

# Tri-County Behavioral Healthcare Board of Trustees Meeting

May 27, 2021



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, May 27, 2021.

The Business Committee will convene at 9:30 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/](http://www.tcbhc.org/board-documents/)  
May 2021 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 - April 22, 2021**
- III. Executive Director's Report - Evan Roberson**
  - A. Operational Updates
  - B. CMHC Grant Update
  - C. New Funding Updates
  - D. Legislative Updates

**IV. Chief Financial Officer's Report - Millie McDuffey**

- A. FY 2022 Budget
- B. Texas Council Risk Management Fund Board Report
- C. CFO Consortium
- D. FY 2021 2<sup>nd</sup> Budget Revision
- E. County Funding Requests
- F. FY 2021 Audit

**V. Program Committee**

Information Items

- A. Community Resources Report..... Pages 8-11
- B. Consumer Services Report for April 2021..... Pages 12-13
- C. Program Updates..... Pages 14-19
- D. Medicaid 1115 Transformation Waiver Project Status Report..... Pages 20-22
- E. Program Presentation - Annual Board and Management Team Training

**VI. Executive Committee**

Information Items

- A. Personnel Report for April 2021..... Pages 23-25
- B. Texas Council Risk Management Fund Claims Summary for April 2021..... Pages 26-27
- C. Texas Council Quarterly Board Meeting Update..... Page 28

**VII. Business Committee**

Action Items

- A. Approve April 2021 Financial Statements..... Pages 29-42
- B. Approve Auditor Engagement Letter..... Pages 43-54

Information Items

- C. Board of Trustees Unit Financial Statements for April 2021..... Pages 55-56

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

Posted By:

Ava Green  
Executive Assistant

# Tri-County Behavioral Healthcare

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

April 22, 2021

### Board Members Present:

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

### Board Members Absent:

Tracy Sorensen

### Tri-County Staff Present:

Evan Roberson, Executive Director  
Sara Bradfield, Director of Adult Behavioral Health  
Catherine Prestigiovanni, Director of Strategic Development  
Darius Tuminas, Controller  
Tabatha Abbott, Cost Accountant  
Robyn Gould, Medicaid Transformation Waiver Team Lead  
Ava Green, Executive Assistant

### Via Teleconference:

Millie McDuffey, Chief Financial Officer  
Kenneth Barfield, Director of Management Information Systems  
Tanya Bryant, Director of Quality Management and Support  
Kathy Foster, Director of IDD Provider Services  
Kelly Shropshire, Directory of IDD Authority Services  
Mary Lou Flynn-Dupart, Legal Counsel

### Sheriff Representatives Present:

#### Via Teleconference:

Captain Tim Cannon, Montgomery County Sheriff's Office  
Lt. Keith DeHart, Walker County Sheriff's Office

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:03 a.m. via teleconference.

**Public Comment:** Public Comment presented by John Nicks. Mr. Nicks requested that more financial information about the Center budget be placed on the website, including information about how much is state funding, what percentage goes to consumer care and what percent goes to fund administration. He further requested changes to the public information process including being able to request certain information via email and removal of the charge for public information requests. Mr. Nicks also requested



that the discharge and appeals process be reviewed and modified as well as the Executive Director's salary posted.

**Quorum:** There being seven (7) Board Members present via teleconference, a quorum was established.

**Resolution #04-22-01**

**Motion Made By:** Jacob Paschal

**Seconded By:** Sharon Walker, with affirmative votes by Gail Page, Morris Johnson, Richard Duren and Janet Qureshi that it be...

**Resolved:**

That the Board excuse the absence of Tracy Sorensen.

**Resolution #04-22-02**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the minutes of the March 25, 2021 meeting of the Board of Trustees.

**Executive Director's Report:**

The Executive Director's report is on file.

- Operational Updates
- MH QM Audit Results
- New Funding Opportunities
- Legislative Updates

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2021 Budget Process
- Cost Reports Update
- County Annual Funding Update
- Fixed Asset Inventory

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for March 2021 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

### **EXECUTIVE COMMITTEE:**

The Personnel Report for March 2021 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of March 2021 was reviewed for information purposes only.

### **BUSINESS COMMITTEE:**

#### **Resolution #04-22-03**

**Motion Made By:** Morris Johnson

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

#### **Resolved:**

That the Board approve the March 2021 Financial Statements.

#### **Resolution #04-22-04**

**Motion Made By:** Morris Johnson

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

#### **Resolved:**

That the Board direct staff to solicit an audit engagement letter from Eide Bailly LLP or solicit proposals for FY 2021 Independent Financial Audit Services.

#### **Resolution #04-22-05**

**Motion Made By:** Morris Johnson

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

#### **Resolved:**

That the Board ratify HHSC Contract No. HHS000231500002, Amendment No. 1, Projects for Assistance in Transition from Homelessness Grant Program (PATH).

The 2<sup>nd</sup> Quarter FY 2021 HUD 811 Update (Cleveland, Montgomery and Huntsville) was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for March 2021 was reviewed for information purposes only.

**The regular meeting of the Board of Trustees adjourned at 10:53 a.m.**

**Adjournment:**

**Attest:**

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Patti Atkins  
Chair

Date

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Jacob Paschal  
Secretary

Date

<b>Agenda Item:</b> Community Resources Report  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## April 23, 2021 – May 27, 2021

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### Volunteer Hours:

Location	April
Conroe	230
Cleveland	1
Liberty	4
Huntsville	7.5
<b>Total</b>	<b>242.50</b>

### COMMUNITY ACTIVITIES:

4/23/21	Abundant Harvest Food Pantry Presentation	Spring
4/23/21	Conroe Noon Lions Club Luncheon	Conroe
4/23/21	Vet Fest Committee Meeting	Conroe
4/24/21	KidzFest	Conroe
4/26/21	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health – Virtual	Conroe
4/27/21	CISD School Health Advisory Council Meeting Presentation – Virtual	Conroe
4/27/21	Veteran Treatment Court Mentor Meeting – Virtual	Conroe
4/27/21	Veteran Treatment Court Support Fund Meeting – Virtual	
4/27/21	Walker County Community Resource Coordination Group Meeting – Virtual	Huntsville
4/28/21	Liberty County Community Resource Coordination Group Meeting – Virtual	Liberty
4/28/21	Veteran Treatment Court – Virtual	Conroe
4/28/21	Veteran Mentor Jail Pod Meeting – Virtual	Conroe
4/29/21	Women Veterans Monthly Meeting – Virtual	Conroe
5/1/21	Huntsville Veteran Breakfast	Huntsville
5/3/21	Montgomery County Homeless Coalition Board Meeting	Conroe
5/3/21	Dell Webb Veteran Group Meeting	Conroe
5/4/21	Early Transition Sponsor for Service Members Training – Virtual	Conroe
5/4/21	Cleveland ISD Planning Meeting for School Based Site	Cleveland
5/5/21	Angel Care Home Health Collaboration Meeting – Virtual	Conroe
5/5/21	Conroe Noon Lions Club Luncheon	Conroe
5/5/21	Tarkington ISD Student Health Advisory Committee – Virtual	Cleveland
5/6/21	Duck Farm Meet and Greet	Liberty
5/6/21	Liberty County Jail Veterans Visit	Liberty
5/6/21	Liberty County Veterans Service Officer Meeting	Liberty
5/7/21	Symetria Recovery Meeting	Conroe
5/7/21	Cottonwood Elementary Planning Meeting for School Based Site	Cleveland

5/8/21	Salvation Army Health Clinic	Conroe
5/10/21	Honor Café Monthly Veteran Breakfast	Conroe
5/11/21	Veterans of Foreign Wars Meeting	Conroe
5/11/21	Assisting Victims Escape Trafficking Meeting – Virtual	Conroe
5/11/21	Splendora ISD Lead Counselor Coordination Meeting- Virtual	Splendora
5/11/21	Behavioral Health Suicide Prevention Task Force Meeting – Trauma & Grief Workgroup – Virtual	Conroe
5/11/21	Walker County Jail Continuity of Care Meeting	Huntsville
5/11/21	Liberty County Jail Continuity of Care Meeting - Virtual	Liberty
5/11/21	Agri-life Extension Office Meeting	Conroe
5/11/21	Huntsville Student Health Advisory Committee – Virtual	Huntsville
5/12/21	Veteran Mentor Montgomery County – Virtual	Conroe
5/12/21	Veterans Treatment Court - Virtual	Conroe
5/12/21	Conroe Noon Lions Club Luncheon	Conroe
5/12/21	Behavioral Health Suicide Prevention Task Force Meeting – Adult Suicide Work Group – Virtual	Conroe
5/12/21	Family & Community Coalition of Montgomery County – Virtual	Conroe
5/13/21	Huntsville Chamber of Commerce Breakfast	Huntsville
5/13/21	ExxonMobil Psychological Safety Presentation – Virtual	The Woodlands
5/13/21	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health – Virtual	Conroe
5/15/21	Vet Fest	Conroe
5/17/21	Veteran Spouse Network Meeting - Virtual	Conroe
5/18/21	Veterans Mental Health First Aid	Conroe
5/18/21	Veteran Taskforce Meeting - Virtual	Conroe
5/18/21	Huntsville ISD Student Care Team Meeting – Virtual	Huntsville
5/18/21	Montgomery County Community Resource Coordination Group Meeting – Virtual	Conroe
5/19/21	Conroe Noon Lions Club Luncheon	Conroe
5/19/21	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity/Special Needs – Virtual	Conroe
5/19/21	Veteran Mentor Montgomery County – Virtual	Conroe
5/19/21	Community Crisis Team Workgroup	Conroe
5/20/21	Liberty County Jail Visit for Veterans	Liberty
5/20/21	Veteran Spouse Network Meeting - Virtual	Liberty
5/20/21	Abundant Harvest Monthly Collaboration Meeting	Conroe
5/20/21	Huntsville ISD Leadership Meeting – Virtual	Huntsville
5/20/21	Montgomery County Homeless Coalition Community Meeting – Virtual	Conroe
5/20/21	Conroe Noon Lions Club Golf Tournament	Panorama
5/20/21	Behavioral Health Suicide Prevention Task Force Meeting – Main Meeting – Virtual	Conroe
5/24/21	Basic Certification Training for Veteran Mentors – Virtual	Conroe

5/24/21	YMHFA Willis Independent School District	Willis
5/25/21	YMHFA Willis Independent School District	Willis
5/26/21	Conroe Noon Lions Club Luncheon	Conroe
5/26/21	Veteran Mentor Montgomery County – Virtual	Conroe
5/26/21	Veteran Treatment Court - Virtual	Conroe

## UPCOMING ACTIVITIES:

5/31/21	Memorial Day Veteran Murph Tribute/Program	Conroe
5/31/21	Memorial Day Luncheon with Bonterra Veteran Group	Conroe
6/2/21	Veteran Mentor Montgomery County – Virtual	Conroe
6/2/21	Conroe Noon Lions Club Luncheon	Conroe
6/2/21	New Caney ISD 6 <sup>th</sup> Grade Counselors Meeting	New Caney
6/3/21	Liberty County Veteran Jail Visit	Liberty
6/3/21	Veteran Spouse Network Meeting - Virtual	Liberty
6/7/21	Montgomery County Veteran Mentor Meeting	Conroe
6/7/21	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe
6/7/21	Mayor’s Homeless Task Force Meeting	Conroe
6/8/21	Assisting Victims Escape Trafficking Meeting – Virtual	Conroe
6/8/21	Behavioral Health Suicide Prevention Task Force Meeting – Trauma & Grief Workgroup – Virtual	Conroe
6/9/21	Veteran Mentor Montgomery County – Virtual	Conroe
6/9/21	Veteran Treatment Court – Virtual	Conroe
6/9/21	Family & Community Coalition of Montgomery County – Virtual	Conroe
6/10/21	Huntsville Chamber of Commerce Breakfast	Huntsville
6/10/21	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health – Virtual	Conroe
6/11/21	Youth Mental Health First Aid – ESC Region 6	Conroe
6/11/21	Texas/Women Veterans Day Celebration – Montgomery County	Conroe
6/12/21	Salvation Army Health Clinic	Conroe
6/15/21	Montgomery County Community Resource Coordination Group – Virtual	Conroe
6/16/21	Youth Mental Health First Aid – Conroe ISD	Conroe
6/17/21	Liberty County Veterans Jail Visit	Liberty
6/19/21	Liberty Mentor Meeting	Liberty
6/23/21	Veteran Mentor Montgomery County – Virtual	Conroe
6/23/21	Veterans Treatment Court - Virtual	Conroe
6/25/21	Texas/Women Veterans Day Celebration – Liberty County	Liberty
6/28/21	Basic Certification Training for Veteran Mentors	Conroe
6/30/21	Youth Mental Health First Aid – Conroe ISD	Conroe
6/30/21	Veteran Mentor Montgomery County – Virtual	Conroe



<b>Agenda Item:</b> Consumer Services Report for April 2021  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Report for April 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Consumer Services Report

### April 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	733	72	42	81	<b>928</b>
Transitional Services (LOC 5)	0	0	0	0	<b>0</b>
Psychiatric Emergency Treatment Center (PETC) Served	63	2	1	8	<b>74</b>
Psychiatric Emergency Treatment Center (PETC) Bed Days	226	3	10	20	<b>259</b>
Adult Contract Hospital Admissions	20	0	1	2	<b>23</b>
Child and Youth Contract Hospital Admissions	8	0	0	0	<b>8</b>
Total State Hospital Admissions	0	0	0	0	<b>0</b>
<b>Routine Services, MH Adults/Children</b>					
Adult Service Packages (LOC 1-4, FEP)	1468	232	162	112	<b>1974</b>
Adult Medication Services	1041	99	78	52	<b>1270</b>
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	920	73	33	74	<b>1100</b>
Child Medication Services	279	19	13	26	<b>337</b>
TCOOMMI (Adult Only)	107	14	8	9	<b>138</b>
Adult Jail Diversions	0	0	0	0	<b>0</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	11	0	1	0	<b>12</b>
Service Coordination	766	34	42	74	<b>916</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living)	24	5	15	17	<b>61</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	501	8	20	0	<b>529</b>
Youth Substance Abuse Treatment Services/COPSD	14	0	0	0	<b>14</b>
Adult Substance Abuse Treatment Services/COPSD	48	2	0	5	<b>55</b>
<b>Waiting/Interest Lists as of Month End</b>					
Adult Mental Health Services	1	0	0	0	<b>1</b>
Home and Community Based Services Interest List	1913	147	172	221	<b>2453</b>
<b>April Served by County</b>					
Adult Mental Health Services	1909	186	142	221	<b>2458</b>
Child Mental Health Services	1146	99	51	90	<b>1386</b>
Intellectual and Developmental Disabilities Services	821	41	59	82	<b>1003</b>
<b>Total Served by County</b>	<b>3876</b>	<b>326</b>	<b>252</b>	<b>393</b>	<b>4847</b>
<b>April Served by Phone by County</b>					
Adult Mental Health Services	930	95	70	144	<b>1239</b>
Child Mental Health Services	694	64	40	59	<b>857</b>
Intellectual and Developmental Disabilities Services	813	38	56	81	<b>988</b>
<b>Total Served by County</b>	<b>2437</b>	<b>197</b>	<b>166</b>	<b>284</b>	<b>3084</b>
<b>April Services by Phone by County</b>					
Adult Mental Health Services	1801	177	104	240	<b>2322</b>
Child Mental Health Services	1338	100	74	135	<b>1647</b>
Intellectual and Developmental Disabilities Services	3164	112	212	325	<b>3813</b>
<b>Total Served by County</b>	<b>6303</b>	<b>389</b>	<b>390</b>	<b>700</b>	<b>7782</b>
<b>March Served by County</b>					
Adult Mental Health Services	2013	217	155	248	<b>2633</b>
Child Mental Health Services	1099	85	46	87	<b>1317</b>
Intellectual and Developmental Disabilities Services	828	44	60	80	<b>1012</b>
<b>Total Served by County</b>	<b>3940</b>	<b>346</b>	<b>261</b>	<b>415</b>	<b>4962</b>

<b>Agenda Item:</b> Program Updates	<b>Board Meeting Date:</b>  May 27, 2021
<b>Committee:</b> Program	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Program Updates

## April 23, 2021 – May 27, 2021

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### Crisis Services

1. The license for the CSU has been renewed for another two years.
2. We continue to have many vacant positions for staff that support the Crisis Stabilization Unit.
3. Looking at the time period of September 1<sup>st</sup> through April 30<sup>th</sup>, crisis data for the past three years shows a steady increase in the number of individuals receiving crisis services from CAS and MCOT. There have been some interesting patterns between MCOT and CAS services and adults and youth services, however, overall crisis services in these programs to individuals of all ages have increased from 2,152 in FY 2019 to 2,553 in 2021. This represents an almost 19% increase in the number of individuals seen.
4. Looking at the same time periods for admissions to the CSU and to contract beds, the numbers are as follows:

	<u>CSU admissions</u>	<u>Contract bed admissions</u>
FY 2019	509	179
FY 2020	542	226
FY 2021	574	282

5. We held our first in-person meeting with community stakeholders since the beginning of the COVID-19 pandemic on May 19<sup>th</sup> in the Tri-County Board Room. The goal of this meeting was to bring together agencies in Montgomery County that are seeing significant increases in the demands for their services to increase understanding of the challenges being faced by each agency, encouraged more cooperation and collaboration between agencies, and established a problem-solving framework that can hopefully be carried forward into future meetings with a larger number of stakeholders.

### MH Adult Services

1. Adult Outpatient field-based staff are working with clients to re-introduce in-person services in preparation for the June 1<sup>st</sup> return to the field. Overall, clients are looking forward to resuming face to face meetings with their recovery teams. AOP staff are creating plans and working out details that will ensure the same level and quality of care that was provided pre-COVID. Staff are also being provided with trainings to help staff transition back to face to face services.
2. The PATH program has been focusing on rehousing efforts for individuals who are homeless with an identified mental health or substance use and have now successfully housed two PATH clients. Additionally, these individuals were also connected to outpatient mental health services and the Supported Housing program to provide continued support that will promote ongoing stability and assist these individuals in achieving their recovery goals.
3. The First Episode Psychosis Program is actively working to educate the community on the program, as well as develop methods for engaging new clients into treatment. To achieve this goal, the team has created a 'welcome packet' that introduces services and sets clear

expectations about program offerings and how the team can help the client achieve their goals. The team is also working on creating a discharge process that includes a graduation ceremony to celebrate clients who are successfully leaving the program.

### **MH Child and Youth Services**

1. We have experienced significant turnover in C&Y, both at the school-based sites and among the C&Y MH Specialists in Conroe. The reasons vary for the resignations, but it's possible the pandemic has increased the stress levels or changed the motivation to work for some staff. We often experience turnover during the summer, but find this more challenging this year with the increasing demand for services.
2. Supervisors continue to make recruiting, training, and arranging for coverage a priority. They are using their problem-solving skills to ensure the families of children and youth without an assigned skills trainer or therapist receive at least monthly contact. Additional support is being provided by the Family Partners as needed.
3. Supervisors and field-based staff are sharing and trying out ideas to keep children and youth engaged in face to face services over the summer. Telehealth services did not work well for many children, especially if they did not have adequate connectivity at their homes or if they have problems focusing.
4. This summer, we are not able to transport children and youth to the environment most conducive to skills training in our personal vehicles due to COVID precautions. We are attempting to overcome this challenge by bringing a more conducive environment to them. Staff are bringing lawn chairs, spray bottles, shade, and water bottles to set up for skills training sessions outside of the children and youth's homes.

### **Criminal Justice Services**

1. Outpatient Competency Restoration continues to provide screening for the program in the jail, and was able to connect one individual with outpatient treatment in April. In doing so, this individual was diverted from the state hospital and will participate in competency restoration services while awaiting trial.
2. The Criminal Justice Services program continues to work to connect individuals who are incarcerated with needed mental health treatment. In April, the Jail Liaison worked with over 100 individuals identified as having a mental health need to connect them with appropriate treatment following release from incarceration.
3. Staff have met with both Walker and Liberty County jail administrators to talk about interactions between the jails and our staff. Both meetings went well and we will have another meeting in Liberty on June 17<sup>th</sup>.

### **Substance Use Disorder Services**

1. In April, requests for substance use treatment for both Adult and Youth increased significantly from previous months. Program staff continue to use an open access model for admission, which promotes engagement in services, leading to higher successful treatment outcomes.
2. In an effort to encourage family participation in the treatment process for youth clients, the program has started scheduling an initial family session at intake, to occur within

two weeks of admission. Since implementing this change, the program has noticed an improvement in family participation, which is an essential part of the youth's overall success in attaining and maintaining recovery.

3. Our prevention team has wrapped up the school year on a positive note, meeting the majority of the Prevention Education measures, despite the late start due to the pandemic. Most prevention programs did not get into the schools this year, so our team was complimented by HHSC for their performance.
4. Our team is providing presentations at community sites this summer, as well as preparing for a very early start to prevention activities when school starts again next year. This includes obtaining Memorandums of Understandings with various schools, as well as agreeing on schedules

## **IDD Services**

1. Provider managers are preparing for Day Hab re-opening. They are busy trying to hire staff to work in this setting, making calls to consumers, families, guardians and providers to see if they are interested in returning and educating on protocols. Some are so excited about the potential of Day Hab opening that they have been dropping off copies of their vaccine card and signed documents they had received in the mail. Our goal to re-open is June 1<sup>st</sup> provided everything aligns.
2. In review of HCS provider caseload, 70% of the consumers have obtained the COVID vaccine. We have provided educational materials on COVID-19 risk verses reward of vaccine. In attempt to have more individuals obtain the vaccine, RN is calling those who have not received to discuss the level of safety the vaccine provides in group settings.
3. This fiscal year, IDD Authority has admitted 72 individuals into General Revenue services, nine individuals into Community First Choice services, performed 168 assessments for eligibility, received 12 TxHmL slots with currently one enrollment and received 39 HCS slots with currently 14 enrolled.
4. At this time, IDD Authority is looking for a provider of Crisis Respite Services.

## **Support Services**

### **1. Quality Management (QM):**

- a. Staff prepared and submitted one record request for three charts for Amerigroup insurance dating back to January 2019.
- b. Staff prepared and submitted one record request for 15 charts for the Document Assessment and Review Tool (DART) Audit from Health and Human Services Department dating back to various timeframes, depending on how long the individual was receiving Wraparound/YES Waiver services.
- c. Staff prepared and submitted one record request for one chart for Cigna Health Spring insurance dating back to January 2019.
- d. Staff reviewed 81 notes containing the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier for the month of April to ensure proper use and documentation of this modifier for individuals indicating a need for Substance Use Disorder Intervention and provided additional training to staff as indicated.
- e. The QM Department participated in the UHC-Optum Audit on April 23rd to review results of the 3rd re-audit of our Center for those with UHC-Optum. Tri-County received an overall score of 100%.

- f. The Administrator of Quality Management completed and reviewed the Program Survey of the Child & Youth Department with the Supervisors of Child & Youth and presented it to Management Team.
- g. The Continuous Quality Improvement Committee (CQI) met on May 18<sup>th</sup> to review the results of staff questionnaires conducted throughout the third quarter of FY 21. These questionnaires were aimed at gaining information on staff's competency on our FY 21 CQI Goals before and after a training on the CQI goals. This data will be used to determine if the CQI Goal of Staff Competency was met at the end of FY 21.

## **2. Utilization Management (UM):**

- a. The Junior Utilization Management Committee continues to track and monitor the Center's performance data to ensure that required measures are met, monitor CQI data for change, identify trends in the data that may help guide program services, and continues to utilize the risk stratification tool to assist in identifying the most at-risk individuals served in order to provide targeted Care Coordination as appropriate.
- b. Staff reviewed 10% of all Center discharges to ensure appropriateness and that proper notifications were provided. Follow up with staff and managers is provided as needed to ensure quality improvement where indicated.

## **3. Training:**

- a. The Training Coordinator has added several additional SAMA classes in anticipation of staff returning to work in the office or the field.

## **4. Veteran Services and Veterans Counseling/Crisis:**

- a. The Bob Woodruff Team has served 150 veterans in the past ten months; surpassing their 12-month goal early. They continue to offer therapy and case management services.
- b. The Veteran Services Department was notified of a veteran from Seattle who had dementia, was lost, and couldn't get back home. This gentleman required an overnight stay at the hospital along with conversations with local and Washington State Adult Protective Services; local and Washington State Police Departments; calling everyone in his cell phone; dropping him off at the airport Saturday morning; hiring an escort to fly with him to Seattle; and then finally finding a responsible family member to meet this gentleman at the Seattle Airport on Saturday afternoon, April 24<sup>th</sup> for pick-up. The veteran's son could not believe what had happened to his dad and was so grateful we got him before someone bad did.
- c. The department remains highly active throughout all three counties and are becoming known for their ability to problem solve, never turning anyone away; and most importantly their follow through.

## **5. COVID-19 Team**

- a. The team has had two staff become fully licensed and leaving the agency for new positions with higher pay and no field work. An additional team member has finished her graduate work and will be looking for an intern position either here or at another agency.



- b. The team has surpassed all of their grant goals for the year, but continue to work in the community as the need remains high for crisis counseling services.

#### **6. Community Resource and Development**

- a. The Strategic Development Director has been voted in as the new Secretary on the Mayor's Homeless Task Force Board of Directors; soon to become the Conroe Area Homeless Coalition.
- b. The Strategic Development Director presented "Psychological Safety and Mental Health in the Workplace" to over 650 ExxonMobil employees. This has been a goal of the department since our ExxonMobile "Day of Caring Executive" died by suicide two years ago.

<b>Agenda Item:</b> Medicaid 1115 Transformation Waiver Project Status Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  May 27, 2021
<p>DSRIP 1115 reporting of Categories C &amp; D was submitted in April 2021. We reported on all six (6) of our Category C measures for payment in July. Measure data was based on Calendar Year 2020. Measure results not achieved due to Covid-19 could default to DY8 (CY19) scores if needed to achieve.</p> <p>Category C: All six measures met 100% achievement using Calendar Year (CY20) results. Category C represents 75% of our total valuation. DY9 valuation rates are used to cover the time period of the Category C reporting. Due to Covid-19, the enhanced FMAP rate plus incentive resulted in a reduced IGT of 31.99% for transfer. Our Category C payment after IGT (\$1,667,569.38) will be \$3,545,213.94. Expected payment for achievement is July 31, 2021.</p> <p>Category D: This includes a reporting on the Statewide Reporting Measure Bundles covering Crisis Response; Crisis Follow-up; Community Tenure (Adult and Child/Youth); Reduction in Juvenile Justice Involvement; and Adult Jail Diversion. In addition to using FY20 data provided by HHSC, we reported on current initiatives that are impacting the rates. Using DY10 valuation rates minus IGT (\$284,504.44), the expected July payment should total \$604,849.85.</p>	
<b>Supporting Documentation:</b>  Medicaid 1115 Transformation Waiver Project Status Report	
<b>Recommended Action:</b> For Information Only	

**Tri-County Behavioral Healthcare**  
**Medicaid 1115 Transformation Waiver**

**DY10 10/1/2020 - 09/30/2021**

**Status Update: May 2021 - DY9 PY3**








**DY9 Balance Source: Internal Reporting / HHSC Reports**

**\$5,212,783.29**

 On Target to Meet DY8 Outcomes

 In Process

 Not Started / Not Achieved




Category A				Progress Towards Goals	Status	DY 10 Valuation
Core Activities	Integrated Physical & Behavioral Health Care Services	Prevention & Wellness	Intensive Evaluation & Diversion	Updates evaluating core activities, secondary drivers, & change ideas in the online system. No additional core activities will be added.		\$0 Required October 2021 report to be submitted for payment of B-D
Alternative Payment Models				No APMs/VBP arrangements with a Medicaid payer were made in DY10		
Costs & Savings	HHSC to choose C & S tool			Status update on progress of completing the Cost & Savings		
Collaborative Activities	Attended 2 Learning Collaboratives			Report on at least 1 Learning Collaborative meetings attended.		
Category B				Progress Towards Goals	Status	DY 10 Valuation
Performing Provider Population DY10		MLIU		October 2021 Reporting		\$592,902.86
10/1/ 2020 - 9/30/2021					Less IGT	\$189,669.62
				Payment to be made 1/31/2022	Jan-22	\$403,233.24
# of unique persons who received a face-to-face or virtual service within our defined system		% unique persons in the system whose insurance coverage was Medicaid, Low Income(< 200% FPL), and uninsured		Data entered in online reporting system - October 2021 reporting only		To be reported in October 2021
Category D				Progress Towards Goals	Status	DY 10 Payment
Effective Crisis Response	% of individuals receiving crisis services who avoid inpatient admission after a crisis.  % of individuals receiving crisis services who receive f/up services w/in a period of time.  % of individuals who successfully avoid psychiatric inpatient care.  % of youth who demonstrate improved indicators of juvenile justice involvement.  % adults who demonstrate improvement on indicators of criminal justice involvement.					DY10 July Payment
Crisis Follow-up						
Community Tenure					Valuation	\$889,354.29
Reduction in Juvenile Justice Involvement					Less IGT	\$284,504.44
Adult Jail Diversion					Achieved	\$604,849.85







Tri-County Behavioral Healthcare  
Medicaid 1115 Transformation Waiver  
DY10 - 10/1/2020 - 09/30/2021

Status Update: May 2021 - DY9 PY3 April 2021 Reporting

Measures based on Calendar Year 2020

Source: Internal Reporting / HHSC Reports

-  On Target to Meet DY8 Outcomes
-  In Process
-  Not Started / Not Achieved

Category C			DY9/PY3 Goal	Rate & Goal as of 12/31/20 (Estimate)	Status	DY 9 PY3 Valuation Amount / April 2021 Submission
M1-103	Controlling High Blood Pressure		56.67%	63.16%		\$868,797.22
M1-105	Tobacco Cessation Assessment/Intervention		54.28%	99.66%		\$868,797.22
M1-115	Diabetes Care: HbA1c >9% (Neg Directionality)		44.65%	24.83%		\$868,797.22
M1-147	BMI/Intervention		81.43%	99.93%		\$868,797.22
M1-207	Diabetes Care: HBP <140/90		66.34%	73.83%		\$868,797.22
M1-261	Substance Use Assessment		95.93%	97.04%		\$868,797.22
Total Cat C						\$5,212,783.32
Less IGT @ 31.99%						\$1,667,569.38
Achieved Cat C Payment						\$3,545,213.94
Cat C & D Total 7/2021 Payment:						\$4,150,063.79

<b>Agenda Item:</b> Personnel Report for April 2021  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Report for April 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Personnel Report April 2021

Total Applications received in April = 126

Total New Hires for April = 10

Total New Hires Year to Date = 72

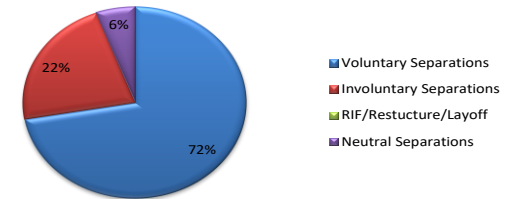
Total Budgeted FTE Positions = 436.75

Vacant FTE Positions = 76.72

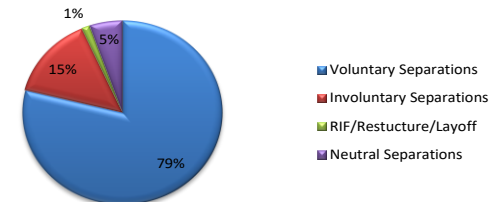
April Turnover - FY21 compared to FY20	FY21	FY20
Number of Active Employees	366	377
Number of Monthly Separations	18	3
Number of Separations YTD	76	61
Year to Date Turnover Rate	21%	16%
April Turnover Rate	5%	1%

Separations by Reason	April Separations	FY21 YTD
Better Pay	0	6
Commute	0	1
Death	0	1
Dissatisfaction with Supervisor/Job	0	0
Family	2	3
Another job	5	20
Lack of Opportunity for Advancement	1	2
Relocating	2	9
Retirement	0	2
Return to School	1	2
Schedule	0	1
Uncomfortable with Job Duties	0	4
Health	2	9
RIF/Restructure/Layoff	0	1
Neutral Termination	1	4
Involuntarily Terminated	4	11
<b>Total Separations</b>	<b>18</b>	<b>76</b>

**April Voluntary, Involuntary, RIF/  
Restructure/Layoff and Neutral Separations**



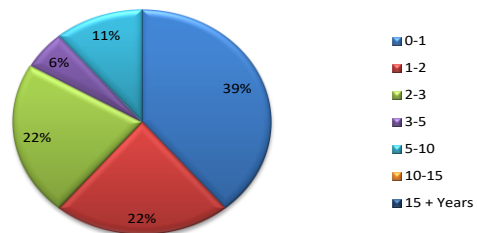
**Year to Date Voluntary, Involuntary,  
RIF/Restructure/Layoff and Neutral  
Separations**



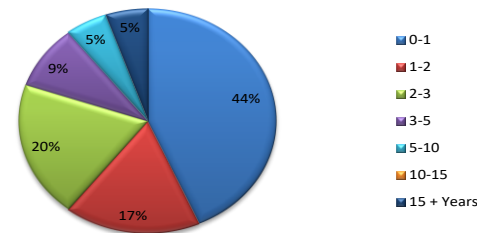
Management Team	# of Employees	Monthly Separations	Year to Date Separations	% April	% Year to Date
Evan Roberson	23	0	1	0%	4%
Millie McDuffey	28	5	11	18%	39%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	1	0%	10%
Sara Bradfield	97	3	10	3%	10%
Melissa Zemencsik	79	5	17	6%	22%
Catherine Prestigiovanni	19	0	3	0%	16%
PETC	42	2	17	5%	40%
Kelly Shropshire	37	2	11	5%	30%
Kathy Foster	18	1	4	6%	22%
Kenneth Barfield	8	0	0	0%	0%
<b>Total</b>	<b>366</b>	<b>18</b>	<b>76</b>		

Separation by EEO Category	# of Employees	Monthly Separations	Year to Date Separations	% April	% Year to Date
Supervisors & Managers	28	1	2	4%	7%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	1	6	2%	14%
Professionals (QMHP)	121	7	28	6%	23%
Professionals (QIDP)	30	2	11	7%	37%
Licensed Staff (LCDC, LPC...)	28	0	2	0%	7%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	18	0	1	0%	6%
Program Support(Financial Counselors, QA, Training, Med. Records)	52	5	12	10%	23%
Nurse Technicians/Aides	13	1	8	8%	62%
Service/Maintenance	7	0	1	0%	14%
Direct Care (HCS, Respite, Life Skills)	13	1	4	8%	31%
<b>Total</b>	<b>366</b>	<b>18</b>	<b>76</b>		

**April Separations by Tenure**



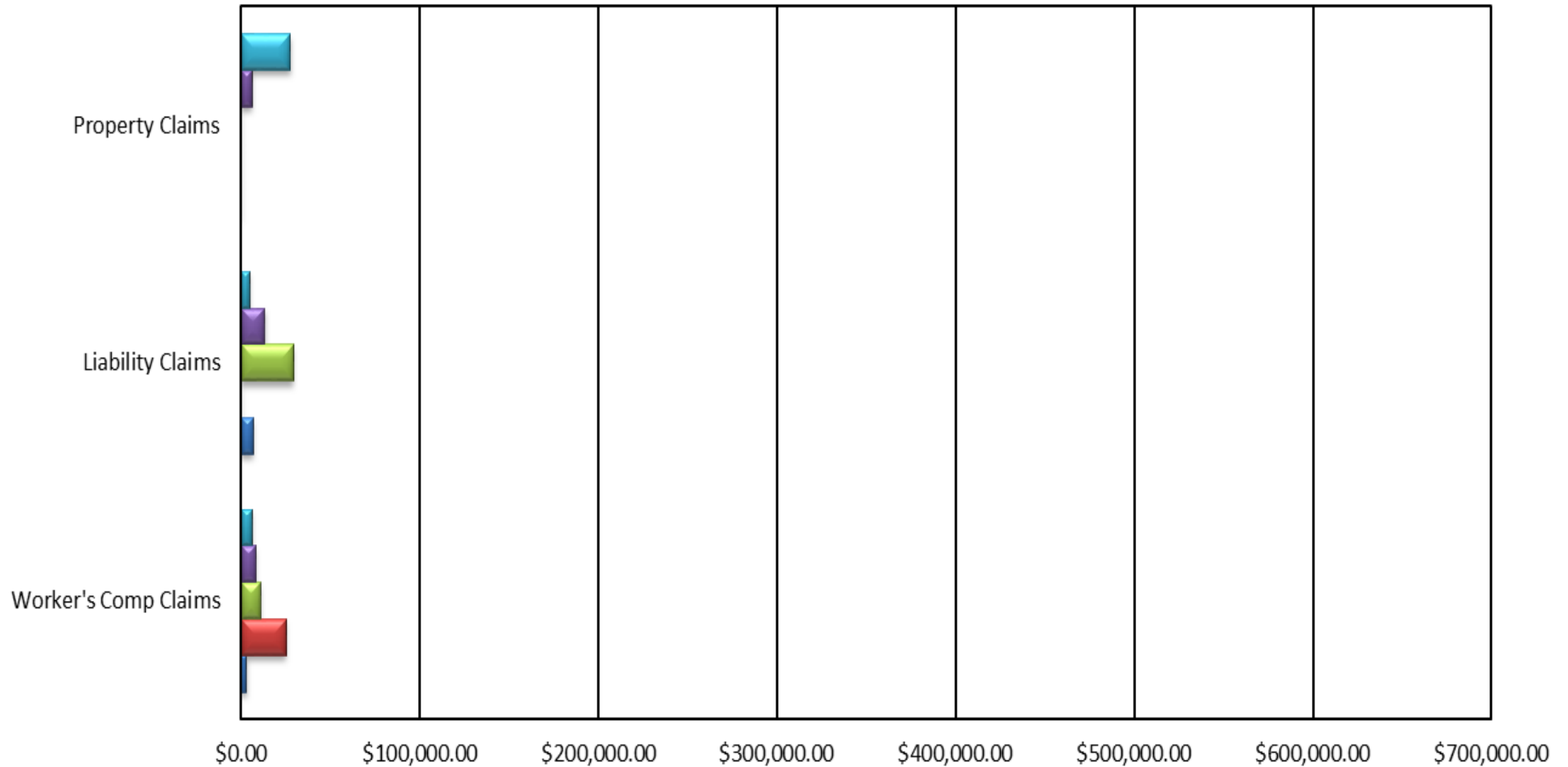
**Year to Date by Tenure**





<b>Agenda Item:</b> Texas Council Risk Management Fund Claims Summary for April 2021  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Texas Council Risk Management Fund Claims Summary for April 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## TCRMF Claims Summary April 2021



	Worker's Comp Claims	Liability Claims	Property Claims
2017	\$6,011.00	\$4,893.00	\$27,455.00
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$25,058.00	\$0.00	\$0.00
2021	\$3,039.00	\$6,850.00	\$0.00

<b>Agenda Item:</b> Texas Council Quarterly Board Meeting Update  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  May 27, 2021
<b>Background Information:</b>  The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
<b>Supporting Documentation:</b>  Texas Council Staff Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Approve April 2021 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  April 2021 Financial Statements	
<b>Recommended Action:</b>  <b>Approve April 2021 Financial Statements</b>	

## April 2021 Financial Summary

Revenues for April 2021 were \$3,086,123, and operating expenses were \$2,978,375, resulting in a gain in operation of \$107,747. Capital Expenditures and Extraordinary Expenses for April were \$71,815, resulting in a gain of \$35,932. Total revenues were 99.23% of the monthly budgeted revenues, and total expenses were 98.64% of the monthly budgeted expenses (difference of .59%).

Year to date revenues are \$23,023,343, and operating expenses are \$21,639,297, leaving excess operating revenues of \$1,384,046. YTD Capital Expenditures and Extraordinary Expenses are 1,079,013, resulting in a gain YTD of \$305,033. Total revenues are 99.84% of the YTD budgeted revenues, and total expenses are 99.66% of the YTD budgeted expenses (difference of .18%).

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Medicaid – Regular	301,580	333,727	90.34%	32,147
HHSC – SA Treatment Adult	35,024	49,667	70.52%	14,643
DSHS - Outpatient Competency Restoration	84,148	100,548	83.69%	16,400

**Medicaid - Regular** – This line item continues to be trending way below normal. We adjusted it during the budget revision, but revenues are still below expectations. This line has had the most ups and downs since COVID began, and I expect this trend will continue until things settle down.

**HHSA – SA Treatment Adult** – This is another program that has been affected greatly by COVID-19. This is a program that benefits from face to face meetings, which have been very difficult during this fiscal year.

**DSHS - Outpatient Competency Restoration** – This is a cost reimbursement program that, besides being affected by COVID-19, has had to deal with a vacant position for the duration of this fiscal year. The vacancy resulted in expense, and therefore, revenue was lower than expected.

**EXPENSES**

YTD Expense items that exceed the YTD budget by more than \$10,000:

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
No items to report				

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended April 30, 2021**

	<b>TOTALS COMBINED FUNDS April 2021</b>	<b>TOTALS COMBINED FUNDS March 2021</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,700	3,800	(100)
Cash on Deposit-General Fund	8,379,178	10,771,018	(2,391,841)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,584,274	2,360,663	223,610
Inventory	3,028	3,028	-
<b>TOTAL CURRENT ASSETS</b>	<b>10,970,179</b>	<b>13,138,510</b>	<b>(2,168,330)</b>
<b>FIXED ASSETS</b>	<b>18,775,157</b>	<b>18,775,157</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>168,666</b>	<b>145,035</b>	<b>23,631</b>
<b>TOTAL ASSETS</b>	<b>\$ 29,914,003</b>	<b>\$ 32,058,703</b>	<b>\$ (2,144,699)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,092,288</b>	<b>1,244,993</b>	<b>(152,705)</b>
<b>NOTES PAYABLE</b>	<b>719,395</b>	<b>719,395</b>	<b>-</b>
<b>DEFERRED REVENUE</b>	<b>197,169</b>	<b>2,231,264</b>	<b>(2,034,094)</b>
<b>LONG-TERM LIABILITIES FOR</b>			
Line of Credit - Tradition Bank	-	-	-
Note Payable Prosperity Bank	-	-	-
First Financial loan tied to CD	-	-	-
First Financial Construction Loan	10,874,201	10,914,740	(40,539)
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	305,033	269,101	35,932
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(10,874,201)	(10,914,740)	40,539
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets-Property and Equipment	18,775,157	18,775,157	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,004,912	2,004,912	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	49,334	43,167	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(719,395)	(719,395)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	4,499,311	# 4,499,311	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 29,914,003</b>	<b>\$ 32,058,702</b>	<b>\$ (2,144,699)</b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended April 30, 2021**

	<b>General Operating Funds</b>	<b>Memorandum Only Final August 2020</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	3,700	3,900
Cash on Deposit-General Fund	8,379,178	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,584,274	2,166,985
Inventory	3,028	3,732
<b>TOTAL CURRENT ASSETS</b>	<b>10,970,179</b>	<b>11,788,361</b>
<b>FIXED ASSETS</b>	<b>18,775,157</b>	<b>18,775,157</b>
<b>OTHER ASSETS</b>	<b>168,666</b>	<b>169,253</b>
	<b>\$ 29,914,003</b>	<b>\$ 30,732,771</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,092,288</b>	<b>1,542,782</b>
<b>NOTES PAYABLE</b>	<b>719,395</b>	<b>719,395</b>
<b>DEFERRED REVENUE</b>	<b>197,169</b>	<b>424,724</b>
<b>LONG-TERM LIABILITIES FOR</b>		
Line of Credit - Tradition Bank	-	-
Note Payable Prosperity Bank	-	-
First Financial loan tied to CD	-	-
First Financial Construction Loan	10,874,201	11,200,154
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	305,033	849,344
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(10,874,201)	(11,200,154)
Reserved for Debt Retirement	-	-
<b>COMMITTED</b>		
Net Assets-Property and Equipment-Committed	18,775,157	18,775,157
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,004,912	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
<b>ASSIGNED</b>		
Reserved for Workers' Compensation-Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve -Assigned	49,334	-
Reserved for Insurance Deductibles-Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(719,395)	(719,395)
<b>UNASSIGNED</b>		
Unrestricted and Undesignated	4,499,311	3,649,967
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 29,914,003</b>	<b>\$ 30,732,771</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended April 2021**  
**and Year To Date as of April 2021**

<b>INCOME:</b>	<b>MONTH OF April 2021</b>	<b>YTD April 2021</b>
Local Revenue Sources	78,795	1,581,137
Earned Income	1,155,636	8,713,867
General Revenue-Contract	1,851,692	12,728,339
<b>TOTAL INCOME</b>	<b>\$ 3,086,123</b>	<b>\$ 23,023,343</b>
<b>EXPENSES:</b>		
Salaries	1,892,873	13,232,521
Employee Benefits	376,645	2,797,341
Medication Expense	58,719	492,698
Travel-Board/Staff	21,044	94,998
Building Rent/Maintenance	16,033	150,799
Consultants/Contracts	420,177	3,263,889
Other Operating Expenses	192,884	1,607,052
<b>TOTAL EXPENSES</b>	<b>\$ 2,978,375</b>	<b>\$ 21,639,297</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 107,747</b>	<b>\$ 1,384,046</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	2,147	521,661
Capital Outlay-Debt Service	69,667	557,352
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 71,815</b>	<b>\$ 1,079,013</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,050,190</b>	<b>\$ 22,718,310</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 35,932</b>	<b>\$ 305,033</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	69,667	557,352
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>557,352</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of April 2021**

	YTD April 2021	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,581,137	1,521,442	59,695
Earned Income	8,713,867	8,744,980	(31,113)
General Revenue-Contract	12,728,339	12,793,223	(64,883)
<b>TOTAL INCOME</b>	<b>\$ 23,023,343</b>	<b>\$ 23,059,645</b>	<b>\$ (36,301)</b>
<b>EXPENSES:</b>			
Salaries	13,232,521	13,242,124	(9,604)
Employee Benefits	2,797,341	2,802,098	(4,757)
Medication Expense	492,698	500,833	(8,135)
Travel-Board/Staff	94,998	96,690	(1,692)
Building Rent/Maintenance	150,799	142,138	8,660
Consultants/Contracts	3,263,889	3,290,958	(27,069)
Other Operating Expenses	1,607,052	1,627,168	(20,117)
<b>TOTAL EXPENSES</b>	<b>\$ 21,639,297</b>	<b>\$ 21,702,010</b>	<b>\$ (62,713)</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>\$ 1,384,046</b>	 <b>\$ 1,357,634</b>	 <b>\$ 26,412</b>
 <b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	521,661	537,297	(15,635)
Capital Outlay-Debt Service	557,352	557,360	(8)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,079,013</b>	<b>\$ 1,094,657</b>	<b>\$ (15,643)</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>\$ 22,718,310</b>	 <b>\$ 22,796,667</b>	 <b>\$ (78,357)</b>
  <b>Excess (Deficiency) of Revenues and Expenses</b>	  <b>\$ 305,033</b>	  <b>\$ 262,978</b>	  <b>\$ 42,055</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	557,352	557,360	(8)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>557,352</b>	<b>557,360</b>	<b>(8)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended April 2021**

<b>INCOME:</b>	<b>MONTH OF April 2021</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	78,795	75,414	3,380
Earned Income	1,155,636	1,160,795	(5,159)
General Revenue-Contract	1,851,692	1,873,972	(22,280)
<b>TOTAL INCOME</b>	<b>\$ 3,086,123</b>	<b>\$ 3,110,181</b>	<b>\$ (24,058)</b>
<b>EXPENSES:</b>			
Salaries	1,892,873	1,906,300	(13,427)
Employee Benefits	376,645	364,217	12,427
Medication Expense	58,719	62,167	(3,447)
Travel-Board/Staff	21,044	15,207	5,837
Building Rent/Maintenance	16,033	17,193	(1,160)
Consultants/Contracts	420,177	426,359	(6,182)
Other Operating Expenses	192,884	214,398	(21,514)
<b>TOTAL EXPENSES</b>	<b>\$ 2,978,375</b>	<b>\$ 3,005,841</b>	<b>\$ (27,466)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 107,747</b>	<b>\$ 104,339</b>	<b>\$ 3,408</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	2,147	16,667	(14,519)
Capital Outlay-Debt Service	69,667	69,670	(3)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 71,815</b>	<b>\$ 86,337</b>	<b>\$ (14,522)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,050,190</b>	<b>\$ 3,092,178</b>	<b>\$ (41,988)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 35,932</b>	<b>\$ 18,003</b>	<b>\$ 17,930</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	69,667	69,670	(3)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>69,670</b>	<b>(3)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD April 2020 Comparative Data**  
**Year to Date as of April 2021**

<b>INCOME:</b>	<b>YTD April 2021</b>	<b>YTD April 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,581,137	1,095,282	485,855
Earned Income	8,713,867	8,677,418	36,449
General Revenue-Contract	12,728,339	11,475,681	1,252,658
<b>TOTAL INCOME</b>	<b>\$ 23,023,343</b>	<b>\$ 21,248,381</b>	<b>\$ 1,774,962</b>
<b>EXPENSES:</b>			
Salaries	13,232,521	12,195,959	1,036,562
Employee Benefits	2,797,341	2,479,720	317,621
Medication Expense	492,698	503,630	(10,932)
Travel-Board/Staff	94,998	245,214	(150,216)
Building Rent/Maintenance	150,799	212,940	(62,141)
Consultants/Contracts	3,263,889	2,920,701	343,188
Other Operating Expenses	1,607,052	1,662,749	(55,697)
<b>TOTAL EXPENSES</b>	<b>\$ 21,639,297</b>	<b>\$ 20,220,911</b>	<b>\$ 1,418,384</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,384,046</b>	<b>\$ 1,027,470</b>	<b>\$ 356,578</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	521,661	237,277	284,384
Capital Outlay-Debt Service	557,352	746,099	(188,747)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,079,013</b>	<b>\$ 983,376</b>	<b>\$ 95,637</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 22,718,310</b>	<b>\$ 21,204,287</b>	<b>\$ 1,514,023</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 305,033</b>	<b>\$ 44,091</b>	<b>\$ 260,941</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	557,352	746,099	(188,747)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>557,352</b>	<b>746,099</b>	<b>(188,747)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With April 2020 Comparative Data**  
**For the Month Ended April 2021**

<b>INCOME:</b>	<b>MONTH OF April 2021</b>	<b>MONTH OF April 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	78,795	96,850	(18,055)
Earned Income	1,155,636	1,033,425	122,211
General Revenue-Contract	1,851,692	1,517,817	333,875
<b>TOTAL INCOME</b>	<b>\$ 3,086,123</b>	<b>\$ 2,648,092</b>	<b>\$ 438,031</b>
Salaries	1,892,873	1,491,293	401,580
Employee Benefits	376,645	299,448	77,197
Medication Expense	58,719	56,519	2,200
Travel-Board/Staff	21,044	3,198	17,846
Building Rent/Maintenance	16,033	25,937	(9,904)
Consultants/Contracts	420,177	346,047	74,130
Other Operating Expenses	192,884	212,299	(19,415)
<b>TOTAL EXPENSES</b>	<b>\$ 2,978,375</b>	<b>\$ 2,434,739</b>	<b>\$ 543,634</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 107,747</b>	<b>\$ 213,353</b>	<b>\$ (105,604)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	2,147	1,500	647
Capital Outlay-Debt Service	69,667	93,117	(23,450)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 71,815</b>	<b>\$ 94,617</b>	<b>\$ (22,802)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,050,190</b>	<b>\$ 2,529,356</b>	<b>\$ 520,834</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 35,932</b>	<b>\$ 118,733</b>	<b>\$ (82,802)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	69,667	93,117	(23,450)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>93,117</b>	<b>(23,450)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With March 2021 Comparative Data**  
**For the Month Ended April 2021**

<b>INCOME:</b>	<b>MONTH OF April 2021</b>	<b>MONTH OF March 2021</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	78,795	90,726	(11,931)
Earned Income	1,155,636	1,103,078	52,558
General Revenue-Contract	1,851,692	1,417,413	434,279
<b>TOTAL INCOME</b>	<b>\$ 3,086,123</b>	<b>\$ 2,611,217</b>	<b>\$ 474,906</b>
<b>EXPENSES:</b>			
Salaries	1,892,873	1,496,893	395,979
Employee Benefits	376,645	339,402	37,243
Medication Expense	58,719	59,789	(1,070)
Travel-Board/Staff	21,044	12,989	8,055
Building Rent/Maintenance	16,033	18,212	(2,178)
Consultants/Contracts	420,177	405,424	14,753
Other Operating Expenses	192,884	205,090	(12,206)
<b>TOTAL EXPENSES</b>	<b>\$ 2,978,375</b>	<b>\$ 2,537,800</b>	<b>\$ 440,575</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 107,747</b>	<b>\$ 73,417</b>	<b>\$ 34,330</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	2,147	1,506	641
Capital Outlay-Debt Service	69,667	69,667	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 71,815</b>	<b>\$ 71,173</b>	<b>\$ 641</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,050,190</b>	<b>\$ 2,608,973</b>	<b>\$ 441,217</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 35,932</b>	<b>\$ 2,244</b>	<b>\$ 33,689</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	69,667	69,667	-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>69,667</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of April 2021**

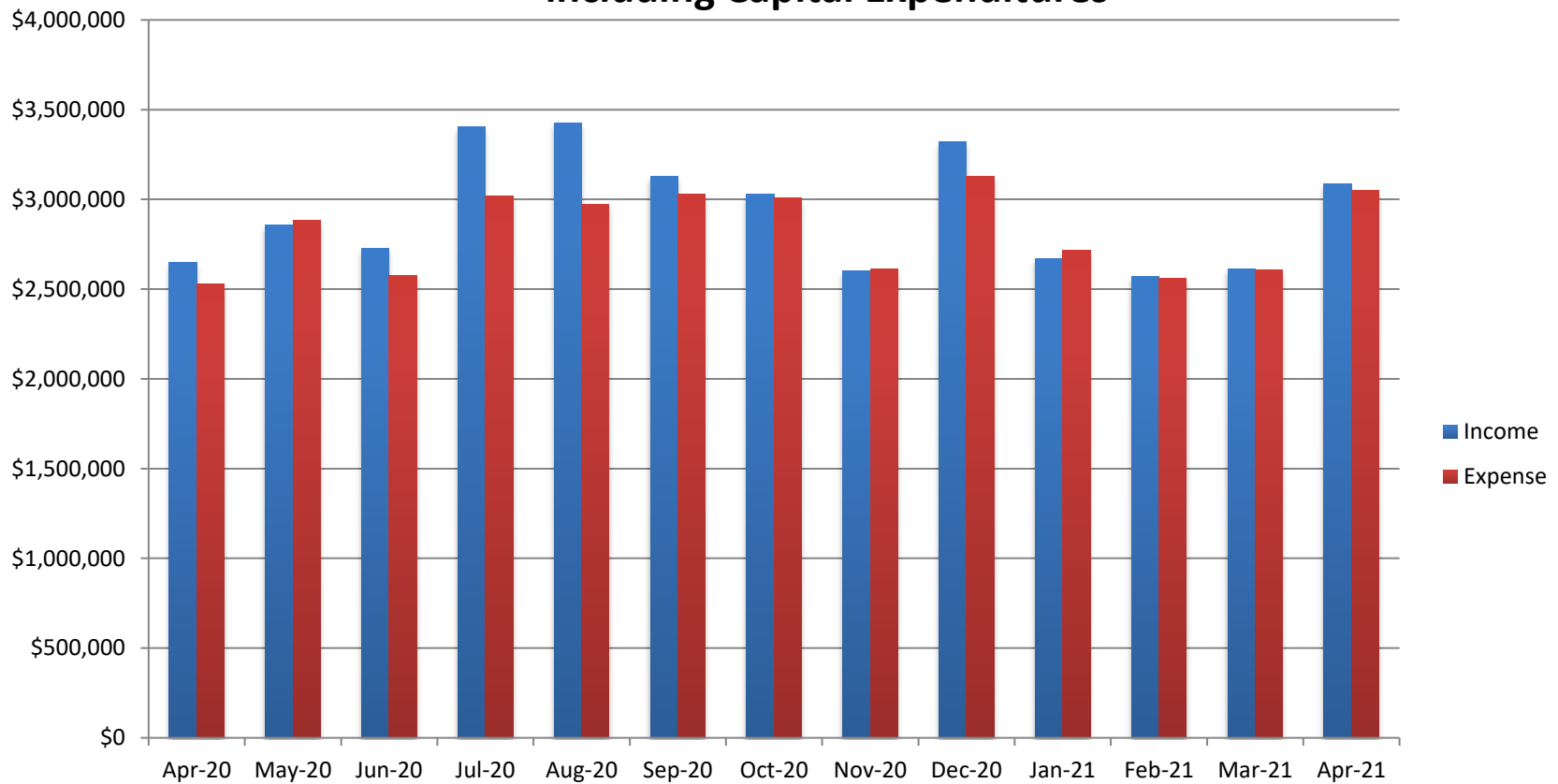
	YTD Mental Health April 2021	YTD IDD April 2021	YTD Other Services April 2021	YTD Agency Total April 2021	YTD Approved Budget April 2021	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,616,160	(342,856)	307,834	1,581,137	1,521,442	59,695
Earned Income	3,110,884	2,796,598	2,806,386	8,713,867	8,744,980	(31,113)
General Revenue-Contract	10,781,237	1,039,148	907,954	12,728,339	12,793,223	(64,884)
<b>TOTAL INCOME</b>	<b>\$ 15,508,281</b>	<b>\$ 3,492,890</b>	<b>\$ 4,022,174</b>	<b>\$ 23,023,343</b>	<b>\$ 23,059,645</b>	<b>\$ (36,302)</b>
<b>EXPENSES:</b>						
Salaries	8,720,937	1,849,126	2,662,457	13,232,521	13,242,124	(9,603)
Employee Benefits	1,825,859	398,591	572,890	2,797,341	2,802,098	(4,757)
Medication Expense	397,815		94,883	492,698	500,833	(8,135)
Travel-Board/Staff	78,317	940	15,741	94,998	96,690	(1,692)
Building Rent/Maintenance	122,248	6,951	21,599	150,799	142,138	8,661
Consultants/Contracts	2,375,245	673,235	215,409	3,263,889	3,290,958	(27,069)
Other Operating Expenses	1,037,290	313,375	256,389	1,607,052	1,627,168	(20,116)
<b>TOTAL EXPENSES</b>	<b>\$ 14,557,711</b>	<b>\$ 3,242,218</b>	<b>\$ 3,839,368</b>	<b>\$ 21,639,299</b>	<b>\$ 21,702,010</b>	<b>\$ (62,712)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 950,570</b>	<b>\$ 250,672</b>	<b>\$ 182,806</b>	<b>\$ 1,384,044</b>	<b>\$ 1,357,634</b>	<b>\$ 26,411</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	343,635	80,979	97,047	521,661	537,297	(15,635)
Capital Outlay-Debt Service	373,426	83,603	100,323	557,352	557,360	(8)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 717,061</b>	<b>\$ 164,582</b>	<b>\$ 197,370</b>	<b>\$ 1,079,013</b>	<b>\$ 1,094,657</b>	<b>\$ (15,643)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 15,274,772</b>	<b>\$ 3,406,800</b>	<b>\$ 4,036,738</b>	<b>\$ 22,718,312</b>	<b>\$ 22,796,667</b>	<b>\$ (78,356)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 233,509</b>	<b>\$ 86,090</b>	<b>\$ (14,564)</b>	<b>\$ 305,033</b>	<b>\$ 262,978</b>	<b>\$ 42,054</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	373,426	83,603	100,323	557,352	557,360	(183,934)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>373,426</b>	<b>83,603</b>	<b>100,323</b>	<b>557,352</b>	<b>557,360</b>	<b>(183,934)</b>



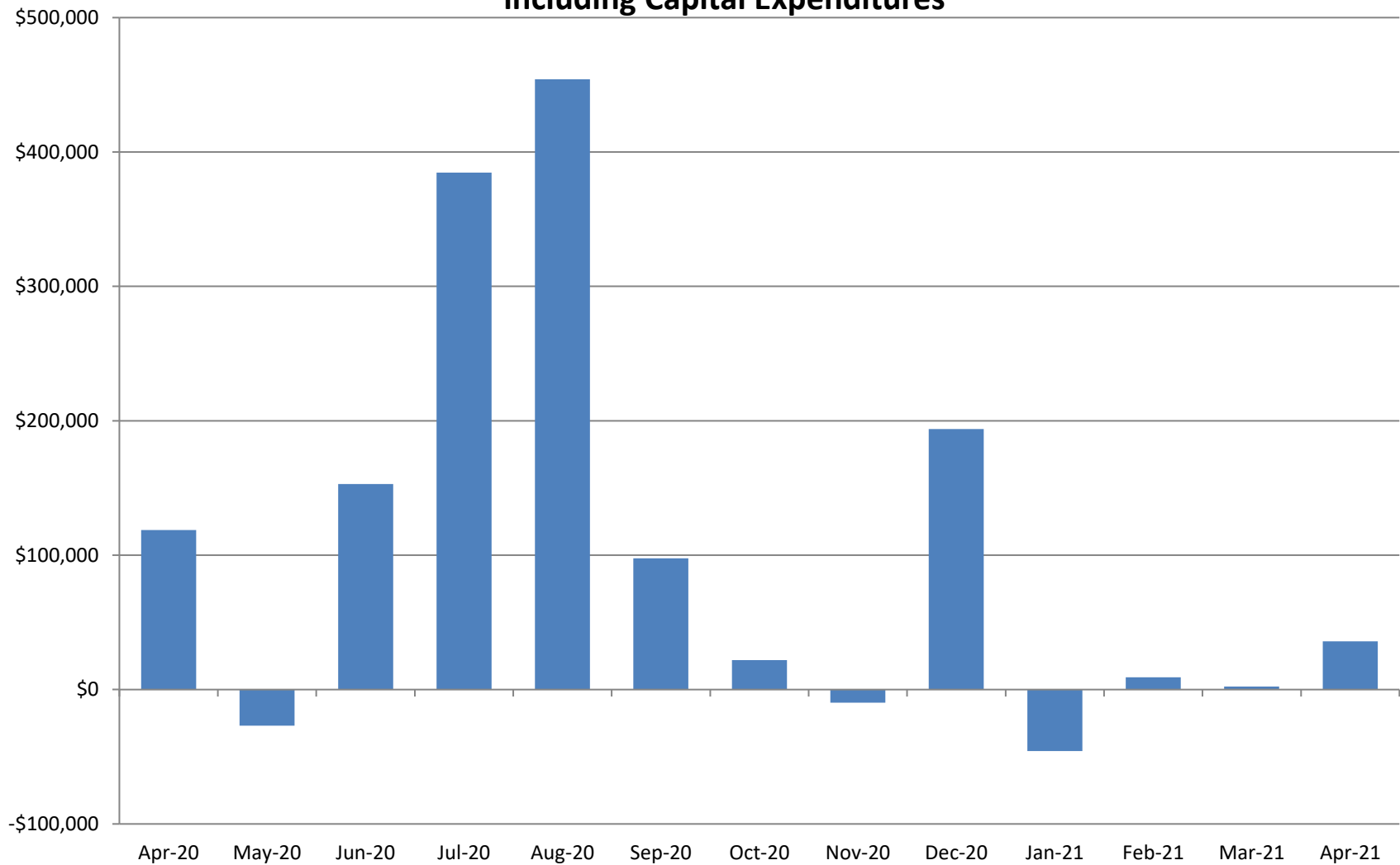
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### including Capital Expenditures



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



<b>Agenda Item:</b> Approve FY 2021 Auditor Engagement Letter  <b>Committee:</b> Business	<b>Board Meeting Date</b>  May 27, 2021
<b>Background Information:</b>  At the April 22nd Board meeting, the Board authorized staff to solicit the Annual Financial Audit Engagement Letter from Eide Bailly, LLP for the FY 2021 Independent Financial Audit.	
<b>Supporting Documentation:</b>  Copy of Engagement Letter from Eide Bailly, LLP	
<b>Recommended Action:</b>  <b>Approve the Engagement Letter from Eide Bailly, LLP for the FY 2021 Independent Financial Audit</b>	



April 27, 2021

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

You have requested that we audit the financial statements of the governmental activities, the aggregate discretely presented component units, the major fund, and the aggregate remaining fund information of **Tri-County Behavioral HealthCare (TCBH)** as of August 31, 2021, and for the year then ended, and the related notes to the financial statements, which collectively comprise **TCBH's** basic financial statements. In addition, we will audit the entity's compliance over major federal and state award programs for the period ended August 31, 2021. We understand that the financial statements of the aggregate discretely presented component units will be audited by other auditors. These component units include Independence Communities, Inc., Montgomery Supported Housing, Inc., and Cleveland Supported Housing, Inc. We will rely on the other auditors' reports on the financial statements of these component units in expressing an opinion on the financial statements of the aggregate discretely presented component units of **TCBH**. We also plan to make reference to the other auditors' audits of these component units in our report. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audits will be conducted with the objectives of our expressing an opinion on each opinion unit and an opinion on compliance regarding the entity's major federal and state award programs.

Accounting principles generally accepted in the United States of America require that certain information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by identify designated accounting standard setter, such as the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

- Management's Discussion and Analysis
- Budgetary Comparison Information

## **Schedule of Expenditures of Federal and State awards**

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

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

- Supplementary Schedules

## **Data Collection Form**

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

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

## **Audit of the Financial Statements**

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



An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. If appropriate, our procedures will therefore include tests of documentary evidence that support the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we will request written representations from your attorneys, and they may bill you for responding. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

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

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

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

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

#### **Audit of Major Program Compliance**

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

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

Also, as required by the Uniform Guidance and TSAC, we will perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the entity's major federal and state award programs. However, our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report.

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

### **Management Responsibilities**

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

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



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

With respect to any nonattest services we perform, we agree to perform the following:

- Prepare the Form 990 for **TCBH**.
- Assist with preparing financial statements, schedule of expenditures of federal and state awards, and related notes of the Organization in conformity with U.S. generally accepted accounting principles and Uniform Guidance and the State of Texas Single Audit Circular based on information provided by you.
- Completion of the auditee's portion of the Data Collection Form.
- Propose and prepare year end adjusting entries related to accruing MAC accounts receivable and deferred inflows of resources, reclassing accounts payable and accrued expenses out of cash, and to reclass accounts receivable out of unearned/deferred revenue.
- Preparing GASB 34 adjusting journal entries.



TCBH's management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) establishing and maintaining internal controls, including monitoring ongoing activities.

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

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

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

TCBH will be responsible for ensuring that the audit report is received by the Texas Health and Human Services Commission by February 1, 2022. TCBH is further responsible for ensuring that other appropriate governmental agencies receive copies of the audit report according to instructions in the current *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers*.

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

### **Fees and Timing**

L. Diane Terrell is the engagement partner for the audit services specified in this letter. Responsibilities include supervising services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report. We expect to begin our interim audit procedures in approximately August 2021 and our final audit procedures in approximately October 2021.

Our fees are based on the amount of time required at various levels of responsibility, plus actual out-of-pocket expenses. Invoices are payable upon presentation. We estimate that our fee for the audit will be \$38,575 and our fee for the Form 990 will be \$2,520. We will notify you immediately of any circumstances we encounter that could significantly affect this initial fee estimate. Whenever possible, we will attempt to use TCBH's personnel to assist in the preparation of schedules and analyses of accounts. This effort could substantially reduce our time requirements and facilitate the timely conclusion of the audit.

Whenever possible, we will attempt to use TCBH's personnel to assist in the preparation of schedules and analyses of accounts. This effort could substantially reduce our time requirements and facilitate the timely conclusion of the audit.

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

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

#### **Other Matters**

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

We may use third party service providers and/or affiliated entities (including Eide Bailly Shared Services Private Limited) (collectively, "service providers") in order to facilitate delivering our services to you. Our use of service providers may require access to client information by the service provider. We will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the confidentiality of client information accessed by such service provider and any work performed by such service provider.

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

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

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



Regarding the electronic dissemination of audited financial statements, including financial statements published electronically on your Internet website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic site with the original document.

Professional standards prohibit us from being the sole host and/or the sole storage for your financial and non-financial data. As such, it is your responsibility to maintain your original data and records and we cannot be responsible to maintain such original information. By signing this engagement letter, you affirm that you have all the data and records required to make your books and records complete.

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

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

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

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

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

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

## **DISPUTE RESOLUTION**

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

### ***Mediation***

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

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

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

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

## **INDEMNITY**

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

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

**ASSIGNMENTS PROHIBITED**

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

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

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

Respectfully,



L. Diane Terrell  
Partner

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**RESPONSE:**

This letter correctly sets forth our understanding.

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

Name: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

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

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



## Report on the Firm's System of Quality Control

January 20, 2021

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

We have reviewed the system of quality control for the accounting and auditing practice of Eide Bailly LLP (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2020. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

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

### Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

### Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

### Required Selections and Considerations

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

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

### Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Eide Bailly LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended July 31, 2020, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Eide Bailly LLP has received a peer review rating of *pass*.



Cherry Bekaert LLP

<b>Agenda Item:</b> Board of Trustees Unit Financial Statements as of April 2021  <b>Committee:</b> Business	<b>Board Meeting Date</b>  May 27, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  April 2021 Board of Trustees Unit Financial Statements	
<b>Recommended Action:</b>  <b>For Information Only</b>	

**Unit Financial Statement  
April 2021**

	<b>April 2021 Actuals</b>	<b>April 2021 Budgeted</b>	<b>Variance</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>Percent</b>	<b>Budget</b>
Revenues								
Allocated Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 12,566.62	\$ 12,566.62	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 12,566.62	\$ 12,566.62	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 6.69	\$ 8.33	\$ (1.64)	\$ 43.87	\$ 66.64	\$ (22.77)	65.83%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 10,500.00	\$ 12,000.00	\$ (1,500.00)	87.50%	\$ 18,000.00
Supplies-Office	\$ -	\$ 14.62	\$ (14.62)	\$ 12.00	\$ 116.49	\$ (104.49)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ 58.33	\$ (58.33)	\$ -	\$ 116.66	\$ (116.66)	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ 133.33	\$ (133.33)	\$ -	\$ 266.66	\$ (266.66)	0.00%	\$ 800.00
Total Expenses	\$ 1,506.69	\$ 1,714.61	\$ (207.92)	\$ 10,555.87	\$ 12,566.45	\$ (2,010.58)	84.00%	\$ 19,425.00
Total Revenue minus Expenses	\$ 207.89	\$ (0.03)	\$ 207.92	\$ 2,010.75	\$ 0.17	\$ 2,010.58	16.00%	\$ -



# UPCOMING MEETINGS

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## **June 2021 – No Board Meeting**

### **July 29, 2021 – Board Meeting**

- Approve Minutes from May 27, 2021 Board Meeting
- Community Resources Report
- Consumer Services Report for May and June 2021
- Program Updates
- FY 2021 Year to Date Goals & Objectives Progress Report
- 3<sup>rd</sup> Quarter FY 2021 Corporate Compliance & Quality Management Report
- 4<sup>th</sup> Quarter FY 2021 Corporate Compliance Training
- Medicaid 1115 Transformation Waiver Project Status Report
- Appoint Nominating Committee for FY 2022 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2021
- Texas Council Risk Management Fund Claims Summary for May and June 2021
- Approve Financial Statements for May and June 2021
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker's Compensation Coverage
- Review Tri-County's FY 2019 990 Tax Return Prepared by Eide Bailly LLP
- 3<sup>rd</sup> Quarter FY 2021 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2021
- Tri-County Consumer Foundation Board Update
- HUD 811 – Cleveland, Montgomery & Huntsville Updates

### **August 26, 2021 – Board Meeting**

- Approve Minutes from July 29, 2021 Board Meeting
- Approve Goals and Objectives for FY 2022
- Community Resources Report
- Consumer Services Report for July 2021
- Program Updates
- Annual Election of FY 2022 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2022
- Nominations for the Texas Council Risk Management Fund's Board of Trustees
- Personnel Report for July 2021
- Texas Council Risk Management Fund Claims Summary for July 2021
- Texas Council Quarterly Board Meeting Verbal Update
- Approve July 2021 Financial Statements
- Approve FY 2021 Year End Budget Revision
- Approve Proposed FY 2022 Operating Budget

- Approve FY 2022 Dues Commitment & Payment Schedule for the Texas Council
- Board of Trustees Unit Financial Statement for July 2021

### 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
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
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 Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
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
DCP	Direct Care Provider
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
IP	Implementation Plan
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 on Mental Illness
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
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 Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention

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
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
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated 8/5/2020