Tri-County Behavioral Healthcare Board of Trustees Meeting

July 23, 2020

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 23, 2020.

The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m.

In accordance with section 418.016 of the Texas Government Code, Governor Abbott, as part of his Disaster Declaration related to COVID-19, has suspended various provisions of the Open Meetings Act including the requirement that government officials and members of the public be physically present at a specified meeting location for a Board meeting. In compliance with this suspended rule, the Tri-County Board of Trustees meeting will convene via teleconference at 10:00 a.m. at the number listed below. The public is invited to call and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

Teleconference Line: **800-719-7514**
Access Code: 963492
www.tcbhc.org/board-documents-
July 2020 Board Packet

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 28, 2020

III. Executive Director's Report - Evan Roberson
- A. Operational Updates
- B. Grant Notifications
- C. Increase Service Demand

IV. Chief Financial Officer's Report - Millie McDuffey
- A. FY 2021 Budget Update
- B. FY 2020 Year End Budget Revision
- C. FY 2020 Audit
- D. Fixed Asset Inventory
- E. Texas Council Risk Management Fund Update

Cont.

V. Program Committee

Action Items

A. Appoint New Mental Health Planning Network Advisory Committee Member ..... *Page 7*
B. Approve the Provider Network Development Plan for FY 2020-2021 ..... *Pages 8-29*
C. Approve the Mental Health Quality Management and Utilization Management Plan for FY 2020-2021 ..... *Pages 30-83*

Information Items

D. Community Resources Report ..... *Pages 84-86*
E. Consumer Services Report for May and June 2020 ..... *Pages 87-89*
F. Program Updates ..... *Pages 90-95*
G. FY 2020 Goals and Objectives Progress Report ..... *Pages 96-100*
H. 3rd Quarter FY 2020 Corporate Compliance and Quality Management Report ..... *Pages 101-103*
I. 4th Quarter FY 2020 Corporate Compliance Training ..... *Pages 104-105*

VI. Executive Committee

Action Items

A. Appoint Nominating Committee for FY 2021 Board Officers ..... *Page 106*
B. Appoint Executive Director Evaluation Committee ..... *Page 107*
C. Approve Board Policy Revision, E.24, Retention of Fund Balance ..... *Pages 108-110*
D. Ratify Board Policy Revisions, F.3, Leave ..... *Pages 111-115*

Information Items

E. Personnel Report for May and June 2020 ..... *Pages 116-120*
F. Texas Council Risk Management Fund Claims Summary for June 2020 ..... *Pages 121-122*

VII. Business Committee

Action Items

A. Approve May 2020 Financial Statements ..... *Pages 123-137*
B. Approve June 2020 Financial Statements ..... *Pages 138-152*
C. Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans ..... *Pages 153-167*
D. Approve Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage ..... *Pages 168-169*
E. Approve Purchase of Property on Liberty Street in Cleveland, TX and authorize the sale of 302 Campbell Street in Cleveland, TX ..... *Pages 170-173*
F. Approve Purchase of a Ford Edge Vehicle ..... *Pages 174-181*
G. Ratify Rental and Installation of a Portable Building in Cleveland, TX ..... *Pages 182-187*
H. Independence Oaks Apartments ..... *Page 188*

Information Items

I. Review Tri-County's 2018 990 Tax Return Prepared by Eide Bailly, LLP ..... *Pages 189-231*
J. 3rd Quarter FY 2020 Investment Report ..... *Pages 232-236*
K. Board of Trustees Unit Financial Statements for May and June 2020 ..... *Pages 237-239*
L. Tri-County Consumer Foundation Board Update ..... *Page 240*

VIII. 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

VIA TELECONFERENCE
May 28, 2020

Board Members Present:
Patti Atkins
Gail Page
Jacob Paschal
Morris Johnson
Tracy Sorensen
Richard Duren
Janet Qureshi
Sharon Walker

Board Members Absent:

Tri-County Staff Present:
Evan Roberson, Executive Director
Kenneth Barfield, Director of Management Information Systems
Catherine Prestigiovanni, Director of Strategic Development
Darius Tuminas, Controller
Ava Green, Executive Assistant

Via Teleconference:
Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management and Support
Amy Foerster, Chief Compliance Officer
Kelly Shropshire, Director of IDD Authority Services
Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present:
Via Teleconference:
Captain Tim Cannon, Montgomery County Sheriff's Office

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:01 a.m. via teleconference.

Public Comment: There was no public comment.

Quorum: There being eight (8) Board Members present via teleconference, a quorum was established.

Cont.

Resolution #05-28-01

Motion Made By: Morris Johnson

Seconded By: Sharon Walker, with affirmative votes by Jacob Paschal, Gail Page, Richard Duren, Janet Qureshi and Tracy Sorensen that it be…

Resolved: That the Board approve the minutes of the April 23, 2020 meeting of the Board of Trustees.

Executive Director's Report:

The Executive Director's report is on file.

- Center Operations Updates
- COVID-19 FEMA Grant
- Open Records Request (Hospital)

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2021 Budget Process
- County Annual Funding Requests
- Texas Council Risk Management Fund Board Meeting
- Reimbursement Manager Position

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for April 2020 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The Medicaid 1115 Transformation Waiver Project Status Update was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for April 2020 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary for April 2020 was reviewed for information purposes only.

The Texas Council Quarter Board Meeting update was presented by Sharon Walker.

BUSINESS COMMITTEE:

Resolution #05-28-02

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Janet Qureshi, Jacob Paschal, Sharon Walker and Gail Page that it be…

Resolved: That the Board approve the April 2020 Financial Statements.

Resolution #05-28-03

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Richard Duren, Jacob Paschal, Janet Qureshi and Gail Page that it be…

Resolved: That the Board approve the Auditor Engagement Letter from Eide Bailly, LLP for the FY 2020 Independent Financial Audit.

Resolution #05-28-04

Motion Made By: Morris Johnson

Seconded By: Sharon Walker, with affirmative votes by Tracy Sorensen, Janet Qureshi, Jacob Paschal, Richard Duren and Gail Page that it be…

Resolved: That the Board approve the closure of the East Montgomery County Crisis Clinic.

The Board received an update on Agenda Item VII-D, Approve Non-Refundable Deposit for Property on Liberty Street in Cleveland, Texas. This Agenda Item was deferred to the July 23, 2020 Board Meeting, no action was taken.

The Board received an update on Agenda Item VII-E, Independence Oaks Apartment. This Agenda Item was deferred to the July 23, 2020 Board Meeting, no action was taken.

The Board of Trustees Unit Financial Statement for April 2020 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 10:59 a.m.

Adjournment:

_____

Patti Atkins Date
Chair

Attest:

_____

Jacob Paschal Date
Secretary

Executive Director's Report

July 23, 2020

Announcements

- The next regular Board meeting will be on August 27, 2020. The August Board agenda is generally a long one as we approve contracts for Fiscal Year 2021. Please plan for the meeting to be held via conference call unless you hear otherwise.

- I added two new members to the Management Team in June. Sara Bradfield will now serve as the Adult Behavioral Health Director and Melissa Zemenscik will serve as the Child and Youth Behavioral Health Director. Sara and Melissa were working as Program Directors over the same areas for the last two years and bring a great deal of expertise and clinical knowledge to the Management Team. I am very excited to have both of them in these new roles.

- We received notice just after the May Board meeting that the Burnham Classic would not be played this year. In addition to the challenges of the logistics of putting on a tournament during this pandemic, many of our traditional donors have been adversely affected by the economic impacts of the pandemic as well. We look forward to the Burnham Classic returning in 2021.

- Our COVID-19 Crisis Counseling Program has hit the ground running and has already handled 361 contacts since it began in June which resulted in 109 individual or family crisis counseling sessions with our licensed interns. These services aren't always in high demand after a disaster, but they certainly are this time. We are currently still in the Initial Services Program and are only serving our three counties, but still plan to expand to 16 counties for the Regular Services Program as soon as it is approved.

- Our 'virtual birthday cake' today is in honor of Mr. Jacob Pascal who celebrated his birthday on July 6th, and Ms. Janet Qureshi who celebrated on July 8th.

Center Operations Update

As most of you are likely aware, the number of persons directly impacted by COVID-19 in our three counties continues to grow. It appeared, until last week, that Montgomery County was doing better than similar sized counties in Texas, but they had a back-log of cases and they actually went up 853 cases in just one day and are now trending with the rest of the urban/suburban areas around the state. I have seen data that indicates that this first wave of

COVID-19 cases may not peak until October. While I hope this is wrong, it seems that COVID-19 is going to impact decisions significantly for a while to come.

More importantly to me is the number of staff we have who are either waiting for results from testing or who have confirmed positive. We currently have 12 staff that have tested positive for COVID-19 and over 200 staff that have been in monitoring protocols because they have been exposed to someone with COVID-19 symptoms, some more than once. From our internal contract tracing, such as it is, it appears that most staff are coming in contact with COVID-19 in their personal lives. Our buildings are staying reasonably clean with the additional cleaning services in the evenings and temporary staff we call runners doing lots of extra cleaning during the day, and so far, at least, we are not seeing much illness at the office.

Several of the COVID-19 positive staff were at the Psychiatric Emergency Treatment Center and I had to close the facility for eight days because we didn't have enough staff to keep it open. We are back open now, but are running many of these services with less than optimal staffing patterns. We are hopeful that we can keep staff well and keep the facility open from this point forward.

As more and more of our staff come in contact with someone that has or has had the virus, anxiety levels are increasing. Many of us do not have 'normal' outlets to cope with stress in general and the stress of the pandemic is high. We are seeing folks that are typically rock-solid lose their composure and folks that struggle are having a hard time. In short, we are seeing changes in behavior that are normal responses to stress, but are out of the ordinary for staff, as well as heightened emotions and sensitivity. We continue to work with supervisors to address some of these needs. Incidentally, this is probably a good indicator for what is going on in the community at large.

With assistance from our Director of Nurses, we have developed a return to work protocol for those that have tested positive or are otherwise showing symptoms. Our goal of that protocol is to keep folks that are sick away from the office. It is critical that we keep folks at the office as physically well as possible because in many cases there aren't enough staff available to fill in behind them. This return to work protocol has been communicated out to our supervisors.

If staff get sick, are based in one of our offices and their work can be done from home, we are generally allowing staff to work from home as long as they are well enough to provide services. Some of our staff have been too sick to work, and some of our roles cannot be done from home, and therefore, they have to be on Paid Time Off or Leave Without Pay.

We are not planning to open up IDD Day Habilitation sites until at least Monday August 31, 2020. While we are eager to provide these needed services, several of the private Day Habilitation providers opened up and then quickly had to shut back down when COVID-19 positive folks showed up at the site. We think, for now at least, it is better to wait out the current surge in cases before opening.

Our health insurance carrier would not allow us to continue carrying our furloughed staff as regular employees on the health insurance, and because of this change in status, we offered the 14 Day Habilitation/PASRR Provider staff the opportunity to come back in a different role at the same rate of pay or, if they chose not to come back in a different role, their position would be reduced. Eight of 14 chose to leave their former role. While we hoped to keep all 14 staff, several had personal or family health conditions that made them concerned about returning.

New Employee Orientation is currently being done about 80% virtually. While I did not love completing NEO this way, it seemed like the right step for now. The first day of orientation and Anasazi Electronic Medical Record training are still required to be done face to face. After NEO, folks are then brought into the office for further job-specific training.

Finally, school is about to open and many of our staff are parents of school aged children and are trying to figure out whether they should send their kids to school or keep them home. My feedback has been that, as far as I can currently predict, staff that are at home are likely to be working from home for a while. I have made it clear that at some point I may be required to recall staff to the office and if so, they will need to return. I plan to give them at least a couple of weeks' notice to return, hopefully more, but so much of this is out of our control and will depend on guidance from the state or others.

Grant Notifications

I am pleased to announce that we have received funding from the Bob Woodruff Foundation for Veterans Services at the Center. The grant will pay for a Therapist and a Case Manager and we certainly have need for both. The grant total was $143,000.

Website Posting:

Tri-County Behavioral Healthcare Veterans Services would like to thank the Bob Woodruff Foundation and their partnership with the Qatar Harvey Fund for their generous gift that will allow us the resources to provide cognitive behavioral therapy and case management services to our local veterans and their family members in an ongoing effort to keep our Veterans in stable housing. We are so grateful for our new partnership with the Bob Woodruff Foundation so that we may continue to provide needed services to our local Veteran heros.

We were also re-awarded a Community Mental Health Grant (HB 13, 85th) for provision of substance use disorder services at Tri-County. The United Way of Greater Houston is our match partner for this grant.

Unfortunately, we also received word that neither (urban/rural) Community Mental Health Grant (HB 13, 85th) for expansion of school-based mental health clinics was approved. We had proposed significant expansion in both 'urban' (Montgomery County) and 'rural' (Liberty and Walker County) school districts. We have not yet been provided feedback regarding our grant applications, but these requests were large and the available funding is limited.

Increased Service Demand

There has been much speculation about the impact of this pandemic on the mental health of those in the community. As is always the case, I do my best to answer these types of questions with the data that I have available. Initially, we were not seeing an increase in the number of persons requesting services, in fact we were seeing decreased demand; however, we are now seeing a significant uptick in crisis hotline calls (27% increase in June), requests for routine mental health and substance use disorder services for adults, and an increased need for psychiatric hospitalization (where we actually set a new daily record of 32 persons hospitalized the same day). We have not yet, in our data, seen an increase in the number of persons attempting or completing suicide, but other parts of the state are seeing this trend in their data as well. In addition, I have seen reports that national crisis hotlines are experiencing a significant increase in calls. While we will do what we can to meet these emerging needs, we are approaching 100% of our service capacity in the current environment. I will keep you updated further as I have additional information but I wanted you to be aware of this trend.

CHIEF FINANCIAL OFFICER'S REPORT
July 23, 2020

FY 2021 Budget Update – We are getting near the end of the FY 2020 budget process. Over the past few months, we have been able to see a different trend of both revenue and expenses with the Covid-19 service delivery. This will help us to make the most educated budget estimate for the coming year as possible. We normally would be comparing to prior years, but this is such a different year, and we have nothing to compare to, and we really have no time limit as to how long we will be operating under the current approved service delivery. So that being said, I think we can expect to have a few more budget revisions next year when and if things shift back to a different normal.

Payroll and fringe benefits are the largest parts of our expense budget. So, we are currently analyzing the FY 2020 vacancy rate to determine what the actual lapse rate is compared to budget to use as a projection for the new fiscal year. After all these steps are completed, we should be at a zero bottom line for the August Board report.

FY 2020 Year End Budget Revision – As we do every year, we are working on the final budget revision for FY 2020. The main areas we look at are salary, benefits, and sometimes delays in the start-up of new programs that may affect budget categories. As we have talked over the last 4 months, this year has been anything but ordinary. However, we do have some good items that will be in the year end budget revision. We have received some stimulus money from HHSC that will be recognized by the end of the fiscal year. Also, the budget revision will reflect 1115 Waiver Revenue that was increased by an enhanced Medicaid rate.

FY 2020 Audit – We have been in contact with the auditors and set up the dates for the FY 2020 audit process. They anticipate that they will be working remotely for the first part of the audit, and depending on if things change, they will continue to work from home for the entire audit. We have a preliminary phone conference set up for August 11th to coordinate the upcoming visits. The visits are as follows:

The first visit is scheduled to start August 31st. This week, they will focus on Single Audit Testing and Compliance for grants. They look at the following type of grant compliance: eligibility, matching, procurement procedures, reporting, and if expenses are allowable by the grant. They will also be reviewing our internal controls.

The second visit is scheduled for October 26th. This week will be spent on Financial Testing. They will be looking at the detailed balances of our accounts. Proper approvals on check requests. Confirming our accounts receivable balances. And talking to employees to assess our risk.

We should be receiving a list of items to have ready in advance of the first visit during our phone conference on August 11th.

Fixed Asset Inventory – The fixed asset inventory is complete. Every two years we conduct a complete inventory count. This is the complete count year. This is a pretty labor intensive process, so we had help from many different staff at the center to get the actual count completed at all locations. Now we are completing the depreciation schedules for the Auditors and should be ready well in advance of their visit.

Texas Council Risk Management Fund (TCRMF) – We received the renewals for our Texas Council Risk Management Fund insurance policies.

Here are the changes in the premiums for FY 2021 Coverage:

Increases in the following Coverages:

Auto Collusion	Increase of 9.44%
Auto Liability	Increase of 18.85%
Building Insurance	Increase of 8.37%
Errors & Omission Insurance	Increase of 1.47%
General Liability	Increase of 1.64%

Decreased in the following Coverages:

Workers Compensation Rate	Decrease of 7.0%

(Note on W/C - Center Payroll increased from FY 20 to FY 21)

Overall our premiums will increase by approximately $19,148 for FY 2021. The majority of this dollar amount is in building insurance that increased across the state due to various weather conditions that happened. In our area it was Imelda flooding.

Agenda Item: Appoint New Mental Health Planning Network Advisory Committee Member **Committee:** Program	**Board Meeting Date** July 23, 2020

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "…be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers…" We currently have three (3) MHPNAC openings.

Staff is recommending the appointment of the volunteer listed below to the Mental Health Planning Network Advisory Committee.

Jeriann Renard, Community Member

- Transition Specialist at Gulf Coast Trade Center
- Individual Served

Ms. Renard has agreed to serve on the MHPNAC for a two-year term which will expire August 31, 2022.

Supporting Documentation:

None

Recommended Action:

Appoint Jeriann Renard as a New Mental Health Planning Network Advisory Committee Member to the Two-Year Term Which Expires August 31, 2022

Agenda Item: Approve the Provider Network Development Plan for FY 2020 - 2021 **Committee:** Program	**Board Meeting Date** July 23, 2020

Background Information:

The Provider Network Development Rule requires that the Center complete a Local Planning process every two (2) years. The goal of the plan is to explain how the center will be in compliance with the Provider Network Development Rule by serving primarily as the overseer of mental health services rather than the provider of these services.

As a part of the Local Planning process which began earlier this year, Tri-County staff sought input from local stakeholders about the services that they would most like to have a choice of providers and provided information on how potential providers may submit interest and information. Due to All Texas Access Regional Planning coinciding with this planning process the State extended the due date of the plan from April to August 31, 2020. During this year's planning process, we did not receive any inquiry forms from the Texas Health and Human Services Commission and are not aware of any providers interested or prepared to procure full levels of care at this time.

Per Rule, Tri-County staff have posted the draft plan on the Center website for public comment for 30 days and have reviewed the plan with both the local and regional Planning and Network Advisory Committees and, once received, will add their comments in to the plan prior to submission.

The Draft Provider Network Development Plan is attached for the Board.

Supporting Documentation:

Draft Provider Network Development Plan for FY 2020 - 2021

Recommended Action:

Approve the Provider Network Development Plan for FY 2020 - 2021

Tri-County Behavioral Healthcare
Local Provider Network Development Plan
2020

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2020 Provider Network Development Plan

Complete and submit in **Word** format (**not PDF**) to Performance.Contracts@hhsc.state.tx.us no later than April 30, 2020.

All Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) must complete Part I, which includes baseline data about services and contracts and documentation of the LMHA/LBHA's assessment of provider availability, and Part III, which documents PNAC involvement and public comment.

Only LMHA/LBHAs with interested providers are required to complete Part II, which includes procurement plans.

When completing the template:

- Be concise, concrete, and specific. Use bullet format whenever possible.
- Provide information only for the period since submission of the 2018 Local Provider Network Development Plan (LPND Plan).
- When completing a table, insert additional rows as needed.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (PCN); it does not apply to services funded through Medicaid Managed Care. Throughout the document, data is requested only for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Routine or discrete outpatient services and services provided by individual practitioners are governed by local needs and priorities and are not included in the assessment of provider availability or plans for procurement.

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PART I: Required for all LMHA/LBHAs

Local Service Area

1) *Provide the following information about your local service area. Most of the data for this section can be accessed from the following reports in MBOW, using data from the following report: 2018 LMHA/LBHA Area and Population Stats (in the General Warehouse folder).*

Population	728,338	**Number of counties (total)**	3
Square miles	2,984	◆ **Number of urban counties**	2
Population density	714	◆ **Number of rural counties**	1

Major populations centers (add additional rows as needed):

Name of City	**Name of County**	**City Population**	**County Population**	**County Population Density**	**County Percent of Total Population**
Liberty	Liberty	9,349	83,809	72	11.5%
Cleveland	Liberty	8,230	83,809	72	11.5%
Dayton	Liberty	8,336	83,809	72	11.5%
Conroe	Montgomery	87,654	572,146	549	78.6%
Willis	Montgomery	6,508	572,146	549	78.6%
Oak Ridge North	Montgomery	3,161	572,146	549	78.6%

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Shenandoah	Montgomery	2,957	572,146	549	78.6%
Splendora	Montgomery	2127	572,146	549	78.6%
Porter Heights (unincorporated)	Montgomery	1,206	572,146	549	78.6%
Magnolia	Montgomery	2,105	572,146	549	78.6%
The Woodlands (unincorporated)	Montgomery	116,278	572,146	549	78.6%
Huntsville	Walker	41,521	72,383	92	9.9%
New Waverly	Walker	1,084	72,383	92	9.9%

Current Services and Contracts

2) *Complete the table below to provide an overview of current services and contracts. Insert additional rows as needed within each section.*
3) *List the service capacity based on FY 2019 data.*
   a) *For Levels of Care, list the non-Medicaid average monthly served. (Note: This information can be found in MBOW, using data from the following report in the General Warehouse folder: LOC-A by Center (Non-Medicaid Only and All Clients).*
   b) *For residential programs, list the total number of beds and total discharges (all clients).*
   c) *For other services, identify the unit of service (all clients).*
   d) *Estimate the FY 2020 service capacity. If no change is anticipated, enter the same information as Column A.*
   e) *State the total percent of each service contracted out to external providers in 2019. In the sections for Complete Levels of Care, do not include contracts for discrete services within those levels of care when calculating percentages.*

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	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Adult Services: Complete Levels of Care			
Adult LOC 1m	1	1	0%
Adult LOC 1s	2139	2,352	0%
Adult LOC 2	18	20	0%
Adult LOC 3	142	156	0%
Adult LOC 4	5	5	0%
Adult LOC 5	37	41	0%

Child and Youth Services: Complete Levels of Care	FY 2019 service capacity (non-Medicaid only)	Estimated FY 2020 service capacity (non-Medicaid only)	Percent total non-Medicaid capacity provided by external providers in FY 2019*
Children's LOC 1	16	18	0%
Children's LOC 2	193	212	0%
Children's LOC 3	63	69	0%
Children's LOC 4	4	4	0%
Children's CYC	10	11	0%
Children's LOC 5	0	1	0%

Crisis Services	FY 2019 service capacity	Estimated FY 2020 service capacity (obtained by looking at annual growth during last LPND Cycle)	Percent total capacity provided by external providers in FY 2019*
Crisis Hotline **Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of hotline calls not all have financial**	3599	3958	100%

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information on file to provide with 100% accuracy.			
Mobile Crisis Outreach Team **Note: Individuals who were known to have Medicaid have been removed out from this total, however, due to the nature of crisis services not all have financial information on file to provide with 100% accuracy.**	3202	3522	0%
Other (Please list all PESC Projects and other Crisis Services): **Note: Individuals who were known to have Medicaid have been removed out from these totals, however, due to the nature of crisis services not all have financial information on file to provide with 100% accuracy.**			
Crisis Stabilization Unit (CSU) – Admissions **For FY 19 there were 741 total admissions to our CSU.**	622	684	0%
Extended Observation Unit (EOU) – Admissions **For FY 19 there were 316 total admissions.**	256	281	0%
Crisis Intervention Response Team (CIRT) – Services **For FY 19 there were 289 total individuals served.**	564	620	0%
PESC hospital services-Rapid Crisis Bed Days – Bed Days **For FY 19 there were 38 total admissions.**	414	414	100%
PPB hospital services – Bed Days **For FY 19 there were 217 total admissions.**	2,506	2506	100%
Respite (MH only)	0	5	100%

4) *List **all** of your FY 2019 Contracts in the tables below. Include contracts with provider organizations and individual practitioners for discrete services. If you have a lengthy list, you may submit it as an attachment using the same format.*
   a) *In the Provider column, list the name of the provider organization or individual practitioner. The LMHA/LBHA must have written consent to include the name of an individual peer support provider. For peer providers that do not wish to have their names listed, state the number of individuals (e.g., "3 Individuals").*
   b) *List the services provided by each contractor, including full levels of care, discrete services (such as CBT, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).*

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Provider Organizations	Service(s)
Aspire	Psychiatric Inpatient Services
Avail Solutions Inc.	Crisis Hotline Services, 24 hour a day
Baptist Hospital of Southeast Texas	Psychiatric Inpatient Services
Bonds Janitorial	Janitorial Services
Clinical Pathology Laboratories, Inc	Laboratory Services
Correct Care, LLC dba CCRS of Texas	Food services
Cypress Creek Hospital	Inpatient Psychiatric Services
Family First Urgent Care	H&P and X-Ray Services
Greater Texas Critical Care EMS	Transportation
ICARE	Behavior Support Plans and Training
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Lifetime Homecare Services	IDD Crisis Respite
Nightingale Interpreting Services Inc.	Interpreting
Precision Lawn	Professional Lawn Maintenance
Rebekah McQueen – Measured Moments Music Therapy, LLC	Music Therapy
RecessAbility, Inc. Janette Hendrex	Animal Assisted Therapy, Animal Therapy, Music Therapy and Recreational Therapy
Sergio's Landscaping	Professional Lawn Maintenance
Sherri Clement - Hope Rising	Animal Assisted Therapy and Art Therapy

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Urgent Clinics Medical Center	H&P and X-Ray Services
Wilkins Linens and Dust Control Service	Linens and Cleaning Services
Windsor Building Services, Inc.	Janitorial Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Individual Practitioners	**Service(s)**
Ajinder Singh Dat, M.D.	Psychiatric Services
Alyssa Yow – McElwany, N.P.	Psychiatric Services
Athi Venkatesh, M.D.	Psychiatric Services
Benjamin Wowo, M.D.	Psychiatric Services
Bharath Raj, M.D., P.A.	Psychiatric Services
Chasity Myers	In Home Respite, Non-Medical Transportation and Paraprofessional Services
Faisal Tai, M.D.	Psychiatric Services
Fernando G. Torres, M.D.	Psychiatric Services
Hilary Akpudo, M.D.	Psychiatric Services
Jamal Robinson	In Home Respite and Non-Medical Transport
Jasmine Arellano	In Home Respite
Jerri Sethna, M.D. P.A.	Psychiatric Services
Larry Flowers, M.D.	Psychiatric Services
Manjeshwar Prabhu, M.D.	Psychiatric Services
Marshall B. Lucas, M.D.	Psychiatric Services
Melody Ann Archer	Dietician Services

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Michelle Garcia, Psy. D., & Associates	Psychology, Assessments, Clinical Supervision, Behavior Plans and Training
Olayinka Modupe Ayeni, M.D.	Psychiatric Services
Stacey Russell, M.D.	Psychiatric Services
Violet Winsmann	Document Shredding
Various Officers from Montgomery County	Peace Officer Services

Administrative Efficiencies

5) *Using bullet format, describe the strategies the LMHA/LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).*

◆ Tri-County Behavioral Healthcare is one of 11 local behavioral health authorities (LBHA) who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services.
◆ In FY 2014, Tri-County Behavioral Healthcare began working on a Board Goal to develop plans to consolidate service locations in Montgomery County and the city of Liberty. Building consolidations have since been completed. In 2015, the two service locations in the city of Liberty were consolidated into one location and in 2017 four (4) different routine service locations were consolidated into one primary facility in the city of Conroe. Additionally, in 2017 Tri-County was able to sell all vacant buildings in Montgomery County.

6) *List partnerships with other LMHA/LBHAs related to planning, administration, purchasing, and procurement or other authority functions, or service delivery. Include only current, ongoing partnerships.*

Start Date	Partner(s)	Functions
2001	*East Texas Behavioral Health Network:*	Tri-County Behavioral Healthcare is one of 11 Behavioral

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	Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, medical director consultation, and telemedicine services. Additional services offered by ETBHN include CFO consulting, Human Resource Director, IT Purchasing, WRAP for peers, and 24 hour crisis care.
	Regional Planning Network Advisory Committee (RPNAC): Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC 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 individuals 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, and;

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		• Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC).
2001	*Regional Utilization Management Committee (RUM):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare	Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.
2001	*Regional Oversight Committee (ROC):* Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.	Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees to the East Texas Behavioral Health Network Executive Director. This Board is made up of the Executive Director/CEO of each member Center plus one consumer/family member. The Board meets monthly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.

Provider Availability

NOTE: The LPND process is specific to provider organizations interested in providing full levels of care to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

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7) *Using bullet format, describe steps the LMHA/LBHA took to identify potential external providers for this planning cycle. Please be as specific as possible. For example, if you posted information on your website, how were providers notified that the information was available? Other strategies that might be considered include reaching out to YES waiver providers, HCBS providers, and past/interested providers via phone and email; contacting your existing network, MCOs, and behavioral health organizations in the local service area via phone and email; emailing and sending letters to local psychiatrists and professional associations; meeting with stakeholders, circulating information at networking events, seeking input from your PNAC about local providers.*

◆ Following receipt of the 2020 Provider Network Development Plan Template, Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. The MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time. The MHPNAC reviewed the information provided to stakeholders about LPND during the local planning process.
◆ Two (2) face to face local planning meetings were held in which information was provided about LPND and how a provider could express interest. Attendees were provided information about the HHSC website as well as the LPND information on the Tri-County website. These meetings were advertised in local newspapers, through the PNAC members and invitations were mailed and emailed out to local stakeholders. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice.
◆ The MHPNAC reviewed and commented on the lack of interested providers. The committee reviewed the Draft LPND Plan, that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the HHSC website.
◆ Tri-County contracted with two new hospitals this planning cycle and continue to recruit prescribers through the internet.
◆ HHSC website FY 2020 invitation to complete Provider Interest Form

8) *Complete the following table, inserting additional rows as needed.*
   - *List each potential provider identified during the process described in Item 7 of this section. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of 2018LPND plan. You will receive notification from HHSC if a provider expresses interest in contracting with you via the HHSC website. Provider inquiry forms will be accepted through the HHSC website through February 28, 2020.* ***Note:*** *Do not finalize your provider availability assessment or post the LPND plan for public comment before March 1, 2020.*
   - *Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA/LBHA website, e-mail, written inquiry).*

- *Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider's response. In the final column, note the conclusion regarding the provider's availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider's service capacity.*

Provider	**Source of Identification**	**Summary of Follow-up Meeting or Teleconference**	**Assessment of Provider Availability, Services, and Capacity**
N/A		There were no providers who identified our service area on the LPND website or through planning meetings during this planning cycle.	N/A

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Part II: Required for LMHA/LBHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA/LBHA must initiate procurement. 25 TAC §412.754 describes the conditions under which an LMHA/LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

9) Complete the following table, inserting additional rows as need.

- *Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.*
- *State the capacity to be procured, and the percent of total capacity for that service.*
- *Identify the geographic area for which the service will be procured: all counties or name selected counties.*
- *State the method of procurement—open enrollment (RFA) or request for proposal.*
- *Document the planned begin and end dates for the procurement, and the planned contract start date.*

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date

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Rationale for Limitations

NOTE: Network development includes the addition of new provider organizations, services, or capacity to an LMHA/LBHA's external provider network.

10) Complete the following table. Please review 25 TAC §412.755 carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).

- *Based on the LMHA/LBHA's assessment of provider availability, respond to each of the following questions.*
- *If the response to any question is Yes, provide a clear rationale for the restriction based on one of the conditions described in 25 TAC §412.755.*
- *If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all of the restricted procurements.*
- *The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA/LBHA.*

	Yes	No	Rationale
1) Are there any services with potential for network development that are not scheduled for procurement?			
2) Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			
3) Are any of the procurements limited to certain counties within the local service area?			
4) Is there a limitation on the number of providers that will be accepted for any of the procurements?			

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11) *If the LMHA/LBHA will not be procuring all available capacity offered by external contractors for one or more services, identify the planned transition period and the year in which the LMHA/LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA/LBHA's capacity).*

Service	Transition Period	Year of Full Procurement

Capacity Development

12) *In the table below, document your procurement activity since the submission of your 2018 LPND Plan. Include procurements implemented as part of the LPND plan and any other procurements for complete levels of care and specialty services that have been conducted.*
- *List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.*
- *State the results, including the number of providers obtained and the percent of service capacity contracted as a result of the procurement. If no providers were obtained as a result of procurement efforts, state "none."*

Year	Procurement (Service, Percent of Capacity, Geographic Area)	Results (Providers and Capacity)

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PART III: Required for all LMHA/LBHAs

PNAC Involvement

13) Show the involvement of the Planning and Network Advisory Committee (PNAC) in the table below. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee's recommendations.

Date	PNAC Activity and Recommendations
January 15, 2020	Following receipt of the 2020 Provider Network Development Plan Template by email on October 25, 2019, the MHPNAC reviewed Title 25, Part 1, Chapter 412, Subchapter P, Provider Network Development Rule, HHSC Broadcast Messages #19.056, Information Item I, Instructions for Local Planning, and were informed of the due dates for the CLSP and LPND Plans.
February 19, 2020	Reviewed the new submission timeline of August 31, 2020 outlined in the HHSC Broadcast Message #20.008 and draft planning documents with the Committee along with information to be provided to stakeholders about LPND during the process including information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking providers to provide choice.
June 26, 2020	Discussed with the MH PNAC that we have had no interested providers complete a Provider Interest Form with HHSC to date for this planning cycle. Provided draft LPND plan to the MH PNAC and shared that it will be posted to the Center website for 30 days, discussed how to provide public comment on the plan and reviewed how to access information regarding LPND on the HHSC website.
TBD	LPND plan will be reviewed by ETBHN Regional PNAC following public comment period.
TBD	Public comments will be reviewed and discussed with the MHPNAC following the public comment period.

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Stakeholder Comments on Draft Plan and LMHA/LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before March 1, 2020.
In the following table, summarize the public comments received on the draft plan. If no comments were received, state "None." Use a separate line for each major point identified during the public comment period, and identify the stakeholder group(s) offering the comment. Describe the LMHA/LBHA's response, which might include:

- *Accepting the comment in full and making corresponding modifications to the plan;*
- *Accepting the comment in part and making corresponding modifications to the plan; or*
- *Rejecting the comment. Please explain the LMHA/LBHA's rationale for rejecting the comment.*

Comment	**Stakeholder Group(s)**	**LMHA/LBHA Response and Rationale**

COMPLETE AND SUBMIT ENTIRE PLAN TO Performance.Contracts@hhsc.state.tx.us by April 30, 2020.

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Appendix A

Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA/LBHA through the LPND website or by contacting the LMHA/LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA/LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA/LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA/LBHA and the provider an opportunity to share information so that both parties can make a more informed decision about potential procurements.

The LMHA/LBHA must work with the provider to find a mutually convenient time. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA/LBHA's initial contact, the LMHA/LBHA may conclude that the provider is not interested in contracting with the LMHA/LBHA.

If the LMHA/LBHA does not contact the provider, the LMHA/LBHA must assume the provider is interested in contracting with the LMHA/LBHA.

An LMHA/LBHA may not eliminate the provider from consideration during the planning process without evidence that the provider is no longer interested or is clearly not qualified or capable of provider services in accordance with applicable state and local laws and regulations.

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Appendix B

25 TAC §412.755. Conditions Permitting LMHA Service Delivery.

An LMHA may only provide services if one or more of the following conditions is present.

(1) The LMHA determines that interested, qualified providers are not available to provide services in the LMHA's service area or that no providers meet procurement specifications.

(2) The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if individuals and their legally authorized representatives can choose from two or more qualified providers.

(3) The network of external providers does not provide individuals with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA, as of a date determined by the department. An LMHA relying on this condition must submit the information necessary for the department to verify the level of access.

(4) The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's service capacity for each level of care identified in the LMHA's plan.

(5) Existing agreements restrict the LMHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's plan. If the LMHA relies on this condition, the department shall require the LMHA to submit copies of relevant agreements.

(6) The LMHA documents that it is necessary for the LMHA to provide specified services during the two-year period covered by the LMHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA relying on this condition must:

> (A) document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the LANAC and the department at the beginning of each planning cycle;
>
> (B) document implementation of appropriate other measures;

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(C) identify a timeframe for transitioning to an external provider network, during which the LMHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and

(D) give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C

House Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission Rider 147):

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. The Health and Human Services Commission shall ensure that the local mental health authorities and local intellectual disability authorities that receive allocations from the funds appropriated above to the Health and Human Services Commission shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. Funds appropriated above to the Health and Human Services Commission in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID services. (Former Special Provisions Sec. 34)

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Agenda Item: Approve the Mental Health Quality Management and Utilization Management Plan for FY 2020-2021 **Committee:** Program	**Board Meeting Date:** July 23, 2020

Background Information:

In 2006, Tri-County split the Center's Quality Management Plan into a plan for mental health services and a plan for intellectual and developmental disability services due to increasingly different expectations for quality management activities. While the Health and Human Services Commission (HHSC) now oversees both IDD and MH services, we continue to need both plans to ensure compliance with HHSC contract requirements.

The MH QM/UM Plan describes the administrative structures that the Center has in place to evaluate service provision and ensure contract compliance. The MH QM/UM Plan was reviewed and updated as necessary to ensure compliance with current HHSC contract requirements and Texas Administrative Code (TAC).

Typically, the Board has approved the QM/UM Plan at the same time as the Mental Health Local Plan and Local Planning Network Development Plan. However, the Local and LPND plans have been delayed and are currently due at the end of August. Staff thought that it was appropriate to update the MH QM/UM plan at this time, but recognize that it may need to be reevaluated should any changes be needed.

Significant changes were made to the plan this year as the Center moves toward the goal of becoming a Certified Community Behavioral Health Clinic (CCBHC). Among these changes was the addition of the Continuous Quality Improvement (CQI) Plan, incorporation of CCBHC language and division of the plan into five sections for ease of navigation.

Supporting Documentation:

Mental Health QM/UM Plan for Fiscal Years 2020-2021

Recommended Action:

Approve the Mental Health Quality Management and Utilization Management Plan for FY 2020-2021

Tri-County Behavioral Healthcare
Mental Health and Substance Use Disorder
Quality and Utilization Management Plan
FY 2020 - 2021

_____ _____

Evan Roberson, Executive Director Date

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Chapter 1 Introduction to Quality Management

Chapter 2 Quality and Utilization Related Responsibilities

Chapter 3 Ongoing Quality Review Activities

Chapter 4 Utilization Management Plan

Chapter 5 Continuous Quality Improvement Plan

Chapter 1: Introduction to the Quality Management Program

INTRODUCTION

The Mental Health Quality Management and Utilization Management (MH QM/UM) Program provides a framework of activities designed to ensure that Individuals, who are receiving assistance 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, focused on recovery and is Person and Family Centered where appropriate.

The MH QM/UM Program 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, the Mental Health Planning Network Advisory Committee (MHPNAC), the Regional Planning Network Advisory Committee (RPNAC), Certified Community Behavioral Health Clinic (CCBHC) Guidelines and other selected best practice and accreditation guidelines. The Utilization Management Department is under the direction of the Utilization Management Psychiatrist and in consultation with the MH QM/UM Committee, assumes responsibility for the UM activities of the Center.

The Quality Management and Utilization Management Departments work closely with program managers and direct service staff to ensure the provision of quality services to those we serve while remaining compliant with contract requirements, State and Federal regulations, and by following best practice and selected accreditation guidelines. Quality Improvement is considered an ongoing effort through continuous measurement and assessment, outlined in the Continuous Quality Improvement (CQI) Plan, to ensure that our stakeholders receive the highest quality of services possible while maintaining contract compliance. The accuracy, consistency and timeliness with which service provision information is maintained are key focuses of our Quality Management and Utilization Management programs.

MISSION, VISION AND PHILOSOPHY STATEMENT

Mission

The mission of the Quality Management Program is to ensure the provision of quality services for Individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities that are Linguistically and Culturally appropriate, are Person and Family Centered, enhance the quality of life in our community, and are provided in a cost effective and timely manner in the most appropriate settings by trained, competent, Trauma Informed staff.

Vision

Our vision is to support the behavioral healthcare system to ensure the provision of effective and efficient quality services to meet the needs of our community and improve the lives of those we serve.

To achieve our vision, we will:

- Partner with the community to expand the availability of new and existing resources;
- Follow Evidence Based and Trauma Informed Care Principles including ensuring related staff training.
- Provide technically, Linguistically and Culturally competent staff and services
- Train, encourage and monitor Person Centered and Family Centered Care
- Train, monitor and improve workforce skill and competence with respect to suicide risk assessment, prevention and response.
- Train and monitor privacy practices that follow State and Federal regulations and encourage information sharing when appropriate consent can be obtained for proper Care Coordination of those we serve.
- Uphold the rights of Individuals served
- Continuously monitor, adjust and track data that can be used for CQI efforts as well as to meet reporting requirements.[1]

Philosophy/Values

The Quality Management Program is based on the premise that the provision of quality services at TCBHC is the responsibility of all staff and that participation in quality activities facilitates improved outcomes for both staff and those we serve. Continuous monitoring, feedback and training are believed to be key to ensuring the availability of competent staff who are trauma informed and that quality services are most effective when they are provided in the most appropriate setting and include culturally and linguistically appropriate services. Dignity and Respect are key values of the Quality Management Department as it is understood that Individuals thrive in environments where they feel safe and that when an Individual feels empowered their likelihood of recovery increases. Recovery oriented care that takes into

[1] CCBHC 1.C (Cultural Competence and Other Training)
TCBHC Procedure 6.40 (Required Training);
CCBHC 1.D (Linguistic Competence)
TCBHC Procedure 15.09 (Use of Interpreters and Assistive Aids);
CCBHC 3.A (General Requirements of Care Coordination)
TCBHC 10.15 (Coordination of Services by Responsible Staff)
CCBHC 5.A (Data Collection, Reporting and Tracking)
TCBHC Procedure 19.07 (Data Collection, Reporting, and Tracking)

account personal choice through Person Centered and Family Centered concepts are seen as an integral part of empowering those we serve toward improved quality of life.

DIRECTION OF THE QUALITY/UTILIZATION MANAGEMENT (QM/UM) PROGRAMS

The QM/UM Programs at Tri-County are designed to be systematic, objective, and continuous. These programs focus on monitoring, evaluating, and improving the quality of services at our organization. Through this design, Tri-County is able to continuously evaluate the cost effectiveness, appropriateness, and timeliness of service delivery systems. The QM/UM Program assists Tri-County in assuring existing standards of care are met and accurate information is reported to HHSC and accrediting organizations as requested. These Departments, provide the framework to appropriately communicate with and obtain feedback from stakeholders on customer care and the manner in which the Center conducts its business.

Tri-County values shared responsibility for quality of care and QM activities. Departments throughout the Center participate in designated QM activities, such as the submission of frequent quality assurance reviews conducted by managers to the QM Department. These reviews are conducted as a means of supplementing the formal review processes conducted by QM staff. In addition to these reviews, QM staff continue to review records from varying departments on a regular basis. These reviews allow QM staff to provide feedback to managers and staff related to a variety of areas to include, but not limited to:

- Fidelity to Evidence-Based Practices;
- Medical Necessity;
- Appropriateness of Level of Care;
- Trauma Informed Care;
- Person and Family Centered Care;
- Recovery Oriented Care;
- Fidelity to State Assessments;
- Referrals;
- Follow up/Care Coordination;
- Safety;
- Rights Protection; and
- General Quality Care Issues.

Quality staff are also involved in an ongoing process to ensure that additional trainings are offered to staff as needed and that appropriate trainings are present in staff HR files. The Training Department continues to look for opportunities to assist our Center make

enhancements to provide Person Centered Recovery focused services for those we serve. Additionally, Quality staff work closely with Utilization Management staff to continue to monitor performance measures and other quality data that can help us monitor outcomes, identify patterns and make needed improvements to our system.

MENTAL HEALTH AUTHORITY RESPONSIBILITIES

Tri-County continues to ensure that we are developing and managing a network that offers individual choice to the highest extent possible. Tri-County contracts with outside providers when practical. Contractors are required to meet the same professional qualifications as Center employees.[2] The East Texas Behavioral Healthcare Network, our local Mental Health Planning Network Advisory Committee, and the Regional Planning Network Advisory Committee provide best value analysis for Center services. 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 is writing grants and pursuing service contracts whenever feasible. We are also actively pursuing appropriate fundraising opportunities and soliciting donations. Additionally, Tri-County is continuously analyzing and improving Center processes in order to maximize the use of resources while ensuring the continued provision of quality services.

GOALS AND INITIATIVES OF THE QUALITY AND UTILIZATION MANAGEMENT PROGRAMS

The goals of the Quality Management and Utilization Management Programs are designed to ensure that Tri-County's QM and UM activities are measuring, assessing and improving the key elements of the Center's services. These goals are meant to be a foundation for the QM and UM Departments and are not intended to be the only activities of the department. The Continuous Quality Improvement Plan and Utilization Management Plan in combination with the other chapters in this manual serves as the Quality Management Plan for the Center and outline the specifics of these goals and objectives. In addition to the goals and objectives highlighted by the CQI Plan, the QM/UM Department continues to focus on the following ongoing initiatives:

ONGOING INITIATIVES OF THE QUALITY MANAGEMENT PROGRAM

1) Direct the internal program survey process to consistently, effectively and efficiently monitor and evaluate programs at Tri-County Behavioral Healthcare.

[2] CCBHC 1.d.5 (Linguistic Competence) – See Protected Health Information Procedure 7.02, p. 6 & 22

2) Direct additional reviews and quality improvement initiatives as need arises.
3) Successfully coordinate the Center's organizational self-assessment activities as a part of the ongoing evaluation and monitoring process of Tri-County Behavioral Healthcare.
4) Support Tri-County in meeting or exceeding all applicable requirements and standards.
5) Ensure Individuals served are treated with dignity and respect.
6) Ensure that the MH QM/UM committee meets at least quarterly and that key information is communicated out to staff and Management as appropriate.
7) Incorporate the above aspects of care into the activities of other agency committees (i.e. Junior Utilization Management, Safety, MH QM/UM and CQI Committees) and continue to collect and review program information needed to monitor, evaluate and implement needed changes.

ONGOING INITIATIVES OF THE UTILIZATION MANAGEMENT PROGRAM

1) Ensure that Tri-County's compliance with HHSC approved Utilization Management Guidelines, contract requirements, CCBHC Guidelines and other accreditation standards as applicable.
2) Assure that appropriate Individuals are provided with notice of their right to appeal.
3) Monitor service delivery outcomes for both children and adults to ensure they are meeting targets specified by HHSC, CCBHC and other accreditation guidelines as applicable.
4) Assure effective management of clinical and financial resources and ongoing improvement of the UM process by reviewing items such as eligibility, appropriateness of services, and fairness and equity of services.
5) Assure effective management of authorizations and reauthorizations of local care for outpatient services, to ensure that they follow processes and procedures set forth in the HHSC approved UM guidelines.
6) Assure that continuity and coordination of services among community service providers is monitored according to the HHSC approved UM guidelines, CCBHC Guidelines and applicable accreditation standards.
7) Monitor the HHSC Submission Calendar and notify staff of upcoming submission dates to ensure timely entry to the State or other accreditation organizations.

REVIEWING AND UPDATING THE MH QM/UM PROGRAM AND CQI PLAN

The Mental Health Quality Management and Utilization Management Program will be reviewed semiannually by the Administrator of Quality Management and needed changes will be communicated to the Director of Quality Management and Support. Potential changes to the program, procedures, and/or the CQI plan will be discussed with at least one Management Team

staff. At least annually, the CQI Plan is updated and the Mental Health Quality Management/Utilization Management Plan is re-evaluated for its effectiveness.[3] If any component of the program is determined not 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 Mental Health Quality Management/Utilization Management Plan (including the CQI Plan and Procedure Manual) is reviewed and approved each biennium by the Management Team. This plan will be amended, as needed, if any portion of the plan is modified or discontinued.

[3] CCBHC 5.b.1 (Continuous Quality Improvement (CQI) Plan
TCBHC Quality Management Plan Chapter 5 (Continuous Quality Improvement Plan)

Chapter 2: Quality and Utilization Management Related Responsibilities: Management and Committees

Tri-County is dedicated to promoting a team approach to serving persons with mental illness, substance abuse disorders, and intellectual and developmental disorders. Tri-County continues to work diligently at increasing the lines of communication between levels of management, quality-related committees and all staff as well as community partners integral to the overall health of those we serve when appropriate consent can be obtained. 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 individuals and groups of people identified to focus on specific aspects of the Center. Individual, group and committee responsibilities at Tri-County include:

THE BOARD OF TRUSTEES:

- Responsible for the provision of a comprehensive program of services related to mental health and intellectual and developmental disabilities in its service area.
- Strives to obtain the highest quality of service for the lowest cost.
- Establishes services for mental health and intellectual and developmental disabilities 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 management program that provides for appropriate review systems which monitor client care.
- Reviews and approves the goals established in the CQI Plan annually and the umbrella QM/UM Plan in it's entirety each biennium.
- Reviews monthly reports of programmatic and fiscal activities.
- Promotes the goals and objectives of the Center to the community by utilizing the media and other forms of communication.

THE EXECUTIVE DIRECTOR:

- Ensures the Executive Management Team (Management Team) implements, oversees and reviews Quality Management activities.
- Ensures the Management Team receives and evaluates internal and external reports for Quality Management activities.
- Ensures that program operations and Policies and Procedures are in compliance with local, state and federal statutes and regulations.

- Evaluates and monitors Quality Management 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 including goals and objectives selected for the CQI Plan.
- Implements Board Policies through the development of operational procedures.
- Responsible for overall operations of the Center and compliance with the Performance Contract and applicable accreditation standards.

THE MANAGEMENT TEAM:

The Management Team consists of the Executive Director, Chief Financial Officer, Medical Director, Director of Quality Management and Support, Chief Compliance Officer, Director of IDD Authority Services, Director of IDD Provider Services, Director of Management Information Systems, and the Director of Strategic Development. The Management Team meets regularly and is responsible for:

- Implementing, overseeing and reviewing Quality Management activities including CQI initiatives.
- Reviewing and evaluating internal and external reports for Quality Management activities.
- Reviewing committee reports to ensure that issues related to individual's needs are properly addressed.
- Monitoring and assuring compliance to all contract and accreditation requirements, standards and codes.
- Ensuring that changes in contract and accreditation standards or other requirements 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 quarterly risk data related to employees and individuals served.
- Monitoring results of internal program review audits as well as plans of improvement.

THE ADMINISTRATOR OF QUALITY MANAGEMENT:

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

- Co-chairs the Mental Health Quality Management/Utilization Management (MH QM/UM) Committee.
- Chairs the Continuous Quality Improvement (CQI) Committee.

- Serves as a member of the Junior Utilization Management Committee.
- Serves as a member of the Corporate Compliance Committee.
- Serves as a member of the Infection Control Committee.
- Serves as a liaison to the Mental Health Planning Network Advisory Committee.
- Serves as a liaison to the Regional Planning Network Advisory Committee.
- Serves on the Safety Committee.
- Coordinates activities and information between the Quality Management and Utilization Management programs.
- Works closely with utilization management staff and 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 Quality Management activities.
- Completes all program survey audits for a representative sample of programs at least annually.
- Serves as the Rights Protection Officer (RPO) for the Center or assists the RPO with monitoring trends in client abuse, neglect and exploitation and assigns follow-up responsibilities to appropriate staff.
- Serves as the Center's Primary Random Moment in Time Study (RMTS) Contact.
- Develops and ensures stakeholder surveys are distributed in all three local service areas on at least an annual basis and monitors results of program specific surveys.
- Monitors the Performance Contract for compliance.
- Assists the Management Team in CCBHC and other applicable accreditation activities.

THE UTILIZATION MANAGER/DIRECTOR:

The Utilization Manager and the Administrator of Quality Management work closely together on the effectiveness in meeting goals and contract requirements in different programs. The Director of Quality Management & Support for Tri County is a Licensed Professional Counselor (LPC) and has had over seven years of clinical experience working with both the child and adult populations and serves as the Utilization Manager as outlined in the HHSC performance contract. The Utilization Manager:

- Co-chairs the MH QM/UM Committee.
- Serves as a liaison to the CQI Committee.
- Serves as a member of the Junior Utilization Management Committee.
- Serves as a member of the Regional Utilization Management Committee.
- Monitors and tracks the performance targets for Tri-County.
- Works closely with the Administrator of Quality Management and program managers to assure quality, cost effective, timely and appropriate service provisions.
- Monitors the Performance Contract and applicable accreditation standards, including CCBHC Guidelines, for compliance.

THE RIGHTS PROTECTION OFFICER:

- Chairs the Rights Review Team.
- Serves on the Center's MH QM/UM Committee.
- Serves on the Center's CQI Committee
- Receives and follows up on complaints until there is resolution.
- Works in coordination with utilization management staff with various appeal processes and discharge reviews, as needed and serves as the advocate for the individual served.
- Monitors rights, abuse, safety, and health data for trends, and provides information to the Management Team on at least a quarterly basis.
- Assists with the completion of internal audits, as needed.
- Coordinates with the State Ombudsman's office as needed or requested and reports requested information to HHSC within timelines.

THE RISK MANAGER:

- Chairs the Center's Safety Committee.
- Serves as a member of the Infection Control Committee.
- Serves as a member of the MH QM/UM Committee.
- Serves as a member of the CQI Committee.
- Reviews aggregate critical incident data and ensures it is reported to HHSC in a timely manner.
- Ensures a 24 hour/7 day a week on call process for reporting incidents.
- Oversees Center Risk Data and reports trends to program managers through the QM/UM Committee and Management Team on a regular basis.
- Serves as a member on the Infection Control Committee

THE RIGHTS REVIEW TEAM (RRT):

The Rights Review Team has been established to assist the Rights Protection Officer with protecting, preserving, promoting, and advocating for the health, safety, welfare, legal, and human rights of individuals served, as needed. The RRT members include the center's Rights Protection Officer, and two members who have knowledge of current behavior management strategies. Other persons may be included at the meetings, as necessary, to conduct business. The RRT is responsible for:

- Ensuring due process for when a limitation of rights is being considered. Reviewing behavior modification plans to ensure that rights are protected.
  Reviewing medication changes for some individuals served, if necessary.

Recommendations from the RRT are submitted to the Management Team when adverse trends, patterns or barriers are identified.

THE SAFETY COMMITTEE:

In conjunction with the Safety Officer, the Safety Committee creates, implements, and maintains a system of tracking, and reporting. The Safety Committee meets at least quarterly and as often as necessary to conduct business.

THE INFECTION CONTROL COMMITTEE:

The Infection Control Committee has been established and charged with the responsibility for **surveillance** (the continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control), **prevention** (strategies to reduce the probability of an individual acquiring an infection), and **control** (preventing the transmission of identified infections) of infections. The Infection Control Committee, under the guidance of the Medical Director, has the authority to institute any surveillance, prevention, and control measures if there is reason to believe that any individual served or staff member is at risk.

THE 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 is presented to the Risk Management Team on a regular basis. This team meets regularly or as often as is necessary to conduct its business.

THE CONTINUOUS QUALITY IMPROVEMENT COMMITTEE (CQI):[1]

The Continuous Quality Improvement (CQI) Committee provides ongoing operational leadership of continuous quality improvement activities at Tri-County, typically meets monthly but no less than six times a year. The Director of Quality Management and Support serves as the committee chair with consultation and direction provided by the Executive Director and other Center Management Team members. Other members include the Administrator of Quality Management, the Director of Child & Adolescent Services, the Director of Adult Outpatient Services, the Director of Crisis Services, the Director of Information Technology or designee, the Risk Manager or designee, a Financial representative as needed, and the Rights Protection Officer if not already holding one of the previously named positions. Other staff may be called to serve on the CQI committee depending on the specific initiatives of the Committee (i.e. staff managing scheduling and front door services). The Responsibilities of the Committee include:

- Developing the quality improvement plan to include measurable goals and objectives based on priorities that meet established criteria outlined by the committee.

[1] CCBHC 5.b.1 (Continuous Quality Improvement (CQI) Plan)

- Identifying and ranking indicators of quality and intermittently evaluating services based on these indicators.
- Establishing quality improvement initiatives based on Center need, trends, and/or other risk or quality factors evaluated by the Committee.
- Utilizing a PDSA Cycle to ensure improvements are managed through an evidence-based approach.
- Developing a standardized plan for communicating and sharing Quality Improvement information with the Board of Trustees, staff, individuals served and other stakeholders as appropriate.

THE MENTAL HEALTH QUALITY MANAGEMENT/UTILIZATION MANAGEMENT COMMITTEE (MH QM/UM):

The MH QM/UM Committee has a multidisciplinary membership. The Director of Quality Management and the Administrator of Quality Management are the committee chairs. Members include the Medical Director, the Director of Management Information Services, the Reimbursement Manager, the Rights Protection Officer, the Risk Manager, representatives from Adult MH services, Child and Adolescent services, Medication services, and Crisis services and other Financial services as needed. Members may send a designated staff from their department when appropriate. A Management Team member also attends the meetings and acts as a liaison with the Management Team. The committee will meet at least quarterly. To fulfill its responsibility, the MH QM/UM Committee will:

- Review data for MH services, complaints from individuals served, deaths of individuals served, abuse/neglect allegations, incident reports, safety committee recommendations, program satisfaction surveys, updates and findings from the CQI Committee, and any other data or reports that reflect compliance with quality standards.
- Review clinical records from MH programs as part of a more comprehensive record review to ensure that all required documentation is present in the chart and is up to quality standards
- Provide program information about the types of problems found in charts that were reviewed so that process/performance issues can be corrected.
- Review any recommendations of the local Mental Health Planning Network Advisory Committee (MHPNAC) and participate in and submit information to the Regional Planning Network Advisory Committee (RPNAC) as needed.
- Review results of internal audits and program surveys as indicated.

After review of the above, the MH QM/UM 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.

The MH QM/UM Committee's duty is also to ensure the Center is effectively managing its clinical resources and improving the efficiency of the UM process. To fulfill its responsibility, the MH QM/UM Committee will:

- Review reports that address eligibility determination, level of care assignment, service authorization and reauthorization, staff productivity, inpatient admissions, and cost of services.
- Monitor performance in relation to HHSC defined contract performance including targets, performance measures and outcomes.
- Review summary level appeal information.
- Make 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.
- Make recommendations, as necessary, to the Management Team on how to efficiently and effectively meet the requirements for various contracts.
- Propose consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources.

THE JUNIOR UTILIZATION MANAGEMENT COMMITTEE (JUM):

The Director of Quality Management and Support chairs this committee. The Junior Utilization Management Committee (JUM) consists of the Administrator of Quality Management, the Quality and Utilization Specialist, the Manager of Management Information Services, the Reimbursement and Service Analyst and other agency clinical staff as needed. The JUM meets multiple times a month (usually 3) to analyze factors that might be affecting Tri-County's ability to meet contract performance expectations and to review other data that may help to inform the provision of quality services at the Center. To fulfill its responsibilities, the JUM Committee:

- Reviews a list of contract expectations and other identified metrics (i.e. Social Drivers of Health) and performance up to the date of the meeting.
- Updates the Tri-County Performance Summary (TPS) Report which is a document that is accessible to managers, that reflects agency performance on target measures.
- Sends emails to managers of programs that are below contract or performance expectations or when data indicates a quality/utilization issue needing to be addressed to inform them of program areas that are not in compliance with contract or performance expectations and/or that need to be reviewed and/or addressed with staff.
- 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 quality of care, contract compliance or compliance with CCBHC guidelines or other applicable accreditation standards.
- Scrutinizes data that is submitted to determine possible data problems that might be affecting performance and/or quality of care.

- Coordinates with other committees as necessary (i.e. MH QM/UM or CQI) and invites program managers to present compliance concerns to the committee so that the JUM can assist with problem-solving activities.

THE SOFTWARE MANAGEMENT TEAM (SMT):

As part of the upkeep of our clinical software, Tri-County developed a team of staff dedicated to improving our software to reflect complete and accurate data. The Software Management Team meets as needed to review software issues and to correct the billing and data issues that arise from time to time. The team's focus is to ensure that the software meets the needs of our clinical staff and that our data meets both internal and external reporting requirements.

THE GRID REVIEW TEAM (GRT):

- Sets up encounter data modalities to ensure correct submission to HHSC.
- Reviews the Chargemaster Report to ensure that charges are accurate and up to date.
- Reviews the MH 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, Performance Contract and other accreditation standards.
- Meets annually and/or as needed.

THE CORPORATE COMPLIANCE COMMITTEE:

The Corporate Compliance Officer chairs this committee. The Corporate Compliance Committee is comprised of the Corporate Compliance Officer, the Administrator of Compliance, the Director of Quality Management and Support, the Chief Financial Officer, the Billing Coordinator, the Director of IDD Provider Services, the Director of Information Systems, the Adult Outpatient Services Program Director and other program managers as designated by the Management Team. 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, services and/or billing. To fulfill its responsibility, the Corporate Compliance Committee will:

- Provide oversight of the Center's Corporate Compliance Plan.
- Review results of internal and 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 MH QM/UM Committee.

- Review findings of any Corporate Compliance investigations.
- Assure that staff are provided education regarding corporate compliance issues at least quarterly.
- Evaluate the Chargemaster Report 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.

THE MENTAL HEALTH PLANNING NETWORK ADVISORY COMMITTEE (MHPNAC):

The purpose of the MHPNAC 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 Mental Illness. The MHPNAC is charged with providing input for the Local Plan regarding local needs and best value. One member of the MHPNAC is asked to sit on the Regional Planning Network Advisory Committee (RPNAC) for the East Texas Behavioral Healthcare Network. Staff from Tri-County serve as liaisons of the MHPNAC to provide support and information, as necessary and appropriate, for the MHPNAC to conduct its business. Liaisons have a voice, but no vote at MHPNAC meetings. Tri-County will make a concerted effort to replace MHPNAC members within 3 months of their leave. The MHPNAC is always given the opportunity to make recommendations to the Board through the Board liaison or the Director of Organizational Support. The responsibilities of the MHPNAC 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 advocacy projects related to individuals served and/or the Center.
- 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 6 times a year.
- Providing an annual report to the Board of Trustees.

THE REGIONAL PLANNING NETWORK ADVISORY COMMITTEE (RPNAC):

Tri-County, as a member of the East Texas Behavioral Healthcare Network (ETBHN), collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee made up of at least one (1) MHPNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's MHPNAC members, and a Center liaison attend the quarterly RPNAC meetings. Tri-County MHPNAC members who are on the RPNAC, Leadership 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 individuals 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.
- Evaluations shall take place one Center program at a time as determined by the Regional Oversight Committee (ROC). ETBHN will collect and compile data and distribute it to member Centers.

Chapter 3: Ongoing Quality Review Activities

In addition to the Center's Continuous Quality Improvement (CQI) Plan, outlined in Chapter 5, there are several ongoing Quality Review processes and activities that must remain in place to ensure the system of care itself remains interconnected and improvement focused. The following is an outline of additional processes and activities in place at Tri-County Behavioral Healthcare (Tri-County) and should be taken in context with the other chapters of the Quality Management Plan:

USE OF THE MENTAL HEALTH QUALITY MANAGEMENT/UTILIZATION MANAGEMENT COMMITTEE (MH QM/UM)

The Director of Quality Management and Support or designee chairs the MH QM/UM, CQI, and Junior Utilization Management (JUM) Committees while serving as a standing member of the Management Team and the Safety, Infection Control, and Corporate Compliance Committees. This ensures that information is passed between each committee, so that each committee can continue to be effective in meeting the quality assurance goals of the agency. These committees analyze data related to the Center's MH and SA services to individuals, standards, compliance, and financial resources. Through this involvement, outliers can be determined and improvement plans written. Any needed plans of improvement will be presented to the Management Team and acted upon in a timely manner. The MH QM/UM Committee will ensure implementation and oversight of improvement initiatives.

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. 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 are 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 HHCS Data Warehouse can be used daily for monitoring our progress toward meeting performance measures. Each day select staff review encounter data warnings so that corrections can be made in Tri-County's clinical system that might affect batching accuracy. 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 monitors weekly service reports 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. These reports are reviewed by the Software Management Team (SMT) as needed.
- Substance Abuse Prevention and Treatment Data:
  Data for persons in the Substance Abuse Prevention and Treatment Programs is captured in the Center's local data system (Anasazi), and in the Clinical Management for Behavioral Health Services system (CMBHS) as required by our contracts with HHSC. Reports from these systems will be monitored by Tri-County staff to determine accuracy and consistency. Data issues will be addressed as they are found and monthly reports will be provided to the Center's Quality Management and Utilization Management Committee.
- Through the Center's CQI Plan and other Center processes outlined in Chapter 2, Center data is assessed and analyzed to ensure that State and National measures being monitored for improvement. Through this process the Center ensures that these measures required by contracts, grants or other applicable accreditation organizations are stable and valid.

INTERNAL PROGRAM SURVEY PROCESS

One of Tri-County's self-assessment initiatives is the program survey process. The Administrator of Quality Management, the Rights Protection Officer, and other Quality Management and Center Staff complete this process. This internal auditing process looks at each program's compliance with the MH and/or SA Contracts, CCBHC guidelines and other applicable standards. The program survey process is continuously analyzed and redeveloped, as needed, to be in line with the current evidence-based practice models, and other acceptable guidelines. Chart audits, interviews with program staff, interviews with the program manager, interviews with individuals served, inspection of the facilities, review of satisfaction surveys, and review of training materials are all a part of this process. Additionally, program outcomes, quality and satisfaction endeavors, financial reports, personnel development, and compliance with the Health Insurance Portability Accountability Act (HIPAA) are reviewed during this process. A summary of findings from the survey is presented including identified program strengths, weaknesses, and recommendations for improvement.

Each documentation/chart review conducted by quality management staff takes into account applicable evidenced based practices, appropriateness of placement, adequacy of services provided, and quality of individual continuum of care (continuity of care). Documentation and chart review tools used in these audits are developed from a variety of sources, including but not limited to:

- State manuals;
- Fidelity Guidelines;
- HHSC Performance Contracts;
- Texas Administrative Code;
- CCBHC guidelines;
- Other applicable Evidenced-Based Practices and accreditation standards.

The tools will continue to be changed as necessary to ensure we are measuring compliance with the most current standards and guidelines. The results of each program survey audit are 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 MH QM/UM Committee also reviews the results of each program survey and makes recommendations as needed.

SATISFACTION SURVEY

The Quality Management Department conducts phone surveys with individuals served during each internal program survey in order to monitor and assess satisfaction. Recommendations are made to program managers when indicated. In addition, satisfaction surveys are completed as part of the Center's self-assessment process. Each program conducts their own satisfaction surveys on a quarterly basis using either a standardized questionnaire or a survey they have approved through the Quality Management Department. The results are requested to be reviewed during program survey and are used to make reasonable changes/improvements to the program. In addition, the Administrator of Quality Management facilitates the distribution of additional satisfaction survey, on an intermittent schedule and/or as indicated, to further evaluate services.

STAKEHOLDER INVOLVEMENT AND INPUT

Area organizations in which Tri-County participates include, but are not limited to:

- Community Resource Coordinating Groups (CRCG)
- Montgomery County Homeless Coalition
- United Way of Greater Houston
- Montgomery County Mental Health Treatment Court
- Mental Health Planning Network Advisory Committee (MHPNAC)
- Regional Planning Network Advisory Committee (RPNAC)
- Leadership Montgomery County (Conroe/Greater Conroe Chamber of Commerce)
- Montgomery County Veteran's Treatment Court
- Child Fatality Review Teams from each represented county
- Various other community partnerships.

Tri-County continues to develop community relationships with local independent school districts, hospitals and emergency departments, law enforcement and the criminal justice system as well as other agencies integral to the coordination of care for those we serve. Additionally, Tri-County strives to engage individuals served, their family members, providers, advocates, local officials, volunteers, staff, and other members of the general public in planning initiatives to identify service gaps and priorities for

our community and those we serve. Participating in these groups enables Tri-County staff to build relationships through networking and collaboration with representatives from other area agencies.

CORPORATE COMPLIANCE

Tri-County continues to implement and monitor initiatives that are outlined in the Center's Corporate Compliance Plan. Corporate Compliance training is part of the new employee orientation. All employees and the Board of Trustees receive annual training on Corporate Compliance. Mandatory training helps protect the Board of Trustees, employees of all levels, and contractors against the negative consequences of federal healthcare fraud and abuse. The Corporate Compliance Procedure requires that the Center develop an improved culture of sensitivity and awareness of federal funding requirements and compliance obligations. All Corporate Compliance allegations are investigated and, if needed, corrective action is taken. Corporate Compliance training issues are discussed with employees by their supervisor on a quarterly basis. An executive level staff member continues to serve as the Corporate Compliance Officer and the Corporate Compliance Committee meets at least quarterly.

To ensure compliance with regulations such as the Deficit Reduction Act of 2005 (DRA), Tri-County's Corporate Compliance program includes the following:

- A Corporate Compliance Policy that includes reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center along with a requirement that that training includes information on:
    - The Federal False Claims Act
    - The State Medicaid False Claims Act
    - Qui Tam
- A Corporate Compliance Action Plan which guides the activities of the Corporate Compliance Program at Tri-County.
- A Community Based Services Agreement that requires any contractors entering into this agreement with Tri-County to either:
    - Participate in the Tri-County Compliance program, or
    - Provide their Corporate Compliance information to our committee for review and approval.
- Corporate Compliance Training at hire, 90 days after hire and annually to ensure a positive culture of compliance as well as a solid understanding of and compliance with regulation.
- An updated Agency Employee Handbook that reflects Corporate Compliance Program requirements.

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 training. Included in this training is a Corporate Compliance training review.

As program managers have identified problems or potential problems in their departments, the Training Coordinator and/or Clinical Trainer have developed specific CBT modules as well as provided face-to-face specific training to the program staff.

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. The Human Resource Department, in coordination with the Billing Department, ensures that professional clinical staff licensing and credentials are current. Tri-County is committed to on-going professional training. Through the Clinical Trainer and other staff certified as train the trainers, our Center provides a variety of experts to provide training on such topics as trauma informed care, cultural diversity, customer service, psychological first aid, responsible care, best practices, and engagement and teaching strategies for persons with mental illness and/or substance abuse diagnoses. The need for and development of additional trainings is an ongoing commitment of the Tri-County Training Department.

It is required by Tri-County that Utilization Management Staff are properly trained and supervised, as required by HHSC or by other policy, law or regulation. It is the responsibility of the Quality Management Department, in consultation with the Utilization Psychiatrist and the Training Department, as necessary, to ensure documentation and supervision are properly maintained.

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

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

incidents of abuse, neglect and exploitation before it occurs. Should any trends or patterns arise this information will be shared with the MH QM/UM and CQI Committees for analysis and recommendation.

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 MH QM/UM Committee for trends or patterns involving particular programs, certain staff or persons served. If trends or patterns are identified, the information is shared with Management Team and the CQI Committee and recommendations for improvements are made and improvement plans are requested if necessary. Tri-County Quality Management 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 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. Tri-County has a toll free 1-800 line, which goes directly to the Rights Protection Officer, and 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 individuals in her message on how to reach the Department of Family and Protective Services (DFPS) 1-800 line in cases of abuse, neglect or exploitation. If DFPS is contacted about potential abuse, neglect or exploitation, they will contact the after-hours on call phone which ensures that reports can be made to a live caller 24 hours a day, 365 days a year. If the individual seeks an operator after hours by pressing zero during the voicemail message, instructions will be given on how to contact our afterhours crisis service. We continue to pursue a diligent education program on how to exercise rights and contact the Rights Protection Officer as well as the Department of Family and Protective Services when there is a need.

Additionally, Quality Management Department staff have face-to-face interviews with program staff during the program survey process of each department to ensure that staff members are knowledgeable in key areas. Interviews include verification that staff understand areas concerning rights, abuse, neglect, and exploitation issues and how/when to report such information. Also, during the review process, each facility is checked to ensure that proper information on how to contact the Rights Protection Officer and the Department of Family and Protective Services is posted with easy to understand directions on how to utilize the information.

The Center continues to focus on best hiring practices in order to reduce the turnover rate of our workforce. Significant efforts to retain staff have been taken in the last few years and the Center continues in its commitment to explore new ways to provide quality services to the individuals we serve with our available resources.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

In addition to routine monitoring of clinical outcomes and organizational indicators, continuous quality review activities are monitored to ensure compliance with CCBHC certification and overall adherence to CCBHC criteria is formally assessed on an annual basis. Through the Continuous Quality Improvement (CQI) Plan, CCBHC criteria inclusion in Center audit tools and other Quality Management structures and activities, CCBHC is continually monitored throughout many quality review activities at Tri-County.

ADDITIONAL ONGOING QUALITY REVIEW ACTIVITIES FOR SPECIALTY PROGRAMS

Specific programs at Tri-County require additional focus from the Quality Management Program due to the intensity and/or specialty of the services provided. The following sections outline additional Quality Management activities for these services and should be read in context with the larger Quality Management Plan. The structures explained in umbrella Quality Management Plan are used for monitoring, assessing, and improving all services at the Center and include, but are not limited to, the following:

- The use of the MH QM/UM Committee;
- Measuring, Assessing, and Improving the accuracy of data reported by the Local Authority;
- Internal Program Review process;
- Satisfaction Survey;
- Stakeholder Involvement and Input;
- Staff Development;
- Rights, Abuse/Neglect, Safety, and Health Data; and
- Plan for reducing confirmed instances of Abuse and Neglect.

QUALITY MANAGEMENT OF YOUTH EMPOWERMENT SERVICES (YES) WAIVER

In FY 2016, under direction from the 83rd Legislature, Tri-County Behavioral Healthcare began providing comprehensive and community-based mental health services to children and youth at risk of institutionalization and/or out-of-home placement due to their serious emotional disturbances. The population served includes children and youth ages three (3) to eighteen (18) that reside in Montgomery, Walker, and Liberty counties. In addition to providing Wraparound services (including Intensive Case Management and Individual Skills Training) children and youth enrolled in YES Waiver can receive contracted services including:

- Respite;
- Adaptive Aids and Supports;
- Community Living Supports (CLS);
- Employment Assistance;

- Family Supports;
- Minor Home Modifications;
- Non-Medical Transportation;
- Paraprofessional Services;
- Supportive Employment;
- Transitional Services; and
- Specialized Therapies including Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy and Nutritional Counseling.

The program manager for the YES Waiver is a Licensed Professional Counselor with over 15 years of experience in the mental health and social services setting. As required by the Texas Health and Human Services Commission contract, all Tri-County policy and procedure that governs security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed by the YES Waiver program.

The program staff along with various agency committees including JUM and MH QM/UM will monitor YES Waiver performance target numbers as required by HHSC. Tri-County's Utilization Management staff will assist program staff with the completion of these activities and results will be reported to the Tri-County Management Team for review. Additional audit requests will be completed by the Tri-County Quality/Utilization Management staff in cooperation with program staff. Plans of improvement and supporting documentation will be submitted to HHSC as required. Plans of improvement will be monitored by the Quality Management Department. If HHSC makes specific recommendations related to staff training, self-monitoring activities or CMBHS and/or MBOW performance reports, Tri-County staff will implement required changes.

Goals for providing Quality Management of Youth Empowerment Services
Goal 1: The Quality Management Department will collect data, measure, assess, and work to improve dimensions of performance through focus on the following aspects of care:

a. Timeliness of Services
b. Timely Enrollment of Waiver Participants
c. Plans of Care and Statements are based on underlying needs and outcome statements
d. Services are provided according to the Waiver participant's Individual Plan of Care.
e. Provider participation in child and family and team meetings
f. Assuring development and revision of Individual Plans of Care
g. Health and Safety risk factors are identified and updated
h. Collection and analysis of critical incident data
i. Providers are credentialed and trained
j. Adherence to established procedures
k. Continuity of Care

Performance Standard

Quality Management staff will incorporate the above aspects of care into the activities of other agency committees (i.e. Junior Utilization Management, Safety, MH QM/UM Committee) and will continue to collect and review quality assurance of documentation of YES Waiver services in order to monitor, evaluate, and implement needed changes.

Measurable Activities

1. Update, as necessary, review tools to be in compliance with the HHSC YES Waiver contract, the Texas Administrative Code, current evidence-based practice and the YES Waiver Policy and Procedures.
2. Evaluate and assess the program according to the aspects of care listed above.
3. Provide feedback to reviewed programs that include department strengths, weaknesses, and recommendations for improvement.
4. Provide review reports to program managers and the Management Team upon completion
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from internal review to the Mental Health Quality Management/Utilization Management Committee (MH QM/UM), for evaluation.
7. Continually review the program review process for YES Waiver and make modifications as needed to ensure that the process is measuring critical program elements.

Goal 2: The Quality Management Department will ensure that the YES Waiver procedures and processes are in compliance with state regulations.

Performance Standard

Review written procedures applicable to the YES Waiver program to ensure that they are in-line with the YES Waiver manual and that all YES staff review these procedures.

Measurable Activities

1. Ensure that written procedures are developed and maintained in compliance with the Texas Administrative Code, YES Waiver contract, YES Waiver Policy and Procedures and objectives related to the program's mission.
2. Ensure that all staff working in the YES Waiver program are aware of procedural changes and are provided with and read the procedures applicable to their position.
3. Ensure that procedures applicable to YES Waiver are reviewed as a part of the internal program review process for YES Waiver services.
4. Provide feedback to program managers when there are indications that changes may be warranted.

QUALITY MANAGEMENT OF SUBSTANCE USE DISORDER (SUD) SERVICES

Youth Prevention Substance Use and Misuse Services, Selective (YPS) and Universal (YPU)

Tri-County began providing substance abuse education classes to youth who were at risk of substance abuse in our three county service area in Fiscal Year 2009. The YPS program uses the Rainbow Day's Kid's Connection (ages 6-11) and Youth Connection (ages 12-17) evidence-based curriculum to provide education to 'at risk' children in Liberty, Montgomery and Walker Counties. The Rainbow Days curriculum is a Curriculum-Based Support Group (CBSG) which has been approved by the Texas Health and Human Services Commission (HHSC) to be presented in schools, after-school programs, head start programs, and other community-based settings. Tri-County provides services in a variety of environments but services will primarily be provided in area Elementary, Intermediate, Junior High and Senior High Schools to children that the schools feel are appropriate for the program. Other potential service locations include homeless shelters, family violence shelters and after-school youth service programs.

In Fiscal Year 2020, Tri-County expanded the prevention program to include youth in the general public through the Youth Prevention Universal (YPU) Contract and is currently providing the All Stars Evidence Based Curriculum to over 298 Sixth graders.

As required by the HHSC contract, all Tri-County policy and procedure that governs security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed for the Prevention Programs.

The programs will provide participants with the opportunity to complete a satisfaction questionnaire at the conclusion of YPS and YPU services. These questionnaires and other data from the program will be reviewed during internal Program Survey audits and by the Center's MH QM/UM Committee, as needed.

The program staff will report YPS and YPU performance target numbers to the JUM Committee and MH QM/UM Committee and these committees will monitor quarterly performance as required by HHSC. If a waiting list has to be started for the program, this information will also be shared with these committees who will review the information to ensure fairness and equity in the access of services.

Tri-County's Utilization Management Staff will assist Program Staff with the completion of these activities and results will be reported to the Tri-County Management Team for review. Additional audit requests will be completed by Tri-County Quality Management Staff in cooperation with Program Staff. Plans of improvement and supporting documentation will be submitted to HHSC as required and monitored by the QM/UM Departments. If HHSC makes specific recommendations related to staff training, self-monitoring activities, or CMBHS performance reports, Tri-County staff will implement required changes.

Substance Use Disorder Treatment Program (SUDTP)
After receiving local funding and state licensure for 12 adult slots in 2009, Tri-County implemented a SUDTP and later gained licensure for 12 additional slots to include adolescents. Currently, Tri-County holds state licensure for 180 slots for both adults and adolescents. In June 2010, Tri-County was awarded state funding to provide adult and youth outpatient substance abuse treatment services including treatment of individuals having Co-occurring Psychiatric and Substance Abuse Disorders (COPSD).

The Substance Abuse Treatment Program Managers for both Adults and Youth are LCDCs with two years of supervised post-licensure experience. In the outpatient SUDTP at Tri-County, individuals participate in group processing, education on addiction through lectures, films, books, pamphlets, and support groups. Tri-County's substance abuse treatment program is currently utilizing the evidence-based practices of the Matrix Intensive Outpatient Model, and Cannabis Youth Treatment (CYT) for adolescents.

As required by HHSC contract, all Tri-County policy and procedures that govern security of confidential information, discrimination, individual rights, use of tobacco, and the participant's right to file a grievance will be followed for the SUDTPs.

The SUDTP Director will provide updates to the Center's MH QM/UM Committee regularly. The Program Staff will report SUDTP performance target numbers to the JUM and MH QM/UM Committees and these committees will monitor quarterly performance as required by HHSC, CCBHC or other accreditation organization as applicable. If a waiting list has to be started for the program, this information will also be shared with these committees who will review the information to ensure fairness and equity in the access of services.

Tri-County's Utilization Management staff will assist program staff with the completion of these activities and results will be reported to the Tri-County Management Team for review. Additional audit requests will be completed by Tri-County Quality Management Staff in cooperation with program staff. Plans of improvement and supporting documentation will be submitted to HHSC and/or other accreditation organizations as required. Plans of improvement will be monitored by the Utilization Management and/or Quality Management Departments. If HHSC or applicable accreditation organizations makes specific recommendations related to staff training, self-monitoring activities or CMBHS performance reports, Tri-County staff will implement required changes.

Goals for Providing Quality Management of SUD Treatment and SUD Programs
Goal 1: The Quality Management Department will implement a process to monitor SUDTP services and Prevention services for appropriateness, review progress toward goals, monitor compliance with the

HHSC Substance Abuse Performance Contract, and ensure a documented process to implement improvements.

Performance Standard

Conduct an internal review of at least one SUD or Prevention Program on an annual basis in order to monitor, evaluate and implement needed changes. Additional SUD and/or Prevention programs may be reviewed based on need.

Measurable Activities:

1. Update, as necessary, review tools to be in compliance with the HHSC Substance Abuse Performance Contract, The Texas Administrative Code, applicable Memorandums of understanding, CCBHC and current evidence – based practices (i.e. The Matrix Model, Cannabis Youth Treatment (CYT), Rainbow days, Kids and Youth Connections).
2. Evaluate and assess these programs in the following domains: Documentation, Satisfaction, Financial, Human Resources, HIPAA Compliance, Performance Outcomes, CCBHC alignment and Rights, Abuse, Safety, and Health.
3. Provide feedback to reviewed programs that include department strengths, weaknesses and recommendations for improvement.
4. Provide the findings report to program managers and the Management Team upon completion.
5. Follow up with program managers regarding plans of correction as needed.
6. Provide updates from internal reviews to the MH QM/UM Committee for evaluation.
7. Continually review the program review process for SUDTP and make modifications as needed to ensure that the process is measuring critical program elements.

Goal 2: The Quality Management Department will ensure that Substance Abuse Treatment and Substance Abuse Prevention procedures and processes are in compliance with state regulations.

Performance Standard:

Review written procedures applicable to SUDTP and/or Prevention Programs on an annual basis and ensure that all staff review these procedures.

Measurable Activities:

1. Ensure that written procedures are developed and maintained in compliance with the Texas Administrative Code, the Substance Abuse Performance Contracts, CCBHC criteria, and include goals and objectives that relate to the program's mission.
2. Ensure that all staff working in the Substance Abuse Treatment Program and the Youth Substance Abuse Prevention Program are aware of procedural changes and are provided with and read the procedures applicable to their position.

3. Ensure that procedures applicable to substance abuse service provision are reviewed as a part of the internal program review process for substance abuse services.
4. Provide feedback to program managers when there are indications that changes may be warranted.

Chapter 4: Utilization Management Plan

Utilization Management (UM) is the vehicle through which Tri-County Behavioral Healthcare (Tri-County) ensures people receive quality, cost-effective services in a timely manner and in the most appropriate setting. By implementing UM activities, Tri-County strives to achieve a balance between the needs and quality of life of Individuals seeking services and the demand for services while taking into account the availability of resources. Tri-County, through contract with HHSC, participates in the Texas Resilience and Recovery System of care design which establishes who is eligible to receive services through a uniform assessment that determines the appropriate services through a 'Level of Care (LOC)' designation, establishes guidelines for 'Utilization Management' of Individuals assigned to an LOC, measures particular clinical outcomes to determine the impact of services and outlines the expected cost of services. The following is an outline of they key UM activities that Tri-County participates in to gain information and data in order to better inform management decisions and assist with overall improvement of the system of care. This outline should be read along with the other sections of the QM Plan in order to obtain a full picture of the UM program at Tri-County (i.e. UM related responsibilities and committees are outlined in Chapter 2). The Center's Utilization Manager, under the direction of a UM Psychiatrist and in consultation with the MH QM/UM Committee, assumes the responsibility for the execution of this UM Plan.

PSYCHIATRIST OVERSIGHT OF THE UM PROGRAM

The psychiatrist who provides oversight of the responsibilities of the UM Program and Committee for Tri-County is Jonathan Sneed, D.O. Tri-County Medical Director. Additionally, through participation in the East Texas Behavioral Healthcare Network (ETBHN), Tri-County participates in the Regional UM Committee which is overseen by Mark Janes, M.D. ETBHN Medical Director.

PROCESS FOR ELIGIBILITY DETERMINATION

Intake staff conducts a screening on each Individual to determine whether the requirements are met for admission to services and initial level of care assignment using HHSC criteria. Determinations are conducted to ensure that Tri-County's guidelines deliver treatment in the most effective and efficient manner. Quality and Utilization Management staff, whichever appropriate, review eligibility information prior to authorization and during program survey audits as well as when appeals are requested.

PROCESS FOR LEVEL OF CARE ASSIGNMENT

Tri-County assigns each Individual served to the appropriate level of care according to HHSC TRR UM guidelines and conducts retrospective oversight of initial and subsequent level of care assignments to ensure consistent application of TRR UM guidelines. These processes ensure sufficient utilization and resource allocation determinations based on clinical data, practice guidelines and information regarding the Individual's needs with consideration of the Individual's treatment preferences and objections.
The Quality and Utilization Management Department may put additional oversight activities in place when resources are limited to ensure safety and appropriateness of any overrides.

PROCESS FOR AUTHORIZATIONS AND REAUTHORIZATIONS

Tri-County has a partnership with ETBHN to conduct retrospective oversight, initial and subsequent level of care assignments to ensure consistent application of HHSC TRR Utilization Management Guidelines. A position was added to ensure that Individuals affected by Senate Bill 58, which moved much of their mental healthcare into managed care, continue to receive needed levels of care in line with State guidelines and medical necessity.

PROCESS OF OUTLIER REVIEW

Tri-County and ETBHN, as designated by Tri-County, through its MH QM/UM Management Committee, will conduct outlier review. This process will consist of a review of data to identify outliers and to determine the need for change in level of care assignment processes, service intensity or other UM activities. These reviews are conducted to ensure provider treatment is consistent with practice guidelines as is the process for making utilization/resource allocation determinations.

EXCEPTION/ CLINICAL OVERRIDE PROCESS

Tri-County will maintain a system to override the current authorization guidelines when there is the need, to make exceptions to and manage the amount of service authorized for an Individual, and will report on exceptions or overrides as required by HHSC. Any deviations from recommended levels of care are reviewed by the ETBHN Authorizer and program managers. Quality Management/Utilization Management is included on reviews as needed to ensure appropriateness of level of care placements. All overrides are reviewed on a regular basis at the MH QM/UM Committee Meetings.

INPATIENT ADMISSIONS, STATE HOSPITALIZATIONS AND DISCHARGE

The Center conducts reviews of inpatient admissions to ensure the most clinically appropriate and effective length of stay at an inpatient facility and reviews related discharge plans to ensure timely and appropriate continuity of care following an inpatient stay.

APPEAL PROCESS

Pursuant to 25 TAC §401.464, Tri-County is dedicated to providing services which are viewed as satisfactory by Individuals receiving those services and their legally authorized representatives (LAR). The purpose of this process is to assure that Individuals:

1. Have a method to express their concerns of dissatisfaction;
2. Are assisted to do so in a constructive way; and
3. Have their concerns of dissatisfaction addressed through a review process.

A request to review decisions described in this section may be made by the Individual requesting or receiving services and/or supports, the Individual's LAR or any other individual with the Individual's consent.

Tri-County shall provide written notification in a language and/or method understood by the individual and/or their LAR, of the Tri-County procedure for addressing concerns or dissatisfaction with services or supports. The individual and/or LAR, shall receive this information at the time of admission into services and on an annual basis. The notification shall explain:

1. An easily understood process for Individuals and legally authorized representatives to request a review of their concerns or dissatisfaction by Tri-County;
2. How the Individual may receive assistance in requesting the review;
3. The timeframe for the review; and
4. The method by which the Individual is informed of the outcome of that review.

Tri-County shall notify Individuals and LARs in writing in a language and/or method understood by the Individual and LAR of the following decisions and of the process to appeal by requesting a review of:

1. A decision to change, reduce, or deny the Individual services or supports, at the conclusion of Tri-County's procedural review, which determines whether the Individual meets the criteria for the priority population; and
2. A decision to terminate services or supports and follow-along from Tri-County or its contractor, if appropriate.

The written notification referred to above must:

1. Be given or mailed to the Individual and the LAR within ten (10) business days of the date the decision was made;
2. State the reason for the decision;
3. Explain that the Individual and LAR may contact Tri-County within thirty (30) days of receipt of notification of the denial or change in services if dissatisfied with the decision and request that the decision be reviewed in accordance with this procedure; and
4. Include names, phone numbers and addresses of one or more accessible staff to contact during office hours.

APPEAL OF DECISION TO REDUCE SERVICES AND SUPPORTS

1. If an Individual or LAR believes that the Center or its contract provider has made a decision to involuntarily reduce services by changing the amount, duration, or scope of services and supports provided and is dissatisfied with that decision, then the Individual may request in writing that the decision be reviewed in accordance with Tri-County's Notification and Appeals Process procedure.
2. The review by the Center or its contract provider shall:
    a. Begin within ten (10) business days of receipt of the request for a review, be completed within ten (10) business days of the time it begins, unless an extension is granted by the Executive Director of the Center;
    b. Begin immediately upon receipt of the request and be completed within five (5) business days if the decision is related to a crisis service;
    c. Be conducted by an Individual(s) who was not involved in the initial decision;
    d. Include a review of the original decision which led to the Individual's dissatisfaction;
    e. Result in a decision to uphold, reverse or modify the original decision; and
    f. Provide the Individual and/or LAR an opportunity to express his or her concerns in person or by telephone to the Individual reviewing the decision. The review shall also allow the Individual to:
        1) Have a representative talk with the reviewer, or
        2) Submit his or her concerns in writing, on tape, or in some other fashion.

The notification and review process described in the Notification and Appeals Process procedure:

1. Is applicable only to services and supports funded by HHSC and provided or contracted for by its local authorities;
2. Does not preclude an Individual or legally authorized representative's rights to review, appeal, or other actions that accompany other funds administered through Tri-County or its contractor, or to other appeals processes provided for by other state and federal laws, Texas Health and Safety Code, Title 7, Chapter 593 (Persons with an Intellectual Disability Act); 42 USC 1396 (Medicaid Statute); and Texas Human Resources Code, Chapter 73 (Early Childhood Intervention Services), and Early Childhood Intervention programs as funded by the Texas Interagency Council for Early Childhood Intervention.

QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT

The Center's QM staff provide oversight to ensure compliance with and the quality of the implementation of Texas Resiliency and Recovery (TRR) practices, monitor fidelity to service models, monitor performance in relation to HHSC-defined performance measures, and coordinate activities with the UM program.

GOALS OF TRI-COUNTY'S UM PLAN

1. Monitor, assess, analyze, and improve accessibility by monitoring timely authorization of UAs and service provision length related to medical necessity.
2. Assure and improve availability of services by monitoring the time to the first service and proper use of the wait list.
3. Improve quality of services by monitoring outcomes for both children and adults.
4. Monitor, analyze and frequently communicate any concerns with performance and/or quality measures to the appropriate program and clinical staff.

DELEGATED UM ACTIVITIES AND OVERSIGHT

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

Chapter 5: Continuous Quality Improvement (CQI) Plan

The following quality improvement plan serves as the foundation of the commitment of Tri-County Behavioral Healthcare (Tri-County) to continuously improve the quality of the treatment and services provided. Tri-County is committed to the ongoing improvement of the quality of care provided to Individuals served.

QUALITY

Quality services are those services that have an increased probability of resulting in improved outcomes and quality of life for individuals served, follow current professional knowledge, and are safe, effective, timely, person/family centered, trauma informed, recovery oriented and are provided within the guidelines of our current legal framework. Tri-County will place continued focus on improvement to ensure:

- Recovery oriented and trauma informed care;
- Services provided are medically necessary and appropriate to the needs of each individual while incorporating appropriate cultural and linguistic care;
- Services are provided at times and in places that are convenient and accessible to individuals served;
- Evidence-based practices are incorporated into treatment whenever feasible;
- Emotional and physical safety of individuals served and staff remains a key focus along with making adjustments to identified issues quickly and effectively to minimize risk;[1]
- Continued prevention, management and reduction of suicide attempts, suicide, and deaths;[2]
- Person and Family Centered Care are respected through empowering and allowing the individual a voice to identify their needs and expectations, as well as those that they designate to collaborate with the treatment team;
- Continued assessment, evaluation and adjustment of care for individuals readmitted to a hospital within 30 days as well as other populations identified to be at higher risk for frequent hospitalizations;[3]
- Processes and Services are provided in a timely and efficient manner and include appropriate coordination and continuity of care with other providers throughout the episode of care; and
- Rights are protected at all times.

[1] CCBHC 5.b.1 (Continuous Quality Improvement (CQI) Plan)
[2] CCBHC 5.b.2 (Continuous Quality Improvement (CQI) Plan)
[3] CCBHC 5.b.2 (Continuous Quality Improvement (CQI) Plan)

QUALITY IMPROVEMENT PRINCIPLES

Quality Improvement is a systemic approach to assessing, evaluating, improving, and measuring processes and services provided by Tri-County through the following principles:

- **Continuous Improvement:** The highest quality organizations understand that there are almost always opportunities for improvement and that processes must be continually reviewed and adjusted over time through small incremental changes in order to produce the most effective improvement.
- **Data Informed Practices:** Successful CQI processes use data to create feedback loops, inform processes, and measure results to determine effectiveness.[4]
- **Proactive Mindset:** An effective Quality Improvement program is continuous and will allow for identification of best practices and processes early on and prevent poor outcomes and wasted time or resources on corrective action.
- **Stakeholder Focus:** Services and programs that that attain the best quality include input from persons served, their designated family and/or support networks, and other involved community members and strive to meet and/or exceed the expectations of these stakeholders by allowing for collaboration and voice.
- **Recovery-Oriented**: Services are provided through a commitment to promoting and preserving wellness, empowering individuals served to play an active role in their recovery, and providing choice to the highest degree.
- **Leadership Involvement:** Strong leadership, direction, and support of quality improvement activities by the governing body and executive director are key to improvement and ensure that quality improvement efforts remain aligned with the organization's mission, vision, and strategic plans.
- **Workforce Empowerment**: Effective programs involve people at all levels of the organization in improving quality.

CQI ACTIVITIES

Quality Improvement Activities are an integral part in providing the foundation for an effective system wide quality management program. The following framework is supported by Center Management and includes participation from all levels of the organization in an effort to achieve a CQI structure. The primary focal points of the Quality Improvement Program for Tri-County Behavioral Healthcare include:

1) Assessing, evaluating, and measuring Tri-County's services through the collection and analysis of data.[5]
2) Working through identified quality improvement initiatives using a PDSA cycle with special focus on new or problem areas and continuing to look for ways to improve existing services.

[4] CCBHC 5.b.1 (Continuous Quality Improvement (CQI) Plan)
[5] CCBHC 5.a.1 (Data Collection, Reporting, and Tracking)

THE CQI COMMITTEE

The CQI Committee provides ongoing operational leadership of CQI activities at Tri-County, typically meets monthly but no less than six times a year. The Director of Quality Management and Support serves as the Committee Chair with consultation and direction provided by the Executive Director and other Center Management Team members as needed. Other members include the Administrator of Quality Management, the Director of Child & Adolescent Services, the Director of Adult Outpatient Services, the Director of Crisis Services, the Director of Information Technology or designee, the Risk Manager or designee, a Financial representative as needed, and the Rights Protection Officer if not already holding one of the previously named positions. Other staff may be called to serve on the CQI committee depending on the specific initiatives of the Committee (i.e. staff managing scheduling and front door services).

The Responsibilities of the Committee include:

- Developing the CQI Plan to include measurable outcomes based on priorities that meet established criteria outlined by the Committee;
- Identifying and ranking indicators of quality and intermittently evaluating services based on these indicators;
- Establishing Quality Improvement Initiatives based on Center need, trends, and/or other risk or quality factors evaluated by the Committee;
- Utilizing a Plan, Do, Study, Act (PDSA) Cycle to ensure improvements are managed through an evidence-based approach; and
- Developing a standardized plan for communicating and sharing Quality Improvement information with the Board of Trustees, Staff, Individuals served, and other stakeholders as appropriate.

ROLE OF THE PNAC

The Board of Trustees for Tri-County appoints, charges, and supports the Mental Health Planning and Network Advisory Committee (PNAC) to review and provide input related to the local needs and priorities of the local service area, contracts, special assignments and projects such as providing feedback to the CQI Committee on the CQI Plan and initiatives for the Center. The PNAC is made up of at least nine members, 51% of which are Individuals served, family members, or people in recovery from behavioral health conditions and at least one member has lived experience with homelessness or housing instability.[6] The Director of Quality Management and Support serves as the Staff liaison to the PNAC, able to communicate feedback back to the CQI committee and the Board of Trustees in a timely manner.

[6] CCBHC 6.b.1 (Governance)

GOALS AND OBJECTIVES

Annually, following the initial CQI plan, the CQI Committee is responsible for identifying and defining goals and specific outcomes to be accomplished through the PDSA process. The Director of Quality Management and Support, the Executive Director, the Board of Trustees, the PNAC, HHSC, or accrediting organizations may request additional initiatives for the Committee to evaluate as Center need arises.

LONG TERM GOALS AND OBJECTIVES

The following are the ongoing long term CQI goals for Tri-County and the specific objectives for accomplishing these goals for the year **2020**:

1) To implement quantifiable measurement practices that assess key processes or outcomes;
2) To bring managers and other Tri-County staff together to review quantifiable data, trends, and other risk/areas of concern;
3) To achieve measurable improvement in the highest priority areas;
4) To meet internal and external reporting requirements;
5) To provide meaningful education and training to managers and Tri-County Staff;
6) To develop or utilize tools, such as Evidence-Based Practice Guidelines, Client Satisfaction Surveys and other Quality Indicators and review these tools intermittently for effectiveness;
7) Suicide attempts and completions of Individuals served;
8) Thirty (30) day rehospitalization for behavioral health reasons will remain an ongoing focus of the CQI Team;[7]and
9) To establish Fidelity checkpoints for overall accreditation (i.e. CCBHC) adherence as well as processes to review other evidence-based protocols.

2020 TARGETED GOALS AND OBJECTIVES

The following are the targeted goals and objectives identified by Tri-County for FY 2020:

1) The average No show rate will be reduced by 5% over the next 6 months in at least one service location from the FY 19 average rate of 29.57%.
2) The number of completed suicide deaths of individuals in a Full Level of Care (FLOC) at Tri-County will be decrease by 25% from the average completion rate for the past two years of 0.0012.
3) The rehospitalization rate for individuals hospitalized within 30 days of admission to an inpatient hospital setting that is known to the Center will be reduced by 25% over the next 6 months from the average readmission rate over the past two years of 0.001.
4) Staff ability to define CQI and identify the 2020 CQI Target Initiatives will improve in 70% of the workforce by August 31, 2020.

[7] CCBHC 5.b.2 (Continuous Quality Improvement (CQI) Plan)

PERFORMANCE MEASUREMENT

Tri-County utilizes Performance Measurement to regularly assess the results produced by a program or by a service through identifying processes, systems, selecting indicators and analyzing information related to these indicators on a regular basis. Tri-County's CQI Team takes action as needed based on the results of the data analysis and the opportunities for performance they identify.

The CQI Team:

- Assesses the consistency of outcomes to determine whether the information is reliable and whether there is a need for improvement;
- Identifies problems and opportunities to improve the performance of processes;
- Assesses the outcome of the care provided; and
- Assesses changes to determine whether a new or improved process meets performance expectations.

The CQI Team uses various Measurement and Assessment tools (**See Appendix A**) in order to:

- Select a process or outcome to be measured;
- Identify Performance indicators or outcomes;
- Gather Data and combined data as needed to measure the process or outcome quantifiably;
- Review Indicators on a planned and regular schedule;
- Take action when issues of statistical reliability, under performance or when opportunity for improvement presents; and
- Report findings to the organization to include conclusions and actions taken.

Selection of a performance indicator:
A performance indicator is a quantitative tool that provides information about the performance of Tri-County's process, services, functions or outcomes. Selection of a performance indicator is based on the following considerations:

- Relevance to mission – whether the indicator addresses the population served.
- Whether it addresses key areas of practice such as high volume, pattern of issue, or high risk.

Additional factors to consider in selecting an indicator include whether it is correlated to the issue at hand, the validity of the indicator, available resources, stakeholder preference, and if it is meaningful or not.

The following tables represents the current performance indicators being utilized by Tri-County:

Measure of Service Quality	
Indicator	Percentage of Doctor Appointment No Shows
Definition	The average No show rate will be reduced by 5% over the next 12 months in at least one service location from the FY 19 average rate of 29.57%.
Data to be collected	Number of individuals seen at the Center for a Pharmacological Management Service and the number of No Shows documented will be compared to produce a percentage.
Frequency of analysis or assessment	No show rate is reviewed in the Junior Utilization Management Committee which is typically held weekly but no less than two times per month.
Preliminary ideas for improvement	Examine reminder process and process for identifying and addressing obstacles to treatment such as transportation.

Measure of Service Quality	
Indicator	The number of completed suicide deaths of Individuals served in the FLOC at Tri-County.
Definition	The number of completed suicide deaths of individuals in a FLOC in the next 6 months at Tri-County will be decreased by 25% from the average completion rate for the past two years of 0.0012%.
Data to be collected	The number of Individuals in the FLOC and the number of deaths due to completed suicide for Individuals in the FLOC.
Frequency of analysis or assessment	Monthly
Preliminary ideas for improvement	Establish a process to ensure all individuals receiving a screening/assessment also receive a CSSRS by expanding this to children and outpatient services at Tri-County and once in place look to determine appropriate follow up and safety planning.

Measure of Service Quality	
Indicator	Rehospitalization within 30 days.
Definition	The rehospitalization rate for individuals hospitalized within 30 days of admission to an inpatient hospital setting that is known to the Center will be reduced by 25% over the next 6 months from the average readmission rate over the past two years of 0.001.
Data to be collected	Number of individuals in a FLOC compared to the number in a FLOC who are re-hospitalized by Tri-County within 30 days of hospitalization.
Frequency of analysis or assessment	Frequent hospitalizations are reviewed in the Junior Utilization Management Committee which is typically held weekly but no less than two times per month.
Preliminary ideas for improvement	Examine follow up, engagement, referrals and care coordination completed with this population to determine areas of improvement.

Measure of Service Quality	
Indicator	Staff Competency related to CQI and 2020 Initiatives.
Definition	70% of Staff will show improvement in their ability to define CQI and identify the 2020 CQI Target Initiatives by August 31, 2020.
Data to be collected	Pre and Post survey information to assess understanding of CQI and current initiatives.
Frequency of analysis or assessment	Semiannually.
Preliminary ideas for improvement	Create a training to cover the basic principles and processes involved in CQI and schedule trainings to include all staff by August 31, 2020. Consider additional training or discussion with staff who may be directly impacted by the Initiatives.

QUALITY IMPROVEMENT INITIATIVE

Once the performance of a selected process has been measured, assessed, and analyzed, the information gathered by the above performance indicators is used to identify a CQI initiative to be undertaken. The decision to undertake the initiative is based upon TCBHC priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at TCBHC is PDSA and is outlined briefly below:

Plan: The process of identifying needed change to be tested or implemented, identifying quantifiable data that can be used to measure the change and recording baseline data.

Do: The process of testing the change.

Study: The pre and post comparison of predetermined measurable outcomes to determine the impact of the change, whether it affected what was expected to be affected.

Act: Planning the next phase of the improvement cycle or moving to fully implement the change if found to be effective. This phase should include actions to maintain changes (follow up) and includes documentation and communication or reports and/or findings.

EVALUATION

An evaluation is completed at the end of each calendar year. The annual evaluation is conducted by TCBHC and kept on file in the Quality Management Department for 7 years (or greater if required by law or accrediting body). These documents may be reviewed by contracting or accreditation agencies and should be organized and easily accessible. The evaluation summarizes the goals and objectives of TCBHC's CQI Plan, activities conducted over the past year, the findings, and any quality improvement initiatives taken in response to the findings and recommendations.[8]

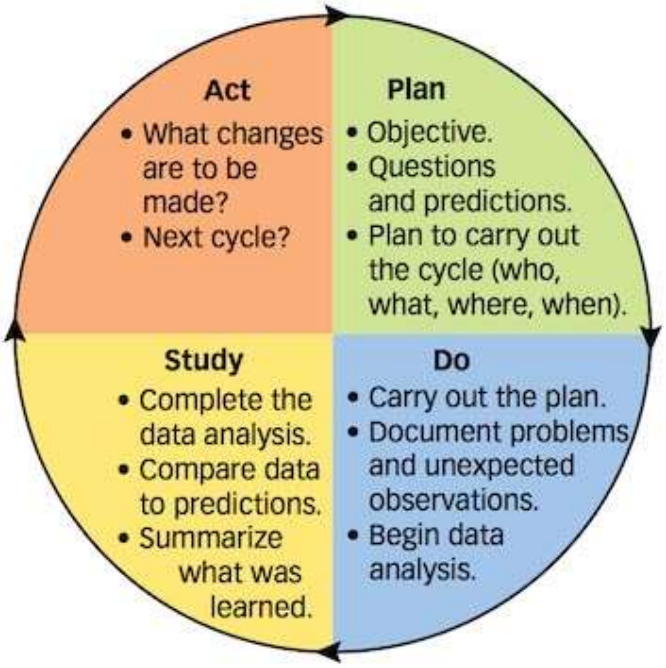
CELEBRATE SUCCESS

When the Evaluation results in positive results and significant improvements, Tri-County will seek ways to provide recognition to employees and programs who were key in making the improvements a success. As well, the information will be shared in a variety of formats that reach employees and stakeholders.

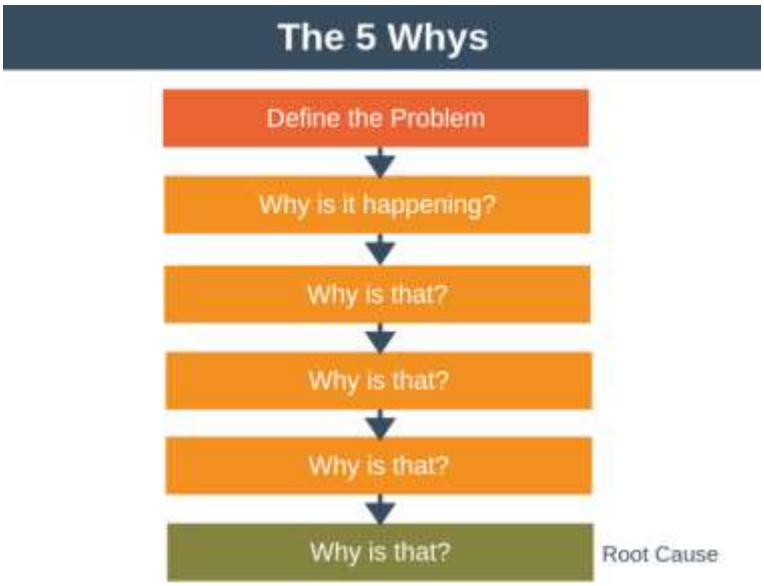
[8] CCBHC 5.b.1 (Continuous Quality Improvement (CQI) Plan)

Appendix A

The following is a visual of the PDSA cycle:



The Following are examples of Tools that the CQI Committee or Programs may use during the Screening Planning phase of PDSA:
Below is a sample of the 5 Why's Tool followed by a template 5 Why's and Screening Tool that can be used by the CQI Committee:



5 Whys Template

Define the Problem
Describe just the problem not its causes

Why?	Countermeasure	Responsible
Describe why the problem happened	*How will you fix this?*	*Who is responsible?*
Why?	Countermeasure	Responsible
Why?	Countermeasure	Responsible
Why?	Countermeasure	Responsible
Why?	Countermeasure	Responsible

QI Suggestion Screening Tool

Use this tool to help think about and prioritize QI suggestions, before taking the time to draft a full charter plan. If we turn this suggestion into a project, what might that look like? What are the potential benefits and consequences?

RESOURCES

How much do we have, and what will we need? Will this change require new equipment or software? Is the change already covered by funding?

CAPACITY

How many people will it reasonably take to complete this project? Is it an individual effort, or something everyone at the agency will have to implement?

DIFFICULTY

How hard will it be to successfully complete this project? Will it be big and complex? Has it been attempted and failed before? Is there buy-in from the stakeholders it will affect?

ALIGNMENT

How does this suggestion align with existing agency objectives and goals? Will it help further our current commitments?

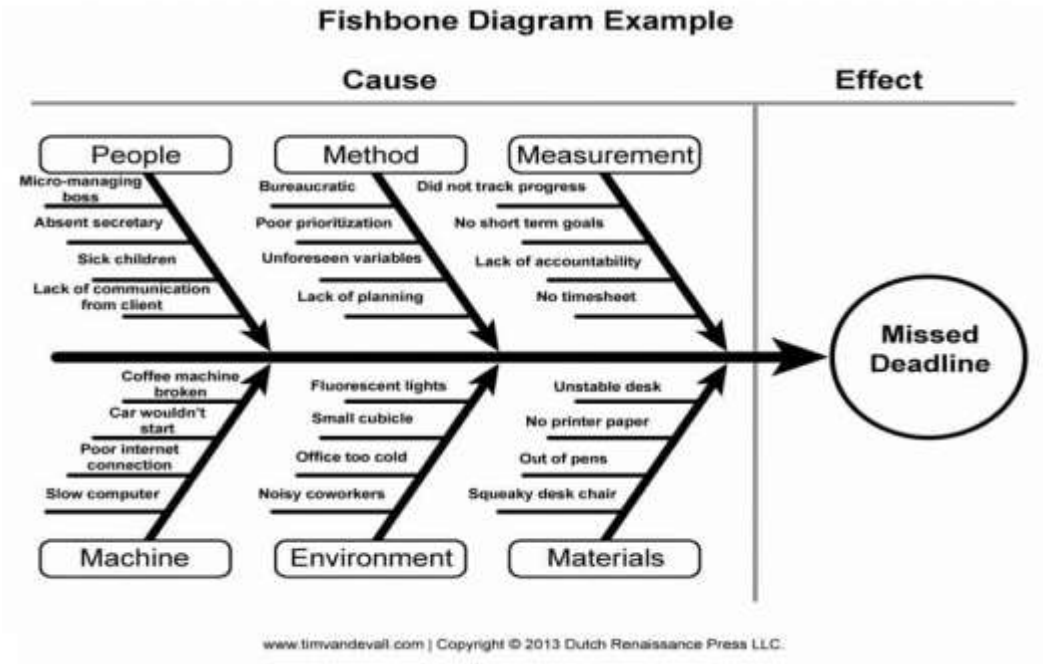
RISK

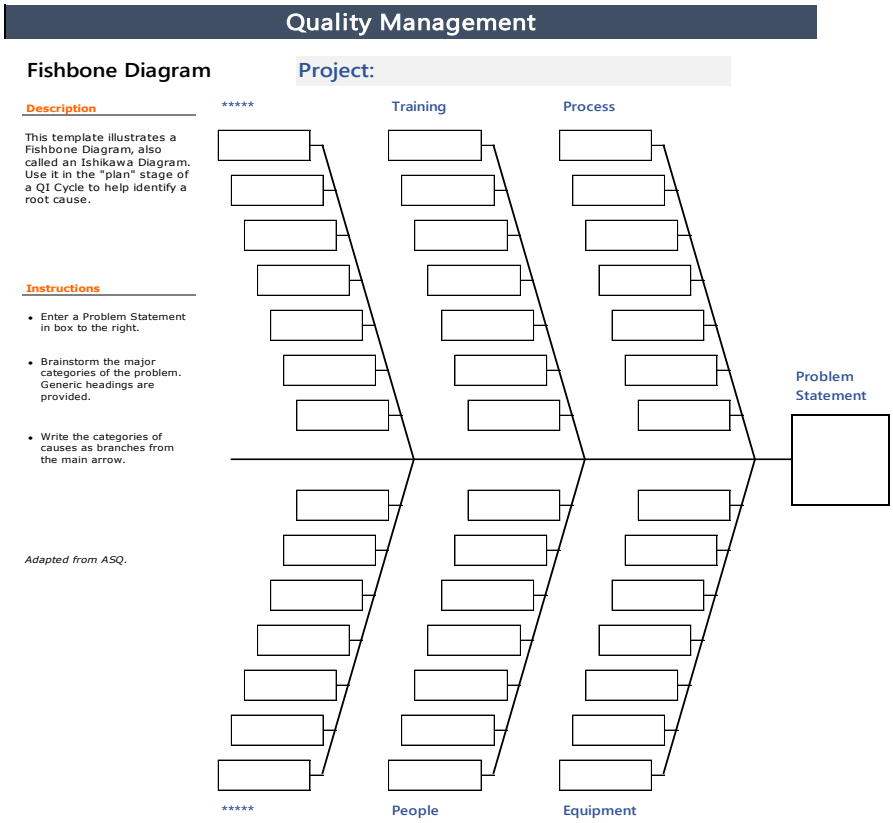
What sorts of risks might be involved, and how complicated will they be to manage? Are there political or community considerations?

IMPACT

What effect is this change likely to have? Will it save an individual staff member a few minutes here and there, or will it dramatically cut costs or improve services for our customers?

The Fishbone diagram can be used during the planning stage to help identify a root cause. Below is a sample of how it is used followed by a template:





The A CQI Events Log can be used to track what you have done and the overall duration of each PDSA cycle as well as the project duration:

CQI Events Log

Description

This template is to help you track what you've done, as well as the duration of each PDSA cycle and the total project duration.

Instructions

- Fill in the table. Just the basics, keep it to a sentence or a few
- Add more rows as needed. This is helpful for keeping track of what's happened. Could also use Asana for action item tracking in conjunction with this tool.

When?	What did we do?	Who was there?	What was decided/output?	What happens next?
9/10/2018	Initial meeting to discuss problem	Tanya B., Sara B., Melissa Z.	Drafted problem statement, identified team	Complete project charter

The following are examples of Tools that may be used during the Measure and Study phase of PDSA. This is the phase where pre and post comparison of predetermined measurable outcomes are reviewed to determine the impact of the change, whether it affected what was expected to be affected:

Control Chart

Key Performance Metric: <Enter brief description of metric here.>

Description

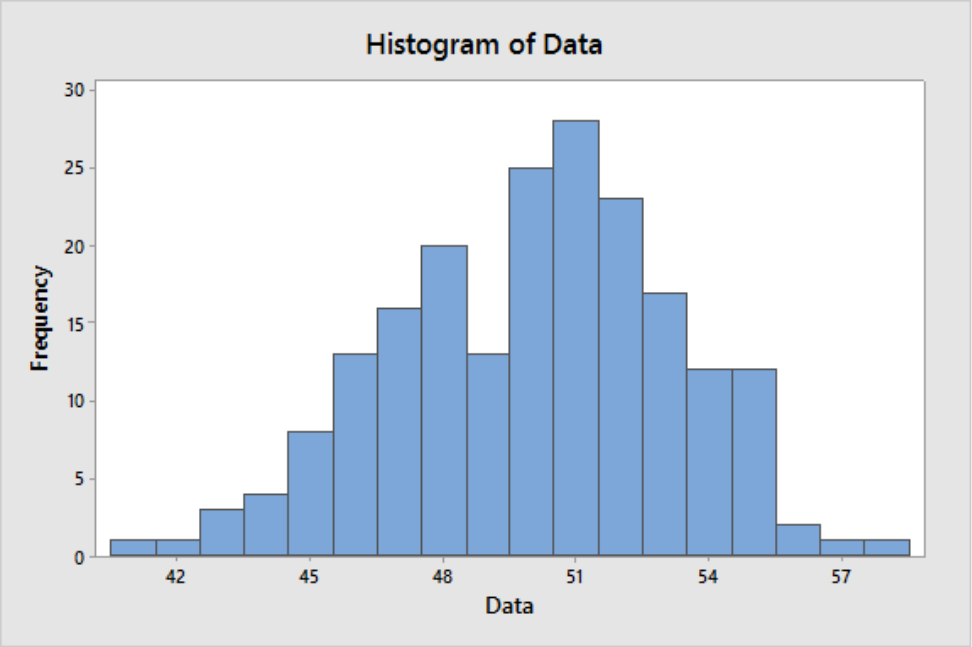
This template is to help you track performance on a key performance metric over time to see trends and the impact of interventions.

Instructions

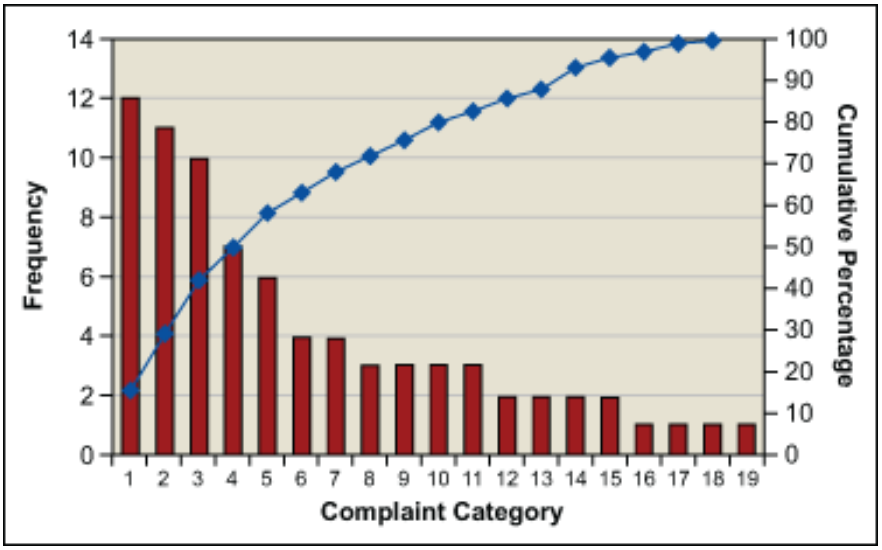
- Enter a brief description of the key performance metric at the top.
- Add goal values for each day - can be the same or different.
- Add actual values as you go, and track over time. Note when interventions implemented and the result. Take action when out of range.

Date	Metric Value: Actual Bedtime of kids	Goal Value:	Intervention?
9/1/2018	10:15 PM	9:30 PM	Yelling
9/2/2018	9:25 PM	9:30 PM	Begging
9/3/2018	9:16 PM	8:30 PM	Pleading
9/4/2018	8:20 PM	8:30 PM	Bribing
9/5/2018	8:45 PM	8:30 PM	Reminding
9/6/2018	8:40 PM	8:30 PM	Nagging
9/7/2018	9:30 PM	9:30 PM	Game
9/8/2018	9:42 PM	9:30 PM	Game
9/9/2018	10:12 PM	8:30 PM	[Movie Night]
9/10/2018	9:56 PM	8:30 PM	Nothing
9/11/2018	8:15 PM	8:30 PM	Bedtime Bonus Day 1
9/12/2018	8:22 PM	8:30 PM	Bedtime Bonus Day 2
9/13/2018	8:17 PM	8:30 PM	Bedtime Bonus Day 3
9/14/2018		9:30 PM	Bedtime Bonus Day 4
9/15/2018		9:30 PM	Bedtime Bonus Day 5
9/16/2018		8:30 PM	
9/17/2018		8:30 PM	
9/18/2018		8:30 PM	
9/19/2018		8:30 PM	
9/20/2018		8:30 PM	
9/21/2018		9:30 PM	
9/22/2018		9:30 PM	
9/23/2018		8:30 PM	
9/24/2018		8:30 PM	
9/25/2018			
9/26/2018			
9/27/2018			
9/28/2018			
9/29/2018			
9/30/2018			

Commonly used to present Quality Improvement Data, histograms work best with small amounts of data that vary considerably so that the information can be used to identify which portions of the data did not meet specifications. This can be helpful when multiple PDSA cycles are conducted on a quality improvement project and you are trying to identify the most effective changes:



A Pareto chart can be helpful in identifying the most important among a large set of factors. For example, it may be helpful in identifying the most frequent reasons for customer complaints:



A storyboard for each successful CQI project will be completed by the CQI Committee as a means of sharing information about successful CQI Projects and to facilitate replication in other areas:

Quality Improvement Project Storyboard			
Project Title: Improving the QI Project Process			
Team Members: Tanya, Sara, Melissa, Diane,...			
PLAN	**DO**	**STUDY**	**ACT**
What was the issue/problem?	**What we did to address the problem.**	**What results did we find?**	**Did our change solve the problem?**
This is my problem statement.	Explain the intervention. How did we change the process?		
What was our objective?	**Challenges we encountered**	**Did we need additional QI Cycles?**	**Lessons Learned and Future Steps**
0			
Our measurements for success		Insert graphs or visuals here.	
0			
QI Tools Used	**Material Results**		

Below is CQI Report Template that Tri-County CQI Committee may use to document the PDSA process:

Tri-County Behavioral Healthcare

EXAMPLE CQI PROJECT PLAN

STAGE 1: PLAN	•	STAGE 2: DO	•	STAGE 3: STUDY	•	STAGE 4: ACT

Project Title:	Agency: Tri-County Behavioral Healthcare
Project Start Date:	Reporter's Name:
Project End (or expected end) Date (mm/dd/yy):	Reporter's Title: Director of Quality Management & Support
County or Facility:	Reporter's Contact Information:

STAGE 1: PLAN

Define, explore, and structure a quality improvement project.

HELPFUL TOOLS: Fishbone Diagram, Five Why's, Screening Tools, Program Evaluation, Data Collection, Customer and Employee Feedback, previous PDSA results.

1. What problem are you trying to fix (Problem Statement)?
2. What is the root cause of the problem?
3. What evidence (current data) supports you problem?
4. What change do you want to see in the process or problem to correct (Global Aim statement)?
5. What are you trying to acheive (specific aim)?
6. Define a timeline for the following project stages:
   - Plan:
   - Do:
   - Study:
   - Act:
7. Select the affected population(s) check all that apply: __Individual Served __Employee/Agency __General Public __Other
8. Select the areas where this project aims to impact the goals and stratigic priorities of Tri-County:

Impact Area	Program	Tri-County
Access to Care		
Care Coordination		
Communication and Education		
Complainace		
Customer Satisfaction		
Employee Communication and Collaboration		
Employee Engagement/Satisfaction		
Employee Productivity		
External Stakeholders		
Facilities		
Financial		
Health Outcomes/Behaviors		
Information Technology		
Public Perception		
Use of Resources		
Other		
Other		
Other		
Other		

9. Do you have resources to fix the issue?
10. What resources (new and existing) will you requrie and how will you
11. Does the project aim align with the Program's Goals?
12. Does the project aim align with Tri-County's strategic Goals?

CQI Committee Members by Name	Role/Title
Tanya Bryant	Director of Quality Management & Support

14. Incorporating the information gathered throughout the planning process, describe the action plan:
15: Begin constructing a **CQI Storyboard**. Date Started:

STAGE 2: Do

Define, explore, and structure a quality improvement project.

HELPFUL TOOLS: Benchmarking, Change Implementation, Communication, Data Collection, Pilot Testing, PDSA, Process mapping, Program Assessment, Program Evaluation, Sampling, Customer Feedback, etc.

16. Who will implement the Change?
17. How and to whom do you plan to implement the change and how will this be communicated?
18. Will you cinduct a pilot sutdy prior to full-scale implementation?
19. How will you track and measure change (describe data measurment systems)?
20. How will you spread and maintain the new process/change?
21. Incorporating the information gathered throughout the implmentation process, describe the implementation plan:

STAGE 3: STUDY

Define, explore, and structure a quality improvement project.

HELPFUL TOOLS: Benchmarking, Data Collection, Measurement Analysis, Measurement Tools, PDSA, Process Mapping, Program Evaluation, Sampling, Control charts, etc.

22. How will you monitor progress and how often?
23. Define how you will check and verify accuracy of the results:
24. Who will be responsible for maintaining the change?
25. How often will you review the process for needed improvements?
26. How will you address any new areas for improvement?
27. Incorporating the information gathered throughout the evaluation process, describe the evaluation plan:

STAGE 4: ACT
Finalize the documentation of the quality improvement project and plan for future projects. HELPFUL TOOLS: Communication, Culture of Quality, PDSA, etc.
28. Share the status and results of the project with team members/leadership/stakeholders. Date Completed (mm/dd/yy): 29. Discuss the future of this project/change (i.e. future projects, varying approaches etc.): 30. Update the organizational policies and procedures to reflect change(s). Date Completed (mm/dd/yy): 31. Finalize the CQI Storyboard submit and share. Date submitted: (mm/dd/yy): 32. Below, outline the steps taken in each of the PDSA stages that were taken to complete the CQI Project (use this as your place to document detail that was not captured above to finalize the report:
Background
Specific AIM:
Stage 1: Plan
Stage 2: Do
Stage 3: Study
Stage 4: Act
CQI Storyboard

Agenda Item: Community Resources Report **Committee:** Program	**Board Meeting Date:** July 23, 2020
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: **For Information Only**	

Community Resources Report
May 29, 2020 – July 23, 2020

Volunteer Hours:

Location	May	June
Conroe	16.5	12.5
Cleveland	0	.5
Liberty	3	.5
Huntsville	4.5	0
Total	**24**	**13.5**

COMMUNITY ACTIVITIES:

6/1/20	Veterans Virtual Mentor Meeting-Lifesize	Conroe
6/2/20	Veterans Virtual Mentor Meeting-Lifesize	Liberty
6/3/20	Outreach, Screening, Assessment and Referral (OSAR) Quarterly Meeting via Conference Call	Houston
6/3/20	Conroe Noon Lions Luncheon	Conroe
6/4/20	Volunteer Appreciation Day	Liberty and Montgomery
6/8/20	County Service Officers Virtual Resource Meeting	Liberty
6/9/20	Armatus Re-Entry Veteran Housing In-Person Meeting	Huntsville
6/10/20	Conroe Noon Lions Luncheon	Conroe
6/10/20	Veterans Service Members Suicide Prevention Virtual Meeting	Conroe
6/10/20	Women's Veterans Day Self-Care Community Event	Conroe
6/10/20	Women's Veterans Day Self-Care Community Event	Huntsville
6/10/20	Women's Veterans Day Self-Care Community Event	Liberty
6/10/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
6/10/20	Conroe Noon Lions Club Golf Tournament	Panorama
6/11/20	Veterans Task Force Meeting	Conroe
6/12/20	Texas Women Veterans Day Webinar	Conroe
6/12/20	Women's Veterans Appreciation Day	All Counties
6/16/20	Veterans Mentor Meeting	Conroe
6/17/20	Military Veteran Peer Network Great Houston Area Virtual Meeting	Conroe
6/17/20	Conroe Noon Lions Luncheon	Conroe
6/18/20	Homeless Coalition Meeting	Conroe
6/18/20	Veteran Land Board Brunch and Learn Meeting	Conroe
6/23/20	Homeless Management Information System Forum	Houston
6/24/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
6/24/20	Conroe Noon Lions Club Luncheon	Conroe
6/25/20	Military Veteran Peer Network Women Veteran Meeting – Virtual Zoom	The Woodlands

6/25/20	Veteran Forward Operating Base Rasor Introduction Meeting	Conroe
6/25/20	Veterans Mentor Meeting-Virtual Lifesize	Conroe
6/25/20	Pineywoods Rooters Veterans Organization In Person Meeting	Huntsville
6/25/20	Behavioral Health Suicide Prevention Task Force Meeting via Zoom	Conroe
6/29/20	Conroe Chamber of Commerce Blood Drive	Conroe
7/1/20	Montgomery County Child Fatality Review Team via Video Call	Conroe
7/1/20	Mental Health Treatment Court Zoom – Court Proceedings during COVID-19	Conroe
7/1/20	Conroe Noon Lions Club Luncheon	Conroe
7/1/20	Montgomery County Sheriff's Office Engagement	The Woodlands
7/2/20	Walker County Sheriff's Office Engagement	Huntsville
7/6/20	Military Veteran Peer Network Peer Support Virtual Meeting	Conroe
7/7/20	United Way Year End Review Conference Call	The Woodlands
7/8/20	Conroe Noon Lions Club Luncheon	Conroe
7/8/20	Montgomery County Veterans Treatment Court-Virtual	Conroe
7/9/20	Behavioral Health Suicide Prevention Taskforce Zoom Meeting	Conroe
7/15/20	Veteran COVID Resources Presentation	Huntsville
7/15/20	Conroe Noon Lions Club Luncheon	Conroe
7/16/20	Military Veteran Peer Network Women Veteran Virtual Meeting	Conroe
7/21/20	Lions Club Veterans Training	Conroe
7/21/20	Montgomery County Community Resource Coordination Group - Virtual	Conroe
7/22/20	Conroe Noon Lions Club Luncheon	Conroe
7/22/20	Liberty County Veterans Treatment Court - Virtual	Liberty
7/22/20	Walker County Budget Hearing – Virtual	Walker
7/22/20	Montgomery County Veterans Treatment Court – Virtual	Conroe
7/23/20	Military Veteran Peer Network Great Houston Area Meeting – Virtual	Conroe

UPCOMING ACTIVITIES:

8/18/20	Montgomery County Community Resource Coordination Group – Virtual	Conroe

Agenda Item: Consumer Services Report for May and June 2020 **Committee:** Program	**Board Meeting Date:** July 23, 2020
Background Information: None	
Supporting Documentation: Consumer Services Report for May and June 2020	
Recommended Action: **For Information Only**	

Consumer Services Report
May 2020

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	507	46	32	69	**654**
Crisis and Transitional Services (LOC 0, LOC 5)	58	0	0	0	**58**
Psychiatric Emergency Treatment Center (PETC) Served	47	1	4	6	**58**
Psychiatric Emergency Treatment Center (PETC) Bed Days	178	5	13	27	**223**
East Montgomery County Crisis Service Admits	0	0	0	0	**0**
Adult Contract Hospital Admissions	26	7	2	3	**38**
Child and Youth Contract Hospital Admissions	4	1	0	0	**5**
Total State Hospital Admissions	0	0	0	0	**0**
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1291	212	189	99	**1791**
Adult Medication Services	877	78	72	88	**1115**
Child Service Packages (LOC 1-4 and YC)	751	60	27	72	**910**
Child Medication Services	201	18	12	18	**249**
TCOOMMI (Adult Only)	107	13	12	7	**139**
Adult Jail Diversions	1	0	0	0	**1**
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	0	0	0	0	**0**
Service Coordination	731	38	43	70	**882**
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	23	4	14	18	**59**
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	**0**
Youth Substance Abuse Treatment Services/COPSD	4	0	0	0	**4**
Adult Substance Abuse Treatment Services/COPSD	55	0	0	1	**56**
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	44	0	0	0	**44**
Home and Community Based Services Interest List	1949	150	175	225	**2499**
May Served by County					
Adult Mental Health Services	1718	153	161	202	**2234**
Child Mental Health Services	829	67	33	84	**1013**
Intellectual and Developmental Disabilities Services	777	45	56	76	**954**
Total Served by County	**3324**	**265**	**250**	**362**	**4201**
May Number Served by Phone by County					
Adult Mental Health Services	810	96	125	126	**1157**
Child Mental Health Services	592	62	29	80	**763**
Intellectual and Developmental Disabilities Services	601	45	54	75	**775**
Total Served by County	**2003**	**203**	**208**	**281**	**2695**
May Number of Services by Phone by County					
Adult Mental Health Services	2438	220	164	225	**3047**
Child Mental Health Services	2532	202	121	353	**3208**
Intellectual and Developmental Disabilities Services	2952	166	215	331	**3664**
Total Served by County	**7922**	**588**	**500**	**909**	**9919**
April Served by County					
Adult Mental Health Services	1817	145	125	200	**2287**
Child Mental Health Services	829	68	34	93	**1024**
Intellectual and Developmental Disabilities Services	785	44	57	80	**966**
Total Served by County	**3431**	**257**	**216**	**373**	**4277**

Consumer Services Report
June 2020

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	596	50	40	65	**751**
Crisis and Transitional Services (LOC 0, LOC 5)	50	0	0	0	**50**
Psychiatric Emergency Treatment Center (PETC) Served	51	7	3	3	**64**
Psychiatric Emergency Treatment Center (PETC) Bed Days	157	25	2	12	**196**
Adult Contract Hospital Admissions	45	4	3	2	**54**
Child and Youth Contract Hospital Admissions	6	1	1	0	**8**
Total State Hospital Admissions	0	0	0	0	**0**
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1m,1s,2,3,4)	1409	223	170	120	**1922**
Adult Medication Services	1059	107	91	69	**1326**
Child Service Packages (LOC 1-4 and YC)	764	59	33	70	**926**
Child Medication Services	278	16	14	26	**334**
TCOOMMI (Adult Only)	109	13	12	12	**146**
Adult Jail Diversions	1	0	0	0	**1**
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	1	0	0	0	**1**
Service Coordination	740	37	46	71	**894**
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	24	4	14	18	**60**
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	**0**
Youth Substance Abuse Treatment Services/COPSD	3	0	0	0	**3**
Adult Substance Abuse Treatment Services/COPSD	62	0	0	2	**64**
Waiting/Interest Lists as of Month End					
Adult Mental Health Services	45	0	0	0	**45**
Home and Community Based Services Interest List	1957	151	176	226	**2510**
June Served by County					
Adult Mental Health Services	1883	179	153	205	**2420**
Child Mental Health Services	855	65	40	83	**1043**
Intellectual and Developmental Disabilities Services	783	43	56	77	**959**
Total Served by County	**3521**	**287**	**249**	**365**	**4422**
June Number Served by Phone by County					
Adult Mental Health Services	946	105	76	141	**1268**
Child Mental Health Services	594	62	38	75	**769**
Intellectual and Developmental Disabilities Services	610	43	54	77	**784**
Total Served by County	**2150**	**210**	**168**	**293**	**2821**
June Number of Services by Phone by County					
Adult Mental Health Services	2654	210	101	266	**3231**
Child Mental Health Services	2801	233	152	352	**3538**
Intellectual and Developmental Disabilities Services	3069	173	206	325	**3773**
Total Served by County	**8524**	**616**	**459**	**943**	**10542**
May Served by County					
Adult Mental Health Services	1718	153	161	202	**2234**
Child Mental Health Services	829	67	33	84	**1013**
Intellectual and Developmental Disabilities Services	777	45	56	76	**954**
Total Served by County	**3324**	**265**	**250**	**362**	**4201**

Agenda Item: Program Updates **Committee:** Program	**Board Meeting Date:** July 23, 2020
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: **For Information Only**	

Program Updates
May 29, 2020 – July 23, 2020

Crisis Services

1. Due to multiple absences attributed to the COVID-19 virus, the Psychiatric Emergency Treatment Center had to be closed from June 29th to July 7th. In addition to allowing staff to get well, we were also able to have the facility cleaned again, this time without staff or clients present in the building. Staff also implemented additional symptom screening protocols and changed the technology in the building to allow some staff to work from home. While we will take all reasonable steps to avoid closing the PETC again, the building is small for the amount of staff that work there and social distancing is very difficult. In addition, we are commonly seeing clients at the PETC who are not known to the Center and who may not be in great health.
2. We are pursuing area emergency department staff to try and connect these facilities with televideo equipment. While we have tried this in the past with equipment that was proprietary and expensive, we may be able to accomplish this now with software and much less expensive equipment. So far, Methodist Hospital in the Woodlands is the only facility that has responded to our request, but we will be following up with other facilities soon. We currently only have video equipment in the Liberty/Dayton Regional Medical Center ED.
3. Crisis hotline calls in June 2020 were up approximately 27% over June of 2019 (403 v 318 calls). The increase is coming from adults in our counties calling and requesting crisis services. The increase was fairly evenly spread across all three counties with a slightly larger percentage coming from Walker County. This data trend can also be seen in request for outpatient services and substance use disorder services. We believe that we are beginning to see, in our data, the increased demand for services that has been postulated as a result of COVID-19 and other recent events.

MH Adult Services

1. We continue to have most of our prescribers work from home via televideo and in rare cases by phone. The schedules were less full in the initial weeks after COVID-19 lockdowns occurred, but are starting to fill back up.
2. We have been piloting an adult expanded hours clinic in Conroe and the pilot has gone very well. We have other prescribing staff interested in a 4-10 schedule and are considering expanding this pilot so that more evening appointments are available. The addition of expanded hours of operation for medication services is a CCBHC requirement.
3. We are pleased to announce that the Rural Clinic Coordinator positions in Liberty and Huntsville have been filled. The RCC is responsible for routine intake appointments and crisis response between 8-5 in the rural locations and, as such, is a key member of the teams in those clinics.
4. We have seen a significant increase in requests for treatment in May and June via our call-in intake process. In the month of May, there was an average of 46 requests each week, which increased in June to 50 per week, representing a 14% increase in requests from this time last year. In an effort to provide open access to admission to services,

many of these individuals are scheduled for same day or next day intake, completed via televideo.

5. In June, First Episode Psychosis staff resumed face to face interaction with this vulnerable group, noting a positive response from individuals served. The FEP program reports that one individual has recently completed job applications for her first job and another has re-enrolled in high school after being withdrawn for the past year due to symptoms, which are now stabilized.
6. Adult Outpatient Services is focusing on providing training in preparation for CCBHC and has started incorporating CCBHC language into everyday use. The program is further making changes to the In-House Case Management process to allow for the provision of more in-depth services, including care coordination and engagement to better serve our clients.
7. The Point-In-Time Homeless Count numbers were released, showing a decrease in the number of homeless identified in Montgomery County from last year. Our PATH program continues to do an excellent job in reaching the homeless population, as we have provided outreach to nearly the same number of homeless individuals that the PIT Count captured.

MH Child and Youth Services

1. We are providing all skills training via telehealth due to COVID-19 precautions; however, C&Y MH Specialists are struggling with keeping children in telehealth sessions via phone as long as they did face to face. When we first began using telehealth, we were more successful, but apparently the novelty has worn off and many of the families are distracted by summer activities. We are providing additional support and coaching to staff and encouraging them to share creative ideas for engaging children.
2. Although our caseloads have decreased significantly since moving to telehealth for COVID-19 precautions, we are gearing up for an increase once school starts by diligently recruiting to fill our vacant positions. Despite a recent turnover, we have been able to fill many of the positions pretty quickly. The bilingual positions continue to be the hardest to fill.
3. We are planning for our Conroe ISD school-based team to transition from working at home to the schools when school faculty returns. We are still unsure what the new school year will look like; however, we are sure that many students will experience significant adjustment and anxiety whatever happens.

Criminal Justice Services

1. Criminal Justice Services program reports that the number of assessments in the jail is down from previous months as the jail is operating at half capacity as part of their response to COVID-19.
2. Other Criminal Justice Services are being provided telephonically with coordination between the courts, probation, and parole occurring through televideo.

Substance Use Disorder Services

1. Adult Substance Use Disorder services have experienced a significant increase in requests for services in June, with an increase in internal referrals of 65% from the same time last year. Both Adult and Youth programs continue to provide services remotely during the

pandemic and indicate success in delivery of quality care, as evidenced by a high show rate for sessions and a successful completion rate that has remained consistent despite changes in how services are delivered.

2. We can report that we have received notice from HHSC that both the adult and youth substance use treatment programs contracts will be renewed for FY 2021 with a substantial funding increase for both programs.
3. Our substance use disorder prevention team is gearing for virtual school groups as needed. They have attended special training for providing the curriculum via virtual platforms. The school districts are expressing a willingness to host such groups, so we will have access to serve their students.
4. The prevention team has been instrumental in keeping mental health services going this summer. They have been helping out with the call-in intake clinic and escorting clients to and from televideo offices for telehealth intake and doctor services.
5. When not assisting with the intake and doctor clinics, the prevention team are currently working at home in order to stay healthy for the upcoming school year.

IDD Services

1. Most of the IDD Authority Services programs are working from home due to COVID-19 concerns. For the most part, our staff are able to contact individuals on their caseloads by phone to meet contract compliance and to follow up on the wellness of the individual. We have two staff dedicated to assisting staff who are working from home.
2. Tri-County Autism Program (TAP) is currently working with two children at our facility. The contractor working with us began working with children; however, has suspended services due to the recent increase in COVID-19.
3. IDD support staff are contacting individuals to update the HCS interest list. We are past the 50% expectation for this Fiscal Year and are continuing to make contacts.
4. Our IDD Psychologist and intern have assessed over 200 individuals to determine eligibility. However, there are some assessments that cannot be finalized due to the need of face to face assessments.
5. IDD Provider Day Habilitation sites has been closed since March 18 and currently we do not have an opening date.
6. IDD Provider Supervised Living Homes have been doing well providing 24/7 services within the home. Some of our consumers are unable to understand the restrictions that have been placed on society due to COVID-19. They want to go in the community and have visitors, etc., and based on guidance from HHSC with the exception of taking persons to required face to face doctor appointments.
7. On July 2nd we were notified that IDD Provider Surveys will resume. In addition to our normal survey, the teams will be assessing our compliance regarding our available PPE and whether we are following our agency protocols in entering facilities and homes.

Support Services

1. **Quality Management (QM):**
    a. Optum conducted a meeting with quality management and clinical staff to review findings from their most recent audit. Overall feedback was positive but we were

required to submit a corrective action plan for four areas which was due on July 10, 2020.

b. QM staff continue to review documentation on a regular basis to assist supervisors and provided necessary training for staff as they adjust to the changes brought forth by COVID-19.
c. The Continuous Quality Improvement (CQI) Committee met two times in June and last met on July 9, 2020 to continue working on the FY 20 CQI Goals which include plans to work on reducing the no show rate, impacting hospital recidivism for individuals hospitalized more than once within 30 days, suicide reduction, and increased staff knowledge and competency of CQI and the annual goals for the Center.

2. **Utilization Management (UM):**
   a. The Junior Utilization Management Committee has been reviewing data frequently in order to analyze the effects of COVID-19 on the data that the State uses to measure our performance. At this time the State data warehouse has not updated their reports to accurately reflect the services that are being provided by telephone, therefore, staff have created internal reports to capture new data needed to monitor services and ensure quality service provision.

3. **Training:**
   a. In preparation for Certified Community Behavioral Health Center (CCBHC) Certification, an introductory course was provided to staff on CCBHC and Continuous Quality Improvement (CQI). Data from this training will be used in the ongoing CQI processes.
   b. Additional trainings have been added to the New Hire Orientation (NEO) process including Interpretive Services in a Medical Setting and Person Centered Family Centered Training. Several other trainings will be incorporated into NEO as well as provided to current Center staff as appropriate.
   c. The Training Department, in coordination with the Information Systems and Human Resources Departments have been working on changes to the NEO Process to align with the current recommendations surrounding COVID-19. Virtual NEO was initiated on July 13, 2020 and we continue to make adjustment to meet the needs of the Center while working to provide the safest learning environment possible.

4. **Veteran Services and Veterans Counseling/Crisis:**
   a. We received a $143,172 grant to extend counseling services from the Bob Woodruff Foundation to our veterans and their families. We are in the process of hiring a counselor and caseworker under this grant.
   b. The Veterans Peer Network department has become increasingly busy as area agencies begin to close again.
   c. Veterans crisis services have also picked-up as COVID-19 continues to disrupt support services.
   d. Substance Abuse continues to be a very big problem with our Veterans as seen in Veterans Treatment Court where long-term sober Veterans are going back to using as their coping mechanism.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
    a. The MH PNAC received the Draft Provider Network Development Plan for comment on June 26, 2020 and were notified of how they could make a public comment. Membership of the Committee was discussed as the Committee is currently seeking additional members, specifically with experience as a family member or individual served.
    b. The IDD PNAC met on June 3, 2020 where they reviewed performance measures, financial information, information on community involvement and service and program updates. Membership of the committee was discussed and one referral was followed up on during this timeframe.

Community Activities

1. The COVID-19 Team has been begun getting busy as calls are coming in from the community wanting referrals and "support" counseling. This is the first time we have seen the Crisis Counseling Program need a higher level of support. The program has 17 individuals and 10 couples who have requested weekly phone support from the LPC interns who can follow them for five weeks before having to refer out.
2. We continue interacting with our fellow community members via televideo, phone calls, emails, and an occasional lunch meeting.

Agenda Item: Year to Date FY 2020 Goals and Objectives Progress Report **Committee:** Program	**Board Meeting Date** July 23, 2020

Background Information:

The Management Team met on August 9, 2019 to update the five-year strategic plan and to develop the goals for FY 2020. The strategic plan and related goals were approved by the Board of Trustees at the August 2019 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 2020.

Supporting Documentation:

FY 2020, Year to Date Goals and Objectives Progress Report

Recommended Action:

For Information Only

Year-to-Date Progress Report

September 1, 2019 – July 23, 2020

Goal #1 – Administrative Competence

Objective 1:

Staff will implement electronic workflows for timesheets and budgeting by May 31, 2020.

- The move to electronic timesheets (along with a new payroll cycle) was completed for our HR software during the first quarter of FY20. As well, our job postings and applications are now processed through our new HR software. Our personnel files are moving toward a paperless process with most contents routed electronically through the Center for approvals and processing.
- We have completed the first three of four administrative trainings for the implementation of the new budgeting software. We are in the process of completing a spreadsheet to upload all the position data into the master payroll budgeting portion of the program. After that is complete we will be able to do the final administrative training. Then we will be in a position to train the department managers when things settle down for the center.
- We completed building electronic workflows for disciplinary documentation and annual performance reviews in the second quarter of FY20 in our HR software, but were unable to fully utilize, as we could not hold face to face training sessions for our supervisors due to COVID-19. In the third quarter, we explored scheduling remote/video training sessions for our supervisors to be held starting in the fourth quarter of FY20. Since many of our staff are working remotely as well, this type of electronic approval system is needed more than ever.
- In the third quarter of FY20, staff continued to work on transferring files from our old HR archives of scanned paper files into our new HR software. Unfortunately, this is a manual process and rather time consuming.

Objective 2:

All computers that are in use by staff for services will be converted to the Microsoft Windows 10 operating system and Microsoft Office 2019 software suites by March 31, 2020.

- Completed as of February 7, 2020.

Goal #2 – Clinical Excellence

Objective 1:

Tri-County will submit documents to HHSC to be certified as a Certified Community Behavioral Health Clinic by June 20, 2020. Regular reports on progress will be made to the Board of Trustees.

- The CCBHC Leadership Team made up of Amy Foerster, Diane Van Lier, Evan Roberson, Kenneth Barfield, Sara Bradfield, Melissa Zemencsik, Millie McDuffey and Tanya Bryant spent the entire month of February working on CCBHC Certification procedures. The finished manual is 1312 pages.
- The CCBHC Certification application was submitted to HHSC on March 6, 2020. HHSC has acknowledged receipt of our application and provided the following information about their process from here:

  > "We are currently working through other centers, with Tri-County being the 13th center to apply for certification. We are planning to start your certification process in mid-June, so will be reaching out again sometime in May to set up a call. This allows us time to review and provide each individual center with appropriate feedback. When we start working with a center, we schedule a call with executive leadership in order to go over the CCBHC process, some of the key requirements of the model, and timelines for submitting documents and for our review. Currently, we are not planning to visit folks that have a direct contract with HHSC, as we also get information from QM to help inform some elements of our review."
- We expected a call from HHSC in "mid-June" to discuss next phases of the approval process and to submit CCBHC Documentation. We know that we are the final Center on the list for FY20, but expect to be contacted soon. Our information is ready to go when they are ready for submission.
- Staff are currently working on training programs and operating procedures related to the CCBHC Certification manual. This has been slowed by COVID-19, but we are making steady progress and plan to begin center-wide training soon.

Goal #3 – Community Connectedness

Objective 1:

The Tri-County Consumer Foundation will hold at least two fundraisers in FY20.

- Due to COVID-19 the Foundation board has put a halt on any community fundraising events until further notice.
- The board applied for a Wells Fargo Community Grant, but it was not approved. The Board has since begun completing the application process for a Montgomery County Community Foundation Grant.
- Raymond Sanders, Executive Vice President of Woodforest National Bank and Catherine Prestigiovanni will be working together with local banks to identify additional funding opportunities for the Foundation.

Objective 2:

Tri-County will leverage social media to "tell our story" in FY20 as evidenced by weekly social media posts about Tri-County and the services we offer.

- During the first quarter of FY20, we worked to build the TCBHC brand to gain recognition and awareness in the community. As well, we added to our social media platform through the creation of both Tri-County Instagram and Twitter accounts (@TCBHC). By the end of the first quarter of having these accounts, we ranked #10 on Twitter and #6 on Instagram among the thirty-nine community centers in number of followers and we hope to see that number (and outreach) grow.
- In the second quarter of FY20, we explored building our LinkedIn profile as well as ways to utilize our social media accounts to assist with recruiting efforts.
- In the third quarter of FY20, we utilized social media (in conjunction with HHSC Disaster Behavioral Health Grant) for the #TexansRecoveringTogether campaign. This campaign consisted of posts at least every other day (in English and Spanish) on Facebook and Twitter. The posts promoted COVID-19 safety, the state's COVID-19 Mental Health Support Line, and our own COVID-19 Crisis Team (936-521-6331).

Goal #4 – Fiscal Responsibility

Objective 1:

Staff will issue a Request for Proposals for Benefits Managers by February 29, 2020.

- Our deadline on this objective was pushed back to March, as CCBHC certification work became our top priority. We planned on picking this back up for completion in the third quarter of FY20, but our COVID-19 response has prevented us from doing so; therefore, it is our intent to pursue this goal in FY 2021.

Goal #5 – Professional Facilities

Objective 1:

Staff will present a plan for a new facility in Cleveland, Texas for approval by the Board by February 29, 2020.

- The Cleveland Facility team has worked with our Building Consultant, Mike Duncum, and ARCHTEX architects to develop a site plan and feasibility study for the new Cleveland Facility. The plan would have been ready for February, but the owner of the planned site changed the price of the property just before going to the Board.
- After the price on our initial tract of property fell through, a 4.45-acre site for the Cleveland facility was located and is under contract pending Board approval.
- Staff planned to make a full report to the Board at the April meeting and hoped to receive Board authorization to begin the steps necessary to construct the facility. However, after consultation with the Board Chair, Evan Roberson pulled this item from the April agenda because of the implications of the COVID-19 response.

- This item is currently ready for approval by the Board of Trustees. The timing for this approval is not great and the Board may elect to postpone this decision into the future. If they do, the property would either need to be purchased or we risk losing the purchase contract.

Goal #6 – Staff Development

Objective 1:

At least five current computer-based training courses will be converted to face-to-face training by May 31, 2020.

- Five computer-based training (CBTs) courses were identified in Quarter 1 and were converted into face-to face training format and were under review in Quarter 2.
- Prior to incorporation of these trainings into New Employee Orientation (NEO), the Center applied to be a Certified Community Behavioral Health Clinic (CCBHC) and identified other trainings needed and prioritized some items related to CCBHC. Additionally, following the COVID-19 pandemic, Infection Control was added to the priority list of CBTs to be transitioned to face to face training.
- Currently, Severe Weather/Bioterrorism and Infection Control have been transitioned from CBTs into face to face trainings. In addition, staff have developed new face to face trainings for Person and Family Centered Care and Interpreting in a Medical Setting.
- In addition, several new face to face trainings were completed and will be implemented for CCBHC certification. While these trainings do not represent a conversion from 'current CBT' to face to face trainings, these new trainings have been developed in line with our philosophy to shift away from computer-based training.

Objective 2:

All staff will be trained in part two of the Trauma Informed Care training by August 31, 2020.

- As of May 31, 2020, 197 staff have been trained on part two of the Trauma Informed Care training. Due to COVID-19, these face to face trainings were suspended temporarily, but we have implemented virtual training and believe this objective will still be completed by the end of the year.

Agenda Item: 3rd Quarter FY 2020 Corporate Compliance and Quality Management Report **Committee:** Program	**Board Meeting Date** July 23, 2020

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 2020 are included in this Board packet.

Supporting Documentation:

3rd Quarter FY 2020 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report
3rd Quarter, FY 2020

Corporate Compliance Activities

A. Key Statistics:

Two reviews were completed in the 3rd Quarter.

1. One review was completed due to concerns with staff billing for a non-billable service. This review resulted in zero payback.
2. The second review alleged case management services were being completed by the interpreter without the case manager present. This review resulted in zero payback. All adult outpatient staff received training on how to utilize interpreter services properly.

B. Committee Activities:

The Corporate Compliance Committee met on May 13, 2020. The committee reviewed the following:

1. A final summary of the 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 reviewed and submitted seven record requests, totaling 13 charts.
2. Staff participated in the Quarterly Superior HealthPlan on-site audit on May 13, 2020. All charts reviewed scored above 94% for overall chart compliance and 100% for overall claims compliance. There were only minor findings.
3. Staff conducted several internal audits including progress note reviews, discharge documentation, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

B. Reviews/Audits:

1. Staff prepared and submitted four charts going back three months for the quarterly Superior HealthPlan on-site audit.
2. Staff reviewed and submitted six charts to private insurance companies for services they were billed dating back to January 2019.
3. Staff reviewed and submitted three charts to Texas Children's HealthPlan for services dating back to January 2018.

4. 132 progress notes were reviewed in detail by staff (35 Child and Youth and 97 Adult Outpatient). Areas needing improvement were communicated to the supervisor and the Clinical Trainer provided re-training as needed.

C. Other Quality Management Activities:

1. Staff reviewed 86 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 with 94% of charts reviewed meeting the criteria. Follow up was made with supervisors as appropriate to initiate additional education as needed.
2. Staff reviewed 29 surveys from individuals who were hospitalized in our State Hospital Diversion beds via contract facilities. The majority of the feedback was generally positive. Quality Management staff continue to monitor these surveys to ensure quality of care.
3. Staff reviewed 95 discharges that occurred in Q3 and communicated areas that were needing improvement to supervisory staff as needed.

Agenda Item: 4th Quarter FY 2020 Corporate Compliance Training **Committee:** Program	**Board Meeting Date** July 23, 2020

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 2020 Corporate Compliance Training

Recommended Action:

For Information Only

COMPLIANCE NEWSLETTER

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

FY 2020, Quarter 4 **Tri-County Behavioral Healthcare**

Top Ten Don'ts of Compliance

1. Billing for services that were never rendered.
2. Billing for more time than was actually provided.
3. Incorrectly reporting time worked on your timesheet.
4. Using someone else's work as your own.
5. Billing for travel time when the service does not allow travel to be included.
6. Providing medically unnecessary or poorly documented services.
7. Completing documentation on an individual while providing services to a different individual.
8. Failing to record breaks in services.
9. Creating blank or "shell" documentation notes.
10. Copying and pasting documentation.

The "Dos" of Compliance:

- Do learn the policies and procedures related to billing, charging and coding, and follow them.
- Do avoid "rounded" times.
- Do document your work accurately and in a qualitative manner.
- Do ask questions. If you aren't sure about how to do your required tasks ask questions. Ask Supervisors and then Quality Management if needed.
- Do take advantage of training activities that are offered.
- Do be thorough in your documentation.

What to do if you suspect non-compliant behavior in the work place?

If you suspect that a non-compliant and/or non-ethical act has occurred, it is your duty to report the incident immediately. If you are aware of such instances and do not report them, you are violating Tri-County's Code of Conduct and the Corporate Compliance Policy.

What should you report to the Compliance Department?

- Suspicion of noncompliant and/or non-ethical behavior
- Safety issues
- Employee relation concerns

What happens after a report is made?

- An investigation may be conducted by the Compliance Team
- Interviews may be conducted
- Paybacks may be made to insurance companies if necessary
- Disciplinary action will be taken if necessary

How to report any concerns to the Compliance Department:

1. Phone: 936-521-6152 or toll free at 1-866-243-9252

   You may dial *69 to block your number if you prefer to remain anonymous.
   Messages may be left confidentially; however, please leave a detailed message about the misconduct you are reporting. Please be as specific as possible.

2. A special email account has been set up for the submission of ethics-related questions or concerns. Email: corporatecompliance@tcbhc.org; or

3. By appointment: Your Corporate Compliance team is located at the Conroe Facility, Feel free to contact any member of the Compliance Team for an appointment.

- Information communicated to Compliance Department is confidential, within limits of the law.
- Employees are not required to identify themselves when reporting a concern.
- Tri-County maintains a non-retaliation policy.
- Failure to report non-compliance could potentially subject an employee to disciplinary action.

SUSPECT IT? REPORT IT

Your Corporate Compliance Team

Amy Foerster
Chief Compliance Officer
amyf@tcbhc.org

Heather Hensley
Administrator of Compliance
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Agenda Item: Appoint Nominating Committee for FY 2021 Board Officers **Committee:** Executive	**Board Meeting Date** July 23, 2020

Background Information:

The Board Chair will select representatives for the Nominating Committee for FY 2021 Board Officers. Typically, the committee is made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.

The annual election of officers will occur at the August Board meeting.

Supporting Documentation:

None

Recommended Action:

Appoint Nominating Committee for FY 2021 Board Officers

Agenda Item: Appoint Executive Director Evaluation Committee **Committee:** Executive	**Board Meeting Date** July 23, 2020

Background Information:

The Board Chair will select representatives for the FY 2020 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

Agenda Item: Approve Revision to Board Policy E.24 - Retention of Fund Balance **Committee:**	**Board Meeting Date:** July 23, 2020

Background Information:

Over the years Tri-County has held fundraising campaigns that normally raised funds for the "From the Heart" program. The program raised funds in the fall and we normally spent these funds during the holiday time of year.

Fundraising has changed over the past few years and we find that we are receiving funds designated for specific purposes and the funds are received with little time to spend before the fiscal year end.

Staff are recommending that we add an additional Committed category called "Reserve for Designated Donations". This would allow Tri-County to review all donations annually at fiscal year-end and bring to the board an agenda item to move any designated donations that we were unable to spend for the intended purpose to this committed fund. Thereby allowing us additional time to spend on the designated purpose.

Designation donations have most recently been given to the Veterans programs and are used to funds items that aren't paid for with any other grant funds.

Supporting Documentation:

<u>Mark-Up Version</u> –Board Policy E.24 – Retention of Fund Balance

Recommended Action:

Approve Recommended Revision to Board Policy E.24 – Retention of Fund Balance

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

_____
Patti Atkins, Chair

July 23, 2020 _____
Date

ORIGINAL EFFECTIVE DATE: February 26, 1992

REVISION DATE(S): March 22, 2007; December 9, 2010; August 25, 2011; May 22, 2014; July 28, 2016, July 23, 2020

SUBJECT: Retention of Fund Balance

It is the policy of the Board of Trustees of Tri-County Behavioral Healthcare ("Tri-County" or Center") that the Center establish adequate reserve funds as a prudent business practice. The expectation is that the Center has a goal of 120 days in designated reserves for operations. These funds are for major business changes, sufficient funds to handle fiscal emergencies such as short term cash flow problems, unanticipated reductions or loss of funding, or unanticipated losses and/or deterioration of physical assets.

I. In order to comply with Government Accounting Standards Board, fund balances shall be classified in accordance with GASB Statement 54 – "Fund Balance Reporting and Governmental Fund Type Definitions" as follows:

   A. Non-Spendable Fund Balance includes amounts not in spendable form, such as inventory, prepaids, or amounts required to be maintained intact legally or contractually (Fixed Assets, Inventory)

   B. Restricted Fund Balance includes amounts constrained for a specific purpose by external parties (Debt Requirements, Debt Services)

   C. Committed Fund Balance includes amounts constrained for a specific purpose by a government using its highest level of decision making authority (Vehicle and Equipment Replacements, Facility Improvements and Acquisitions, Board Initiatives and 1115 Waiver Programs)

   D. Assigned Fund Balance includes funds other than the general fund constrained for a specific purpose by a governing board or by an official that has been delegated authority

to assign amounts (Current Year Budget Reserve, Worker's Compensation, Insurance Deductibles)

E. Unassigned Fund Balance is the residual classification for the general fund

II. The Board of Trustees is the Center's highest level of decision making authority and the formal action that is required to be taken to establish, modify, or rescind a Restricted, Committed or Assigned fund balance is a resolution approved by the Board at a Board meeting. The resolution must either be approved or rescinded prior to the last day of the fiscal year for which the commitment or assignment is made.

When multiple categories of fund balance are available for expenditure, the Center will spend funds from the least restricted category first and then from the next category in the hierarchy with available funds.

III. The Board of Trustees can designate money to the following reserve funds:

A. Committed
1. Net Asset Property
2. Net Asset Vehicles & Equipment
3. Reserve for Vehicle & Equipment Replacement
4. (20% of Approximate Replacement Cost)
5. Reserve for Facility Improvement & Acquisitions
6. Reserve for Future Board Initiatives
7. Reserve for 1115 Waiver Programs
8. Reserve for Designated Donations

B. Assigned
1. Reserve for Current Year Budgeted Reserve
2. (Set by the Budget each Year)
3. Reserve for Workers Compensation
4. Reserve for Insurance Deductibles
5. Reserve for Accrued Paid Time Off

The Committed and Assigned designated funds may periodically be adjusted by Board Resolution when necessary and/or when excess funds are available in a fiscal year.

The designated funds shall be semi-permanent in nature and the money so designated shall be invested in U.S. Government backed securities (at least one year maturities). In order to meet the Texas Health and Human Services Commission (HHSC) matching funds requirements, interest earned on the investment of designated funds shall continue to be recognized as local revenues rather than compounding as designated fund.

Agenda Item: Ratify Revisions to Board Policy F.3 - Leave **Committee:** Executive	**Board Meeting Date** July 23, 2020

Background Information:

The Board Policy on Leave was revised to ensure that staff would not be adversely impacted by the Paid Time Off (PTO) maximum accrual date at the end of Fiscal Year 2020. The COVID-19 virus impacted many staff who were unable to take regular vacations in the summer and who otherwise would have to convert their PTO to Extended Sick Leave (ESL) at the end of the Fiscal Year (August 31). August vacations are a hardship on the Center because it is the end of the Fiscal Year and they are generally discouraged.

Staff visited with Eide Baily and they confirmed that moving the maximum accrual date from August 31st to December 31st would have no additional fiscal impact for the Center because the maximum PTO liability would not change. However, we did not receive feedback from Eide Baily in time to place this item on the Board agenda for May, so the Executive Director spoke with the Board Chair a few days after the May Board meeting and received permission to announce this policy change so staff could plan appropriately. December is generally a slow time of year at the Center and vacations at the end of the year are less of a hardship.

Staff also propose changes to our PTO buyout schedule (formerly paid out on April 15th), and have added a couple of clarifying comments regarding the use of ESL, Administrative Leave and Leave Without Pay (LWOP).

Finally, staff are proposing the addition of the Martin Luther King, Jr. Holiday beginning in FY 2021.

Revisions: F.3 – Leave

- Move date for PTO maximum accrual from August 31st until December 31st each year.
- Move the date for excess PTO buy-out election from March 31st to May 15th each year, and excess PTO payout from April 15th to June 15th each year.
- Revision of the policy regarding use of Extended Sick Leave to include "personal illness absence of three (3) days or greater (with a doctor's note)."
- Express authority for the Executive Director to extend LWOP limits during a "unforeseen event that impacts a large number of employees."
- The addition of the Martin Luther King, Jr. Birthday as a Center paid holiday.

Supporting Documentation:

Revised Board Policy (Markup Version)
F.3-Leave

Recommended Action:

Ratify Revisions to Board Policy F.3 - Leave

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

_____
Patti Atkins, Chair

_____
Date

ORIGINAL EFFECTIVE DATE: October 26, 1989

REVISION DATE(S): April 23, 2015; July 23, 2020

SUBJECT: Leave *(Formerly Employee Benefits)*

It is the policy of the Board of Trustees to provide appropriate leave benefits to employees of Tri-County Behavioral Healthcare.

I. Leave

A. Paid Time Off (PTO) – PTO may be used, with supervisor approval, by any eligible employee for the purpose of receiving compensation during the time the employee is off due to illness, vacation, or to attend to personal needs or emergencies. Based on full-time employment, each employee classified as a regular employee will accrue PTO based on their continuous employment as follows:

Length of Employment	Hours Accrued Per Pay Period	Maximum PTO Hours Carried Over at 8/31
1 – 24 months	5 hours	80 hours
25 – 48 months	6.75 hours	120 hours
49 – 72 months	8 hours	160 hours
73 – 108 months	9 hours	180 hours
109 months or more	10 hours	180 hours

Note: Consultants, independent contractors, part-time hourly employees and temporary employees are not eligible for PTO, unless superseded by written contractual agreement.

B. Employees with at least one year of service may elect to have the Center buy-out a portion of their excess PTO one time per year, depending on their accrual amount as of ~~March 31st~~ May 15th of each year. Payment will be made by check on June 15th ~~April 15th~~. Employees may be reimbursed for the number of hours ~~they choose between ten (10)~~

~~and~~ up to the maximum for their tenure with the Center. No reimbursement will be made for fewer than ten (10) hours.

Through this plan, employees will retain their Minimum PTO Balance after buy-out, minimizing the risk of having insufficient PTO in case of the need to be off for an extended period. The chart below details the buy-out of the Excess PTO Plan.

Minimum PTO Hour Balance After Buy-Out	Length of Employment	Hours Accrued Per Pay Period	Maximum PTO Hours Carried Over at 8/31	Maximum Buy-Out Hours
60	12 – 24 months	5 hours	80 hours	20
95	25 – 48 months	6.75 hours	120 hours	34
100	49 – 72 months	8 hours	160 hours	40
100	73 – 108 months	9 hours	180 hours	60
100	109 months or more	10 hours	180 hours	80

Extended Sick Leave (ESL) – Hours in excess of the PTO "Maximum Accrual" will be automatically carried over to Extended Sick Leave (ESL) effective December ~~August~~ 31st of each year. Employees may access their ESL ~~only~~ for qualifying events under the Family and Medical Leave Act (FMLA) of 1993 and as amended, ~~or~~ in accordance with the National Defense Authorization Act of 2008 in which eligible employees are entitled to FML for military leave for caregiver and necessity, or due to personal illness absence of three (3) days or greater (with a doctor's note).

Employees may only use 84 days of ESL regardless of the amount accumulated unless the leave is for Military Caregiver Leave in which case the employee may use ESL up to the statutory maximum of 26 weeks of total leave. ESL hours have no value unless used for authorized leave. Employees will not be compensated upon termination for any ESL hours accrued after February 29, 1996. ~~Prior ESL was paid out in February of 2013 and is no longer a form of leave at Tri-County.~~

C. Jury Duty – Leave with full pay will be granted for days a "regular" employee is on active jury duty.

D. Military Leave – Leave will be granted to an employee who must be absent from work because of service in the uniformed services as required by the Uniformed Services Employment and Reemployment Rights Act (USERRA) and all military leave will be provided according to the requirements of Title 38, United States Code, Sections 4301.4333 and the National Defense Authorization Act of 2008. In addition, an employee who must be absent from work because of service in the uniformed services will receive full pay for up to 15 working days.

E. Leave Without Pay (LWOP) – LWOP may be granted to an employee by the Executive Director upon request for **no more than eight (8) standard work days (up to 64 hours),** if the balance of all other appropriate paid leave has been exhausted. The LWOP may be

granted for illness or to take care of family emergencies or other approved circumstances. Documentation may be required for the LWOP. Nothing in this Policy entitles an employee to leave in addition to the maximum amounts provided under the Family Medical Leave Act. In case of unforeseen event that impacts a large number of employees, the Executive Director or designee may extend LWOP limits to protect agency staffing.

F. Holidays – Tri-County observes ~~eight (8)~~ nine (9) holidays (~~64~~ 72 hours) per year. Tri-County employees classified as "regular" unless otherwise specified in procedure, will receive eight (8) hours off or pay for the following observed holidays:

1. Labor Day
2. Thanksgiving Day
3. Day after Thanksgiving Day
4. Christmas Eve
5. Christmas Day
6. New Year's Day
7. Martin Luther King's Birthday
8. Memorial Day
9. Independence Day

As a Performance Incentive award, the Executive Director may authorize an additional Center-wide paid day off if first quarter revenue exceeds expenses and service targets are met. This will be treated like a holiday in all respects (if it falls on a weekend, for those who work residential, for those who handle crises call, etc.).

G. VIP Days will be earned by full-time employees classified as "regular".

1. They will earn two (2) days or sixteen (16) hours on the first day of each fiscal year or date of hire if the date of hire is prior to January 1st.
2. Employees hired between January 1st and March 31st will earn one (1) day or eight (8) hours.
3. Employees hired between April 1st and August 31st will not earn a VIP day.
4. Employees who resign and are rehired during the same fiscal year will not earn additional VIP days.
5. Employees will receive a maximum of two (2) VIP days per fiscal year, unless they are awarded additional days through drawings or other special recognition events.
6. As a Performance Incentive award, the Executive Director may authorize additional Center-wide VIP days as determined by Center Procedure.

H. Administrative Leave – Paid or unpaid leave may be granted for the benefit of Tri-County. Unpaid leave may be required during a Center investigation. Such leave may include:

1. Suspension with or without pay during the period of an investigation into potential wrong doing by an employee, or where a contraindication to continued employment is indicated.
2. When the Center is closed due to inclement weather or other emergency.

3. Administrative Leave will not count against an employee's leave balance or accruals.

I. Compensatory Leave – Paid leave may be given to an employee in lieu of overtime worked.

J. Family Medical Leave – Leave as provided by the Family and Medical Leave Act of 1993 will be provided according to the requirements of Public Law 103-3 (HR 1); February 5, 1993 for not more than twelve (12) weeks except as provided under the National Defense Authorization Act of 2008. Employees may take this job-protected paid or unpaid leave in any rolling twelve (12) month period for any qualifying event as defined by the FMLA or National Defense Authorization Act of 2008.

II. The Executive Director will be responsible for assuring that procedures for this policy are developed and implemented.

III. Employment at Will. Nothing in this policy shall be interpreted as implying an employment contract or agreement exists between Tri-County and any employee.

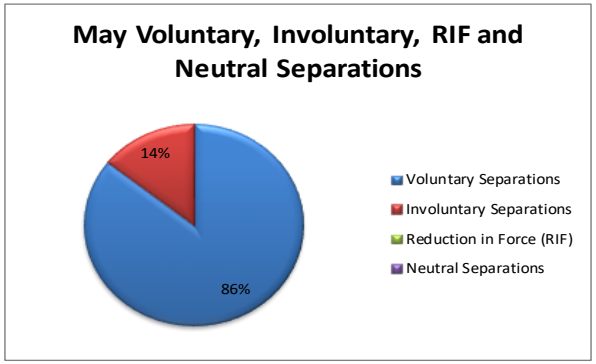
Agenda Item: Personnel Report for May and June 2020 **Committee:** Executive	**Board Meeting Date:** July 23, 2020
Background Information: None	
Supporting Documentation: Personnel Report for May and June 2020	
Recommended Action: **For Information Only**	

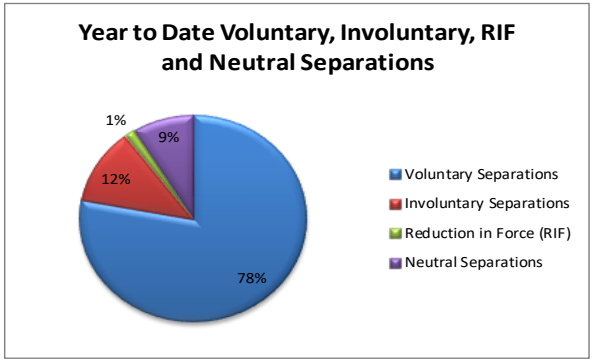
Personnel Report May 2020

Total Applications received in May = 188
Total New Hires for the month of May = 0
Total New Hires Year to Date = 89

May Turnover - FY20 compared to FY19	FY20	FY19
Number of Active Employees	369	353
Number of Monthly Separations	7	16
Number of Separations YTD	68	86
Year to Date Turnover Rate	**19%**	**24%**
May Turnover Rate	**2%**	**5%**

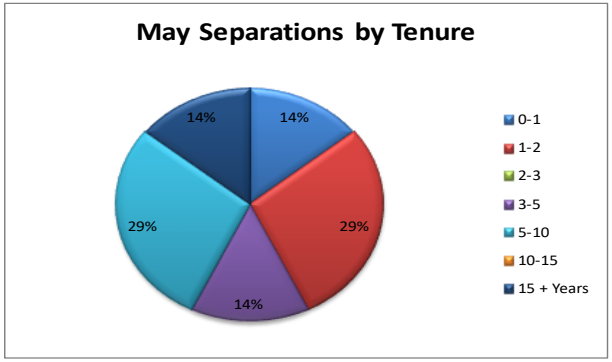
Separations by Reason	May Separations	FY20 YTD
Better Pay	0	7
Commute	1	5
Death	0	0
Dissatisfaction with Supervisor/Job	0	3
Family	1	9
Another job	0	9
Lack of Opportunity for Advancement	1	1
Relocating	1	3
Retirement	1	3
Return to School	0	3
Schedule	0	1
Uncomfortable with Job Duties	0	3
Health	1	4
RIF	0	1
Neutral Termination	0	8
Involuntarily Terminated	1	8
Total Separations	**7**	**68**

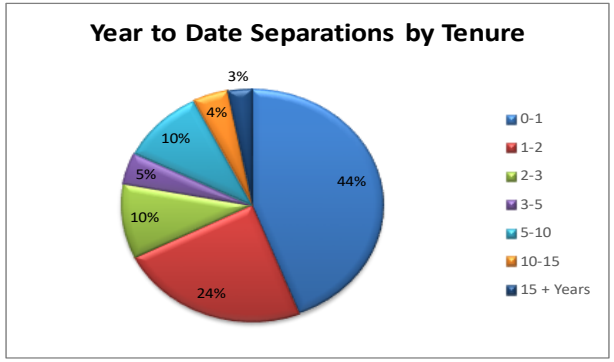




Management Team	# of Employees	Monthly Separations	Year to Date Separations	% May	% Year to Date
Evan Roberson	21	0	0	0%	0%
Millie McDuffey	34	1	10	3%	29%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	2	0%	20%
MH Adult	91	2	18	2%	20%
MH Child & Youth	72	1	16	1%	22%
Catherine Prestigiovanni	12	0	5	0%	42%
PETC	50	2	7	4%	14%
Kelly Shropshire	35	1	3	3%	9%
Kathy Foster	31	0	5	0%	16%
Kenneth Barfield	8	0	1	0%	13%
Total	**369**	**7**	**68**		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% May	% Year to Date
Supervisors & Managers	26	0	2	0%	8%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	1	8	2%	18%
Professionals (QMHP)	115	2	27	2%	23%
Professionals (QIDP)	28	1	3	4%	11%
Licensed Staff (LCDC, LPC…)	23	0	1	0%	4%
Business Services (Accounting)	11	1	3	9%	27%
Central Administration (HR, IT, Executive Director)	18	0	5	0%	28%
Program Support(Financial Counselors, QA, Training, Med. Records)	56	1	11	2%	20%
Nurse Technicians/Aides	15	1	3	7%	20%
Service/Maintenance	8	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	25	0	5	0%	20%
Total	**369**	**7**	**68**		



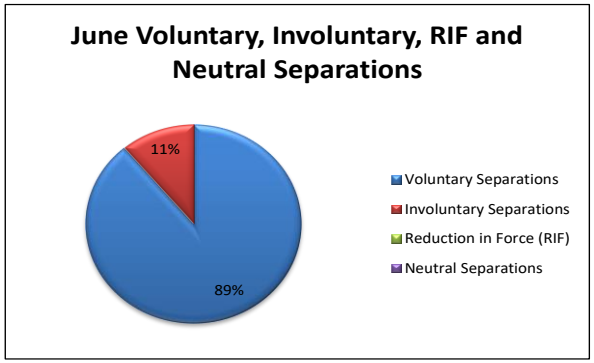


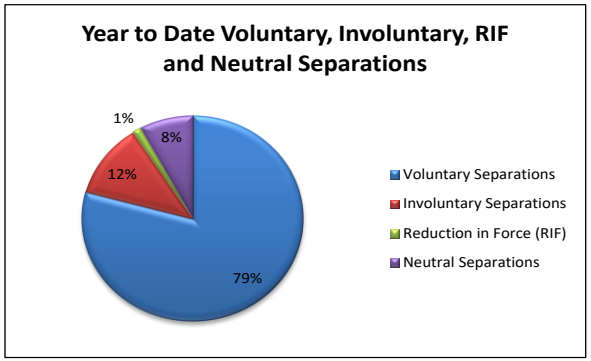
Personnel Report June 2020

Total Applications received in June = 273
Total New Hires for the month of June = 18
Total New Hires Year to Date = 107

June Turnover - FY20 compared to FY19	FY20	FY19
Number of Active Employees	377	355
Number of Monthly Separations	9	9
Number of Separations YTD	77	95
Year to Date Turnover Rate	20%	27%
June Turnover Rate	2%	3%

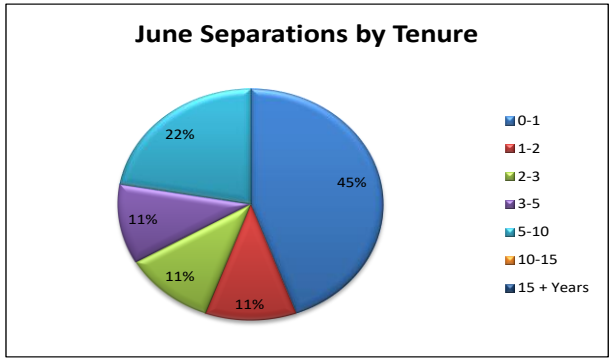
Separations by Reason	June Separations	FY20 YTD
Better Pay	2	9
Commute	0	5
Death	0	0
Dissatisfaction with Supervisor/Job	0	3
Family	0	9
Another job	3	12
Lack of Opportunity for Advancement	0	1
Relocating	3	6
Retirement	0	3
Return to School	0	3
Schedule	0	1
Uncomfortable with Job Duties	0	3
Health	0	4
RIF	0	1
Neutral Termination	0	8
Involuntarily Terminated	1	9
Total Separations	9	77

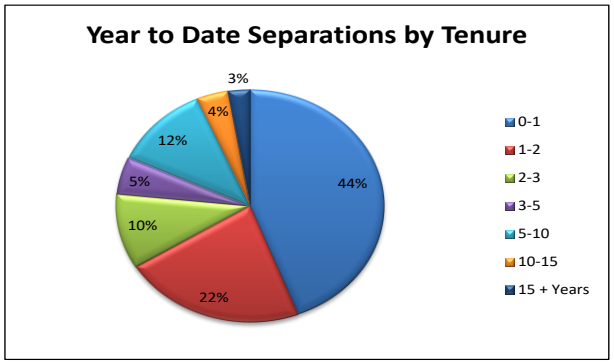




Management Team	# of Employees	Monthly Separations	Year to Date Separations	% June	% Year to Date
Evan Roberson	23	0	0	0%	0%
Millie McDuffey	34	0	10	0%	29%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	2	0%	20%
MH Adult	91	4	22	4%	24%
MH Child & Youth	77	3	19	4%	25%
Catherine Prestigiovanni	12	0	5	0%	42%
PETC	51	1	8	2%	16%
Kelly Shropshire	36	0	3	0%	8%
Kathy Foster	30	1	6	3%	20%
Kenneth Barfield	8	0	1	0%	13%
Total	**377**	**9**	**77**		

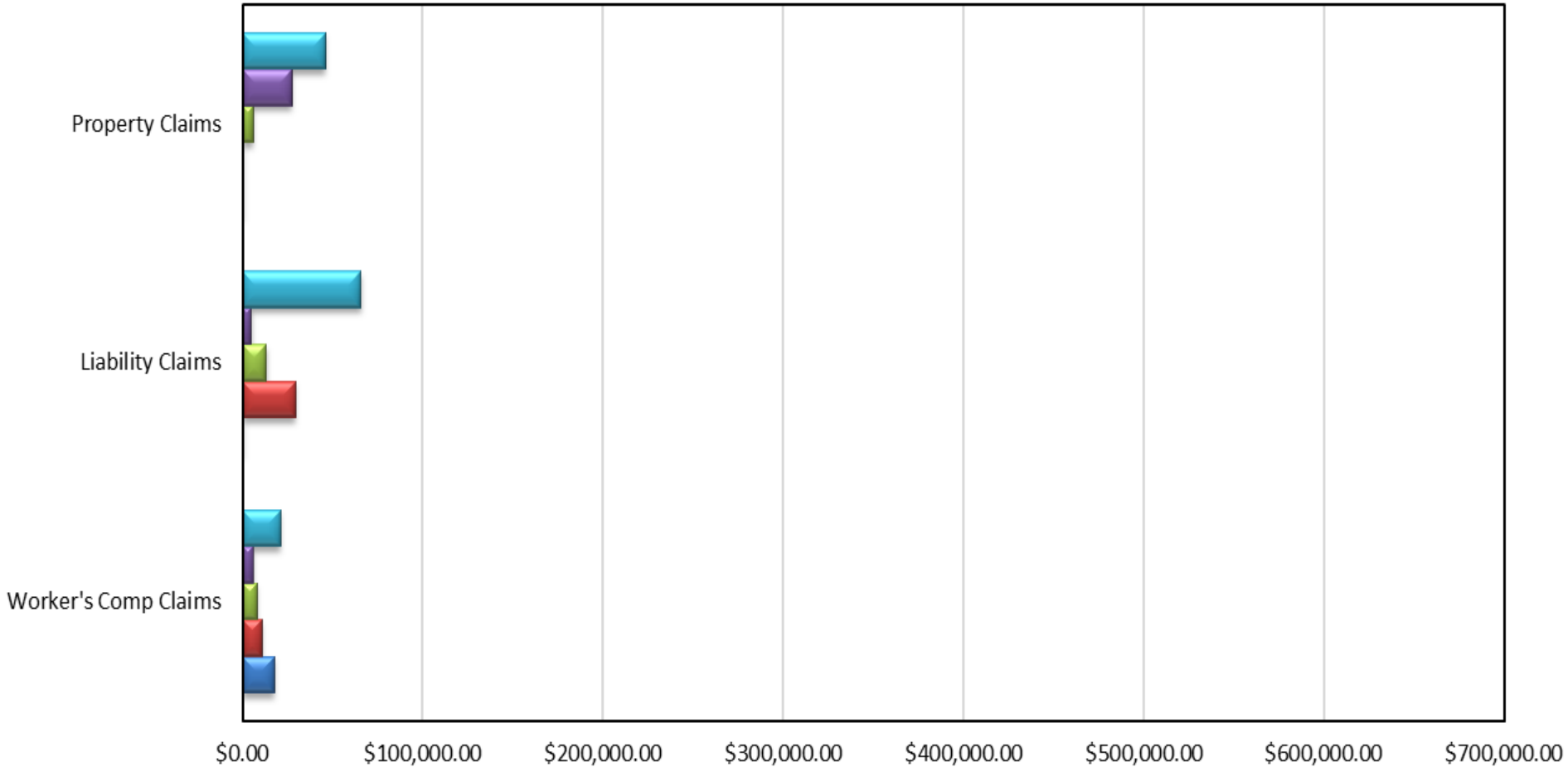
Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% June	% Year to Date
Supervisors & Managers	26	0	2	0%	8%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	46	1	9	2%	20%
Professionals (QMHP)	118	4	31	3%	26%
Professionals (QIDP)	29	0	3	0%	10%
Licensed Staff (LCDC, LPC…)	24	1	2	4%	8%
Business Services (Accounting)	11	0	3	0%	27%
Central Administration (HR, IT, Executive Director)	18	0	5	0%	28%
Program Support(Financial Counselors, QA, Training, Med. Records)	56	2	13	4%	23%
Nurse Technicians/Aides	17	0	3	0%	18%
Service/Maintenance	8	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	24	1	6	4%	25%
Total	**377**	**9**	**77**		





Agenda Item: Texas Council Risk Management Fund Claims Summary as of June 2020 **Committee:** Executive	**Board Meeting Date:** July 23, 2020
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of June 2020	
Recommended Action: **For Information Only**	

TCRMF Claims Summary June 2020



	Worker's Comp Claims	Liability Claims	Property Claims
2016	$21,176.00	$65,795.00	$46,114.00
2017	$6,011.00	$4,893.00	$27,455.00
2018	$8,191.00	$13,108.00	$6,126.00
2019	$10,638.00	$29,330.00	$0.00
2020	$17,594.00	$0.00	$0.00

Agenda Item: Approve May 2020 Financial Statements **Committee:** Business	**Board Meeting Date** July 23, 2020
Background Information: None	
Supporting Documentation: May 2020 Financial Statements	
Recommended Action: **Approve May 2020 Financial Statements**	

May 2020 Financial Summary

Revenues for May 2020 were $2,857,925 and operating expenses were $2,791,733 resulting in a gain in operation of $66,192. Capital Expenditures and Extraordinary Expenses for May were $93,054 resulting in a loss of $26,861. Total revenues were 90.38% of the monthly budgeted revenues and total expenses were 91.24% of the monthly budgeted expenses (difference of -.86%).

Year to date revenues are $24,106,306 and operating expenses are $23,012,646 leaving excess operating revenues of $1,093,660. YTD Capital Expenditures and Extraordinary Expenses are $1,076,429 resulting in a gain YTD of $17,232. Total revenues are 97.25% of the YTD budgeted revenues and total expenses are 97.19% of the YTD budgeted expenses (difference of 0.07%).

REVENUES

Earned Revenues items that are below the budget by more than $10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
Client Fees	132,312	173,657	76.19%	41,345
Private Insurance	85,728	113,730	75.38%	28,002
Title XVII Medicare - Regular	54,988	73,869	74.44%	18,881
Title XIX Case Management MH	447,265	463,174	96.57%	15,909
HCS – Title XIX	1,337,037	1,360,254	98.29%	23,217
Medicaid – PASRR	92,938	133,327	69.71%	40,389
Medicaid – Regular – Title XIX	440,053	519,142	84.77%	79,089
Rehab – Title XIX	1,301,461	1,450,253	89.95%	148,792

Earned Income – The above listed items are earned revenue lines with variances of over $10,000. During this period of reduced services at the center, we have been serving clients from home by phone. As can be seen, we have many lines that are under the original projected budget. We expect that this is the trend for June and possible beyond as well. And after that, the new normal will start to fall into place.

We will have another budget revision before year end to adjust to the current conditions and hopefully be able to see the trends for the new budget year.

****NOTE – The following are Grant Funded Cost Reimbursement Programs Under Budget by more than $10,000 –**

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
DSHS – MH First Aid	56,884	92,037	61.81%	35,153
HHSC – SA Treatment Youth	9,478	21,159	44.79%	11,682
DSHS – First Episode Psychosis	185,436	211,799	87.55%	26,363
DADS – Autism Program	98,298	147,000	66.87%	48,702
HHSC – ESC6	0	23,000	0%	23,000
HHSC – Youth Prevention Universal	130,925	147,494	88.77%	16,569
DSHS – SA Prevention	143,959	169,179	85.09%	25,220
DSHS - OCR	143,431	154,637	92.75%	11,206
HHSC – SB 292 – East Montgomery Crisis	195,218	263,888	73.98%	68,670

Grant Funded Cost Reimbursement Programs - The above listed items are grant funded cost reimbursement programs with variances of over $10,000. The good thing about these variances is there is an offset of expense lines that aren't being spent. It is important to see all the variances to show the full impact of what is happening at the center during the COVID-19 partial shutdown. During this period of reduced services at the center, we have been serving clients from home by phone. Many of the above listed programs cannot be served by phone therefore services have come to a stop until things get back to normal.

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
Infection Control	44,128	57	*77417.54%*	44,071

Telephone Mobile Service	69,038	41,197	*167.58%*	27,841

Infection Control – This line item is normally only used for annual flu shots for employees, but since COVID-19 we have been purchasing large quantities of items used to reduce the possibility of spreading COVID-19 if present in our facilities. We will continue to see this line increase over the next few months, but will adjust at the year-end budget revision.

Telephone Mobile Service – This line item reflects the increased cost of staff providing services through telephonic methods. We have additional phones provided to clinical staff and we also had additional usage charges for the billing period. We have worked with our mobile service provider to reduce our usage charges going forward so we will see a decrease in the monthly fee. This line item will need to also be adjusted at the year-end budget revision to reflect the charges for the change of service delivery during the COVID period.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 31, 2020

	TOTALS COMBINED FUNDS May 2020	TOTALS COMBINED FUNDS April 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,800	3,550	250
Cash on Deposit-General Fund	6,888,846	8,634,208	(1,745,362)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,643,684	2,829,021	(185,337)
Inventory	4,172	4,200	(28)
TOTAL CURRENT ASSETS	9,540,502	11,470,978	(1,930,476)
FIXED ASSETS	19,435,971	19,435,971	-
OTHER ASSETS	93,102	66,186	26,916
TOTAL ASSETS	**$ 29,069,575**	**$ 30,973,135**	**$ (1,903,560)**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,301,028	1,150,100	150,928
NOTES PAYABLE	630,692	630,692	-
DEFERRED REVENUE	(816,519)	1,217,485	(2,034,004)
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	229,167	252,083	(22,917)
First Financial Construction Loan	11,319,818	11,360,151	(40,333)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	17,232	44,093	(26,861)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,548,985)	(11,612,234)	63,250
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	19,435,971	19,435,971	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
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	(630,692)	(630,692)	-
UNASSIGNED			
Unrestricted and Undesignated	3,585,566	3,585,357	210
TOTAL LIABILITIES/FUND BALANCE	**$ 29,069,575**	**$ 30,973,135**	**$ (1,903,561)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 31, 2020

	General Operating Funds	Memorandum Only Final August 2019
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,800	3,500
Cash on Deposit-General Fund	6,888,846	8,204,549
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,643,684	2,127,671
Inventory	4,172	4,695
TOTAL CURRENT ASSETS	9,540,502	10,340,415
FIXED ASSETS	19,435,971	19,435,971
OTHER ASSETS	93,102	136,153
		-
	$ 29,069,575	**$ 29,912,539**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,301,028	1,152,521
NOTES PAYABLE	630,692	630,692
DEFERRED REVENUE	(816,519)	183,283
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	229,167	435,417
First Financial Construction Loan	11,319,818	11,675,110
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	17,232	633,843
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(11,548,985)	(12,110,527)
Reserved for Debt Retirement	-	-
COMMITTED		-
Net Assets-Property and Equipment-Committed	19,435,971	19,435,971
Reserved for Vehicles & Equipment Replacement	613,712	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	(630,692)	(630,692)
UNASSIGNED		
Unrestricted and Undesignated	3,585,566	2,951,724
TOTAL LIABILITIES/FUND BALANCE	**$ 29,069,575**	**$ 29,912,539**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended May 2020
and Year To Date as of May 2020

INCOME:	MONTH OF May 2020	YTD May 2020
Local Revenue Sources	56,876	1,152,158
Earned Income	1,046,021	9,723,439
General Revenue-Contract	1,755,028	13,230,709
TOTAL INCOME	**$ 2,857,925**	**$ 24,106,306**
EXPENSES:		
Salaries	1,692,990	13,888,949
Employee Benefits	326,026	2,805,745
Medication Expense	56,579	560,209
Travel-Board/Staff	1,633	246,847
Building Rent/Maintenance	14,915	227,856
Consultants/Contracts	424,751	3,345,451
Other Operating Expenses	274,840	1,937,588
TOTAL EXPENSES	**$ 2,791,733**	**$ 23,012,646**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 66,192**	**$ 1,093,660**
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	-	237,277
Capital Outlay-Debt Service	93,054	839,152
TOTAL CAPITAL EXPENDITURES	**$ 93,054**	**$ 1,076,429**
GRAND TOTAL EXPENDITURES	**$ 2,884,786**	**$ 24,089,074**
Excess (Deficiency) of Revenues and Expenses	**$ (26,861)**	**$ 17,232**

Debt Service and Fixed Asset Fund:		
Debt Service	93,054	839,152
Excess(Deficiency) of revenues over Expenses	**93,054**	**839,152**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of May 2020

	YTD May 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,152,158	1,289,071	(136,914)
Earned Income	9,723,439	10,192,849	(469,410)
General Revenue-Contract	13,230,709	13,304,948	(74,239)
TOTAL INCOME	**$ 24,106,306**	**$ 24,786,869**	**$ (680,563)**
EXPENSES:			
Salaries	13,888,949	14,344,532	(455,583)
Employee Benefits	2,805,745	2,837,279	(31,534)
Medication Expense	560,209	560,066	143
Travel-Board/Staff	246,847	289,150	(42,303)
Building Rent/Maintenance	227,856	226,931	925
Consultants/Contracts	3,345,451	3,517,433	(171,981)
Other Operating Expenses	1,937,588	1,915,479	22,109
TOTAL EXPENSES	**$ 23,012,646**	**$ 23,690,870**	**$ (678,224)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,093,660**	**$ 1,095,999**	**$ (2,339)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	237,277	253,397	(16,120)
Capital Outlay-Debt Service	839,152	842,148	(2,996)
TOTAL CAPITAL EXPENDITURES	**$ 1,076,429**	**$ 1,095,545**	**$ (19,116)**
GRAND TOTAL EXPENDITURES	**$ 24,089,074**	**$ 24,786,415**	**$ (697,340)**
Excess (Deficiency) of Revenues and Expenses	**$ 17,232**	**$ 454**	**$ 16,778**

Debt Service and Fixed Asset Fund:			
Debt Service	839,152	842,148	**(2,996)**
Excess(Deficiency) of revenues over Expenses	**839,152**	**842,148**	**(2,996)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended May 2020

INCOME:	MONTH OF May 2020	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	56,876	154,182	(97,306)
Earned Income	1,046,021	1,220,345	(174,324)
General Revenue-Contract	1,755,028	1,787,736	(32,708)
TOTAL INCOME	**$ 2,857,925**	**$ 3,162,263**	**$ (304,338)**
EXPENSES:			
Salaries	1,692,990	1,911,846	(218,856)
Employee Benefits	326,026	304,416	21,610
Medication Expense	56,579	65,062	(8,484)
Travel-Board/Staff	1,633	34,207	(32,574)
Building Rent/Maintenance	14,915	22,037	(7,122)
Consultants/Contracts	424,751	473,322	(48,571)
Other Operating Expenses	274,840	250,260	24,579
TOTAL EXPENSES	**$ 2,791,733**	**$ 3,061,150**	**$ (269,417)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 66,192**	**$ 101,113**	**$ (34,921)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	-	7,087	(7,087)
Capital Outlay-Debt Service	93,054	93,572	(518)
TOTAL CAPITAL EXPENDITURES	**$ 93,054**	**$ 100,659**	**$ (7,605)**
GRAND TOTAL EXPENDITURES	**$ 2,884,786**	**$ 3,161,809**	$ (277,023)
Excess (Deficiency) of Revenues and Expenses	**$ (26,861)**	**$ 454**	**$ (27,315)**

Debt Service and Fixed Asset Fund:			
Debt Service	93,054	93,572	(518)
Excess(Deficiency) of revenues over Expenses	**93,054**	**93,572**	**(518)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD May 2019 Comparative Data
Year to Date as of May 2020

INCOME:	**YTD May 2020**	**YTD May 2019**	**Increase (Decrease)**
Local Revenue Sources	1,152,158	1,387,044	(234,886)
Earned Income	9,723,439	9,620,089	103,350
General Revenue-Contract	13,230,709	12,012,137	1,218,572
TOTAL INCOME	**$ 24,106,306**	**$ 23,019,270**	**$ 1,087,036**
EXPENSES:			
Salaries	13,888,949	13,278,346	610,603
Employee Benefits	2,805,745	2,540,984	264,761
Medication Expense	560,209	504,955	55,254
Travel-Board/Staff	246,847	349,783	(102,936)
Building Rent/Maintenance	227,856	254,229	(26,373)
Consultants/Contracts	3,345,451	2,970,945	374,506
Other Operating Expenses	1,937,588	1,875,457	62,131
TOTAL EXPENSES	**$ 23,012,646**	**$ 21,774,697**	**$ 1,237,947**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,093,660**	**$ 1,244,573**	**$ (150,911)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	237,277	92,548	144,729
Capital Outlay-Debt Service	839,152	843,827	(4,675)
TOTAL CAPITAL EXPENDITURES	**$ 1,076,429**	**$ 936,375**	**$ 140,054**
GRAND TOTAL EXPENDITURES	**$ 24,089,074**	**$ 22,711,072**	**$ 1,378,002**
Excess (Deficiency) of Revenues and Expenses	**$ 17,232**	**$ 308,198**	**$ (290,964)**

Debt Service and Fixed Asset Fund:			
Debt Service	839,152	843,827	(4,675)
			-
Excess(Deficiency) of revenues over Expenses	**839,152**	**843,827**	**(4,675)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2019 Comparative Data
For the Month Ended May 2020

INCOME:	**MONTH OF May 2020**	**MONTH OF May 2019**	**Increase (Decrease)**
Local Revenue Sources	56,876	207,332	(150,456)
Earned Income	1,046,021	1,086,083	(40,062)
General Revenue-Contract	1,755,028	1,242,823	512,205
TOTAL INCOME	**$ 2,857,925**	**$ 2,536,237**	**$ 321,687**
Salaries	1,692,990	1,467,174	225,816
Employee Benefits	326,026	281,944	44,082
Medication Expense	56,579	69,422	(12,843)
Travel-Board/Staff	1,633	42,928	(41,295)
Building Rent/Maintenance	14,915	71,979	(57,064)
Consultants/Contracts	424,751	273,816	150,935
Other Operating Expenses	274,840	233,662	41,178
TOTAL EXPENSES	**$ 2,791,733**	**$ 2,440,925**	**$ 350,808**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 66,192**	**$ 95,312**	**$ (29,121)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	-	-	-
Capital Outlay-Debt Service	93,054	93,572	(518)
TOTAL CAPITAL EXPENDITURES	**$ 93,054**	**$ 93,572**	**$ (518)**
GRAND TOTAL EXPENDITURES	**$ 2,884,786**	**$ 2,534,497**	**$ 350,289**
Excess (Deficiency) of Revenues and Expenses	**$ (26,861)**	**$ 1,740**	**$ (28,602)**

Debt Service and Fixed Asset Fund:			
Debt Service	93,054	93,572	(518)
			-
Excess(Deficiency) of revenues over Expenses	**93,054**	**93,572**	**(518)**

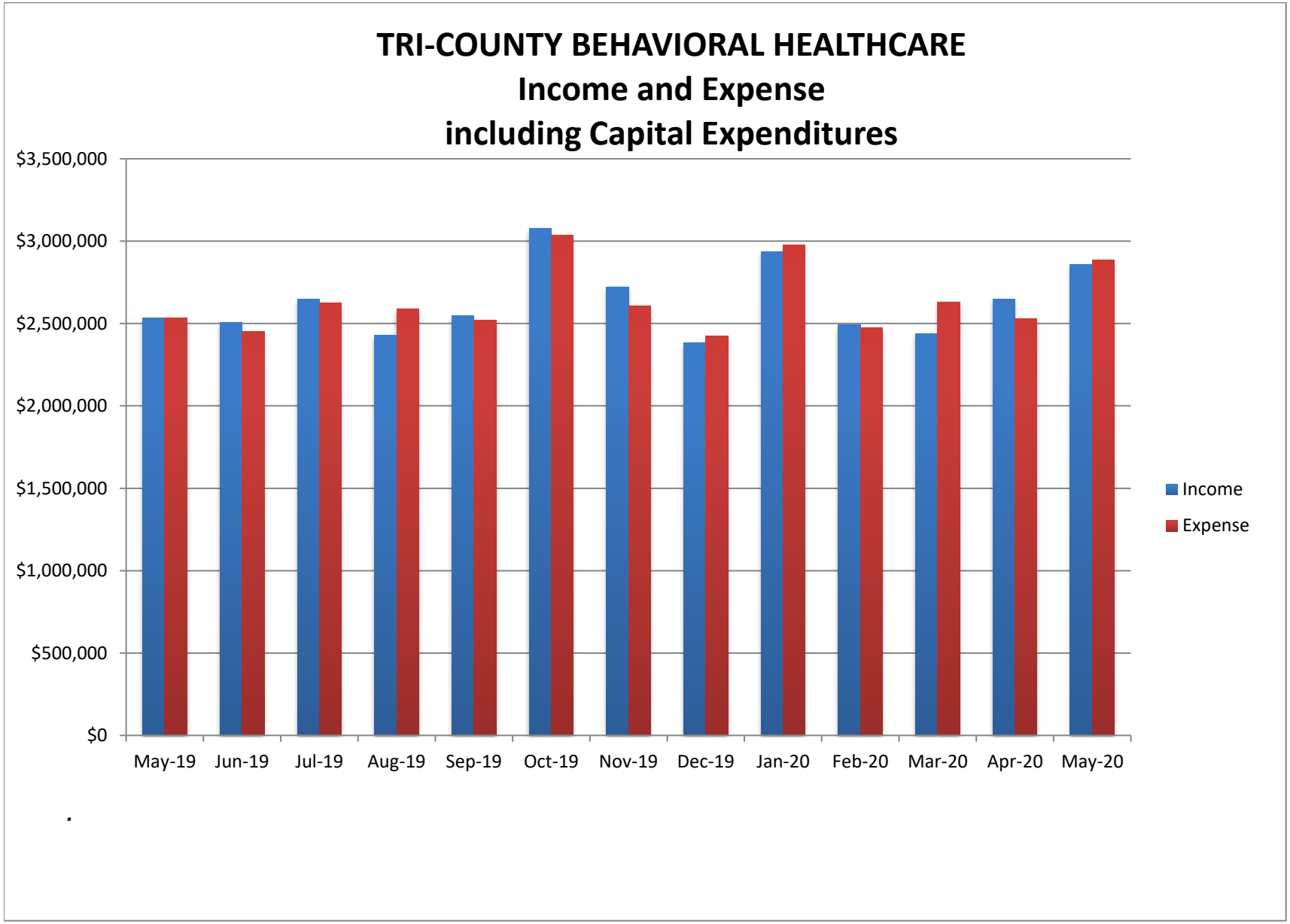
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With April 2020 Comparative Data
For the Month Ended May 2020

INCOME:	**MONTH OF May 2020**	**MONTH OF April 2020**	**Increase (Decrease)**
Local Revenue Sources	56,876	96,850	(39,974)
Earned Income	1,046,021	1,033,425	12,597
General Revenue-Contract	1,755,028	1,517,817	237,211
TOTAL INCOME	**$ 2,857,925**	**$ 2,648,092**	**$ 209,833**
EXPENSES:			
Salaries	1,692,990	1,491,293	201,697
Employee Benefits	326,026	299,448	26,577
Medication Expense	56,579	56,519	60
Travel-Board/Staff	1,633	3,198	(1,565)
Building Rent/Maintenance	14,915	25,937	(11,022)
Consultants/Contracts	424,751	346,047	78,704
Other Operating Expenses	274,840	212,299	62,541
TOTAL EXPENSES	**$ 2,791,733**	**$ 2,434,741**	**$ 356,991**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 66,192**	**$ 213,351**	**$ (147,158)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	-	1,500	(1,500)
Capital Outlay-Debt Service	93,054	93,117	(63)
TOTAL CAPITAL EXPENDITURES	**$ 93,054**	**$ 94,617**	**$ (1,563)**
GRAND TOTAL EXPENDITURES	**$ 2,884,786**	**$ 2,529,358**	**$ 355,428**
Excess (Deficiency) of Revenues and Expenses	**$ (26,861)**	**$ 118,734**	**$ (145,595)**

Debt Service and Fixed Asset Fund:			
Debt Service	93,054	93,117	(63)
Excess(Deficiency) of revenues over Expenses	**93,054**	**93,117**	**(63)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of May 2020

INCOME:	YTD Mental Health May 2020	YTD IDD May 2020	YTD Other Services May 2020	YTD Agency Total May 2020	YTD Approved Budget May 2020	Increase (Decrease)
Local Revenue Sources	1,419,020	(165,947)	(100,915)	1,152,158	1,289,071	(136,913)
Earned Income	3,742,807	3,111,358	2,869,274	9,723,440	10,192,849	(469,409)
General Revenue-Contract	11,211,392	1,351,574	667,743	13,230,709	13,304,948	(74,239)
TOTAL INCOME	**$ 16,373,219**	**$ 4,296,985**	**$ 3,436,102**	**$ 24,106,307**	**$ 24,786,868**	**$ (680,561)**
EXPENSES:						
Salaries	9,443,707	2,328,915	2,116,328	13,888,949	14,344,532	(455,583)
Employee Benefits	1,862,948	504,060	438,738	2,805,745	2,837,279	(31,534)
Medication Expense	432,941		127,268	560,209	560,066	143
Travel-Board/Staff	130,557	79,782	36,507	246,847	289,150	(42,303)
Building Rent/Maintenance	208,336	13,440	6,080	227,856	226,931	925
Consultants/Contracts	2,269,629	782,510	293,312	3,345,451	3,517,433	(171,982)
Other Operating Expenses	1,242,876	436,097	258,616	1,937,590	1,915,479	22,111
TOTAL EXPENSES	**$ 15,590,994**	**$ 4,144,804**	**$ 3,276,849**	**$ 23,012,648**	**$ 23,690,870**	**$ (678,223)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 782,225**	**$ 152,181**	**$ 159,253**	**$ 1,093,659**	**$ 1,095,998**	**$ (2,338)**
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	166,830	35,355	35,092	237,277	253,397	(16,120)
Capital Outlay-Debt Service	570,623	151,047	117,481	839,151	842,148	(2,997)
TOTAL CAPITAL EXPENDITURES	**$ 737,453**	**$ 186,402**	**$ 152,573**	**$ 1,076,428**	**$ 1,095,545**	**$ (19,117)**
GRAND TOTAL EXPENDITURES	**$ 16,328,447**	**$ 4,331,206**	**$ 3,429,422**	**$ 24,089,076**	**$ 24,786,415**	**$ (697,340)**
Excess (Deficiency) of Revenues and Expenses	**$ 44,772**	**$ (34,221)**	**$ 6,680**	**$ 17,232**	**$ 454**	**$ 16,779**
Debt Service and Fixed Asset Fund:						
Debt Service	570,623	151,047	117,481	839,151	842,148	(271,525)
		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	**570,623**	**151,047**	**117,481**	**839,151**	**842,148**	**(271,525)**


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
including Capital Expenditures
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Income
Expense

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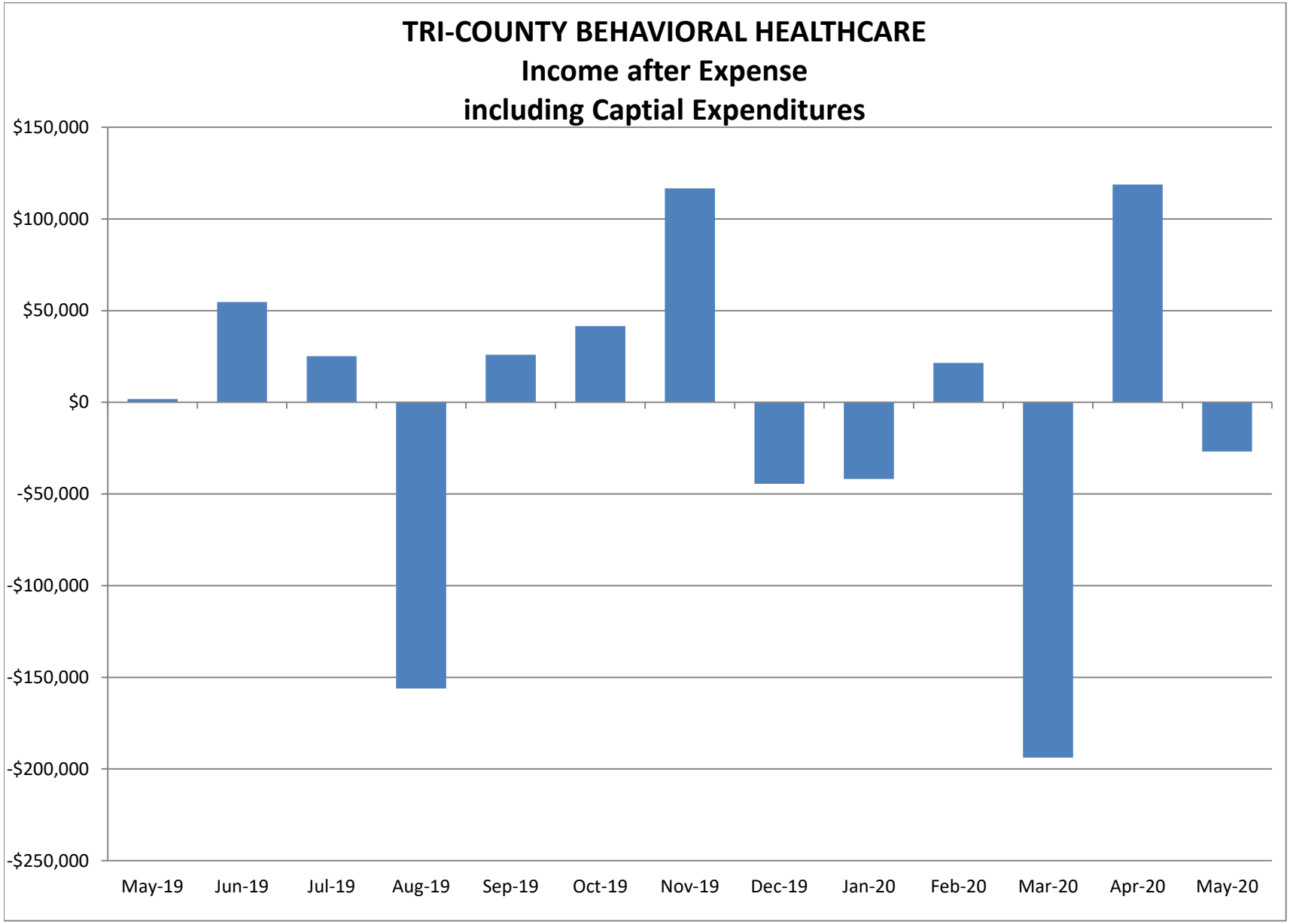

TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Captial Expenditures
$150,000
$100,000
$50,000
$0
-$50,000
-$100,000
-$150,000
-$200,000
-$250,000
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20

Agenda Item: Approve June 2020 Financial Statements **Committee:** Business	**Board Meeting Date** July 23, 2020
Background Information: None	
Supporting Documentation: June 2020 Financial Statements	
Recommended Action: **Approve June 2020 Financial Statements**	

June 2020 Financial Summary

Revenues for June 2020 were $2,726,747 and operating expenses were $2,479,976, resulting in a gain in operation of $246,770. Capital Expenditures and Extraordinary Expenses for June were $93,873, resulting in a gain of $152,897. Total revenues were 98.23% of the monthly budgeted revenues, and total expenses were 95.36% of the monthly budgeted expenses (difference of 2.87%).

Year to date revenues are $26,833,053, and operating expenses are $25,492,622, leaving excess operating revenues of $1,340,431. YTD Capital Expenditures and Extraordinary Expenses are $1,170,302, resulting in a gain YTD of $170,129. Total revenues are 97.35% of the YTD budgeted revenues, and total expenses are 97.01% of the YTD budgeted expenses (difference of 0.34%).

REVENUES

Earned Revenues items that are below the budget by more than $10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
Client Fees	143,407	184,695	77.65%	41,288
Private Insurance	93,972	129,090	72.80%	35,118
Title XVII Medicare - Regular	54,566	84,029	64.94%	29,464
Title XIX Case Management MH	502,597	520,494	96.56%	17,897
HCS – Title XIX	1,484,754	1,513,698	98.09%	28,944
Medicaid – PASRR	92,938	150,887	61.59%	57,949
Medicaid – Regular – Title XIX	493,413	577,864	85.39%	84,451
Rehab – Title XIX	1,436,355	1,625,870	88.34%	189,515

Earned Income – The above listed items are earned revenue lines with variances of over $10,000. During this period of reduced services at the center, we have been serving clients from home by phone. As can be seen, we have many lines that are under the original projected budget. We expect that this is the trend for June and possibly beyond as well. And after that, the new normal will start to fall into place.

We will have another budget revision before year end to adjust to the current conditions and hopefully be able to see the trends for the new budget year.

****NOTE – The following are Grant Funded Cost Reimbursement Programs Under Budget by more than $10,000 –**

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
DSHS – MH First Aid	61,685	109,008	56.59%	47,323
HHSC – SA Treatment Youth	9,959	23,510	42.36%	13,552
DSHS – First Episode Psychosis	203,205	237,132	85.69%	33,927
DADS – Autism Program	98,298	166,000	59.22%	67,702
HHSC – ESC6	2,500	23,000	10.87%	20,500
HHSC – Youth Prevention Universal	145,357	163,993	88.64%	18,636
DSHS – SA Prevention	156,441	190,047	82.32%	33,606
DSHS OCR	157,701	170,486	92.50%	12,785
HHSC – HB13 – SA Admin	3,608	21,466	16.81%	17,858
HHSC – SB 292 – East Montgomery Crisis	195,218	263,888	73.98%	68,670
Tx Veteran's Commission Grant	100,662	111,028	90.66%	10,366

Grant Funded Cost Reimbursement Programs - The above listed items are grant funded cost reimbursement programs with variances of over $10,000. The good thing about these variances is that there is an offset of expense lines that aren't being spent. It is important to see all the variances to show the full impact of what is happening at the center during the COVID-19 partial shutdown. During this period of reduced services at the center, we have been serving clients from home by phone. Many of the above listed programs cannot be served by phone therefore services have come to a stop until things get back to normal.

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
Infection Control	56,612	63	89860.32%	56,549
Telephone Mobile Service	84,084	45,243	185.85%	38,841
Training	54,901	40,120	136.84%	14,781

Infection Control – This line item is normally only used for annual flu shots for employees, but since COVID-19 we have been purchasing large quantities of items used to reduce the possibility of spreading COVID-19 if present in our facilities. We will continue to see this line increase over the next few months, but will adjust at the year-end budget revision.

Telephone Mobile Service – This line item reflects the increased cost of staff providing services through telephonic methods. We have additional phones provided to clinical staff, and we also had additional usage charges for the billing period. We have worked with our mobile service provider to reduce our usage charges going forward so we will see a decrease in the monthly fee. This line item will need to also be adjusted at the year-end budget revision to reflect the charges for the change of service delivery during the COVID period.

Training – Tri-County has increased training in many areas such as Learn for Life crisis training and Security Awareness, among others.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 30, 2020

	TOTALS COMBINED FUNDS June 2020	TOTALS COMBINED FUNDS May 2020	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	3,900	3,800	100
Cash on Deposit-General Fund	8,413,798	6,888,846	1,524,952
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,655,525	2,643,684	11,841
Inventory	4,062	4,172	(110)
TOTAL CURRENT ASSETS	11,077,285	9,540,502	1,536,783
FIXED ASSETS	19,435,971	19,435,971	-
OTHER ASSETS	122,177	93,102	29,075
TOTAL ASSETS	**$ 30,635,433**	**$ 29,069,575**	**$ 1,565,859**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,200,401	1,301,028	(100,628)
NOTES PAYABLE	630,692	630,692	-
DEFERRED REVENUE	690,902	(816,519)	1,507,422
LONG-TERM LIABILITIES FOR			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	206,250	229,167	(22,917)
First Financial Construction Loan	11,280,362	11,319,818	(39,456)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	170,129	17,232	152,897
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,486,612)	(11,548,985)	62,372
Reserved for Debt Retirement			-
COMMITTED			
Net Assets-Property and Equipment	19,435,971	19,435,971	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
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	(630,692)	(630,692)	-
UNASSIGNED			
Unrestricted and Undesignated	3,585,566	3,585,566	-
TOTAL LIABILITIES/FUND BALANCE	**$ 30,635,433**	**$ 29,069,575**	**$ 1,565,858**

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 30, 2020

	General Operating Funds	Memorandum Only Final August 2019
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	3,900	3,500
Cash on Deposit-General Fund	8,413,798	8,204,549
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,655,525	2,127,671
Inventory	4,062	4,695
TOTAL CURRENT ASSETS	11,077,285	10,340,415
FIXED ASSETS	19,435,971	19,435,971
OTHER ASSETS	122,177	136,153
		-
	$ 30,635,433	**$ 29,912,539**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,200,401	1,152,521
NOTES PAYABLE	630,692	630,692
DEFERRED REVENUE	690,902	183,283
LONG-TERM LIABILITIES FOR		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	206,250	435,417
First Financial Construction Loan	11,280,362	11,675,110
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	170,129	633,843
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt service-Restricted	(11,486,612)	(12,110,527)
Reserved for Debt Retirement	-	-
COMMITTED		-
Net Assets-Property and Equipment-Committed	19,435,971	19,435,971
Reserved for Vehicles & Equipment Replacement	613,712	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	(630,692)	(630,692)
UNASSIGNED		
Unrestricted and Undesignated	3,585,566	2,951,724
TOTAL LIABILITIES/FUND BALANCE	**$ 30,635,433**	**$ 29,912,539**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended June 2020
and Year To Date as of June 2020

INCOME:	MONTH OF June 2020	YTD June 2020
Local Revenue Sources	78,282	1,230,439
Earned Income	1,034,882	10,758,321
General Revenue-Contract	1,613,583	14,844,292
TOTAL INCOME	**$ 2,726,747**	**$ 26,833,053**
EXPENSES:		
Salaries	1,409,066	15,298,015
Employee Benefits	290,227	3,095,972
Medication Expense	60,840	621,049
Travel-Board/Staff	2,477	249,324
Building Rent/Maintenance	10,242	238,098
Consultants/Contracts	496,542	3,841,993
Other Operating Expenses	210,583	2,148,171
TOTAL EXPENSES	**$ 2,479,976**	**$ 25,492,622**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 246,770**	**$ 1,340,431**
CAPITAL EXPENDITURES		
Capital Outlay-FF&E, Automobiles, Building	844	238,120
Capital Outlay-Debt Service	93,029	932,181
TOTAL CAPITAL EXPENDITURES	**$ 93,873**	**$ 1,170,302**
GRAND TOTAL EXPENDITURES	**$ 2,573,849**	**$ 26,662,924**
Excess (Deficiency) of Revenues and Expenses	**$ 152,897**	**$ 170,129**

Debt Service and Fixed Asset Fund:		
Debt Service	93,029	932,181
Excess(Deficiency) of revenues over Expenses	**93,029**	**932,181**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of June 2020

	YTD June 2020	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,230,439	1,384,053	(153,614)
Earned Income	10,758,321	11,316,762	(558,441)
General Revenue-Contract	14,844,292	14,861,853	(17,561)
TOTAL INCOME	**$ 26,833,053**	**$ 27,562,668**	**$ (729,615)**
EXPENSES:			
Salaries	15,298,015	15,842,622	(544,607)
Employee Benefits	3,095,972	3,139,577	(43,605)
Medication Expense	621,049	625,129	(4,079)
Travel-Board/Staff	249,324	323,358	(74,034)
Building Rent/Maintenance	238,098	248,968	(10,870)
Consultants/Contracts	3,841,993	4,000,755	(158,762)
Other Operating Expenses	2,148,171	2,111,954	36,217
TOTAL EXPENSES	**$ 25,492,622**	**$ 26,292,361**	**$ (799,739)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,340,431**	**$ 1,270,307**	**$ 70,124**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	238,120	257,484	(19,364)
Capital Outlay-Debt Service	932,181	935,720	(3,539)
TOTAL CAPITAL EXPENDITURES	**$ 1,170,302**	**$ 1,193,204**	**$ (22,902)**
GRAND TOTAL EXPENDITURES	**$ 26,662,924**	**$ 27,485,565**	**$ (822,641)**
Excess (Deficiency) of Revenues and Expenses	**$ 170,129**	**$ 77,103**	**$ 93,026**

Debt Service and Fixed Asset Fund:			
Debt Service	932,181	935,720	**(3,539)**
Excess(Deficiency) of revenues over Expenses	**932,181**	**935,720**	**(3,539)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended June 2020

INCOME:	MONTH OF June 2020	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	78,282	94,982	(16,700)
Earned Income	1,034,882	1,123,912	(89,031)
General Revenue-Contract	1,613,583	1,556,905	56,678
TOTAL INCOME	**$ 2,726,747**	**$ 2,775,799**	**$ (49,053)**
EXPENSES:			
Salaries	1,409,066	1,498,090	(89,024)
Employee Benefits	290,227	302,298	(12,071)
Medication Expense	60,840	65,062	(4,222)
Travel-Board/Staff	2,477	34,207	(31,731)
Building Rent/Maintenance	10,242	22,037	(11,795)
Consultants/Contracts	496,542	483,322	13,220
Other Operating Expenses	210,583	196,475	14,108
TOTAL EXPENSES	**$ 2,479,976**	**$ 2,601,491**	**$ (121,515)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 246,770**	**$ 174,308**	**$ 72,462**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	844	4,087	(3,243)
Capital Outlay-Debt Service	93,029	93,572	(543)
TOTAL CAPITAL EXPENDITURES	**$ 93,873**	**$ 97,659**	**$ (3,786)**
GRAND TOTAL EXPENDITURES	**$ 2,573,849**	**$ 2,699,150**	$ (125,301)
Excess (Deficiency) of Revenues and Expenses	**$ 152,897**	**$ 76,649**	**$ 76,249**

Debt Service and Fixed Asset Fund:			
Debt Service	93,029	93,572	(543)
Excess(Deficiency) of revenues over Expenses	**93,029**	**93,572**	**(543)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD June 2019 Comparative Data
Year to Date as of June 2020

INCOME:	**YTD June 2020**	**YTD June 2019**	**Increase (Decrease)**
Local Revenue Sources	1,230,439	1,533,636	(303,197)
Earned Income	10,758,321	10,623,237	135,084
General Revenue-Contract	14,844,292	13,369,001	1,475,291
TOTAL INCOME	**$ 26,833,053**	**$ 25,525,874**	**$ 1,307,179**
EXPENSES:			
Salaries	15,298,015	14,742,048	555,967
Employee Benefits	3,095,972	2,823,777	272,195
Medication Expense	621,049	568,274	52,775
Travel-Board/Staff	249,324	388,565	(139,241)
Building Rent/Maintenance	238,098	269,087	(30,989)
Consultants/Contracts	3,841,993	3,312,580	529,413
Other Operating Expenses	2,148,171	2,025,106	123,065
TOTAL EXPENSES	**$ 25,492,622**	**$ 24,129,435**	**$ 1,363,185**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,340,431**	**$ 1,396,439**	**$ (56,007)**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	238,120	96,224	141,896
Capital Outlay-Debt Service	932,181	937,386	(5,205)
TOTAL CAPITAL EXPENDITURES	**$ 1,170,302**	**$ 1,033,610**	**$ 136,692**
GRAND TOTAL EXPENDITURES	**$ 26,662,924**	**$ 25,163,045**	**$ 1,499,879**
Excess (Deficiency) of Revenues and Expenses	**$ 170,129**	**$ 362,829**	**$ (192,698)**

Debt Service and Fixed Asset Fund:			
Debt Service	932,181	937,386	(5,205)
			-
Excess(Deficiency) of revenues over Expenses	**932,181**	**937,386**	**(5,205)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
WithJune 2019 Comparative Data
For the Month Ended June 2020

INCOME:	MONTH OF June 2020	MONTH OF June 2019	Increase (Decrease)
Local Revenue Sources	78,282	146,592	(68,310)
Earned Income	1,034,882	1,003,148	31,734
General Revenue-Contract	1,613,583	1,356,864	256,719
TOTAL INCOME	**$ 2,726,747**	**$ 2,506,603**	**$ 220,143**
Salaries	1,409,066	1,463,702	(54,636)
Employee Benefits	290,227	282,795	7,432
Medication Expense	60,840	63,319	(2,479)
Travel-Board/Staff	2,477	38,782	(36,305)
Building Rent/Maintenance	10,242	14,858	(4,616)
Consultants/Contracts	496,542	341,636	154,906
Other Operating Expenses	210,583	149,649	60,934
TOTAL EXPENSES	**$ 2,479,976**	**$ 2,354,741**	**$ 125,235**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 246,770**	**$ 151,862**	**$ 94,907**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	844	3,675	(2,831)
Capital Outlay-Debt Service	93,029	93,559	(530)
TOTAL CAPITAL EXPENDITURES	**$ 93,873**	**$ 97,234**	**$ (3,361)**
GRAND TOTAL EXPENDITURES	**$ 2,573,849**	**$ 2,451,975**	**$ 121,874**
Excess (Deficiency) of Revenues and Expenses	**$ 152,897**	**$ 54,628**	**$ 98,268**

Debt Service and Fixed Asset Fund:			
Debt Service	93,029	93,559	(530)
			-
Excess(Deficiency) of revenues over Expenses	**93,029**	**93,559**	**(530)**

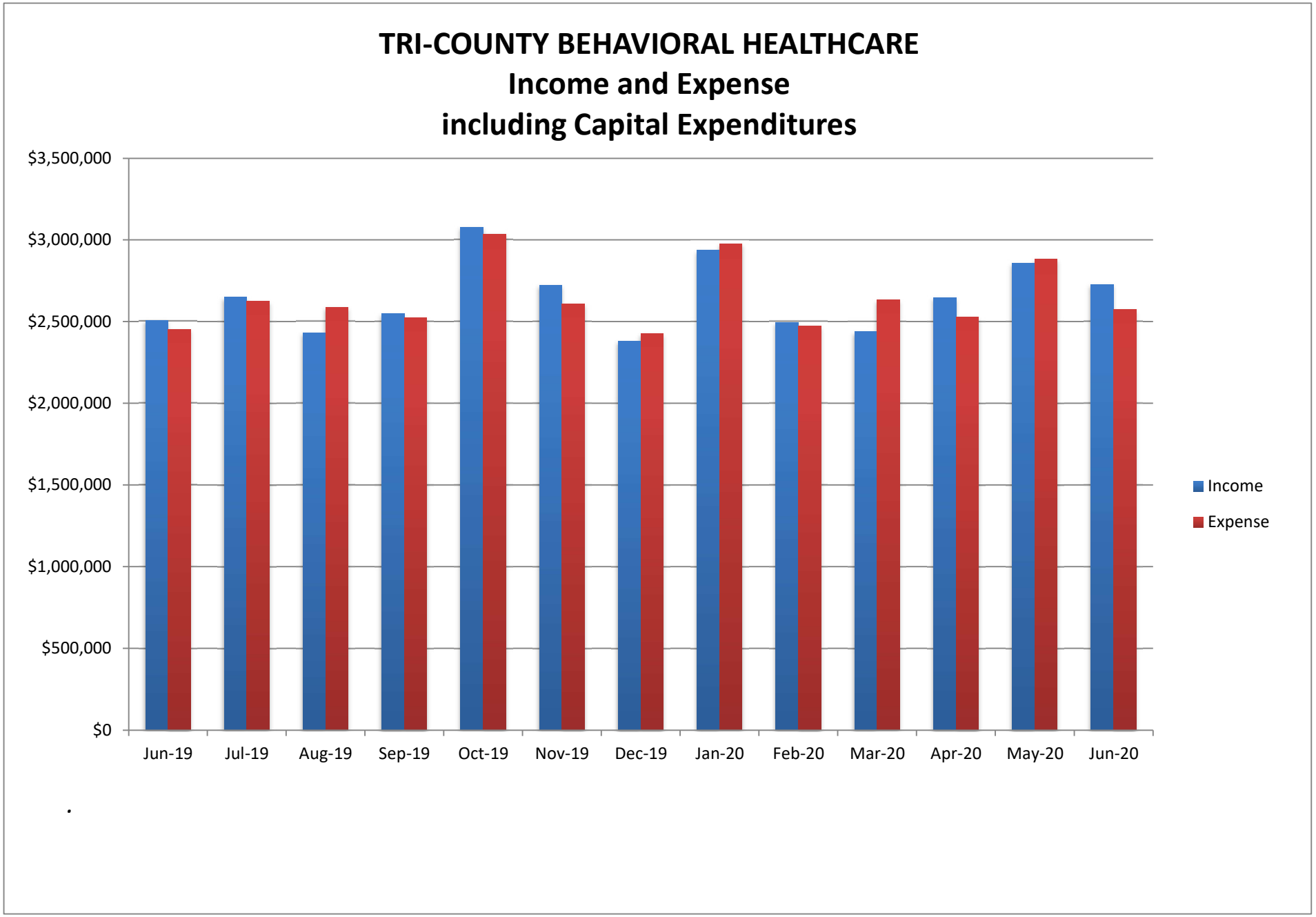
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2020 Comparative Data
For the Month Ended June 2020

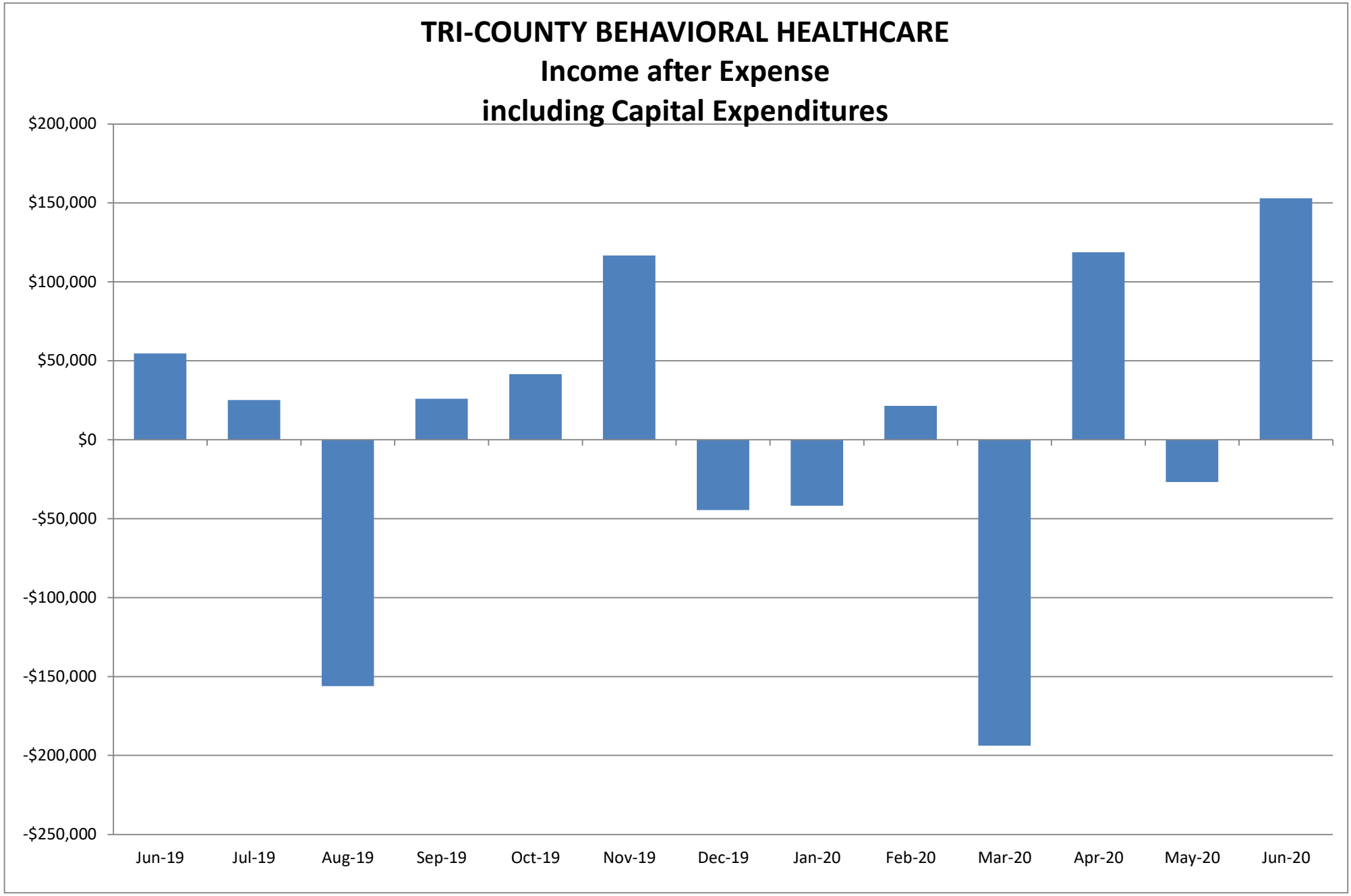
INCOME:	**MONTH OF June 2020**	**MONTH OF May 2020**	**Increase (Decrease)**
Local Revenue Sources	78,282	56,876	21,406
Earned Income	1,034,882	1,046,021	(11,140)
General Revenue-Contract	1,613,583	1,755,028	(141,445)
TOTAL INCOME	**$ 2,726,747**	**$ 2,857,925**	**$ (131,179)**
EXPENSES:			
Salaries	1,409,066	1,692,990	(283,924)
Employee Benefits	290,227	326,026	(35,799)
Medication Expense	60,840	56,579	4,261
Travel-Board/Staff	2,477	1,633	844
Building Rent/Maintenance	10,242	14,915	(4,673)
Consultants/Contracts	496,542	424,751	71,791
Other Operating Expenses	210,583	274,840	(64,256)
TOTAL EXPENSES	**$ 2,479,976**	**$ 2,791,733**	**$ (311,756)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 246,770**	**$ 66,192**	**$ 180,578**
CAPITAL EXPENDITURES			
Capital Outlay-FF&E, Automobiles	844	-	844
Capital Outlay-Debt Service	93,029	93,054	(24)
TOTAL CAPITAL EXPENDITURES	**$ 93,873**	**$ 93,054**	**$ 819**
GRAND TOTAL EXPENDITURES	**$ 2,573,849**	**$ 2,884,786**	**$ (310,937)**
Excess (Deficiency) of Revenues and Expenses	**$ 152,897**	**$ (26,861)**	**$ 179,759**

Debt Service and Fixed Asset Fund:			
Debt Service	93,029	93,054	(24)
Excess(Deficiency) of revenues over Expenses	**93,029**	**93,054**	**(24)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2020

INCOME:	YTD Mental Health June 2020	YTD IDD June 2020	YTD Other Services June 2020	YTD Agency Total June 2020	YTD Approved Budget June 2020	Increase (Decrease)
Local Revenue Sources	1,542,814	(197,307)	(115,066)	1,230,439	1,384,053	(153,614)
Earned Income	4,121,380	3,457,883	3,179,059	10,758,321	11,316,762	(558,441)
General Revenue-Contract	12,532,593	1,529,857	781,843	14,844,292	14,861,853	(17,561)
TOTAL INCOME	**$ 18,196,787**	**$ 4,790,433**	**$ 3,845,836**	**$ 26,833,052**	**$ 27,562,668**	**$ (729,616)**
EXPENSES:						
Salaries	10,425,690	2,538,653	2,333,672	15,298,015	15,842,622	(544,607)
Employee Benefits	2,058,939	552,509	484,524	3,095,972	3,139,577	(43,605)
Medication Expense	482,616	-	138,433	621,049	625,129	(4,080)
Travel-Board/Staff	132,313	79,848	37,163	249,324	323,358	(74,034)
Building Rent/Maintenance	214,572	14,356	9,170	238,098	248,968	(10,870)
Consultants/Contracts	2,652,646	868,755	320,592	3,841,993	4,000,755	(158,762)
Other Operating Expenses	1,375,148	479,775	293,247	2,148,171	2,111,954	36,217
TOTAL EXPENSES	**$ 17,341,924**	**$ 4,533,896**	**$ 3,616,801**	**$ 25,492,623**	**$ 26,292,361**	**$ (799,739)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 854,863**	**$ 256,537**	**$ 229,035**	**$ 1,340,429**	**$ 1,270,307**	**$ 70,123**
CAPITAL EXPENDITURES						
Capital Outlay-FF&E, Automobiles	167,674	35,355	35,092	238,120	257,484	(19,364)
Capital Outlay-Debt Service	633,883	167,793	130,505	932,181	935,720	(3,539)
TOTAL CAPITAL EXPENDITURES	**$ 801,557**	**$ 203,148**	**$ 165,597**	**$ 1,170,301**	**$ 1,193,204**	**$ (22,903)**
GRAND TOTAL EXPENDITURES	**$ 18,143,481**	**$ 4,737,044**	**$ 3,782,398**	**$ 26,662,924**	**$ 27,485,565**	**$ (822,642)**
Excess (Deficiency) of Revenues and Expenses	**$ 53,306**	**$ 53,389**	**$ 63,438**	**$ 170,129**	**$ 77,104**	**$ 93,026**
Debt Service and Fixed Asset Fund:						
Debt Service	633,883	167,793	130,505	932,181	935,720	(301,837)
		-	-	-	-	-
Excess(Deficiency) of revenues over Expenses	**633,883**	**167,793**	**130,505**	**932,181**	**935,720**	**(301,837)**


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
including Capital Expenditures
$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Income
Expense


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures
$200,000
$150,000
$100,000
$50,000
$0
-$50,000
-$100,000
-$150,000
-$200,000
-$250,000
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20

Agenda Item: Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans **Committee:** Business	**Board Meeting Date** July 23, 2020

Background Information:

Tri-County currently has employee health insurance coverage through Blue Cross Blue Shield. In FY 2020, we offered a structure of four plan types – with a "lower end" plan that was primarily funded by Tri-County and three "higher end" plans that offered employees the option to "buy up". Our current plans will expire on September 30, 2020. In April 2020, Benefit Solutions (per our request) gathered and later presented quotes for FY 2021 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) overall 17% increase from FY 2020 rates
- **United Healthcare** 13.5% increase from FY 2020 rates, with no bariatric rider option
- **Cigna** 20.2% increase from FY 2020 rates
- **Aetna** 34.2% increase from FY 2020 rates, with no bariatric rider option

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 contributes $400 per month toward employee premiums. Based on the above quotes, the Management Team is recommending that Tri-County increase its contribution amount to $475 per month.

The base plan quote for FY 2021 is $573.27 a month, as detailed below. This increase will change the employee out of pocket premiums from $62.78 per month (current individual premium) to $98.27 per month. All plan options to be provided for employees in FY 2021 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 $573.27 per month for employee only coverage. Tri-County is recommending to pay $475 per month. Therefore, the out of pocket cost to the employee for employee only coverage is $98.27 per month. The cost to the employee for employee and spouse is $789.88, employee and children is $616.98 and employee and family is $1308.59.

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 $634.17 for employee only coverage. Tri-County is recommending to pay $475. Therefore, the out of pocket cost to the employee for employee only coverage is $159.17. The cost to the employee for employee and spouse is $923.87, employee and children is $732.70 and employee and family is $1497.40. 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 $651.94. Tri-County is recommending to pay $475 toward the employee only cost. The out of pocket cost for employee only coverage $176.94 per month. The cost to the employee for employee and spouse is $962.96, employee and children is $766.45 and employee and family is $1552.49.

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 $720.00 Tri-County is recommending to pay $475 toward the employee only cost. The out of pocket cost for employee only coverage is $245 per month. The cost to the employee for employee and spouse is $1,112.69, employee and children is $895.76, and employee and family is $1,763.46.

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 The Hartford. The Hartford's renewal quote for Basic Life/AD&D had a 0% increase and the LTD quote had a rate guarantee of our current premiums.

MetLife provided a quote for Basic Life/AD&D that was a 15% decrease and a quote for LTD that was a 51% increase from our current premiums.

Mutual of Omaha provided a quote for Basic Life/AD&D that was an 0% increase and a quote for LTD that was an 45% increase from our current premiums.

Based on the above quotes, the Management Team is recommending that Tri-County keep our Ancillary Plans with The Hartford for FY 2021.

Supporting Documentation:

Tri-County Employee Health Insurance Spreadsheet

Recommended Action:

Approve Recommendation for FY 2021 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long Term Disability Plans

"Insuring the growth of Texas"

3131 West Alabama, Suite 150, Houston, TX 77098

2020 Ancillary Benefit Comparison

Prepared for:

Effective Date:

October 1, 2020

Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Dental

	Guardian		Met Life		Cigna		United Healthcare		Mutual of Omaha
	CURRENT CARRIER / RENEWAL		QUOTE		QUOTE		QUOTE		QUOTE
	Managed Dental Plan	PPO Dental	DHMO Plan	PPO Plan	DHMO Plan	PPO Plan	DHMO Plan	PPO Plan	PPO Plan
PLAN DESIGN									
Copay	$5	N/A	$5	N/A	$0	N/A	$5	N/A	N/A
Deductible (ind / fam)	None	$50/$150	None	$50/$150	None	$50/$150	None	$50/$150	$50/$150
Annual Benefit Max (per person)	Unlimited	$1,500	Unlimited	**$1,750**	Unlimited	$1,500	Unlimited	$1,500	$1,500
Out-of-Network Reimbursement	N/A	Negotiated Fee	N/A	Negotiated Fee	N/A	Negotiated Fee	N/A	Negotiated Fee	Negotiated Fee
DENTAL BENEFIT LEVELS									
Diagnostic & Preventive	fee schedule	100%	fee schedule	100%	fee schedule	100%	fee schedule	100%	100%
Basic Services	fee schedule	80%	fee schedule	80%	fee schedule	80%	fee schedule	80%	80%
Major Services	fee schedule	50%	fee schedule	50%	fee schedule	50%	fee schedule	50%	50%
Orthodontics		Included Children to age 18	Up to $2,410	Included Children to age 18	Up to $2,472	Included Children to age 18	Up to $1,895	Included Children to age 18	Included Children to age 18
Orthodontia Lifetime Max.	-	$1,500	-	$1,500	-	$1,500	-	$1,500	$1,500
Orthodontia Coinsurance/Copay	-	50%	-	50%	-	50%	-	50%	50%
Endodontics	fee schedule	Covered under Basic	fee schedule	Covered under Basic	fee schedule	Covered under Basic	fee schedule	Covered under Basic	Covered under Basic
Periodontics	fee schedule	Covered under Basic	fee schedule	Covered under Basic	fee schedule	Covered under Basic	fee schedule	Covered under Basic	Covered under Basic
COMMENTS		Includes Rollover Feature **$69,801 Total Account Value (99 EE/DEP)**		**Does not Include Rollover**		Includes Rollover Feature		**Does not Include Rollover**	**Does not Include Rollover**

PREMIUM	**Current Enrollment**		**Guardian - DHMO**		**Guardian - PPO**		**Met Life - DHMO**	**Met Life - PPO**	**Cigna - DHMO**	**Cigna- PPO**	**UHC - DHMO**	**UHC - PPO**	**MOO - PPO**
Tier	**DHMO**	**PPO**	**Current Rates**	**Renewal Rates**	**Current Rates**	**Renewal Rates**							
EE	74	123	$10.25	$10.25	$31.05	$31.05	$12.04	$25.81	$9.67	$27.36	$9.94	$30.10	$29.11
EE + 1	22	27	$20.19	$20.19	$72.98	$72.98	$23.72	$60.66	$19.06	$64.31	$19.57	$70.74	$68.42
EE + 2 or more	16	16	$29.20	$29.20	$123.26	$123.26	$34.29	$102.45	$27.56	$108.62	$28.31	$119.57	$115.55
PREMIUM COMPARISONS BY PLAN	**112**	**166**											
Total Monthly	**278**		**$1,670**	**$1,670**	**$7,762**	**$7,762**	**$1,961**	**$6,452**	**$1,576**	**$6,840**	**$1,619**	**$7,525**	**$12,785**
$ Monthly Difference from Current			**-**	**$0**	**-**	**$0**	**$292**	**-$1,310**	**-$94**	**-$922**	**-$51**	**-$236**	
% Difference from Current			**-**	**0%**	**-**	**0%**	**17%**	**-17%**	**-6%**	**-12%**	**-3%**	**-3%**	

COMBINED PREMIUM COMPARISONS	**Guardian**		**Met Life**	**Cigna**	**United Healthcare**	**Mutual of Omaha**
	CURRENT (PPO + DHMO)	**RENEWAL (PPO + DHMO)**	**METLIFE (DHMO + PPO)**	**CIGNA (DHMO + PPO)**	**UNITED HEALTHCARE (DHMO + PPO)**	**MUTUAL OF OMAHA (PPO)**
COMBINED MONTHLY DENTAL PLANS	**$9,432**	**$9,432**	**$8,413**	**$8,415**	**$9,144**	**$12,785**
$ Monthly Difference from Current	**-**	**$0**	**-$1,019**	**-$1,016**	**-$287**	**$3,353**
% Difference from Current	**-**	**0%**	**-11%**	**-11%**	**-3%**	**36%**

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Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Vision

	Guardian		MetLife	Cigna	United Healthcare	Mutual of Omaha
	CURRENT CARRIER / RENEWAL		QUOTE	QUOTE	QUOTE	QUOTE
PLAN DESIGN - In-Network						
Exam Copay	$10		$10	$10	$10	$10
Material Copay	$25		$25	$25	$25	$25
Frames	Up to $120 Allowance then 20% off of remaining balance		Up to $120 Allowance then 20% discount for all participating locations except Costco (Costco Allowance up to $65)	Up to $120 Allowance then 20% off remaining balance	Up to $120 Allowance then **30%** off of remaining balance	Up to **$130** Allowance then 20% off of remaining balance
EYEGLASS LENSES						
Single Vision	100%		100%	100%	100%	100%
Bifocal	100%		100%	100%	100%	100%
Trifocal	100%		100%	100%	100%	100%
Lenticular	100%		100%	100%	100%	100%
CONTACT LENSES						
Elective	Up to $120		Up to $120	Up to $120	Up to $120	Up to **$130** Allowance then **15%** discount
Medically Necessary	100%		100%	100%	100%	100%
SERVICE FREQUENCIES						
Exam	12 months		12 months	12 months	12 months	12 months
Lenses	12 months		12 months	12 months	12 months	12 months
Frames	24 months		24 months	24 months	24 months	24 months
PREMIUM	**Guardian**		**MetLife**	**Cigna**	**United Healthcare**	**Mutual of Omaha**
Tier / **Census**	**Current Rates**	**Renewal Rates**				
EE 181	$6.72	$6.72	$6.05	$6.08	$6.05	$4.61
EE + 1 42	$13.43	$13.43	$12.09	$12.15	$12.09	$10.67
EE + 2 or more 29	$19.98	$19.98	$17.98	$18.07	$17.99	$16.98
PREMIUM COMPARISONS 252						
Total Monthly	$2,360	**$2,360**	**$2,124**	**$2,135**	**$2,125**	**$1,775**
$ Monthly Difference from Current	-	**$0**	**-$236**	**-$225**	**-$235**	**-$585**
% Difference from Current	-	**0%**	**-10%**	**-10%**	**-10%**	**-25%**

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Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Life and AD&D

	The Hartford CURRENT / RENEWAL		MetLife		United Healthcare		Mutual of Omaha	
PLAN DESIGN - Employee Benefit	**CURRENT**	**RENEWAL**	**QUOTE**		**QUOTE**		**QUOTE**	
Basic Life/$1,000 (EMPLOYER PAID)	**$0.095**	**$0.095**	**$0.082**		**$0.085**		**$0.095**	
Basic AD&D/$1,000	**0.020**	**0.020**	**0.016**		**0.020**		**0.020**	
Benefit	2 x Annual Salary to a Maximum of $300,000, plus $5,000		**2 x Annual Salary up to $300,000 in increments of $5,000**		2 x Annual Salary to the next higher $1,000 up to $300,000, plus $5,000		2 x Annual Salary to the next higher $1,000 up to $300,000, plus $5,000	
Average Covered Volume	$36,162,000		$36,162,000		$36,162,000		$36,162,000	
Average Annual Premium	**$49,904**	**$49,904**	**$42,527**		**$45,564**		**$49,904**	
$ Annual/% Difference		**0.0%**	**-$7,377**	**-15%**	**-$4,339**	**-9%**	**$0**	**0%**
Voluntary Life	**see rates in chart below**		**see rates in chart below**		**see rates in chart below**		**see rates in chart below**	
Maximum Benefit - Employee	$10,000 increments up to $500,000 not to exceed 5x salary		$10,000 increments up to $500,000 not to exceed 5x salary		$10,000 increments up to $500,000 not to exceed 5x salary		$10,000 increments up to $500,000 not to exceed 5x salary	
Maximum Benefit - Spouse	$5,000 increments up to $100,000 not to exceed 50% of ee		$5,000 increments up to $100,000 not to exceed 50% of ee		$5,000 increments up to $100,000 not to exceed 50% of ee		$5,000 increments up to $150,000 not to exceed 100% of ee	
Maximum Benefit - Child/ren	$20,000 (No AD&D)		Child under 15 days $100 Child 15 days to 6 months $250 Over 6 months $1,000 , $2,000, $4,000, $5,000, or $10,000		$20,000 not to exceed 100% of Employee Amount		$20,000	
Guaranteed Issue Amount - Employee	$120,000		$120,000		$120,000		$120,000	
Guaranteed Issue Amount - Spouse	$50,000		$50,000		**$25,000**		$50,000	
Guaranteed Issue Amount - Child/ren	N/A		$10,000		**$20,000**		**$20,000**	
Comments	●No Age Reduction Annual Re-enrollment: 1 Increment w/o EOI up to GI Maximum (restrictions apply) EE: Up to $10,000 SP: Up to $5,000		No Age Reduction		●Age Reduction Applies 50% at age 70		●Age Reduction Applies 50% at age 70	
Employee Voluntary Life Cost / $1,000	Current & Renewal		Alternate		Alternate		Alternate	
Age of Employee	Employee	Spouse	Employee / Spouse		Employee / Spouse		Employee / Spouse	
< 29	0.077	0.077	0.060		0.047		0.057	
30-34	0.097	0.097	0.080		0.067		0.077	
35-39	0.107	0.107	0.090		0.077		0.087	
40-44	0.128	0.128	0.111		0.098		0.108	
45-49	0.184	0.184	0.167		0.154		0.164	
50-54	0.280	0.280	0.263		0.250		0.260	
55-59	0.447	0.447	0.430		0.417		0.427	
60-64	0.677	0.677	0.660		0.647		0.657	
65-69	1.287	1.287	1.270		1.257		1.267	
70-74	2.261	N/A	2.244		2.231		2.241	
75-79	2.261	N/A	2.244		2.231		2.241	
80+	2.261	N/A	2.244		2.231		2.241	
Child Life	0.120		2.244		0.1200		0.110	
Voluntary AD&D/$1,000	EE & SP $.02 included in Vol Life rate No Child AD&D		EE & SP $.017 Child $0.051		EE $0.020 / SP $0.030 CH $0.021		EE & SP $0.02	

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Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Long & Short Term Disability

	The Hartford CURRENT / RENEWAL	MetLife		Mutual of Omaha	
PLAN DESIGN - Employee Benefit		**QUOTE 1**		**QUOTE 2**	
Long Term Disability/$100 (EMPLOYER PAID)	**$0.385**	**$0.582**		**$0.560**	
Elimination Period	90 days	90 days		90 days	
Benefit % of Monthly Earnings	66.67%	66.67%		66.67%	
Maximum Monthly Benefit	$10,000	$10,000		$10,000	
Benefit Duration	ADEA 1 with SSNRA	RBD with SSNRA		RBD with SSNRA	
Pre-existing Condition	3/12 (Lookback/Insured)	3/12 (Lookback/Insured)		3/12 (Lookback/Insured)	
Average Monthly Covered Payroll	$1,461,908	$1,461,908		$1,461,908	
Average Annual Premium	**$67,540**	**$102,100**		**$98,240**	
$ Annual/% Difference	**Rate Guarantee**	**$34,560**	**51%**	**$30,700**	**45%**
NOTES:	FICA Services Included	**FICA Services Not Included**		FICA Services Included	
Short Term Disability (VOLUNTARY)					
Elimination Period: Accident / Illness	14 / 14	14 / 14		14 / 14	
Benefit % of Weekly Earnings	up to 60%	up to 60%		up to 60%	
Maximum Weekly Benefit	$1,000	$1,000		$1,000	
Benefit Duration	13 weeks	11 weeks		11 weeks	
Pre-existing Condition	3/3/12 (Lookback/Treatment Free/Insured) If pre-ex condition limitation applies,, Maximum Benefit Duration is 4 weeks	3/12		3/12	
Short Term Disability Cost/$10 of weekly benefit	**Age Rate**	**Age Rate**		**Age Rate**	
Age of Employee					
≤ 24	$0.440	$0.440		$0.81	
25-29	$0.440	$0.440		$0.97	
30-34	$0.440	$0.440		$1.03	
35-39	$0.580	$0.580		$0.81	
40-44	$0.580	$0.580		$0.64	
45-49	$0.580	$0.580		$0.62	
50-54	$0.650	$0.650		$0.77	
55-59	$0.650	$0.650		$0.91	
60-64	$0.650	$0.650		$1.05	
65-69	$0.650	$0.650		$1.19	
70-99	$0.650	$0.650		$1.33	

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"Insuring the growth of Texas"
3131 West Alabama, #150 Houston, TX 77098

2020 Medical Benefit Comparison

Prepared for:

Effective Date:

October 1, 2020

Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Medical

					CURRENT 2019 - 2020				RENEWAL 2020 - 2021			
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	**HSA 3000**	**H SA 1500**	**PPO 1500**	**PPO 1000**	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 deductib*					$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 & X-rays					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	**72**	**3**	**97**	**68**	$462.78	$700.44	$554.05	$618.60	$639.19	$728.45	$712.23	$799.12
Employee/Spouse	**3**	**0**	**2**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,409.81	$1,606.20	$1,570.50	$1,761.66
Employee/Children	**5**	**0**	**11**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,217.16	$1,386.76	$1,355.93	$1,521.02
Employee/Family	**1**	**0**	**1**	**2**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$1,987.78	$2,264.51	$2,214.20	$2,483.56
Monthly Total / Plan	**81**	**3**	**111**	**77**	**$42,647**	**$2,101**	**$70,587**	**$55,195**	**$58,325**	**$2,185**	**$89,357**	**$70,436**
Annual Total/Plan					**$511,769**	**$25,216**	**$847,044**	**$662,344**	**$699,896**	**$26,224**	**$1,072,281**	**$845,228**
Combined Annual Total	**272**				**$2,046,372**				**$2,643,630**			
$ Change from Current					N/A				**$597,258**			
% Change/Plan from Current					N/A				**36.8%**	**4.0%**	**26.6%**	**27.6%**
% Change from Current					N/A				**29.2%**			

For illustrative purpose, out of network is not shown but is available for all plans.

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Tri County Behavioral Healthcare

2020 Employee Benefit Comparison - Medical

REVISED RENEWAL

Approximate Rates, final rates may slightly vary

					CURRENT 2019 - 2020				RENEWAL 2020 - 2021			
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	**HSA 3000**	**H SA 1500**	**PPO 1500**	**PPO 1000**	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 deductib*					$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 & X-rays					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	**72**	**3**	**97**	**68**	$462.78	$700.44	$554.05	$618.60	$581.01	$642.73	$660.74	$729.72
Employee/Spouse	**3**	**0**	**2**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,281.95	$1,417.75	$1,457.37	$1,609.12
Employee/Children	**5**	**0**	**11**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,106.72	$1,224.00	$1,258.21	$1,389.26
Employee/Family	**1**	**0**	**1**	**2**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$1,807.66	$1,999.02	$2,054.85	$2,268.67
Monthly Total / Plan	**81**	**3**	**111**	**77**	**$42,647**	**$2,101**	**$70,587**	**$55,195**	**$53,020**	**$1,928**	**$82,902**	**$64,323**
Annual Total/Plan					**$511,769**	**$25,216**	**$847,044**	**$662,344**	**$636,234**	**$23,138**	**$994,824**	**$771,871**
Combined Annual Total	**272**				**$2,046,372**				**$2,426,068**			
$ Change from Current					N/A				**$379,696**			
% Change/Plan from Current					N/A				**24.3%**	**-8.2%**	**17.4%**	**16.5%**
% Change from Current					N/A				**19%**			

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Tri County Behavioral Healthcare

2020 Employee Benefit Comparison - Medical

Approximate Rates, final rates may slightly vary

					CURRENT 2019 - 2020				RENEWAL 2020 - 2021			
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 3500 80/50 (In Network)	HSA 2500 80/60 (In Network)	PPO 2500 80/50 (In Network)	PPO 2000 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	$3,500	$2,500	$2,500	$2,000
Family Deductible-In Network					$6,000	$3,000	$3,000	$2,000	$7,000	$5,000	$5,000	$4,000
Coinsurance					90%	80%	80%	100%	80%	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 deductib*					$6,000	$2,500	$5,000	$2,500	$6,000	$3,500	$5,000	$3,000
Family OOP - In-Network *(includes deductible)*					$12,000	$5,000	$10,000	$5,000	$12,000	$7,000	$10,000	$6,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays	HSA 3500	H SA 2500	PPO 2500	PPO 2000	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 3500**	**HSA 2500**	**PPO 2500**	**PPO 2000**
Employee Only	**72**	**3**	**97**	**68**	$462.78	$700.44	$554.05	$618.60	$558.66	$618.01	$635.33	$701.65
Employee/Spouse	**3**	**0**	**2**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,232.64	$1,363.22	$1,401.32	$1,547.23
Employee/Children	**5**	**0**	**11**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,064.15	$1,176.92	$1,209.82	$1,335.83
Employee/Family	**1**	**0**	**1**	**2**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$1,738.13	$1,922.13	$1,975.82	$2,181.41
Monthly Total / Plan	**81**	**3**	**111**	**77**	**$42,647**	**$2,101**	**$70,587**	**$55,195**	**$50,980**	**$1,854**	**$79,713**	**$61,849**
Annual Total/Plan					**$511,769**	**$25,216**	**$847,044**	**$662,344**	**$611,764**	**$22,248**	**$956,562**	**$742,184**
Combined Annual Total	**272**				**$2,046,372**				**$2,332,758**			
$ Change from Current					N/A				**$286,386**			
% Change/Plan from Current					N/A				**19.5%**	**-11.8%**	**12.9%**	**12.1%**
% Change from Current					N/A				**14%**			

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.

Tri County Behavioral Healthcare

2020 Employee Benefit Comparison - Medical

Fully Insured

					CURRENT 2019 - 2020				ALTERNATE 2020 - 2021			
Carrier Name					**BCBS**				**CIGNA**			
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)	OA HSA 3000 90/50 (In Network)	HSA 1500 80/50	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)
Plan Network					BLUE CHOICE NETWORK				OPEN ACCESS			
Benefit Details					**Embedded**	**Aggregate**	**PPO**	**PPO**	**HSA**	**HSA**	**PPO**	**PPO**
Office Visit	**HSA 3000**	**H SA 1500**	**PPO 1500**	**PPO 1000**	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	**$3,500**	**$2,500**	**$2,000**	**$2,500**
Family Deductible-In Network					$6,000	$3,000	$3,000	$2,000	**$7,000**	**$4,000**	**$3,000**	**$5,000**
Coinsurance					90%	80%	80%	100%	**80%**	80%	**100%**	70%
Individual OOP - In-Network *(includes deduct*					$6,000	$2,500	$5,000	$2,500	$6,000	**$3,500**	**$3,000**	**$6,000**
Family OOP - In-Network *(includes deductible,*					$12,000	$5,000	$10,000	$5,000	$12,000	**$6,000**	**$6,000**	**$12,000**
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					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.	Deductible	Ded. & Coins.
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Deductible	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 Copay + Ded + Coins.	$300 Copay + Ded	Ded. & Coins.	Ded. & Coins.	**$300 Copay**	$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	**Individual: $1,000 Family: $3,000**	**Individual: $1,000 Family: $3,000**
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	After Deductible $15/$35/$50	$15/$50/$90/$150	$15/$50/$90/$150
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered
Monthly Total Rate					**HSA 3000**	**HSA 1500**	**PPO 1500**	**PPO 1000**	**HSA 3500**	**HSA 2500**	**PPO 2000**	**PPO 2500**
Employee Only	**68**	**3**	**96**	**66**	$462.78	$700.44	$554.05	$618.60	$550.20	$635.73	$739.90	$648.99
Employee/Spouse	**2**	**0**	**3**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,205.72	$1,392.34	$1,614.45	$1,416.10
Employee/Children	**6**	**0**	**8**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,144.16	$1,321.29	$1,532.32	$1,344.06
Employee/Family	**1**	**0**	**1**	**1**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$1,799.68	$2,077.89	$2,406.88	$2,111.17
Monthly Total / Plan	**77**	**3**	**108**	**74**	**$40,745**	**$2,101**	**$67,799**	**$51,946**	**$48,490**	**$1,907**	**$90,539**	**$54,497**
Annual Total/Plan					**$488,943**	**$25,216**	**$813,585**	**$623,349**	**$581,876**	**$22,886**	**$1,086,470**	**$653,964**
Combined Annual Total	**262**				**$1,951,092**				**$2,345,197**			
$ Change from Current					N/A				**$394,105**			
% Change/Plan from Current					N/A				**19.0%**	**-9.2%**	**33.5%**	**4.9%**
% Change from Current					N/A				**20.2%**			

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.

Tri County Behavioral Healthcare

2020 Employee Benefit Comparison - Medical

					CURRENT 2019 - 2020				Alternate 2020 - 2021			
Carrier Name					**BCBS**				**UHC**			
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)	AE30 RX: 2V HSA 3500 80/50 (In Network)	BTCS: RX 2V HAS 2800 80/50 (In Network)	BCYG RX: GB PPO 2500 80/50 (In Network)	BCYF RX: GB PPO 2000 80/50 (In Network)
Plan Network					BLUE CHOICE NETWORK				CHOICE PLUS			
Benefit Details					**Embedded**	**Aggregate**	**PPO**	**PPO**	**HSA**	**HSA**	**PPO**	**PPO**
Office Visit					Ded. & Coins.	Ded. & Coins.	$30 Copay	$25 Copay	Ded. & Coins.	Ded. & Coins.	$30 Copay	$30 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	$50 Copay	$50 Copay	Ded. & Coins.	Ded. & Coins.	**Designated: $30 Copay Non-Designated: $60 Copay**	**Designated: $30 Copay Non-Designated: $60 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	**$3,500**	**$2,800**	**$2,500**	**$2,000**
Family Deductible-In Network					$6,000	$3,000	$3,000	$2,000	**$7,000**	**$5,600**	**$5,000**	**$4,000**
Coinsurance					90%	80%	80%	100%	**80%**	80%	80%	80%
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	**$6,350**	**$6,350**	**$6,000**	**$6,000**
Family OOP - In-Network *(includes deductible)*					$12,000	$5,000	$10,000	$5,000	**$12,700**	**$12,700**	**$12,000**	**$12,000**
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays	**HSA 3000**	**H SA 1500**	**PPO 1500**	**PPO 1000**	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.	Ded. & Coins.
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
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 + Coins.	$300 Copay + Ded	Ded. & Coins.	Ded. & Coins.	**$250 Copay + Coins.**	**$250 Copay + Coins.**
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 $10/$35/$60**	**After Deductible $10/$35/$60**	**$15/$45/$80**	**$15/$45/$80**
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	**Not Covered**	Not Covered	Not Covered
Monthly Total Rate					**HSA 3000**	**HSA 1500**	**PPO 1500**	**PPO 1000**	**HSA 3500**	**HSA 2800**	**PPO 2500**	**PPO 2000**
Employee Only	**72**	**3**	**97**	**68**	$462.78	$700.44	$554.05	$618.60	$516.17	$535.39	$661.79	$672.55
Employee/Spouse	**3**	**0**	**2**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,126.08	$1,168.01	$1,443.76	$1,467.24
Employee/Children	**5**	**0**	**11**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,069.16	$1,108.97	$1,370.79	$1,393.08
Employee/Family	**1**	**0**	**1**	**2**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$1,679.17	$1,741.70	$2,152.89	$2,187.90
Monthly Total / Plan	**81**	**3**	**111**	**77**	**$42,647**	**$2,101**	**$70,587**	**$55,195**	**$47,567**	**$1,606**	**$84,313**	**$60,009**
Annual Total/Plan					**$511,769**	**$25,216**	**$847,044**	**$662,344**	**$570,809**	**$19,274**	**$1,011,753**	**$720,109**
Combined Annual Total	**272**				**$2,046,372**				**$2,321,945**			
$ Change from Current					N/A				**$275,573**			
% Change/Plan from Current					N/A				**11.5%**	**-23.6%**	**19.4%**	**8.7%**
% Change from Current					N/A				**13.5%**			

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.

Tri County Behavioral Healthcare
2020 Employee Benefit Comparison - Medical

					CURRENT 2019 - 2020				Alternate 2020 - 2021			
Carrier Name					**BCBS**				**AETNA**			
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 2800 80/50 (In Network)	HSA 2000 80/50 (In Network)	OAMC 1500 80/50 (In Network)	OAMC 1000 100/70 (In Network)
Plan Network					BLUE CHOICE NETWORK				OAMC NETWORK			
Benefit Details					**Embedded**	**Aggregate**	**PPO**	**PPO**	**HSA**	**HSA**	**PPO**	**PPO**
Office Visit					Ded. & Coins.	Ded. & Coins.	$30 Copay	$25 Copay	Ded. & Coins.	Deductible	$30 Copay	$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	$50 Copay	$50 Copay	Ded. & Coins.	Deductible	$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	**$2,800**	**$2,000**	$1,500	$1,000
Family Deductible-In Network					$6,000	$3,000	$3,000	$2,000	**$5,600**	**$4,000**	$3,000	$2,000
Coinsurance					90%	80%	80%	100%	**80%**	**100%**	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 deductib*					$6,000	$2,500	$5,000	$2,500	**$4,000**	**$3,500**	$5,000	$2,500
Family OOP - In-Network *(includes deductible)*					$12,000	$5,000	$10,000	$5,000	**$8,000**	**$7,000**	$10,000	$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					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.	Deductible	**Ded. & Coins.**	**X-ray: $50 copay Lab: $25 copay**
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Deductible	Ded. & Coins.	**$500 copay**
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Deductible	Ded. & Coins.	Deductible
Urgent Care					Ded & Coins.	Ded. & Coins.	$75 Copay	$75 Copay	Ded. & Coins.	Deductible	$75 Copay	$75 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	$300 Copay + Ded + Coins.	$300 Copay + Ded	Ded. & Coins.	Deductible	**$300 Copay + Coins.**	**$300 Copay**
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs 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: $10/$35/$70/$200**	**After Deductible:** $15/**$50/$90/$200**	**$10/$35/$70/$200**	**$10/$35/$70/$200**
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	**Not Covered**	Not Covered	Not Covered
Monthly Total Rate					**HSA 3000**	**HSA 1500**	**PPO 1500**	**PPO 1000**	**HSA 2800**	**HSA 2000**	**PPO 1500**	**PPO 1000**
Employee Only	**68**	**3**	**96**	**66**	$462.78	$700.44	$554.05	$618.60	$653.23	$751.25	$716.37	$854.24
Employee/Spouse	**2**	**0**	**3**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	$1,425.09	$1,638.92	$1,562.84	$1,863.62
Employee/Children	**6**	**0**	**8**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	$1,353.06	$1,556.09	$1,483.85	$1,769.42
Employee/Family	**1**	**0**	**1**	**1**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	$2,125.04	$2,443.91	$2,330.46	$1,769.42
Monthly Total / Plan	**77**	**3**	**108**	**74**	**$40,745**	**$2,101**	**$67,799**	**$51,946**	**$57,513**	**$2,254**	**$87,661**	**$70,724**
Annual Total/Plan					**$488,943**	**$25,216**	**$813,585**	**$623,349**	**$690,159**	**$27,045**	**$1,051,936**	**$848,683**
Combined Annual Total	**262**				**$1,951,092**				**$2,617,822**			
$ Change from Current					N/A				**$666,730**			
% Change/Plan from Current					N/A				**41.2%**	**7.3%**	**29.3%**	**36.1%**
% Change from Current					N/A				**34.2%**			

HSA 3000 | **H SA 1500** | **ppo 1500** | **PPO 1000**

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.

Tri County Behavioral Healthcare

2020 Employee Benefit Comparison - Medical

REVISED RENEWAL 7.10.2020

					CURRENT 2019 - 2020				RENEWAL 2020 - 2021			
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 deductibl*					$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 & X-rays					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	**72**	**3**	**97**	**68**	$462.78	$700.44	$554.05	$618.60	**$573.27**	**$634.17**	**$651.94**	**$720.00**
Employee/Spouse	**3**	**0**	**2**	**2**	$1,009.62	$1,417.40	$1,208.76	$1,349.54	**$1,264.88**	**$1,398.87**	**$1,437.96**	**$1,587.69**
Employee/Children	**5**	**0**	**11**	**5**	$958.57	$1,350.40	$1,147.65	$1,281.33	**$1,091.98**	**$1,207.70**	**$1,241.45**	**$1,370.76**
Employee/Family	**1**	**0**	**1**	**2**	$1,505.52	$2,063.02	$1,802.46	$2,012.39	**$1,783.59**	**$1,972.40**	**$2,027.49**	**$2,238.46**
Monthly Total / Plan	**81**	**3**	**111**	**77**	**$42,647**	**$2,101**	**$70,587**	**$55,195**	**$52,314**	**$1,903**	**$81,798**	**$63,466**
Annual Total/Plan					**$511,769**	**$25,216**	**$847,044**	**$662,344**	**$627,763**	**$22,830**	**$981,570**	**$761,593**
Combined Annual Total	**272**				**$2,046,372**				**$2,393,757**			
$ Change from Current					N/A				**$347,385**			
% Change/Plan from Current					N/A				**22.7%**	**-9.5%**	**15.9%**	**15.0%**
% Change from Current					N/A				**17%**			

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.

Agenda Item: Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage **Committee:** Business	**Board Meeting Date** July 23, 2020

Background Information:

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.

Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.

Supporting Documentation:

Amendment to Interlocal Agreement from Texas Council Risk Management Fund

Recommended Action:

Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage

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, 2020** through **August 31, 2021**.

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 2020 – 2021:
(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 **2020-2021** 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: _____

Agenda Item: Approve Purchase of Property on Liberty Street in Cleveland, Texas and authorize the sale of 302 Campbell Street in Cleveland, Texas. **Committee:** Business	**Board Meeting Date:** July 23, 2020

Background Information:

The Center has a contract on a 4.45-acre tract of property on Liberty Street in Cleveland, Texas which would be used for the Center's planned Cleveland Service Facility. We have agreed to a purchase price of $500,000. We have an appraisal, clean title commitment, survey, and a Phase I Environmental Site Assessment for the property.

The Center currently has the property under contract until September 19, 2020. The Executive Director will have to provide notification to the County Judges and the State of Texas of our intent to purchase the property as required by Texas Health and Safety Code Section 534.021b prior to making the purchase. Staff propose that we pay for the property with cash from reserves.

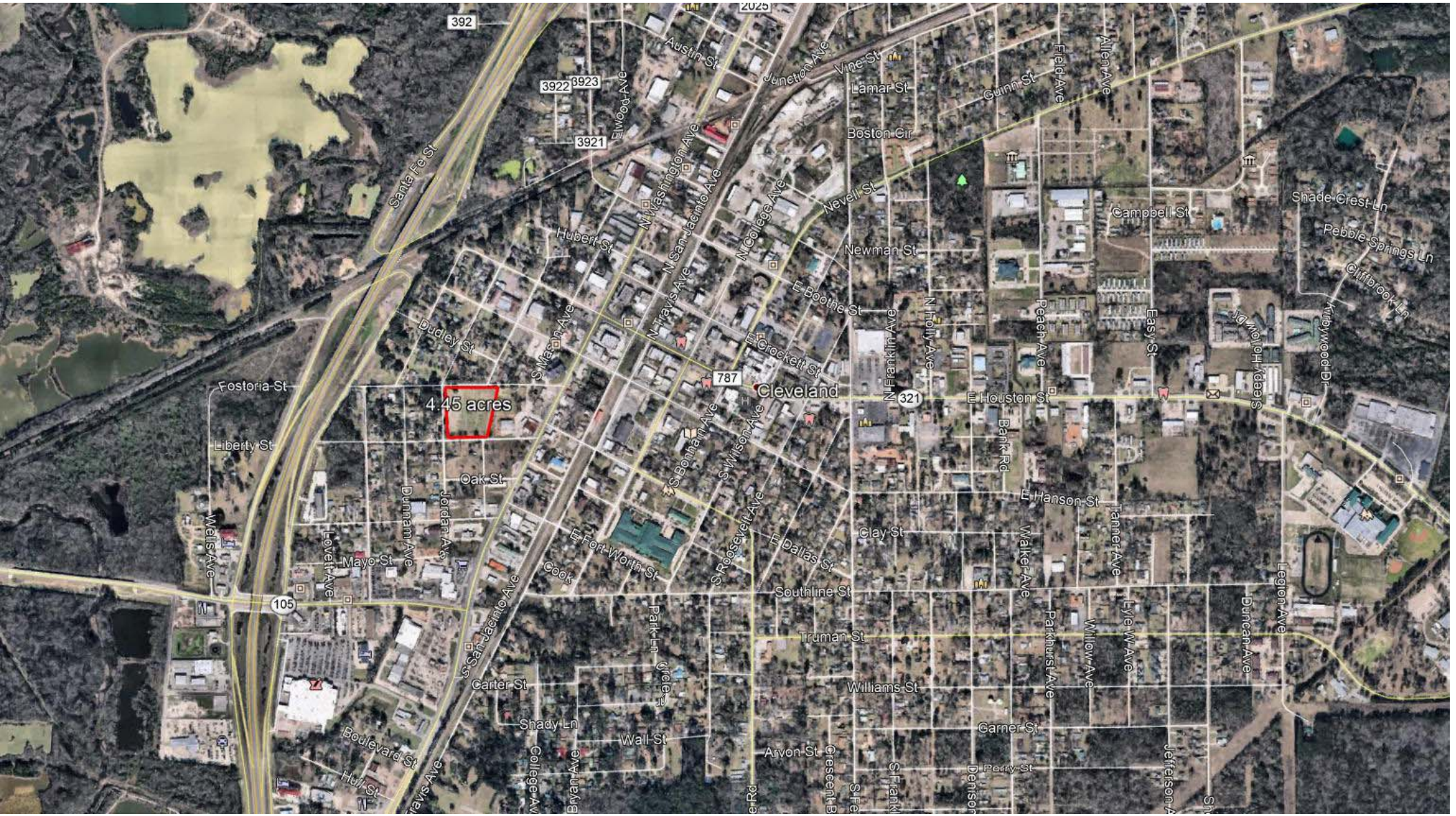
Staff are also requesting permission to begin the process of selling our property at 302 Campbell street in Cleveland which is currently being leased to the UTMB Galveston and the Department of State Health Services. We would use the funds from this property sale to offset to cost of the lot on Liberty Street.

Supporting:

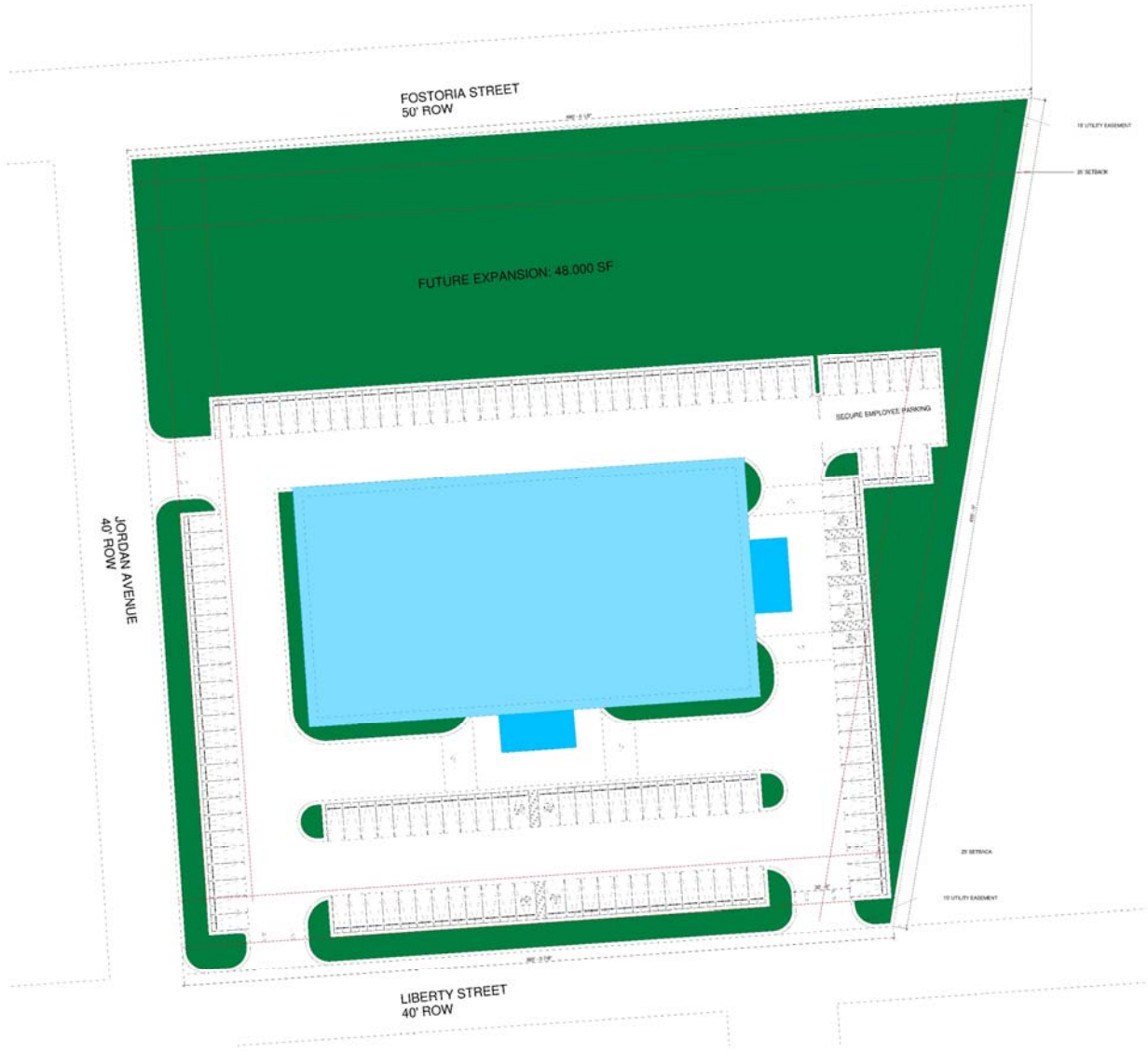
Site Information
Site Plan

Recommended Action:

Approve Purchase of Property on Liberty Street in Cleveland, Texas, Authorize the sale of 302 Campbell Street in Cleveland, Texas, and Authorize the Executive Director to execute all necessary documents.


4.45 acres
Cleveland
392
2025
3922
3923
3921
787
321
105
Austin St
Junction Ave
Vine St
Lamar St
Guinn St
Field Ave
Allen Ave
Boston Cir
Nevell St
Campbell St
Shade Crest Ln
Pebble Springs Ln
Cliffbrook Ln
Kirkwood Dr
Hollow Oaks Dr
Easy St
Peach Ave
N Holly Ave
N Franklin Ave
Newman St
E Houston St
Bank Rd
E Hanson St
Tanner Ave
Walker Ave
Clay St
Legion Ave
Duncan Ave
Lyle W Ave
Willow Ave
Parkhurst Ave
Southline St
Truman St
Williams St
Garner St
Perry St
Jefferson Ave
Denison
Crescent Dr
S Franklin
Arvon St
Wall St
Shady Ln
Carter St
Park Ln
Violet
Cook
E Fort Worth St
E Dallas St
S Roosevelt Ave
S Wilson Ave
S Bonham Ave
E Booth St
Crockett St
N College Ave
N San Jacinto Ave
N Travis Ave
N Washington Ave
E Wood Ave
Hubert St
S Mason Ave
Dudley St
Santa Fe St
Fostoria St
Liberty St
Oak St
Jordan Ave
Dunham Ave
Mayo St
Lovett Ave
Wells Ave
S San Jacinto Ave
Boulevard St
Hull St
Travis Ave
College Ave
Bryan Ave

Jordan Ave
Fostoria St
S Washington Ave
4.45 acres
W Dallas St
Liberty St
105
© 2020 Google
Google Earth



Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

1 A1.20 SITE PLAN

ARCHTEX

Agenda Item: Approve Purchase of a Ford Edge Vehicle **Committee:** Business	**Board Meeting Date** July 23, 2020

Background Information:

Staff are requesting a vehicle for our new Region 6 Education Service Center Outreach Specialist that will be based at the Service Center in Huntsville, but will be expected to travel frequently to the 57 school districts and 11 charter schools in the 15-county area. The vehicle will be paid for by startup funds for the new role.

Listed below are the bids received:

Dealership	**BJ Ford, Liberty**	**Bill Fick, Huntsville**	**DeMontrond Ford, Cleveland**	**Gullo Ford, Conroe**
2020 SE	$31003.75	Declined	$27,500.00	$26,654.75

Staff are recommending the purchase of a 2020 Ford Edge SE from Gullo Ford in Conroe.

Supporting Documentation:

Vehicle specification sheets for quoted vehicles.

Recommended Action:

Approve Purchase of a Ford Edge Vehicle for Center Staff

2020 Ford SE’s

BJ FORD

3560 Hwy 90 - P.O. Box 2080 - Liberty, Texas 77575
(936) 36-2215 - (800) 374-7646 - Fax: (936) 336-2503 - bjford.com

Buyer:	**Co Buyer:**	**Deal #:** 44628
TRI-COUNTY MENTAL HEALTH		**Deal Date:** 07/08/2020
PO BOX 3067		**Print Time:** 09:22am
CONROE, TX 773053067		
Home #: (936) 756-8331	Home #:	
Work #: (936) 521-6161	Work #:	Salesperson: JOEY W STONE

Vehicle

New ☑				
Used ☐	Stock #:	Description:	VIN:	Mileage:
Demo ☐		2020 FORD EDGE SE		

Trade

Aftermarkets:

Total Aftermarkets: $ **0.00**

Rate: 0.00%
Amount Financed: $ 31,003.75

Sale Price:	$	30,962.00
Total Financed Aftermarkets:	$	0.00
Total Trade Allowance:	$	0.00
Trade Difference:	**$**	**30,962.00**
Documentary Fee:	$	0.00
State & Local Taxes:	$	0.00
Total License and Fees:	$	41.75
Total Cash Price:	**$**	**31,003.75**
Total Trade Payoff:	$	0.00
Delivered Price:	**$**	**31,003.75**
Cash Down Payment + Deposit:	$	0.00
Unpaid Balance:	**$**	**31,003.75**
Service Agreement:	$	0.00
Maintenance Agreement:	$	0.00
GAP Insurance:	$	0.00
Credit Life, Accident & Health:	$	0.00
Other:	$	0.00
Amount Financed:	**$**	**31,003.75**

CUSTOMER: _____ SALESPERSON: J Stone

SALES MGR: TW

Print window sticker

Disclaimer: This window sticker is only representative of the information contained on an actual window sticker, and may or may not match the actual window sticker on the vehicle itself. Please see your retailer for further information.

Vehicle Description

VIN 2FMPK3G91LB **A26443**

EDGE

2020 EDGE FWD-SE
TWIN-SCRL 2.0L ECOBOOST ENG
8-SPD AUTO TRANSMISSION

Exterior
OXFORD WHITE
Interior
EBONYCLOTH BUCKET SEATS

Standard Equipment INCLUDED AT NO EXTRA CHARGE

EXTERIOR
. DOOR HANDLES - BODY COLOR
. EXHAUST TIPS - STAINLESS
. GRILLE - CHROME
. HEADLAMPS -WIPER ACTIVATED MANUAL FOLD
. REAR INT WIPER/WASH/DFRST
. WIPERS - RAIN-SENSING

INTERIOR
. 1TOUCH UP/DOWN DR/PASS WIN
. CLOTH BUCKET FRONT SEATS
. CUPHOLDERS - 8
. DUAL-ZONE ELECTRONIC
. POWERPOINTS - 12V
. SMART CHARGING USB PORT(2)

FUNCTIONAL
. AUTO START STOP TECH
. ELECTRONIC PWR ASST STEER
. FORDPASS CONNECT 4GWI-FI
. INTELLIGENT ACCESS W/PUSH
. LANE-KEEPING SYSTEM/ALERT
. REAR VIEW CAMERA W/WASHER
. SIRIUSXMÂ® - SVC N/A AK&HI

SAFETY/SECURITY
. AIRBAG - DRIVER KNEE
. AIRBAGS - DUAL STAGE FRONT
. AIRBAGS - SIDE IMPACT
. LATCH CHILD SAFETY SYSTEM
. SECURILOCKÂ® ANTI-THEFT SYS
. BELTLINE MOLDING - BLACK
. EASY FUELÂ® CAPLESS FILLER STEEL
. HEADLAMPS - AUTO BI-LED
. MIRRORS - POWER GLASS/
. PRIVACY GLASS - REAR DOORS
. TAILLAMPS-LED
. 10WAY PWR DR SEAT W/LUMBAR
. 60/40 SPLIT FOLD REAR SEAT
. CRUISE CONTROL
. DUAL ILLUM VIS VANITY MIRR AUTO CLIMATE CONTROL
. ROTARY GEAR SHIFT DIAL
. TILT/TELESCOPE STR COLUMN
. AM/FM/MP3, 6 SPEAKERS
. BLIS (BLIND SPOT INFO SYS)
. FORD CO-PILOT360 HOTSPOT TELEMATICS MODEM BUTTON START
. PRE-COLLISION ASSIST W/AEB
. REVERSE SENSING SYSTEM
. SYNCÂ®3 8" SCRN W/APPLINKÂ®
. ADVANCETRACÂ® WITH RSCÂ®
. AIRBAG- GLOVEBOX PASS KNEE
. AIRBAGS - SAFETY CANOPYÂ®
. INDIV TIRE PRESS MONIT SYS
. PERSONAL SAFETY SYSTEM
. SOS POST-CRASH ALERT SYS
. 3YR/36,000 BUMPER / BUMPER
. 5YR/60,000 ROADSIDE ASSIST

WARRANTY
. 5YR/60,000 POWERTRAIN

Price Information	**MSRP**
STANDARD VEHICLE PRICE	**$31,100**

Included on this Vehicle
EQUIPMENT GROUP 100A

Optional Equipment

2020 MODEL YEAR	
OXFORD WHITE	
EBONY CLOTH SEATS	
.SE	
.18" SPARKLE SLVR PTD ALUM WHL	
.TWIN-SCRL 2.0L ECOBOOST ENG	
.8-SPD AUTO TRANSMISSION	
.245/60R18 A/S BSW TIRES	
50 STATE EMISSIONS	
ROOF-RACK SIDE RAILS - BLACK	165
FRONT LICENSE PLATE BRACKET	
TOTAL VEHICLE & OPTIONS	31,265
DESTINATION & DELIVERY	1,095
TOTAL MSRP	**$32,360**

Disclaimer: Option pricing will be blank for any item that is priced as 0 or "No Charge".

CITY MPG
21
HIGHWAY MPG
29

Estimated Annual Fuel Cost: $

Vehicle Engine Information

Actual mileage will vary with options, driving conditions, driving habits and vehicle's condition. Results reported to EPA indicate that the majority of vehicles with these estimates will achieve between _ and _ mpg in the city and between _ and _ mpg on the highway. **For Comparison Shopping** all vehicles classified as have been issued mileage ratings from _ to _ mpg city and _ to _ mpg highway.

EXTENDED SERVICE PLAN

Ford Extended Service Plan is the ONLY service contract backed by Ford and honored by the Ford and Lincoln dealers. Ask your dealer for prices and additional details or see our website at www.Ford-ESP.com.

2020 Ford Edge SE FWD BID for Tri-County Behavioral Healthcare c/o Evan Roberson

VEHICLE DETAILS

Packages

- 100A

Power & Handling

- TWIN-SCRL 2.0L ECOBOOST ENG
- 8-SPD AUTO TRANSMISSION
- EPA Estimated MPG **21 City 29 Hwy**

Standard Features

Exterior

- BELTLINE MOLDING - BLACK
- DOOR HANDLES - BODY COLOR
- EASY FUEL® CAPLESS FILLER
- EXHAUST TIPS - STAINLESS STEEL
- GRILLE - CHROME
- HEADLAMPS - AUTO BI-LED
- HEADLAMPS -WIPER ACTIVATED
- MIRRORS - POWER GLASS/ MANUAL FOLD
- PRIVACY GLASS - REAR DOORS
- REAR INT WIPER/WASH/DFRST
- TAILLAMPS-LED
- WIPERS - RAIN-SENSING

Interior

- 10WAY PWR DR SEAT W/LUMBAR
- 1TOUCH UP/DOWN DR/PASS WIN
- 60/40 SPLIT FOLD REAR SEAT
- CLOTH BUCKET FRONT SEATS
- CRUISE CONTROL
- CUPHOLDERS - 8
- DUAL ILLUM VIS VANITY MIRR
- DUAL-ZONE ELECTRONIC AUTO CLIMATE CONTROL
- POWERPOINTS - 12V
- ROTARY GEAR SHIFT DIAL
- SMART CHARGING USB PORT(2)
- TILT/TELESCOPE STR COLUMN

Functional

- AM/FM/MP3, 6 SPEAKERS
- AUTO START STOP TECH
- BLIS (BLIND SPOT INFO SYS)
- ELECTRONIC PWR ASST STEER
- FORD CO-PILOT360
- FORDPASS CONNECT 4GWI-FI HOTSPOT TELEMATICS MODEM
- INTELLIGENT ACCESS W/PUSH BUTTON START
- LANE-KEEPING SYSTEM/ALERT
- PRE-COLLISION ASSIST W/AEB
- REAR VIEW CAMERA W/WASHER
- REVERSE SENSING SYSTEM
- SIRIUSXM® - SVC N/A AK&HI
- SYNC®3 8" SCRN W/APPLINK®

Safety/Security

- ADVANCETRAC® WITH RSC®
- AIRBAG - DRIVER KNEE
- AIRBAG- GLOVEBOX PASS KNEE

- AIRBAGS - DUAL STAGE FRONT
- AIRBAGS - SAFETY CANOPY®
- AIRBAGS - SIDE IMPACT
- INDIV TIRE PRESS MONIT SYS
- LATCH CHILD SAFETY SYSTEM
- PERSONAL SAFETY SYSTEM
- SECURILOCK® ANTI-THEFT SYS
- SOS POST-CRASH ALERT SYS

Warranty

- 3YR/36,000 BUMPER / BUMPER
- 5YR/60,000 POWERTRAIN
- 5YR/60,000 ROADSIDE ASSIST

Optional Features

Options

- 2020 MODEL YEAR
- OXFORD WHITE
- EBONY CLOTH SEATS
- SE EQUIPMENT INCLUDING:
- 18" SPARKLE SLVR PTD ALUM WHL
- TWIN-SCRL 2.0L ECOBOOST ENG
- 8-SPD AUTO TRANSMISSION
- 245/60R18 A/S BSW TIRES
- 50 STATE EMISSIONS
- FRONT LICENSE PLATE BRACKET

$27,500.00 TOTAL INCLUDES ALL STATE REGISTRATION FEES. NO OTHER CHARGES.

I hope to help,

Mike Weisinger 6-19-2020

Mike Weisinger
Fleet - Government - Commercial
DeMontrond Ford
3944 US 59 S
Cleveland Texas 77328
281-433-4762 cell

OAK-000511 TX 9-NORMAL,NB,100511,KJ271 2805

UTC			U	R	TX			
CERT	CERT	CERT	TRD	RAMP	BUMP	CAMP	BOOK	EXFL

2FMPK3G9X LBA11374 NB GU13

Go Further
ford.com

VEHICLE DESCRIPTION
EDGE

LB A11374

2020 EDGE SE FWD
5-PASSENGER
TWIN-SCRL 2.0L ECOBOOST ENG
8-SPD AUTO TRANSMISSION

EXTERIOR
OXFORD WHITE
INTERIOR
EBONY CLOTH SEATS

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

EXTERIOR
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- EASY FUEL® CAPLESS FILLER
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FUNCTIONAL
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- REAR VIEW CAMERA W/WASHER
- REVERSE SENSING SYSTEM
- SIRIUSXM® - SVC N/A AK&HI
- SYNC®3 8" SCRN W/APPLINK®

SAFETY/SECURITY
- ADVANCETRAC® WITH RSC®
- AIRBAG - DRIVER KNEE
- AIRBAG- GLOVEBOX PASS KNEE
- AIRBAGS - DUAL STAGE FRONT
- AIRBAGS - SAFETY CANOPY®
- AIRBAGS - SIDE IMPACT
- INDIV TIRE PRESS MONIT SYS
- LATCH CHILD SAFETY SYSTEM
- PERSONAL SAFETY SYSTEM™
- SECURILOCK® ANTI-THEFT SYS
- SOS POST-CRASH ALERT SYS™

WARRANTY
- 3YR/36,000 BUMPER / BUMPER
- 5YR/60,000 POWERTRAIN
- 5YR/60,000 ROADSIDE ASSIST

INCLUDED ON THIS VEHICLE	(MSRP)
EQUIPMENT GROUP 100A	
OPTIONAL EQUIPMENT/OTHER	
.18" SPARKLE SLVR PTD ALUM WHL	
.245/60R18 A/S BSW TIRES	
50 STATE EMISSIONS	NO CHARGE
FRONT LICENSE PLATE BRACKET	NO CHARGE

PRICE INFORMATION	(MSRP)
BASE PRICE	$31,100.00
TOTAL OPTIONS/OTHER	
TOTAL VEHICLE & OPTIONS/OTHER	31,100.00
DESTINATION & DELIVERY	1,095.00

RAMP ONE: RA5B
RAMP TWO:
RAIL
ITEM #: 52-5112 O/T 2

TOTAL MSRP $32,195.00

FORD CREDIT Whether you decide to lease or finance your vehicle, you'll find the choices that are right for you. See your dealer for details or visit www.ford.com/finance.

This label is affixed pursuant to the Federal Automobile Information Disclosure Act. Gasoline, License, and Title Fees, State and Local taxes are not included. Dealer installed options or accessories are not included unless listed above.

KJ271 N RB 2X 015 000511 09 27 19

EPA DOT Fuel Economy and Environment

Gasoline Vehicle

Fuel Economy
24 MPG combined city/hwy
21 city
29 highway
4.2 gallons per 100 miles

Small SUVs range from 18 to 120 MPG. The best vehicle rates 136 MPGe.

You spend **$1,000** more in fuel costs over 5 years compared to the average new vehicle.

Annual fuel cost **$1,700**

Fuel Economy & Greenhouse Gas Rating (tailpipe only): 5 (1–10, Best)

Smog Rating (tailpipe only): 5 (1–10, Best)

This vehicle emits 369 grams CO_2 per mile. The best emits 0 grams per mile (tailpipe only). Producing and distributing fuel also create emissions; learn more at fueleconomy.gov.

Actual results will vary for many reasons, including driving conditions and how you drive and maintain your vehicle. The average new vehicle gets 27 MPG and costs $7,500 to fuel over 5 years. Cost estimates are based on 15,000 miles per year at $2.70 per gallon. MPGe is miles per gasoline gallon equivalent. Vehicle emissions are a significant cause of climate change and smog.

fueleconomygov
Calculate personalized estimates and compare vehicles

Smartphone QR Code™

GOVERNMENT 5-STAR SAFETY RATINGS

Overall Vehicle Score ★★★★★
Based on the combined ratings of frontal, side and rollover.
Should ONLY be compared to other vehicles of similar size and weight.

Frontal Crash — Driver ★★★★★ / Passenger ★★★★★
Based on the risk of injury in a frontal impact.
Should ONLY be compared to other vehicles of similar size and weight.

Side Crash — Front seat ★★★★★ / Rear seat ★★★★★
Based on the risk of injury in a side impact.

Rollover ★★★★
Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★), with 5 being the highest.
Source: National Highway Traffic Safety Administration (NHTSA).
www.safercar.gov or 1-888-327-4236

2FMPK3G9XLBA11374

FordPass Connect™

Download the FordPass™ app* and you can:

Access Vehicle Control Features
- Remotely start, lock and unlock your vehicle.
- Locate your vehicle and check approximate fuel range.
- Receive vehicle health alerts.

Activate 4G LTE Wi-Fi Hotspot
- New vehicles include a 3-month or 3GB data (whichever comes first) Wi-Fi trial.
- Connect up to ten Wi-Fi-equipped devices.

The FordPass Connect™ modem collects and sends vehicle data (e.g. diagnostics) to Ford. See in-vehicle Settings for connectivity options.

FORD PROTECT™
Insist on Ford Protect! The only extended service plan fully backed by Ford and honored at every Ford dealership in the U.S., Canada and Mexico. See your Ford dealer or visit www.FordOwner.com.

WARNING: Operating, servicing and maintaining a passenger vehicle, pickup truck, van, or off-road vehicle can expose you to chemicals including engine exhaust, carbon monoxide, phthalates, and lead, which are known to the State of California to cause cancer and birth defects or other reproductive harm. To minimize exposure, avoid breathing exhaust, do not idle the engine except as necessary, service your vehicle in a well-ventilated area and wear gloves or wash your hands frequently when servicing your vehicle. For more information go to www.P65Warnings.ca.gov/passenger-vehicle.

SCAN OR TEXT 2FMPK3G9X TO 46926
Msg & Data rates may apply. Text HELP for help
www.ford.com/help/privacy-terms/

06/19/2020

Sabine River Ford (409) 883-3581 DEALER 52C 754 VIN 2FMPK3G9XLBA11374

		Suggested Retail Price		Invoice Amount	
	K3GK EDGE FWD-SE	31100	00	30168	00
	2020 MODEL YEAR				
YZ	OXFORD WHITE				
CE	EBONY CLOTH SEATS				
	INCLUDED ON THIS VEHICLE				
	EQUIPMENT GROUP 100A				
	OPTIONAL EQUIPMENT/OTHER				
	.SE				
	.18" SPARKLE SLVR PTD ALUM WHL				
999	.TWIN-SCRL 2.0L ECOBOOST ENG	NC		NC	
448	.8-SPD AUTO TRANSMISSION	NC		NC	
	.245/60R18 A/S BSW TIRES				
425	50 STATE EMISSIONS		NC	NC	
153	FRONT LICENSE PLATE BRACKET		NC	NC	
	TOTAL OPTIONS/OTHER		00		00
	TOTAL VEHICLE & OPTIONS/OTHER	31100	00	30168	00
	DESTINATION & DELIVERY	1095	00	1095	00
	TOTAL FOR VEHICLE	32195	00		
	FUEL CHARGE			51	30
	SHIPPING WEIGHT 3848 LBS.				
	TOTAL	32195	00	31314	30

Bid Price

$26481.00

This invoice may not reflect the final cost of the vehicle in view of the possibility of future rebates, allowances, discounts and incentive awards from Ford Motor Company to the dealer.

Sold to
Sabine River Ford 52C754
1601 Green Avenue
Orange TX 77630

Order Type	Ramp Code	Batch ID	Price Level
2	RA5B	KJ271	015

Ship to (if other than above)

Date Inv. Prepared	Item Number	Transit Days
09 27 19	52-5112	13

Ship Through

Invoice & Unit Identification NO.	Final Assembly Point	Finance Company and/or Bank
2FMPK3G9XLBA11374	OAKVILLE	Ford Motor Credit 000001

HB	Invoice Total	A & Z Plan	D Plan	X Plan	FPA	AA
933	31314.30	30267.30	30367.30	31464.04	467.00	466.00

This invoice to be used for the billing of vehicles only Dealer's copy

Agenda Item: Ratify Rental and Installation of a Portable Building in Cleveland, Texas **Committee:** Business	**Board Meeting Date:** July 23, 2020

Background Information:

As the Board is aware, there isn't nearly enough space at the Helen Dishongh building in Cleveland to provide services for persons with mental illness and allow for social distancing. For example, there are currently nine (9) Child and Youth staff that work out of a conference room in Cleveland which is just over 300 square feet.

While we have plans to build a new facility in Cleveland in the foreseeable future, staff realized that we needed to develop a plan to ensure that our staff could provide services in spaces that are large enough to ensure social distancing while we are in the middle of the COVID-19 pandemic.

Several of the staff that work out of the Dishongh building do not have access to high speed internet at their homes and needed to return to the facility so they are able to effectively provide services. In addition, many of the persons we serve in the Cleveland area do not have internet, or in some cases cellular signal, and need to come into the office to meet with staff.

The Executive Director spoke with the Board Chair about putting a 36 x 56-foot portable building up behind the Dishongh building to support Child and Youth Services, which will allow Adult Services staff to use the current facility. The facility was to be installed by July 4th, but due to contracting issues, other regulatory hoops and challenges getting utilities connected, the building is anticipated to be ready by July 17th. Staff will be allowed to return to the office to perform services once the building installation is complete.

The installation cost for the building is $36,667 and the monthly reoccurring cost is $1969 for a total first year cost of $57,486. In addition, we will have cost to connect internet from the main building and to provide some low-cost furniture. When we are done with the portable building, we will also incur end of use costs of approximately $11,000.

Supporting:

Temporary Building Summary

Recommended Action:

Ratify Rental and Installation of a Portable Building in Cleveland, Texas

Cleveland Temporary Building

Company:		**Boxx Modular**
Building:		
Width	**LF**	36
Length	**LF**	56
Office Area	**SF**	2,016
Pieces		3
Offices		7
Conference Room		1
Restrooms		2
Costs:		
Monthly Rent		$1,969
Delivery and Setup		$26,058
Electrical Hookup		$4,500
Plumbing Hookup		$3,300
Permitting:		
Moving		$300
Plumbing Tap		$550
Total First Month Cost		**$36,677**
Total First Year Cost		**$57,486**
Annual Use Cost:		**$23,628**
End of Use Cost:		
Dismantle		$3,375
Return Transportation		$1,500
Dismantle Deck		$863
Dismantle Modifications		$5,032
Total End of Use Cost:		**$10,770**

BOXX

BUILDING STATUS

- Setup is complete with interior modifications 90% complete
- Sewer tap completed by City of Cleveland and plumbing tie-in completed.
- Meeting with Entergy engineer on 7/14/2020 with minimal electrical requirement.
- I set a new record for being on hold with Entergy for a total of 37.5 hours to set up a new account for temporary building.
- With new Entergy requirements, waiting on bids from Henderson Electric (Cleveland) and McCaffety Electric (Conroe).
- Final punch list and cleanup to be finished by 7/17/2020 (Friday)

Agenda Item: Independence Oaks Apartments **Committee:** Business	**Board Meeting Date:** July 23, 2020
Background Information: Evan Roberson and Tanya Bryant 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 2018 990 Tax Return Prepared by Eide Bailly LLP **Committee:** Business	**Board Meeting Date** July 23, 2020
Background Information: Eide Bailly LLP has completed Tri-County's 990 Tax Return for 2018 (fiscal year September 1, 2018 to August 31, 2019) for review by the Board.	
Supporting Documentation: Copy of Tri-County Behavioral Healthcare 2018 990 Tax Return	
Recommended Action: **For Information Only**	

EideBailly

CPAs & BUSINESS ADVISORS

June 24, 2020

Tri-County Behavioral Healthcare
P.O. Box 3067
Conroe, TX 77305

Dear Millie:

Enclosed is the 2018 Exempt Organization return, as follows...

2018 Form 990

2018 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) located on Eide Bailly Connect. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. You should print and sign the public disclosure copy(ies)and keep them available at your primary office location. A copy of the returns will be retained on Eide Bailly Connect for four years.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

Sincerely,

Michelle Beaty CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2019

Prepared for	Tri-County Behavioral Healthcare P.O. Box 3067 Conroe, TX 77305
Prepared by	Eide Bailly LLP 400 Pine St, Ste 600 Abilene, TX 79601-5190
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2020.

800941
04-01-18

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning SEP 1, 2018, and ending AUG 31, 2019

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

Name of exempt organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

Name and title of officer
MILLIE MCDUFFEY
CFO

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.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	31,251,402.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

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 2018 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

[X] I authorize EIDE BAILLY LLP (ERO firm name) to enter my PIN 01252 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2018 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 2018 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. 80065202474 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ Michelle Beatty, CPA Date ▶ 06/24/20

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

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2018)

823051 10-26-18

EXTENDED TO JULY 15, 2020

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 3067 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: CONROE, TX 77305

D Employer identification number: 76-0032662

E Telephone number: 936-521-6105

G Gross receipts $ 31,251,402.

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

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: PROVIDE SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

2 Check this box ▶ ☐ 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 2018 (Part V, line 2a)	5	519
6	Total number of volunteers (estimate if necessary)	6	322
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,174,413.	986,637.
	9	Program service revenue (Part VIII, line 2g)	28,320,816.	30,188,792.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,958.	75,973.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,950.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,568,137.	31,251,402.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,336,277.	21,043,902.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,050,127.	10,258,827.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,386,404.	31,302,729.
	19	Revenue less expenses. Subtract line 18 from line 12	181,733.	-51,327.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	31,761,274.	31,136,980.
	21	Total liabilities (Part X, line 26)	15,717,801.	15,144,834.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,043,473.	15,992,146.

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
MICHELLE BEATY CPA	MICHELLE BEATY CPA	06/24/20		P01404339

Firm's name ▶ EIDE BAILLY LLP | Firm's EIN ▶ 45-0250958

Firm's address ▶ 400 PINE ST, STE 600
ABILENE, TX 79601-5190 | Phone no. 325-672-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] 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 $ 15,096,286. including grants of $) (Revenue $ 14,888,988.)
PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 7,673 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 $ 3,991,605. including grants of $) (Revenue $ 4,370,338.)
PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 2,470 CHILDREN AND ADOLESCENTS LIVING IN MONGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

4c (Code:) (Expenses $ 5,470,972. including grants of $) (Revenue $ 6,190,108.)
PROVIDED SERVICES TO 1,266 ADULTS, AS WELL AS CHILDREN AND ADOLESCENTS, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVING IN 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 $ 3,047,726. including grants of $) (Revenue $ 3,960,270.)

4e Total program service expenses ▶ 27,606,589.

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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	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*	3		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*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9	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*	10		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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	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	2a 519			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		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*		3b		
4a	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)?		4a		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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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
7a	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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

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 (1024 or 1024-A 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 [X] 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

SHERYL BALDWIN - 936-521-6105
233 SGT ED HOLCOMB BLVD S, CONROE, TX 77304

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) PATTI ATKINS CHAIR	2.00	X						0.	0.	0.
(2) GAIL PAGE VICE-CHAIR	2.00	X						0.	0.	0.
(3) JACOB PASCHAL SECRETARY	2.00	X						0.	0.	0.
(4) RICHARD DUREN TRUSTEE	2.00	X						0.	0.	0.
(5) TRACY SORENSEN TRUSTEE	2.00	X						0.	0.	0.
(6) MORRIS JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(7) SHARON WALKER TRUSTEE	2.00	X						0.	0.	0.
(8) JANET QURESHI TRUSTEE	2.00	X						0.	0.	0.
(9) EVAN ROBERSON EXECUTIVE DIRECTOR	40.00			X				164,180.	0.	1,107.
(10) MILLIE MCDUFFEY CHIEF FINANCIAL OFFICER	40.00			X				106,844.	0.	5,638.
(11) JONATHAN SNEED DOCTOR	40.00					X		334,293.	0.	33,253.
(12) ASHOKKUMAR VACHHANI DOCTOR	40.00					X		333,040.	0.	23,107.
(13) IGNOOR BAINS DOCTOR	40.00					X		306,608.	0.	2,225.
(14) ROBERT BOGAN DOCTOR	40.00					X		300,747.	0.	20,036.
(15) SHARON GUNTER-AUSTIN DOCTOR	40.00					X		226,214.	0.	19,484.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶								1,771,926.	0.	104,850.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								1,771,926.	0.	104,850.

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

		Yes	No
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*	3		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*	4	X	
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*	5		X

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
CYPRESS CREEK HOSPITAL 17750 CALIE DRIVE, HOUSTON, TX 77090	PSCHIATRY INPATIENT	832,150.
KINGWOOD 2001 LADBROOK DRIVE, KINGWOOD, TX 77339	PSCHIATRY INPATIENT	601,215.
BURKE CENTER 2001 S MEDFORD DRIVE, LUFKIN, TX 75901	DUES, FEES, TELEMEDICINE	265,094.

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 Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	986,637.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		986,637.			
		Business Code				
Program Service Revenue	2 a STATE SERVICE CONTRACTS	624100	18,652,179.	18,652,179.		
	b MEDICAID REVENUES	624100	10,673,028.	10,673,028.		
	c PATIENT FEES/INSURANCE	624100	696,789.	696,789.		
	d MEDICARE REVENUE	624100	84,392.	84,392.		
	e OTHER CONTRACTS	624100	82,404.	82,404.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		30,188,792.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		75,973.			75,973.
	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					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	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 ▶		31,251,402.	30,188,792.	0.	75,973.

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	271,025.	239,023.	32,002.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,417,546.	15,243,467.	2,174,079.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,577,079.	1,390,862.	186,217.	
9 Other employee benefits	1,522,043.	1,342,324.	179,719.	
10 Payroll taxes	256,209.	225,957.	30,252.	
11 Fees for services (non-employees):				
a Management				
b Legal	34,061.	30,039.	4,022.	
c Accounting	30,000.	26,458.	3,542.	
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 Sch O.)				
12 Advertising and promotion	11,846.	10,447.	1,399.	
13 Office expenses	765,650.	675,244.	90,406.	
14 Information technology	425,726.	375,457.	50,269.	
15 Royalties				
16 Occupancy	421,927.	372,107.	49,820.	
17 Travel	548,501.	483,736.	64,765.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	388,098.	342,272.	45,826.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	842,766.	778,954.	63,812.	
23 Insurance	251,027.	221,386.	29,641.	
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 CONTRACTED SERVICES	4,261,352.	4,261,352.		
b MEDICATION	680,970.	680,970.		
c ASSET DONATION	618,917.		618,917.	
d CONSUMER COST	372,858.	372,858.		
e All other expenses	605,128.	533,676.	71,452.	
25 **Total functional expenses.** Add lines 1 through 24e	31,302,729.	27,606,589.	3,696,140.	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		716,482.	1	727,862.
	2	Savings and temporary cash investments		7,108,510.	2	8,087,559.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,789,471.	4	2,582,814.
	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 instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		278,907.	9	302,774.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,861,879.			
	b	Less: accumulated depreciation	10b 6,425,908.	20,867,904.	10c	19,435,971.
	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)		31,761,274.	16	31,136,980.
Liabilities	17	Accounts payable and accrued expenses		1,783,036.	17	1,069,598.
	18	Grants payable			18	
	19	Deferred revenue		469,793.	19	481,793.
	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		12,846,774.	23	11,360,632.
	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		618,198.	25	2,232,811.
	26	**Total liabilities.** Add lines 17 through 25		15,717,801.	26	15,144,834.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ 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 ▶ [X] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds		16,043,473.	32	15,992,146.
	33	Total net assets or fund balances		16,043,473.	33	15,992,146.
	34	Total liabilities and net assets/fund balances		31,761,274.	34	31,136,980.

Part XI Reconciliation of Net Assets

Check 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	31,251,402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,302,729.
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,327.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,043,473.
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	15,992,146.

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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:			
	☒ Separate basis ☐ Consolidated basis ☐ 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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?	3a	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	3b	X	

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

2018

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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	556,201.	521,146.	557,951.	534,413.	963,625.	3133336.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	556,201.	521,146.	557,951.	534,413.	963,625.	3133336.
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)						
6 **Public support.** Subtract line 5 from line 4.						3133336.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	556,201.	521,146.	557,951.	534,413.	963,625.	3133336.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,770.	30,081.	38,018.	51,951.	75,973.	218,793.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3352129.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 93.47 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 94.27 %

16a **33 1/3% support test - 2018.** 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 ..... ▶ [X]

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** 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 ..... ▶ ☐

b **10% -facts-and-circumstances test - 2017.** 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 ..... ▶ ☐

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 ..... ▶ ☐

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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 Organizations

			Yes	No
1	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

			Yes	No
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 yea* **(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).*

			Yes	No
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

2018

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIBERTY COUNTY 588 CR 2010 HARDIN, TX 77561	$ 63,628.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	MONTGOMERY COUNTY 301 N THOMPSON SUITE 210 CONROE, TX 77301	$ 211,525.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	MONTGOMERY COUNTY UNITED WAY 1600 LAKEFRONT CR #248 THE WOODLANDS, TX 77380	$ 124,492.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	WALKER COUNTY 1100 UNIVERSITY AVE HUNTSVILLE, TX 77340	$ 28,730.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	WALKER COUNTY HOSPITAL DISTRICT 1411 11TH ST HUNTSVILLE, TX 77340	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	MONTGOMERY COUNTY HOSPITAL DISTRICT 1400 S. LOOP 336W CONROE, TX 77304	$ 327,317.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

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 info. once.) ▶ $

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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

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
2018
Open to Public Inspection

Name of the organization TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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.

1a 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.

1a 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:

		Amount
c Beginning balance	1c	45,490.
d Additions during the year	1d	
e Distributions during the year	1e	16,834.
f Ending balance	1f	28,656.

2a 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
1a 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%.

3a 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
1a Land		2,217,663.		2,217,663.
b Buildings		20,384,281.	3,657,492.	16,726,789.
c Leasehold improvements				
d Equipment		3,259,935.	2,768,416.	491,519.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				19,435,971.

Part VII Investments - Other Securities.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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)	
Total. *(Column (b) must equal Form 990, Part X, col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	852,225.
(3) COMPENSATED ABSENCES - DUE IN ONE	
(4) YEAR	630,692.
(5) NOTES PAYABLE - DUE IN ONE YEAR	749,894.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,232,811.

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	31,251,402.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	31,251,402.
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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	31,251,402.

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	31,302,729.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	31,302,729.
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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	31,302,729.

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:

THE CENTER HOLDS FUNDS IN A FIDUCIARY CAPACITY FOR CONSUMERS WHO NEED ASSISTANCE WITH MANAGING THEIR FUNDS.

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

2018

Open to Public Inspection

Name of the organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

Part I Questions Regarding Compensation

			Yes	No
1a	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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (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	1b		
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?	2		
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. ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

832111 10-26-18

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)	164,180.	0.	0.	0.	1,107.	165,287.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN SNEED	(i)	334,293.	0.	0.	19,618.	13,635.	367,546.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHOKKUMAR VACHHANI	(i)	333,040.	0.	0.	21,984.	1,123.	356,147.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IGNOOR BAINS	(i)	306,608.	0.	0.	0.	2,225.	308,833.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT BOGAN	(i)	300,747.	0.	0.	0.	20,036.	320,783.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHARON GUNTER-AUSTIN	(i)	226,214.	0.	0.	0.	19,484.	245,698.	0.
DOCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
2018
Open to Public Inspection

Name of the organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

STATE AUTHORITY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES TO INDIVIDUALS WITH MENTAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVING IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

EXPENSES $ 3,047,726. INCLUDING GRANTS OF $ 0. REVENUE $ 3,960,270.

FORM 990, PART VI, SECTION B, LINE 11B:

A PDF COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD FOR REVIEW PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

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, SECTION C, LINE 19:

Name of the organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

THESE ITEMS ARE MADE AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number: 76-0032662

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Section 512(b)(13) controlled entity? Yes	No
INDEPENDENCE COMMUNITIES INC - 55-0809542 P.O. BOX 3067 CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X
MONTGOMERY SUPPORTED HOUSING INC - 26-2526385, P.O. BOX 3067, CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X
CLEVELAND SUPPORTED HOUSING INC - 45-4729728 P.O. BOX 3067 CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

34

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

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) Section 512(b)(13) controlled entity? Yes	(i) 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.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(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 sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information.**

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

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TRI-COUNTY BEHAVIORAL HEALTHCARE	Employer identification number (EIN) or 76-0032662
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3067	Social security number (SSN)
	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) 0 1

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 (sec. 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 233 SGT ED HOLCOMB BLVD S - CONROE, TX 77304
  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 JULY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning SEP 1, 2018, and ending AUG 31, 2019.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2019)

823841 12-19-18

38.1

Agenda Item: 3rd Quarter FY 2020 Quarterly Investment Report **Committee:** Business	**Board Meeting Date** July 23, 2020

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, 2020

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	$1,013,677.24	($107,452.80)	$646.36
Accrual of Interest Income	$24,942,254.18	$14,661,520.39	$12,876,227.67
Interest and Management Fees Payable	($23,887,034.49)	($10,270,235.54)	($6,330,736.51)
Payable for Investments Purchased	($1,124,887,066.57)	($1,004,902,095.75)	($629,732,075.00)
Accrued Expense & Taxes	($1,044,557.30)	($31,747.18)	($89,938.47)
Repurchase Agreements	$8,639,305,000.00	$8,734,365,000.00	$7,887,035,000.00
Mutual Fund Investments	$2,108,074,000.00	$1,722,074,000.00	$2,632,074,000.00
Government Securities	$11,682,743,680.29	$10,729,884,252.87	$8,688,468,485.05
U.S. Treasury Inflation Protected Securities	$1,340,910,875.38	$1,068,366,406.18	$1,108,388,252.89
U.S. Treasury Bills	$3,458,672,409.65	$5,226,260,349.36	$6,430,425,588.21
U.S. Treasury Notes	$1,838,062,222.15	$1,637,126,870.40	$1,565,018,376.47
TOTAL	**$27,943,905,460.52**	**$28,117,426,867.94**	**$27,688,133,826.68**

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	($484.87)	$646.36
Accrual of Interest Income	$30,328,474.24	$12,876,227.67
Interest and Management Fees Payable	($35,752,812.46)	($6,330,736.51)
Payable for Investments Purchased	($200,000,000.00)	($629,732,075.00)
Accrued Expenses & Taxes	($65,128.12)	($89,938.47)
Repurchase Agreements	$8,849,110,000.00	$7,887,035,000.00
Mutual Fund Investments	$842,074,000.00	$2,632,074,000.00
Government Securities	$11,996,370,386.22	$8,687,747,772.10
U.S. Treasury Inflation Protected Securities	$1,300,265,564.48	$1,107,344,334.32
U.S. Treasury Bills	$3,477,803,849.71	$6,428,861,045.69
U.S. Treasury Notes	$1,842,584,720.51	$1,558,926,926.50
TOTAL	**$28,102,718,569.71**	**$27,678,713,202.66**

Portfolio by Maturity as of May 31, 2020

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
63.7%	19.6%	11.9%	4.8%

Portfolio by Type of Investments as of May 31, 2020

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
30.8%	27.9%	32.0%	9.3%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 1.00% for March, 0.45% for April, and 0.27% 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, 2020 was 36 days.

The net asset value as of May 31, 2020 was 1.00035.

The total amount of interest distributed to participants during the period was $40,487,890.47.

TexPool interest rates exceeded 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAm by Standard and Poor's.

During the reporting period, the total number of participants increased to 2,613.

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 Date
Manager of Accounting / Investment Officer

_____ _____

Millie McDuffey Date
Chief Financial Officer / Investment Officer

_____ _____

Evan Roberson Date
Executive Director / Investment Officer

TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2020
As of May 31, 2020

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	$ 467.47	$ 472.60	$ 467.47		$ 1,407.54
First Financial Bank CD	$ 3,558.87	$ 3,552.00	$ 3,582.99		$ 10,693.86
First Liberty National Bank	$ 3.13	$ 2.11	$ 0.77		$ 6.01
JP Morgan Chase (HBS)	$ 9,428.53	$ 7,752.69	$ 2,152.36		$ 19,333.58
Prosperity Bank (1060)	$ 177.34	$ 102.39	$ 67.46		$ 347.19
Prosperity Bank (1050)	$ 9.94	$ 6.55	$ 5.91		$ 22.40
TexPool Participants	$ 305.18	$ 180.60	$ 169.07		$ 654.85
Total Earned	$ 13,950.45	$ 12,068.94	$ 6,446.03		$ 32,465.42

Agenda Item: Board of Trustees Unit Financial Statement as of May and June 2020 **Committee:** Business	**Board Meeting Date** July 23, 2020
Background Information: None	
Supporting Documentation: May and June 2020 Board of Trustees Unit Financial Statement	
Recommended Action: **For Information Only**	

Unit Financial Statement

FY 2020

	May 2020 Actuals	May 2020 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	$ 2,160.00	$ 2,160.00	$ -	$ 19,445.00	$ 19,445.00	$ -	100.00%	$ 25,925.00
Total Revenue	$ 2,160.00	$ 2,160.00	$ -	$ 19,445.00	$ 19,445.00	$ -	100.00%	$ 25,925.00
Expenses								
Insurance-Worker Compensation	$ 8.80	$ 13.00	$ (4.20)	$ 91.16	$ 111.00	$ (19.84)	82.13%	$ 150.00
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)	$ 78.49	$ 130.00	$ (51.51)	0.00%	$ 175.00
Training	$ -	$ 300.00	$ (300.00)	$ 2,375.00	$ 2,700.00	$ (325.00)	87.96%	$ 3,600.00
Travel - Local	$ -	$ 21.00	$ (21.00)	$ -	$ 186.53	$ (186.53)	0.00%	$ 250.00
Travel - Non-local Mileage/Air	$ -	$ 125.00	$ (125.00)	$ 536.76	$ 1,125.00	$ (588.24)	47.71%	$ 1,500.00
Travel - Non-local Hotel	$ -	$ 125.00	$ (125.00)	$ 228.58	$ 1,125.00	$ (896.42)	20.32%	$ 1,500.00
Travel - Meals	$ -	$ 63.00	$ (63.00)	$ -	$ 561.00	$ (561.00)	0.00%	$ 750.00
Total Expenses	$ 1,508.80	$ 2,162.00	$ (653.20)	$ 16,809.99	$ 19,438.53	$ (2,628.54)	86.48%	$ 25,925.00
Total Revenue minus Expenses	$ 651.20	$ (2.00)	$ 653.20	$ 2,635.01	$ 6.47	$ 2,628.54	13.52%	$ -

Unit Financial Statement

FY 2020

	June 2020 Actuals	June 2020 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	$ 2,160.00	$ 2,160.00	$ -	$ 21,605.00	$ 21,605.00	$ -	100.00%	$ 25,925.00
Total Revenue	$ 2,160.00	$ 2,160.00	$ -	$ 21,605.00	$ 21,605.00	$ -	100.00%	$ 25,925.00
Expenses								
Insurance-Worker Compensation	$ 0.80	$ 13.00	$ (12.20)	$ 91.96	$ 124.00	$ (32.04)	74.16%	$ 150.00
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)	$ 78.49	$ 145.00	$ (66.51)	0.00%	$ 175.00
Training	$ -	$ 300.00	$ (300.00)	$ 2,375.00	$ 3,000.00	$ (625.00)	79.17%	$ 3,600.00
Travel - Local	$ -	$ 21.00	$ (21.00)	$ -	$ 207.53	$ (207.53)	0.00%	$ 250.00
Travel - Non-local Mileage/Air	$ -	$ 125.00	$ (125.00)	$ 536.76	$ 1,250.00	$ (713.24)	42.94%	$ 1,500.00
Travel - Non-local Hotel	$ -	$ 125.00	$ (125.00)	$ 228.58	$ 1,250.00	$ (1,021.42)	18.29%	$ 1,500.00
Travel - Meals	$ -	$ 63.00	$ (63.00)	$ -	$ 624.00	$ (624.00)	0.00%	$ 750.00
Total Expenses	$ 1,500.80	$ 2,162.00	$ (661.20)	$ 18,310.79	$ 21,600.53	$ (3,289.74)	84.77%	$ 25,925.00
Total Revenue minus Expenses	$ 659.20	$ (2.00)	$ 661.20	$ 3,294.21	$ 4.47	$ 3,289.74	15.23%	$ -

Agenda Item: Tri-County's Consumer Foundation Update **Committee:** Business	**Board Meeting Date** July 23, 2020

Background Information:

Tri-County's Consumer Foundation Board of Directors met on June 26, 2020 where they accepted financial statements through May 31, 2020, set the spending amount for Q3 FY 2020, and discussed additional ways to generate income.

The Foundation was not awarded the $40,000 Wells Fargo Grant that was requested. Lynn Carr, Senior Vice-President of Wells Fargo, indicated the amount requested was too high and there were too many agencies that applied for help due to COVID-19. The Board discussed "lessons learned" and decided we would try again next grant cycle.

Zero applications were approved during this meeting. Caseworkers are in process of gathering the needed paperwork to complete applications that have been submitted since the last meeting. Once all the necessary information is gathered, the Board will review each application and approve via email.

Supporting Documentation:

None

Recommended Action:

For Information Only

UPCOMING MEETINGS

August 27, 2020 – Board Meeting

- Approve Minutes from July 23, 2020 Board Meeting
- Community Resources Report
- Consumer Services Report for July 2020
- Program Updates
- Annual Election of FY 2021 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2021
- Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees
- Personnel Report for July 2020
- Texas Council Risk Management Fund Claims Summary for July 2020
- Texas Council Quarterly Board Meeting Verbal Update
- Consider Dates of Scheduled Board Meetings for 2021
- Approve July 2020 Financial Statements
- Approve FY 2020 Year End Budget Revision
- Approve Proposed FY 2021 Operating Budget
- Board of Trustees Unit Financial Statement for July 2020

September 24, 2020 – Board Meeting

- Approve Minutes from August 27, 2020 Board Meeting
- Approve Goals and Objectives for FY 2021
- Community Resources Report
- Consumer Services Report for August 2020
- Program Updates
- Annual PNAC Reports
- FY 2020 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2020 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2021 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2021
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2020 Regular and Special Called Board Meetings
- Personnel Report for August 2020
- Texas Council Risk Management Fund Claims Summary for August 2020
- Authorize Check Signers
- Approve FY 2021 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2020 Financial Statements
- 4th Quarter Investment Report
- Board of Trustees Unit Financial Statement for August 2020

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BAD	Bipolar Affective Disorder
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
BPD	Borderline Personality Disorder
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Crisis Counseling Program
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fidelity Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CMH	Child Mental Health
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Abuse Disorders
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSHI	Cleveland Supported Housing, Inc.
DADS	Department of Aging and Disability Services
DARS	Department of Assistive & Rehabilitation Services
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments

DUA	Data Use Agreement
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave 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
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master 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
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
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
MCO	Managed Care Organizations

MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
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
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PNAC	Planning Network Advisory Committee
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SCZ	Schizophrenia
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR	Services to At Risk Youth
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention

SZA	Schizoaffective Disorder
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCO	Treatment Co-Occurring Mental Health and Substance Abuse Services
TCOOMMI	Texas Correction Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Abuse)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Abuse)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
YES	Youth Empowerment Services
YMHFA	Youth Mental Heath First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Universal

Updated 10/18/19