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	25,620.	<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	193,602.	<b>9</b>	283,081.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,562,290.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,914,266.	<b>10c</b>	15,648,024.
	<b>11</b> Investments — publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,421,377.	<b>16</b>	23,580,664.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,494,184.	<b>17</b>	4,226,160.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	272,902.	<b>19</b>	416,302.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,428,264.	<b>23</b>	5,249,926.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	549,129.	<b>25</b>	607,292.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,744,479.	<b>26</b>	10,499,680.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	12,676,898.	<b>32</b>	13,080,984.
	<b>33</b> Total net assets or fund balances .....	12,676,898.	<b>33</b>	13,080,984.
	<b>34</b> Total liabilities and net assets/fund balances .....	16,421,377.	<b>34</b>	23,580,664.

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Form 990 (2015)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	30,376,597.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,972,511.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	404,086.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,676,898.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,080,984.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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?	X	
<b>b</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.	X	

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Form 990 (2015)

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

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.)

- 1 ☐ 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 (Form 990 or 990-EZ).)
- 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,306,371.	640,113.	610,089.	556,201.	521,146.	4,633,920.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	2,306,371.	640,113.	610,089.	556,201.	521,146.	4,633,920.
5 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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						4,633,920.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	2,306,371.	640,113.	610,089.	556,201.	521,146.	4,633,920.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	263,216.	47,564.	26,086.	22,770.	30,081.	389,717.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	157,551.					157,551.
11 <b>Total support.</b> Add lines 7 through 10.						5,181,188.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	89.44 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	87.61 %
16a <b>33-1/3% support test – 2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
<b>2</b> 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. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**. . . . . ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests – 2015.** 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 – 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
<b>b</b> Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? .....	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above? .....	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i> .....	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> .....	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> .....	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> .....	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? .....	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> .....	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i> .....	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

**a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

**b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

**c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. **Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> .....	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> .....	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> .....	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> .....	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain .....	1	
2	Recoveries of prior-year distributions .....	2	
3	Other gross income (see instructions) .....	3	
4	Add lines 1 through 3 .....	4	
5	Depreciation and depletion .....	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) .....	6	
7	Other expenses (see instructions) .....	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) .....	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities .....	1a	
b	Average monthly cash balances .....	1b	
c	Fair market value of other non-exempt-use assets .....	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c) .....	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets .....	2	
3	Subtract line 2 from line 1d .....	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) .....	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3) .....	5	
6	Multiply line 5 by .035 .....	6	
7	Recoveries of prior-year distributions .....	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6) .....	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A) .....	1	
2	Enter 85% of line 1 .....	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A) .....	3	
4	Enter greater of line 2 or line 3 .....	4	
5	Income tax imposed in prior year .....	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) .....	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2015

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.....	
7 <b>Total annual distributions.</b> Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f <b>Total</b> of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

### Part II, Line 10 - Other Income

Nature and Source	2015	2014	2013	2012	2011
Total	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 157,551.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

Name of organization	Employer identification number
TRI-COUNTY BEHAVIORAL HEALTHCARE	76-0032662

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIBERTY COUNTY, TEXAS 588 CR 2010 HARDIN, TX 77561	\$ 63,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONTGOMERY COUNTY, TEXAS 301 N THOMPSON SUITE 210 CONROE, TX 77301	\$ 211,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONTGOMERY COUNTY UNITED WAY 1600 LAKE FRONT CIR #248 THE WOODLANDS, TX 77380	\$ 109,618.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALKER COUNTY, TEXAS 1100 UNIVERSITY AVENUE HUNTSVILLE, TX 77340	\$ 28,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WALKER COUNTY HOSPITAL DISTRICT 1411 11TH STREET HUNTSVILLE, TX 77340	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

76-0032662

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
---			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---			
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ..... \$ \_\_\_\_\_ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

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

Name of the organization

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. .... ► \$ .....

(ii) Assets included in Form 990, Part X. .... ► \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. .... ► \$ .....

b Assets included in Form 990, Part X. .... ► \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

See Part XIII

	Amount
1 c Beginning balance.....	26,095.
1 d Additions during the year.....	1,994.
1 e Distributions during the year.....	
1 f Ending balance.....	28,089.

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Temporarily restricted endowment ▶ \_\_\_\_\_ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations.....	3a(i)	
(ii) related organizations.....	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		3,294,881.		3,294,881.
b Buildings.....		18,073,719.	6,516,930.	11,556,789.
c Leasehold improvements.....				
d Equipment.....		3,193,690.	2,397,336.	796,354.
e Other.....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				15,648,024.

BAA

Schedule D (Form 990) 2015

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) .. ▶		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) COMPENSATED ABSENCES	607,292.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	607,292.	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	30,376,597.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	30,376,597.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b. ....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	30,376,597.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	29,972,511.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	29,972,511.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b. ....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	29,972,511.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part IV, Line 1b - Contributions Or Other Assets Not Included on B/S**

THE CENTER HOLDS FUNDS IN A FIDUCIARY CAPACITY FOR CONSUMERS WHO NEED ASSISTANCE WITH MANAGING THEIR FUNDS.

**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' on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
-----  
-----  
-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNEY (event type)	(event type)	None (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts .....	20,000.			20,000.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	20,000.			20,000.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....	20,000.			

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue .....				
	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |             |   |
|--------------------------------------|-------------|---|
| <b>a</b> The organization's facility | <b>13 a</b> | % |
| <b>b</b> An outside facility         | <b>13 b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- 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:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_.

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 explain. ....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. ....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. ....

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1 b</b>		
<b>2</b>		
<b>4 a</b>		X
<b>4 b</b>		X
<b>4 c</b>		X
<b>5 a</b>		X
<b>5 b</b>		X
<b>6 a</b>		X
<b>6 b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule J (Form 990) 2015**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JONATHAN SNEED MEDICAL DIRECTOR	(i)	312,046.	0.	0.	0.	13,667.	325,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ASHOKKUMA VACHHANI STAFF PSYCHIATRIST	(i)	301,218.	0.	0.	0.	1,248.	302,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KENNETH WINAKER STAFF PSYCHIATRIST	(i)	227,675.	0.	0.	0.	6,869.	234,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 OLAYINKA AYENI STAFF PSYCHIATRIST	(i)	232,437.	0.	0.	0.	18,867.	251,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROBERT BOGAN STAFF PSYCHIATRIST	(i)	264,516.	0.	0.	0.	19,931.	284,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

BAA

TEEA4102L 10/26/15

Schedule J (Form 990) 2015

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

**Form 990, Part III, Line 1 - Organization Mission**

THE ORGANIZATION IS A PUBLIC AGENCY THAT ENSURES THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ENHANCES THEIR QUALITY OF LIFE IN MONTGOMERY, WALKER AND LIBERTY COUNTIES IN TEXAS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

A PDF COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD FOR REVIEW PRIOR TO FILING.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

THE BOARD REVIEWS ALL MAJOR CONTRACTS AND TRANSACTIONS. THE CFO WILL ADVISE THE BOARD ABOUT ANY CONTRACT OR TRANSACTIONS WITH A RELATED PARTY AT THE BOARD MEETING. NO RELATED PARTY TRANSACTIONS OCCURRED DURING THIS 990 PERIOD.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

THE BOARD REVIEWS SALARY SURVEYS FROM SIMILAR ORGANIZATIONS AND GIVES CONSIDERATION TO COMPENSATION PAID BY OTHER LOCAL AUTHORITIES FOR SIMILAR POSITIONS IN TEXAS.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

THE BOARD REVIEWS SALARY SURVEYS FROM SIMILAR ORGANIZATIONS AND GIVES CONSIDERATION TO COMPENSATION PAID FOR SIMILAR POSITIONS BY LOCAL AUTHORITIES IN TEXAS.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THESE ITEMS ARE MADE AVAILABLE UPON REQUEST.

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

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Employer identification number

76-0032662

**Part I Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____ _____ _____					
(2) _____ _____ _____					
(3) _____ _____ _____					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) INDEPENDENCE COMMUNITIES, INC P O BOX 3067 CONROE, TX 77305 55-0809542	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(2) MONTGOMERY SUPPORTED HOUSING, INC P O BOX 3067 CONROE, TX 77305 26-2526385	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(3) CLEVELAND SUPPORTED HOUSING, INC. P O BOX 3067 CONROE, TX 77305 45-4729728	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(4) _____ _____ _____							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

**Part V Transactions With Related Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	X

**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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INDEPENDENCE COMMUNITIES, INC	d	10,340.	COST
(2) MONTGOMERY SUPPORTED HOUSING, INC	d	31,943.	COST
(3) CLEVELAND SUPPORTED HOUSING, INC.	e	46,680.	COST
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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<b>Agenda Item:</b> 3 <sup>rd</sup> Quarter FY 2017 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 27, 2017
<b>Background Information:</b>  This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
<b>Supporting Documentation:</b>  Quarterly TexPool Investment Report  Quarterly Interest Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS**

**For the Period Ending May 31, 2017**

### **GENERAL INFORMATION**

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	March	April	May
Uninvested Balance	(269,333.33)	31,306.59	21,642.47
Accrual of Interest Income	10,433,918.16	10,626,941.40	11,090,135.12
Interest and Management Fees Payable	(10,405,291.23)	(10,844,399.83)	(11,671,031.85)
Payable for Investments Purchased	(799,518,749.93)	(299,808,750.00)	0.00
Accrued Expense & Taxes	(24,213.54)	(69,404.67)	(22,538.32)
Repurchase Agreements	2,293,104,000.00	3,268,158,821.00	4,746,614,000.00
Mutual Fund Investments	215,022,103.88	215,022,103.88	315,022,103.88
Government Securities	13,905,496,742.86	12,826,459,723.64	11,830,205,230.06
U.S. Treasury Bills	1,499,412,500.00	1,174,114,175.00	174,282,325.00
U.S. Treasury Notes	1,113,504,505.22	938,436,446.00	638,374,042.00
<b>TOTAL</b>	<b>18,954,368,605.97</b>	<b>18,122,126,963.01</b>	<b>17,703,915,908.36</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	95,420.63	21,642.47
Accrual of Interest Income	8,305,968.95	11,090,135.12
Interest and Management Fees Payable	(8,799,499.04)	(11,671,031.85)
Payable for Investments Purchased	0.00	0.00
Accrued Expenses & Taxes	(24,106.64)	(22,538.32)
Repurchase Agreements	3,286,214,000.00	4,746,614,000.00
Mutual Fund Investments	1,015,022,103.88	315,022,103.88
Government Securities	13,466,055,475.94	11,829,268,384.47
U.S. Treasury Bills	999,793,540.40	174,317,572.91
U.S. Treasury Notes	1,114,219,589.24	638,787,573.63
<b>TOTAL</b>	<b>\$19,880,882,493.36</b>	<b>17,703,427,842.31</b>

### Portfolio by Maturity as of May 31, 2017

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
36.4%	52.6%	5.3%	5.7%

### Portfolio by Type of Investments as of May 31, 2017

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
66.8%	26.8%	4.6%	1.8%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 0.62% for March, 0.71% for April and 0.77% for May.

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

The weighted average maturity of the fund as of May 31, 2017 was 37 days.

The net asset value as of May 31, 2017 was 1.00003.

The total amount of interest distributed to participants during the period was \$32,919,194.16.

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

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

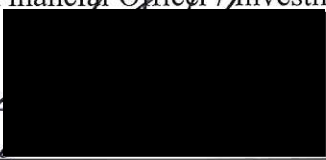
During the reporting period, the total number of participants has increased to 2,417.

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

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

Submitted by:

  
Millie McDuffey  
Chief Financial Officer / Investment Officer

  
Evan Roberson  
Executive Director / Investment Officer

  
Date

  
Date/ /

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2017  
As Of May 31, 2017**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 472.35	\$ 473.25	\$ 463.83		\$ 1,409.43
First Financial Bank CD	\$ 3,438.88	\$ 3,401.10	\$ 3,476.67		\$ 10,316.66
First Liberty National Bank	\$ 0.43	\$ 0.44	\$ 0.48		\$ 1.35
JP Morgan Chase (HBS)	\$ 1,349.11	\$ 1,843.28	\$ 2,220.25		\$ 5,412.64
Prosperity Bank	\$ 42.47	\$ 37.75	\$ 55.49		\$ 135.71
Prosperity Bank CD (formerly Tradition)	\$ 3,807.62	\$ 3,820.51	\$ 3,578.37		\$ 11,206.50
TexPool Participants	\$ 58.92	\$ 77.79	\$ 108.06		\$ 244.77
<b>Total Earned</b>	<b>\$ 9,169.78</b>	<b>\$ 9,654.12</b>	<b>\$ 9,903.15</b>		<b>\$ 28,727.05</b>

<p><b>Agenda Item:</b> Board of Trustees Unit Financial Statement as of May and June 2017</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 27, 2017</p>
<p><b>Background Information:</b></p> <p>None</p>	
<p><b>Supporting Documentation:</b></p> <p>May and June 2017 Board of Trustees Unit Financial Statements</p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

# Unit Financial Statement

FY 2017

	May 2017 Actuals	May 2017 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
80103998 Allocated Revenue	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 23,395.00	\$ 23,395.00	\$ -	100.00%	\$ 31,195.00
Total Revenue	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 23,395.00	\$ 23,395.00	\$ -	100.00%	\$ 31,195.00
Expenses								
80105236 Employee Recognition	\$ -	\$ -	\$ -	\$ 65.00	\$ -	\$ 65.00	0.00%	\$ -
80105275 Food Items	\$ -	\$ 200.00	\$ (200.00)	\$ 1,460.41	\$ 1,400.00	\$ 60.41	104.32%	\$ 2,400.00
80105320 Insurance-Worker Compensation	\$ 5.27	\$ 17.00	\$ (11.73)	\$ 46.57	\$ 149.00	\$ (102.43)	31.26%	\$ 200.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 13,500.00	\$ 13,500.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ 4.00	\$ (4.00)	\$ -	\$ 38.00	\$ (38.00)	0.00%	\$ 50.00
80105715 Supplies-Office	\$ -	\$ 20.00	\$ (20.00)	\$ 12.00	\$ 185.00	\$ (173.00)	0.00%	\$ 245.00
80105750 Training	\$ 885.00	\$ 300.00	\$ 585.00	\$ 1,960.00	\$ 2,700.00	\$ (740.00)	72.59%	\$ 3,600.00
80105755 Travel - Local	\$ -	\$ 75.00	\$ (75.00)	\$ 199.00	\$ 375.00	\$ (176.00)	53.07%	\$ 900.00
80105757 Travel - Non-local Mileage/Air	\$ 160.00	\$ 150.00	\$ 10.00	\$ 1,881.42	\$ 1,350.00	\$ 531.42	139.36%	\$ 1,800.00
80105758 Travel - Non-local Hotel	\$ 319.70	\$ 750.00	\$ (430.30)	\$ 3,317.02	\$ 2,750.00	\$ 567.02	120.62%	\$ 3,000.00
80105759 Travel - Meals	\$ -	\$ 83.00	\$ (83.00)	\$ 70.68	\$ 751.00	\$ (680.32)	9.41%	\$ 1,000.00
Total Expenses	\$ 2,869.97	\$ 3,099.00	\$ (229.03)	\$ 22,512.10	\$ 23,198.00	\$ (685.90)	97.04%	\$ 31,195.00
Total Revenue minus Expenses	\$ (269.97)	\$ (499.00)	\$ 229.03	\$ 882.90	\$ 197.00	\$ 685.90	2.96%	\$ -

**Unit Financial Statement**  
FY 2017

	June 2017 Actuals	June 2017 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
<b>Revenues</b>								
80103998 Allocated Revenue	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 25,995.00	\$ 25,995.00	\$ -	100.00%	\$ 31,195.00
<b>Total Revenue</b>	\$ 2,600.00	\$ 2,600.00	\$ -	\$ 25,995.00	\$ 25,995.00	\$ -	100.00%	\$ 31,195.00
<b>Expenses</b>								
80105236 Employee Recognition	\$ -	\$ -	\$ -	\$ 65.00	\$ -	\$ 65.00	0.00%	\$ -
80105275 Food Items	\$ 2.33	\$ 200.00	\$ (197.67)	\$ 1,462.74	\$ 1,600.00	\$ (137.26)	91.42%	\$ 2,400.00
80105320 Insurance-Worker Compensation	\$ 3.51	\$ 17.00	\$ (13.49)	\$ 50.08	\$ 166.00	\$ (115.92)	30.17%	\$ 200.00
80105388 Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 15,000.00	\$ 15,000.00	\$ -	100.00%	\$ 18,000.00
80155605 Postage-Express Mail	\$ -	\$ 4.00	\$ (4.00)	\$ -	\$ 42.00	\$ (42.00)	0.00%	\$ 50.00
80105715 Supplies-Office	\$ -	\$ 20.00	\$ (20.00)	\$ 12.00	\$ 205.00	\$ (193.00)	0.00%	\$ 245.00
80105750 Training	\$ -	\$ 300.00	\$ (300.00)	\$ 1,960.00	\$ 3,000.00	\$ (1,040.00)	65.33%	\$ 3,600.00
80105755 Travel - Local	\$ -	\$ 75.00	\$ (75.00)	\$ 199.00	\$ 450.00	\$ (251.00)	44.22%	\$ 900.00
80105757 Travel - Non-local Mileage/Air	\$ -	\$ 150.00	\$ (150.00)	\$ 1,881.42	\$ 1,500.00	\$ 381.42	125.43%	\$ 1,800.00
80105758 Travel - Non-local Hotel	\$ 1,166.10	\$ 250.00	\$ 916.10	\$ 4,483.12	\$ 3,000.00	\$ 1,483.12	149.44%	\$ 3,000.00
80105759 Travel - Meals	\$ -	\$ 83.00	\$ (83.00)	\$ 70.68	\$ 834.00	\$ (763.32)	8.47%	\$ 1,000.00
<b>Total Expenses</b>	\$ 2,671.94	\$ 2,599.00	\$ 72.94	\$ 25,184.04	\$ 25,797.00	\$ (612.96)	97.62%	\$ 31,195.00
<b>Total Revenue minus Expenses</b>	\$ (71.94)	\$ 1.00	\$ (72.94)	\$ 810.96	\$ 198.00	\$ 612.96	2.38%	\$ -

# UPCOMING MEETINGS

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## **August 24th, 2017 – Board Meeting**

- Approve Minutes from July 27, 2017 Board Meeting
- Approve Goals & Objectives for FY 2018
- Community Resources Report
- Consumer Services Report for July 2017
- Program Updates
- Annual Election of FY 2018 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2018
- Nominations for the Texas Council Risk Management Fund's Board of Trustees
- Personnel Report for July 2017
- Texas Council Risk Management Fund Claims Summary for July 2017
- Texas Council Quarterly Board Meeting Verbal Update
- Approve July 2017 Financial Statements
- Approve FY 2017 Year End Budget Revision
- Approve Proposed FY 2018 Operating Budget
- Approve FY 2018 HHSC Enterprise Agency Contract
- Board of Trustees Unit Financial Statement for July 2017
- Building Consolidation Update

## **September 28th, 2017 – Board Meeting**

- Approve Minutes from August 24, 2017 Board Meeting
- Reappoint Mental Health Planning Network Advisory Committee Members
- Reappoint Intellectual/Developmental Disabilities Planning Network Advisory Committee Members
- Community Resources Report
- Consumer Services Report for August 2017
- Program Updates
- Annual Corporate Compliance & Quality Management Report
- 1<sup>st</sup> Quarter FY 2018 Corporate Compliance Training
- Annual Planning Network Advisory Committee Reports
- Final FY 2017 Goals & Objectives Progress Report
- Appoint Texas Council Representative & Alternate for FY 2018
- Board of Trustees Reappointments & Oaths of Office
- Personnel Report for August 2017
- Texas Council Risk Management Fund Claims Summary for August 2017
- Analysis of Board Members Attendance for FY 2017 Regular & Special Called Board Meetings
- 401(a) Account Review
- Review August 2017 Financial Statements

- Board of Trustees Unit Financial Statement for August 2017
- Building Consolidation Update
- Cleveland Supporting Housing, Inc. Update
- Other Business Committee Issues