

Tri-County Behavioral Healthcare Board of Trustees Meeting

July 25, 2019



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 25, 2019. The Business Committee will convene at 9:00 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. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

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 30, 2019**
- III. **Program Presentations - Longevity Recognition Presentations**
- IV. **Executive Director's Report - Evan Roberson**
 - A. HCS Audit Results
 - B. CISD School Pilot, 2.0
 - C. Legislative Updates
 - Senate Bill 633
 - House Bill 19
 - Legislative Summaries
- V. **Chief Financial Officer's Report - Millie McDuffey**
 - A. FY 2020 Budget Process
 - B. Year End Budget Revision
 - C. FY 2019 Audit
 - D. County Annual Funding Request
 - E. Fixed Asset Inventory
 - F. Texas Council Risk Management Fund

VI. **Program Committee**

Action Items

- | | |
|--|-------------|
| A. Approve IDD Local Plan | Pages 7-19 |
| 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 2019 | Pages 46-48 |
| E. Program Updates | Pages 49-53 |
| F. FY 2019 Goals & Objectives Progress Report | Pages 54-58 |

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|--|-------------|
| G. 3 rd Quarter FY 2019 Corporate Compliance & Quality Management Report..... | Pages 59-61 |
| H. 4 th Quarter FY 2019 Corporate Compliance Training..... | Pages 62-63 |
| I. Medicaid 1115 Transformation Waiver Project Status Report..... | Pages 64-66 |

VII. Executive Committee

Action Items

| | |
|--|-------------|
| A. Appoint Nominating Committee for FY 2020 Board Officers..... | Page 67 |
| B. Appoint Executive Director Evaluation Committee..... | Page 68 |
| C. Approve Revisions to Board Policy C.1, By-Laws..... | Pages 69-79 |
| D. Approve Revisions to Board Policy G.2 Information Security & Privacy Standards..... | Pages 80-84 |

Information Items

| | |
|---|-------------|
| E. Personnel Reports for May & June 2019..... | Pages 85-89 |
| F. Texas Council Risk Management Fund Claims Summary as of May & June 2019..... | Pages 90-92 |

VIII. Business Committee

Action Items

| | |
|---|---------------|
| A. Approve May 2019 Financial Statements..... | Pages 93-105 |
| B. Approve June 2019 Financial Statements..... | Pages 106-118 |
| C. Approve FY 2019 Auditor Engagement Letter..... | Pages 119-130 |
| D. Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans..... | Pages 131-133 |
| E. Approve Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage..... | Pages 134-135 |
| F. Approve Lifetime Homecare Services Contract Addendum..... | Page 136 |
| G. Ratify the Children's Autism Program Contract Amendment #HHS000127500001..... | Page 137 |
| H. Approve Community Mental Health Contract Program Contract #HHS000149700014, Amendment No. 1..... | Page 138 |
| I. Approve Appointment of a New Director for the Tri-County Consumer Foundation Board of Directors..... | Page 139 |
| J. Decide on Next Steps to Resolving Building Issues at 233 Sgt. Ed Holcomb Blvd, South..... | Page 140 |
| K. Independence Oaks Apartments..... | Page 141 |

Information Items

| | |
|--|---------------|
| L. Review Tri-County's 2017 990 Tax Return Prepared by Scott, Singleton, Fincher & Company, P.C..... | Pages 142-187 |
| M. 3 rd Quarter FY 2019 Investment Report..... | Pages 188-192 |
| N. Board of Trustees Unit Financial Statements for May & June 2019..... | Pages 193-195 |
| O. HUD 811 Updates - (Montgomery, Huntsville and Cleveland)..... | Pages 196-198 |
| P. Tri-County Consumer Foundation Board Update..... | Page 199 |

IX. Executive Session in Compliance with Texas Government Code Section 551.071, Consultation with Attorney, and Section 551.072, Real Property.

Posted By:

Ava Green
 Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

May 30, 2019

Board Members Present:

Patti Atkins
Jacob Paschal
Sharon Walker
Morris Johnson
Richard Duren

Board Members Absent:

Gail Page
Tracy Sorensen
Janet Qureshi

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kelly Shropshire, Director of IDD Authority Services
Kenneth Barfield, Director of Management Info Systems
Tanya Bryant, Director of Quality Management and Support
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Director of Strategic Development
Amy Foerster, Chief Compliance Officer
Ava Green, Executive Assistant
Tabatha Abbott, Cost Accountant
Darius Tuminas, Reimbursement and Service Analyst
Mary Lou Flynn-Dupart, Legal Counsel

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:03 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX.

Public Comment: There was no public comment.

Quorum: There being five (5) Board Members present, a quorum was established.

Resolution #05-19-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board excuse the absence of Gail Page, Janet Qureshi and Tracy Sorensen.

Resolution #05-19-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the April 25, 2019 meeting of the Board of Trustees.

Program Presentation:

Retirement Presentation for Darlene Smith for her 29 years of service to Tri-County Behavioral Healthcare.

School Based Clinic Presentation by Shannon Miller and Melissa Zemencsik.

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 2019 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for April 2019 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for April 2019 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #05-19-03

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the April 2019 Financial Statements.

Resolution #05-19-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve Eide Bailly, LLP as auditor for FY 2019 and direct staff to solicit an audit engagement letter from Eide Bailly, LLP.

Resolution #05-19-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the purchase of financial, human resources and payroll software.

Resolution #05-19-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve a feasibility study for a facility in Cleveland, TX.

The Board of Trustees received an update on the next steps to resolve building issues at 233 Sgt Ed Holcomb Blvd S, Conroe, TX. No action taken.

The Board of Trustees Unit Financial Report for April 2019 was reviewed for information purposes only.

Business Committee Action Item IX-F, Independence Oaks Apartments, was moved to Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:12 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; 551.074, Personnel and Section 551.072, Real Property.

The meeting of the Board of Trustees reconvened at 11:21 a.m. to go into regular session. There was no action required from Executive Session.

The regular meeting of the Board of Trustees adjourned at 11:21 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

| | |
|---|--|
| Agenda Item: Intellectual and Developmental Disabilities Local Plan Committee: Program | Board Meeting Date July 25, 2019 |
| Background Information: <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 2020 and 2021, staff completed the planning process for stakeholders of persons with IDD or related conditions. A series of five (5) planning meetings were held across our four (4) primary service areas including two (2) evening planning meetings 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 attended two (2) resource fairs in order to provide information and seek feedback from interested stakeholders. Surveys were distributed to stakeholders during the planning process 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"> • Development of additional resources for services, such as expanding services provided to additional locations, and exploring the use of Family Partners for family members of persons with IDD, both of which will require additional funding; • Continued focus on developing community relationships, specifically with regard to the educational system; • Community education about IDD, available resources, and navigation through the changing system of care; and, • Improvement of community transportation and affordable housing options to ensure that our service locations and populations served are considered in any future community plans. <p>These focus areas can be viewed in the Goals and Objectives section of the IDD Local Plan on pages 10 and 12.</p> | |
| Supporting Documentation: IDD Local Plan for FY 2020-2021 | |
| Recommended Action: Approve the IDD Local Plan for FY 2020-2021 | |



Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Local Plan
For Fiscal Years 2020 – 2021**

Board Chair

Date

Tri-County Behavioral Healthcare

Intellectual and Developmental Disabilities Local Plan

Introduction

In February 2019, Tri-County Behavioral Healthcare (Tri-County) initiated the Fiscal Year 2019 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 coordinated five face-to-face planning meetings with stakeholders to gather input about plan direction and attended two resource and transition fairs during the planning session. Additionally, a mono-lingual Spanish planning meeting in Montgomery County was coordinated as a part of the 2019 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>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 |

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 estimate of 590,925 (2018 U.S. Census Estimate) with approximately 27% under the age of 18. The racial makeup is Caucasian 78.7%, Hispanic origin 23.1%, African American 5%, and Other 1.8% (2015 U.S. Census). 2017 Per capita income was \$57,585 (2017 U.S. 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 86,323 (2018 U.S. Census Estimate). 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 \$35,840 (2017 U.S. BEA). Walker County is north of Montgomery County, consists of 802 square miles and is considered rural. With a population estimate of 72,480 (2018 U.S. Census Estimate), the racial makeup is Caucasian 56.7%, Hispanic origin 18.2%, African American 22.9%, and Other 1.5% with about 15.6% of the population are under the age of 18 (2015 U.S. Census) and the per capita income is \$27,302 (2017 U.S. BEA).

For Walker and Liberty Counties, it should be noted that all Texas Department of Corrections inmates are counted in the census numbers. In 2015 there were an estimated 13,650 inmates in Walker County (19.3% of the 2015 total population) and 4,241 inmates (5% of the 2015 total population) in Liberty County. In addition to inflating the number of residents in the county, the inmate population is also disproportionately ethnic.

Montgomery County continues to be one of the fastest growing counties in the United States with a 29.7% growth rate estimated from the 2010 Census to 2018 (2018 U.S. Census Estimate) ranking the county number 11 of the most populous counties in Texas with the City of Conroe ranked number 1 in the country for fastest growing city in the nation between July 2015 and 2016 with a 7.8% growth rate during that timeframe.

Finally, it should be noted that the census number for Hispanic persons in the Tri-County catchment area is considered to be underreported due to concerns about governmental survey processes.

Persons served with Intellectual and Developmental Disabilities

Priority Population

The IDD priority population consists of:

- Persons with an Intellectual Disability, as defined by Texas Health and Safety Code §591.003;
- Individuals with a pervasive developmental disorder or 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

Service Population Prioritization

Since resources are insufficient to meet the service needs of every consumer in the IDD 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 2018

In Fiscal Year 2018, Tri-County provided Services to 1146 individuals with IDD and their families.

Priority Population Prevalence Data

On average, 2-3% of the total population will have an IDD diagnosis or a related condition. If this prevalence data is applied to our service area, it is estimated that approximately 22,000 persons in Tri-County's service area have a qualifying diagnosis for state funded IDD 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 Disability or is a member of the IDD 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 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 that foster improvement of, or facilitate, a consumer's ability to perform functional living skills and other daily living activities;
 - Activities for the consumer's family that help preserve the family unit and prevent or limit 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. This service provides a consumer with personal assistance in daily living activities and functional living tasks.
- Employment Assistance – assistance to a consumer in locating paid, individualized, competitive employment in the community.
- Supported Employment – provided to a consumer who has paid, individualized, competitive employment in the community to help the consumer sustain that employment.
- 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.
- 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.
- 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.
- Autism Program Services – Applied Behavior Analysis (ABA) services provided to children ages 3 through 15 years of age who have a diagnosed autism spectrum disorder.

Gathering Public Input in the Planning Process

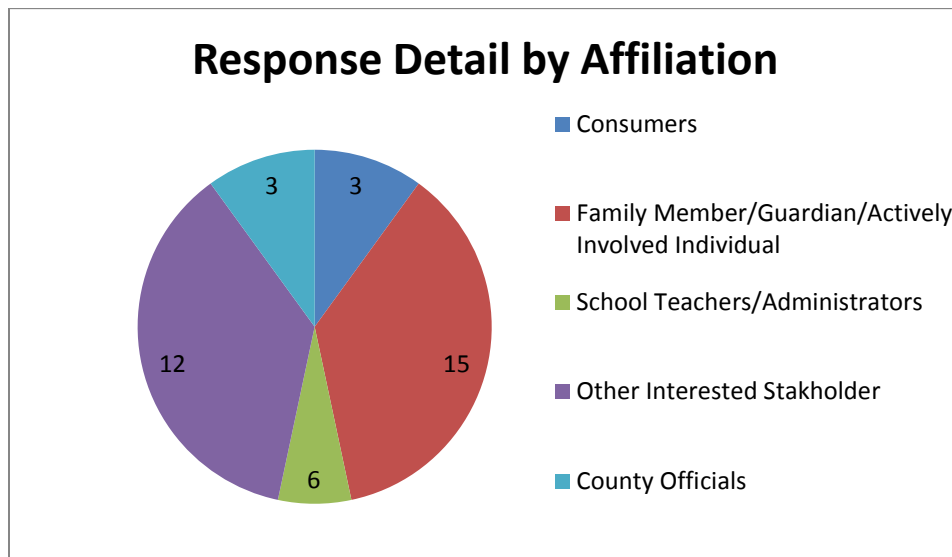
Survey Response

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 and resource fair attended during the planning process.

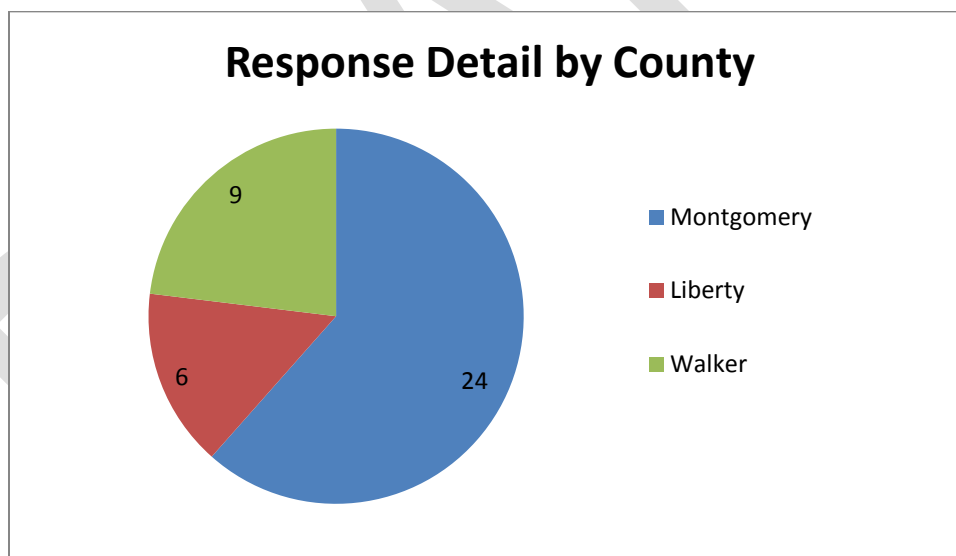
Although surveys were made available in Spanish, no Spanish surveys were completed. Questions on the survey included both closed and open ended questions about services.

Planning Session Closed Ended Responses

Graph of local stakeholder response type:



Graph of response by county of residence:



Survey results indicate that the majority 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 in an effort 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 and expansion of services) to better meet the needs of the community.

Community Forums

In addition to the survey process, five community meetings were held to gather information from stakeholders about services and plan direction and staff attended two resource fairs to provide information and seek feedback from the community. Interested stakeholders were provided with a brief education about Tri-County, the purpose for the planning process and were asked several open-ended questions.

| Local Planning Meetings | |
|--------------------------------|--|
| Date | Location |
| February 13, 2019 | IDD Planning and Network Advisory Meeting – Planning Kickoff |
| March 4, 2019 | Cleveland – Public Forum |
| March 7, 2019 | Conroe ISD Transition Fair – The Woodlands High School |
| March 14, 2019 | Liberty - Public Forum |
| March 15, 2019 | Huntsville – Public Forum |
| April 4, 2019 | Parent Information Fair – Cleveland High School |
| April 8, 2019 | Conroe Spanish Planning Meeting – Public Forum |
| April 9, 2019 | Conroe – Public Forum |
| April 17, 2019 | IDD Planning and Network Advisory Planning Meeting |
| June 5, 2019 | IDD Planning and Network Advisory Meeting – Planning 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. Additional transportation, employment opportunities and affordable housing options, expansion of services such as Autism and day programming to all service areas, additional options for crisis management for individuals and families impacted by IDD were among the topics cited as gaps in our community.

2. What services/supports do you think are the most needed for individuals with IDD 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, 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 IDD 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 cycles. Specifically, while acknowledging the significant accomplishments in the previous planning cycle, 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 IDD 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. New to this year's planning cycle were several discussions on the benefits that could be provided with the addition of funding for Peer or Family Partner services to assist individuals with IDD and their families navigate the system of care which may benefit individuals as early as their first contact with Tri-County.

4. *What education related to IDD 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 during this past 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 IDD, and stressed the importance of continued collaboration with educational systems other community organizations on the services Tri-County provides and how to access needed services. Feedback also focused on the need to provide information on other resources in the community which may be commonly needed by individuals with IDD and their families who may not yet be receiving services through Tri-County.

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

Stakeholders continue to provide 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 IDD 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 IDD and continued information on how to navigate the changing system of care.

- Belief that individuals and families impacted by IDD need more supports than are available. Feedback specifically cited the challenges with long interest lists for waivers, the need for additional respite and local transportation options as well as the need for increased funding to support the growing populations in all counties and the need to expand services in areas experiencing significant growth.
- The continued need for community collaboration and education surrounding available resources and how to access those resources for individuals with IDD including but not limited to, collaboration with local school systems to meet the needs of students with IDD and education on preparing for and navigating transitional stages of life.

Tri-County Services Area Goals and Objectives

In April of 2019, Tri-County's IDD Planning Network Advisory Committee reviewed stakeholder input from the local planning process and recommended the general direction for 2020 and 2021 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 Developmental Disabilities.
- Tri-County has a long standing positive relationship with the community and has increased visibility and collaboration with many community partners during the 2018 – 2019 planning cycle. Through positive community collaboration during the past planning cycle Tri-County was successfully added as one of the scheduled pick-up/drop-off points for one of the newer transportation resources in their catchment area.
- Tri-County has excellent Board governance and positive relationships with State and County officials.
- Tri-County continues to strengthen 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 continue to look for innovative ways to make stakeholders aware of our services and educate them about the disorders that their family members are experiencing while focusing on eliminating stigma and myths and promoting positive opportunities for community involvement (i.e. employment opportunities)
- Tri-County needs to continue to educate the community on navigating the IDD system of care including information on interest lists, waivers, and preparing individuals with IDD 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. In addition to service needs, Tri-County's geographical location bordering Harris County presents a challenge providing competitive salaries as a means to retain staff who can find higher pay for similar positions in the area.
- 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 IDD 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 IDD 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 IDD.
- 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 of employing individuals with IDD.
- 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.

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.

Goal: Administrative Support for the Local Plan

Objective: Tri-County will continue to seek Grant and Resource Development opportunities and seek funding for new IDD programs and or expansion as available.

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 continue to review the cost effectiveness of the current service design and will make recommendations about service design changes as appropriate which will provide greater efficiency.

Objective: Tri-County will continue to use their Quality Management and Compliance Departments 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.

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| <p>Agenda Item: Intellectual and Developmental Disabilities Quality Management Plan</p> <p>Committee: Program</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</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 HHSC 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>Supporting Documentation:</p> <p>IDD Quality Management Plan for FY 2020-2021</p> | |
| <p>Recommended Action:</p> <p>Approve the IDD Quality Management Plan for FY 2020-2021</p> | |



Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities
Quality Management Plan
For Fiscal Years 2020-2021**

Evan Roberson, Executive Director

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 Health and Human Services Commission (HHSC), 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 HHSC.

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:

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| <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 are 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 reviews throughout the year and produce reports for programs reviewed.

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 reviews for selected service programs annually.
3. Provide feedback to reviewed 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 reviews 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 a QM audit of the monthly chart reviews submitted by managers to include a follow up review with managers. This enables the program manager to assess the strengths or weaknesses of their staff in completing person directed plans, progress notes and other areas by viewing areas of focus throughout the year. This process is completed in addition to ongoing review and feedback provided throughout the year on submitted monthly quality assurance audits.
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 HHSC, ensure that organizational self-assessment activities are completed and submitted.
2. At intervals designated by HHSC, 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 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 HHSC 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 HHSC, 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 HHSC 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 enrollments into TxHmL meet timelines.
5. Ensure that 100% of individuals on the HCS and TxHmL 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 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 HHSC 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, substance use disorders, 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, substance abuse, and IDD services in its service area.
- Strives to obtain the highest quality of service for the lowest cost.
- Establishes mental health, substance abuse, 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, Medical Director, the Director of Quality Management and Support, 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.
- Works closely with the Director of QM and Support to carry out recommendations from 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.
- 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.
- Serves as 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 Random Moment in Time Study (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.
- Monitors rights and abuse data for trends and communicates this information to designated agency committees and Management Team.
- Assists with the completion of all program surveys conducted throughout the year.

Risk Manager:

- 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.
- Ensures aggregate critical incident data for IDD services is reported accurately and in a timely manner to HHSC.

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 Risk Manager 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 Assistant Administrator of IDD Authority Services, 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 Health and Human Services Commission (HHSC), other state agencies as applicable, and any MOU relevant to the provision of IDD services.
- Review data for IDD Services, complaints, risk data, abuse/neglect allegations, voter registration activities, 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 IDD PNAC 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 a quality management representative, financial representative, and IT representative. 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 Charge master 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 annually-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 of Compliance, the Chief Financial Officer, Reimbursement Manager, and other Center staff as designated by Chief Compliance Officer. 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 Charge master 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 IDD PNAC 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 monitor 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 HHSC 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. Additionally, a summary of the Program Survey is taken to PNAC.

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 annually (per Kathy HSC requires at least annually). 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 Health and Human Services Commission 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 Committees including Montgomery County Community Assistance Recovery Efforts and Services (MC-CARES), Conroe Rotary Club, HCS Advisory Committee, the local Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), Regional Planning Network Advisory Committee (RPNAC), Healthcare Alliance of Montgomery County, and a jail diversion workgroup. 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 Health and Human Services Commission 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, and overall satisfaction with Tri-County. 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 are provided and mailed to individuals served, families, community agencies, healthcare organizations, schools, and governmental entities, 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 serve as 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.

Tri-County is committed to on-going professional training and has a Clinical Trainer on staff that develops and implements trainings to improve staff competency as needed. The Training Department ensures that all staff are current on their training and no lapse occurs. Tri-County staff may also receive training from the Texas Council Risk Management Fund and other regional and statewide conferences.

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 and substance use disorders.

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 (risk data). The QUM Committee reviews the risk 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 Quality Management, Risk Manager, 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 24-hour Crisis Hotline for assistance if in crisis and 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 or the agency on-call phone after hours, which is routed directly to the Risk Manager who will then notify the Right Protection Officer. 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.

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|---|---|
| Agenda Item: Community Resources Report Committee: Program | Board Meeting Date: July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: Community Resources Report | |
| Recommended Action: For Information Only | |

Community Resources Report

May 31, 2019 – July 25, 2019

Volunteer Hours:

| Location | May | June |
|--------------|---------------|------------|
| Conroe | 285.25 | 335 |
| Cleveland | 0 | 2 |
| Liberty | 5 | 50 |
| Huntsville | 8 | 0 |
| Total | 298.25 | 387 |

COMMUNITY ACTIVITIES:

| | | |
|---------|--|---------------|
| 5/28/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 5/29/19 | Conroe Noon Lions Club Luncheon | Conroe |
| 5/31/19 | Walker County Juvenile Probation Staffing | Huntsville |
| 5/31/19 | Planning Meeting with Liberty County Veteran Services Office | Cleveland |
| 6/1/19 | Vet Together Meet Up | Cleveland |
| 6/1/19 | Paws Up Veteran Resource Event | The Woodlands |
| 6/3/19 | Veterans Presentation for the new Del Webb Veterans Group | Magnolia |
| 6/3/19 | Montgomery County Homeless Coalition Board Meeting | Conroe |
| 6/4/19 | Military Culture Training for Precinct 1 Constables | Magnolia |
| 6/4/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 6/5/19 | Veterans of Foreign Wars (VFW) Meeting | Conroe |
| 6/5/19 | Outreach, Screening, Assessment and Referral to Treatment Quarterly Meeting (OSAR) | Houston |
| 6/5/19 | The Right Step – Marketing Meeting | Houston |
| 6/5/19 | Conroe Noon Lions Club Luncheon | Conroe |
| 6/5/19 | Montgomery County Civil Service Meeting | Conroe |
| 6/6/19 | Cleveland Chamber of Commerce Luncheon | Cleveland |
| 6/6/19 | Network of Victim Assistance (NOVA) Meeting | Conroe |
| 6/7/19 | Military Veteran Peer Network (MVPN) Basic Training | Cleveland |
| 6/8/19 | Women's Veterans Day Event | Conroe |
| 6/10/19 | St. Luke's Hospital Blood Drive | Conroe |
| 6/11/19 | Military Culture for Precinct 1 Constables | Magnolia |
| 6/11/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 6/11/19 | Assisting Victims Escape & Resist Trafficking (AVERT) Meeting | Conroe |
| 6/11/19 | Women's Center Suicide Prevention Training | Conroe |
| 6/12/19 | Veterans Presentation for the Conroe Exchange Club | Conroe |
| 6/12/19 | Veteran's Treatment Court Anniversary Ceremony | Conroe |
| 6/12/19 | National Alliance on Mental Illness (NAMI) Meeting | The Woodlands |

| | | |
|---------|---|---------------|
| 6/12/19 | Conroe Noon Lions Club Luncheon | Conroe |
| 6/12/19 | SAFE Sleep Coalition Meeting | The Woodlands |
| 6/12/19 | Homeless Management Information Systems Forum at the Conroe Chamber of Commerce | Conroe |
| 6/13/19 | Huntsville Chamber Small Business Breakfast | Huntsville |
| 6/14/19 | Meeting with Lone Survivor Foundation Leadership | Conroe |
| 6/15/19 | Military Veteran Peer Network (MVPN) Basic Training – Lone Star Cowboy Church | Conroe |
| 6/17/19 | Department of Family Protective Services Community Education Meeting | Conroe |
| 6/18/19 | Montgomery County Community Resource Coordination Group | Conroe |
| 6/18/19 | Montgomery County Child Mental Health Coalition | Conroe |
| 6/18/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 6/18/19 | North Houston Networking Group | The Woodlands |
| 6/19/19 | Liberty/Dayton Chamber of Commerce Luncheon | Liberty |
| 6/20/19 | Homeless Coalition Meeting | Conroe |
| 6/20/19 | Landlord Engagement Meeting | Conroe |
| 6/21/19 | Cenikor Marketing Meeting | Deer Park |
| 6/25/19 | Collaborative Meeting – Various Veteran Service Organizations | Conroe |
| 6/26/19 | Child Fatality Review Team (CFRT) | Conroe |
| 6/26/19 | Liberty County Superintendents Meeting | Liberty |
| 6/27/19 | Lone Survivor Foundation Retreat | Galveston |
| 6/27/19 | Liberty County Health Awareness Coalition | Liberty |
| 7/2/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 7/3/19 | Lay-in – Plane State Jail | Dayton |
| 7/4/19 | VFW Fourth of July Event with the American Legion | Conroe |
| 7/6/19 | Vet Together Meet Up | Cleveland |
| 7/9/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 7/9/19 | Assisting Victims Escape & Resist Trafficking (AVERT) | Conroe |
| 7/9/19 | United Way Networking Event | The Woodlands |
| 7/10/19 | Liberty County Community Resource Coordination Group | Liberty |
| 7/11/19 | Walker County Small Business Breakfast Meeting | Huntsville |
| 7/11/19 | Cleveland Chamber of Commerce Meeting | Cleveland |
| 7/11/19 | Conroe Fire Department Probation Celebration | Conroe |
| 7/15/19 | TCOLE 4067 Training for Montgomery County Sherriiff's Office (MCSO) | Conroe |
| 7/16/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 7/16/19 | Montgomery County Community Resource Coordination Group | Conroe |
| 7/16/19 | Montgomery County Child Mental Health Coalition | Conroe |
| 7/16/19 | North Houston Networking Group | The Woodlands |

| | | |
|---------|--|------------|
| 7/16/19 | Conroe Noon Lions Networking Evening | Conroe |
| 7/17/19 | Walker County Multidisciplinary Behavioral Health Team Quarterly Meeting | Huntsville |
| 7/17/19 | Liberty/Dayton Chamber of Commerce Meeting | Liberty |
| 7/17/19 | Conroe Noon Lions Club Luncheon | Conroe |
| 7/18/19 | Homeless Coalition Meeting | Conroe |
| 7/19/19 | Coalition for the Homeless Conference | Houston |
| 7/22/19 | Military Veteran Peer Network (MVPN) Basic Training | Conroe |
| 7/23/19 | Bringing Everyone Into the Zone (BEITZ) Support Group - Vet POD | Conroe |
| 7/24/19 | Veteran Presentation at the MCSO TCOLE 1850 Course | Conroe |
| 7/24/19 | Conroe Noon Lions Club Luncheon | Conroe |
| 7/25/19 | Liberty County Health Awareness Coalition | Liberty |

UPCOMING ACTIVITIES:

| | | |
|---------------|--|------------|
| 7/31/19 | Liberty County Mental Health Issues Workgroup | Liberty |
| 8/1/19 | Cleveland Chamber of Commerce Meeting | Cleveland |
| 8/5/19 | Orientation to Human Services (Eligibility and Tri-County Autism Program) - Lonestar College | Conroe |
| 8/7/19-8/9/19 | Annual IDD Crisis Seminar Moody Gardens | Galveston |
| 8/8/19 | Walker County Small Business Breakfast Meeting | Huntsville |
| 8/15/19 | Homeless Coalition Meeting | Conroe |
| 8/21/19 | Liberty/Dayton Chamber of Commerce Meeting | Liberty |

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| Agenda Item: Consumer Services Report for May and June 2019 Committee: Program | Board Meeting Date: July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: Consumer Services Report for May and June 2019 | |
| Recommended Action: For Information Only | |

Consumer Services Report

May 2019

| Consumer Services | Montgomery County | Cleveland | Liberty | Walker County | Total |
|--|-------------------|------------|------------|---------------|-------------|
| Crisis Services, MH Adults/Children | | | | | |
| Persons Screened, Intakes, Other Crisis Services | 606 | 51 | 46 | 61 | 764 |
| Crisis and Transitional Services (LOC 0, LOC 5) | 29 | 2 | 0 | 2 | 33 |
| Psychiatric Emergency Treatment Center (PETC) Served | 53 | 2 | 7 | 2 | 64 |
| Psychiatric Emergency Treatment Center (PETC) Bed Days | 188 | 11 | 30 | 5 | 234 |
| East Montgomery County Crisis Service Admits | 26 | 6 | 3 | 0 | 35 |
| Contract Hospital Admissions | 4 | 0 | 1 | 0 | 5 |
| Diversion Admits | 8 | 1 | 3 | 1 | 13 |
| Total State Hospital Admissions | 2 | 0 | 0 | 0 | 2 |
| | | | | | |
| Routine Services, MH Adults/Children | | | | | |
| Adult Service Packages (LOC 1m,1s,2,3,4) | 1323 | 149 | 143 | 142 | 1757 |
| Adult Medication Services | 1035 | 112 | 86 | 121 | 1354 |
| Child Service Packages (LOC 1-4 and YC) | 718 | 73 | 34 | 86 | 911 |
| Child Medication Services | 259 | 19 | 14 | 32 | 324 |
| TCOOMMI (Adult Only) | 115 | 13 | 28 | 10 | 166 |
| Adult Jail Diversions | 2 | 0 | 0 | 0 | 2 |
| | | | | | |
| Persons Served by Program, IDD | | | | | |
| Number of New Enrollments for IDD Services | 1 | 1 | 0 | 0 | 2 |
| Service Coordination | 660 | 35 | 50 | 66 | 811 |
| | | | | | |
| Persons Enrolled in Programs, IDD | | | | | |
| Center Waiver Services (HCS, Supervised Living) | 23 | 3 | 13 | 20 | 59 |
| | | | | | |
| Substance Abuse Services | | | | | |
| Children and Youth Prevention Services | 103 | 14 | 0 | 7 | 124 |
| Youth Substance Abuse Treatment Services/COPSD | 13 | 0 | 0 | 0 | 13 |
| Adult Substance Abuse Treatment Services/COPSD | 66 | 0 | 0 | 2 | 68 |
| | | | | | |
| Waiting/Interest Lists as of Month End | | | | | |
| Adult Mental Health Services | 163 | 3 | 0 | 0 | 166 |
| Home and Community Based Services Interest List | 1730 | 133 | 155 | 200 | 2218 |
| | | | | | |
| May Served by County | | | | | |
| Adult Mental Health Services | 1772 | 180 | 154 | 207 | 2313 |
| Child Mental Health Services | 834 | 83 | 41 | 93 | 1051 |
| Intellectual and Developmental Disabilities Services | 668 | 48 | 58 | 72 | 846 |
| Total Served by County | 3274 | 311 | 253 | 372 | 4210 |
| | | | | | |
| April Served by County | | | | | |
| Adult Mental Health Services | 1778 | 167 | 137 | 205 | 2287 |
| Child Mental Health Services | 914 | 91 | 46 | 91 | 1142 |
| Intellectual and Developmental Disabilities Services | 696 | 45 | 56 | 72 | 869 |
| Total Served by County | 3388 | 303 | 239 | 368 | 4298 |
| | | | | | |
| March Served by County | | | | | |
| Adult Mental Health Services | 1673 | 181 | 142 | 174 | 2170 |
| Child Mental Health Services | 847 | 92 | 38 | 83 | 1060 |
| Intellectual and Developmental Disabilities Services | 691 | 47 | 53 | 78 | 869 |
| Total Served by County | 3211 | 320 | 233 | 335 | 4099 |

Consumer Services Report

June 2019

| Consumer Services | Montgomery County | Cleveland | Liberty | Walker County | Total |
|--|-------------------|------------|------------|---------------|-------------|
| Crisis Services, MH Adults/Children | | | | | |
| Persons Screened, Intakes, Other Crisis Services | 535 | 34 | 32 | 64 | 665 |
| Crisis and Transitional Services (LOC 0, LOC 5) | 39 | 1 | 1 | 2 | 43 |
| Psychiatric Emergency Treatment Center (PETC) Served | 46 | 3 | 4 | 1 | 54 |
| Psychiatric Emergency Treatment Center (PETC) Bed Days | 228 | 21 | 16 | 6 | 271 |
| East Montgomery County Crisis Service Admits | 19 | 3 | 2 | 0 | 24 |
| Contract Hospital Admissions | 3 | 0 | 0 | 1 | 4 |
| Diversion Admits | 19 | 2 | 3 | 1 | 25 |
| Total State Hospital Admissions | 1 | 0 | 0 | 0 | 1 |
| | | | | | |
| Routine Services, MH Adults/Children | | | | | |
| Adult Service Packages (LOC 1m,1s,2,3,4) | 1183 | 145 | 144 | 114 | 1586 |
| Adult Medication Services | 871 | 98 | 83 | 95 | 1147 |
| Child Service Packages (LOC 1-4 and YC) | 652 | 70 | 29 | 78 | 829 |
| Child Medication Services | 254 | 28 | 11 | 27 | 320 |
| TCOOMMI (Adult Only) | 122 | 12 | 24 | 10 | 168 |
| Adult Jail Diversions | 3 | 0 | 0 | 0 | 3 |
| | | | | | |
| Persons Served by Program, IDD | | | | | |
| Number of New Enrollments for IDD Services | 0 | 0 | 0 | 0 | 0 |
| Service Coordination | 664 | 37 | 50 | 70 | 821 |
| | | | | | |
| Persons Enrolled in Programs, IDD | | | | | |
| Center Waiver Services (HCS, Supervised Living) | 22 | 6 | 11 | 19 | 58 |
| | | | | | |
| Substance Abuse Services | | | | | |
| Children and Youth Prevention Services | 0 | 0 | 0 | 18 | 18 |
| Youth Substance Abuse Treatment Services/COPSD | 12 | 0 | 0 | 0 | 12 |
| Adult Substance Abuse Treatment Services/COPSD | 50 | 0 | 0 | 2 | 52 |
| | | | | | |
| Waiting/Interest Lists as of Month End | | | | | |
| Adult Mental Health Services | 136 | 4 | 0 | 0 | 140 |
| Home and Community Based Services Interest List | 1748 | 135 | 157 | 202 | 2242 |
| | | | | | |
| June Served by County | | | | | |
| Adult Mental Health Services | 1612 | 164 | 153 | 188 | 2117 |
| Child Mental Health Services | 734 | 76 | 30 | 90 | 930 |
| Intellectual and Developmental Disabilities Services | 673 | 47 | 56 | 74 | 850 |
| Total Served by County | 3019 | 287 | 239 | 352 | 3897 |
| | | | | | |
| May Served by County | | | | | |
| Adult Mental Health Services | 1772 | 180 | 154 | 207 | 2313 |
| Child Mental Health Services | 834 | 83 | 41 | 93 | 1051 |
| Intellectual and Developmental Disabilities Services | 668 | 48 | 58 | 72 | 846 |
| Total Served by County | 3274 | 311 | 253 | 372 | 4210 |
| | | | | | |
| April Served by County | | | | | |
| Adult Mental Health Services | 1778 | 167 | 137 | 205 | 2287 |
| Child Mental Health Services | 914 | 91 | 46 | 91 | 1142 |
| Intellectual and Developmental Disabilities Services | 696 | 45 | 56 | 72 | 869 |
| Total Served by County | 3388 | 303 | 239 | 368 | 4298 |

| | |
|--|---|
| Agenda Item: Program Updates Committee: Program | Board Meeting Date: July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: Program Updates | |
| Recommended Action: For Information Only | |

Program Updates

May 31, 2019 – July 25, 2019

Crisis Services

1. The Crisis Services Program Director was asked to present at three Crisis Intervention Training (CIT) classes for law enforcement in June. These classes, focusing on mental health, are mandatory for all law enforcement in the State of Texas. Two were with the Montgomery County Constables and one was conducted by staff with the Texas State Attorney General's office. There were several positive comments at the different classes by law enforcement attending the classes in regards to prior interactions with PETC staff.
2. Throughout the summer, we have continued to see a significant number of kids in crisis and are continuing to hospitalize more kids than at any time in our history. We are concerned about the continuation of this trend during the summer when things have historically slowed down for kids.
3. Programs at the PETC continue to have vacancies in several key positions, including: a discharge planner on CSU; Team Lead for assessment Team B; night shift MCOT QMHP; and Administrative Assistant. While some positions have been filled, they have been filled with other PETC staff which created vacancies in other PETC positions. There was also turnover at EMCCC with an LVN and QMHP leaving, both of those have now been filled. The QMHP position was filled by a QMHP who worked at the PETC which created one of the vacancies at the PETC.
4. HHSC has been revising the rules for Mobile Crisis Outreach Teams (MCOT) and draft rules will be posted for comment soon.

MH Adult Services

1. We have a new psychiatrist who will be starting on August 5th. She will be based in Conroe and will take over the caseload that was vacated last month.
2. The outpatient clinics are down one RN and two LVN's. Interviews are taking place right now and we hope to have all the positions filled soon.
3. Several of Adult Outpatient's top performing staff were provided an opportunity to participate in an alternative work schedule pilot. During the pilot, staffs report an increased job satisfaction and work-life balance.
4. The PATH program is working on completing a Request for Application to continue the PATH grant funding. If awarded, the PATH program funding would continue through FY 2024.
5. In the rural clinics, we have successfully filled all direct care positions, which will ensure the appropriate provision of client services. We continue to look for a qualified candidate for the vacant Administrator role. Further, we continue to observe an increase in the number of individuals being referred to the Liberty and Huntsville locations by local hospitals, PCPs, and criminal justice entities, demonstrating the positive impact of local marketing and community collaboration efforts.

6. The adult intake department continues to observe an increase in the number of individuals requesting treatment, with an average of 43 per week in May and June, up from an average of 36 per week for the FY. Despite this growth, the department maintains ability to offer same day evaluations, successfully filling these appointments 92% of the time.
7. The First Episode Psychosis program is fully staffed and eagerly awaiting national training, which will be held in July in Rosenberg. The Team Lead is actively working to recruit program participants in anticipation of launching the program mid-July, following training. The team is further creating templates and completing other trainings in preparation for implementation of the program.

MH Child and Youth Services

1. Our Family Partners are focused on reaching their targets for the second half of FY19 as we have been short-handed due to a hard to fill vacancy and family partners out on unexpected leave.
2. We are excited about our growing collaborations with multiple school districts, including Splendora, Willis, Magnolia, and New Caney, all of which have expressed a desire for us to provide services on their campuses next year.
3. Child and Youth Services has expanded the walk-in clinic at our Cleveland office to two days per week in order to accommodate the growing needs in the community.

Criminal Justice Services

1. The Outpatient Competency Restoration program had an additional admission this month, bringing the total served to 12. With a contract target of 15 for the year, the OCR team continues to work diligently to market the program and provide education to promote access to this service.
2. It was determined by TCOOMMI Austin that the TCOOMMI program will not expand in Liberty as was previously discussed. This change was made following an analysis of need in the Liberty County area which determined that the numbers would not support the addition of a new staff.

Substance Use Disorder Services

1. Substance Use Disorder Treatment admissions for adult programming during the month of May were the highest in program history with 32 total admissions. In the Expanded Engagement program, staff continue to meet nearly all contract requirements and is actively providing education and support to increase knowledge of substance use issues, engagement, and connection to resources for Tri-County staff. As a result of this effort, the program has observed an increase in referrals to both treatment and Engagement programming.
2. We are in the planning stages with New Caney ISD to implement a new prevention curriculum for the entire sixth grade should we be awarded the new Universal Youth Prevention grant for next fiscal year.
3. The prevention team is scheduling more presentations and activities with several community organizations, including the Boys and Girls club and CASA, this summer.

4. School starts earlier this year, so the team is already preparing for multiple school groups that will start in August.

IDD Services

1. Provider annual audit occurred on July 9th.
2. Provider services currently providing Independent Living Skills to 54 individuals within the nursing home. We are serving eight individuals actively from the nursing homes in Day Habilitation.
3. Within our Day Habilitation Program's, each site is planning special events throughout the summer. At each location they meet with the individual and discuss what events they would like to attend and how much it will cost, incorporating consumer choice. As a team they decide what will go on the calendar of events. Individuals then have the opportunity to sign up for the events they personally will be going on based on their personal resources. Some activities include Fourth of July celebration, movie theatre with several options within the month, library, splash pad, Houston Aquarium, Veterans Museum, zoo and many more activities.
4. IDD Authority is attending much required to training to meet the expectations of the PASRR rule changes related to Habilitation Coordination as of July 7th. Each staff person that monitors services in a nursing facility must be certified as a Habilitation Coordinator by HHSC. There are four training modules which must be completed by each staff and each module averages around eight hours.

Support Services

1. Quality Management:

- a. Twenty-three charts were reviewed and submitted to Amerigroup by the requested date of July 19, 2019.
- b. Staff reviewed 111 progress notes for quality assurance purposes during the timeframe and communicated with supervisors to ensure follow up as appropriate.
- c. The Administrator of Quality Management attended a five day State provided IDD Documentation Training. This training is provided to all new Service Coordinators and will allow for improved familiarity with the rules and regulations involved in IDD documentation and auditing.
- d. Staff participated in an onsite review by United Behavioral Healthcare on June 5, 2019 and submitted a Corrective Action Plan (CAP) on June 17, 2019. Many of the findings were due to reviewer error; however, there is unfortunately no appeal process available for these reviews at this time. We submitted all items the auditor had difficulty locating along with the CAP.

2. Utilization Management:

- a. The Quality and Utilization Specialist reviewed 10% of all discharges for the month of June and provided follow up to supervisors as needed.

3. Training:

- a. The Clinical Trainer is currently working on several staff trainings to assist managers to raise the competency and comfort level of new hires as well as existing staff needing support. Diagnostic Assessment and an in-depth Boundaries training are among the trainings that will be available for supervisors to utilize soon.
- b. The Clinical Trainer has been traveling to the Rural Clinics along with other Adult Outpatient Managers to provide additional support to staff during manager transition.
- c. The Administrator of Quality Management has been attending various staff meetings to provide education and clarification on our current process for individuals needing interpretive services.

4. Veteran Services:

- a. The Veteran Services Liaison reports an increase in requests for training on Military Culture. Recent requesting agencies include Montgomery County Sheriff's Office, Liberty County Sheriff's Office, Precinct 3 Montgomery County and The Woodlands Township section of Montgomery County Sheriff's Office.

Community Activities

1. We are getting ready for the Burnham Golf Tournament to be held August 2-4.
2. The AVERT (Assisting Victims Escape & Resist Trafficking) Team celebrated its first graduate of the program this month. We are confident this young lady will remain safe and out of the trafficking system. We have six additional young women who are working the program with hopes of graduating over the next year to 18 months.
3. Staff organized a successful blood drive with St. Luke's Bloodmobile in June.

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|--|--|
| Agenda Item: Year to Date FY 2019 Goals and Objectives Progress Report Committee: Program | Board Meeting Date July 25, 2019 |
| Background Information: The Management Team met on August 10, 2018 to update the five year strategic plan and to develop the goals for FY 2019. The strategic plan and related goals were approved by the Board of Trustees at the September 2018 Board meeting. 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 Health and Human Services Commission or other contractors. This report shows progress year to date for Fiscal Year 2019. | |
| Supporting Documentation: Year to Date FY 2019 Goals and Objectives Progress Report | |
| Recommended Action: For Information Only | |

Year-to-Date Progress Report

September 1, 2018 – July 25, 2019

Goal #1 – Community Connectedness

Objective 1:

Tri-County Consumer Foundation will hold at least two fundraisers in FY 2019.

- Tri-County's Consumer Foundation held a "Family Fun Night" fundraiser on October 27, 2018 at the City of Panorama raising \$16,365.
- Tri-County's Consumer Foundation hosted "The Green Jacket Dinner and Auction" at Carlton Woods Country Club on Tuesday, April 9, 2019. The dinner raised \$35,530.
- The Foundation Board has begun awarding funds to Tri-County Consumers for items like car repair, hot water heaters and other small home repairs, and General Education Diploma courses.

Objective 2:

The Executive Director will actively participate in the 86th Legislative Session on behalf of the Center and the persons we serve and will make regular reports to the Board of Trustees.

- Evan Roberson, Catherine Prestigiovanni and Sharon Walker visited the Capitol on January 18, 2019. Evan Roberson and Sharon Walker also visited our legislative staff in April including a direct meeting with Representative Toth.
- Evan Roberson is led the Behavioral Health Bill response team for the 86th Legislative Session.
- Overall, the session yielded mixed results, but included several 'wins' for the Center system including additional outpatient funding and a delay in the transition of IDD long term services and supports to managed care. In addition, we continue to develop stronger relationships with our Senators and Representatives.

Goal #2 – Clinical Excellence

Objective 1:

Staff will work with Sam Houston State University and Lone Star Family Health Clinic to enhance School-based Mental Health Clinics and will develop Memorandums of Understanding with each by March 31, 2019.

- Staff has had multiple meetings with Sam Houston State University and with Lone Star Family Health Clinic in Fiscal Year 2019.
- Conversations with Lone Star included a conversation about a mechanism for billing some services under their Federally Qualified Healthcare Clinic license which would result in more revenue for certain services and a discussion of collaboration in Conroe

Independent School District's Caney Creek High School feeder system for continued schools mental health and physical health clinics.

- Conversations with Lone Star have included CISD Administrators and will likely lead to further partnership with both entities. The most likely scenario at this point is that Lone Star would be added to the existing interlocal agreement between CISD and Tri-County. Across the state and nation, collaborations between the Federally Qualified Healthcare Clinic (Lone Star in our case) and the Community Center have resulted in the best school-based clinic partnerships.
- Conversations with Sam Houston have shifted from conversations with the School of Counseling to conversations with the Department of Research and Sponsored Programs and now the Department of Psychology. SHSU continues to be interested in collaborating with us in some way, but has not, at this time, decided to allow interns to work on school campuses. Staff has pitched Mental Health First Aid provided on Sam's Campuses in Huntsville and The Woodlands as a starting point for a more established relationship. If there is a Memorandum of Understanding coming with Sam Houston State, it may not be this fiscal year.

Objective 2:

Tri-County will develop a work plan and team to guide the Certified Community Behavioral Health Clinic transition by May 31, 2019. Regular reports on progress will be made to the Board of Trustees.

- The CCBHC kickoff meeting was held on January 14th. In addition to a deep review of CCBHC principles and tasks, the assignments for the 12 workgroups were reviewed. Subsequently, the 12 workgroups have been assigned and have met with the CCBHC Leadership group to discuss timelines, tasks and deliverables. There is good energy around working through the steps to become CCBHC Certified.
- The teams include: Leadership; Care Coordination and Recovery Planning; Network Development; Evidence-Based Practices; Value-Based Payments; Crisis; Customer Experience; Wellness; Software Evaluation and Modification; Trauma Informed Care; Data; and Outcome Assessments.
- The Executive Director has chosen November 2020 as the deadline for submission of the CCBHC Procedures which will be used to certify the agency. Recently, HHSC has changed their timelines for certification and the November 2020 date may have to be modified to a sooner date.
- Two major accomplishments thus far are the submission of the Alternate Payment Model cost report and our first review of potential new clinical software.
- Evan Roberson made a presentation on Risk Stratification at the Texas Council Conference. Risk Stratification is pre-requisite for Care Coordination which is a key component of becoming a CCBHC.
- Evan Roberson will be leading and ETBHN workgroup that will focus on Risk Stratification and Care Coordination.

Goal #3 – Staff Development

Objective 1:

Leadership Tri-County Class Participants will review the current on-boarding process, including face to face and computer based training and recommend changes to the current process to Management Team by March 31, 2019.

- The Leadership Tri-County Cohorts compiled a list of recommendations and representatives of the class met with Evan Roberson and presented an outline of their recommended objectives, along with a possible implementation plan. The Cohorts were able to explain their recommendations, why they felt these changes would be beneficial, and discuss any possible barriers to implementing the recommended changes that they anticipated.
- Several of the recommendations will be incorporated into FY 2020 on-boarding processes including more face to face training and additional interaction with supervisors.

Goal #4 – Administrative Competence

Objective 1:

Staff will select a vendor to update all Tri-County websites by April 30, 2019

- The Executive Director posted a Request for Proposals on the current Tri-County website and has sent it to a few companies recommended by other Centers. There were no responses to the RFP.
- After the RFP timeline, the Executive Director received word from legal that the Center could accept a bid from a sole source vendor and one was contacted. After extended conversations with the vendor, we eventually received a bid of \$57,000 for a new website which is higher than we expected.
- The Management Team will review the bid and determine if we will prioritize this project for FY 2020.

Objective 2:

Leadership Tri-County Class Participants will review our current employee benefits structure and will make recommendations regarding enhancements which would be valued by staff and which are budget neutral by April 30, 2019

- The Leadership Tri-County Cohorts compiled a list of recommendations and representatives of the class met with Evan Roberson and presented an outline of their recommended objectives. The Cohorts were able to explain their recommendations, why they felt these changes would be beneficial, and discuss the feedback they had received from peers pertaining to this area of concern.
- Their primary recommendation was a shift to alternate work schedules for our staff. The Executive Director authorized a two-month pilot of alternate work schedules and will make further decisions about implementing this recommendation for FY 2020.

Goal #5 – Professional Facilities

Objective 1:

Staff will develop a facility improvement plan for Cleveland by May 31, 2019

- The Executive Director contacted local relator, Phillip Cameron, to begin looking at options for property or facilities in North Liberty County.
- Mike Duncum was engaged to look at four options in Cleveland.
 - Option 1: Move one of our service lines (e.g. Child and Youth Services) to the Campbell street building that we currently lease to UTMB/WIC. Make required repairs to Truman (roof, drains and siding).
 - Option 2: Convert the 20 x 60 building in the back of Truman to office space, add a covered or enclosed walkway, fix Truman roof and drainage issues, repair siding on the building.
 - Option 3: New construction at the current site and tear down the existing post construction.
 - Option 4: New location to be determined.
- In May, the Board authorized \$15,000 for the development of architectural drawings and site plans for a new building at two potential sites in Cleveland. After reviewing these recommendations with the Management Team, Mike will present his findings to the Board later this year.

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| Agenda Item: 3rd Quarter FY 2019 Corporate Compliance and Quality Management Report Committee: Program | Board Meeting Date July 25, 2019 |
| Background Information: 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." 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. 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 2019 are included in this Board packet. | |
| Supporting Documentation: 3rd Quarter FY 2019 Corporate Compliance and Quality Management Report | |
| Recommended Action: For Information Only | |

Corporate Compliance and Quality Management Report

3rd Quarter, FY 2019

Corporate Compliance Activities

A. Key Statistics:

One investigation and two reviews were completed in the 3rd Quarter.

1. The investigation did not reveal any service paybacks, but did result in \$18.52 being paid to the staff for unreported overtime.
2. Neither of the reviews indicated the need for any service payback.

B. Committee Activities:

The Corporate Compliance Committee met on April 17, 2019. The committee reviewed the following:

1. A final summary of 2nd Quarter investigations;
2. 3rd Quarter updates;
3. Legal updates on compliance issues;
4. Trending items and;
5. HIPAA review.

Quality Management Initiatives

A. Key Statistics:

1. Staff participated in the Superior Foster Care quarterly on-site audit on May 15, 2019. All charts reviewed scored above 90% and there were only minor findings.
2. Staff reviewed and submitted six record requests, totaling 52 charts.

B. Reviews/Audits:

1. Staff prepared and submitted four charts going back three months for the Superior Foster Care quarterly on-site audit and one chart for Superior dating back to January 2018.
2. Staff reviewed and submitted four charts to a private insurance company for services they were billed dating back to January 2018.
3. Staff reviewed and submitted 42 charts (two different requests) to United Healthcare for services they were billed dating back to January 2018.
4. Staff reviewed and submitted one chart to Texas Children's Health Plan for services they were billed dating back to January 2017.

C. Other Quality Management Activities:

1. Staff conducted quarterly chart audits in compliance with the IDD Authority Audit Corrective Action Plan which resulted from the annual audit this past January.
2. Staff reviewed 18 surveys from individuals who were hospitalized in our State Hospital Diversion beds via contract facilities. The majority of the feedback was generally positive. A few surveys provided feedback on concerns related to communication and customer service and this information was relayed to the

contract hospital patient advocate. Quality Management staff continue to monitor these surveys to ensure quality of care.

3. Staff reviewed 317 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly and follow up was made with supervisors as appropriate to initiate additional education as needed.
4. There were 45 Televideo Surveys were conducted in Q3 with mostly positive results. Areas that scored low were: same quality of care as in person, communicated well with provider, and comfortable using video equipment. Low scoring items accounted for less than 20% of overall surveys. However, it should be noted that we are noticing that while people that receive televideo services are satisfied, the no-show rate appears to go up at those locations. We are watching this trend in our clinics.
5. Four appeals regarding client termination of services and one appeal related to diagnosis were received in Q3. Of these, two of the service termination appeals were upheld and two individuals were brought back into services. The individual appealing her diagnosis was provided with a new psychiatric evaluation with another provider.

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| Agenda Item: 4th Quarter FY 2019 Corporate Compliance Training Committee: Program | Board Meeting Date July 25, 2019 |
| Background Information: 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. | |
| Supporting Documentation: 4th Quarter FY 2019 Corporate Compliance Training | |
| Recommended Action: For Information Only | |

In This Issue:

The Corporate
Compliance Action
Plan

What is a CCAP?

The Importance of
a CCAP

**“If you think compliance
is expensive—
try non-compliance.”**

Former U.S. Deputy Attorney
General Paul McNulty

Corporate Compliance Team

Amy Foerster
Chief Compliance Officer
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Heather Hensley
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Administrator of Compliance
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The Corporate Compliance Action Plan

Did you know that Tri-County’s Corporate Compliance activities are driven by a Corporate Compliance Action Plan (CCAP)?

What is a Compliance Action Plan?

The CCAP is a formal statement of Tri-County’s intention to conduct itself ethical-ly in regard to business operations, government regulations, patient services and care. The purpose of the CCAP is twofold: (1) it provides a blueprint for Tri-County’s compliance program and it’s monitoring activities, and (2) it encourages employees to report unethical conduct.

The Importance of a CCAP.

The most important reason for having the CCAP? It’s required by law. An effective CCAP is crucial for preventing fraudulent claims and erroneous billing, preparing for potential audits, and avoiding ethical conflicts in business operations and patient care services.

By implementing and adhering to the CCAP, Tri-County meets its legal obligations as well as communicating (to staff and the public) that Tri-County is committed to conducting itself in an ethical manner, promoting good employee conduct, and providing quality patient care.

Tri-County’s CCAP is reviewed annually and may be revised based on legal up-dates pertaining to compliance, corporate compliance concerns discovered during routine audits, or based on input from the Corporate Compliance Committee.

For a copy of Tri-County Behavioral Healthcare’s Corporate Compliance Plan, please contact your compliance team.

REPORT Compliance Concerns

Corporate Hotline: 866-243-9252

- ◆ Reports are kept confidential and may be made anonymously.
- ◆ Without fear of reprisal or penalties.
- ◆ Report to your supervisor, HR, or any Compliance team member if you suspect any non-compliance.



Staff Acknowledgement: _____

Print

Signature

Date

| | |
|---|---------------------------|
| Agenda Item: Medicaid 1115 Transformation Waiver Project Status Report | Board Meeting Date |
| Committee: Program | July 25, 2019 |
| <p>In April, all six (6) of our Category C measures and Category D population health measures were reported for payment to post on July 31, 2019. IGT and monitoring payments totaling \$1,714,749.43 were made on June 18, 2019 leaving an achievement payment of approximately \$2,357,920.32.</p> <p>Five of the six measures achieved 100% to complete DY7 (10/1/17-9/30/18) Category C specifications based on Calendar Year 2018. The BMI Screening and Intervention met 75% achievement for payment and was approved to carry forward the remaining 25% into DY8 reporting (April 2020) period to meet full achievement.</p> <p>While not required, we reported Category D in April to ensure payment in July. The Category D emphasis is on the reporting of population health measures to gain information on and understanding of the health status of key populations and to build the capacity for reporting on a comprehensive set of population health metrics. Along with the numbers, qualitative information was submitted describing how our activities impacted our Cat C measures.</p> <p>In October 2019, required reporting for Category A will include progress on Core Activities, Alternative Payment Model (APM), Costs and Savings, and Collaborative Activities. Integration of Behavioral and Physical Health Care continues to be our core activity. The report will show what activities we implement to enable achievement of the goals related to our Category C measures, Performing Providers report the Core Activities they implement to meet their Category C goals. A cost benefit analysis using a retrospective tool will be used to meet the Cost and Savings report requirement.</p> <p>To review the changes coming in DY9-10, providers with a DY8 total valuation greater than \$1 million have a proportional valuation reduction, but will not be reduced to less than \$1 million. Tri-County's valuation in DY9 will be approximately 6% less at \$6,950,377 and DY10 at about 20% less value of \$5,929,028. That's a difference of \$1,902,367.68.</p> <p>We will continue to report on all six measures despite the upcoming reduced valuations.</p> | |
| Supporting Documentation: | |
| Medicaid 1115 Transformation Waiver Project Status Report | |
| Recommended Action: | |
| For Information Only | |

Tri-County Behavioral Healthcare

Medicaid 1115 Transformation Waiver

DY8 - 10/1/2017 - 09/30/2018

Status Update: July 2019 - DY8 Round 1

DY7 Valuation

Round 2 Balance

\$3,048,740.93

Source: Internal Reporting / HHSC Reports



On Target to Meet DY8 Outcomes



In Process / Partial Achievement in DY 8



Not Started / Not Achieved

| Category A | | | | Progress Towards Goals | Status | DY 8 Valuation |
|--|---|---|----------------------------------|--|--------|--|
| Core Activities | Integrated Physical & Behavioral Health Care Services | Prevention & Wellness | Intensive Evaluation & Diversion | Updates evaluating core activities, secondary drivers, & change ideas in the online system. No additional core activities will be added. | | \$0 but must report in April & October 2019 for payment of B-D |
| Alternative Payment Models | | | | No APMs/VBP arrangements with a Medicaid payer were made in DY7 | | |
| Costs & Savings | Selected for Costs & Savings Analysis | | | Status update on progress of completing the C & S analysis. | | |
| Collaborative Activities | | | | Report on up to 3 Learning Collaborative meetings attended. | | |
| Category B | | | | Progress Towards Goals | Status | DY 8 Valuation |
| Performing Provider Population DY8 | | MLIU | | | | \$430,075.89 |
| # of unique persons who received a face-to-face or virtual service within our defined system | | % of unique persons in the system who insurance coverage is Medicaid, Low Income(< 200% FPL), and uninsured | | Data to be entered in online reporting system - October 2019 reporting only | | |
| Category D | | | | Progress Towards Goals | Status | DY 8 Payment |
| Effective Crisis Response | % of individuals receiving crisis services who avoid inpatient admission after a crisis. | | | | | \$645,113.52 |
| Crisis Follow-up | % of individuals receiving crisis services who receive f/up services w/in a period of time. | | | | | |
| Community Tenure | % of individuals who successfully avoid psychiatric inpatient care. | | | | | |
| Reduction in Juvenile Justice Involvement | % of youth who demonstrate improved indicators of juvenile justice involvement. | | | | | |
| Adult Jail Diversion | % adults who demonstrate improvement on indicators of criminal justice involvement. | | | | | |




Tri-County Behavioral Healthcare
Medicaid 1115 Transformation Waiver







DY8 - 10/1/2017 - 09/30/2018

Status Update: July 2019 - DY7 Round 2 April 2019 Reporting

Measures based on CY18

Source: Internal Reporting / HHSC Reports

-  On Target to Meet DY8 Outcomes
-  In Process / Partial Achievement in DY 7
-  Not Started / Not Achieved

| Category C | | DY8/Round 1 Goal | Rate & Goal Achieved | Status | DY 7 Achievement Amount / July 19 Payment |
|------------|---|---------------------|--|---|---|
| M1-103 | Controlling High Blood Pressure | 53.57% | 55.56% = 100% achieved |  | \$338,613.49 |
| M1-105 | Tobacco Cessation Assessment/Intervention | 39.78% | 77.25% = 100% achieved |  | \$338,613.49 |
| M1-115 | Diabetes Care: HbA1c >9% | 48.10% (neg dir) | 32.72% = 100% achieved |  | \$338,816.74 |
| M1-147 | BMI/Intervention | 89.35% | 78.20% or 75% achieved Will report in April of 2020 for 25% balance |  | \$254,112.56 |
| M1-207 | Diabetes Care: HBP <140/90 | 64.24% | 64.57% or 100% achieved |  | \$338,816.74 |
| M1-261 | Substance Use Assessment | 95.51% | 96.73% or 100% achieved |  | \$338,816.74 |

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|---|---------------------------|
| Agenda Item: Appoint Nominating Committee for FY 2020 Board Officers | Board Meeting Date |
| Committee: Executive | July 25, 2019 |
| Background Information: | |
| <p>The Board Chair will select representatives for the Nominating Committee for FY 2020 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.</p> | |
| <p>The annual election of officers will occur at the August Board meeting.</p> | |
| Supporting Documentation: | |
| None | |
| Recommended Action: | |
| Appoint Nominating Committee for FY 2020 Board Officers | |

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| Agenda Item: Appoint Executive Director Evaluation Committee Committee: Executive | Board Meeting Date July 25, 2019 |
| Background Information: The Board Chair will select representatives for the FY 2019 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 as the chair of the committee. The results of the Executive Director Evaluation will be reviewed at the August Board meeting. | |
| Supporting Documentation: None | |
| Recommended Action: Appoint Executive Director Evaluation Committee | |

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|---|---|
| <p>Agenda Item: Approve Revisions to Board Policy C.1, Board of Trustees Bylaws</p> <p>Committee: Executive</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>As required by Senate Bill 632 of the 86th Legislative Session, Centers are required to add sheriffs or their designated representatives to the Board from two of our three counties. We have received guidance that we should make contact with sheriff's offices before September 1, 2019.</p> <p>Since the legislation passed, staff have received guidance from the Texas Council that, for a center with three counties, the legislation language requires that the sheriff from the County with population above the mean population and the County with the lowest population below the mean participate on the Board as ex officio members. For Tri-County, this would mean the sheriff or their designated representative from Montgomery and Walker Counties.</p> <p>Staff is suggesting that in addition to the sheriff/representative of Montgomery and Walker counties, that we also offer this opportunity to Sheriff Rader's office in Liberty County.</p> <p>Bylaws have been changed to add this ex officio requirement to the Board composition. Ex officio board members must meet the same requirements as Board Trustees with the following exceptions:</p> <ol style="list-style-type: none"> 1. They are not counted in the quorum for trustee meetings; 2. Absences do not have to be excused; 3. They participate fully in Board meetings, but do not vote; 4. They do not participate in executive session; 5. They are not appointed by the sponsoring entities but are instead included in the Board after being sworn into the office as the elected sheriff and receiving required training; and, 6. Only the sheriff of the participating county may designate a representative. | |
| <p>Supporting Documentation:</p> <p><u>Revised Board Policies (Markup Version)</u> C.1 Board of Trustees Bylaws</p> | |
| <p>Recommended Action:</p> <p>Approve Revisions to Board Policy C.1, Board of Trustees Bylaws</p> | |

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

July 25, 2019

Date

ORIGINAL EFFECTIVE DATE: June 29, 1995

REVISION DATE(S): August 21, 1997; July 22, 2010; September 22, 2016, July 25, 2019

SUBJECT: By-Laws

CHAPTER I: PURPOSES

- I. Sponsoring Agencies – The Commissioner’s Courts of Liberty, Montgomery, and Walker Counties, as local agencies, have established Tri-County Behavioral Healthcare (“Tri-County” or “Center”) as a community mental health and intellectual/developmental disabilities center to provide a vital component in a continuum of services for persons in its service area who have mental illness or intellectual/developmental disabilities.
- II. Center Name – The Center was originally established 1983 as Tri-County Mental Health Mental Retardation Services. In 2010, Tri-County assumed the ‘doing business as’ name of Tri-County Services and operated the Center under this d/b/a until November of 2014, when they received permission from all three Commissioner’s Courts to officially change their name to Tri-County Behavioral Healthcare. Subsequent to this approval, the name change to Tri-County Behavioral Healthcare was formally recorded in all three counties in February of 2015.
- III. Goal – The goal of such comprehensive mental health, intellectual and developmental disabilities, and substance addiction programs shall be services which are adequate as to quantity, quality, scope, availability, and accessibility for the Center’s service area. The Center shall plan, coordinate, develop policies, develop and allocate resources, supervise and ensure the provision of community services.
- IV. Reporting – To facilitate the goal of such comprehensive services, cooperative efforts of each county, other governmental agencies, individual practitioners, associations of professional disciplines, and citizen representatives shall be utilized. The Center shall report annually to the three (3) Commissioners Courts as provided by Section 534.014 of the Texas Health and Safety Code.

- V. Authority – Tri-County shall operate as a Community Mental Health and Intellectual/Developmental Disability Center as authorized by Section 534.001 of the Texas Health and Safety Code and in accordance with the rules and regulations of the Texas Department of Aging and Disability Services and the Texas Department of Health and Human Services and their successor agencies.

CHAPTER II: BOARD OF TRUSTEES

I. Membership

A. Appointment of Members

1. The Board of Trustees of Tri-County ("Board") shall be comprised of nine members (Section 534.003 Health and Safety Code). The Commissioner's Court of each county shall appoint, in compliance with Section 534.004 of the Texas Health and Safety Code, three Board members from the qualified voters in their counties. The Board members so appointed shall serve staggered terms. All appointments will be for a term of two (2) years or until their successors are appointed.
2. The following county appointments for Trustees shall be used:

Liberty County

Place 1

Place 2 & 3

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

Montgomery County

Place 4

Place 5 & 6

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

Walker County

Place 7

Place 8 & 9

Three Representatives

Term expires September 1, 1995 and thereafter in odd numbered years

Term expires September 1, 1996 and thereafter in even numbered years

B. Vacancies

1. A vacancy on the Board shall be filled by the appropriate Commissioner's Court for the unexpired portion of the term.
2. Any member who does not attend 75% of the scheduled Board meetings, within the preceding twelve months, without excused absences, shall receive

recommendation of termination from the Board; at which time, the appointing Commissioner's Court may replace such trustees by action of the Commissioner's Court.

- C. Excused Absences – Absences approved by a majority of a quorum of the Board are considered to be excused.
- D. Orientation and Continuing Education – The Board will maintain a program for orientation of new Board members and continuing education for all Board members consistent with Section 534.006 Health and Safety Code.
- E. Prohibited Activities
 - 1. Violation of Laws – A Board Member shall not violate any law relating to his or her office (Section 39.10 Texas Penal Code).
 - 2. Conflicting Interests
 - a. Board Members may serve on other boards separate and apart from Tri-County and such is not determined a conflict of interest. Board of Trustee members should abstain from voting on any matter which directly or indirectly relates to contracts or reimbursement to or from Tri-County, or any matter which relates to interrelated issues of the two (2) boards. Such abstentions should be duly noted in the Board minutes.
 - b. A Board Member shall abstain from a Board decision to contract with any entity having on its board a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
 - c. A Board Member shall abstain from a Board decision to contract with any entity that may provide services to a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
 - d. A Board Member shall not act as surety for a business entity that has work, business, or a contract with the Center (171.003 Local Government Code).
 - e. A Board Member shall not act as surety on any official bond required of an officer of the Center (171.003 Local Government Code).
 - f. A Board Member shall not rely on official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information; a Board Member shall not speculate or assist another person in speculating on the basis of official information (39.03 Texas Penal Code).
 - 3. Conflicting Professional Practices
 - a. No Board Member shall be reimbursed for services to consumers referred to his or her private practice by the Center (Texas Attorney General's Opinion M-340).

- b. As a local public official, each Board Member shall uphold the member's position of public trust by meeting and maintaining the applicable qualifications for membership and by complying with the applicable requirements relating to conflicts of interest (Section 534.0065 Health and Safety Code).
 - c. No Board Member shall be allowed use of the Center's facilities free of charge for the purpose of conducting a private practice. Any agreement whereby a Board Member leases property from the Center shall be discussed and voted on by the Board in an open meeting.
 - d. No Board Member shall use his or her unique access to the Center to recruit or build private practice clientele.
4. Personal Benefit by Board Members
- a. A Board Member shall not solicit, accept, nor agree to accept from another person: 1) any benefit in return for the Board Member's decision, opinion, recommendation, vote, or other exercise of discretion as a public servant or (Section 534.0065 Health and Safety Code); or 2) any benefit in return for a violation of a duty imposed by law (Section 36.02, Texas Penal Code).
 - b. A Board Member shall not solicit, accept, nor agree to accept any benefit from a person the Board Member knows is interested or is likely to become interested in contract, purchase, payment, claim, or transaction involving the exercise of the Board Member's discretion (Section 36.08, Texas Penal Code).
 - c. A Board Member shall not receive any benefit for referral of consumers to the Center or to other service providers.
 - d. A Board Member shall not misapply anything of value belonging to the government that has come into his or her possession by virtue of his or her office (Section 39.01, Texas Penal Code).

F. Nepotism

- 1. No Board Member shall appoint or vote for or confirm the appointment of any person related to himself or herself, or to any other Board Member, by affinity (marriage) within the second degree or by consanguinity (blood) within the third degree, to any office or position of employment with the Center paid for directly or indirectly from public funds (Section 534.0065 Health and Safety Code).
- 2. An employee of the Center who is related to a Board Member in the prohibited manner described above may continue to be employed if he or she was employed by the Center at least thirty (30) days prior to the appointment of the Board Member. If the individual has been employed by the Center for less than thirty (30) days when his or her relative is appointed to the Board, either the employee or the Board Member must resign.
- 3. When a relative of a Board Member is allowed to continue employment within the provisions outlined above, the Board Member must not participate in deliberation or voting on any issues specific to that employee unless such issues

affect an entire class or category of employees (Health and Safety Code 534.0115).

- G. A Trustee may be removed from office for any of the following reasons:
1. Conviction of a felony or crime of moral turpitude;
 2. Breach of fiduciary duty;
 3. Behavior that is detrimental to the goals of the Center;
 4. Violation of any provision of the Texas Health and Safety Code, §534.0065; or
 5. At the discretion of the appointing Commissioners' Court, for other cause.

II. Ex Officio Board Members

- A. As required by Senate Bill 632 of the 86th Legislative Session which relates to the composition of the governing bodies and the consultation policies of local mental health authorities with respect to sheriffs, their representatives, and local law enforcement agencies, the Center is required to add two ex-officio Board members, either the sheriff or sheriff's representative from the largest County of the Center's three county service area and a sheriff or sheriff's representative from the smallest of the Center's three counties.
- B. According to Section 534.002 (d), a local mental health authority may not bar or restrict a sheriff or representative of a sheriff who serves as an ex officio nonvoting member from speaking or providing input at a meeting of local authority's governing body. The requirement for a sheriff (or representative) to serve as an ex officio nonvoting member does not prevent a sheriff (or representative) from being included on the board of trustees as a voting member as appointed by the County Judge.
- C. While the legislation requires only two sheriffs or their representatives from the three counties we serve, the Center will allow all three sheriffs to participate on the board as ex officio members. However, the representatives from Montgomery and Walker County in the Tri-County service area are mandatory participants.
- D. Ex officio board members must meet the same requirements as Board Trustees with the following exceptions:
1. They are not counted in the quorum for trustee meetings;
 2. Absences do not have to be excused;
 3. They participate fully in Board meetings, but do not vote;
 4. They do not participate in executive session;
 5. They are not appointed by the sponsoring entities but are instead included in the Board after being sworn into the office as the elected sheriff and receiving required training; and,
 6. Only the sheriff of the participating county may designate a representative.

- E. Sheriffs or their representatives serving as an ex officio nonvoting members of the board should receive the same training required of appointed, voting members of the Board of Trustees.

III. Organization

- A. Officers – The Board shall select from its membership a Chair, Vice-Chair, and Secretary to hold office for one (1) year or until his or her successor is elected. The officers shall have the following duties and authority:
 - 1. Board Chair
 - a. The Board Chair shall be the principal spokesperson and representative of the Center and the Board.
 - b. The Board Chair shall preside at all Board meetings and meetings of the Executive Committee and may sign, with the Secretary or any other designated individual authorized by the Board, all contracts, agreements and documents which the Board has authorized. The Board Chair shall call special meetings of the Board as necessary and shall perform such duties as may be from time to time prescribed by the Board.
 - c. The Board Chair shall be, as all officers, subject to the control of the Board in all things.
 - 2. Vice-Chair – The Vice-Chair shall perform all duties of the Board Chair in the absence, inability, or upon refusal to act of the Board Chair.
 - 3. Secretary – The Secretary shall keep, or cause to be kept, the Minutes of the Board and perform all other duties usually incident to that office.
 - 4. Removal and Vacancy
 - a. A vacancy in office shall exist upon the removal, death or resignation of an officer.
 - b. An officer may resign his or her office by submitting his or her resignation in writing to the Chair or Secretary and shall be effective upon acceptance by the Board. Any officer may resign his or her office without resigning from the Board.
 - c. Any officer may be removed from office upon a vote of five members of the Board.
 - d. When a vacancy in office occurs a special election for that office will be held at the next regular or specially called meeting of the Board.
 - 5. Election of Officers
 - a. Elections will be held in August or as soon as possible thereafter.
 - b. A special election may be called prior to the end of any term if a total five Board Members approve of such special election. The terms of such specially elected officers will then coincide and terminate with the terms of the prior officeholders.

B. Meetings

1. The Board shall meet as often as necessary to transact and conduct business of the Center, but shall hold a minimum of six (6) meetings within any one fiscal year conducted at a time and place that makes the meeting accessible to the public. Over fifty percent of the filled Board positions shall constitute a quorum. All meetings shall be conducted in accordance with the Texas Open Meeting Laws and the public shall be invited to attend unless closed meetings are allowed as provided by Subchapter D of the Texas Open Meetings Act, or as specifically permitted in the Constitution of the State of Texas. The Board Chair may conduct the meetings in compliance with Robert's Rules of Order.
2. Special Meetings – The Board Chair may call special meetings at any time.

C. Agendas and Meeting Minutes

1. Agendas for Board and Committee meetings will be established by the Chair and Executive Director and shall be posted as provided by the Texas Open Meeting Act. Those materials necessary for adequate consideration and action of agenda items will be distributed to all Board Members sufficiently ahead of time to allow members to prepare for the meetings. A copy of each posted agenda will be kept indefinitely in compliance with the Texas Open Meetings Act.
2. Written minutes shall be kept of all meetings of the Board in compliance with Section 551.021 of the Texas Open Meetings Act. The minutes must: 1) state the subject of each deliberation; and 2) indicate each vote, order, decision or other action taken.
3. In compliance with Section 551.022 of the Texas Open Meetings Act, the minutes of an open meeting are public records and shall be available for public inspection and copying on request to the Center's Executive Director.
4. Approved Board meeting minutes, meeting agenda, and board materials distributed prior to the meeting shall be maintained indefinitely. An electronic image of the signed minutes, agenda and the board materials shall be maintained as the original. Paper copies will not be maintained. Electronic document storage will be updated periodically to ensure that signed minutes, agendas and board materials are available for public inspection.
5. Copies of the agenda and meeting minutes will be provided to each of the County Commissioner's Courts. Copies of the approved minutes of Board meetings will be distributed to officials of the Texas Department of Aging and Disability Services and the Texas Department of Health and Human Services or their successor agencies in Austin, Texas, upon request.
6. In compliance with Section 551.104 of the Texas Open Meetings Act, a certified agenda of any closed meeting shall be maintained for two years after the date of the meeting. The certified agenda of a closed meeting will be destroyed two years after the meeting, unless an action involving the closed meeting is brought within the two year period of time. If such an action is pending the certified agenda of the meeting shall be preserved. No certified agenda of a closed

meeting is available for public inspection without a court order as authorized by Section 551.104(b)(3).

D. Committees

1. Standing Committees

- a. The Board will use a committee structure to conduct major portions of work. Each Board Member will serve on at least one (1) committee and appointments may be changed as necessary.
- b. Standing committees of the Board will consist of the following: Executive Committee; Business Committee; and Program Committee.

2. Purpose

- a. Board committees operate as a part of the Board and do not independently function for the Board.
- b. Committees serve as specific functionaries of the Board.

3. Appointments

- a. At any time the Board Chair will be responsible for making committee appointments including the appointment of a Chair for such committees. The Board Chair may from time to time find the need for ad hoc committees which may be appointed by the Board Chair for a specific task and period of duration.
- b. The appointment of committees shall not relieve the Board of its responsibility and accountability. No act of a committee shall be effective or binding upon the Board unless ratified by the Board.

4. Duties – The duties of the aforementioned committees are generally outlined (but not limited to) the following:

- a. Executive Committee – The Board Officers (including the Chair, Vice-Chair, and Secretary) will make up this Committee. The Board Chair will chair the committee and will call meetings as deemed necessary. Such matters will generally relate to the administration of Tri-County including personnel.
- b. Business Committee – This committee will in general review those matters pertaining to business operations of Tri-County which might include some detail of financial reports, cash flow matters, business policies, real estate, etc. The Business Committee will consist of not more than four (4) Board Members appointed by the Board Chair.
- c. Program Committee – This committee will in general review those matters pertaining to program operations of Tri-County. Such reviews might include some detail of monthly program reports, community relations; special needs to be addressed by center programs, etc. The Program Committee will consist of not more than four (4) Board Members appointed by the Board Chair.

IV. Functions

- A. Responsibilities – (a) The Board is responsible for the effective administration of the community center [this language is taken straight from the statute] (Section 534.008 Health and Safety Code). ~~The Board of Trustees shall be responsible for the provision of a comprehensive program of mental health and intellectual and developmental disabilities services in its service area and for the effective administration of the community center.~~
- B. Policies – The Board shall make policies that are consistent with the Texas Department of Aging and Disability Services and the Texas Department of Health and Human Services' rules and standards (Section 534.008 Health and Safety Code).
- C. Authority – The Board may discharge its responsibility by exercising its authority consistent with the provision of the Health and Safety Code Chapter 534. The Board shall establish, periodically review, and modify as necessary, personnel policies. For this purpose the Executive Director shall submit proposed policies to the appropriate Committee of the Board which shall review and recommend personnel policies to the Board.

CHAPTER III: EXECUTIVE DIRECTOR AND PERSONNEL

- I. Selection – The Board shall appoint the Executive Director for the Center.
- II. Qualifications – The Executive Director shall be a professionally trained person, qualified to administer a comprehensive mental health and intellectual and developmental disabilities program.
- III. Duties – The Executive Director:
 - A. Shall provide the necessary staff services to the Board, attend meetings of the Board, and shall be responsible for the programs of the Board.
 - B. Shall be responsible for the day to day operations of the Center and the implementation of Board policy.
 - C. Subject to the policies of the Board, shall be responsible for the selecting, hiring, training, assigning or dismissal of personnel for the administration of services and programs.
 - D. Subject to the policies of the Board, may delegate responsibilities to his or her immediate administrative staff or other Services personnel.

- E. Shall attend meetings of Advisory Committees or shall delegate this responsibility to a member of the Management Team.

CHAPTER IV: ADVISORY COMMITTEES

- I. Creation – The Board may appoint advisory committees to advise that body, or other appropriate groups dealing with the planning, provision, and administration of mental health and intellectual and developmental disabilities services. These advisory committees should represent a broad spectrum of community interest.

CHAPTER V: DISSOLUTION

- I. Distribution of Assets – Upon dissolution of the Center any and all assets, of both a real and personal nature, shall revert back to the sponsoring agencies (i.e., Commissioner’s Courts of Liberty, Montgomery and Walker Counties) for exclusive public use or other charitable purposes.

CHAPTER VI: CHANGE OF BY-LAWS

- I. Review of the By-Laws – The Board of Trustees shall from time to time review and amend these By-Laws, if indicated.
- II. Changing the By-Laws
 - A. Any changes in By-Laws must be proposed in written form and presented to the Board at a regular or called meeting.
 - B. The proposed changes may be voted on at any subsequent meeting that occurs at least twenty-six (26) days after the proposed changes were first presented to the Board.
 - C. The Board shall adopt any changes to the By-Laws by majority vote of a duly constituted quorum.

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|--|---|
| <p>Agenda Item: Approve Revisions to Board Policy G.2, Information Security and Privacy Standards</p> <p>Committee: Executive</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>HHSC has issued standards for the use of cloud services which will hold Texas Health and Human Services Confidential Information. These requirements have been incorporated into the Information Security and Privacy Standards Policy.</p> <p>As the Board is aware, the Center has chosen Blackbaud financial software and Datis human resources software which are both cloud-based products. While we will not have 'Texas Health and Human Services Confidential Information' in these two products, we will ensure that these two products are in compliance with these new requirements.</p> | |
| <p>Supporting Documentation:</p> <p><u>Revised Board Policies (Markup Versions)</u> G.2-Information Security and Privacy Standards</p> | |
| <p>Recommended Action:</p> <p>Approve Revisions to Board Policy G.2, Information Security and Privacy Standards</p> | |

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

July 25, 2019

Date

ORIGINAL EFFECTIVE DATE: February 23, 2017

REVISION DATE(S): July 25, 2019

SUBJECT: Information Security and Privacy Standards

It is the Policy of the Board of Trustees of Tri-County Behavioral Healthcare (“Tri-County” or “Center”) that confidential information be protected from a security or privacy breach(es). The Executive Director will direct that Procedure, and where applicable Desk Procedure, be developed to reasonably manage security or privacy breaches of Center information as directed by the Health and Human Services Commission and industry practices. The nature of protecting electronic information is that ‘reasonable’ protections will be in flux and therefore, standards are constantly being adjusted.

I. Storage of Electronic Information

- A. Computers and other devices, including mobil devices which may store confidential information must be protected by a secure password and encryption where possible.
- B. Servers will be maintained in a secure ‘server room’ which has proper security controls to ensure that no unauthorized person has access the equipment.
- C. Confidential information on Servers will be backed up at a minimum of one Tri-County owned location.
- ~~D. Cloud services will not be used for HHSC confidential or any critical data system~~

II. Storage of Texas HHS confidential in the Cloud shall be in the United States (no offshoring) unless ALL of the follow requirements are met:

- A. The data is encrypted with FIPS 140-2 validated encryption;
- B. The offshore provider does not have access to the encryption keys;
- C. The storage company maintains the encryption key withing the United States; and,
- D. The storage company has obtained the express prior written permission of the Texas HHS Agency.

- III. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Business Associate Agreements will be required for all persons/organizations who disclose, create, receive, transmit or maintain protected health information.
- IV. The current version of the Center's HIPAA Privacy notice will be prominently displayed on the Center's website at all times.
- V. A list of authorized users and purposes to create, receive, maintain, use, disclose or access confidential information, as defined by HHSC or HIPAA, will be maintained by Center Security Officer.
- VI. Confidential information, both electronic and physical information, will be disclosed to the minimum level necessary for the individual to fulfill their authorized purposes.
- VII. In the case of a breach of HHSC or HIPAA Confidential information, the Center will cause the following to be completed:
 - A. Immediate breach notifications to HHSC, regulatory authorities and other required individuals;
 - B. A documented breach response plan in accordance with applicable laws will be implemented; and,
 - C. Individuals and whose HHSC or HIPAA information has been breached will be notified.
- VIII. Confidentiality training will be completed at new hire and annually thereafter. Any staff that is not in compliance with training requirements will be addressed administratively.
 - A. Training will be monitored by the Training Department.
 - B. Supervisors have the ultimate responsibility for ensuring that their staff are compliant with training requirements.
- IX. Updates will be made to written privacy and security policies and procedures with 60 days of receipt of notification of major changes to the HHSC regulated privacy and security regulations.
- X. Security and Privacy information that is managed by HHSC:
 - A. Will only be released for purposes authorized by HHSC;
 - B. Will not be reidentified if it has been deidentified unless authorized by HHSC; and,
 - C. Will not be offshored, disclosed, maintained or transmitted outside of the United States without authorization by HHSC.
- XI. In all circumstances, staff of Tri-County Behavioral Healthcare will cooperate with HHSC agencies or federal agencies to inspect, audit or investigate compliance with the HHSC Data Use Agreement or applicable law.

- XII. All HHSC information, whether it be in paper or electronic format which includes back-up tapes, hard drives and backup servers, will be destroyed in a HIPAA compliant manner.
 - A. HHSC confidential information will be destroyed so that it is unreadable or undecipherable.
- XIII. Workforce training on Privacy and Security will include:
 - A. Training before access is provided to HHSC confidential information and within 30 days of being hired;
 - B. Refresher training 1 time per year;
 - C. Training on privacy and security policies and procedures and handling of HHSC confidential information;
 - D. A written test; and,
 - E. A procedure for monitoring timely completion of training.
- XIV. A list of persons authorized to have access to written or electronic HHSC information, including contractors as applicable, will be maintained.
 - A. Persons allowed access will have up-to-date privacy and security training and will demonstrate reasonable need to have access to the data.
 - 1. Written access will be maintained by the administrator over Medical Records.
 - 2. Electronic access will be maintained by the Director of Management Information Services.
 - a. Access will be removed for any employee that is terminated.
 - B. Sanctions, up to and including termination of employment or contract may be applied to persons who access records in appropriately.
- XV. The Management Information Services Department will use internal and contracted external security-knowledgeable persons to oversee the Center's computer systems.
- XVI. Each person accessing secure information on the Center's computer system will have a unique and private password.
 - A. Passwords will be changed on a 90 day rotating basis.
 - B. Strong passwords will be required
 - 1. A minimum of 8 characters with a combination of upper, lower cases and special characters/numbers.
 - 2. Passwords will lock out after a certain number of failed attempts.
- XVII. Systems accessing Center computer systems will be through an encrypted remote access software only.
 - A. Includes both external access and access via internal wifi hotspots, intranet, etc.

- XVIII. Non-essential features on computing devices will be removed or disabled to reduce the threat of breach.
- XIX. A formal agreement between the Center, employees/contractors will be used to formally acknowledge rules for protecting HHS Confidential Information.
 - A. Contracts will include the most recent version of Tri-County’s Business Associate Agreement and Data Use Agreement from HHSC.
- XX. Equipment that is used to store HHSC Confidential information will be encrypted.
- XXI. Confidential information shall not be stored on free Cloud Service or social media sites.
- XXII. All computer systems will have up to date virus and malware virus protection services.
- XXIII. Server security logs will be reviewed on a regular basis.

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| Agenda Item: Personnel Report for May and June 2019 Committee: Executive | Board Meeting Date: July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: Personnel Report May and June 2019 | |
| Recommended Action: For Information Only | |

Personnel Report May 2019

Total Applications received in May= 426

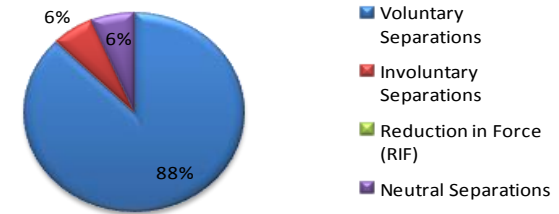
Total New Hires for the month of May= 10

Total New Hires Year to Date = 97

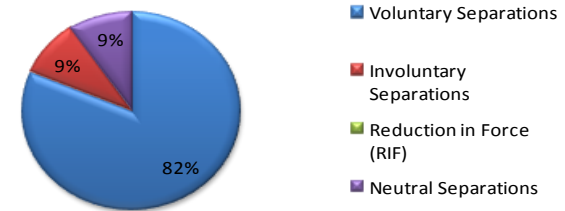
| May Turnover - FY19 compared to FY18 | FY19 | FY18 |
|--------------------------------------|------|------|
| Number of Active Employees | 353 | 351 |
| Number of Monthly Separations | 16 | 14 |
| Number of Separations YTD | 86 | 76 |
| Year to Date Turnover Rate | 24% | 22% |
| May Turnover Rate | 5% | 4% |

| Separations by Reason | May Separations | FY19 YTD |
|--|-----------------|-----------|
| Retired | 1 | 1 |
| Involuntarily Terminated | 1 | 9 |
| Neutral Termination | 1 | 8 |
| Dissatisfied | 1 | 4 |
| Lack of Support from Administration | 2 | 5 |
| Micro-managing supervisor | 0 | 0 |
| Lack of growth opportunities/recognition | 0 | 1 |
| Difficulty learning new job | 0 | 0 |
| Co-workers | 0 | 0 |
| Work Related Stress/Environment | 0 | 2 |
| RIF | 0 | 0 |
| Deceased | 0 | 0 |
| Pay | 0 | 0 |
| Health | 0 | 0 |
| Family | 1 | 5 |
| Relocation | 1 | 3 |
| School | 2 | 7 |
| Personal | 1 | 5 |
| Unknown | 1 | 8 |
| New Job | 4 | 28 |
| Total Separations | 16 | 86 |

May Voluntary, Involuntary, RIF and Neutral Separations



Year to Date Voluntary, Involuntary, RIF and Neutral Separations



Personnel Report June 2019

Total Applications received in June= 355

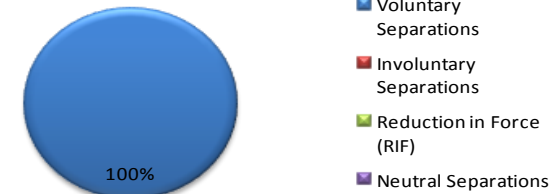
Total New Hires for the month of June= 11

Total New Hires Year to Date = 108

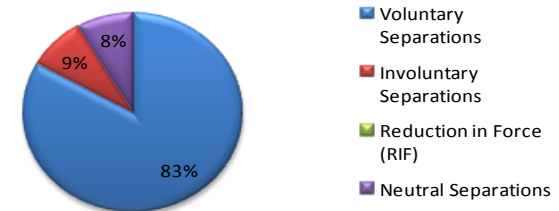
| June Turnover - FY19 compared to FY18 | FY19 | FY18 |
|---------------------------------------|------|------|
| Number of Active Employees | 355 | 345 |
| Number of Monthly Separations | 9 | 15 |
| Number of Separations YTD | 95 | 91 |
| Year to Date Turnover Rate | 27% | 26% |
| June Turnover Rate | 3% | 4% |

| Separations by Reason | June Separations | FY19 YTD |
|--|------------------|-----------|
| Retired | 0 | 1 |
| Involuntarily Terminated | 0 | 9 |
| Neutral Termination | 0 | 8 |
| Dissatisfied | 1 | 5 |
| Lack of Support from Administration | 1 | 6 |
| Micro-managing supervisor | 0 | 0 |
| Lack of growth opportunities/recognition | 0 | 1 |
| Difficulty learning new job | 0 | 0 |
| Co-workers | 0 | 0 |
| Work Related Stress/Environment | 1 | 3 |
| RIF | 0 | 0 |
| Deceased | 0 | 0 |
| Pay | 0 | 0 |
| Health | 0 | 0 |
| Family | 0 | 5 |
| Relocation | 1 | 4 |
| School | 2 | 9 |
| Personal | 1 | 6 |
| Unknown | 0 | 8 |
| New Job | 2 | 30 |
| Total Separations | 9 | 95 |

June Voluntary, Involuntary, RIF and Neutral Separations



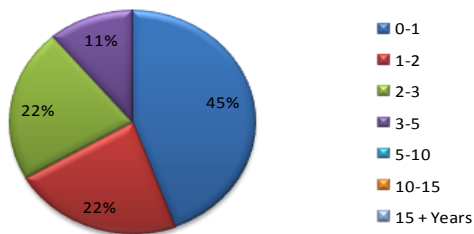
Year to Date Voluntary, Involuntary, RIF and Neutral Separations



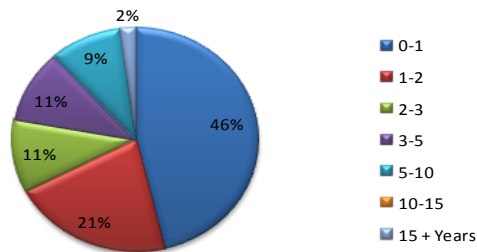
| Management Team | # of Employees | Monthly Separations | Year to Date Separations | % June | % Year to Date |
|--------------------------|----------------|---------------------|--------------------------|--------|----------------|
| Evan Roberson | 22 | 0 | 8 | 0% | 36% |
| Millie McDuffey | 37 | 0 | 3 | 0% | 8% |
| Amy Foerster | 5 | 0 | 0 | 0% | 0% |
| Tanya Bryant | 12 | 0 | 0 | 0% | 0% |
| MH Adult | 89 | 4 | 27 | 4% | 30% |
| MH Child & Youth | 60 | 4 | 28 | 7% | 47% |
| Catherine Prestigiovanni | 0 | 0 | 1 | 0% | 50% |
| PETC | 52 | 1 | 9 | 2% | 17% |
| Kelly Shropshire | 36 | 0 | 11 | 0% | 31% |
| Kathy Foster | 33 | 0 | 7 | 0% | 21% |
| Kenneth Barfield | 9 | 0 | 1 | 0% | 11% |
| Total | 355 | 9 | 95 | | |

| Separation by EEO Category | # of Employees | Monthly Separations | Year to Date Separations | % June | % Year to Date |
|---|----------------|---------------------|--------------------------|--------|----------------|
| Supervisors & Managers | 25 | 0 | 6 | 0% | 24% |
| Medical (MD,DO, LVN, RN, APN, PA, Psychologist) | 45 | 3 | 16 | 7% | 36% |
| Professionals (QMHP) | 101 | 5 | 40 | 5% | 40% |
| Professionals (QIDP) | 30 | 0 | 10 | 0% | 33% |
| Licensed Staff (LCDC, LPC...) | 18 | 1 | 5 | 6% | 28% |
| Business Services (Accounting) | 14 | 0 | 1 | 0% | 7% |
| Central Administration (HR, IT, Executive Director) | 22 | 0 | 2 | 0% | 9% |
| Program Support(Financial Counselors, QA, Training, Med. Records) | 49 | 0 | 5 | 0% | 10% |
| Nurse Technicians/Aides | 15 | 0 | 3 | 0% | 20% |
| Service/Maintenance | 9 | 0 | 0 | 0% | 0% |
| Direct Care (HCS, Respite, Life Skills) | 27 | 0 | 7 | 0% | 26% |
| Total | 355 | 9 | 95 | | |

June Separations by Tenure



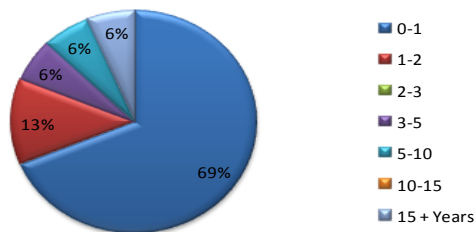
Year to Date Separations by Tenure



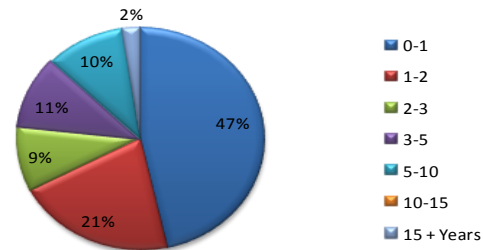
| Management Team | # of Employees | Monthly Separations | Year to Date Separations | % May | % Year to Date |
|--------------------------|----------------|---------------------|--------------------------|-------|----------------|
| Evan Roberson | 21 | 1 | 8 | 5% | 38% |
| Millie McDuffey | 37 | 2 | 3 | 5% | 8% |
| Amy Foerster | 5 | 0 | 0 | 0% | 0% |
| Tanya Bryant | 12 | 0 | 0 | 0% | 0% |
| MH Adult | 90 | 5 | 23 | 6% | 26% |
| MH Child & Youth | 58 | 3 | 24 | 5% | 41% |
| Catherine Prestigiovanni | 0 | 0 | 1 | 0% | 50% |
| PETC | 53 | 3 | 8 | 6% | 15% |
| Kelly Shropshire | 36 | 1 | 11 | 3% | 31% |
| Kathy Foster | 32 | 1 | 7 | 3% | 22% |
| Kenneth Barfield | 9 | 0 | 1 | 0% | 11% |
| Total | 353 | 16 | 86 | | |

| Separation by EEO Category | # of Employees | Monthly Separations | Year to Date Separations | % May | % Year to Date |
|---|----------------|---------------------|--------------------------|-------|----------------|
| Supervisors & Managers | 25 | 1 | 6 | 4% | 24% |
| Medical (MD,DO, LVN, RN, APN, PA, Psychologist) | 46 | 3 | 13 | 7% | 28% |
| Professionals (QMHP) | 100 | 6 | 35 | 6% | 35% |
| Professionals (QIDP) | 30 | 1 | 10 | 3% | 33% |
| Licensed Staff (LCDC, LPC...) | 18 | 0 | 4 | 0% | 22% |
| Business Services (Accounting) | 14 | 1 | 1 | 7% | 7% |
| Central Administration (HR, IT, Executive Director) | 22 | 1 | 2 | 5% | 9% |
| Program Support(Financial Counselors, QA, Training, Med. Records) | 49 | 0 | 5 | 0% | 10% |
| Nurse Technicians/Aides | 14 | 2 | 3 | 14% | 21% |
| Service/Maintenance | 9 | 0 | 0 | 0% | 0% |
| Direct Care (HCS, Respite, Life Skills) | 26 | 1 | 7 | 4% | 27% |
| Total | 353 | 16 | 86 | | |

May Separations by Tenure

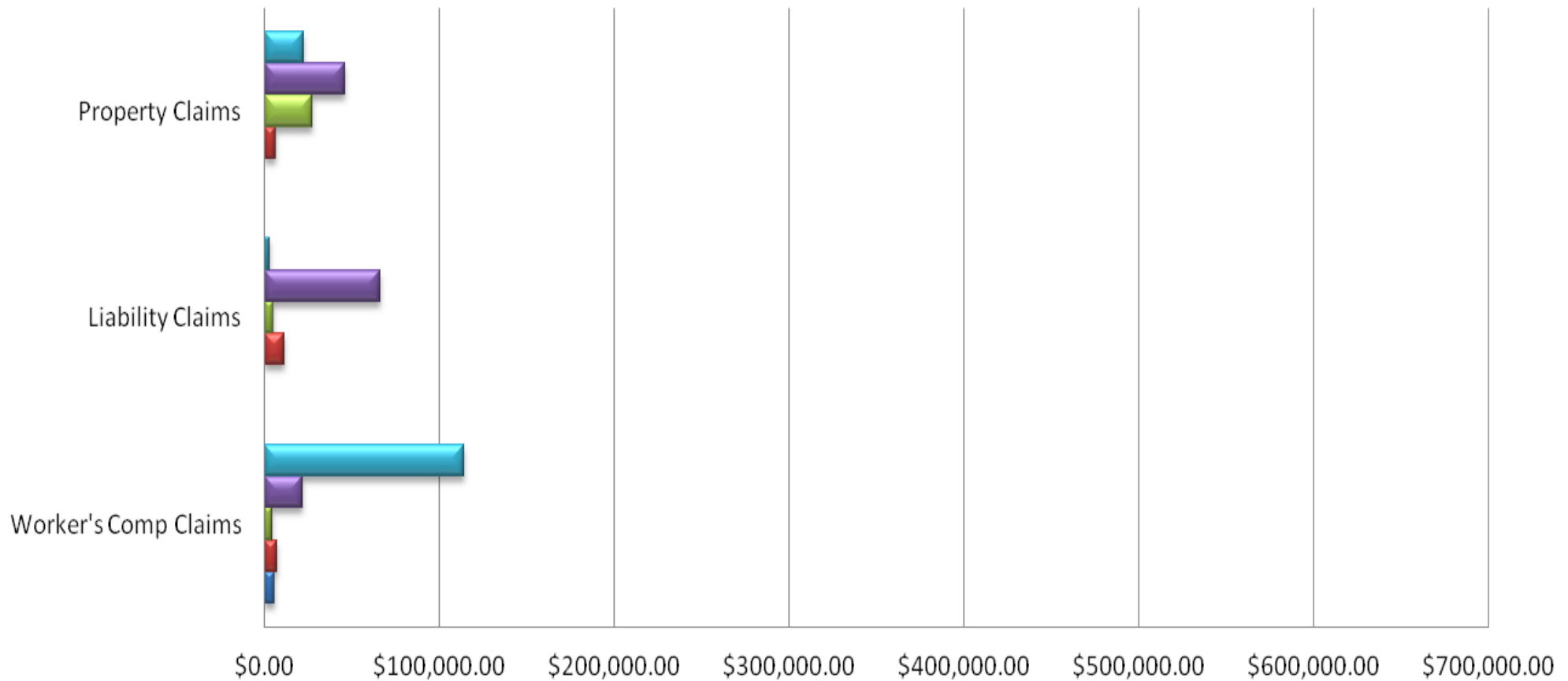


Year to Date Separations by Tenure



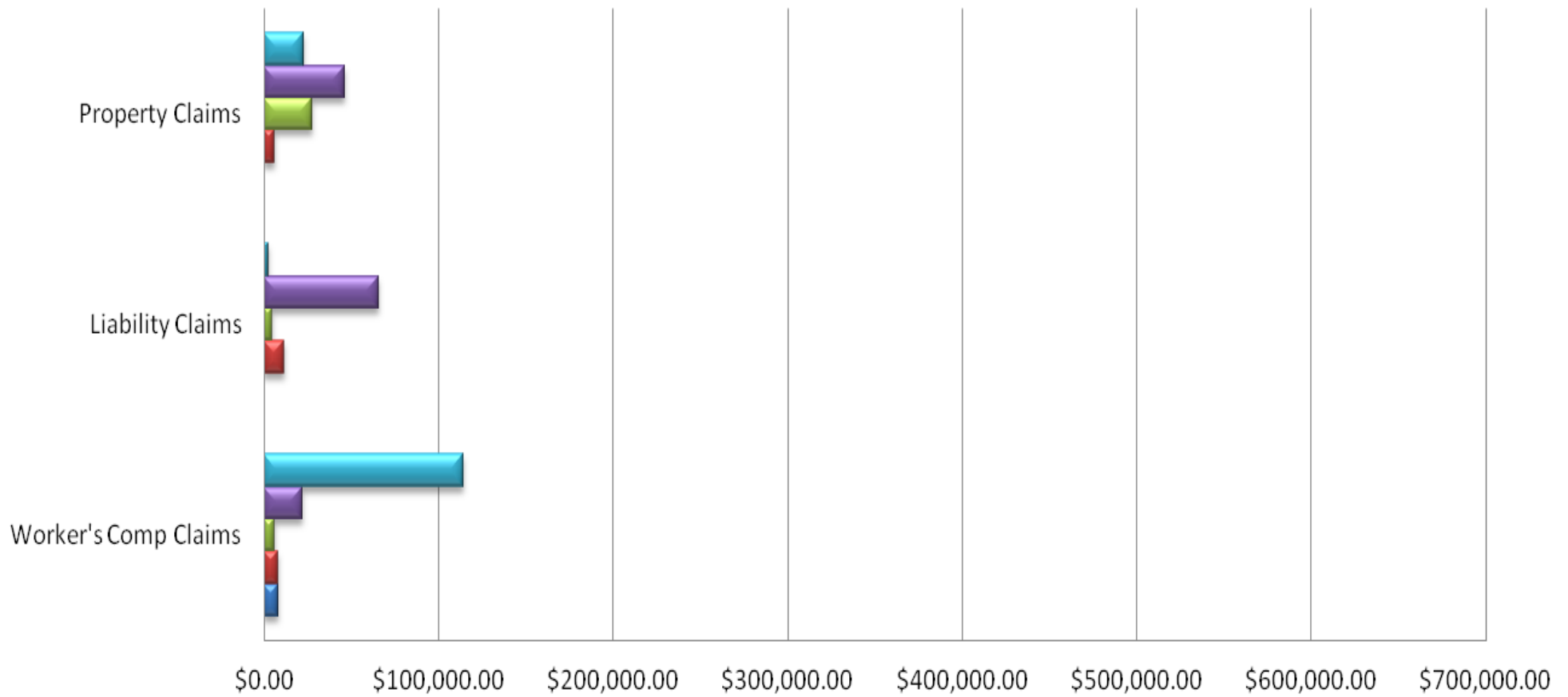
| | |
|--|---|
| Agenda Item: Texas Council Risk Management Fund Claims Summary as of May and June 2019 Committee: Executive | Board Meeting Date: July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of May and June 2019 | |
| Recommended Action: For Information Only | |

TCRMF Claims Summary May 2019



| | Worker's Comp Claims | Liability Claims | Property Claims |
|------|----------------------|------------------|-----------------|
| 2015 | \$113,917.00 | \$2,556.00 | \$22,505.00 |
| 2016 | \$21,902.00 | \$65,795.00 | \$46,114.00 |
| 2017 | \$4,529.00 | \$4,893.00 | \$27,455.00 |
| 2018 | \$7,324.00 | \$11,417.00 | \$6,126.00 |
| 2019 | \$5,550.00 | \$0.00 | \$0.00 |

TCRMF Claims Summary June 2019



| | Worker's Comp Claims | Liability Claims | Property Claims |
|------|----------------------|------------------|-----------------|
| 2015 | \$113,917.00 | \$2,556.00 | \$22,505.00 |
| 2016 | \$21,902.00 | \$65,795.00 | \$46,114.00 |
| 2017 | \$6,011.00 | \$4,893.00 | \$27,455.00 |
| 2018 | \$8,191.00 | \$11,436.00 | \$6,126.00 |
| 2019 | \$8,379.00 | \$0.00 | \$0.00 |

| | |
|---|--|
| Agenda Item: Approve May 2019 Financial Statements Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: May 2019 Financial Statements | |
| Recommended Action: Approve May 2019 Financial Statements | |

May 2019 Financial Summary

Revenues for May 2019 were \$2,536,238 and operating expenses were \$2,440,925; resulting in a gain in operations of \$95,313. Capital Expenditures and Extraordinary Expenses for May were \$93,572; resulting in a gain of \$1,741. Total revenues were 100.47% of the monthly budgeted revenues and total expenses were 100.79% of the monthly budgeted expenses (difference of -0.32%).

Year to date revenues are \$23,019,270 and operating expenses are \$21,774,696; leaving excess operating revenues of \$1,244,574. YTD Capital Expenditures and Extraordinary Expenses are \$936,375; resulting in a gain YTD of \$308,199. Total revenues are 100.57% of the YTD budgeted revenues and total expenses are 99.27% of the YTD budgeted expenses (difference of 1.3%).

REVENUES

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

| Revenue Source | YTD Revenue | YTD Budget | % of Budget | \$ Variance |
|-----------------------------|-------------|------------|-------------|-------------|
| Rehab – Title XIX | 1,583,260 | 1,609,923 | 98.34% | 26,663 |
| SA Treatment Adult Services | 76,836 | 100,884 | 76.16% | 24,048 |

Rehab – Title XIX – Rehab services is an outstanding item again. We continue to have larger than expected staff vacancies in these areas. The child and youth program came in over budget, but the adult programs continue to struggle providing services with so many vacancies. We will continue to monitor this line.

SA Treatment Adult Services – This program is funded through HHSC. In April, we received an increase of \$61,233 in this program. We continue to provide services, but we have not received any payments from the contract amendment as of this date. Paperwork moves slowly through the state's system at times, but the payments will come and we will recognize the revenue when they are received.

EXPENSES

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

| Expense Source | YTD Expenses | YTD Budget | % of Budget | \$ Variance |
|----------------|--------------|------------|-------------|-------------|
| Travel - Local | 277,759 | 263,159 | 106% | 14,600 |

Travel – Local – The local travel line is over budget for the year. This is mainly due to an increase in the per mile reimbursement rate that increased after the first of the year. Our rate is indexed to the State of Texas reimbursement rate, which was increased due to gas prices increasing.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 31, 2019

| | TOTALS COMBINED FUNDS May 2019 | TOTALS COMBINED FUNDS April 2019 | Increase (Decrease) |
|---|---|---|--------------------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Imprest Cash Funds | 3,640 | 3,640 | - |
| Cash on Deposit-General Fund | 8,359,147 | 9,704,298 | (1,345,151) |
| Cash on Deposit-Debt Fund | | - | - |
| Accounts Receivable | 1,989,009 | 1,959,994 | 29,015 |
| Inventory | 4,860 | 4,904 | (44) |
| TOTAL CURRENT ASSETS | 10,356,656 | 11,672,836 | (1,316,180) |
| FIXED ASSETS | 20,867,904 | 20,867,904 | - |
| OTHER ASSETS | 91,052 | 68,505 | 22,547 |
| TOTAL ASSETS | \$ 31,315,612 | \$ 32,609,245 | \$ (1,293,632) |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | | |
| CURRENT LIABILITIES | 1,123,545 | 1,161,214 | (37,669) |
| NOTES PAYABLE | 618,198 | 618,198 | - |
| DEFERRED REVENUE | 453,544 | 1,717,416 | (1,263,871) |
| LONG-TERM LIABILITIES FOR | | | |
| Line of Credit - Tradition Bank | - | - | - |
| Note Payable Prosperity Bank | - | - | - |
| First Financial loan tied to CD | 504,167 | 527,083 | (22,917) |
| First Financial Construction Loan | 11,791,034 | 11,830,150 | (39,115) |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | | |
| General Fund | 308,199 | 306,458 | 1,741 |
| FUND EQUITY | | | |
| RESTRICTED | | | |
| Net Assets Reserved for Debt Service | (12,295,201) | (12,357,233) | 62,032 |
| Reserved for Debt Retirement | - | - | - |
| COMMITTED | | | |
| Net Assets-Property and Equipment | 20,867,904 | 20,867,904 | - |
| Reserved for Vehicles & Equipment Replacement | 678,112 | 678,112 | - |
| Reserved for Facility Improvement & Acquisitions | 2,500,000 | 2,500,000 | - |
| Reserved for Board Initiatives | 1,500,000 | 1,500,000 | - |
| Reserved for 1115 Waiver Programs | 502,677 | 502,677 | - |
| ASSIGNED | | | |
| 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 | (618,198) | (618,198) | - |
| UNASSIGNED | | | |
| Unrestricted and Undesignated | 2,951,724 | 2,951,724 | - |
| TOTAL LIABILITIES/FUND BALANCE | \$ 31,315,612 | \$ 32,609,245 | \$ (1,293,632) |

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 31, 2019**

| | General Operating Funds | Memorandum Only Final August 2018 |
|---|-------------------------------|---|
| ASSETS | | |
| CURRENT ASSETS | | |
| Imprest Cash Funds | 3,640 | 3,640 |
| Cash on Deposit-General Fund | 8,359,147 | 7,237,278 |
| Cash on Deposit-Debt Fund | - | - |
| Accounts Receivable | 1,989,009 | 2,007,331 |
| Inventory | 4,860 | 4,262 |
| TOTAL CURRENT ASSETS | 10,356,656 | 9,252,511 |
| FIXED ASSETS | 20,867,904 | 20,867,904 |
| OTHER ASSETS | 91,052 | 132,369 |
| | \$ 31,315,612 | \$ 30,252,783 |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | |
| CURRENT LIABILITIES | 1,123,545 | 1,059,013 |
| NOTES PAYABLE | 618,198 | 618,198 |
| DEFERRED REVENUE | 453,544 | (181,055) |
| LONG-TERM LIABILITIES FOR | | |
| Line of Credit - Tradition Bank | - | - |
| Note Payable Prosperity Bank | - | - |
| First Financial loan tied to CD | 504,167 | 710,417 |
| First Financial Construction Loan | 11,791,034 | 12,136,358 |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | |
| General Fund | 308,199 | (479,439) |
| FUND EQUITY | | |
| RESTRICTED | | |
| Net Assets Reserved for Debt service-Restricted | (12,295,201) | (12,846,774) |
| Reserved for Debt Retirement | - | - |
| COMMITTED | | |
| Net Assets-Property and Equipment-Committed | 20,867,904 | 20,867,904 |
| Reserved for Vehicles & Equipment Replacement | 678,112 | 678,112 |
| Reserved for Facility Improvement & Acquisitions | 2,500,000 | 2,500,000 |
| Reserved for Board Initiatives | 1,500,000 | 1,500,000 |
| Reserved for 1115 Waiver Programs | 502,677 | 502,677 |
| ASSIGNED | | |
| 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 | (618,198) | (618,198) |
| UNASSIGNED | | |
| Unrestricted and Undesignated | 2,951,724 | 3,431,163 |
| TOTAL LIABILITIES/FUND BALANCE | \$ 31,315,612 | \$ 30,252,783 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended May 2019
and Year To Date as of May 2019

| INCOME: | MONTH OF May 2019 | YTD May 2019 |
|---|------------------------------|-------------------------|
| Local Revenue Sources | 207,332 | 1,387,044 |
| Earned Income | 1,086,083 | 9,620,089 |
| General Revenue-Contract | 1,242,823 | 12,012,137 |
| TOTAL INCOME | \$ 2,536,238 | \$ 23,019,270 |
| EXPENSES: | | |
| Salaries | 1,467,174 | 13,278,346 |
| Employee Benefits | 281,944 | 2,540,981 |
| Medication Expense | 69,422 | 504,955 |
| Travel-Board/Staff | 42,928 | 349,783 |
| Building Rent/Maintenance | 71,979 | 254,229 |
| Consultants/Contracts | 273,816 | 2,970,945 |
| Other Operating Expenses | 233,662 | 1,875,457 |
| TOTAL EXPENSES | \$ 2,440,925 | \$ 21,774,696 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 95,313 | \$ 1,244,574 |
| CAPITAL EXPENDITURES | | |
| Capital Outlay-FF&E, Automobiles, Building | - | 92,548 |
| Capital Outlay-Debt Service | 93,572 | 843,827 |
| TOTAL CAPITAL EXPENDITURES | \$ 93,572 | \$ 936,375 |
| GRAND TOTAL EXPENDITURES | \$ 2,534,497 | \$ 22,711,072 |
| Excess (Deficiency) of Revenues and Expenses | \$ 1,741 | \$ 308,199 |

Debt Service and Fixed Asset Fund:

| | | |
|---|---------------|----------------|
| Debt Service | 93,572 | 843,827 |
| Excess(Deficiency) of revenues over Expenses | 93,572 | 843,827 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of May 2019

| | YTD May 2019 | APPROVED BUDGET | Increase (Decrease) |
|---|---------------------------|--------------------------|---------------------------|
| INCOME: | | | |
| Local Revenue Sources | 1,387,044 | 1,306,817 | 80,227 |
| Earned Income | 9,620,089 | 9,636,573 | (16,484) |
| General Revenue-Contract | 12,012,137 | 11,944,395 | 67,742 |
| TOTAL INCOME | \$ 23,019,270 | \$ 22,887,785 | \$ 131,485 |
| EXPENSES: | | | |
| Salaries | 13,278,346 | 13,325,934 | (47,588) |
| Employee Benefits | 2,540,981 | 2,583,154 | (42,173) |
| Medication Expense | 504,955 | 495,823 | 9,132 |
| Travel-Board/Staff | 349,783 | 324,345 | 25,438 |
| Building Rent/Maintenance | 254,229 | 244,102 | 10,127 |
| Consultants/Contracts | 2,970,945 | 3,020,461 | (49,516) |
| Other Operating Expenses | 1,875,457 | 1,902,086 | (26,629) |
| TOTAL EXPENSES | \$ 21,774,696 | \$ 21,895,905 | \$ (121,209) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 1,244,574 | \$ 991,880 | \$ 252,694 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 92,548 | 138,832 | (46,284) |
| Capital Outlay-Debt Service | 843,827 | 843,172 | 655 |
| TOTAL CAPITAL EXPENDITURES | \$ 936,375 | \$ 982,004 | \$ (45,629) |
| GRAND TOTAL EXPENDITURES | \$ 22,711,072 | \$ 22,877,909 | \$ (166,837) |
| Excess (Deficiency) of Revenues and Expenses | \$ 308,199 | \$ 9,876 | \$ 298,323 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|----------------|----------------|------------|
| Debt Service | 843,827 | 843,172 | 655 |
| Excess(Deficiency) of revenues over Expenses | 843,827 | 843,172 | 655 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended May 2019

| INCOME: | MONTH OF May 2019 | APPROVED BUDGET | Increase (Decrease) |
|---|------------------------------|----------------------------|--------------------------------|
| Local Revenue Sources | 207,332 | 137,420 | 69,912 |
| Earned Income | 1,086,083 | 1,116,593 | (30,510) |
| General Revenue-Contract | 1,242,823 | 1,270,477 | (27,654) |
| TOTAL INCOME | \$ 2,536,238 | \$ 2,524,490 | \$ 11,748 |
| EXPENSES: | | | |
| Salaries | 1,467,174 | 1,470,317 | (3,143) |
| Employee Benefits | 281,944 | 288,380 | (6,436) |
| Medication Expense | 69,422 | 62,893 | 6,529 |
| Travel-Board/Staff | 42,928 | 36,051 | 6,877 |
| Building Rent/Maintenance | 71,979 | 68,922 | 3,057 |
| Consultants/Contracts | 273,816 | 279,472 | (5,656) |
| Other Operating Expenses | 233,662 | 197,083 | 36,579 |
| TOTAL EXPENSES | \$ 2,440,925 | \$ 2,403,118 | \$ 37,807 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 95,313 | \$ 121,372 | \$ (26,059) |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | - | 17,250 | (17,250) |
| Capital Outlay-Debt Service | 93,572 | 94,308 | (736) |
| TOTAL CAPITAL EXPENDITURES | \$ 93,572 | \$ 111,558 | \$ (17,986) |
| GRAND TOTAL EXPENDITURES | \$ 2,534,497 | \$ 2,514,676 | \$ 19,821 |
| Excess (Deficiency) of Revenues and Expenses | \$ 1,741 | \$ 9,814 | \$ (8,073) |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|--------------|
| Debt Service | 93,572 | 94,308 | (736) |
| Excess(Deficiency) of revenues over Expenses | 93,572 | 94,308 | (736) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2018 Comparative Data
Year to Date as of May 2019

| INCOME: | YTD May 2019 | YTD May 2018 | Increase (Decrease) |
|---|-------------------------|-------------------------|--------------------------------|
| Local Revenue Sources | 1,387,044 | 904,341 | 482,703 |
| Earned Income | 9,620,089 | 9,165,507 | 454,582 |
| General Revenue-Contract | 12,012,137 | 11,852,954 | 159,183 |
| TOTAL INCOME | \$ 23,019,270 | \$ 21,922,802 | \$ 1,096,468 |
| EXPENSES: | | | |
| Salaries | 13,278,346 | 12,668,508 | 609,838 |
| Employee Benefits | 2,540,981 | 2,512,440 | 28,541 |
| Medication Expense | 504,955 | 511,630 | (6,675) |
| Travel-Board/Staff | 349,783 | 326,828 | 22,955 |
| Building Rent/Maintenance | 254,229 | 223,854 | 30,375 |
| Consultants/Contracts | 2,970,945 | 2,811,168 | 159,777 |
| Other Operating Expenses | 1,875,457 | 1,755,503 | 119,954 |
| TOTAL EXPENSES | \$ 21,774,696 | \$ 20,809,931 | \$ 964,765 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 1,244,574 | \$ 1,112,871 | \$ 131,703 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 92,548 | 208,485 | (115,937) |
| Capital Outlay-Debt Service | 843,827 | 663,153 | 180,674 |
| TOTAL CAPITAL EXPENDITURES | \$ 936,375 | \$ 871,638 | \$ 64,737 |
| GRAND TOTAL EXPENDITURES | \$ 22,711,072 | \$ 21,681,569 | \$ 1,029,503 |
| Excess (Deficiency) of Revenues and Expenses | \$ 308,199 | \$ 241,234 | \$ 66,966 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|----------------|----------------|----------------|
| Debt Service | 843,827 | 663,153 | 180,674 |
| | | | - |
| Excess(Deficiency) of revenues over Expenses | 843,827 | 663,153 | 180,674 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2018 Comparative Data
For the Month Ended May 2019

| INCOME: | MONTH OF May 2019 | MONTH OF May 2018 | Increase (Decrease) |
|---|------------------------------|------------------------------|--------------------------------|
| Local Revenue Sources | 207,332 | 77,940 | 129,392 |
| Earned Income | 1,086,083 | 1,006,786 | 79,297 |
| General Revenue-Contract | 1,242,823 | 1,445,413 | (202,590) |
| TOTAL INCOME | \$ 2,536,238 | \$ 2,530,139 | \$ 6,099 |
| Salaries | 1,467,174 | 1,413,709 | 53,465 |
| Employee Benefits | 281,944 | 334,850 | (52,906) |
| Medication Expense | 69,422 | 50,000 | 19,422 |
| Travel-Board/Staff | 42,928 | 38,067 | 4,861 |
| Building Rent/Maintenance | 71,979 | 19,446 | 52,533 |
| Consultants/Contracts | 273,816 | 406,709 | (132,893) |
| Other Operating Expenses | 233,662 | 189,127 | 44,535 |
| TOTAL EXPENSES | \$ 2,440,925 | \$ 2,451,908 | \$ (10,983) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 95,313 | \$ 78,231 | \$ 17,082 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | - | 6,832 | (6,832) |
| Capital Outlay-Debt Service | 93,572 | 94,091 | (519) |
| TOTAL CAPITAL EXPENDITURES | \$ 93,572 | \$ 100,923 | \$ (7,351) |
| GRAND TOTAL EXPENDITURES | \$ 2,534,497 | \$ 2,552,831 | \$ (18,334) |
| Excess (Deficiency) of Revenues and Expenses | \$ 1,741 | \$ (22,692) | \$ 24,433 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|--------------|
| Debt Service | 93,572 | 94,091 | (519) |
| | | | - |
| Excess(Deficiency) of revenues over Expenses | 93,572 | 94,091 | (519) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With April 2019 Comparative Data
For the Month Ended May 2019

| INCOME: | MONTH OF May 2019 | MONTH OF April 2019 | Increase (Decrease) |
|---|------------------------------|--------------------------------|--------------------------------|
| Local Revenue Sources | 207,332 | 156,172 | 51,160 |
| Earned Income | 1,086,083 | 1,175,766 | (89,682) |
| General Revenue-Contract | 1,242,823 | 1,229,155 | 13,668 |
| TOTAL INCOME | \$ 2,536,238 | \$ 2,561,092 | \$ (24,854) |
| EXPENSES: | | | |
| Salaries | 1,467,174 | 1,583,312 | (116,138) |
| Employee Benefits | 281,944 | 293,610 | (11,666) |
| Medication Expense | 69,422 | 63,637 | 5,785 |
| Travel-Board/Staff | 42,928 | 42,413 | 514 |
| Building Rent/Maintenance | 71,979 | 22,939 | 49,040 |
| Consultants/Contracts | 273,816 | 279,660 | (5,843) |
| Other Operating Expenses | 233,662 | 192,185 | 41,476 |
| TOTAL EXPENSES | \$ 2,440,925 | \$ 2,477,756 | \$ (36,831) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 95,313 | \$ 83,336 | \$ 11,977 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | - | - | - |
| Capital Outlay-Debt Service | 93,572 | 93,652 | (80) |
| TOTAL CAPITAL EXPENDITURES | \$ 93,572 | \$ 93,652 | \$ (80) |
| GRAND TOTAL EXPENDITURES | \$ 2,534,497 | \$ 2,571,408 | \$ (36,911) |
| Excess (Deficiency) of Revenues and Expenses | \$ 1,741 | \$ (10,316) | \$ 12,057 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|-------------|
| Debt Service | 93,572 | 93,652 | (80) |
| Excess(Deficiency) of revenues over Expenses | 93,572 | 93,652 | (80) |

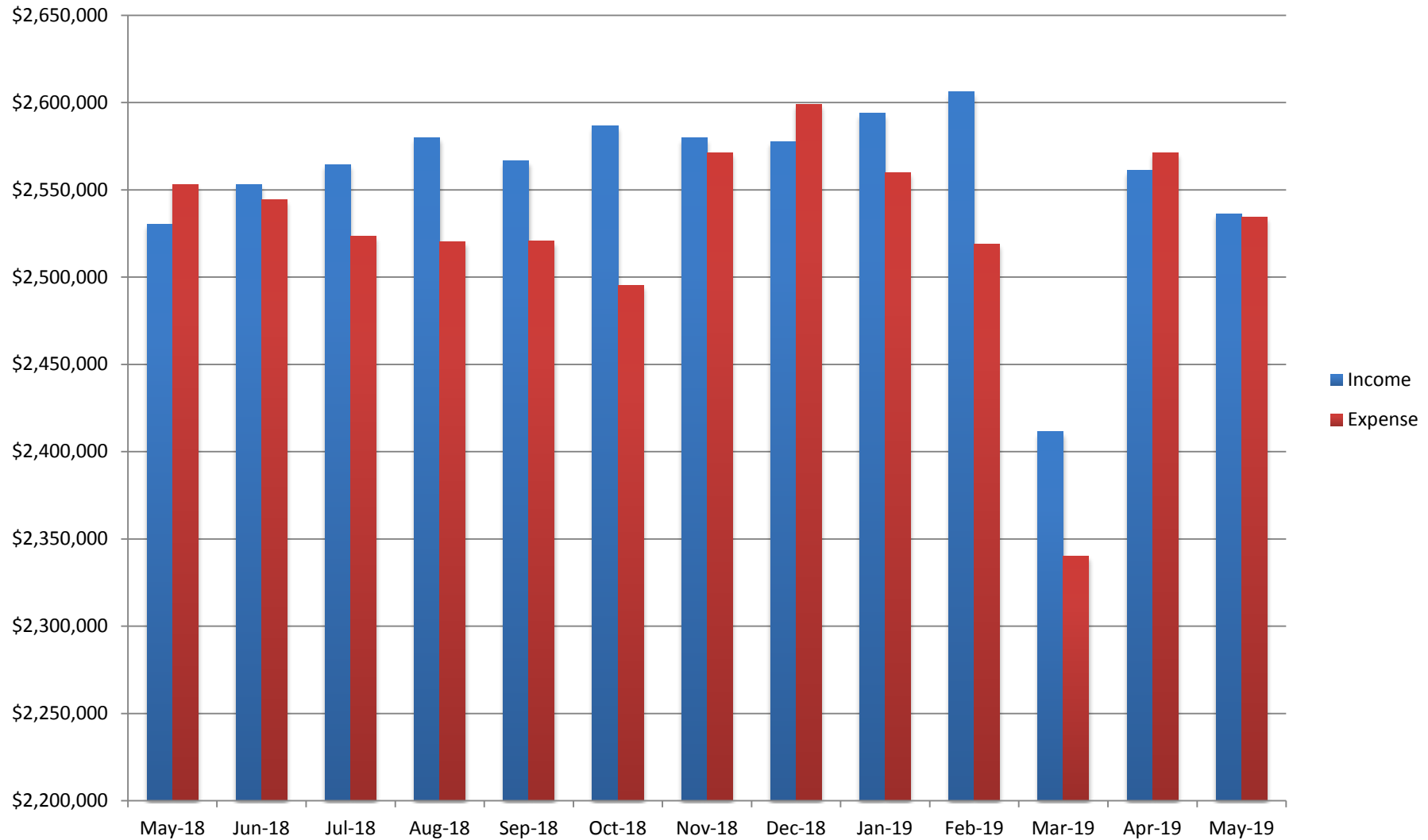
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of May 2019

| | YTD Mental Health May 2019 | YTD IDD May 2019 | YTD Other Services May 2019 | YTD Agency Total May 2019 | YTD Approved Budget May 2019 | Increase (Decrease) |
|---|-------------------------------------|------------------------|--------------------------------------|------------------------------------|---------------------------------------|------------------------|
| INCOME: | | | | | | |
| Local Revenue Sources | 1,378,912 | (129,354) | 137,486 | 1,387,044 | 1,306,817 | 80,227 |
| Earned Income | 4,040,810 | 3,015,954 | 2,563,325 | 9,620,089 | 9,636,573 | (16,484) |
| General Revenue-Contract | 10,086,198 | 1,443,170 | 482,770 | 12,012,137 | 11,944,395 | 67,742 |
| TOTAL INCOME | \$ 15,505,920 | \$ 4,329,770 | \$ 3,183,581 | \$ 23,019,270 | \$ 22,887,785 | \$ 131,485 |
| EXPENSES: | | | | | | |
| Salaries | 8,986,500 | 2,337,288 | 1,954,558 | 13,278,346 | 13,325,934 | (47,588) |
| Employee Benefits | 1,686,533 | 477,139 | 377,308 | 2,540,981 | 2,583,154 | (42,173) |
| Medication Expense | 399,385 | | 105,571 | 504,955 | 495,823 | 9,132 |
| Travel-Board/Staff | 201,286 | 105,654 | 42,843 | 349,783 | 324,345 | 25,438 |
| Building Rent/Maintenance | 212,735 | 17,859 | 23,636 | 254,229 | 244,102 | 10,127 |
| Consultants/Contracts | 1,979,821 | 837,966 | 153,156 | 2,970,945 | 3,020,461 | (49,516) |
| Other Operating Expenses | 1,183,303 | 422,979 | 269,175 | 1,875,457 | 1,902,086 | (26,629) |
| TOTAL EXPENSES | \$ 14,649,563 | \$ 4,198,885 | \$ 2,926,247 | \$ 21,774,696 | \$ 21,895,905 | \$ (121,209) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 856,357 | \$ 130,885 | \$ 257,334 | \$ 1,244,574 | \$ 991,880 | \$ 252,694 |
| CAPITAL EXPENDITURES | | | | | | |
| Capital Outlay-FF&E, Automobiles | 97,862 | (2,802) | (2,511) | 92,548 | 138,832 | (46,284) |
| Capital Outlay-Debt Service | 572,840 | 160,058 | 110,929 | 843,827 | 843,172 | 655 |
| TOTAL CAPITAL EXPENDITURES | \$ 670,702 | \$ 157,256 | \$ 108,418 | \$ 936,375 | \$ 982,004 | \$ (45,629) |
| GRAND TOTAL EXPENDITURES | \$ 15,320,265 | \$ 4,356,141 | \$ 3,034,665 | \$ 22,711,071 | \$ 22,877,909 | \$ (166,838) |
| Excess (Deficiency) of Revenues and Expenses | \$ 185,655 | \$ (26,371) | \$ 148,916 | \$ 308,199 | \$ 9,876 | \$ 298,323 |
| Debt Service and Fixed Asset Fund: | | | | | | |
| Debt Service | 572,840 | 160,058 | 110,929 | 843,827 | 843,172 | (270,332) |
| | | - | - | - | - | - |
| Excess(Deficiency) of revenues over Expenses | 572,840 | 160,058 | 110,929 | 843,827 | 843,172 | (270,332) |

TRI-COUNTY BEHAVIORAL HEALTHCARE

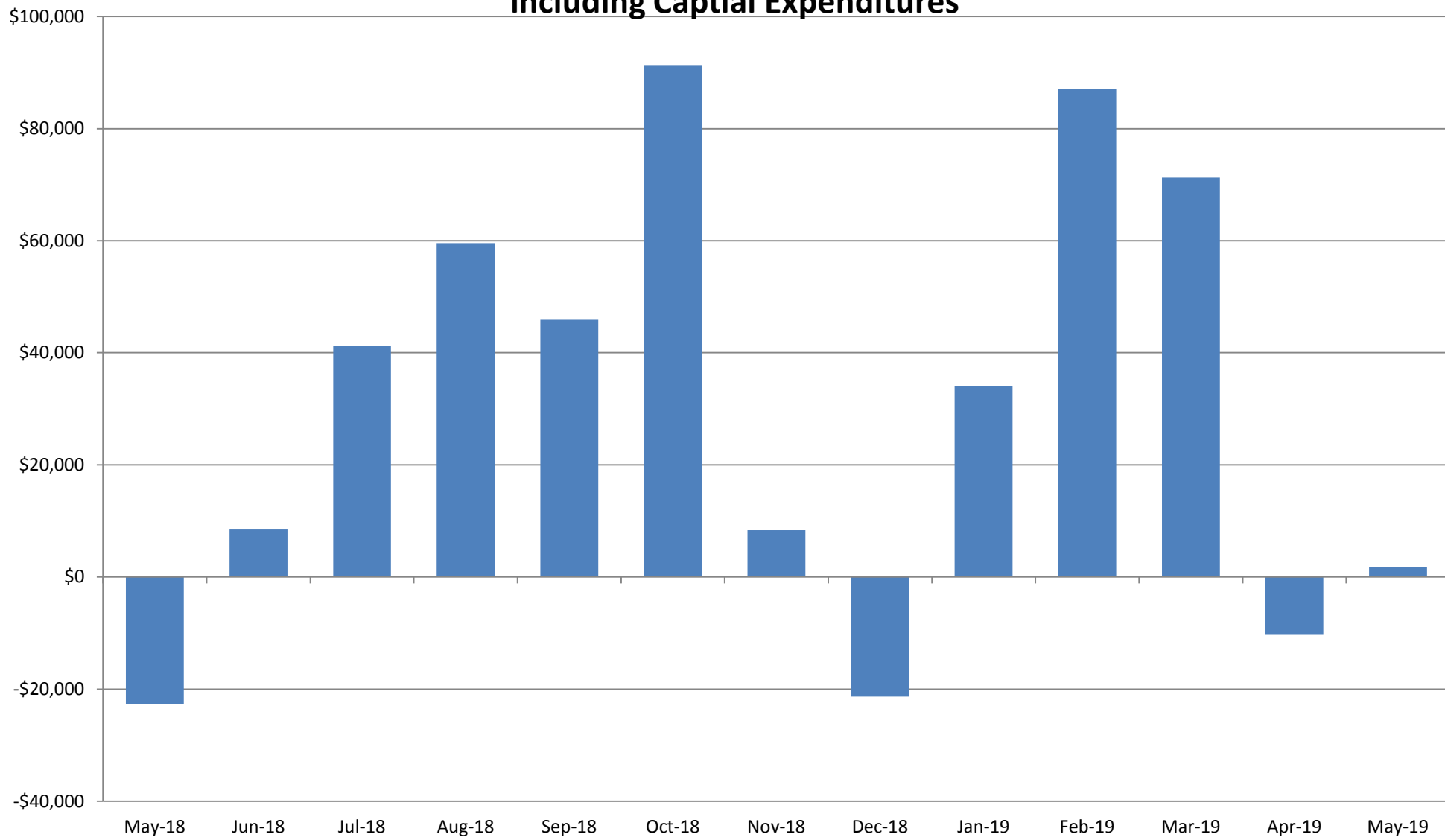
Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE

Income after Expense including Capital Expenditures



| | |
|--|--|
| Agenda Item: Approve June 2019 Financial Statements Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: None | |
| Supporting Documentation: June 2019 Financial Statements | |
| Recommended Action: Approve June 2019 Financial Statements | |

June 2019 Financial Summary

Revenues for June 2019 were \$2,506,605 and operating expenses were \$2,354,741; resulting in a gain in operations of \$151,863. Capital Expenditures and Extraordinary Expenses for June were \$97,235; resulting in a gain of \$54,629. Total revenues were 97.56% of the monthly budgeted revenues and total expenses were 96.08% of the monthly budgeted expenses (difference of 1.48%).

Year to date revenues are \$25,525,875 and operating expenses are \$24,129,437; leaving excess operating revenues of \$1,396,438. YTD Capital Expenditures and Extraordinary Expenses are \$1,033,610 resulting in a gain YTD of \$362,828. Total revenues are 100.27% of the YTD budgeted revenues and total expenses are 98.91% of the YTD budgeted expenses (difference of 1.36%).

REVENUES

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

| Revenue Source | YTD Revenue | YTD Budget | % of Budget | \$ Variance |
|-----------------------------|-------------|------------|-------------|-------------|
| Rehab – Title XIX | 1,745,654 | 1,817,171 | 96.06% | 71,517 |
| SA Treatment Adult Services | 76,836 | 113,112 | 67.93% | 36,276 |

Rehab – Title XIX – Rehab services continues to be under budget. We continue to have larger than expected staff vacancies in these areas. The child and youth program came in over budget, but the adult programs continue to struggle providing services with so many vacancies. We will continue to monitor this line.

SA Treatment Adult Services – This program is funded through HHSC. We received an increase of \$61,233 for this program in April. We continue to provide services, but we have not received any payments from the contract amendment as of this date. Paperwork moves slowly through the state's system at times, but the payments will come and we will recognize the revenue when they are received.

EXPENSES

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

| Expense Source | YTD Expenses | YTD Budget | % of Budget | \$ Variance |
|----------------|--------------|------------|-------------|-------------|
| Travel - Local | 312,412 | 292,842 | 107% | 19,570 |

Travel – Local – The local travel line is over budget for the year. This was mainly due to the increase in the per mile reimbursement reported in the May financials. We also had an increase in local miles driven for June due to the Annual conference being held in Houston. Consequently, attendee's mileage was recorded in local travel rather than non-local.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 30, 2019

| | TOTALS COMBINED FUNDS June 2019 | TOTALS COMBINED FUNDS May 2019 | Increase (Decrease) |
|---|--|---|--------------------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Imprest Cash Funds | 3,640 | 3,640 | - |
| Cash on Deposit-General Fund | 9,309,888 | 8,359,147 | 950,741 |
| Cash on Deposit-Debt Fund | | | - |
| Accounts Receivable | 2,218,950 | 1,989,009 | 229,941 |
| Inventory | 4,750 | 4,860 | (110) |
| TOTAL CURRENT ASSETS | 11,537,227 | 10,356,656 | 1,180,572 |
| FIXED ASSETS | 20,867,904 | 20,867,904 | - |
| OTHER ASSETS | 108,041 | 91,052 | 16,989 |
| TOTAL ASSETS | \$ 32,513,173 | \$ 31,315,612 | \$ 1,197,562 |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | | |
| CURRENT LIABILITIES | 1,099,654 | 1,123,545 | (23,891) |
| NOTES PAYABLE | 618,198 | 618,198 | - |
| DEFERRED REVENUE | 1,614,199 | 453,544 | 1,160,655 |
| LONG-TERM LIABILITIES FOR | | | |
| Line of Credit - Tradition Bank | - | - | - |
| Note Payable Prosperity Bank | - | - | - |
| First Financial loan tied to CD | 481,250 | 504,167 | (22,917) |
| First Financial Construction Loan | 11,752,830 | 11,791,034 | (38,205) |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | | |
| General Fund | 362,827 | 308,199 | 54,629 |
| FUND EQUITY | | | |
| RESTRICTED | | | |
| Net Assets Reserved for Debt Service | (12,234,080) | (12,295,201) | 61,121 |
| Reserved for Debt Retirement | - | - | - |
| COMMITTED | | | |
| Net Assets-Property and Equipment | 20,867,904 | 20,867,904 | - |
| Reserved for Vehicles & Equipment Replacement | 678,112 | 678,112 | - |
| Reserved for Facility Improvement & Acquisitions | 2,500,000 | 2,500,000 | - |
| Reserved for Board Initiatives | 1,500,000 | 1,500,000 | - |
| Reserved for 1115 Waiver Programs | 502,677 | 502,677 | - |
| ASSIGNED | | | |
| 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 | (618,198) | (618,198) | - |
| UNASSIGNED | | | |
| Unrestricted and Undesignated | 2,951,724 | 2,951,724 | - |
| TOTAL LIABILITIES/FUND BALANCE | \$ 32,513,173 | \$ 31,315,612 | \$ 1,197,561 |

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 30, 2019**

| | General Operating Funds | Memorandum Only Final August 2018 |
|---|--|---|
| ASSETS | | |
| CURRENT ASSETS | | |
| Imprest Cash Funds | 3,640 | 3,640 |
| Cash on Deposit-General Fund | 9,309,888 | 7,237,278 |
| Cash on Deposit-Debt Fund | - | - |
| Accounts Receivable | 2,218,950 | 2,007,331 |
| Inventory | 4,750 | 4,262 |
| TOTAL CURRENT ASSETS | 11,537,227 | 9,252,511 |
| FIXED ASSETS | 20,867,904 | 20,867,904 |
| OTHER ASSETS | 108,041 | 132,369 |
| | \$ 32,513,173 | \$ 30,252,783 |
| LIABILITIES, DEFERRED REVENUE, FUND BALANCES | | |
| CURRENT LIABILITIES | 1,099,654 | 1,059,013 |
| NOTES PAYABLE | 618,198 | 618,198 |
| DEFERRED REVENUE | 1,614,199 | (181,055) |
| LONG-TERM LIABILITIES FOR | | |
| Line of Credit - Tradition Bank | - | - |
| Note Payable Prosperity Bank | - | - |
| First Financial loan tied to CD | 481,250 | 710,417 |
| First Financial Construction Loan | 11,752,830 | 12,136,358 |
| EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR | | |
| General Fund | 362,827 | (479,439) |
| FUND EQUITY | | |
| RESTRICTED | | |
| Net Assets Reserved for Debt service-Restricted | (12,234,080) | (12,846,774) |
| Reserved for Debt Retirement | - | - |
| COMMITTED | | |
| Net Assets-Property and Equipment-Committed | 20,867,904 | 20,867,904 |
| Reserved for Vehicles & Equipment Replacement | 678,112 | 678,112 |
| Reserved for Facility Improvement & Acquisitions | 2,500,000 | 2,500,000 |
| Reserved for Board Initiatives | 1,500,000 | 1,500,000 |
| Reserved for 1115 Waiver Programs | 502,677 | 502,677 |
| ASSIGNED | | |
| 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 | (618,198) | (618,198) |
| UNASSIGNED | | |
| Unrestricted and Undesignated | 2,951,724 | 3,431,163 |
| TOTAL LIABILITIES/FUND BALANCE | \$ 32,513,173 | \$ 30,252,783 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended June 2019
and Year To Date as of June 2019

| INCOME: | MONTH OF June 2019 | YTD June 2019 |
|---|-------------------------------|--------------------------|
| Local Revenue Sources | 146,592 | 1,533,636 |
| Earned Income | 1,003,148 | 10,623,237 |
| General Revenue-Contract | 1,356,864 | 13,369,001 |
| TOTAL INCOME | \$ 2,506,605 | \$ 25,525,875 |
| EXPENSES: | | |
| Salaries | 1,463,702 | 14,742,048 |
| Employee Benefits | 282,795 | 2,823,777 |
| Medication Expense | 63,319 | 568,274 |
| Travel-Board/Staff | 38,782 | 388,565 |
| Building Rent/Maintenance | 14,858 | 269,087 |
| Consultants/Contracts | 341,636 | 3,312,580 |
| Other Operating Expenses | 149,649 | 2,025,106 |
| TOTAL EXPENSES | \$ 2,354,741 | \$ 24,129,437 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 151,863 | \$ 1,396,438 |
| CAPITAL EXPENDITURES | | |
| Capital Outlay-FF&E, Automobiles, Building | 3,675 | 96,224 |
| Capital Outlay-Debt Service | 93,559 | 937,386 |
| TOTAL CAPITAL EXPENDITURES | \$ 97,235 | \$ 1,033,610 |
| GRAND TOTAL EXPENDITURES | \$ 2,451,976 | \$ 25,163,047 |
| Excess (Deficiency) of Revenues and Expenses | \$ 54,629 | \$ 362,828 |

Debt Service and Fixed Asset Fund:

| | | |
|---|---------------|----------------|
| Debt Service | 93,559 | 937,386 |
| Excess(Deficiency) of revenues over Expenses | 93,559 | 937,386 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of June 2019

| | YTD June 2019 | APPROVED BUDGET | Increase (Decrease) |
|---|----------------------|----------------------|------------------------|
| INCOME: | | | |
| Local Revenue Sources | 1,533,636 | 1,436,237 | 97,399 |
| Earned Income | 10,623,237 | 10,718,300 | (95,063) |
| General Revenue-Contract | 13,369,001 | 13,302,649 | 66,352 |
| TOTAL INCOME | \$ 25,525,875 | \$ 25,457,186 | \$ 68,689 |
| EXPENSES: | | | |
| Salaries | 14,742,048 | 14,796,251 | (54,203) |
| Employee Benefits | 2,823,777 | 2,871,534 | (47,757) |
| Medication Expense | 568,274 | 559,216 | 9,058 |
| Travel-Board/Staff | 388,565 | 360,284 | 28,281 |
| Building Rent/Maintenance | 269,087 | 274,024 | (4,937) |
| Consultants/Contracts | 3,312,580 | 3,379,291 | (66,711) |
| Other Operating Expenses | 2,025,106 | 2,085,863 | (60,757) |
| TOTAL EXPENSES | \$ 24,129,437 | \$ 24,326,463 | \$ (197,026) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 1,396,438 | \$ 1,130,723 | \$ 265,715 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 96,224 | 176,082 | (79,858) |
| Capital Outlay-Debt Service | 937,386 | 937,480 | (94) |
| TOTAL CAPITAL EXPENDITURES | \$ 1,033,610 | \$ 1,113,562 | \$ (79,952) |
| GRAND TOTAL EXPENDITURES | \$ 25,163,047 | \$ 25,440,025 | \$ (276,978) |
| Excess (Deficiency) of Revenues and Expenses | \$ 362,828 | \$ 17,161 | \$ 345,667 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|----------------|----------------|-------------|
| Debt Service | 937,386 | 937,480 | (94) |
| Excess(Deficiency) of revenues over Expenses | 937,386 | 937,480 | (94) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended June 2019

| INCOME: | MONTH OF June 2019 | APPROVED BUDGET | Increase (Decrease) |
|---|-------------------------------|----------------------------|--------------------------------|
| Local Revenue Sources | 146,592 | 129,420 | 17,172 |
| Earned Income | 1,003,148 | 1,081,727 | (78,579) |
| General Revenue-Contract | 1,356,864 | 1,358,254 | (1,390) |
| TOTAL INCOME | \$ 2,506,605 | \$ 2,569,401 | \$ (62,796) |
| EXPENSES: | | | |
| Salaries | 1,463,702 | 1,470,317 | (6,615) |
| Employee Benefits | 282,795 | 288,380 | (5,585) |
| Medication Expense | 63,319 | 53,393 | 9,926 |
| Travel-Board/Staff | 38,782 | 35,939 | 2,843 |
| Building Rent/Maintenance | 14,858 | 29,922 | (15,064) |
| Consultants/Contracts | 341,636 | 358,830 | (17,194) |
| Other Operating Expenses | 149,649 | 183,777 | (34,128) |
| TOTAL EXPENSES | \$ 2,354,741 | \$ 2,420,558 | \$ (65,817) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 151,863 | \$ 148,843 | \$ 3,020 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 3,675 | 37,250 | (33,575) |
| Capital Outlay-Debt Service | 93,559 | 94,308 | (749) |
| TOTAL CAPITAL EXPENDITURES | \$ 97,235 | \$ 131,558 | \$ (34,323) |
| GRAND TOTAL EXPENDITURES | \$ 2,451,976 | \$ 2,552,116 | \$ (100,140) |
| Excess (Deficiency) of Revenues and Expenses | \$ 54,629 | \$ 17,285 | \$ 37,344 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|--------------|
| Debt Service | 93,559 | 94,308 | (749) |
| Excess(Deficiency) of revenues over Expenses | 93,559 | 94,308 | (749) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2018 Comparative Data
Year to Date as of June 2019

| INCOME: | YTD June 2019 | YTD June 2018 | Increase (Decrease) |
|---|--------------------------|--------------------------|--------------------------------|
| Local Revenue Sources | 1,533,636 | 1,023,829 | 509,807 |
| Earned Income | 10,623,237 | 10,151,136 | 472,101 |
| General Revenue-Contract | 13,369,001 | 13,300,775 | 68,226 |
| TOTAL INCOME | \$ 25,525,875 | \$ 24,475,740 | \$ 1,050,135 |
| EXPENSES: | | | |
| Salaries | 14,742,048 | 14,170,765 | 571,283 |
| Employee Benefits | 2,823,777 | 2,797,008 | 26,769 |
| Medication Expense | 568,274 | 559,944 | 8,330 |
| Travel-Board/Staff | 388,565 | 370,613 | 17,952 |
| Building Rent/Maintenance | 269,087 | 229,095 | 39,992 |
| Consultants/Contracts | 3,312,580 | 3,171,224 | 141,356 |
| Other Operating Expenses | 2,025,106 | 1,955,075 | 70,031 |
| TOTAL EXPENSES | \$ 24,129,437 | \$ 23,253,724 | \$ 875,713 |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 1,396,438 | \$ 1,222,016 | \$ 174,422 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 96,224 | 215,079 | (118,855) |
| Capital Outlay-Debt Service | 937,386 | 757,245 | 180,141 |
| TOTAL CAPITAL EXPENDITURES | \$ 1,033,610 | \$ 972,324 | \$ 61,286 |
| GRAND TOTAL EXPENDITURES | \$ 25,163,047 | \$ 24,226,048 | \$ 936,999 |
| Excess (Deficiency) of Revenues and Expenses | \$ 362,828 | \$ 249,693 | \$ 113,136 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|----------------|----------------|----------------|
| Debt Service | 937,386 | 757,245 | 180,141 |
| | | | - |
| Excess(Deficiency) of revenues over Expenses | 937,386 | 757,245 | 180,141 |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2018 Comparative Data
For the Month Ended June 2019

| INCOME: | MONTH OF June 2019 | MONTH OF June 2018 | Increase (Decrease) |
|---|-------------------------------|-------------------------------|--------------------------------|
| Local Revenue Sources | 146,592 | 119,488 | 27,104 |
| Earned Income | 1,003,148 | 985,630 | 17,518 |
| General Revenue-Contract | 1,356,864 | 1,447,820 | (90,956) |
| TOTAL INCOME | \$ 2,506,605 | \$ 2,552,938 | \$ (46,333) |
| Salaries | 1,463,702 | 1,502,258 | (38,556) |
| Employee Benefits | 282,795 | 284,568 | (1,773) |
| Medication Expense | 63,319 | 48,314 | 15,005 |
| Travel-Board/Staff | 38,782 | 43,785 | (5,003) |
| Building Rent/Maintenance | 14,858 | 5,241 | 9,617 |
| Consultants/Contracts | 341,636 | 360,056 | (18,420) |
| Other Operating Expenses | 149,649 | 199,572 | (49,923) |
| TOTAL EXPENSES | \$ 2,354,741 | \$ 2,443,794 | \$ (89,053) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 151,863 | \$ 109,144 | \$ 42,719 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 3,675 | 6,594 | (2,919) |
| Capital Outlay-Debt Service | 93,559 | 94,092 | (533) |
| TOTAL CAPITAL EXPENDITURES | \$ 97,235 | \$ 100,686 | \$ (3,451) |
| GRAND TOTAL EXPENDITURES | \$ 2,451,976 | \$ 2,544,480 | \$ (92,504) |
| Excess (Deficiency) of Revenues and Expenses | \$ 54,629 | \$ 8,458 | \$ 46,171 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|--------------|
| Debt Service | 93,559 | 94,092 | (533) |
| | | | - |
| Excess(Deficiency) of revenues over Expenses | 93,559 | 94,092 | (533) |

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2019 Comparative Data
For the Month Ended June 2019

| INCOME: | MONTH OF June 2019 | MONTH OF May 2019 | Increase (Decrease) |
|---|-------------------------------|------------------------------|--------------------------------|
| Local Revenue Sources | 146,592 | 207,332 | (60,740) |
| Earned Income | 1,003,148 | 1,086,083 | (82,935) |
| General Revenue-Contract | 1,356,864 | 1,242,823 | 114,041 |
| TOTAL INCOME | \$ 2,506,605 | \$ 2,536,238 | \$ (29,633) |
| EXPENSES: | | | |
| Salaries | 1,463,702 | 1,467,174 | (3,472) |
| Employee Benefits | 282,795 | 281,944 | 852 |
| Medication Expense | 63,319 | 69,422 | (6,103) |
| Travel-Board/Staff | 38,782 | 42,928 | (4,146) |
| Building Rent/Maintenance | 14,858 | 71,979 | (57,121) |
| Consultants/Contracts | 341,636 | 273,816 | 67,819 |
| Other Operating Expenses | 149,649 | 233,662 | (84,012) |
| TOTAL EXPENSES | \$ 2,354,741 | \$ 2,440,925 | \$ (86,183) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 151,863 | \$ 95,313 | \$ 56,550 |
| CAPITAL EXPENDITURES | | | |
| Capital Outlay-FF&E, Automobiles | 3,675 | - | 3,675 |
| Capital Outlay-Debt Service | 93,559 | 93,572 | (13) |
| TOTAL CAPITAL EXPENDITURES | \$ 97,235 | \$ 93,572 | \$ 3,663 |
| GRAND TOTAL EXPENDITURES | \$ 2,451,976 | \$ 2,534,497 | \$ (82,521) |
| Excess (Deficiency) of Revenues and Expenses | \$ 54,629 | \$ 1,741 | \$ 52,887 |

Debt Service and Fixed Asset Fund:

| | | | |
|---|---------------|---------------|-------------|
| Debt Service | 93,559 | 93,572 | (13) |
| Excess(Deficiency) of revenues over Expenses | 93,559 | 93,572 | (13) |

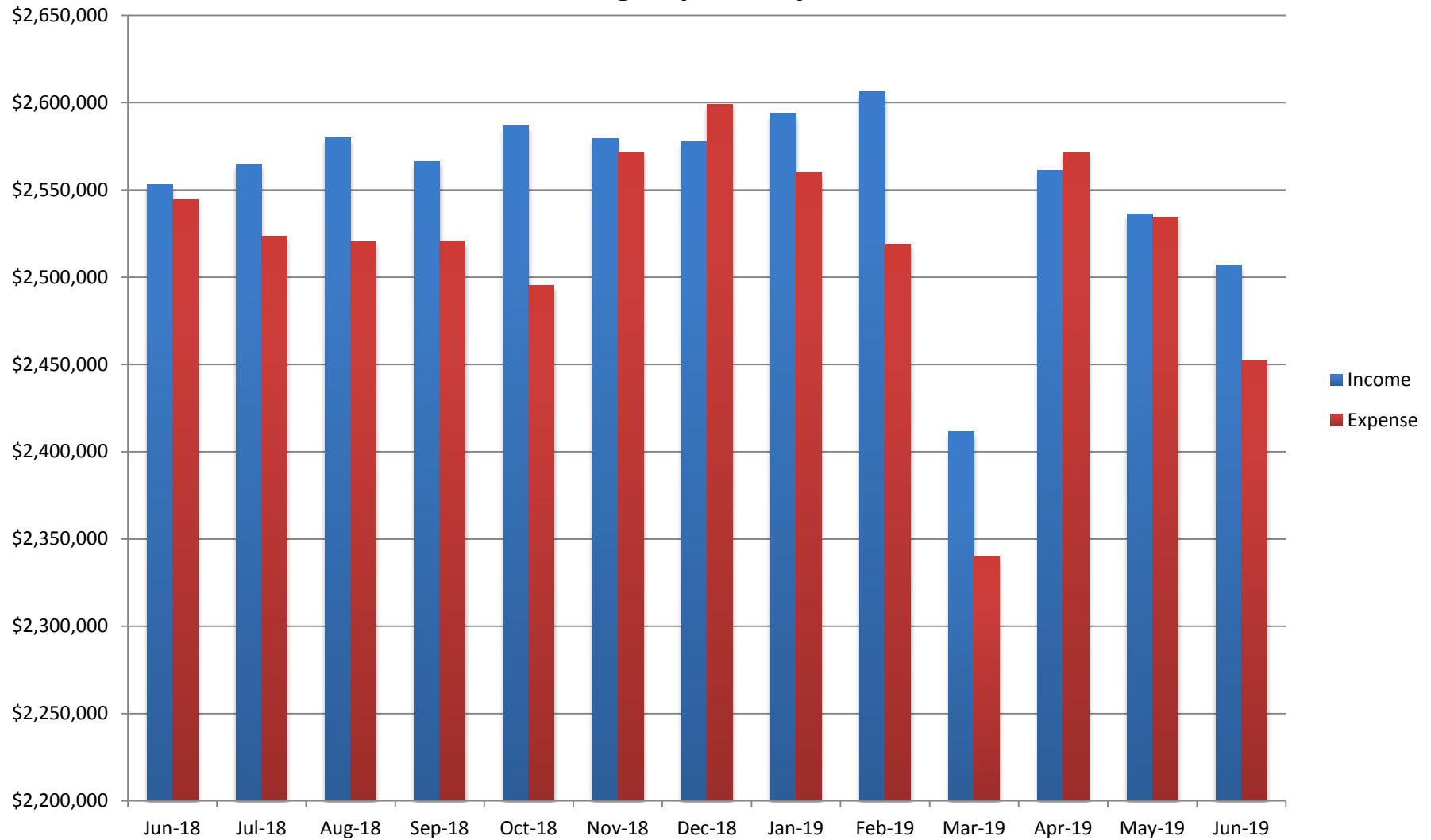
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2019

| | YTD Mental Health June 2019 | YTD IDD June 2019 | YTD Other Services June 2019 | YTD Agency Total June 2019 | YTD Approved Budget June 2019 | Increase (Decrease) |
|---|--------------------------------------|-------------------------|---------------------------------------|-------------------------------------|--|------------------------|
| INCOME: | | | | | | |
| Local Revenue Sources | 1,525,732 | (145,704) | 153,608 | 1,533,636 | 1,436,237 | 97,399 |
| Earned Income | 4,443,045 | 3,330,130 | 2,850,062 | 10,623,237 | 10,718,300 | (95,063) |
| General Revenue-Contract | 11,254,778 | 1,597,117 | 517,107 | 13,369,001 | 13,302,649 | 66,352 |
| TOTAL INCOME | \$ 17,223,555 | \$ 4,781,543 | \$ 3,520,777 | \$ 25,525,874 | \$ 25,457,186 | \$ 68,688 |
| EXPENSES: | | | | | | |
| Salaries | 9,981,436 | 2,601,394 | 2,159,219 | 14,742,048 | 14,796,251 | (54,203) |
| Employee Benefits | 1,875,378 | 531,048 | 417,351 | 2,823,777 | 2,871,534 | (47,757) |
| Medication Expense | 447,542 | | 120,732 | 568,274 | 559,216 | 9,058 |
| Travel-Board/Staff | 225,006 | 117,517 | 46,042 | 388,565 | 360,284 | 28,281 |
| Building Rent/Maintenance | 236,943 | 19,522 | 12,622 | 269,087 | 274,024 | (4,937) |
| Consultants/Contracts | 2,204,814 | 935,231 | 172,535 | 3,312,580 | 3,379,291 | (66,711) |
| Other Operating Expenses | 1,300,309 | 470,414 | 254,384 | 2,025,106 | 2,085,863 | (60,757) |
| TOTAL EXPENSES | \$ 16,271,428 | \$ 4,675,126 | \$ 3,182,885 | \$ 24,129,437 | \$ 24,326,463 | \$ (197,026) |
| Excess(Deficiency) of Revenues over Expenses before Capital Expenditures | \$ 952,127 | \$ 106,417 | \$ 337,892 | \$ 1,396,437 | \$ 1,130,723 | \$ 265,714 |
| CAPITAL EXPENDITURES | | | | | | |
| Capital Outlay-FF&E, Automobiles | 98,989 | (381) | (2,385) | 96,224 | 176,082 | (79,858) |
| Capital Outlay-Debt Service | 636,460 | 177,834 | 123,092 | 937,386 | 937,480 | (94) |
| TOTAL CAPITAL EXPENDITURES | \$ 735,449 | \$ 177,453 | \$ 120,707 | \$ 1,033,610 | \$ 1,113,562 | \$ (79,952) |
| GRAND TOTAL EXPENDITURES | \$ 17,006,877 | \$ 4,852,579 | \$ 3,303,592 | \$ 25,163,047 | \$ 25,440,025 | \$ (276,978) |
| Excess (Deficiency) of Revenues and Expenses | \$ 216,678 | \$ (71,036) | \$ 217,185 | \$ 362,827 | \$ 17,161 | \$ 345,666 |
| Debt Service and Fixed Asset Fund: | | | | | | |
| Debt Service | 636,460 | 177,834 | 123,092 | 937,386 | 937,480 | (301,020) |
| | | - | - | - | - | - |
| Excess(Deficiency) of revenues over Expenses | 636,460 | 177,834 | 123,092 | 937,386 | 937,480 | (301,020) |

TRI-COUNTY BEHAVIORAL HEALTHCARE

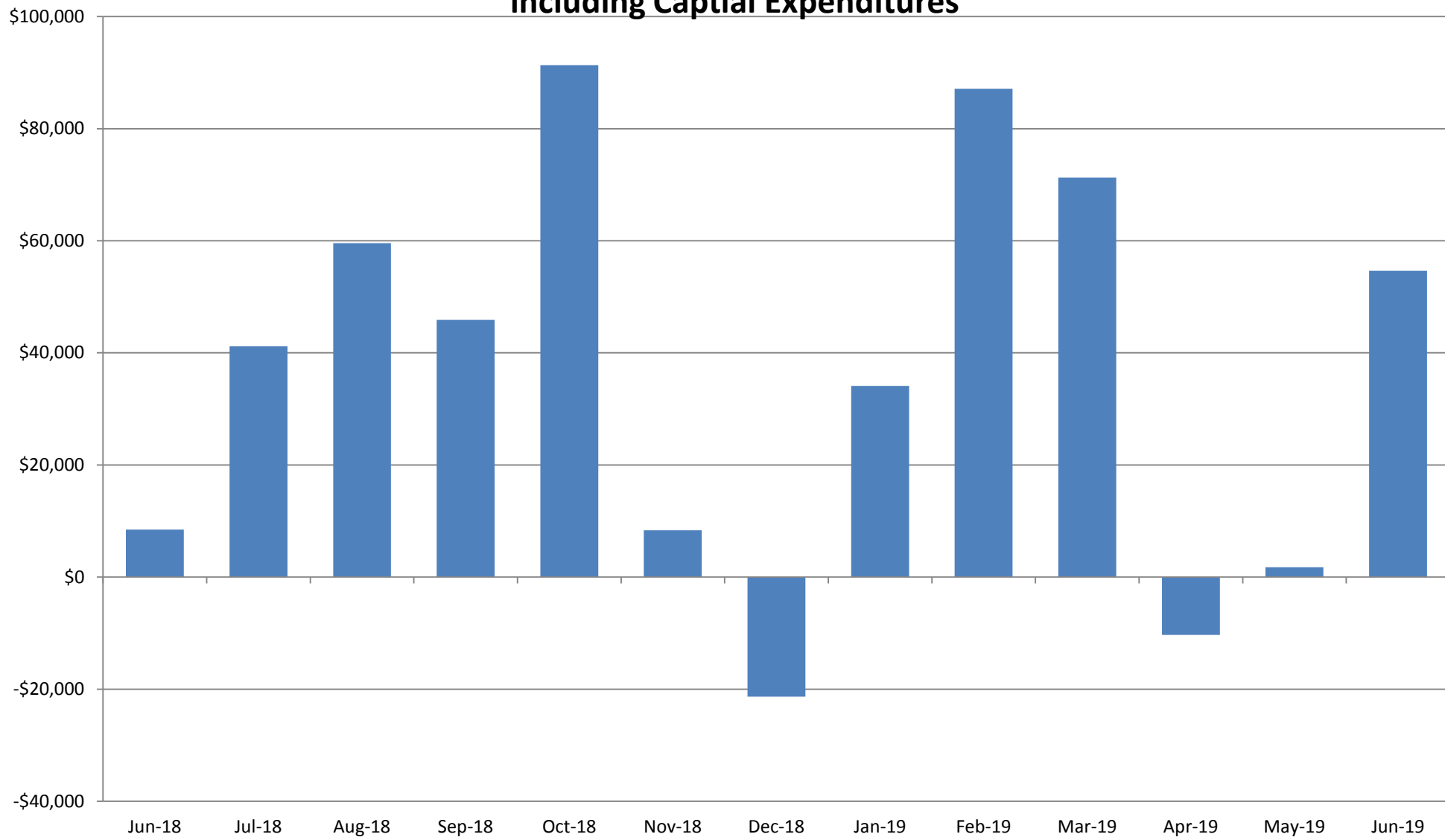
Income and Expense

including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE

Income after Expense
including Capital Expenditures



| | |
|--|--|
| Agenda Item: Approve FY 2019 Auditor Engagement Letter Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: At the May 30th Board meeting, the Board authorized staff to solicit the Annual Financial Audit Engagement Letter from Eide Bailly, LLP for the FY 2019 Independent Financial Audit. | |
| Supporting Documentation: Copy of Engagement Letter from Eide Bailly, LLP | |
| Recommended Action: Approve the Engagement Letter from Eide Bailly, LLP for the FY 2019 Independent Financial Audit | |



June 11, 2019

To the Board of Trustees of
Tri-County Behavioral HealthCare
C/O Mr. Evan Roberson
P.O. Box 3067
Conroe, Tx. 77305

You have requested that we audit the financial statements of the governmental activities, the aggregate discretely presented component units, the major fund, and the aggregate remaining fund information of **Tri-County Behavioral Healthcare ("TCBH")** as of August 31, 2019, and for the year then ended, and the related notes to the financial statements, which collectively comprise **TCBH's** basic financial statements. In addition, we will audit the entity's compliance over major federal and state award programs for the period ended August 31, 2019. We understand that the financial statements of the aggregate discretely presented component units will be audited by other auditors. These component units include Independence Communities, Inc., Montgomery Supported Housing, Inc., and Cleveland Supported Housing, Inc. We will rely on the other auditors' reports on the financial statements of these component units in expressing an opinion on the financial statements of the aggregate discretely presented component units of **TCBH**. We also plan to make reference to the other auditors' audits of these component units in our report. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audits will be conducted with the objectives of our expressing an opinion on each opinion unit and an opinion on compliance regarding the entity's major federal and state award programs.

Accounting principles generally accepted in the United States of America require that certain information be presented to supplement the 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 the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

- Management's Discussion and Analysis

Supplementary information other than RSI will accompany **TCBH's** basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole:

- Schedule of Expenditures of Federal and State Awards

Schedule of Expenditures of Federal and State awards

We will subject the schedule of expenditures of federal and state awards to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the schedule to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on whether the schedule of expenditures of federal and state awards is presented fairly in all material respects in relation to the financial statements as a whole.

Also, the document we submit to you will include the following other additional information that will not be subjected to the auditing procedures applied in our audit of the financial statements:

- Introductory Section
- Statistical Section

Data Collection Form

Prior to the completion of our engagement, we will complete the sections of the Data Collection Form that are our responsibility. The form will summarize our audit findings, amounts and conclusions. It is management's responsibility to submit a reporting package including financial statements, schedule of expenditure of federal and state awards, summary schedule of prior audit findings and corrective action plan along with the Data Collection Form to the federal audit clearinghouse. The financial reporting package must be text searchable, unencrypted, and unlocked. Otherwise, the reporting package will not be accepted by the federal audit clearinghouse. We will assist you in the electronic submission and certification. You may request from us copies of our report for you to include with the reporting package submitted to pass-through entities.

The Data Collection Form is required to be submitted within the *earlier* of 30 days after receipt of our auditors' reports or nine months after the end of the audit period, unless specifically waived by a federal cognizant or oversight agency for audits. Data Collection Forms submitted untimely are one of the factors in assessing programs at a higher risk.

Audit of the Financial Statements

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America; the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), the State of Texas Uniform Grant Management Standards (UGMS), the Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers promulgated by THHSC; and the State of Texas Single Audit Circular (TSAC). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements.

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. If appropriate, our procedures will therefore include tests of documentary evidence that support the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we will request written representations from your attorneys, and they may bill you for responding. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance (whether caused by errors, fraudulent financial reporting, misappropriation of assets, detected abuse, or violations of laws or governmental regulations) may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS and *Government Auditing Standards* of the Comptroller General of the United States of America and/or state or regulatory audit requirements. Please note that the determination of abuse is subjective, and *Government Auditing Standards* does not require auditors to detect abuse.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Our responsibility as auditors is, of course, limited to the period covered by our audit and does not extend to any other periods.

We will issue a written report upon completion of our audit of **TCBH's** basic financial statements. Our report will be addressed to the governing body of **TCBH**. We cannot provide assurance that any unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement.

In accordance with the requirements of *Government Auditing Standards*, we will also issue a written report describing the scope of our testing over internal control over financial reporting and over compliance with laws, regulations, and provisions of grants and contracts, including the results of that testing. However, providing an opinion on internal control and compliance over financial reporting will not be an objective of the audit and, therefore, no such opinion will be expressed.

Audit of Major Program Compliance

Our audit of **TCBH's** major federal and state award program(s) compliance will be conducted in accordance with the requirements of the Single Audit Act, as amended; the provisions of the Uniform Guidance and the State of Texas Single Audit Circular (TSAC); and will include tests of accounting records, a determination of major programs in accordance with the Uniform Guidance, TSAC and other procedures we consider necessary to enable us to express such an opinion on major federal and state award program compliance and to render the required reports. We cannot provide assurance that an unmodified opinion on compliance will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or withdraw from the engagement.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the entity has complied with applicable laws and regulations and the provisions of contracts and grant agreements applicable to major federal and state award programs. Our procedures will consist of determining major federal programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs. The purpose of those procedures will be to express an

opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Also, as required by the Uniform Guidance, we will perform tests of controls 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 of the entity's major federal and state award programs. However, our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report.

We will issue a report on compliance that will include an opinion or disclaimer of opinion regarding the entity's major federal and state award programs, and a report on internal controls over compliance that will report any significant deficiencies and material weaknesses identified; however, such report will not express an opinion on internal control.

Other Services

We will also assist in preparing the financial statements of **TCBH** in conformity with U.S. generally accepted accounting principles, schedule of expenditures of federal and state awards, and related notes of the Organization in conformity with U.S. generally accepted accounting principles and Uniform Guidance and the State of Texas Single Audit Circular based on information provided by you. The financial statement preparation includes preparing GASB 34 adjusting journal entries. We will also provide other nonattest services related to completion of the auditee's portion of the Data Collection Form and preparation of proposed adjusting journal entries. 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*.

Management Responsibilities

Our audit will be conducted on the basis that management and, when appropriate, those charged with governance, acknowledge and understand that they have responsibility:

1. For the preparation and fair presentation of the basic financial statements in accordance with accounting principles generally accepted in the United States of America;
2. For the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
3. For identifying, in its accounts, all federal and state awards received and expended during the period and the federal programs under which they were received, including federal and state awards and funding increments received prior to December 26, 2014 (if any), and those received in accordance with the Uniform Guidance (generally received after December 26, 2014);
4. For maintaining records that adequately identify the source and application of funds for federally funded activities;
5. For preparing the schedule of expenditures of federal and state awards (including notes and noncash assistance received) in accordance with the Uniform Guidance;
6. For the design, implementation, and maintenance of internal control over federal and state awards;
7. For establishing and maintaining effective internal control over federal and state awards that provides reasonable assurance that the nonfederal entity is managing federal and state awards in compliance with federal statutes, regulations, and the terms and conditions of the federal and state awards;

8. For identifying and ensuring that the entity complies with federal statutes, regulations, and the terms and conditions of federal and state award programs and implementing systems designed to achieve compliance with applicable federal statutes, regulations, and the terms and conditions of federal and state award programs;
9. For disclosing accurately, currently, and completely, the financial results of each federal and state award in accordance with the requirements of the award;
10. For identifying and providing report copies of previous audits, attestation engagements, or other studies that directly relate to the objectives of the audit, including whether related recommendations have been implemented;
11. For taking prompt action when instances of noncompliance are identified;
12. For addressing the findings and recommendations of auditors, for establishing and maintaining a process to track the status of such findings and recommendations and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
13. For following up and taking corrective action on current year audit findings and preparing a corrective action plan for such findings;
14. For submitting the reporting package and data collection form to the appropriate parties;
15. For making the auditor aware of any significant contractor relationships where the contractor is responsible for program compliance;
16. To provide us with:
 - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements, and relevant to federal and state award programs, such as records, documentation, and other matters;
 - b. Additional information that we may request from management for the purpose of the audit; and
 - c. Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.
17. For adjusting the basic financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current period under audit are immaterial, both individually and in the aggregate, to the basic financial statements as a whole;
18. For acceptance of nonattest services, including identifying the proper party to oversee nonattest work;
19. For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
20. For informing us of any known or suspected fraud affecting the entity involving management, employees with significant role in internal control and others where fraud could have a material effect on compliance;
21. For the accuracy and completeness of all information provided;
22. For taking reasonable measures to safeguard protected personally identifiable and other sensitive information; and
23. For confirming your understanding of your responsibilities as defined in this letter to us in your management representation letter.

With respect to financial statement preparation services, including preparing GASB 34 adjusting journal entries, schedule of expenditures of federal and state awards preparation services, and any other nonattest services we perform including completion of the auditee's portion of the Data Collection Form and preparation of proposed adjusting journal entries, **TCBH's** management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) establishing and maintaining internal controls, including monitoring ongoing activities.

With regard to the schedule of expenditures of federal and state awards referred to above, you acknowledge and understand your responsibility (a) for the preparation of the schedule of expenditures of federal and state awards in accordance with the Uniform Guidance, (b) to provide us with the appropriate written representations regarding the schedule of expenditures of federal and state awards, (c) to include our report on the schedule of expenditures of federal and state awards in any document that contains the schedule of expenditures of federal and state awards and that indicates that we have reported on such schedule, and (d) to present the schedule of expenditures of federal and state awards with the audited financial statements, or if the schedule will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the schedule of expenditures of federal and state awards no later than the date of issuance by you of the schedule and our report thereon.

As part of our audit process, we will request from management and, when appropriate, those charged with governance, written confirmation concerning representations made to us in connection with the audit.

We understand that your employees will prepare all confirmations we request and will locate any documents or invoices selected by us for testing.

TCBH will be responsible for ensuring that the audit report is received by the Texas Health and Human Services Commission by February 1, 2020. **TCBH** is further responsible for ensuring that other appropriate governmental agencies receive copies of the audit report according to instructions in the current *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers*.

If you intend to publish or otherwise reproduce the financial statements and make reference to our firm, you agree to provide us with printers' proofs or masters for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed.

Fees and Timing

L. Diane Terrell is the engagement partner for the audit services specified in this letter. Responsibilities include supervising services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report. We expect to begin our interim procedures in approximately August/September 2019 and our final audit procedures in approximately November/December 2019.

Our fees are based on the amount of time required at various levels of responsibility, plus actual out-of-pocket expenses. Invoices are payable upon presentation. We estimate that our fee for the audit will be \$35,000. We will notify you immediately of any circumstances we encounter that could significantly affect this initial fee estimate. Whenever possible, we will attempt to use **TCBH's** personnel to assist in the preparation of schedules and analyses of accounts. This effort could substantially reduce our time requirements and facilitate the timely conclusion of the audit. Further, we will be available during the year to consult with you on financial management and accounting matters of a routine nature.

In addition, we will be compensated for any time and expenses, including time and expenses of legal counsel, we may incur in conducting or responding to discovery requests or participating as a witness or otherwise in any legal, regulatory, or other proceedings as a result of our Firm's performance of these services. You and your attorney will receive, if lawful, a copy of every subpoena we are asked to respond to on your behalf and will have the ability to control the extent of the discovery process to control the costs you may incur.

Should our relationship terminate before our audit procedures are completed and a report issued, you will be billed for services to the date of termination. All bills are payable upon receipt. A service charge of 1% per month, which is an annual rate of 12%, will be added to all accounts unpaid 30 days after billing date. If collection action is necessary, expenses and reasonable attorney's fees will be added to the amount due.

Other Matters

During the course of the engagement, we may communicate with you or your personnel via fax or e-mail, and you should be aware that communication in those mediums contains a risk of misdirected or intercepted communications.

The audit documentation for this engagement is the property of Eide Bailly LLP and constitutes confidential information. However, we may be requested to make certain audit documentation available to the Texas Health and Human Services Commission, or its designee and federal agencies and the U.S. Government Accountability Office pursuant to authority given to them by law or regulation, or to peer reviewers. If requested, access to such audit documentation will be provided under the supervision of Eide Bailly LLP's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the Texas Health and Human Services Commission, or its designee. The Texas Health and Human Services Commission, or its designee, may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies. We agree to retain our audit documentation or work papers for a period of at least five years from the date of our report.

Further, we will be available during the year to consult with you on financial management and accounting matters of a routine nature.

During the course of the audit, we may observe opportunities for economy in, or improved controls over, your operations. We will bring such matters to the attention of the appropriate level of management, either orally or in writing.

We agree to retain our audit documentation or work papers for a period of at least five years from the date of our report.

You agree to inform us of facts that may affect the financial statements of which you may become aware during the period from the date of the auditor's report to the date the financial statements are issued.

At the conclusion of our audit engagement, we will communicate to the Board of Trustees the following significant findings from the audit:

- Our view about the qualitative aspects of the entity's significant accounting practices;
- Significant difficulties, if any, encountered during the audit;
- Uncorrected misstatements, other than those we believe are trivial, if any;
- Disagreements with management, if any;
- Other findings or issues, if any, arising from the audit that are, in our professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process;
- Material, corrected misstatements that were brought to the attention of management as a result of our audit procedures;
- Representations we requested from management;
- Management's consultations with other accountants, if any; and

- Significant issues, if any, arising from the audit that were discussed, or the subject of correspondence, with management.

Government Auditing Standards require that we provide, upon request, a copy of our most recent external peer review report and any subsequent review reports to the party contracting for the audit. Accordingly, a copy of our most recent peer review report accompanies this letter.

Eide Bailly LLP is a member of HLB International, a worldwide organization of accounting firms and business advisors, ("HLB"). Each member firm of HLB, including Eide Bailly LLP is a separate and independent legal entity and is not owned or controlled by any other member of HLB. Each member firm of HLB is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of HLB or any other member firm of HLB and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of HLB.

Eide Bailly LLP formed The Eide Bailly Alliance Network, a network for small to mid-sized CPA firms across the nation. Each member firm of The Eide Bailly Alliance, including Eide Bailly LLP, is a separate and independent legal entity and is not owned or controlled by any other member of The Eide Bailly Alliance. Each member firm of The Eide Bailly Alliance is solely responsible for its own acts and omissions and no other member assumes any liability for such acts or omissions. Neither Eide Bailly LLP, nor any of its affiliates, are responsible or liable for any acts or omission of The Eide Bailly Alliance or any other member firm of The Eide Bailly Alliance and hereby specifically disclaim any and all responsibility, even if Eide Bailly LLP, or any of its affiliates are aware of such acts or omissions of another member of The Eide Bailly Alliance.

DISPUTE RESOLUTION

The following procedures shall be used to resolve any disagreement, controversy or claim that may arise out of any aspect of our services or relationship with you, including this engagement, for any reason ("Dispute"). Specifically, we agree to first mediate.

Mediation

All Disputes between us shall first be submitted to non-binding mediation by written notice ("Mediation Notice") to the other party. In mediation, we will work with you to resolve any differences voluntarily with the aid of an impartial mediator. The mediator will be selected by mutual agreement, but if we cannot agree on a mediator, one shall be designated by the American Arbitration Association ("AAA").

The mediation will be conducted as specified by the mediator and agreed upon by the parties. The parties agree to discuss their differences in good faith and to attempt, with the assistance of the mediator, to reach an amicable resolution of the Dispute. Mediation will be conducted with the parties in person in Abilene, Texas.

Each party will bear its own costs in the mediation. The fees and expenses of the mediator will be shared equally by the parties.

Either party may commence suit on a Dispute after the mediator declares an impasse.

INDEMNITY

You agree that none of Eide Bailly LLP, its partners, affiliates, officers or employees (collectively "Eide Bailly") shall be responsible for or liable to you for any misstatements in your financial statements that we may fail to detect as a result of knowing representations made to us, or the concealment or intentional withholding of information from us, by any of your owners, directors, officers or employees, whether or not they acted in doing so in your interests or for your benefit, and to hold Eide Bailly harmless from any claims, losses, settlements, judgments, awards, damages and attorneys' fees from any such misstatement, provided that the services performed hereunder were performed in accordance with professional standards, in all material respects.

If a claim is brought against you by a third-party that arises out of or is in any way related to the services provided under this engagement, you agree to indemnify Eide Bailly LLP, its partners, affiliates, officers and employees, against any losses, including settlement payments, judgments, damage awards, punitive or exemplary damages, and the costs of litigation (including attorneys' fees) associated with the services performed hereunder provided that the services were performed in accordance with professional standards, in all material respects.

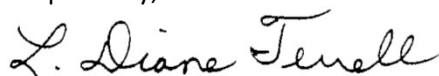
ASSIGNMENTS PROHIBITED

You agree that you will not and may not assign, sell, barter or transfer any legal rights, causes of actions, claims or Disputes you may have against Eide Bailly LLP, its partners, affiliates, officers and employees, to any other person or party, or to any trustee, receiver or other third party.

Please sign and return the attached copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements compliance over major federal and state award programs including our respective responsibilities.

We appreciate the opportunity to be your certified public accountants and look forward to working with you and your staff.

Respectfully,



L. Diane Terrell
Partner

RESPONSE:

This letter correctly sets forth our understanding.

Acknowledged and agreed on behalf of management of **Tri-County Behavioral Healthcare** by:

Name: _____

Title: _____

Date: _____

Acknowledged and agreed on behalf of the Board of Trustees of **Tri-County Behavioral Healthcare** by:

Name: _____

Title: _____

Date: _____

Report on the Firm's System of Quality Control

December 28, 2017

To the Partners of Eide Bailly LLP and the
National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Eide Bailly LLP (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2017. 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 (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

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. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

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.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans, audits performed under FDICIA, and examinations of service organizations [SOC 1 and SOC 2 engagements].

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Eide Bailly LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2017, 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*. Eide Bailly LLP has received a peer review rating of *pass*.



Cherry Bekaert LLP

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

Board Meeting Date

July 25, 2019

Committee: Business

Background Information:

Tri-County currently has employee health insurance coverage through Blue Cross Blue Shield. In FY 2019, 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”. Our current plans will expire on September 30, 2019. In April 2019, Benefit Solutions gathered (per our request) and later presented quotes for FY 2020 employee health and supplemental insurance coverage that would be similar to our current plan designs.

The following quotes were received for plans that are similar to the current plan design we have with Blue Cross Blue Shield:

- **Blue Cross Blue Shield** (Renewal Quote) 5% decrease from FY 2019 rate
 - **Humana** Less than a 1% increase to FY 2019 rate
 - **United Healthcare** 1.3% decrease from FY 2019 rate, with no bariatric rider option
 - **Aetna** 1.7% decrease from FY 2019 rate
- * In addition to the above premium quote, Aetna offered to provide a future one-month premium credit. This cumulative (potential) savings is not a material amount and; therefore, is not shown here, but was taken into consideration when comparing quotes.

Based on the above quotes, the Management Team is recommending that Tri-County stay with Blue Cross Blue Shield (BCBS). This will also allow us to keep our current plans.

Tri-County currently pays \$400 per month toward employee premiums. The base plan quote for FY 2020 is \$462.78 a month, as detailed below. This decrease will change the employee out of pocket premiums from \$87.14 per month (current individual premium) to \$62.78 per month. This quoted reduction will save employees on the base plan \$292.32 a year in premium costs.

All plan options to be provided for employees in FY 2020 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 \$462.78 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 \$62.78 per month. The cost to the employee for employee and spouse is \$609.62, employee and children is \$558.57 and employee and family is \$1,105.52.

BCBS HSA 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 \$700.44 for employee only coverage. Tri-County will pay \$400. Therefore, the out of pocket cost to the employee for employee only coverage is \$300.44. The cost to the employee for employee and spouse is \$1,017.40, employee and children is \$950.40 and employee and family is \$1,663.02. This plan includes a rider for bariatric surgical procedures that was added in FY 2017.

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/\$150/\$300. The cost of this plan is \$554.05. Tri-County will pay \$400 toward the employee only cost. The out of pocket cost for employee only coverage \$154.05 per month. The cost to the employee for employee and spouse is \$808.76, employee and children is \$747.65 and employee and family is \$1402.46.

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/\$150/\$300. The cost of this plan is \$618.60. Tri-County will pay \$400 toward the employee only cost. The out of pocket cost for employee only coverage is \$218.60 per month. The cost to the employee for employee and spouse is \$949.54, employee and children is \$881.33, and employee and family is \$1,612.39.

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. Lincoln Financial's renewal quote for Basic Life/AD&D had a 31% increase and the LTD quote had a 13% increase from current premiums.

Hartford Life provided a quote for Basic Life/AD&D that was an 11.5% decrease and a quote for LTD that was an 8% decrease from our current premiums. Hartford Life is also offering a one-time true open enrollment for all employees for voluntary (paid by the employee) Short Term Disability.

Metlife provided a quote for Basic Life/AD&D that was a 15% decrease and a quote for LTD that was a 34% increase from our current premiums. MetLife is also offering a one-time true open enrollment for all employees for voluntary (paid by the employee) Short Term Disability and Supplemental Life.

Based on the above quotes, the Management Team is recommending that Tri-County move our Ancillary Plans to Hartford Life for FY 2020.

Supporting Documentation:

Tri-County Employee Health Insurance Spreadsheet

Recommended Action:

Approve Recommendation for FY 2020 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long Term Disability Plans

Tri County Behavioral Healthcare
2019 Employee Benefit Comparison - Medical

Rates illustrated were manually calculated, final rates may slightly vary

| | | | | | CURRENT 2018 - 2019 | | | | RENEWAL - REVISED 2019 - 2020 | | | |
|--|--|--|--|--|--|------------------------------------|--|--|--|------------------------------------|--|--|
| Carrier Name | | | | | BCBS | | | | BCBS | | | |
| Plan Name | | | | | HSA 3000 90/50 (In Network) | HSA 1500 80/60 (In Network) | PPO 1500 80/50 (In Network) | PPO 1000 100/70 (In Network) | HSA 3000 90/50 (In Network) | HSA 1500 80/60 (In Network) | PPO 1500 80/50 (In Network) | PPO 1000 100/70 (In Network) |
| Plan Network | | | | | BLUE CHOICE NETWORK | | | | BLUE CHOICE NETWORK | | | |
| Benefit Details | | | | | Embedded | Aggregate | PPO | PPO | Embedded | Aggregate | PPO | PPO |
| Office Visit | | | | | 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 | | | | | Medical & Rx apply to the OOP | Medical & Rx apply to the OOP | copays and rx apply to the OOP | copays and rx apply to the OOP | Medical & Rx apply to the OOP | Medical & 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. | 100% covered OV copay may apply if part of OV and billed by physician | 100% covered OV copay may apply if part of OV and billed by physician | Ded. & Coins. | Ded. & Coins. | 100% covered OV copay may apply if part of OV and billed by physician | 100% covered OV copay may apply if part of OV and billed by physician |
| Complex Imaging | | | | | Ded & Coins. | Ded. & Coins. | Ded. & Coins. | Deductible | Ded & Coins. | Ded. & Coins. | Ded. & Coins. | Deductible |
| 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 + Ded + Coin | \$300 Copay + Ded | Ded & Coins. | Ded. & Coins. | \$300 Co-pay + Ded + Coin | \$300 Copay + Ded |
| 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 Gen/Pref-NB / NP-NB/ Spc /NP Spc | | | | | After Deductible \$15/\$50/\$90/\$150/\$300 | After Deductible \$15/\$35/\$50 | \$15/\$50/\$90/\$150/\$300 | \$15/\$50/\$90/\$150/\$300 | After Deductible \$15/\$50/\$90/\$150/\$300 | After Deductible \$15/\$35/\$50 | \$15/\$50/\$90/\$150/\$300 | \$15/\$50/\$90/\$150/\$300 |
| Preventive Medications Rider | | | | | None | None | None | None | None | None | None | None |
| Bariatric Rider | | | | | Not Covered | Included | Not Covered | Not Covered | Not Covered | Included | Not Covered | Not Covered |
| Monthly Total Rate | | | | | HSA 3000 | HSA 1500 | PPO 1500 | PPO 1000 | HSA 3000 | HSA 1500 | PPO 1500 | PPO 1000 |
| Employee Only | | | | | 80 | 5 | 92 | 53 | \$487.14 | \$737.31 | \$583.21 | \$651.16 |
| Employee/Spouse | | | | | 3 | 0 | 3 | 2 | \$1,062.76 | \$1,492.00 | \$1,272.38 | \$1,420.57 |
| Employee/Children | | | | | 7 | 0 | 8 | 5 | \$1,009.02 | \$1,421.47 | \$1,208.05 | \$1,348.77 |
| Employee/Family | | | | | 2 | 0 | 2 | 1 | \$1,584.76 | \$2,171.60 | \$1,897.33 | \$2,118.31 |
| Monthly Total / Plan | | | | | 92 | 5 | 105 | 61 | \$52,392 | \$3,687 | \$70,932 | \$46,215 |
| Annual Total/Plan | | | | | 263 | | | | \$1,974,765 | | | |
| Combined Annual Total | | | | | | | | | | | | |
| \$ Change from Current | | | | | | | | | | | | |
| % Change/Plan from Current | | | | | | | | | | | | |
| % Change from Current | | | | | | | | | | | | |

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>Agenda Item: Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</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>Supporting Documentation:</p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p> | |
| <p>Recommended Action:</p> <p>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</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, 2019** through **August 31, 2020**.

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 2019– 2020:
(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 **2019-2020** 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.

Tri-County Behavioral Healthcare

TEXAS COUNCIL RISK MANAGEMENT FUND

By: _____
Signature of Authorized Center Official

By: _____
Signature of Authorized Fund Official

Title: _____

Title: Board Chair

Date: _____

Date: _____

| | |
|--|--|
| <p>Agenda Item: Approve FY 2019 Lifetime Homecare Services Contract Addendum</p> <p>Committee: Business</p> | <p>Board Meeting Date:</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>Health and Human Services Commission (HHSC) requires each Center to provide or contract out-of-home crisis respite services for persons with intellectual or developmental disabilities. Crisis respite is a short-term service provided in a 24-hour supervised environment for individuals demonstrating a crisis that cannot be stabilized in a less intensive setting. This service ultimately is to assist someone in maintaining community living in the least restrictive environment possible. Through funds allotted by HHSC, these crisis services are provided.</p> <p>The out-of-home crisis respite is required to be provided in a setting for which the state oversees. Lifetime Homecare Services is a Home and Community-Based Services (HCS) provider that is willing to utilize space in their licensed homes for IDD crises.</p> <p>This addendum is to increase the Lifetime Homecare Services contract from \$100,000 to \$139,500.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review at the Board Meeting</p> | |
| <p>Recommended Action:</p> <p>Approve the FY 2019 Lifetime Homecare Services Contract Addendum for IDD Crisis Respite Services</p> | |

| | |
|--|---|
| <p>Agenda Item: Ratify the Children's Autism Program Contract Amendment #HHS000127500001</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>Tri-County has contracted with the Health and Human Services Commission to provide Board Certified Behavioral Analyst (BCBA) services to children with Autism. The services are provided by Tri-County staff at the Conroe location and through a contractor located in the Woodlands.</p> <p>In June, staff was approached by staff at HHSC to sign an amendment that would increase the contract by \$150,000 for FY 2019. We were confused by this request because we have not spent the amount that had been previously allocated by HHSC for this contract year. After some discussion, it was determined that HHSC did not have a valid purchase order for FY 2019 and needed to add this contract amendment to clean up payment for the services which have already been provided.</p> <p>Since this item was for payment of services which had already been authorized by the Board, staff signed the agreement and sent it back to HHSC.</p> | |
| <p>Supporting Documentation:</p> <p>Purchase Order Available for Review at the Board Meeting</p> | |
| <p>Recommended Action:</p> <p>Ratify the Children's Autism Program Contract Amendment #HHS000127500001</p> | |

| | |
|--|---|
| <p>Agenda Item: Approve Community Mental Health Contract Program Contract #HHS000149700014, Amendment 1</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>The Center applied for and was awarded a Community Mental Health Contract (House Bill 13, 85th Regular Session in 2017) to provide engagement services into substance abuse treatment for current mental health clients. The grant for \$88,856 is matched by United Way of Greater Houston substance abuse program funds.</p> <p>The amendment extends the contract through Fiscal Year 2020 and all other terms are unchanged.</p> | |
| <p>Supporting Documentation:</p> <p>Contract Available for Review at the Board Meeting</p> | |
| <p>Recommended Action:</p> <p>Approve Community Mental Health Contract Program Contract #HHS000149700014, Amendment 1</p> | |

| | |
|---|---|
| <p>Agenda Item: Appoint New Director for the Tri-County Consumer Foundation Board of Directors</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>TCCF currently has seven directors and are requesting to add the following director for a total of eight.</p> <p>Mr. Blake is a senior executive, educated at Columbia University, a business leader with extensive experience in corporate development areas including general management of mid to large size organizations, generating and managing change, business development, sales and marketing, product development, business operations, and strategy.</p> <p>He is a Founding Partner & Chairman at CATO Advisors; an equity investment and advisory firm. He is the Founder and CEO of Franklin Data, and held the CEO position with Staff Holdings Inc.; along with various other businesses.</p> <p>In addition, he was a Board member of the Juvenile Diabetes Research Foundation for over four years.</p> <p>Mr. Blake has been contacted and has agreed to serve a two-year term on Tri-County's Consumer Foundation.</p> | |
| <p>Supporting Documentation:</p> <p>None</p> | |
| <p>Recommended Action:</p> <p>Appoint Mr. Matthew Blake to serve on Tri-County's Consumer Foundation Board of Directors for a term which will expire in August 2021</p> | |

| | |
|---|----------------------------|
| Agenda Item: Decide on Next Steps to Resolve Building Issues at 233 Sgt. Ed Holcomb Blvd., South | Board Meeting Date: |
| Committee: Business | July 25, 2019 |
| Background Information: | |
| <p>Several issues at the 233 Sgt. Ed Holcomb Blvd., South location have remained unresolved since before staff moved into the building. In January of 2018, staff provided official notice to Axiom Construction of several outstanding items which still needed to be resolved. This letter was copied to Board Chair Patti Atkins and Jackson Walker attorney Randy Farber.</p> | |
| <p>The Board has requested that Evan Roberson and Mike Duncum provide a status update each month until the issues are resolved.</p> | |
| <p>Executive Session has been reserved for Board discussion regarding next steps if needed.</p> | |
| Supporting Documentation: | |
| None | |
| Recommended Action: | |
| Decide on Next Steps to Resolve Outstanding Sgt. Ed Holcomb Facility Issues | |

| | |
|---|---|
| Agenda Item: Independence Oaks Apartments Committee: Business | Board Meeting Date: July 25, 2019 |
| Background Information: Evan Roberson will provide an update to the Board about Independence Oaks in Executive Session. | |
| Supporting Documentation: None | |
| Recommended Action: Take action as needed. | |

| | |
|--|--|
| Agenda Item: Review Tri-County's 2017 990 Tax Return Prepared by Scott, Singleton, Fincher & Company, P.C. Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: Scott, Singleton, Fincher & Company, P.C. has completed Tri-County's 990 Tax Return for 2015 (fiscal year September 1, 2017 to August 31, 2018) for review by the Board. | |
| Supporting Documentation: Copy of Tri-County Behavioral Healthcare 2017 990 Tax Return | |
| Recommended Action: For Information Only | |

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

July 1, 2019

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

Dear Client:

Enclosed for your review:

Form 990 2017 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,


Cynthia R Sunthimer

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2017 calendar year, or tax year beginning 9/01, 2017, and ending 8/31, 2018**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

936-521-6105

G Gross receipts \$ 29,568,137.**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**

| | | | | |
|------------------------------------|--|--|---------------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: 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. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 461 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 78 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 540,951. | 1,174,413. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 30,495,409. | 28,320,816. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 38,018. | 51,958. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,052,560. | 20,950. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 35,126,938. | 29,568,137. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 19,983,691. | 20,336,277. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 12,362,491. | 9,050,127. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 32,346,182. | 29,386,404. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,780,756. | 181,733. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 32,169,112. | 31,761,274. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 16,307,372. | 15,717,801. |
| | | | 15,861,740. | 16,043,473. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MILLIE MCDUFFEY

CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

CYNTHIA R SUNTHIMER

Cynthia R Sunthimer 7/1/19

P00022585

Firm's name ▶ SCOTT, SINGLETON, FINCHER, & CO.

Firm's address ▶ 4815 KING STREET, SUITE A
GREENVILLE, TX 75401

Firm's EIN ▶ 75-1830742

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 08/08/17

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

SEE SCHEDULE O2 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 \$ 17,207,875. including grants of \$) (Revenue \$)PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 7,621 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 \$ 5,378,486. including grants of \$) (Revenue \$)PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 2,079 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.4c (Code:) (Expenses \$ 3,758,775. including grants of \$) (Revenue \$)PROVIDED SERVICES TO 1,146 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.

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

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

4e Total program service expenses ▶ 26,345,136.

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 Section 501(c)(3) organizations. 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 |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 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 |
| 22 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 |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | X | |
| 24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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 |
| 26 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 |
| 27 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 |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 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 |
| c 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | X | |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 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 |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 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 | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

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Form 990 (2017)

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

| | Yes | No |
|--|-----|----|
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 88 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X | X | |
| 2 a 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. 2 a 461 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2 b X | X | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a | | X |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3 b | | |
| 4 a 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)? 4 a | | X |
| 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). 5 a | | X |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c | | |
| 6 a 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? 6 a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a 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? 7 a | | X |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? 9 a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b | | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. 10 a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b | | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders. 11 a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b | | |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a | | |
| 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. 13 b | | |
| c Enter the amount of reserves on hand. 13 c | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 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. ☒**Section A. Governing Body and Management**

| | Yes | No |
|---|-----|----|
| 1 a Enter the number of voting members of the governing body at the end of the tax year 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. | 8 | |
| 1 b Enter the number of voting members included in line 1a, above, who are independent | 8 | |
| 2 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? | 2 | X |
| 3 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? | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 Did the organization have members or stockholders? | 6 | X |
| 7 a 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? | 7 a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8 a | X |
| b Each committee with authority to act on behalf of the governing body? | 8 b | X |
| 9 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. | 9 | X |

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

| | Yes | No |
|---|------|----|
| 10 a Did the organization have local chapters, branches, or affiliates? | 10 a | X |
| 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? | 10 b | |
| 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | 12 a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | X |
| c 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. | 12 c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 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? | | |
| a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. | 15 a | X |
| b Other officers or key employees of the organization. SEE SCHEDULE O. | 15 b | X |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | X |
| 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? | 16 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 936-521-6105

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 SECRETARY | 1 0 | X | | | | | | 0. | 0. | 0. |
| (3) SHARON WALKER DIRECTOR | 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) JANET QURESHI DIRECTOR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (8) RICHARD DUREN VICE-CHAIR | 1 0 | X | | | | | | 0. | 0. | 0. |
| (9) EVAN ROBERSON EXECUTIVE DIR. | 40 0 | | | X | | | | 153,966. | 0. | 1,078. |
| (10) MILLIE MCDUFFEY CFO | 40 0 | | | X | | | | 110,379. | 0. | 5,619. |
| (11) JONATHAN SNEED MEDICAL DIRECTOR | 40 0 | | | | | X | | 302,205. | 0. | 13,256. |
| (12) ASHOKKUMA VACHHANI STAFF PSYCHIATRIST | 40 0 | | | | | X | | 299,908. | 0. | 23,136. |
| (13) KENNETH WINAKER STAFF PSYCHIATRIST | 40 0 | | | | | X | | 230,902. | 0. | 6,921. |
| (14) IQNOOR BAINS STAFF PSYCHIATRIST | 40 0 | | | | | X | | 286,540. | 0. | 7,170. |

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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) ROBERT BOGAN STAFF PSYCHIATRIST | 40 0 | | | | | X | | 285,678. | 0. | 19,022. |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total | | | | | | | | 1,669,578. | 0. | 76,202. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,669,578. | 0. | 76,202. |

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 **7**

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 | 1,431,656. |
| CYPRESS CREEK HOSPITAL 17750 CALI DRIVE HOUSTON, TX 77090 | PSYCHIATRY INPATIENT | 768,075. |
| KINGWOOD PINES HOSPITAL 2001 LADBROOK DRIVE KINGSWOOD, TX 77339 | PSYCHIATRY INPATIENT | 632,000. |
| | | |
| | | |

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 **3**

Part VIII Statement of RevenueCheck 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 |
|---|---|-------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 1,174,413. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 640,000. | | | |
| | h Total. Add lines 1a-1f. | | 1,174,413. | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2 a STATE SERVICES CONTRACTS | 624100 | 18,144,785. | 18,144,785. | | |
| | b MEDICAID REVENUES | 624100 | 9,463,157. | 9,463,157. | | |
| | c PATIENT FEES/INSURANCE | 624100 | 542,078. | 542,078. | | |
| | d OTHER CONTRACTS | 624100 | 86,915. | 86,915. | | |
| | e MEDICARE REVENUES | 624100 | 83,881. | 83,881. | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f. | | 28,320,816. | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | 51,958. | | | 51,958. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | (i) Real (ii) Personal | | | | | |
| | 6 a Gross rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | (i) Securities (ii) Other | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. | a | 20,950. | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | 20,950. | | | 20,950. |
| | 9 a Gross income from gaming activities. See Part IV, line 19. | a | | | | |
| | b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue Business Code | | | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d. | | | | | | |
| 12 Total revenue. See instructions | | 29,568,137. | 28,320,816. | 0. | 72,908. | |

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. | 271,042. | 242,989. | 28,053. | 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. | 16,746,339. | 14,599,078. | 2,147,261. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 1,557,462. | 1,335,224. | 222,238. | |
| 9 Other employee benefits. | 1,458,339. | 1,250,245. | 208,094. | |
| 10 Payroll taxes. | 303,095. | 259,846. | 43,249. | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 32,532. | 29,165. | 3,367. | |
| c Accounting. | 29,500. | 26,447. | 3,053. | |
| 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. | 16,484. | 14,778. | 1,706. | |
| 13 Office expenses. | 823,584. | 738,343. | 85,241. | |
| 14 Information technology. | 270,809. | 242,780. | 28,029. | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 249,059. | 223,281. | 25,778. | |
| 17 Travel. | 524,336. | 470,067. | 54,269. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | 404,887. | 362,981. | 41,906. | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 841,554. | 775,617. | 65,937. | |
| 23 Insurance. | 170,850. | 153,167. | 17,683. | |
| 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> | 3,993,313. | 3,993,313. | | |
| b <u>MEDICATIONS</u> | 672,216. | 672,216. | | |
| c <u>CONSUMER COSTS</u> | 389,080. | 389,080. | | |
| d <u>OTHER COSTS</u> | 313,444. | 281,003. | 32,441. | |
| e All other expenses. | 318,479. | 285,516. | 32,963. | |
| 25 Total functional expenses. Add lines 1 through 24e. | 29,386,404. | 26,345,136. | 3,041,268. | 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 SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash — non-interest-bearing | 592,506. | 1 | 716,482. |
| | 2 Savings and temporary cash investments | 5,540,408. | 2 | 7,108,510. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 5,043,787. | 4 | 2,789,471. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 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 | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 231,948. | 9 | 278,907. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 26,471,629. | | |
| | b Less: accumulated depreciation | 10b 5,603,725. | 20,760,463. | 10c 20,867,904. |
| | 11 Investments — publicly traded securities | | 11 | |
| | 12 Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 32,169,112. | 16 | 31,761,274. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,925,930. | 17 | 1,783,036. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 353,681. | 19 | 469,793. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 13,385,209. | 23 | 12,846,774. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | 642,552. | 25 | 618,198. |
| | 26 Total liabilities. Add lines 17 through 25 | 16,307,372. | 26 | 15,717,801. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 15,861,740. | 32 | 16,043,473. |
| 33 Total net assets or fund balances. | 15,861,740. | 33 | 16,043,473. | |
| 34 Total liabilities and net assets/fund balances. | 32,169,112. | 34 | 31,761,274. | |

BAA

Form 990 (2017)

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 29,568,137. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29,386,404. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 181,733. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,861,740. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 16,043,473. |

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

| | Yes | No |
|--|-----|----|
| 1 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. | | |
| 2 a 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 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 | | |
| c 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. | | |
| 3 a 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 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 | |

BAA

Form 990 (2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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 | | | | | | |

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 610,089. | 556,201. | 521,146. | 557,951. | 534,413. | 2,779,800. |
| 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 Total. Add lines 1 through 3. | 610,089. | 556,201. | 521,146. | 557,951. | 534,413. | 2,779,800. |
| 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 Public support. Subtract line 5 from line 4. | | | | | | 2,779,800. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4. | 610,089. | 556,201. | 521,146. | 557,951. | 534,413. | 2,779,800. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 26,086. | 22,770. | 30,081. | 38,018. | 51,958. | 168,913. |
| 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.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 2,948,713. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.27 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14. | 15 | 94.61 % |
| 16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2016. 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 stop here. 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 Private foundation. 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 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐**Section C. Computation of Public Support Percentage**

| | | |
|---|----|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3% support tests—2017.** 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—2016.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | | |
| 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)? If 'Yes,' describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| c 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)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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? If 'Yes,' provide detail in Part VI . | | |
| 7 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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a 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))? If 'Yes,' provide detail in Part VI . | | |
| 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? If 'Yes,' provide detail in Part VI . | | |
| c 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? If 'Yes,' provide detail in Part VI . | | |
| 10a 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)? If 'Yes,' answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a 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 A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in **Part VI**.

Yes No

11a

11b

11c

Section B. Type I Supporting Organizations1 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? 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.

1

2 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? 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.

2

Section C. Type II Supporting Organizations1 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)? 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).

1

Section D. All Type III Supporting Organizations

1 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?

1

2 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? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

2

3 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? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

3

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.

a 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? 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.

2a

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? 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.

2b

3 Parent of Supported Organizations. Answer (a) and (b) below.

a 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? Provide details in **Part VI**.

3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3b

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 Nov. 20, 1970 (explain in Part VI). 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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 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 | Minimum Asset Amount (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 | Distributable Amount. 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) 2017

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 Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2017 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-2017(iii)
Distributable
Amount for 2017

| | | | | |
|----------|---|--|--|--|
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013..... | | | |
| c | From 2014..... | | | |
| d | From 2015..... | | | |
| e | From 2016..... | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013..... | | | |
| b | Excess from 2014..... | | | |
| c | Excess from 2015..... | | | |
| d | Excess from 2016..... | | | |
| e | Excess from 2017..... | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

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 | \$ 63,933. | 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 | \$ 211,526. | 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 | \$ 132,866. | 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 | \$ 28,868. | 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 | \$ 30,144. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | MONTGOMERY COUNTY HOLMELESS COALITI 2257 N LOOP 336, SUITE 140363 CONROE, TX 77304 | \$ 640,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
| | | | |
| | | | |
| | | | |

**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.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**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 | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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 |
|--------------------------------------|-------------|
| c Beginning balance..... | 1 c 16,075. |
| d Additions during the year..... | 1 d 29,415. |
| e Distributions during the year..... | 1 e |
| f Ending balance..... | 1 f 45,490. |

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..... | | 2,217,663. | | 2,217,663. |
| b Buildings..... | | 20,999,781. | 2,929,889. | 18,069,892. |
| c Leasehold improvements..... | | | | |
| d Equipment..... | | 3,254,185. | 2,673,836. | 580,349. |
| e Other..... | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)..... | | | | 20,867,904. |

BAA

Schedule D (Form 990) 2017

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) _____ | | |
| Total. (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) | | |
| Total. (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) | |
| Total. (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 | 618,198. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 618,198. |

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.

| | | | |
|---|--|-----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements..... | 1 | 29,568,137. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments..... | 2 a | |
| | b Donated services and use of facilities..... | 2 b | |
| | c Recoveries of prior year grants..... | 2 c | |
| | d Other (Describe in Part XIII.)..... | 2 d | |
| | e Add lines 2a through 2d..... | 2 e | |
| 3 | Subtract line 2e from line 1..... | 3 | 29,568,137. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b..... | 4 a | |
| | b Other (Describe in Part XIII.)..... | 4 b | |
| | c Add lines 4a and 4b..... | 4 c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... | 5 | 29,568,137. |

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.

| | | | |
|---|---|-----|-------------|
| 1 | Total expenses and losses per audited financial statements..... | 1 | 29,386,404. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities..... | 2 a | |
| | b Prior year adjustments..... | 2 b | |
| | c Other losses..... | 2 c | |
| | d Other (Describe in Part XIII.)..... | 2 d | |
| | e Add lines 2a through 2d..... | 2 e | |
| 3 | Subtract line 2e from line 1..... | 3 | 29,386,404. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b..... | 4 a | |
| | b Other (Describe in Part XIII.)..... | 4 b | |
| | c Add lines 4a and 4b..... | 4 c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... | 5 | 29,386,404. |

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, line 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.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

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.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <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 10 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 | | | | | | |
| Total | | | | | | 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.

| | | (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 | 20,950. | | | 20,950. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 20,950. | | | 20,950. |
| 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) | | | | 20,950. |

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.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
|--|-------------------------------|---|---|---|--|
| | | | | | |
| REVENUE | 1 Gross revenue | | | | |
| DIRECT EXPENSES | 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: _____

10a 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a 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

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.

► Go to www.irs.gov/form990 for instructions and the latest information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

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 (such as, 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 on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If 'Yes' on 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?
- b** Any related organization?
- 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 nonfixed 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' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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 aren't 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 EVAN ROBERSON | (i) | 153,966. | 0. | 0. | 1,078. | 155,044. | 0. |
| EXECUTIVE DIR. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 JONATHAN SNEED | (i) | 302,205. | 0. | 0. | 13,256. | 315,461. | 0. |
| MEDICAL DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 ASHOKKUMA VACHHANI | (i) | 299,908. | 0. | 21,984. | 1,152. | 323,044. | 0. |
| STAFF PSYCHIATRIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 KENNETH WINAKER | (i) | 230,902. | 0. | 0. | 6,921. | 237,823. | 0. |
| STAFF PSYCHIATRIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 IQNOOR BAINS | (i) | 286,540. | 0. | 0. | 7,170. | 293,710. | 0. |
| STAFF PSYCHIATRIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 ROBERT BOGAN | (i) | 285,678. | 0. | 0. | 19,022. | 304,700. | 0. |
| STAFF PSYCHIATRIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| 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) | | | | | | |

TEEA4102L 08/09/17

Schedule J (Form 990) 2017

BAA

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 M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Name of the organization

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|---|--|
| 1 Art – Works of art | | | | |
| 2 Art – Historical treasures | | | | |
| 3 Art – Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities – Publicly traded | | | | |
| 10 Securities – Closely held stock | | | | |
| 11 Securities – Partnership, LLC, or trust interests | | | | |
| 12 Securities – Miscellaneous | | | | |
| 13 Qualified conservation contribution – Historic structures | | | | |
| 14 Qualified conservation contribution – Other | | | | |
| 15 Real estate – Residential | | | | |
| 16 Real estate – Commercial | X | 1 | 640,000. | APPRAISAL 8-10-18 |
| 17 Real estate – Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (..... | | | | |
| 26 Other ▶ (..... | | | | |
| 27 Other ▶ (..... | | | | |
| 28 Other ▶ (..... | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

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)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

OMB No. 1545-0047

2017

Open to Public Inspection

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) ----- ----- ----- ----- | | | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001L 11/29/17

Schedule R (Form 990) 2017

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) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------|
| (1) ----- | | | | | | | Yes No | | Yes No | |
| (2) ----- | | | | | | | Yes No | | Yes No | |
| (3) ----- | | | | | | | Yes No | | Yes No | |

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? |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|
| (1) ----- | | | | | | | | Yes No |
| (2) ----- | | | | | | | | Yes No |
| (3) ----- | | | | | | | | Yes No |

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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | | <input checked="" type="checkbox"/> |

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) | | | | |
| (2) | | | | |
| (3) | | | | |
| (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, unrelated, 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) Disproportionate 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) ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
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| (6) ----- | | | | | | | | | | | | | |
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| (7) ----- | | | | | | | | | | | | | |
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| ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
| (8) ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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) |
| | P O BOX 3067 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | CONROE, TX 77305 | | |

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-T (corporation) | 07 |
| 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 |

- The books are in the care of ► SHERYL BALDWIN

Telephone No. ► 936-521-6105 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.

- 1 I request an automatic 6-month extension of time until 7/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20____ or
- ☒ tax year beginning 9/01, 2017, and ending 8/31, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | |
|---|--------------|----|
| 3a 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..... | 3a \$ | 0. |
| 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..... | 3b \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions..... | 3c \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2017)

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 9/01, 2017, and ending 8/31, 20 2018

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.**2017**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 one line in Part I.

| | | | | |
|------------------------------|-------------------------------------|--|-----|--------------------|
| 1 a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | <u>29,568,137.</u> |
| 2 a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2 b | |
| 3 a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3 b | |
| 4 a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5 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 2017 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 47141 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 2017 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.

75372344022

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶

7/1/19

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

| | |
|---|--|
| Agenda Item: 3 rd Quarter FY 2019 Quarterly Investment Report Committee: Business | Board Meeting Date July 25, 2019 |
| Background 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. | |
| Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report | |
| Recommended Action: For Information Only | |

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending May 31, 2019

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 | \$1,257,039.04 | (\$901,726.45) | \$1,080,301.72 |
| Accrual of Interest Income | \$33,380,936.21 | \$24,992,963.10 | \$20,924,149.85 |
| Interest and Management Fees Payable | (\$48,207,971.14) | (\$45,672,477.14) | (\$44,863,403.71) |
| Payable for Investments Purchased | \$0.00 | \$0.00 | (\$150,000,000.00) |
| Accrued Expense & Taxes | (\$83,457.21) | (\$26,208.86) | (\$24,451.01) |
| Repurchase Agreements | \$9,408,575,000.00 | \$8,991,115,000.00 | \$9,523,560,000.00 |
| Mutual Fund Investments | \$955,074,000.00 | \$660,074,000.00 | \$736,074,000.00 |
| Government Securities | \$8,864,510,060.19 | \$9,679,074,427.59 | \$9,050,932,869.72 |
| U.S. Treasury Bills | \$1,236,866,366.67 | \$884,906,470.43 | \$539,787,890.01 |
| U.S. Treasury Notes | \$1,283,314,312.10 | \$1,423,553,019.73 | \$480,706,122.73 |
| TOTAL | \$22,992,866,755.84 | \$22,462,403,287.69 | \$21,353,574,215.60 |

Book Value for the Period

| Type of Asset | Beginning Balance | Ending Balance |
|--------------------------------------|----------------------------|----------------------------|
| Uninvested Balance | (\$1,342,551.79) | \$1,080,301.72 |
| Accrual of Interest Income | \$22,017,617.53 | \$20,924,149.85 |
| Interest and Management Fees Payable | (\$44,376,636.76) | (\$44,863,403.71) |
| Payable for Investments Purchased | (\$780,120,455.54) | (\$150,000,000.00) |
| Accrued Expenses & Taxes | (\$28,250.87) | (\$24,451.01) |
| Repurchase Agreements | \$9,054,345,000.00 | \$9,523,560,000.00 |
| Mutual Fund Investments | \$788,218,000.00 | \$736,074,000.00 |
| Government Securities | \$10,101,277,892.91 | \$9,050,304,612.13 |
| U.S. Treasury Bills | \$2,788,542,111.06 | \$539,334,585.79 |
| U.S. Treasury Notes | \$1,138,461,665.42 | \$480,507,838.40 |
| TOTAL | \$23,860,989,392.51 | \$21,351,858,377.08 |

Portfolio by Maturity as of May 31, 2019

| 1 to 7 days | 8 to 90 day | 91 to 180 days | 181 + days |
|-------------|-------------|----------------|------------|
| 60.1% | 26.8% | 8.6% | 4.5% |

Portfolio by Type of Investments as of May 31, 2019

| Agencies | Repurchase Agreements | Treasuries | Money Market Funds |
|----------|-----------------------|------------|--------------------|
| 42.1% | 44.2% | 10.3% | 3.4% |

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 2.42% for March, 2.43% for April and 2.40% 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, 2019 was 38 days.

The net asset value as of May 31, 2019 was 1.00008.

The total amount of interest distributed to participants during the period was \$138,730,657.25.

This quarter, TexPool rates did exceed the 90 Day T-Bill rates toward the end of the 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 2,564.

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:

Sheryl Baldwin
Manager of Accounting / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Evan Roberson
Executive Director / Investment Officer

Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2019
As Of May 31, 2019**

| BANK NAME | INTEREST EARNED | | | | |
|---|-----------------|--------------|--------------|----------|--------------|
| | 1st QTR. | 2nd QTR. | 3rd QTR. | 4th QTR. | YTD TOTAL |
| Alliance Bank - Central Texas CD | \$ 472.60 | \$ 472.60 | \$ 462.33 | | \$ 1,407.53 |
| First Financial Bank CD | \$ 3,564.55 | \$ 3,536.91 | \$ 3,508.94 | | \$ 10,610.40 |
| First Liberty National Bank | \$ 3.17 | \$ 3.25 | \$ 3.48 | | \$ 9.90 |
| JP Morgan Chase (HBS) | \$ 9,584.13 | \$ 14,870.36 | \$ 16,919.29 | | \$ 41,373.78 |
| Prosperity Bank (1060) | \$ 167.17 | \$ 177.51 | \$ 195.69 | | \$ 540.37 |
| Prosperity Bank (1050) | \$ 9.48 | \$ 9.54 | \$ 9.86 | | \$ 28.88 |
| Prosperity Bank CD (formerly Tradition) | \$ 3,807.62 | \$ 3,877.63 | \$ 3,805.19 | | \$ 11,490.44 |
| TexPool Participants | \$ 328.92 | \$ 364.53 | \$ 384.41 | | \$ 1,077.86 |
| Total Earned | \$ 17,937.64 | \$ 23,312.33 | \$ 25,289.19 | \$ - | \$ 66,539.16 |
| | | | | | |

| | |
|---|---|
| <p>Agenda Item: Board of Trustees Unit Financial Statement as of May and June 2019</p> <p>Committee: Business</p> | <p>Board Meeting Date</p> <p>July 25, 2019</p> |
| <p>Background Information:</p> <p>None</p> | |
| <p>Supporting Documentation:</p> <p>May and June 2019 Board of Trustees Unit Financial Statement</p> | |
| <p>Recommended Action:</p> <p>For Information Only</p> | |

Unit Financial Statement

FY 2019

| | May 2019 Actuals | May 2019 Budgeted | Variance | YTD Actual | YTD Budget | Variance | Percent | Budget |
|--------------------------------|---------------------|----------------------|-------------|---------------|---------------|---------------|---------|--------------|
| Revenues | | | | | | | | |
| Allocated Revenue | \$ 2,348.00 | \$ 2,348.00 | \$ - | \$ 21,131.00 | \$ 21,131.00 | \$ - | 100.00% | \$ 28,175.00 |
| Total Revenue | \$ 2,348.00 | \$ 2,348.00 | \$ - | \$ 21,131.00 | \$ 21,131.00 | \$ - | 100.00% | \$ 28,175.00 |
| Expenses | | | | | | | | |
| Employee Recognition | \$ - | \$ - | \$ - | \$ 90.25 | \$ - | \$ 90.25 | 0.00% | \$ - |
| Insurance-Worker Compensation | \$ 6.15 | \$ 17.00 | \$ (10.85) | \$ 67.68 | \$ 149.00 | \$ (81.32) | 45.42% | \$ 200.00 |
| Legal Fees | \$ 1,500.00 | \$ 1,500.00 | \$ - | \$ 13,500.00 | \$ 13,500.00 | \$ - | 100.00% | \$ 18,000.00 |
| Supplies-Office | \$ - | \$ 15.00 | \$ (15.00) | \$ - | \$ 130.00 | \$ (130.00) | 0.00% | \$ 175.00 |
| Training | \$ 680.00 | \$ 300.00 | \$ 380.00 | \$ 1,505.00 | \$ 2,700.00 | \$ (1,195.00) | 55.74% | \$ 3,600.00 |
| Travel - Local | \$ - | \$ 42.00 | \$ (42.00) | \$ - | \$ 124.00 | \$ (124.00) | 0.00% | \$ 250.00 |
| Travel - Non-local Mileage/Air | \$ - | \$ 125.00 | \$ (125.00) | \$ 1,256.28 | \$ 1,125.00 | \$ 131.28 | 111.67% | \$ 1,500.00 |
| Travel - Non-local Hotel | \$ - | \$ 250.00 | \$ (250.00) | \$ - | \$ 750.00 | \$ (750.00) | 0.00% | \$ 1,500.00 |
| Travel - Meals | \$ - | \$ 100.00 | \$ (100.00) | \$ 131.17 | \$ 450.00 | \$ (318.83) | 29.15% | \$ 750.00 |
| Total Expenses | \$ 2,186.15 | \$ 2,349.00 | \$ (162.85) | \$ 16,550.38 | \$ 18,928.00 | \$ (2,377.62) | 87.44% | \$ 25,975.00 |
| Total Revenue minus Expenses | \$ 161.85 | \$ (1.00) | \$ 162.85 | \$ 4,580.62 | \$ 2,203.00 | \$ 2,377.62 | 12.56% | \$ 2,200.00 |

Unit Financial Statement

FY 2019

| | June 2019 Actuals | June 2019 Budgeted | Variance | YTD Actual | YTD Budget | Variance | Percent | Budget |
|--------------------------------|----------------------|-----------------------|-------------|---------------|---------------|---------------|---------|--------------|
| Revenues | | | | | | | | |
| Allocated Revenue | \$ 2,348.00 | \$ 2,348.00 | \$ - | \$ 23,479.00 | \$ 23,479.00 | \$ - | 100.00% | \$ 28,175.00 |
| Total Revenue | \$ 2,348.00 | \$ 2,348.00 | \$ - | \$ 23,479.00 | \$ 23,479.00 | \$ - | 100.00% | \$ 28,175.00 |
| Expenses | | | | | | | | |
| Employee Recognition | \$ - | \$ - | \$ - | \$ 90.25 | \$ - | \$ 90.25 | 0.00% | \$ - |
| Insurance-Worker Compensation | \$ 3.51 | \$ 17.00 | \$ (13.49) | \$ 71.19 | \$ 166.00 | \$ (94.81) | 42.89% | \$ 200.00 |
| Legal Fees | \$ 1,500.00 | \$ 1,500.00 | \$ - | \$ 15,000.00 | \$ 15,000.00 | \$ - | 100.00% | \$ 18,000.00 |
| Supplies-Office | \$ - | \$ 15.00 | \$ (15.00) | \$ - | \$ 145.00 | \$ (145.00) | 0.00% | \$ 175.00 |
| Training | \$ - | \$ 300.00 | \$ (300.00) | \$ 1,505.00 | \$ 3,000.00 | \$ (1,495.00) | 50.17% | \$ 3,600.00 |
| Travel - Local | \$ 327.60 | \$ 42.00 | \$ 285.60 | \$ 327.60 | \$ 166.00 | \$ 161.60 | 197.35% | \$ 250.00 |
| Travel - Non-local Mileage/Air | \$ - | \$ 125.00 | \$ (125.00) | \$ 1,256.28 | \$ 1,250.00 | \$ 6.28 | 100.50% | \$ 1,500.00 |
| Travel - Non-local Hotel | \$ 783.13 | \$ 250.00 | \$ 533.13 | \$ 783.13 | \$ 1,000.00 | \$ (216.87) | 78.31% | \$ 1,500.00 |
| Travel - Meals | \$ 187.15 | \$ 100.00 | \$ 87.15 | \$ 318.32 | \$ 550.00 | \$ (231.68) | 57.88% | \$ 750.00 |
| Total Expenses | \$ 2,801.39 | \$ 2,349.00 | \$ 452.39 | \$ 19,351.77 | \$ 21,277.00 | \$ (1,925.23) | 90.95% | \$ 25,975.00 |
| Total Revenue minus Expenses | \$ (453.39) | \$ (1.00) | \$ (452.39) | \$ 4,127.23 | \$ 2,202.00 | \$ 1,925.23 | 9.05% | \$ 2,200.00 |

| | |
|---|--|
| Agenda Item: HUD 811 Update Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects. | |
| Supporting Documentation: Third Quarter FY 2019 HUD 811 Report | |
| Recommended Action: For Information Only | |

3rd Quarter FY 2019 HUD 811 Report

The Montgomery Supported Housing, Inc. Board (MSHI) held their last meeting on July 9, 2019, where they reviewed project updates, resident and financial status. The property is at 100% capacity with four approved individuals on the waiting list. The majority of residents are doing well and resident activities participation has grown with Taco Tuesday resulting in all but two residents showing up for the first time. All of the children on the property as well as some adults are greatly enjoying the basketball goal.

Maintenance issues on the property during this timeframe included replacement of two control boards on two outside AC units and two exhaust fans inside two units. Preventative maintenance included all property fence line trees being trimmed, annual sprinkler and fire alarm system inspections, and Spring AC preventative maintenance.

As of April 30, 2019, the payable to Tri-County is \$27,443.86 and the property operated with a net loss of \$1,511.51 for the 4 months of the current fiscal year which was \$2,159.51 worse than budgeted. The majority of the loss is due to audit expense which is \$4,705.00 over budget year to date and will gradually reduce monthly until year end.

HUD performed a Management and Occupancy Review (MOR) May 7, 2019. Property management represented Independence Place Apartments and the HUD Account Executive, along with her supervisor and another AE represented HUD. A detailed list of information was sent prior to the MOR which property management gathered and had ready for HUD. The information was so well organized and in good condition they finished the MOR by noon when they expected it to take all day. All three of the HUD representatives were very complimentary of the property, files, systems and property management. The account representative indicated that they were going to be doing MOR's on all of their 811 PRAC properties, but after seeing Independence Place Apartments, she did not anticipate having to do an MOR at the other two properties any time soon. Property management did a fantastic job preparing for this MOR.

The MSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

The Independence Communities, Inc. Board (ICI) held their last meeting on July 2, 2019, where they reviewed project updates along with resident and financial status. The property is at 100% capacity with three approved applicants on the one-bedroom waiting list and two on the two-bedroom waiting list. The property manager reports that the residents are doing well and participation in resident social activities is still up

and they are planning some fun summer activities. Recently, the residents decorated the community room for the upcoming patriotic holiday. There have been no significant maintenance issues on the property during this timeframe with minor repairs including replacement of the parking lot lights and maintaining AC filters and replacing smoke detector batteries. The property manager did report an issue with half of the lawn sprinklers not working which will require a company to come out and do some underground repair to the system.

As of April 30, 2019, following reduction of the monthly reserve for replacement deposit, the property operated with a net loss of \$3,350.32 for the month which is due to the full year's audit expense being recognized in March and April which will even out throughout the year.

McDougal Property Management submitted a request for a budget based rent increase to HUD on June 30, 2018.

The ICI Board currently has six members.

The Cleveland Supported Housing, Inc. Board (CSHI) held their last meeting on June 28, 2019 where they ratified the renewal of the Directors and Officers Insurance policy for the next year. As you may recall, one unit is pending repairs prior to being filled and there are currently five approved applicants on the waiting list.

Staff have made several visits to the property since the last update; additional information will be provided in executive session. The property manager reports positive resident participation in planned dinners for both Mother's Day and Father's Day and that several residents have started attending a new Day Center in Shepard, Texas.

As of April 30, 2019, the property is operating at a loss of \$3,072.24 which is primarily due to audit and semi-annual maintenance expense which will even out by year end. The payable to Tri-County is currently at \$31,707.

Additionally, McDougal Property Management reported that HUD approved their most recent request for a budget based rent increase for the upcoming year in the amount of \$11,736.00 for the 12-month period from July 1, 2019 through June 30, 2020.

The CSHI Board currently has four members and the Board continues to seek recommendations for additional membership as they become available.

| | |
|--|--|
| Agenda Item: Tri-County's Consumer Foundation Update Committee: Business | Board Meeting Date July 25, 2019 |
| Background Information: Tri-County's Consumer Foundation Board of Directors met on July 18th, 2019. The Board nominated Matthew Blake to be presented to the Board of Trustees for a vote on becoming the 8th director of TCCF. To date, TCCF has raised over \$71,000 and has helped 18 individuals with things such as car repairs, GED classes, hot water heaters, cap and gown for graduation, summer camp for two individuals with intellectual developmental disabilities, and many others. The Board is working on the next fundraiser which will be BINGO night at Panorama Golf Club. | |
| Supporting Documentation: None | |
| Recommended Action: For Information Only | |

UPCOMING MEETINGS

August 29, 2019 – Board Meeting

- Approve Minutes from July 25, 2019 Board Meeting
- Community Resources Report
- Consumer Services Report for July 2019
- Program Updates
- Annual Election of FY 2020 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2020
- Personnel Report for July 2019
- Texas Council Risk Management Fund Claims Summary for July 2019
- Texas Council Quarterly Board Meeting Verbal Update
- Approve July 2019 Financial Statements
- Approve FY 2019 Year End Budget Revision
- Approve Proposed FY 2020 Operating Budget
- Board of Trustees Unit Financial Statement for July 2019

September 26, 2019 – Board Meeting

- Approve Minutes from August 29, 2019 Board Meeting
- Approve Goals and Objectives for FY 2020
- Community Resources Report
- Consumer Services Report for August 2019
- Program Updates
- Annual PNAC Reports
- FY 2019 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2019 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2020 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2020
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2019 Regular and Special Called Board Meetings
- Personnel Report for August 2019
- Texas Council Risk Management Fund Claims Summary for August 2019
- Authorize Check Signers
- Approve FY 2020 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2019 Financial Statements
- 4th Quarter Investment Report
- Board of Trustees Unit Financial Statement for August 2019
- HUD 811 Updates – Montgomery, Cleveland and Huntsville
- Foundation Board Update

| Tri-County Acronyms - Updated 1/9/19 | |
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| 1115 | Medicaid 1115 Transformation Waiver |
| ACT | Assertive Community Treatment |
| APS | Adult Protective Services |
| ADRC | Aging and Disability Resource Center |
| AMH | Adult Mental Health |
| ANSA | Adult Needs and Strengths Assessment |
| AOP | Adult Outpatient |
| APRN | Advanced Practice Registered Nurse |
| ARDS | Assignment Registration and Dismissal Services |
| ASH | Austin State Hospital |
| BJA | Bureau of Justice Administration |
| BMI | Body Mass Index |
| C&Y | Child & Youth Services |
| CAM | Cost Accounting Method |
| CANS | Child and Adolescent Needs and Strengths |
| CARE | Client Assignment Registration & Enrollment |
| CBT | Computer Based Training & Cognitive Based Therapy |
| CC | Corporate Compliance |
| CCBHC | Certified Community Behavioral Health Clinic |
| CFRT | Child Fidelity Review Team |
| CHIP | Children's Health Insurance Program |
| CIRT | Crisis Intervention Response Team |
| CMH | Child Mental Health |
| COPSD | Co-Occurring Psychiatric and Substance Abuse Disorders |
| CPS | Child Protective Service |
| CRCG | Community Resource Coordination Group |
| CSHI | Cleveland Supported Housing, Inc. |
| DADS | Department of Aging and Disability Service |
| DFPS | Department of Family and Protective Services |
| DOB | Date of Birth |
| DRPS | Department of Protective and Regulatory Services |
| DSHS | Department of State Health Services |
| Dx | Diagnosis |
| ETBHN | East Texas Behavioral Healthcare Network |
| FLSA | Fair Labor Standards Act |
| FTH | From the Heart |
| FY | Fiscal Year |
| HCBS-AMH | Home and Community based Services - Adult Mental Health |
| HCS | Home and Community based Services |
| HHSC | Health & Human Services Commission |
| HIPAA | Health Insurance Portability & Accountability Act |
| HR | Human Resources |
| ICAP | Inventory for Client and Agency Planning |
| ICF-IID | Intermediate Care Facility - for Individuals w/Intellectual Disabilities |
| ICI | Independence Communities, Inc. |
| IDD PNAC | Intellectual and Developmental Disabilities Planning Network Advisory Committee |
| IHP | Individual Habilitative Plan |
| IMR | Illness Management and Recovery |
| IPE | Initial Psychiatric Evaluation |
| IPP | Individual Program Plan |
| ITP | Individual Transition Planning (schools) |
| JUM | Junior Utilization Management Committee |
| LAR | Legally Authorized Representative |
| LCDC | Licensed Chemical Dependency Counselor |
| LCSW | Licensed Clinical Social Worker |
| LIDDA | Local Intellectual & Developmental Disabilities Authority |
| LMC | Leadership Montgomery County |

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| LMHA | Local Mental Health Authority |
| LMSW | Licensed Masters Social Worker |
| LMFT | Licensed Marriage and Family Therapist |
| LOC | Level of Care (MH) |
| LOC-TAY | Level of Care - Transition Age Youth |
| LON | Level Of Need (IDD) |
| LOSS | Local Outreach for Suicide Survivors |
| LPHA | Licensed Practitioner of the Healing Arts |
| LPC | Licensed Professional Counselor |
| LSFHC | Lone Star Family Health Center |
| LTD | Long Term Disability |
| LVN | Licensed Vocational Nurse |
| MAC | Medicaid Administrative Claiming |
| MCHC | Montgomery County Homeless Coalition |
| MCHD | Montgomery County Hospital District |
| MCOT | Mobile Crisis Outreach Team |
| MD | Medical Director/Doctor |
| MHFA | Mental Health First Aid |
| MIS | Management Information Services |
| MOU | Memorandum of Understanding |
| MSHI | Montgomery Supported Housing, Inc. |
| MTP | Master Treatment Plan |
| MVPN | Military Veteran Peer Network |
| NAMI | National Alliance for the Mentally Ill |
| NEO | New Employee Orientation |
| NGM | New Generation Medication |
| NGRI | Not guilty for Reason of Insanity |
| OCR | Outpatient Competency Restoration |
| PA | Physician's Assistant |
| PAP | Patient Assistance Program |
| PASRR | Pre-Admission Screening and Resident Review |
| PATH | Projects for Assistance in Transition from Homelessness (PATH) |
| PETC | Psychiatric Emergency Treatment Center |
| PFA | Psychological First Aid |
| PNAC | Planning Network Advisory Committee |
| PRN | Practice Registered Nurse |
| PRS | Psychosocial Rehab Specialist |
| PQI | Partnership for Quality Improvement |
| QIDP | Qualified Intellectual Disabilities Professional |
| QM | Quality Management |
| QMHP | Qualified Mental Health Professional |
| RN | Registered Nurse |
| RPNAC | Regional Planning & Network Advisory Committee |
| SAMA | Satori Alternatives to Managing Aggression |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SASH | San Antonio State Hospital |
| SH | Supported Housing |
| SUD | Substance Use Disorder |
| TAC | Texas Administrative Code |
| TCBHC | Tri-County Behavioral Healthcare |
| TCCF | Tri-County Consumer Foundation |
| TCOOMMI | Texas Correction Office on Offenders with Medical & Mental Impairments |
| TCO | Treatment Co-Occurring Mental Health and Substance Abuse Services |
| TCRMF | Texas Council Risk Management Fund |
| TIC/TOC | Trauma Informed Care-Time for Organizational Change |
| TRA | Treatment Adult Services (Substance Abuse) |
| TRR | Texas Resilience and Recovery |
| TxHML | Texas Home Living |

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| TRY | Treatment Youth Services (Substance Abuse) |
| UM | Utilization Management |
| UW | United Way |
| WCHD | Walker County Hospital District |
| YES | Youth Empowerment Services |
| YMHFA | Youth Mental Health First Aid |
| YPS | Youth Prevention Services |