

# Tri-County Behavioral Healthcare Board of Trustees Meeting

July 29, 2021



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 29, 2021. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd S, Conroe, Texas.

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 order to maintain social distancing for Board members and staff who may attend in person and in compliance with this suspended rule, the Tri-County Board of Trustees will require the public to participate in this meeting via video services at the link below. The public is invited to connect to the video link and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m.

[www.tcbhc.org/board-documents/](http://www.tcbhc.org/board-documents/July%202021%20Board%20Packet)  
July 2021 Board Packet  
<https://call.lifesizecloud.com/10106600>  
Passcode: 1234#

In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## **AGENDA**

- I. Organizational Items**
  - A. Chair Calls Meeting to Order
  - B. Public Comment
  - C. Quorum
  - D. Review & Act on Requests for Excused Absence
- II. Approve Minutes - May 27, 2021**
- III. Executive Director's Report - Evan Roberson**
  - A. Operational Updates
  - B. 1115 Reporting Issue
  - C. ACT OIG Audit
  - D. UT Health Contract
  - E. SAMHSA Grant Award

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

- A. FY 2022 Budget Update
- B. FY 2021 Year End Budget Revision
- C. FY 2020 Audit
- D. Fixed Asset Inventory

#### V. Program Committee

##### Information Items

- A. Community Resources Report..... Pages 7-11
- B. Consumer Services Reports for May & June 2021..... Pages 12-14
- C. Program Updates..... Pages 15-19
- D. FY 2021 Goals & Objectives Progress Report..... Pages 20-24
- E. 3<sup>rd</sup> Quarter FY 2021 Corporate Compliance & Quality Management Report..... Pages 25-27
- F. 4<sup>th</sup> Quarter FY 2021 Corporate Compliance Training..... Pages 28-29

#### VI. Executive Committee

##### Action Items

- A. Appoint Nominating Committee for FY 2022 Board Officers..... Page 30
- B. Appoint Executive Director Evaluation Committee..... Page 31

##### Information Items

- C. Personnel Report for May through June 2021..... Pages 32-34
- D. Texas Council Risk Management Fund Claims Summary as of June 2021..... Pages 35-36
- E. Dates of Scheduled Board Meetings for Calendar Year 2022..... Page 37

#### VII. Business Committee

##### Action Items

- A. Approve May 2021 Financial Statements..... Pages 38-51
- B. Approve June 2021 Financial Statements..... Pages 52-66
- C. Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans..... Pages 67-77
- D. Approve Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage..... Pages 78-79
- E. Approve the FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001..... Page 80
- F. Amend FY 2021 RecessAbility, Inc. Contract..... Page 81
- G. Approve FY 2021 Kingwood Pines Hospital Contract Amendment for Inpatient Psychiatric Services..... Page 82
- H. Approve FY 2021 Woodland Springs Hospital Contract Amendment for Inpatient Psychiatric Services..... Page 83
- I. Approve FY 2021 Contract Amendment for Hilary Akpudo, M.D. for Psychiatric Services..... Page 84
- J. Approve Sale of Three Agency Vehicles..... Page 85
- K. Approve Purchase of Vehicle for Outpatient Competency Restoration Program..... Pages 86-90
- L. Approve Liberty and Cleveland Facility Modifications..... Pages 91-98

##### Information Items

- M. Review Tri-County's 2019 990 Tax Return Prepared by Eide Bailly LLP..... Pages 99-143
- N. 3<sup>rd</sup> Quarter FY 2021 Investment Report..... Pages 144-148
- O. Board of Trustees Unit Financial Statements for May & June 2021..... Pages 149-151
- P. HUD 811 Updates - (Montgomery, Huntsville and Cleveland)..... Pages 152-154
- Q. Tri-County Consumer Foundation Board Update..... Page 155

#### VIII. Executive Session in Compliance with Texas Government Code Section 551.071 - Consultation with Attorney, Section 551.072 - Real Property and Section 551.074 - Personnel.

Posted By:

Ava Green - Executive Assistant

# Tri-County Behavioral Healthcare

P.O. Box 3067  
Conroe, TX 77305

## BOARD OF TRUSTEES MEETING

VIA TELECONFERENCE

May 27, 2021

### Board Members Present:

Patti Atkins  
Tracy Sorensen  
Jacob Paschal  
Morris Johnson  
Richard Duren  
Sharon Walker

### Board Members Absent:

Janet Qureshi  
Gail Page

### Tri-County Staff Present:

Evan Roberson, Executive Director  
Catherine Prestigiovanni, Director of Strategic Development  
Kenneth Barfield, Director of Management Information Systems  
Melissa Zemencsik, Director of Child & Youth Behavioral Health  
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  
Amy Foerster, Chief Compliance Officer  
Kathy Foster, Director of IDD Provider Services  
Kelly Shropshire, Directory of IDD Authority Services  
Mary Lou Flynn-Dupart, Legal Counsel  
Pam Beach, General Counsel for the Texas Council Risk Management Fund

### Sheriff Representatives Present:

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

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:02 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 percentage 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.



**Quorum:** There being six (6) Board Members present via teleconference, a quorum was established.

**Resolution #05-27-01**

**Motion Made By:** Sharon Walker

**Seconded By:** Morris Johnson, with affirmative votes by Tracy Sorensen, Jacob Paschal, and Richard Duren that it be...

**Resolved:**

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

**Resolution #05-27-02**

**Motion Made By:** Morris Johnson

**Seconded By:** Sharon Walker, with affirmative votes by Jacob Paschal, Tracy Sorensen and Richard Duren that it be...

**Resolved:**

That the Board approve the minutes of the April 22, 2021 meeting of the Board of Trustees.

Patti Atkins, Board Chair, suspended the Agenda at 10:07 a.m. to move to Program Committee Information Item V-E, Annual Board and Management Team Training which was provided by Pam Beach, General Counsel for the Texas Council Risk Management Fund.

**Executive Director's Report:**

The Executive Director's report is on file.

- Operational Updates
- CMHC Grant Update
- New Funding Updates
- Legislative Updates

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2022 Budget
- CFO Consortium
- FY 2021 2<sup>nd</sup> Budget Revision
- County Funding Requests
- FY 2021 Audit

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

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

### **EXECUTIVE COMMITTEE:**

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

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

The Texas Council Quarterly Board Meeting Update was reviewed for information purposes only.

### **BUSINESS COMMITTEE:**

#### **Resolution #05-27-03**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Jacob Paschal, Sharon Walker, and Tracy Sorensen that it be...

#### **Resolved:**

That the Board approve the April 2021 Financial Statements.

#### **Resolution #05-27-04**

**Motion Made By:** Morris Johnson

**Seconded By:** Richard Duren, with affirmative votes by Jacob Paschal, Sharon Walker, and Tracy Sorensen that it be...

#### **Resolved:**

That the Board approve the Auditor Engagement Letter from Eide Bailly, LLP for the FY 2021 Independent Financial Audit.

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

**The regular meeting of the Board of Trustees adjourned at 11:05 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>Board Meeting Date:</b>  July 29, 2021
<b>Committee:</b> Program	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## May 28, 2021 – July 29, 2021

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### Volunteer Hours:

Location	May	June
Conroe	83.5	90.5
Cleveland	0	1
Liberty	82.5	61
Huntsville	7.5	1
<b>Total</b>	<b>173.5</b>	<b>153.5</b>

### COMMUNITY ACTIVITIES:

5/28/21	Debriefing Meeting after Local Shooting – The Villages at Huntsville	Huntsville
5/28/21	Cleveland ISD School-Based Site Planning Meeting – Virtual	Cleveland
5/31/21	Memorial Day Veteran Murph Tribute/Program	Conroe
5/31/21	Memorial Day Luncheon with Bonterra Veteran Group	Conroe
6/1/21	Basic Certification Training for Veteran Peer Support	Liberty
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
6/2/21	Region 6 Outreach Screening Assessment Referral (OSAR) Quarterly Meeting	Conroe
6/3/21	Liberty County Veteran Jail Visit	Liberty
6/3/21	Veteran Spouse Network Meeting - Virtual	Liberty
6/3/21	Langetree Retreat – Tiny Homes for Veterans Network Meeting	Liberty
6/3/21	Abundant Harvest Veteran Non-Profits Meeting	The Woodlands
6/5/21	HEARTS Museum Veteran Breakfast	Huntsville
6/7/21	Montgomery County Veteran Mentor Meeting	Conroe
6/7/21	Montgomery County Homeless Coalition Board Meeting – Virtual	Conroe
6/7/21	Conroe Mayor’s Homeless Task Force Meeting	Conroe
6/8/21	Family First Urgent Care Collaboration Meeting	Conroe
6/8/21	Assisting Victims Escape Trafficking Meeting (AVERT) – Virtual	Conroe
6/8/21	Behavioral Health Suicide Prevention Task Force Meeting – Trauma & Grief Workgroup – Virtual	Conroe
6/8/21	Huntsville Chamber of Commerce Breakfast	Huntsville
6/8/21	Military Veteran June Mentor Meeting – Virtual	Conroe
6/8/21	Veteran Grant Program Meeting with Volunteers of America	Conroe
6/9/21	Conroe Noon Lions Club Luncheon	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	Texas Veteran Platform Meeting – Virtual	Conroe
6/10/21	Texas Veteran Spouse Network Meeting – Virtual	Conroe
6/10/21	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health – Virtual	Conroe
6/10/21	Montgomery County Community Assistance Recovery Efforts and Services - 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
6/11/21	Assisting Victims Escape & Resist Trafficking (AVERT) - Virtual	Conroe
6/12/21	Salvation Army Health Clinic	Conroe
6/12/21	Honoring Women Veterans Huntsville Event	Huntsville
6/14/21	Army Birthday Celebration	Huntsville
6/15/21	Civil Service Commissioners Meeting	Conroe
6/15/21	Montgomery County Community Resource Coordination Group – Virtual	Conroe
6/15/21	Veterans Affairs Mental Health Summit Meeting – Virtual	Conroe
6/16/21	105 Veteran Breakfast	Conroe
6/16/21	Montgomery County Jail MVPN Mentor Meeting – Virtual	Conroe
6/16/21	Crisis Intervention Training Meeting	Conroe
6/16/21	Conroe Noon Lions Club Luncheon	Conroe
6/16/21	Youth Mental Health First Aid – Conroe ISD	Conroe
6/16/21	Montgomery County Child Fatality Review Team – Virtual	Conroe
6/17/21	Liberty County Veterans Jail Visit	Liberty
6/17/21	Combined Arms Wellness Committee Meeting – Virtual	Conroe
6/19/21	Kazmiersky Park Juneteenth Event	Conroe
6/19/21	Liberty Mentor Meeting - Virtual	Liberty
6/22/21	Liberty Veteran Spouse Meeting	Liberty
6/23/21	MVPN Mentor Meeting Jail Pod – Virtual	Conroe
6/23/21	Veteran Mentor Montgomery County – Virtual	Conroe
6/23/21	Veterans Treatment Court - Virtual	Conroe
6/23/21	Conroe Noon Lions Club Luncheon	Conroe
6/23/21	Montgomery County Treatment Court – Virtual	Conroe
6/24/21	Veteran Spouse Network Meeting	Liberty
6/24/21	MVPN Monthly Meeting with TexVet – Virtual	Conroe
6/25/21	Liberty County Women Veterans Day Celebration	Liberty
6/25/21	Texas/Women Veterans Day Celebration – Liberty County	Liberty
6/28/21	Basic Certification Training for Veteran Mentors	Conroe
6/29/21	Liberty Veterans Treatment Court Meeting – Virtual	Liberty
6/29/21	VETS Pod Meeting – Virtual	Conroe
6/30/21	Built For Zero – Ending Homelessness Meeting	Conroe

6/30/21	Youth Mental Health First Aid – Conroe ISD	Conroe
6/30/21	Veteran Mentor Montgomery County – Virtual	Conroe
6/30/21	Conroe Noon Lions Club Luncheon	Conroe
7/1/21	Children’s Books on Wheels Collaborative Meeting	Conroe
7/2/21	Veteran United Way and Mission Continues Meeting- Virtual	Conroe
7/5/21	Mental Health First Aid – San Jacinto River Authority	Conroe
7/7/21	Conroe Noon Lions Club Luncheon	Conroe
7/8/21	Mental Health First Aid – CASA of Walker County	Huntsville
7/9/21	Behavioral Health Suicide Prevention Military Connected Subgroup Meeting	Conroe
7/10/21	Salvation Army Community Health Clinic	Conroe
7/12/21	Conroe Veteran Spouse Network Leader Meeting	Conroe
7/12/21	City of Conroe Coalition for the Homeless Meeting	Conroe
7/13/21	Liberty County Veterans Treatment Court	Liberty
7/13/21	Better Living for Texas Area Committee - Virtual	Conroe
7/14/21	Wilderness Healing Non-Profit Meeting - Virtual	Conroe
7/14/21	Liberty/Dayton Chamber of Commerce Meeting	Liberty
7/15/21	Walker County Child Fatality Review Team - Virtual	Huntsville
7/15/21	Youth Mental Health First Aid – Cleveland	Cleveland
7/20/21	Liberty Veterans Spouse Meeting	Liberty
7/20/21	Montgomery County Community Resource Coordination Group	Conroe
7/20/21	New Caney ISD School Counselor Meeting Presentation	New Caney
7/22/21	Montgomery County Veteran Networking Dinner	Conroe
7/24/21	Marriage Management Seminar	Conroe
7/24/21	Family & Community Coalition of Montgomery County Community Health Fair	Splendora
7/27/21	Youth Mental Health First Aid – Hardin ISD	Hardin
7/27/21	Liberty Symposium Veteran Outreach	Liberty
7/28/21	Montgomery County Veterans Treatment Court	Conroe
7/28/21	Conroe Noon Lions Club Luncheon	Conroe
7/29/21	Abundant Harvest Meeting	Conroe

## UPCOMING ACTIVITIES:

8/2/21	Montgomery County Homeless Coalition Board Meeting	Conroe
8/4/21	Conroe Noon Lions Club Luncheon	Conroe
8/5/21	ExxonMobil Presentation #2 – North America – Virtual	The Woodlands
8/5/21	Cleveland Chamber of Commerce Luncheon	Cleveland
8/9/21	Youth Mental Health First Aid – Huntsville ISD	Huntsville
8/10/21	Assisting Victims Escape and Resist Trafficking (AVERT) - Virtual	Conroe

8/11/21	Conroe Noon Lions Club Luncheon	Conroe
8/12/21	Huntsville Chamber of Commerce Breakfast	Huntsville
8/17/21	ExxonMobil Presentation #1 – Asia Pacific – Virtual	The Woodlands
8/18/21	Conroe Noon Lions Club Luncheon	Conroe
8/18/21	Liberty/Dayton Chamber of Commerce Meeting	Liberty
8/19/21	Montgomery County Homeless Coalition Community Meeting	Conroe
8/24/21	ExxonMobil Presentation #2 – Asia Pacific – Virtual	The Woodlands
8/25/21	Conroe Noon Lions Club Luncheon	Conroe

<b>Agenda Item:</b> Consumer Services Report for May & June 2021  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  July 29, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Report for May & June 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	



# Consumer Services Report

## May 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	708	63	42	64	<b>877</b>
Transitional Services (LOC 5)	0	0	0	0	<b>0</b>
Psychiatric Emergency Treatment Center (PETC) Served	64	5	4	4	<b>77</b>
Psychiatric Emergency Treatment Center (PETC) Bed Days	236	12	12	21	<b>281</b>
Adult Contract Hospital Admissions	12	1	1	0	<b>14</b>
Child and Youth Contract Hospital Admissions	9	1	0	0	<b>10</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)	1427	242	144	116	<b>1929</b>
Adult Medication Services	912	94	65	101	<b>1172</b>
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	895	68	30	67	<b>1060</b>
Child Medication Services	249	18	6	14	<b>287</b>
TCOOMMI (Adult Only)	112	12	8	11	<b>143</b>
Adult Jail Diversions	1	0	0	0	<b>1</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	8	1	2	1	<b>12</b>
Service Coordination	747	38	38	72	<b>895</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living)	24	5	16	17	<b>62</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	21	10	0	0	<b>31</b>
Youth Substance Abuse Treatment Services/COPSD	11	0	0	0	<b>11</b>
Adult Substance Abuse Treatment Services/COPSD	49	3	0	6	<b>58</b>
<b>Waiting/Interest Lists as of Month End</b>					
Adult Mental Health Services	0	0	0	0	<b>0</b>
Home and Community Based Services Interest List	1870	144	168	216	<b>2398</b>
<b>May Served by County</b>					
Adult Mental Health Services	1864	189	136	223	<b>2412</b>
Child Mental Health Services	1083	89	41	88	<b>1301</b>
Intellectual and Developmental Disabilities Services	803	46	55	79	<b>983</b>
<b>Total Served by County</b>	<b>3750</b>	<b>324</b>	<b>232</b>	<b>390</b>	<b>4696</b>
<b>May Served by Phone by County</b>					
Adult Mental Health Services	969	94	60	137	<b>1260</b>
Child Mental Health Services	687	69	27	65	<b>848</b>
Intellectual and Developmental Disabilities Services	790	42	46	77	<b>955</b>
<b>Total Served by County</b>	<b>2446</b>	<b>205</b>	<b>133</b>	<b>279</b>	<b>3063</b>
<b>May Services by Phone by County</b>					
Adult Mental Health Services	1754	160	92	233	<b>2239</b>
Child Mental Health Services	1301	127	46	139	<b>1613</b>
Intellectual and Developmental Disabilities Services	2562	118	150	329	<b>3159</b>
<b>Total Served by County</b>	<b>5617</b>	<b>405</b>	<b>288</b>	<b>701</b>	<b>7011</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>

## Consumer Services Report

### June 2021

Consumer Services	Montgomery	Cleveland	Liberty	Walker	Total
<b>Crisis Services, MH Adults/Children</b>					
Persons Screened, Intakes, Other Crisis Services	625	44	30	64	<b>763</b>
Transitional Services (LOC 5)	0	0	0	0	<b>0</b>
Psychiatric Emergency Treatment Center (PETC) Served	68	3	2	7	<b>80</b>
Psychiatric Emergency Treatment Center (PETC) Bed Days	251	11	9	14	<b>285</b>
Adult Contract Hospital Admissions	16	0	1	1	<b>18</b>
Child and Youth Contract Hospital Admissions	8	0	1	0	<b>9</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)	1408	175	149	112	<b>1844</b>
Adult Medication Services	1020	120	75	127	<b>1342</b>
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	794	77	29	56	<b>956</b>
Child Medication Services	298	24	9	27	<b>358</b>
TCOOMMI (Adult Only)	103	12	6	11	<b>132</b>
Adult Jail Diversions	1	0	0	0	<b>1</b>
<b>Persons Served by Program, IDD</b>					
Number of New Enrollments for IDD Services	8	0	2	0	<b>10</b>
Service Coordination	714	37	39	73	<b>863</b>
<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (HCS, Supervised Living)	24	5	16	17	<b>62</b>
<b>Substance Abuse Services</b>					
Children and Youth Prevention Services	0	0	0	0	<b>0</b>
Youth Substance Abuse Treatment Services/COPSD	12	0	0	0	<b>12</b>
Adult Substance Abuse Treatment Services/COPSD	51	4	0	4	<b>59</b>
<b>Waiting/Interest Lists as of Month End</b>					
Adult Mental Health Services	0	0	0	0	<b>0</b>
Home and Community Based Services Interest List	1738	136	185	204	<b>2263</b>
<b>June Served by County</b>					
Adult Mental Health Services	1850	188	121	242	<b>2401</b>
Child Mental Health Services	965	86	33	71	<b>1155</b>
Intellectual and Developmental Disabilities Services	769	45	57	78	<b>949</b>
<b>Total Served by County</b>	<b>3584</b>	<b>319</b>	<b>211</b>	<b>391</b>	<b>4505</b>
<b>June Served by Phone by County</b>					
Adult Mental Health Services	619	53	30	87	<b>789</b>
Child Mental Health Services	473	49	21	24	<b>567</b>
Intellectual and Developmental Disabilities Services	686	39	46	76	<b>847</b>
<b>Total Served by County</b>	<b>1778</b>	<b>141</b>	<b>97</b>	<b>187</b>	<b>2203</b>
<b>June Services by Phone by County</b>					
Adult Mental Health Services	907	75	35	114	<b>1131</b>
Child Mental Health Services	736	81	41	32	<b>890</b>
Intellectual and Developmental Disabilities Services	1808	112	93	245	<b>2258</b>
<b>Total Served by County</b>	<b>3451</b>	<b>268</b>	<b>169</b>	<b>391</b>	<b>4279</b>
<b>May Served by County</b>					
Adult Mental Health Services	1864	189	136	223	<b>2412</b>
Child Mental Health Services	1083	89	41	88	<b>1301</b>
Intellectual and Developmental Disabilities Services	803	46	55	79	<b>983</b>
<b>Total Served by County</b>	<b>3750</b>	<b>324</b>	<b>232</b>	<b>390</b>	<b>4696</b>

<b>Agenda Item:</b> Program Updates	<b>Board Meeting Date:</b>  July 29, 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**

## **May 28, 2021 – July 29, 2021**

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### **Crisis Services**

1. We have followed our normal trend of warmer summer months leading to more need for crisis services and have recently increased the maximum number of persons without insurance that can be in a psychiatric hospital at the same time from 12 to 17 in an attempt to keep persons out of the emergency rooms in our three counties. Even with this increase, we have had more demand for beds than we have been able to provide.
2. The CSU has been capped at a census of 10 for most of the months of June and July due to nursing (both RN and LVN) openings. We have adequate coverage on most shifts but have to set census based on the shifts with lesser amounts of staff.
3. The Montgomery County Community Collaborative Crisis Team (made up of crisis mental health providers, local medical hospital emergency room staff, area psychiatric hospitals and first responders, jail staff, and local law enforcement), led by Tri-County Crisis Staff, continues to work on identifying barriers to treatment for persons in crisis. This group has been very well attended thus far, including all of the Montgomery County Emergency Room directors.

### **MH Adult Services**

1. Adult Outpatient staff are glad to be fully returned to providing face to face services both in the field and at the office. Clients are responding well to returning to the traditional face to face model of care, and staff are adjusting well to the transition.
2. Adult Outpatient is in the process of redesigning the current Level of Care five (LOC-5) program, which focuses on engaging and connecting individuals to routine outpatient services who have been admitted through crisis. In this design, the goal is to create seamless transitions between programs to minimize gaps in care and stabilize symptoms to prevent need for further crisis intervention. AOP and Crisis staff have collaborated on this effort to consider training and continuity of care practices for this role.
3. In the rural clinics, additional safety measures including outdoor lighting, structural changes to add doors and offices are in process. These changes will not only bring much needed additional space to the growing Liberty office, but also provide clients and staff with an additional sense of security when in the buildings.
4. We are pleased to announce that we have filled our final outpatient prescriber position with a psychiatrist that will be moving back to Texas from Florida. She will start on September 7<sup>th</sup>. While the prescribing positions are full, we are currently down two nurses in Adult Outpatient (LVN and RN).
5. All prescribers have returned back to working from the office rather than from home.
6. There are two vacant Adult nursing positions and soon will be one vacant tech position.



## **MH Child and Youth Services**

1. We are happy to report the C&Y MH Specialists are back to providing face to face services in the homes. Some of our newer staff are going into their clients' homes for the very first time. These staff are learning a lot about the families they are serving and how to schedule smartly to accommodate for drive time in between appointments.
2. The C&Y supervisors have been diligently working with the team to improve the timeliness of their documentation.
3. We are also excited that we have gone back to face to face meetings with many of our community partners, including our monthly meetings with Walker County Juvenile Probation and our Community Resource Coordination Groups.

## **Criminal Justice Services**

1. The Texas Correctional Office on Medical and Mental Impairments (TCOOMMI) completed an on-site visit in June as a follow-up to the virtual audit completed at the end of FY20. TCOOMMI reviewed several charts and completed staff interviews. While we have not had official word on the outcome of the visit, there were no reported concerns.
2. In an ongoing effort to provide information to the community on mental health, the Criminal Justice Service Administrator will be providing training to the Precinct 1 Mental Health Crisis Intervention Team in July. The focus of this training is to provide information on how to recognize mental health needs, the goals and purpose of the Jail Diversion program, and methods for connecting an individual to care.

## **Substance Use Disorder Services**

1. Requests for substance use treatment continues to grow for both Adult and Youth programs, with referrals primarily coming from Probation. With the courts reopening, it is anticipated that this trend will continue. The programs are responding to this growing need by offering additional group counseling sessions each week.
2. In response to the growing need for substance use disorder treatment availability in Liberty and Walker Counties, the Substance Use Disorder Treatment program is expanding service offerings to the Huntsville and Cleveland areas. Initially, the focus of this program will be on providing care to individuals identified as having both mental health and substance use needs, offering individual counseling to adult and youth participants, with a goal of collaborating with local schools to provide treatment on campus in the future.
3. Our Substance Use Prevention team is experiencing great success providing positive alternative activities at the Boys and Girls Club in Walker County this summer. We are reaching 50 – 70 children there at least twice a week.
4. We recently met with the school counselors at New Caney ISD to talk about our prevention services for the upcoming year. We will be providing prevention education groups for 6<sup>th</sup> graders across the school district.
5. Our prevention team continues to get positive feedback from HHSC. HHSC complimented the team for their positive relationships with schools which have enabled them to already finalize plans for school groups for the upcoming school year.

## **IDD Services**

1. IDD Authority services is looking for an IDD Crisis Respite provider. IDD Crisis Respite is a complex service largely provided to individuals in behavioral and/or psychiatric crises. We are earnestly seeking another provider for this service in our local area.
2. IDD Provider area has a number of vacancies with no applications. Each of our Day Hab sites is looking for staff and managers have had to provide the direct care services at the Hab locations, in client homes and in nursing facilities. While managers are willing to cover short term, it will be difficult for them to complete their regular duties and coverage will eventually become a problem.
3. All three Day Hab sites are now open. Liberty opened on May 28<sup>th</sup> and Huntsville opened July 1<sup>st</sup>. We are not at full capacity at this time because we have not started transportation routes. Individuals are excited at the opportunity to see all of their friends at Day Hab sites, and parents, guardians and providers are ready for them to return to services. In some cases, we will reengaging individuals so they are willing to attend five days a week because some have become comfortable sitting at home.

## **Support Services**

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

- a. Staff prepared and submitted five record requests for 48 charts for Amerigroup insurance dating back to January 2020.
- b. Staff prepared and submitted one record request for four charts for United Healthcare insurance dating back to January 2020.
- c. Staff reviewed 141 notes containing the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier for the months of May and June 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.
- d. The Administrator of Quality Management has begun a Program Survey of the Adult and Child Outpatient Substance Use Treatment Programs.
- e. The Continuous Quality Improvement Committee (CQI) met on July 20<sup>th</sup> to review the current status of the FY 21 CQI Goals as the end of the fiscal year draws closer.
- f. Staff continues to work with program staff to ensure compliance with the Health HHSC QM Audit CAP.

### **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 adult individuals served in order to provide targeted Care Coordination as appropriate. The committee is currently in the process of creating a child and youth risk stratification tool.
- b. Staff reviewed 10% of all Center discharges for May and June 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 Clinical Trainer was able to find a CPR certification program after difficulty locating one in 2020 due to the pandemic and was officially certified as a trainer on May 24, 2021.
- b. The Training Department has continued to offer additional courses for staff in SAMA and CPR in order to ensure that staff who may have expired during the pandemic are caught up on their certifications as soon as possible.

**4. Planning and Network Advisory Committee(s) (MH and IDD PNACs):**

- a. The IDD PNAC met on June 6, 2021 and reviewed program services and performance outcomes. The meeting served as the IDD Local Planning Draft review meeting with the IDD PNAC members.
- b. The MH PNAC met on July 14, 2021 and reviewed program services and performance outcomes. The Committee currently has two vacancies and has requested that we seek additional members when possible to ensure the committee is in compliance with the required minimum membership of nine should a resignation occur in the future.

**5. Veteran Services and Veterans Counseling/Crisis:**

The Center received a \$125,000 grant to increase veteran counseling and case management services over a two month period; with the expectation of it being renewed for another year. The grant increased therapy services from one therapist to two, and increased case management services from one case manager to one and a half.

**6. COVID-19 Team**

The team continues community outreach with a focus on trauma and continues to exceed state expectations. The grant will continue through December 31, 2021.

**7. Community Resource and Development**

- a. The Director of Strategic Development has been asked to join Huntsville ISD's Student Care Team and the Huntsville ISD Leadership team for the new school year. Both teams work strategically to improve communication between students and school staff as well as and students and parents.
- b. The Mental Health First Aid Team has seven trainings over the next month at various Independent School Districts.

<b>Agenda Item:</b> Year to Date FY 2021 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  <p>The Management Team met on July 31, 2020 to update the five-year strategic plan and to develop the goals for FY 2021. The strategic plan and related goals were approved by the Board of Trustees at the September 2020 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center's contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2021.</p>	
<b>Supporting Documentation:</b>  FY 2021, Year to Date Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	



# Year-to-Date Progress Report

*September 1, 2020 – July 29, 2021*

## Goal #1 – Administrative Competence

### Objective 1:

**Staff will apply for at least four grants for new services in FY 2021.**

- Staff completed the application for the CCBHC Expansion grant from SAMHSA. A consultant was hired to assist with the grant and will serve as our project evaluator. The grant, which is for just under two million dollars a year, was funded on July 6, 2021 and will be used to provide the following services:
  - Cleveland ISD School-based MH Clinic
  - Expanded C&Y Rural access in Liberty County
  - Expanded SUD treatment in all three rural locations
  - Expanded Care Coordination
  - Rural therapy expansion
  - Overall therapy expansion (Adult and Child)
- Staff completed the application for the Community Mental Health Centers (CMHC) grant from SAMHSA. This grant is for up to \$2,500,000 a year for two years. The grant, if funded, will be used to provide the following services:
  - Integrated physical healthcare
  - Client Wellness
  - Enhanced Mobile Crisis Outreach
  - Supported Employment
  - Suicide Prevention and Wellness Coordinator
  - Child and Youth Intensive School-based Coordinator
- We have been awarded a UT Health Grant for Veterans Services. The first-year grant award (partial year) is \$125,000. Subsequent year funding is still being negotiated. The grant will provide funding for the following services:
  - Therapy for Veterans and their family members
  - Case Management for Veterans and their family members
- Staff also completed four letters of interest for foundation funding which were not selected for an application submission, and submitted one foundation grant which was not funded.

## Goal #2 – Clinical Excellence

### Objective 1:

**Using existing state funding or new revenue source, Tri-County will create a plan to improve the IDD Intake process by April 1, 2021.**

The IDD Authority team has contacted everyone on the General Revenue Intake list and determined if the individuals/caregivers had continued interest in IDD services.

- A pre-intake process has been established in which the support staff will work with the individuals and families to obtain needed information and offer support. If the individual/caregiver does not participate in the process or does not respond to telephone contacts and a letter, then the intake folder will be closed, but with a guarantee the intake can be re-opened at any time.
- When documents are received from the families, or if the IDD Authority psychologist feels that she can proceed with an eligibility assessment, the assessment is scheduled. After the assessment and eligibility is determined, our Intake Coordinator is assigned and will initiate the intake within three business days if the individual/caregiver has determined to move forward with services.
- The goal for the intake process is to be completed within 90 days of receipt of the documentation received for the eligibility assessment.

### Objective 2:

**The Center will be certified as a CCBHC by April 1, 2021.**

- The Center was Certified by Texas Health and Human Services effective March 1, 2021.

### Objective 3:

**A team will be formed to investigate the CORE model and will create a business plan, including estimated costs for the program by June 1, 2021.**

- The team reviewed existing documentation about the Clinician & Officer Remote Evaluation (CORE) model that was developed at the Harris Center. The model has two licensed staff available via remote technology to provide clinical evaluations of persons in law enforcement custody at the arrest scene.
- Estimated costs for a year of operations of the CORE model for Tri-County is \$620,500. There would also be expense for law enforcement entities that participate in the program to provide tablets or laptops and connectivity. The cost per encounter is estimated to be high.
- Tri-County will need to seek a long-term funding partner before developing this CORE response system.

### Goal #3 – Community Connectedness

#### Objective 1:

**Tri-County will launch the new Tri-County website by February 28, 2021.**

- The Tri-County Website went live on January 21<sup>st</sup>.
- Many staff have been involved since we started with this FY 2019 Board goal, but special thanks to Elizabeth Franklin, Administrative Assistant to the CFO/IT, April Balsamo, Administrator of Managed Care and Resource Development and Kenneth Barfield, Director of Management Information Services for their efforts on this project.

### Goal #4 – Fiscal Responsibility

#### Objective 1:

**The Client Benefits Department will be reorganized and additional staff will be hired to improve efficiency by April 1, 2021.**

- A staff was hired for the Consumer Benefits Counselor (Specialist) position. He completed NEO Benefits training and is now qualified to assist clients with applying for federal and/or state benefits.
- We have hired a qualified applicant for the Licensed Consumer Benefits Clinician role. This staff will be used to provide narrative summaries of clinical information that can be used in benefits hearings. Staff is currently completing the Texas Consumer Benefits Organizational training to become more familiar with the benefits process.

### Goal #5 – Professional Facilities

#### Objective 1:

**Staff will review Liberty and Huntsville Service Facilities and will create a plan for improvements, with estimated costs, by April 2, 2021.**

- The Huntsville facility was reviewed and needed repairs were noted prior to the damage caused by the pipe that burst during the winter storm.
- The Liberty, Texas property was reviewed and a list of potential improvements will be presented to the Board to address appearance of that facility, addition of space to the mental health side of that building, site drainage and security concerns. These plans will be presented at the July Board meeting.
- Improvements at the Huntsville facility, including redoing the parking lot, are currently out for bid.
- The dates for this objective were missed because of 1) the need to incorporate more security features in Liberty, and 2) the winter storm damage in Huntsville.

## **Goal #6 – Staff Development**

### **Objective 1:**

**A Diversity Workgroup will be formed and will develop a plan to increase training and understanding about culture in the workplace and how it impacts the persons we serve.**

- The Diversity Workgroup has been formed and is being led by Evan Roberson.
- The Workgroup is currently reviewing cultural awareness training and military culture training. After review of the current trainings, the team will break into sub-teams to update the current training.
- HHSC's CCBHC review team did cite the need for some small changes to the Cultural Diversity training.
- Ultimately, after reviewing and updating the training, the team will work on cultural awareness activities for the Center as a secondary goal.

<b>Agenda Item:</b> 3rd Quarter FY 2021 Corporate Compliance and Quality Management Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."  Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.  Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 3rd Quarter of FY 2021 are included in this Board packet.	
<b>Supporting Documentation:</b>  3rd Quarter FY 2021 Corporate Compliance and Quality Management Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Corporate Compliance and Quality Management Report**

## **3rd Quarter, FY 2021**

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### **Corporate Compliance Activities**

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

There were four compliance concerns reported in the 3<sup>rd</sup> Quarter. The four reported concerns were investigated or reviewed to completion and listed below:

1. The first concern alleged the employee billed a service without the client present. The concern was investigated and found inconclusive. While investigating the concern, a separate compliance issue was found that resulted in payback of \$171.28. The staff received a written warning and additional training.
2. A second report was of an employee who was allegedly copying/pasting documentation of billed services. The allegations were confirmed, and the employee resigned. Payback was made in the amount of \$1,885.10.
3. A third report was that an employee was documenting services inaccurately by not filling in required billing elements. This report was confirmed, and the employee received retraining and a written warning. Payback was made in the amount of \$1,722.63.
4. Lastly, a Corporate Compliance concern was found during an Employee Relations investigation. The concern involved the employee copying and pasting documentation. Compliance confirmed the report, and the employee was terminated. After a full investigation, payback was made in the amount of \$40,750.

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

The Corporate Compliance Committee met on April 21, 2021. The Committee reviewed the following:

1. A final summary of 2nd Quarter investigations;
2. 3rd Quarter complaint and investigation updates; and
3. Analysis and discussion of trending concerns.

## **Quality Management Initiatives**

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

1. Staff reviewed and submitted 16 record requests, totaling 39 charts.
2. Staff conducted several internal audits including program surveys, progress note reviews, discharge documentation, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

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

1. Staff prepared and submitted one record request totaling one chart to Texas Children's Health Plan Medicaid dating back to January 2016.
2. Staff prepared and submitted nine record requests totaling 17 charts to Amerigroup dating back to January 2019.
3. Staff reviewed and submitted four records requests totaling five charts to private insurance companies for services they were billed dating back to January 2019.
4. Staff reviewed and submitted one record request totaling one chart to Medicaid for the date of February 5, 2020.
5. Staff reviewed and submitted one record request totaling 15 charts to the Health and Human Services Commission dating back to January 2020.
6. Staff reviewed 224 notes that used the Co-Occurring Psychiatric and Substance Use Disorder (COPSD) modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly. Follow up was made with supervisors as appropriate to initiate additional education and training as needed.
7. Staff reviewed 93 discharges that occurred in Q3 and communicated areas that were needing improvement to supervisory staff.
8. Staff participated in the HHSC MH Quality Management and PASRR Comprehensive Review on March 29, 2021. A total of five findings were found in the overall Quality Management review and three findings were found for PASRR and a Corrective Action Plan was created and submitted to HHSC.

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

1. The Junior Utilization Management Committee in collaboration with the Information Technology (IT) Department continues to utilize the Adult Risk Stratification as well as CCBHC measures reports to identify those individuals who may be appropriate for additional support services or are in need of specific follow up.
2. As of the end of Q3, the Center is on track to meet the current CQI goals for FY 2021.

<b>Agenda Item:</b> 4th Quarter FY 2021 Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.  This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  4th Quarter FY 2021 Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	



**THE PURPOSE OF  
COMPLIANCE  
PROGRAMS**

**A FOUR-PART SERIES**

**In this Issue:**

Part 3 of “The Purpose of Compliance Programs”

◇ Detection

◇ Reporting Hotline

◇ Monitoring/Auditing

◇ Your Corporate Compliance Team

◇ How to Report Compliance Concerns

## Part 3: The Purpose of Compliance Programs

### Detection

- Effective compliance programs ensure that:
  - ◇ Confidential and anonymous reporting is available.
  - ◇ Compliance concerns are detected at earlier stages through monitoring and auditing.

### Reporting Methods

- It is critical to have methods that enable confidential and anonymous reporting of compliance concerns. Tri-County Behavioral Healthcare (TCBHC) has several mechanisms that have been established to report compliance concerns including a toll-free number, a special email address, and the ability to report concerns in person. (See the “How to Report Compliance Concerns” section of this Newsletter.)
- This contact information (as well as information about TCBHC’s Code of Conduct) is communicated to staff and contractors at hire and in regular, on-going intervals in various ways, including links posted online, handouts, posters, and in trainings .

### Monitoring/Auditing

- TCBHC’s Quality Management Department, along with Compliance, audits and monitors Center activity for adherence to policies and procedures, especially in areas TCBHC deems to be at risk of potential non-compliance.
- The Compliance Department also conducts regular assessments which assist in identifying potential areas of risk within the Center. TCBHC’s Compliance Committee assists in identifying and prioritizing these compliance risks for review and monitoring.
- In addition to the Compliance Department, there are a number of departments with responsibility for monitoring compliance in particular areas, such as Human Resources and Maintenance/Transportation and Safety.
- As well, TCBHC conducts background checks and other screenings to assist in preventing the hiring and delegation of authority to inappropriate individuals.

### How to Report Concerns to the Compliance Department:

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

You may dial \*67 to block your number if you prefer to remain anonymous.

Messages may be left confidentially; however, please leave detailed information about the misconduct you are reporting. Please be as specific as possible;

2. A special email account has been set up for the submission of ethics-related questions or concerns.

Email: [corporatecompliance@tcbhc.org](mailto:corporatecompliance@tcbhc.org); or

3. By appointment: Your Corporate Compliance team is located at the Conroe Facility, 233 Sgt. Ed Holcomb Blvd. S. Conroe, TX 77304.

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



### Your Corporate Compliance Team

Amy Foerster  
Chief Compliance Officer  
[amyf@tcbhc.org](mailto:amyf@tcbhc.org)

Heather Hensley  
Administrator of Compliance  
[heatherh@tcbhc.org](mailto:heatherh@tcbhc.org)

Ashley Bare  
Employee Relations Manager  
[ashleyba@tcbhc.org](mailto:ashleyba@tcbhc.org)

<b>Agenda Item:</b> Appoint Nominating Committee for FY 2022 Board Officers  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  The Board Chair will select representatives for the Nominating Committee for FY 2022 Board Officers. Typically, the committee is made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.  The annual election of officers will occur at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Nominating Committee for FY 2022 Board Officers</b>	

<b>Agenda Item:</b> Appoint Executive Director Evaluation Committee  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  The Board Chair will select representatives for the FY 2021 Executive Director Evaluation Committee. Typically, the committee has been made up of three members and includes a representative from each county. One of the members will also be designated to serve as the chair of the committee.  The results of the Executive Director Evaluation will be reviewed at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Executive Director Evaluation Committee</b>	

<b>Agenda Item:</b> Personnel Report for May through June 2021	<b>Board Meeting Date:</b>  July 29, 2021
<b>Committee:</b> Executive	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Report for May through June 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## Personnel Report May - June 2021

Total Applications received in May - June= 249

Total New Hires for May - June= 20

Total New Hires Year to Date = 92

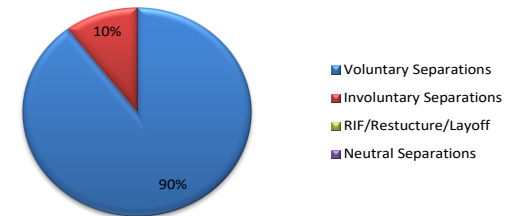
Total Budgeted FTE Positions = 438.25

Vacant FTE Positions =83.94

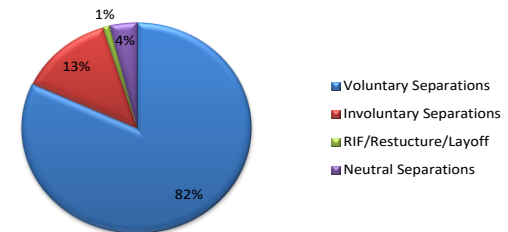
May - June Turnover - FY21 compared to FY20	FY21	FY20
Number of Active Employees	359	377
Number of Monthly Separations	29	16
Number of Separations YTD	105	77
Year to Date Turnover Rate	29%	20%
May - June Turnover Rate	8%	4%

Separations by Reason	May - June Separations	FY21 YTD
Better Pay	7	13
Commute	1	2
Death	0	1
Dissatisfaction with Supervisor/Job	0	0
Family	3	6
Another job	6	26
Lack of Opportunity for Advancement	0	2
Relocating	4	13
Retirement	1	3
Return to School	1	3
Schedule	0	1
Uncomfortable with Job Duties	1	5
Health	2	11
RIF/Restructure/Layoff	0	1
Neutral Termination	0	4
Involuntarily Terminated	3	14
<b>Total Separations</b>	<b>29</b>	<b>105</b>

**May - June Voluntary, Involuntary, RIF/Restructure/Layoff and Neutral Separations**



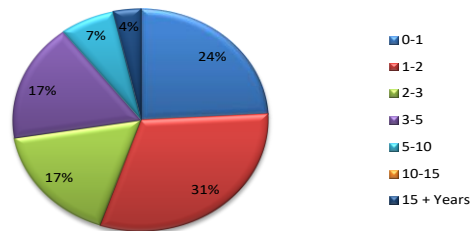
**Year to Date Voluntary, Involuntary, RIF/Restructure/Layoff and Neutral Separations**



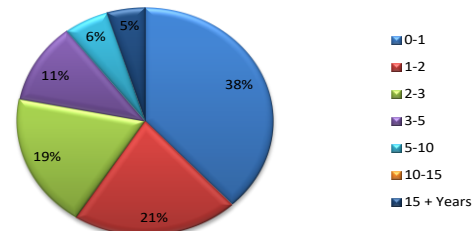
Management Team	# of Employees	May - June Separations	Year to Date Separations	% May - June	% Year to Date
Evan Roberson	23	0	1	0%	4%
Millie McDuffey	32	1	12	3%	38%
Amy Foerster	4	1	2	25%	50%
Tanya Bryant	10	0	1	0%	10%
Sara Bradfield	96	5	15	5%	16%
Melissa Zemencsik	70	12	29	17%	41%
Catherine Prestigiovanni	19	3	6	16%	32%
PETC	42	1	18	2%	43%
Kelly Shropshire	34	5	16	15%	47%
Kathy Foster	21	1	5	5%	24%
Kenneth Barfield	8	0	0	0%	0%
<b>Total</b>	<b>359</b>	<b>29</b>	<b>105</b>		

Separation by EEO Category	# of Employees	May - June Separations	Year to Date Separations	% May - June	% Year to Date
Supervisors & Managers	27	1	3	4%	11%
Medical (MD,DO, LVN, RN, APN, PA, Psychologist)	44	1	7	2%	16%
Professionals (QMHP)	113	14	42	12%	37%
Professionals (QIDP)	28	5	16	18%	57%
Licensed Staff (LCDC, LPC...)	26	4	6	15%	23%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	17	1	2	6%	12%
Program Support(Financial Counselors, QA, Training, Med. Records)	55	2	14	4%	25%
Nurse Technicians/Aides	14	0	8	0%	57%
Service/Maintenance	7	0	1	0%	14%
Direct Care (HCS, Respite, Life Skills)	16	1	5	6%	31%
<b>Total</b>	<b>359</b>	<b>29</b>	<b>105</b>		

**May - June Separations by Tenure**

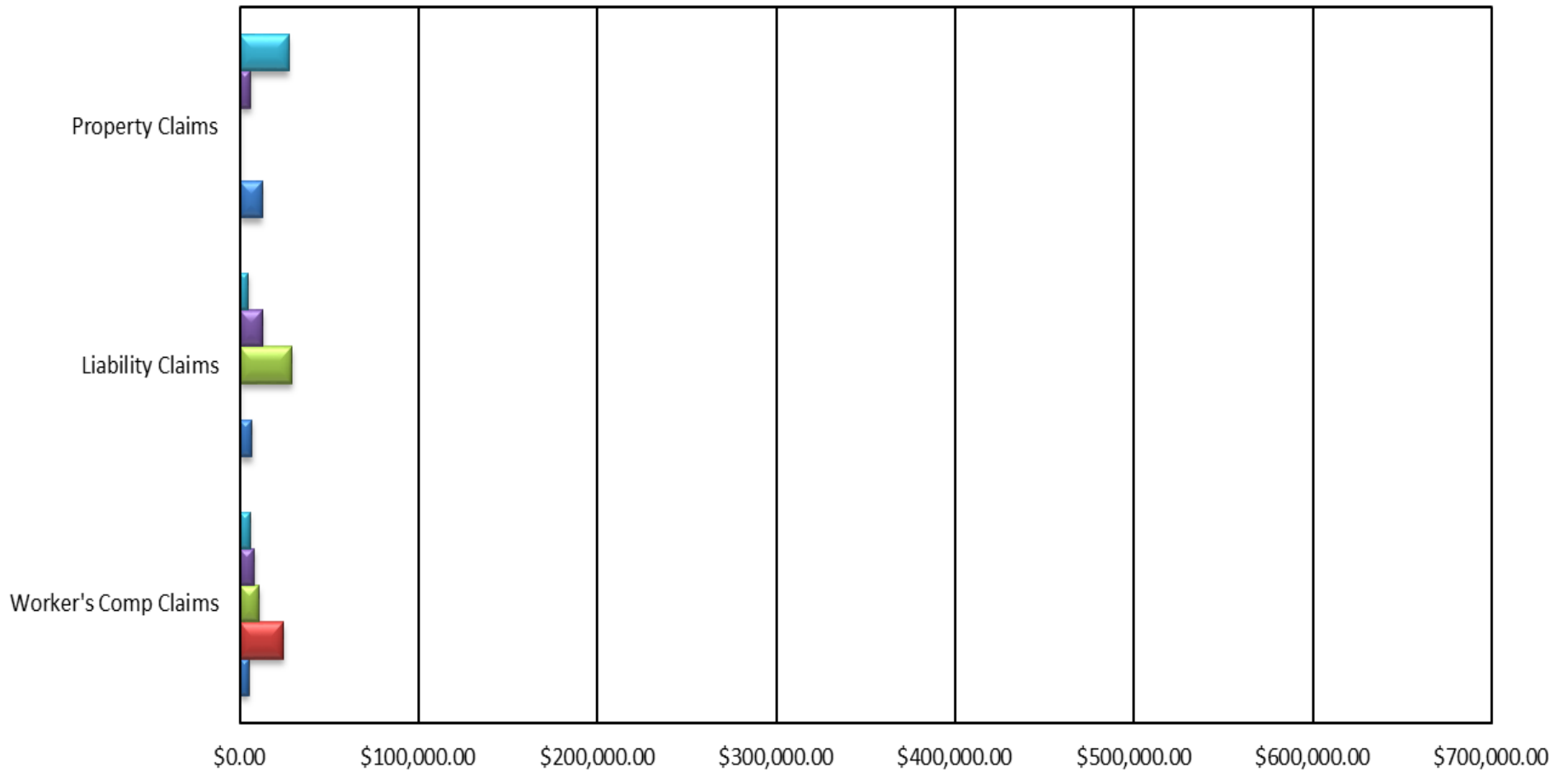


**Year to Date by Tenure**



<b>Agenda Item:</b> Texas Council Risk Management Fund Claims Summary as of June 2021  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 29, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Texas Council Risk Management Fund Claims Summary as of June 2021	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## TCRMF Claims Summary June 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	\$24,636.00	\$0.00	\$0.00
2021	\$5,122.00	\$6,991.00	\$12,751.00



<b>Agenda Item:</b> Dates of Scheduled Board Meetings for Calendar Year 2022  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 29, 2021
<b>Background Information:</b>  Board meetings for Calendar Year 2022 are currently scheduled as follows: <ul style="list-style-type: none"> <li>• January 27, 2022</li> <li>• February 24, 2022</li> <li>• March 24, 2022</li> <li>• April 28, 2022</li> <li>• May 26, 2022</li> <li>• July 28, 2022</li> <li>• August 25, 2022</li> <li>• September 29, 2022 (5<sup>th</sup> Thursday)</li> <li>• October 27, 2022</li> <li>• December 1, 2022</li> </ul>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Approve May 2021 Financial Statements  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  May 2021 Financial Statements	
<b>Recommended Action:</b>  <b>Approve May 2021 Financial Statements</b>	

## May 2021 Financial Summary

Revenues for May 2021 were \$2,567,011 and operating expenses were \$2,410,957 resulting in a gain in operation of \$156,053. Capital Expenditures and Extraordinary Expenses for May were \$76,188 resulting in a gain of \$79,865. Total revenues were 97.95% of the monthly budgeted revenues and total expenses were 95.26% of the monthly budgeted expenses (difference of 2.69%).

Year to date revenues are \$25,590,354 and operating expenses are \$24,050,254 leaving excess operating revenues of \$1,540,100. YTD Capital Expenditures and Extraordinary Expenses are 1,155,201 resulting in a gain YTD of \$384,899. Total revenues are 99.65% of the YTD budgeted revenues and total expenses are 99.20% of the YTD budgeted expenses (difference of .44%).

### **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>
Title XIX Case Management IDD	1,249,847	1,288,756	96.98%	38,909
Title XIX HCS Program	1,430,502	1,448,505	98.76%	18,003
Medicaid - Regular	334,334	385,885	86.64%	51,551
HHSC – SA Treatment Adult	41,171	64,250	64.08%	23,079
DSHS Outpatient Competency Restoration	93,798	120,411	77.90%	26,614

**Title XIX Case Management IDD** – This line item is an earned revenue line. During an employee investigation, we found services that did not meet compliance and billing standards; therefore, we had to pay back these services to Medicaid. The payback caused this line to be under current budgeted revenue.

**Title XIX HCS Program** – This program has had several setbacks due to changes in Host Home providers' life situations and one consumer transferred out, and we were unable to bill for another consumer while they were held in another facility due to COVID.

**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 increases and decreases since COVID began, and we expect this trend will continue until COVID settles down.

**HHSC – SA Treatment Adult** – This is another program that has been affected greatly by COVID 19. This program 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 has had a vacant position all fiscal year. The vacancy resulted in lower expense, and therefore, revenue was lower than expected.

## **EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Employee Recognition	22,654	8,430	268.73%	14,224
Utilities – Electricity	141,020	127,651	110.47%	13,369

**Employee Recognition** – This line item is over budget due to gift card incentives that we gave to employees to encourage them to become vaccinated for COVID.

**Utilities – Electricity** – This line item reflects an increase in the electrical expense amount. We had a broken meter in Huntsville, and when the meter was fixed we received a corrected invoice for prior periods that were initially billed as estimates. This resulted in higher than anticipated energy costs.

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended May 31, 2021

	<b>TOTALS COMBINED FUNDS May 2021</b>	<b>TOTALS COMBINED FUNDS April 2021</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,700	3,700	-
Cash on Deposit-General Fund	7,004,153	8,379,178	(1,375,024)
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,633,809	2,584,274	49,536
Inventory	2,830	3,028	(198)
<b>TOTAL CURRENT ASSETS</b>	<b>9,644,493</b>	<b>10,970,179</b>	<b>(1,325,687)</b>
<b>FIXED ASSETS</b>	<b>18,775,157</b>	<b>18,775,157</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>159,351</b>	<b>168,666</b>	<b>(9,315)</b>
<b>TOTAL ASSETS</b>	<b>\$ 28,579,001</b>	<b>\$ 29,914,003</b>	<b>\$ (1,335,000)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,255,989</b>	<b>1,092,288</b>	<b>163,700</b>
<b>NOTES PAYABLE</b>	<b>719,395</b>	<b>719,395</b>	<b>-</b>
<b>DEFERRED REVENUE</b>	<b>(1,387,565)</b>	<b>197,169</b>	<b>(1,584,734)</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	10,832,611	10,874,201	(41,590)
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	384,899	305,033	79,866
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(10,832,611)	(10,874,201)	41,590
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	55,501	49,334	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	4,499,310	4,499,311	(0)
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 28,579,001</b>	<b>\$ 29,914,003</b>	<b>\$ (1,335,001)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended May 31, 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	7,004,153	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,633,809	2,166,985
Inventory	2,830	3,732
<b>TOTAL CURRENT ASSETS</b>	<b>9,644,493</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>159,351</b>	<b>169,253</b>
	<b>\$ 28,579,001</b>	<b>\$ 30,732,771</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,255,989</b>	<b>1,542,782</b>
<b>NOTES PAYABLE</b>	<b>719,395</b>	<b>719,395</b>
<b>DEFERRED REVENUE</b>	<b>(1,387,565)</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	10,832,611	11,200,154
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	384,899	849,344
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(10,832,611)	(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	55,501	-
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	4,499,310	3,649,967
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 28,579,001</b>	<b>\$ 30,732,771</b>

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

<b>INCOME:</b>	<b>MONTH OF May 2021</b>	<b>YTD May 2021</b>
Local Revenue Sources	75,258	1,656,395
Earned Income	1,051,819	9,765,687
General Revenue-Contract	1,439,933	14,168,272
<b>TOTAL INCOME</b>	<b>\$ 2,567,011</b>	<b>\$ 25,590,354</b>
<b>EXPENSES:</b>		
Salaries	1,468,691	14,701,212
Employee Benefits	321,777	3,119,118
Medication Expense	52,056	544,754
Travel-Board/Staff	18,303	113,301
Building Rent/Maintenance	9,442	160,241
Consultants/Contracts	329,202	3,593,091
Other Operating Expenses	211,486	1,818,537
<b>TOTAL EXPENSES</b>	<b>\$ 2,410,957</b>	<b>\$ 24,050,254</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 156,053</b>	<b>\$ 1,540,100</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	6,521	528,182
Capital Outlay-Debt Service	69,667	627,019
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 76,188</b>	<b>\$ 1,155,201</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,487,145</b>	<b>\$ 25,205,455</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 79,865</b>	<b>\$ 384,899</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	69,667	627,019
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>627,019</b>

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

	YTD May 2021	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,656,395	1,596,856	59,539
Earned Income	9,765,687	9,871,667	(105,980)
General Revenue-Contract	14,168,272	14,211,926	(43,654)
<b>TOTAL INCOME</b>	<b>\$ 25,590,354</b>	<b>\$ 25,680,449</b>	<b>\$ (90,095)</b>
<b>EXPENSES:</b>			
Salaries	14,701,212	14,771,269	(70,057)
Employee Benefits	3,119,118	3,123,811	(4,693)
Medication Expense	544,754	562,800	(18,046)
Travel-Board/Staff	113,301	116,897	(3,596)
Building Rent/Maintenance	160,241	159,332	909
Consultants/Contracts	3,593,091	3,650,884	(57,793)
Other Operating Expenses	1,818,537	1,841,567	(23,029)
<b>TOTAL EXPENSES</b>	<b>\$ 24,050,254</b>	<b>\$ 24,226,559</b>	<b>\$ (176,305)</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>\$ 1,540,100</b>	 <b>\$ 1,453,890</b>	 <b>\$ 86,210</b>
 <b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	528,182	553,963	(25,781)
Capital Outlay-Debt Service	627,019	627,030	(11)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,155,201</b>	<b>\$ 1,180,993</b>	<b>\$ (25,792)</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>\$ 25,205,455</b>	 <b>\$ 25,407,552</b>	 <b>\$ (202,097)</b>
  <b>Excess (Deficiency) of Revenues and Expenses</b>	  <b>\$ 384,899</b>	  <b>\$ 272,897</b>	  <b>\$ 112,002</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	627,019	627,030	(11)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>627,019</b>	<b>627,030</b>	<b>(11)</b>



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

<b>INCOME:</b>	<b>MONTH OF May 2021</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	75,258	75,414	(156)
Earned Income	1,051,819	1,126,686	(74,867)
General Revenue-Contract	1,439,933	1,418,703	21,229
<b>TOTAL INCOME</b>	<b>\$ 2,567,011</b>	<b>\$ 2,620,804</b>	<b>\$ (53,794)</b>

<b>EXPENSES:</b>			
Salaries	1,468,691	1,529,144	(60,453)
Employee Benefits	321,777	321,713	64
Medication Expense	52,056	61,967	(9,911)
Travel-Board/Staff	18,303	20,207	(1,903)
Building Rent/Maintenance	9,442	17,193	(7,751)
Consultants/Contracts	329,202	359,926	(30,724)
Other Operating Expenses	211,486	214,398	(2,913)
<b>TOTAL EXPENSES</b>	<b>\$ 2,410,957</b>	<b>\$ 2,524,549</b>	<b>\$ (113,592)</b>

<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 156,053</b>	<b>\$ 96,255</b>	<b>\$ 59,798</b>
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<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	6,521	16,667	(10,146)
Capital Outlay-Debt Service	69,667	69,670	(3)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 76,188</b>	<b>\$ 86,337</b>	<b>\$ (10,149)</b>

<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,487,145</b>	<b>\$ 2,610,885</b>	<b>\$ (123,740)</b>
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<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 79,865</b>	<b>\$ 9,919</b>	<b>\$ 69,947</b>
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<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 May 2020 Comparative Data**  
**Year to Date as of May 2021**

<b>INCOME:</b>	<b>YTD May 2021</b>	<b>YTD May 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,656,395	1,152,158	504,237
Earned Income	9,765,687	9,723,439	42,248
General Revenue-Contract	14,168,272	13,230,709	937,563
<b>TOTAL INCOME</b>	<b>\$ 25,590,354</b>	<b>\$ 24,106,306</b>	<b>\$ 1,484,048</b>
<b>EXPENSES:</b>			
Salaries	14,701,212	13,888,949	812,263
Employee Benefits	3,119,118	2,805,745	313,373
Medication Expense	544,754	560,209	(15,455)
Travel-Board/Staff	113,301	246,847	(133,546)
Building Rent/Maintenance	160,241	227,856	(67,615)
Consultants/Contracts	3,593,091	3,345,451	247,640
Other Operating Expenses	1,818,537	1,937,588	(119,051)
<b>TOTAL EXPENSES</b>	<b>\$ 24,050,254</b>	<b>\$ 23,012,643</b>	<b>\$ 1,037,609</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,540,100</b>	<b>\$ 1,093,663</b>	<b>\$ 446,439</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	528,182	237,277	290,905
Capital Outlay-Debt Service	627,019	839,152	(212,133)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,155,201</b>	<b>\$ 1,076,429</b>	<b>\$ 78,772</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 25,205,455</b>	<b>\$ 24,089,072</b>	<b>\$ 1,116,383</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 384,899</b>	<b>\$ 17,231</b>	<b>\$ 367,667</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	627,019	839,152	(212,133)
			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>627,019</b>	<b>839,152</b>	<b>(212,133)</b>

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

<b>INCOME:</b>	<b>MONTH OF May 2021</b>	<b>MONTH OF May 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	75,258	56,876	18,382
Earned Income	1,051,819	1,046,021	5,798
General Revenue-Contract	1,439,933	1,755,028	(315,095)
<b>TOTAL INCOME</b>	<b>\$ 2,567,011</b>	<b>\$ 2,857,925</b>	<b>\$ (290,914)</b>
Salaries	1,468,691	1,692,990	(224,299)
Employee Benefits	321,777	326,026	(4,249)
Medication Expense	52,056	56,579	(4,523)
Travel-Board/Staff	18,303	1,633	16,670
Building Rent/Maintenance	9,442	14,915	(5,473)
Consultants/Contracts	329,202	424,751	(95,549)
Other Operating Expenses	211,486	274,840	(63,354)
<b>TOTAL EXPENSES</b>	<b>\$ 2,410,957</b>	<b>\$ 2,791,732</b>	<b>\$ (380,777)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 156,053</b>	<b>\$ 66,193</b>	<b>\$ 89,862</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	6,521	-	6,521
Capital Outlay-Debt Service	69,667	93,054	(23,387)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 76,188</b>	<b>\$ 93,054</b>	<b>\$ (16,866)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,487,145</b>	<b>\$ 2,884,786</b>	<b>\$ (397,641)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 79,865</b>	<b>\$ (26,864)</b>	<b>\$ 106,728</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	69,667	93,054	(23,387)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>93,054</b>	<b>(23,387)</b>

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

<b>INCOME:</b>	<b>MONTH OF May 2021</b>	<b>MONTH OF April 2021</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	75,258	78,795	(3,536)
Earned Income	1,051,819	1,155,636	(103,817)
General Revenue-Contract	1,439,933	1,851,692	(411,759)
<b>TOTAL INCOME</b>	<b>\$ 2,567,011</b>	<b>\$ 3,086,123</b>	<b>\$ (519,112)</b>
<b>EXPENSES:</b>			
Salaries	1,468,691	1,892,873	(424,181)
Employee Benefits	321,777	376,645	(54,868)
Medication Expense	52,056	58,719	(6,664)
Travel-Board/Staff	18,303	21,044	(2,741)
Building Rent/Maintenance	9,442	16,033	(6,591)
Consultants/Contracts	329,202	420,177	(90,975)
Other Operating Expenses	211,486	192,884	18,601
<b>TOTAL EXPENSES</b>	<b>\$ 2,410,957</b>	<b>\$ 2,978,375</b>	<b>\$ (567,418)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 156,053</b>	<b>\$ 107,747</b>	<b>\$ 48,306</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	6,521	2,147	4,373
Capital Outlay-Debt Service	69,667	69,667	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 76,188</b>	<b>\$ 71,815</b>	<b>\$ 4,373</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,487,145</b>	<b>\$ 3,050,190</b>	<b>\$ (563,045)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 79,865</b>	<b>\$ 35,932</b>	<b>\$ 43,933</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>

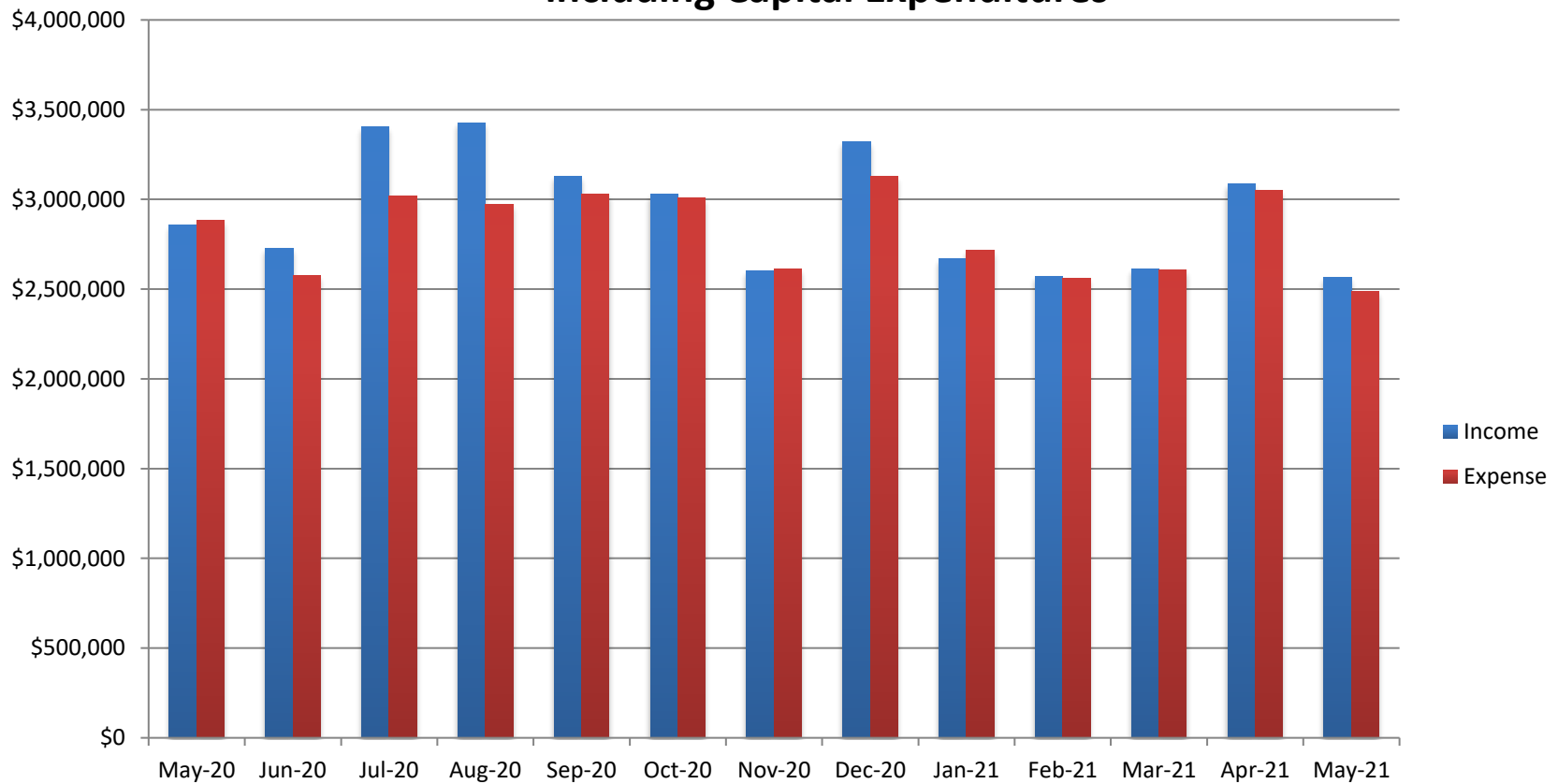
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of May 2021**

	YTD Mental Health May 2021	YTD IDD May 2021	YTD Other Services May 2021	YTD Agency Total May 2021	YTD Approved Budget May 2021	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,742,721	(402,497)	316,172	1,656,395	1,596,856	59,539
Earned Income	3,523,596	3,117,835	3,124,256	9,765,687	9,871,667	(105,980)
General Revenue-Contract	11,995,124	1,157,605	1,015,543	14,168,272	14,211,926	(43,654)
<b>TOTAL INCOME</b>	<b>\$ 17,261,441</b>	<b>\$ 3,872,943</b>	<b>\$ 4,455,971</b>	<b>\$ 25,590,354</b>	<b>\$ 25,680,449</b>	<b>\$ (90,095)</b>
<b>EXPENSES:</b>						
Salaries	9,683,584	2,059,030	2,958,598	14,701,212	14,771,269	(70,057)
Employee Benefits	2,035,531	444,294	639,293	3,119,118	3,123,811	(4,693)
Medication Expense	439,248	-	105,506	544,754	562,800	(18,046)
Travel-Board/Staff	92,118	1,788	19,395	113,301	116,897	(3,596)
Building Rent/Maintenance	130,267	7,684	22,289	160,241	159,332	909
Consultants/Contracts	2,600,030	754,086	238,975	3,593,091	3,650,884	(57,793)
Other Operating Expenses	1,158,876	370,663	288,998	1,818,537	1,841,567	(23,030)
<b>TOTAL EXPENSES</b>	<b>\$ 16,139,654</b>	<b>\$ 3,637,545</b>	<b>\$ 4,273,054</b>	<b>\$ 24,050,255</b>	<b>\$ 24,226,559</b>	<b>\$ (176,305)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,121,787</b>	<b>\$ 235,398</b>	<b>\$ 182,917</b>	<b>\$ 1,540,099</b>	<b>\$ 1,453,890</b>	<b>\$ 86,210</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	348,223	81,857	98,101	528,182	553,963	(25,781)
Capital Outlay-Debt Service	420,103	94,053	112,863	627,019	627,030	(11)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 768,326</b>	<b>\$ 175,910</b>	<b>\$ 210,964</b>	<b>\$ 1,155,201</b>	<b>\$ 1,180,993</b>	<b>\$ (25,792)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 16,907,980</b>	<b>\$ 3,813,455</b>	<b>\$ 4,484,018</b>	<b>\$ 25,205,456</b>	<b>\$ 25,407,552</b>	<b>\$ (202,097)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 353,461</b>	<b>\$ 59,488</b>	<b>\$ (28,047)</b>	<b>\$ 384,899</b>	<b>\$ 272,897</b>	<b>\$ 112,002</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	420,103	94,053	112,863	627,019	627,030	(206,927)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>420,103</b>	<b>94,053</b>	<b>112,863</b>	<b>627,019</b>	<b>627,030</b>	<b>(206,927)</b>

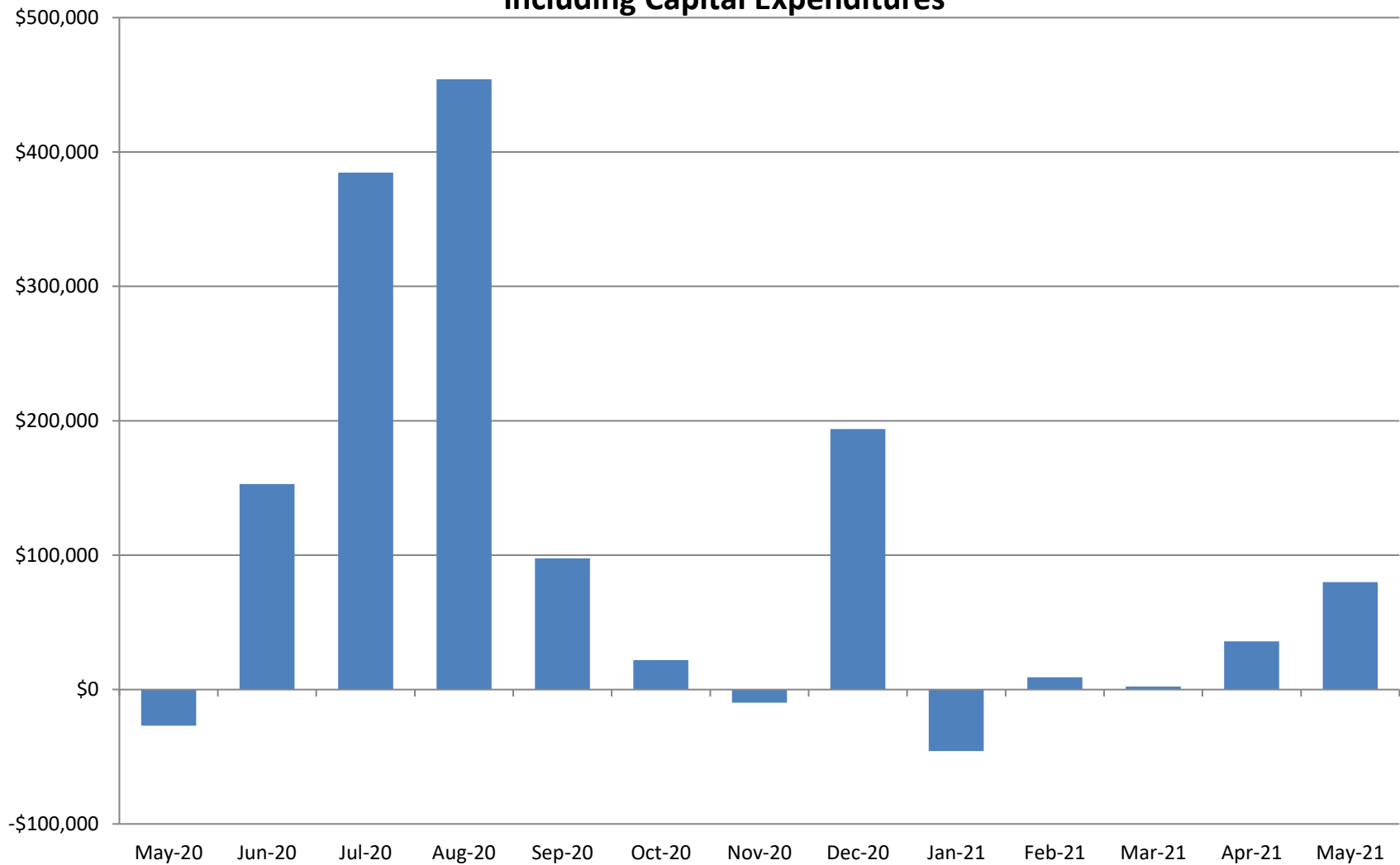
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### including Capital Expenditures



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



<b>Agenda Item:</b> Approve June 2021 Financial Statements	<b>Board Meeting Date</b>  July 29, 2021
<b>Committee:</b> Business	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  June 2021 Financial Statements	
<b>Recommended Action:</b>  <b>Approve June 2021 Financial Statements</b>	



## June 2021 Financial Summary

Revenues for June 2021 were \$2,683,156 and operating expenses were \$2,557,942 resulting in a gain in operation of \$125,214. Capital Expenditures and Extraordinary Expenses for June were \$142,811 resulting in a loss of \$17,598. Total revenues were 98.49% of the monthly budgeted revenues and total expenses were 99.46% of the monthly budgeted expenses (difference of .97%).

Year to date revenues are \$28,273,510 and operating expenses are \$26,608,197 leaving excess operating revenues of \$1,665,313. YTD Capital Expenditures and Extraordinary Expenses are 1,298,013 resulting in a gain YTD of \$367,301. Total revenues are 99.54% of the YTD budgeted revenues and total expenses are 99.23% of the YTD budgeted expenses (difference of .31%).

### **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>
Title XIX Case Management IDD	1,365,139	1,436,780	95.01%	71,641
Title XIX HCS Program	1,581,658	1,613,653	98.02%	31,995
Medicaid - Regular	386,907	438,043	88.33%	51,136
HHSC – SA Treatment Adult	47,136	78,833	59.79%	31,697
DSHS Outpatient Competency Restoration	106,816	140,274	76.15%	33,458

**Title XIX Case Management** – This line is an earned revenue line. This line continues to be under budget. Last month we reported an employee investigation, where we found services that did not meet compliance and billing standards; therefore, we had to pay back these services to Medicaid. The payback caused this line to be under current budgeted revenue. This month we continue to be under budget mainly due to staff vacancies that is program area.

**Title XIX HCS Program** – This line item is an earned revenue line. This program has had several issues that have affected revenue including changes in Host Home providers' life situations, one consumer transferred out and we were unable to bill for another consumer while they were held in another facility due to COVID.

**Medicaid - Regular** – This line item continues to be trending below normal. We adjusted it during the first budget revision but revenues are still below expectations. This line has had the most volatility since COVID started. This month the revenue is near the budgeted estimate, but we do not think we have seen the end of the ups and downs.

**HHSC – SA Treatment Adult** – This is an earned revenue line. The program service delivery is mainly face to face group meetings which have been greatly affected by COVID. We will not see an increase in this revenue line until the center is getting back to normal operating procedures.

**DSHS Outpatient Competency Restoration** – This is a cost reimbursement program that has been affected by COVID and also had had a vacant position for the entire fiscal year. The vacancy resulted in reduced expenses, and therefore, revenue was lower than expected.

## **EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Consultant – Other	255,242	228,742	111.59%	26,500
Employee Recognition	25,771	9,483	271.76%	16,288
Employee Recruitment	24,000	12,167	197.25%	11,833
Utilities – Electricity	154,612	142,095	108.81%	12,517

**Consultant Other** – This line item reflects the costs of the contract services incurred for grant writing services to assist with the submission of the two SAMHSA grants that we submitted this fiscal year. This was a reclassification to this expense line to properly identify the costs.

**Employee Recognition** – This line item is over budget due to the purchase of a gift card for employee incentives that we gave to encourage them to become vaccinated for COVID.

**Employee Recruitment** – This line item reflects the first payment for the recruitment fee paid for the Psychiatrist that will be starting in the fall.

**Utilities – Electricity** – This line item reflects an increase in the electrical expense amount. The increase was caused at the Huntsville location by a broken meter and when the meter was fixed, we received a corrected invoice for prior periods that were invoiced as estimates and it resulted in higher than anticipated energy costs.

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

	<b>TOTALS COMBINED FUNDS June 2021</b>	<b>TOTALS COMBINED FUNDS May 2021</b>	<b>Increase (Decrease)</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	3,650	3,700	(50)
Cash on Deposit-General Fund	7,652,794	7,004,153	648,640
Cash on Deposit-Debt Fund			-
Accounts Receivable	2,503,425	2,633,809	(130,384)
Inventory	2,720	2,830	(110)
<b>TOTAL CURRENT ASSETS</b>	<b>10,162,589</b>	<b>9,644,493</b>	<b>518,096</b>
<b>FIXED ASSETS</b>	<b>18,775,157</b>	<b>18,775,157</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>239,110</b>	<b>159,351</b>	<b>79,759</b>
<b>TOTAL ASSETS</b>	<b>\$ 29,176,856</b>	<b>\$ 28,579,001</b>	<b>\$ 597,856</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,235,113	1,255,989	(20,876)
<b>NOTES PAYABLE</b>	719,395	719,395	-
<b>DEFERRED REVENUE</b>	(757,403)	(1,387,565)	630,162
<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	10,791,861	10,832,611	(40,750)
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	367,301	384,899	(17,598)
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(10,791,861)	(10,832,611)	40,750
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	61,667	55,501	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	4,499,310	4,499,310	0
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 29,176,856</b>	<b>\$ 28,579,001</b>	<b>\$ 597,855</b>

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

	<b>General Operating Funds</b>	<b>Memorandum Only Final August 2020</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Imprest Cash Funds	3,650	3,900
Cash on Deposit-General Fund	7,652,794	9,613,744
Cash on Deposit-Debt Fund	-	-
Accounts Receivable	2,503,425	2,166,985
Inventory	2,720	3,732
<b>TOTAL CURRENT ASSETS</b>	<b>10,162,589</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>239,110</b>	<b>169,253</b>
	<b>\$ 29,176,856</b>	<b>\$ 30,732,771</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>	<b>1,235,113</b>	<b>1,542,782</b>
<b>NOTES PAYABLE</b>	<b>719,395</b>	<b>719,395</b>
<b>DEFERRED REVENUE</b>	<b>(757,403)</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	10,791,861	11,200,154
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>		
General Fund	367,301	849,344
<b>FUND EQUITY</b>		
<b>RESTRICTED</b>		
Net Assets Reserved for Debt service-Restricted	(10,791,861)	(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	61,667	-
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	4,499,310	3,649,967
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 29,176,856</b>	<b>\$ 30,732,771</b>

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

<b>INCOME:</b>	<b>MONTH OF June 2021</b>	<b>YTD June 2021</b>
Local Revenue Sources	105,369	1,761,765
Earned Income	1,074,939	10,840,625
General Revenue-Contract	1,502,848	15,671,120
<b>TOTAL INCOME</b>	<b>\$ 2,683,156</b>	<b>\$ 28,273,510</b>
<b>EXPENSES:</b>		
Salaries	1,587,457	16,288,669
Employee Benefits	330,884	3,450,003
Medication Expense	58,221	602,975
Travel-Board/Staff	25,459	138,760
Building Rent/Maintenance	7,751	167,992
Consultants/Contracts	351,428	3,944,519
Other Operating Expenses	196,742	2,015,279
<b>TOTAL EXPENSES</b>	<b>\$ 2,557,942</b>	<b>\$ 26,608,197</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 125,214</b>	<b>\$ 1,665,313</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay-FF&E, Automobiles, Building	73,144	601,326
Capital Outlay-Debt Service	69,667	696,687
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 142,811</b>	<b>\$ 1,298,013</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,700,754</b>	<b>\$ 27,906,209</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (17,598)</b>	<b>\$ 367,301</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	69,667	696,687
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>696,687</b>

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

	YTD June 2021	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,761,765	1,672,270	89,494
Earned Income	10,840,625	10,996,224	(155,599)
	15,671,120	15,736,163	(65,043)
<b>TOTAL INCOME</b>	<b>\$ 28,273,510</b>	<b>\$ 28,404,657</b>	<b>\$ (131,147)</b>
<b>EXPENSES:</b>			
Salaries	16,288,669	16,300,413	(11,744)
Employee Benefits	3,450,003	3,454,730	(4,727)
Medication Expense	602,975	627,966	(24,991)
Travel-Board/Staff	138,760	142,104	(3,344)
Building Rent/Maintenance	167,992	175,692	(7,700)
Consultants/Contracts	3,944,519	4,066,766	(122,247)
Other Operating Expenses	2,015,279	2,049,965	(34,686)
<b>TOTAL EXPENSES</b>	<b>\$ 26,608,197</b>	<b>\$ 26,817,635</b>	<b>\$ (209,438)</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>\$ 1,665,313</b>	 <b>\$ 1,587,023</b>	 <b>\$ 78,291</b>
 <b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	601,326	608,630	(7,304)
Capital Outlay-Debt Service	696,687	696,700	(13)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,298,013</b>	<b>\$ 1,305,330</b>	<b>\$ (7,317)</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>\$ 27,906,209</b>	 <b>\$ 28,122,965</b>	 <b>\$ (216,755)</b>
  <b>Excess (Deficiency) of Revenues and Expenses</b>	  <b>\$ 367,301</b>	  <b>\$ 281,693</b>	  <b>\$ 85,608</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	696,687	696,700	(13)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>696,687</b>	<b>696,700</b>	<b>(13)</b>

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

<b>INCOME:</b>	<b>MONTH OF June 2021</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	105,369	75,414	29,955
Earned Income	1,074,939	1,124,557	(49,619)
General Revenue-Contract	1,502,848	1,524,237	(21,389)
<b>TOTAL INCOME</b>	<b>\$ 2,683,156</b>	<b>\$ 2,724,208</b>	<b>\$ (41,052)</b>
<b>EXPENSES:</b>			
Salaries	1,587,457	1,529,144	58,313
Employee Benefits	330,884	330,918	(34)
Medication Expense	58,221	65,167	(6,945)
Travel-Board/Staff	25,459	25,207	252
Building Rent/Maintenance	7,751	16,360	(8,609)
Consultants/Contracts	351,428	415,881	(64,454)
Other Operating Expenses	196,742	208,398	(11,656)
<b>TOTAL EXPENSES</b>	<b>\$ 2,557,942</b>	<b>\$ 2,591,076</b>	<b>\$ (33,133)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 125,214</b>	<b>\$ 133,133</b>	<b>\$ (7,919)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	73,144	54,667	18,477
Capital Outlay-Debt Service	69,667	69,670	(3)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 142,811</b>	<b>\$ 124,337</b>	<b>\$ 18,475</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,700,754</b>	<b>\$ 2,715,412</b>	<b>\$ (14,658)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (17,598)</b>	<b>\$ 8,796</b>	<b>\$ (26,394)</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 June 2020 Comparative Data**  
**Year to Date as of June 2021**

<b>INCOME:</b>	<b>YTD June 2021</b>	<b>YTD June 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,761,765	1,230,439	531,326
Earned Income	10,840,625	10,758,321	82,304
General Revenue-Contract	15,671,120	14,844,292	826,828
<b>TOTAL INCOME</b>	<b>\$ 28,273,510</b>	<b>\$ 26,833,052</b>	<b>\$ 1,440,458</b>
<b>EXPENSES:</b>			
Salaries	16,288,669	15,298,015	990,654
Employee Benefits	3,450,003	3,095,972	354,031
Medication Expense	602,975	621,049	(18,074)
Travel-Board/Staff	138,760	249,324	(110,564)
Building Rent/Maintenance	167,992	238,098	(70,106)
Consultants/Contracts	3,944,519	3,841,993	102,526
Other Operating Expenses	2,015,279	2,148,171	(132,892)
<b>TOTAL EXPENSES</b>	<b>\$ 26,608,197</b>	<b>\$ 25,492,620</b>	<b>\$ 1,115,575</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,665,313</b>	<b>\$ 1,340,432</b>	<b>\$ 324,883</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	601,326	238,120	363,206
Capital Outlay-Debt Service	696,687	932,181	(235,494)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,298,013</b>	<b>\$ 1,170,301</b>	<b>\$ 127,712</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 27,906,209</b>	<b>\$ 26,662,921</b>	<b>\$ 1,243,288</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 367,301</b>	<b>\$ 170,128</b>	<b>\$ 197,172</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	696,687	932,181	(235,494)
			-
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>696,687</b>	<b>932,181</b>	<b>(235,494)</b>

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

<b>INCOME:</b>	<b>MONTH OF June 2021</b>	<b>MONTH OF June 2020</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	105,369	78,282	27,087
Earned Income	1,074,939	1,034,882	40,057
General Revenue-Contract	1,502,848	1,613,583	(110,735)
<b>TOTAL INCOME</b>	<b>\$ 2,683,156</b>	<b>\$ 2,726,747</b>	<b>\$ (43,591)</b>
Salaries	1,587,457	1,409,066	178,391
Employee Benefits	330,884	290,227	40,657
Medication Expense	58,221	60,840	(2,619)
Travel-Board/Staff	25,459	2,477	22,982
Building Rent/Maintenance	7,751	10,242	(2,491)
Consultants/Contracts	351,428	496,542	(145,114)
Other Operating Expenses	196,742	210,583	(13,841)
<b>TOTAL EXPENSES</b>	<b>\$ 2,557,942</b>	<b>\$ 2,479,975</b>	<b>\$ 77,965</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 125,214</b>	<b>\$ 246,772</b>	<b>\$ (121,556)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	73,144	844	72,300
Capital Outlay-Debt Service	69,667	93,029	(23,362)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 142,811</b>	<b>\$ 93,873</b>	<b>\$ 48,938</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,700,754</b>	<b>\$ 2,573,848</b>	<b>\$ 126,906</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (17,598)</b>	<b>\$ 152,896</b>	<b>\$ (170,495)</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	69,667	93,029	(23,362)
<b>Excess(Deficiency) of revenues over Expenses</b>	<b>69,667</b>	<b>93,029</b>	<b>(23,362)</b>

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

<b>INCOME:</b>	<b>MONTH OF June 2021</b>	<b>MONTH OF May 2021</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	105,369	75,258	30,111
Earned Income	1,074,939	1,051,819	23,119
General Revenue-Contract	1,502,848	1,439,933	62,915
<b>TOTAL INCOME</b>	<b>\$ 2,683,156</b>	<b>\$ 2,567,011</b>	<b>\$ 116,145</b>
<b>EXPENSES:</b>			
Salaries	1,587,457	1,468,691	118,765
Employee Benefits	330,884	321,777	9,107
Medication Expense	58,221	52,056	6,166
Travel-Board/Staff	25,459	18,303	7,156
Building Rent/Maintenance	7,751	9,442	(1,691)
Consultants/Contracts	351,428	329,202	22,226
Other Operating Expenses	196,742	211,486	(14,743)
<b>TOTAL EXPENSES</b>	<b>\$ 2,557,942</b>	<b>\$ 2,410,957</b>	<b>\$ 146,985</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 125,214</b>	<b>\$ 156,053</b>	<b>\$ (30,840)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay-FF&E, Automobiles	73,144	6,521	66,623
Capital Outlay-Debt Service	69,667	69,667	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 142,811</b>	<b>\$ 76,188</b>	<b>\$ 66,623</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 2,700,754</b>	<b>\$ 2,487,145</b>	<b>\$ 213,609</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (17,598)</b>	<b>\$ 79,865</b>	<b>\$ (97,463)</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>

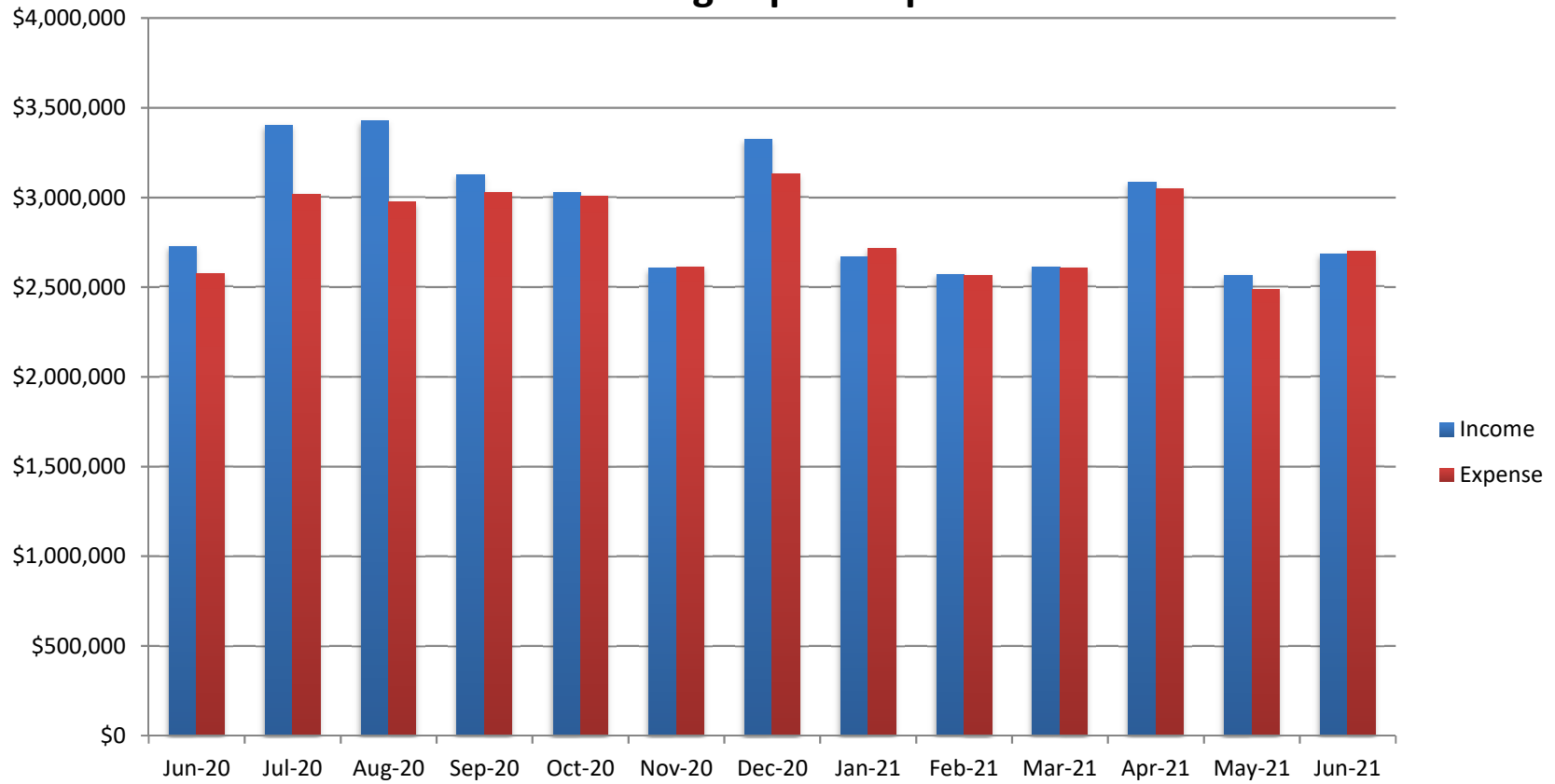
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of June 2021**

	YTD Mental Health June 2021	YTD IDD June 2021	YTD Other Services June 2021	YTD Agency Total June 2021	YTD Approved Budget June 2021	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,905,024	(454,789)	311,529	1,761,765	1,672,270	89,495
Earned Income	3,909,229	3,438,160	3,493,237	10,840,625	10,996,224	(155,599)
General Revenue-Contract	13,237,956	1,271,165	1,161,999	15,671,120	15,736,163	(65,043)
<b>TOTAL INCOME</b>	<b>\$ 19,052,209</b>	<b>\$ 4,254,536</b>	<b>\$ 4,966,765</b>	<b>\$ 28,273,510</b>	<b>\$ 28,404,657</b>	<b>\$ (131,147)</b>
<b>EXPENSES:</b>						
Salaries	10,717,767	2,302,965	3,267,937	16,288,669	16,300,413	(11,744)
Employee Benefits	2,250,171	493,557	706,276	3,450,003	3,454,730	(4,727)
Medication Expense	483,131		119,844	602,975	627,966	(24,991)
Travel-Board/Staff	107,790	5,625	25,346	138,760	142,104	(3,344)
Building Rent/Maintenance	136,454	8,482	23,057	167,992	175,692	(7,700)
Consultants/Contracts	2,831,415	836,511	276,593	3,944,519	4,066,766	(122,247)
Other Operating Expenses	1,271,555	419,253	324,471	2,015,279	2,049,965	(34,686)
<b>TOTAL EXPENSES</b>	<b>\$ 17,798,283</b>	<b>\$ 4,066,393</b>	<b>\$ 4,743,524</b>	<b>\$ 26,608,198</b>	<b>\$ 26,817,635</b>	<b>\$ (209,438)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,253,926</b>	<b>\$ 188,143</b>	<b>\$ 223,241</b>	<b>\$ 1,665,312</b>	<b>\$ 1,587,023</b>	<b>\$ 78,290</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay-FF&E, Automobiles	397,230	92,829	111,267	601,326	608,630	(7,304)
Capital Outlay-Debt Service	466,780	104,503	125,404	696,687	696,700	(13)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 864,010</b>	<b>\$ 197,332</b>	<b>\$ 236,671</b>	<b>\$ 1,298,013</b>	<b>\$ 1,305,330</b>	<b>\$ (7,317)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 18,662,293</b>	<b>\$ 4,263,725</b>	<b>\$ 4,980,195</b>	<b>\$ 27,906,211</b>	<b>\$ 28,122,965</b>	<b>\$ (216,755)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 389,916</b>	<b>\$ (9,189)</b>	<b>\$ (13,430)</b>	<b>\$ 367,301</b>	<b>\$ 281,693</b>	<b>\$ 85,607</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	466,780	104,503	125,404	696,687	696,700	(229,920)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>466,780</b>	<b>104,503</b>	<b>125,404</b>	<b>696,687</b>	<b>696,700</b>	<b>(229,920)</b>

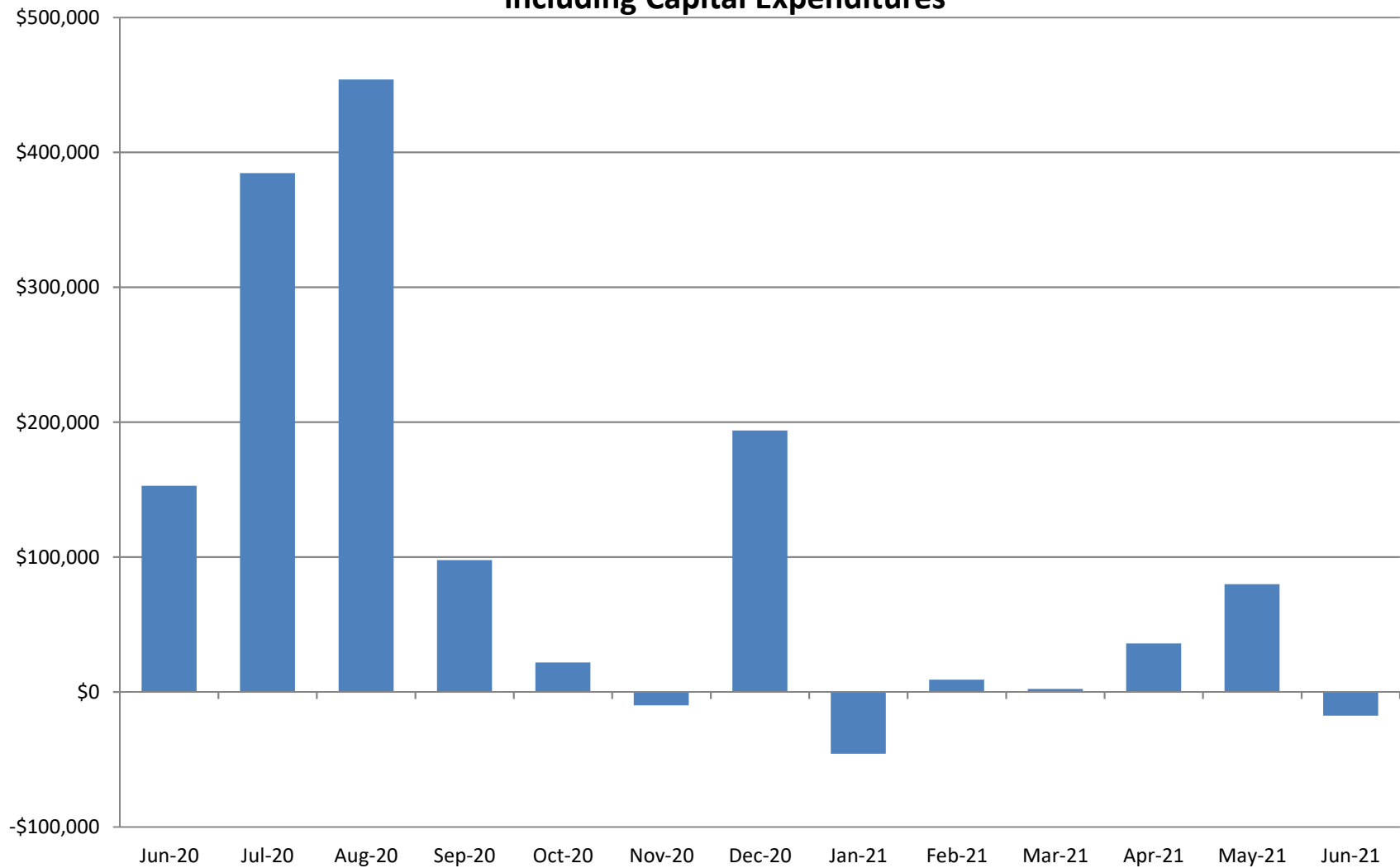
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### including Capital Expenditures



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



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

**Board Meeting Date**

July 29, 2021

**Committee:** Business

**Background Information:**

Tri-County currently has employee health insurance coverage through Blue Cross Blue Shield. In FY 2021, we offered a structure of four plan types (two HSA-eligible plans and two PPO plans). Our current plans will expire on September 30, 2021. In April 2021, Benefit Solutions (per our request) gathered and later presented quotes for FY 2022 employee health and supplemental insurance coverage that would be similar to our current plan designs.

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

- **Blue Cross Blue Shield** (Renewal quote for existing plans) "Rate Pass" – 0% increase from FY 2021 rates.
- **United Healthcare** Quoted HSA-eligible and PPO plans with a .78% decrease from FY 2021 rates, with no bariatric rider option.
- **United Healthcare** Offered a second quote for HSA-eligible and EPO (Exclusive Provider Organization) plans with a 5.07% decrease from FY 2021 rates, with no bariatric rider option. (EPO plans offer no out-of-network coverage.)
- **Humana** Quoted HSA-eligible and PPO plans with a 14.014% increase from FY 2021 rates, with no bariatric rider option.

Based on the above quotes, the Management Team is recommending that Tri-County stay with Blue Cross Blue Shield, as this will also allow employees to maintain their current coverage.

Tri-County contributes \$475 per month toward employee premiums.

Blue Cross Blue Shield's Base Plan is \$573.27 a month, as detailed below. The employee out-of-pocket premiums for this plan will remain at \$98.27 per month. All plan options to be provided for employees in FY 2022 are described below:

**BCBS HSA 3000:**

The HSA 3000 Plan has a \$3,000/\$6,000 deductible and pays benefits at 90% once the deductible is met. Employees will pay 100% for medical services and prescriptions until their deductible is met. The cost of this plan is \$573.27 per month for employee-only coverage. Tri-County contributes \$475 per month; therefore, the out-of-pocket cost to the employee for employee-only coverage is \$98.27 per month. The cost to the employee for employee and spouse is \$789.88, employee and children is \$616.98 and employee and family is \$1308.59.

**BCBS HSA 1500 Middle Plan:**

The HSA 1500 has a \$1,500/\$3,000 deductible. This plan will pay 80% of all medical once the deductible is met. Employees are responsible for co-pays for prescription medications after the deductible is met. The cost for this plan is \$634.17 for employee-only coverage. Tri-County contributes \$475 per month; therefore, the out-of-pocket cost to the employee for employee-only coverage is \$159.17. The cost to the employee for employee and spouse is \$923.87, employee and children is \$732.70 and employee and family is \$1497.40. This plan includes a rider for bariatric surgical procedures that was added in FY 2017.

**BCBS PPO 1500:**

The PPO 1500 has a \$1,500/\$3,000 deductible. This plan pays at 80% once deductible is met. Office visits are \$30 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$150/\$300. The cost of this plan is \$651.94 for employee-only coverage. Tri-County contributes \$475 per month; therefore, the out-of-pocket cost to the employee for employee-only coverage \$176.94 per month. The cost to the employee for employee and spouse is \$962.96, employee and children is \$766.45 and employee and family is \$1552.49.

**BCBS PPO Buy Up 1000:**

This option offers a \$1,000/\$2,000 deductible with 100% coinsurance once deductible is met. Office visits are \$25 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$150/\$300. The cost of this plan is \$720.00 for employee-only coverage. Tri-County contributes \$475 per month; therefore, the out-of-pocket cost to the employee for employee-only coverage is \$245 per month. The cost to the employee for employee and spouse is \$1,112.69, employee and children is \$895.76, and employee and family is \$1,763.46.

**Ancillary Plans**

Tri-County pays for Basic Life/Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) coverage for all full-time employees. Coverage is currently provided through The Hartford. The Hartford's renewal quote for Basic Life/AD&D had a 0% increase and the LTD quote had a rate guarantee of our current premiums.

MetLife provided a quote for Basic Life/AD&D that was a 17% decrease and a quote for LTD that was a 35% increase from our current premiums.

Mutual of Omaha provided a quote for Basic Life/AD&D that was an 4% decrease and a quote for LTD that was a 1% increase from our current premiums.

Blue Cross Blue Shield provided a quote for Basic Life/AD&D that was a 0% increase from our current premiums but did not provide a quote for LTD coverage.

Based on the above quotes, the Management Team is recommending that Tri-County keep our Ancillary Plans with The Hartford for FY 2022.

**Supporting Documentation:**

Tri-County Employee Health Insurance Spreadsheet

**Recommended Action:**

**Approve Recommendation for FY 2022 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans**





DEAN & DRAPER  
insurance agency, LP

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

## 2021 Medical Benefit Comparison

Prepared for:



Effective Date:

October 1, 2021

Tri County Behavioral Healthcare  
2021 Employee Benefit Comparison - Medical

					CURRENT 2020 - 2021				RENEWAL 2021 - 2022			
Carrier Name					BCBS				BCBS			
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)
Plan Network					BLUE CHOICE NETWORK				BLUE CHOICE NETWORK			
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit	HSA 3000	H SA 1500	PPO 1500	PPO 1000	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	Copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	Copays and RX apply to the OOP
Individual OOP - In-Network (includes deductible)					\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$5,000	\$2,500
Family OOP - In-Network (includes deductible)					\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$10,000	\$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coin	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coin	\$300 Copay + Ded
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Included	Not Covered	Not Covered
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000
Employee Only	62	12	108	66	\$573.27	\$634.17	\$651.94	\$720.00	\$629.45	\$696.32	\$715.83	\$790.56
Employee/Spouse	1	0	2	3	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,388.84	\$1,535.95	\$1,578.88	\$1,743.28
Employee/Children	5	0	9	9	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,198.99	\$1,326.05	\$1,363.11	\$1,505.09
Employee/Family	1	0	3	3	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$1,958.38	\$2,165.70	\$2,226.18	\$2,457.83
Monthly Total / Plan	69	12	122	81	\$44,051	\$7,610	\$90,541	\$71,335	\$48,368	\$8,356	\$99,414	\$78,326
Annual Total/Plan					\$528,613	\$91,320	\$1,086,492	\$856,023	\$580,417	\$100,270	\$1,192,967	\$939,913
Combined Annual Total	284				\$2,562,449				\$2,813,567			
\$ Change from Current					N/A				\$251,118			
% Change/Plan from Current					N/A				9.8%	9.8%	9.8%	9.8%
% Change from Current					N/A				9.8%			

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

This proposal is a general description of coverage (s) provided. For a detailed description of policy terms and conditions, please refer to the policy itself. If a conflict exists between this proposal and the policy, the policy will be controlling. Proposed rates are estimated and based on census provided. Final rates are based on effective date, plan design & actual enrollment. Rates are based on information provided at time of quote.

Tri County Behavioral Healthcare  
2021 Employee Benefit Comparison - Medical

NEGOTIATED RENEWAL

					CURRENT 2020 - 2021				RENEWAL 2021 - 2022			
Carrier Name					BCBS				BCBS			
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)
Plan Network					BLUE CHOICE NETWORK				BLUE CHOICE NETWORK			
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit	HSA 3000	H SA 1500	PPO 1500	PPO 1000	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	Copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP
Individual OOP - In-Network <i>(includes deductible)</i>					\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$5,000	\$2,500
Family OOP - In-Network <i>(includes deductible)</i>					\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$10,000	\$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coin	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coin	\$300 Copay + Ded
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Included	Not Covered	Not Covered
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000
Employee Only	62	12	108	66	\$573.27	\$634.17	\$651.94	\$720.00	\$573.27	\$634.17	\$651.94	\$720.00
Employee/Spouse	1	0	2	3	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69
Employee/Children	5	0	9	9	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76
Employee/Family	1	0	3	3	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46
Monthly Total / Plan	69	12	122	81	\$44,051	\$7,610	\$90,541	\$71,335	\$44,051	\$7,610	\$90,541	\$71,335
Annual Total/Plan					\$528,613	\$91,320	\$1,086,492	\$856,023	\$528,613	\$91,320	\$1,086,492	\$856,023
Combined Annual Total	284				\$2,562,449				\$2,562,449			
\$ Change from Current					N/A				\$0			
% Change/Plan from Current					N/A				0.0%	0.0%	0.0%	0.0%
% Change from Current					N/A				0%			

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

This proposal is a general description of coverage (s) provided. For a detailed description of policy terms and conditions, please refer to the policy itself. If a conflict exists between this proposal and the policy, the policy will be controlling. Proposed rates are estimated and based on census provided. Final rates are based on effective date, plan design & actual enrollment.  
Rates are based on information provided at time of quote.

Tri County Behavioral Healthcare  
2021 Employee Benefit Comparison - Medical

					CURRENT 2020 - 2021				Alternate 2021 - 2022			
Carrier Name					BCBS				UHC			
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	AE3N Rx Plan: 2V (In Network)	AE3J Rx Plan: 2V (In Network)	ANDI Rx Plan: QF (In Network)	ANDI Rx Plan: QF (In Network)
Plan Network					BLUE CHOICE NETWORK				CHOICE PLUS			
Benefit Details					Embedded	Aggregate	PPO	PPO	HSA	HSA	PPO	PPO
Office Visit	HSA 3000	HSA 1500	PPO 1500	PPO 1000	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$0 copay	\$0 copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$100 Copay	\$100 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	90%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP	Medical & Rx apply to the OOP Max	Medical & Rx apply to the OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP
Individual OOP - In-Network <i>(includes deductible)</i>					\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$6,500	\$6,500
Family OOP - In-Network <i>(includes deductible)</i>					\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$13,000	\$13,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coins.	\$300 Copay + Ded	Ded. & Coins.	Ded. & Coins.	\$250 Copay + Ded. + Coins.	\$250 Copay + Ded. + Coins.
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible: \$10/\$35/\$60	After Deductible: \$10/\$35/\$60	\$15/\$45/\$85	\$15/\$45/\$85
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000
Employee Only	72	3	97	68	\$573.27	\$634.17	\$651.94	\$720.00	\$559.66	\$667.85	\$655.16	\$710.53
Employee/Spouse	3	0	2	2	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,234.85	\$1,473.56	\$1,445.56	\$1,567.73
Employee/Children	5	0	11	5	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,066.06	\$1,272.14	\$1,247.97	\$1,353.44
Employee/Family	1	0	1	2	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$1,741.25	\$2,077.85	\$2,038.37	\$2,210.64
Monthly Total / Plan	81	3	111	77	\$52,314	\$1,903	\$81,798	\$63,466	\$51,072	\$2,004	\$82,208	\$62,640
Annual Total/Plan					\$627,763	\$22,830	\$981,570	\$761,593	\$612,859	\$24,043	\$986,492	\$751,680
Combined Annual Total	272				\$2,393,757				\$2,375,074			
\$ Change from Current					N/A				-\$18,683			
% Change/Plan from Current					N/A				-2.4%	5.3%	0.5%	-1.3%
% Change from Current					N/A				-0.780%			

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

This proposal is a general description of coverage (s) provided. For a detailed description of policy terms and conditions, please refer to the policy itself. If a conflict exists between this proposal and the policy, the policy will be controlling. Proposed rates are estimated and based on census provided. Final rates are based on effective date, plan design & actual enrollment. Rates are based on information provided at time of quote.

Tri County Behavioral Healthcare  
2021 Employee Benefit Comparison - Medical

						CURRENT 2020 - 2021				Alternate 2021 - 2022			
Carrier Name						BCBS				UHC			
Plan Name						HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	AGYB Rx Plan: G71Y (In Network)	AGX6 Rx Plan: G71Y (In Network)	ANDO Rx Plan: 997Y MOD1 (In Network)	ANDO Rx Plan: 997Y (In Network)
Plan Network						BLUE CHOICE NETWORK				CHOICE PLUS			
Benefit Details						Embedded	Aggregate	PPO	PPO	HSA	HSA	EPO	EPO
Office Visit						Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$0 copay	\$0 copay
Specialty Doctor Office Visit						Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$100 Copay	\$100 Copay
Preventive Care						Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network						\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network						\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance						90%	80%	80%	100%	90%	80%	80%	90%
Calendar Year Maximums						Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP	Medical & Rx apply to the OOP Max	Medical & Rx apply to the OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP
Individual OOP - In-Network (includes deductible)						\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$6,500	\$6,500
Family OOP - In-Network (includes deductible)						\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$13,000	\$13,000
Lifetime Maximum						Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays						Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Complex Imaging						Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
In/Out Patient Hospital Services						Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Urgent Care						Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Emergency Room						Ded & Coins.	Ded. & Coins.	\$300 Co-pay + Ded + Coins.	\$300 Copay + Ded	Ded. & Coins.	Ded. & Coins.	\$250 Copay + Ded. + Coins.	\$250 Copay + Ded. + Coins.
Prescription Calendar Year Maximum						Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc						After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible: \$10/\$35/\$60	After Deductible: \$10/\$35/\$60	\$15/\$45/\$85	\$15/\$45/\$85
Preventive Medications Rider						None	None	None	None	None	None	None	None
Bariatric Rider						Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Total Rate						HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000
Employee Only	72	3	97	68		\$573.27	\$634.17	\$651.94	\$720.00	\$535.73	\$643.06	\$626.43	\$680.49
Employee/Spouse	3	0	2	2		\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,180.32	\$1,417.11	\$1,380.40	\$1,499.66
Employee/Children	5	0	11	5		\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,019.20	\$1,223.62	\$1,191.93	\$1,294.90
Employee/Family	1	0	1	2		\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$1,665.20	\$1,999.11	\$1,947.36	\$2,115.55
Monthly Total / Plan	81	3	111	77		\$52,314	\$1,903	\$81,798	\$63,466	\$48,875	\$1,929	\$78,583	\$59,978
Annual Total/Plan						\$627,763	\$22,830	\$981,570	\$761,593	\$586,497	\$23,150	\$942,997	\$719,739
Combined Annual Total	272					\$2,393,757				\$2,272,383			
\$ Change from Current						N/A				-\$121,374			
% Change/Plan from Current						N/A				-6.6%	1.4%	-3.9%	-5.5%
% Change from Current						N/A				-5.070%			

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

Tri County Behavioral Healthcare  
2021 Employee Benefit Comparison - Medical

					CURRENT 2020 - 2021				Alternate 2021 - 2022			
Carrier Name					BCBS				Humana			
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HUM NPOS3 90 60 3000 (In Network)	HUM NPOS4 80 50 3000 (In Network)	HUM NPOS1 80 50 1500 (In Network)	HUM NPOS2 100 70 1000 (In Network)
Plan Network					BLUE CHOICE NETWORK				National POS Open Access			
Benefit Details					Embedded	Aggregate	PPO	PPO	HSA	HSA	PPO	PPO
Office Visit	HSA 3000	H SA 1500	PPO 1500	PPO 1000	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$55 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$3,000	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$6,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP	Medical & Rx apply to OOP	Medical & Rx apply to OOP	Copays and Rx apply to the OOP	Copays and Rx apply to the OOP
Individual OOP - In-Network (includes deductible)					\$6,000	\$2,500	\$5,000	\$2,500	\$6,350	\$4,000	\$5,000	\$3,000
Family OOP - In-Network (includes deductible)					\$12,000	\$5,000	\$10,000	\$5,000	\$12,700	\$8,000	\$10,000	\$6,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded. & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded + Coins.	\$300 Copay + Ded	Ded. & Coins.	Ded. & Coins.	\$500 Copay + Coins.	\$350 Copay
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc/NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$10/\$40/\$70/25%	After Deductible \$10/\$40/\$70/25%	\$10/\$45/\$90/25%	\$10/\$45/\$90/25%
Preventive Medications Rider					None	None	None	None	None	None	None	None
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000 90	HSA 3000 80	PPO 1500	PPO 1000
Employee Only	72	3	97	68	\$573.27	\$634.17	\$651.94	\$720.00	\$613.77	\$610.06	\$734.88	\$878.48
Employee/Spouse	3	0	2	2	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,356.44	\$1,348.23	\$1,624.08	\$1,941.43
Employee/Children	5	0	11	5	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,166.17	\$1,159.12	\$1,396.27	\$1,669.10
Employee/Family	1	0	1	2	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$1,908.84	\$1,897.29	\$2,285.47	\$2,732.06
Monthly Total / Plan	81	3	111	77	\$52,314	\$1,903	\$81,798	\$63,466	\$56,000	\$1,830	\$92,176	\$77,429
Annual Total/Plan					\$627,763	\$22,830	\$981,570	\$761,593	\$672,005	\$21,962	\$1,106,112	\$929,149
Combined Annual Total	272				\$2,393,757				\$2,729,229			
\$ Change from Current					N/A				\$335,472			
% Change/Plan from Current					N/A				7.0%	-3.8%	12.7%	22.0%
% Change from Current					N/A				14.014%			

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

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*"Insuring the growth of Texas"*

3131 West Alabama, Suite 150, Houston, TX 77098

## **2021 Ancillary Benefit Comparison**

**Prepared for:**



**Effective Date:**

**October 1, 2021**

**Tri County Behavioral Healthcare**  
**2021 Employee Benefit Comparison - Life and AD&D**

	The Hartford CURRENT / RENEWAL		MetLife		Mutual of Omaha		Blue Cross Blue Shield	
PLAN DESIGN - Employee Benefit	CURRENT	RENEWAL	QUOTE 1		QUOTE 2		QUOTE 3	
Basic Life/\$1,000 (EMPLOYER PAID)	\$0.095	\$0.095	\$0.079		\$0.090		\$0.095	
Basic AD&D/\$1,000	0.020	0.020	0.016		0.020		0.020	
Benefit	2 x Annual Salary to a Maximum of \$300,000, plus \$5,000		2 x Annual Salary up to \$300,000 in increments of \$5,000		2 x Annual Salary to the next higher \$1,000 up to \$300,000, plus \$5,000		2 x Annual Salary to a Maximum of \$300,000, plus \$5,000	
Average Covered Volume	\$35,937,500		\$35,937,500		\$35,937,500		\$35,937,500	
Average Annual Premium	\$49,594	\$49,594	\$40,969		\$47,438		\$49,594	
\$ Annual/% Difference		0.0%	-\$8,625      -17%		-\$2,156      -4%		\$0      0%	
Voluntary Life	see rates in chart below		see rates in chart below		see rates in chart below		see rates in chart below	
Maximum Benefit - Employee	\$10,000 increments up to \$500,000 not to exceed 5x salary		\$10,000 increments up to \$500,000 not to exceed 5x salary		\$10,000 increments up to \$500,000 not to exceed 7x salary		\$10,000 increments up to \$500,000 not to exceed 5x salary	
Maximum Benefit - Spouse	\$5,000 increments up to \$100,000 not to exceed 50% of ee		\$5,000 increments up to \$100,000 not to exceed 50% of ee		\$5,000 increments up to \$150,000 not to exceed 100% of ee		\$5,000 increments up to \$100,000 not to exceed 50% of ee	
Maximum Benefit - Child/ren	\$20,000 (No AD&D)		Child under 15 days \$100 Child 15 days to 6 months \$1,000 Over 6 months \$1,000 , \$2,000, \$4,000, \$5,000, or \$10,000		\$20,000		\$20,000 not to exceed 100% of Employee Amount	
Guaranteed Issue Amount - Employee	\$120,000		\$120,000		\$150,000		\$120,000	
Guaranteed Issue Amount - Spouse	\$50,000		\$25,000		\$50,000		\$25,000	
Guaranteed Issue Amount - Child/ren	N/A		\$10,000		\$20,000		\$20,000	
Comments	<ul style="list-style-type: none"> <li>No Age Reduction</li> <li>Annual Re-enrollment: 1 Increment w/o EOI up to GI Maximum (restrictions apply)</li> <li>EE: Up to \$10,000</li> <li>SP: Up to \$5,000</li> </ul>		No Age Reduction		<ul style="list-style-type: none"> <li>Age Reduction Applies 50% at age 70</li> </ul>		<ul style="list-style-type: none"> <li>Age Reduction Applies 50% at age 70</li> </ul>	
Employee Voluntary Life Cost / \$1,000	Current & Renewal		Alternate		Alternate		Alternate	
Age of Employee	Employee	Spouse	Employee / Spouse		Employee / Spouse		Employee / Spouse	
< 29	0.077	0.077	0.060		0.057		0.057	
30-34	0.097	0.097	0.080		0.077		0.077	
35-39	0.107	0.107	0.090		0.087		0.087	
40-44	0.128	0.128	0.111		0.108		0.108	
45-49	0.184	0.184	0.167		0.164		0.164	
50-54	0.280	0.280	0.263		0.260		0.260	
55-59	0.447	0.447	0.430		0.427		0.427	
60-64	0.677	0.677	0.660		0.657		0.657	
65-69	1.287	1.287	1.270		1.267		1.267	
70-74	2.261	N/A	2.244		2.241		2.241	
75-79	2.261	N/A	2.244		2.241		2.241	
80+	2.261	N/A	2.244		2.241		2.241	
Child Life	0.120		0.240		0.220		0.1200	
Voluntary AD&D/\$1,000	EE & SP \$.02 included in Vol Life rate No Child AD&D		EE & SP \$.017 Child \$0.051		EE, SP & Child \$0.02		EE & SP \$.02 included in Vol Life rate Child \$0.051	



**Tri County Behavioral Healthcare**  
**2021 Employee Benefit Comparison - Long & Short Term Disability**

	The Hartford CURRENT / RENEWAL	MetLife	Mutual of Omaha
<b>PLAN DESIGN - Employee Benefit</b>		<b>QUOTE 1</b>	<b>QUOTE 2</b>
<b>Long Term Disability/\$100 (EMPLOYER PAID)</b>	<b>\$0.385</b>	<b>\$0.518</b>	<b>\$0.390</b>
Elimination Period	90 days	90 days	90 days
Benefit % of Monthly Earnings	66.67%	66.67%	66.67%
Maximum Monthly Benefit	\$10,000	\$10,000	\$10,000
Benefit Duration	ADEA 1 with SSNRA	RBD with SSNRA	RBD with SSNRA
Pre-existing Condition	3/12 (Lookback/Insured)	3/12 (Lookback/Insured)	3/12 (Lookback/Insured)
Average Monthly Covered Payroll	\$1,438,243	\$1,438,243	\$1,438,243
<b>Average Annual Premium</b>	<b>\$66,447</b>	<b>\$89,401</b>	<b>\$67,310</b>
<b>\$ Annual/% Difference</b>	<b>Rate Guarantee</b>	<b>\$22,954      35%</b>	<b>\$863      1%</b>
<b>NOTES:</b>	FICA Services Included	<b>FICA Services Not Included</b>	FICA Services Included
<b>Short Term Disability (VOLUNTARY)</b>			
Elimination Period: Accident / Illness	14 / 14	14 / 14	14 / 14
Benefit % of Weekly Earnings	up to 60%	\$1,000 or 60% whichever the lesser	<b>60%</b>
Maximum Weekly Benefit	\$1,000	\$1,000	\$1,000
Benefit Duration	13 weeks	<b>11 weeks</b>	<b>11 weeks</b>
Pre-existing Condition	3/3/12 (Lookback/Treatment Free/Insured) If pre-ex condition limitation applies,, Maximum Benefit Duration is 4 weeks	3/12	3/12
<b>Short Term Disability Cost/\$10 of weekly benefit</b>	<b>Age Rate</b>	<b>Age Rate</b>	<b>Age Rate</b>
<b>Age of Employee</b>			
≤ 24	\$0.440	\$0.652	\$0.55
25-29	\$0.440	\$0.652	\$0.55
30-34	\$0.440	\$0.652	\$0.55
35-39	\$0.580	\$0.652	\$0.73
40-44	\$0.580	\$0.652	\$0.73
45-49	\$0.580	\$0.587	\$0.73
50-54	\$0.650	\$0.652	\$0.81
55-59	\$0.650	\$0.820	\$0.81
60-64	\$0.650	\$0.876	\$0.81
65-69	\$0.650	\$0.839	\$0.81
70-99	\$0.650	\$0.839	\$0.81

<p><b>Agenda Item:</b> Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 29, 2021</p>
<p><b>Background Information:</b></p> <p>The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation; the revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.</p> <p>Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</b></p>	

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

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

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

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

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

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

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2021 through August 31, 2022.**

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

**Tri-County Behavioral Healthcare elects the following option for Fund Year 2021 – 2022:  
(Check only one)**

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

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

The member agrees to pay contributions based on actual payrolls during this period. Adjustments will be made on January 1 for each of the six years following the end of the **2021-2022** Fund year. These adjustments could require that the member make an additional contribution to the Fund.

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

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**Tri-County Behavioral Healthcare**

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**TEXAS COUNCIL RISK MANAGEMENT FUND**

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

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

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

Title: Board Chair

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

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

---

**Agenda Item:** Approve the FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001

**Board Meeting Date**

July 29, 2021

**Committee:** Business

**Background Information:**

The Health and Human Services Local Intellectual and Developmental Disability Performance Contract is the contract for all IDD Authority services, including:

- Eligibility Determination;
- State Supported Living Center Admission and Continuity of Care services;
- Service Coordination;
- Maintenance of the TxHmL and HCS Interest lists;
- Permanency Planning;
- IDD Crisis Intervention and Crisis Respite;
- Enhanced Community Coordination;
- PreAdmission and Resident Review (PASRR); and
- Habilitation Coordination.

The total value of the contract is \$2,013,945 per year, a \$3,000 decrease from FY 2021, and requires \$180,964 in local match.

Notable contract changes include additional requirements for the Center's IDD Emergency Plan and the addition of three new performance measures.

It should be noted that HHSC has determined that they are going to be much more diligent in management of the performance contracts and intend to hold Centers accountable with financial penalties in FY 2022 and beyond. While we are comfortable with being held accountable, many of these sanctionable items are very small and detailed and could easily be missed. In addition, much of the IDD System of Care still requires paper documents and processes which are more difficult to track administratively.

**Supporting Documentation:**

Contract Available for Review.

**Recommended Action:**

**Approve the FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001**

<p><b>Agenda Item:</b> Amend the FY 2021 RecessAbility, Inc. Contract</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date:</b></p> <p>7/29/2021</p>
<p><b>Background Information:</b></p> <p>RecessAbility, Inc. is one of our primary providers for Youth Empowerment Services (YES) Waiver ancillary services. They are a licensed provider of Animal-Assisted Therapy, Art Therapy, Music Therapy, Recreational Therapy, Non-medical Transportation and Community Living Supports. YES Waiver requires us to have these services available as a part of the Wraparound Treatment Planning process.</p> <p>We originally projected a need for \$42,000 in services from RecessAbility for FY 2021, but engagement in YES Waiver ancillary services has recently trended up. We estimate the amount for needed services will be at \$60,000 in services by the end of August.</p> <p>We serve as a pass through for HHSC/Medicaid Waiver funds for these services, so this additional amount does not represent an expense for our Center. HHSC will reimburse us for the full amount.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Amend the FY 2021 RecessAbility, Inc. Contract in the amount of \$60,000.</b></p>	

<p><b>Agenda Item:</b> Approve FY 2021 Kingwood Pines Hospital Contract Amendment for Inpatient Psychiatric Services</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 29, 2021</p>
<p><b>Background Information:</b></p> <p>Tri-County Behavioral Healthcare has utilized Kingwood Pines Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.</p> <p>The Kingwood Pines contract for FY 2021 inpatient hospital beds of \$700,000 needs to be raised to \$900,000 to cover current hospital utilization patterns.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment Available for Review.</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve FY 2021 Kingwood Pines Hospital Contract Amendment for Inpatient Psychiatric Services</b></p>	

<p><b>Agenda Item:</b> Approve FY 2021 Woodland Springs Hospital Contract Amendment for Inpatient Psychiatric Services</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 29, 2021</p>
<p><b>Background Information:</b></p> <p>Tri-County Behavioral Healthcare has utilized Woodland Springs Hospital for inpatient psychiatric services when programs at the Psychiatric Emergency Treatment Center (PETC) are at capacity or the individual's acuity demonstrates a need for a higher level of care. This includes persons in need of longer-term inpatient treatment than what is permitted at the PETC.</p> <p>The Woodland Springs contract for FY 2021 inpatient hospital beds of \$900,000 needs to be raised to \$1,000,000 to cover current hospital utilization patterns.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment Available for Review.</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve FY 2021 Kingwood Pines Hospital Contract Amendment for Inpatient Psychiatric Services</b></p>	

<b>Agenda Item:</b> Approve FY 2021 Contract Amendment for Hilary Akpudo, M.D. for Psychiatric Services  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  Dr. Akpudo is a contractor that works with patients admitted to Kingwood Pines Hospital.  Dr. Akpudo's contract for FY 2021 inpatient hospital beds of \$47,000 needs to be raised to \$90,000 to cover projected utilization and requires Board approval since it is in excess of \$50,000.	
<b>Supporting Documentation:</b>  Contract Amendment Available for Review.	
<b>Recommended Action:</b>  <b>Approve FY 2021 Contract Amendment for Hilary Akpudo, M.D. for Psychiatric Services</b>	



<b>Agenda Item:</b> Approve Sale of Three (3) Agency Vehicles  <b>Committee:</b> Business	<b>Board Meeting Date:</b>  July 29, 2021
<b>Background Information:</b>  Staff are requesting that three vehicles with significant mechanical issues be removed from the Tri-County fleet and be sold at auction. The vehicles are as follows: <ul style="list-style-type: none"> <li>• 2006 Ford Wheelchair Van (DDY-1173) – 226,921 miles. This vehicle does not have working air conditioning and the side access doors can no longer be repaired. It is not currently being used by program staff and currently will not start.</li> <li>• 2012 Ford Focus (BCJ-9422) – 88,000 miles. This vehicle has a problem with the fuel pressure sensor which have been repaired multiple times but the vehicle continues to run out of gas while the gas gauge shows that there is adequate fuel. Ford has been unable to fix this vehicle and staff are not driving it because it has stranded staff on several occasions.</li> <li>• 2014 Ford Focus (DTR-9702) – 52,000 miles. This vehicle has significant transmission problems which cause the vehicle to lurch forward or not respond when the accelerator is pressed. Ford, who has had significant documented problems with the transmission used in these vehicles, indicates that the vehicle is operating 'within specifications.' Staff are recommending that this car be removed from the fleet because it is a safety risk. Staff are currently uncomfortable driving this vehicle.</li> </ul>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Approve the Sale of 2006 Ford Wheelchair Van, 2012 Ford Focus and 2014 Ford Focus.</b>	

**Agenda Item:** Approve Purchase of Vehicle for Outpatient Competency Restoration Program

**Board Meeting Date**

July 29, 2021

**Committee:** Business

**Background Information:**

We have need for a vehicle for use by the Tri-County Outpatient Competency Restoration Program. The vehicle will be funded out of lapsed program revenue and has been approved by our HHSC Contract Manager. One of the conditions of the approved funding is that we have a vehicle on site by the end of the Fiscal Year.

Currently, vehicles in the class we are looking for are not available from American car manufacturers in our area. In addition, we were unable to secure more than one bid from competitor of the same brand with offices located in our service area.

Listed below are the bids received:

<b>Dealership</b>	<b>Gullo Toyota, Conroe</b>	<b>John Wiesner, Inc., Conroe</b>	<b>Keating Nissan, Conroe</b>	<b>Keating Honda, Conroe</b>
2021 Toyota RAV4	\$27,941.47	N/A	N/A	N/A
2021 Hyundai Tucson	N/A	\$29,200.98	N/A	N/A
2021 Nissan Rogue Sport	N/A	N/A	\$29,839.10	N/A
2021 Honda CR-V	N/A	N/A	N/A	\$34,374.70

Staff are recommending the purchase of a Toyota RAV 4 from Gullo Toyota.

**Supporting Documentation:**

Vehicle specification sheets for quoted vehicles.

**Recommended Action:**

**Approve Purchase of Vehicle for Outpatient Competency Restoration Program**



Date: 7/21/2021  
Salesperson: Carson Parkhurst  
Manager: Robert Todd

FOR INTERNAL USE ONLY

<b>CUSTOMER</b>	<b>Tri-County Behavior Healthcare</b>	Home Phone:
Address :	<b>CONROE, TX 77304MONTGOMERY CO</b>	Work Phone :
E-Mail :	<b>stellam@tcbhc.org</b>	Cell Phone : <b>(936) 521-6109</b>

VEHICLE

Stock # : <b>Y12197</b>	New / Used : <b>New</b>	VIN : <b>2T3H1RFV7MC152805</b>	Mileage: <b>10</b>
Vehicle : <b>2021 Toyota RAV4</b>		Color : <b>WHITE</b>	
Type : <b>LE (A8) 4dr Front-wheel Drive</b>			

Market Value Selling Price	27,495.00
Discount	814.56
Rebate	750.00
Adjusted Price	25,930.44
Doc Fee	150.00
Tax	1,620.65
Non Tax Fees	240.38
Cash Deposit	.00
Balance	27,941.47

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_  
By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

DEL. BY 07/21/2021



JOHN WIESNER, INC.  
1645 I-45 N (P. O. BOX 2348)  
CONROE TX 77304  
WWW.WIESNERAUTO.COM

Customer's Name \_\_\_\_\_ Vehicle License No. \_\_\_\_\_ Stock No. MC2506  
as it will appear on Title Papers TRI COUNTY BEHAVIORAL HEALTHCARE Date JULY 21, 20 21  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

[illegible]

**WARNING:** Your signature and deposit is our authorization to hold this vehicle for you at the above agreed upon price against any and all future offers and to put it through our service and make-ready departments for delivery to you. Any refusal to take delivery other than being unable to arrange financing will subject you to the loss of your deposit. At delivery, your trade-in must be in virtually the same condition as when it was first appraised. (Same Tires, Radio, Engine Condition, Etc.)



# Keating Nissan

Date: 7/21/2021

Salesperson: Michael Slater

Manager: Todd Robinson

FOR INTERNAL USE ONLY

BUSINESS NAME Tri County behavioral health center  
CONTACT

Home Phone :

Address: 233 sgt ed Holcomb  
Conroe, TX 77304  
Montgomery

Work Phone :

E-Mail  
Cell Phone : (936) 521-6109

## VEHICLE

Stock #: W568726 New / Used : New VIN : JN1BJ1AV7MW568726 Mileage: 11  
Vehicle : 2021 Nissan Rogue Sport Color : Gun Metallic  
Type : S (CVT) 4dr Front-wheel Drive 27111

Market Value Selling Price	25,670.00
Discount	950.72
Adjusted Price	24,719.28
APEX Protection	2,995.00
Total Purchase	27,714.28
Doc Fee	150.00
Tax	1,732.14
Non Tax Fees	242.68
Cash Deposit	.00
Balance	29,839.10

Customer Approval:

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval.

For Information Only. This is not an offer or contract for sale.

Management Approval:



# Keating Honda

Date: 7/21/2021  
Salesperson: Ashley Cox  
Manager: Nate Shaw

## FOR INTERNAL USE ONLY

CUSTOMER Stella Mm Home Phone: \_\_\_\_\_  
Address : \_\_\_\_\_ Work Phone : \_\_\_\_\_  
E-Mail : Stellam@tcbhc.org Cell Phone : \_\_\_\_\_

VEHICLE  
Stock # : E016556 New / Used : New VIN : 7FARW1H73ME016556 Mileage: 4  
Vehicle : 2021 Honda CR-V Color : Platinum White  
Type : Special Edition (CVT) 4dr Front-whe RW1H7MEW

Market Value Selling Price	31,974.00
Doc Fee	150.00
Tax	1,998.38
Non Tax Fees	252.32
Cash Deposit	.00
Balance	34,374.70

Customer Approval: \_\_\_\_\_

Management Approval: \_\_\_\_\_

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

**Agenda Item:** Approve Liberty and Cleveland Facility Modifications

**Board Meeting Date:**

July 29, 2021

**Committee:** Business

**Background Information:**

As part of the FY 2021 Board Goals and Objectives, staff have been working on a plan to remodel a portion of the Liberty Service Center to add mental health office space and respond to recommendations from the Safety Committee to make the facility safer for staff.

Liberty remodel items include:

1. Reconfiguring one of the conference rooms to create two (2) offices.
2. Addition of five (5) offices to the mental health service area by expanding this side of the building into the unfinished back of the building.
3. Outdoor facelift to include stucco, paint, and new awnings.
4. Drainage improvement.

Liberty safety items include:

1. Modify the existing reception area to change the orientation of the space and add security features.
2. Refinish entrance walkway.

In addition, the Safety Committee has made a series of recommendations for the Cleveland Service Center.

Cleveland safety items include:

1. Enhanced outdoor lighting (on a separate scope of work).
2. Addition of walls and doors with card swipes to ensure office areas are secure.
3. Modification of doors to allow for vision windows to be installed.

Mike Duncum will be at the meeting and will provide further detail on the scope of the project. The overall project will require a bidding process. Estimates are included in the attached proposals. The Board can either authorize a not to exceed budget for the project or bid proposals can be brought back to the Board for approval.

**Supporting Documentation:**

Liberty Service Center Modifications and Cleveland Security Modifications

**Recommended Action:**

**Approve Liberty and Cleveland Facility Modifications**



## TRI-COUNTY BEHAVIORAL HEALTHCARE LIBERTY CENTER MODIFICATIONS CLEVELAND SECURITY MODIFICATIONS

July 21, 2021

Evan,

Following is a preliminary pricing of the items we discussed in Liberty and Cleveland, Texas, I have the following comments and estimates.

### LIBERTY

#### Additional/Modify Office Space:

- **Objective** - Reconfiguration of conference room into two offices.
  1. Dividing current conference room into two offices. Remove center curtain wall and replace with permanent wall. Includes additional data drops, HVAC modifications and electrical modifications to code.  
  
\$9,120.76.
- **Objective** - Add five additional offices in “open area” at an elevation of 18" below existing finished floor area.
  1. Add two points of access to lower elevation with one step down and one ADA compliant ramp.
  2. Add five offices with P-Lam doors matching existing doors, add electrical outlets to code. Floors to be carpet tiles, walls to be painted drywall and ceiling to be painted drywall (hard deck). Lighting fixtures to be inset LED 2'X4', two per office. Two data drops per office.
  3. HVAC will most likely require a separate 2-ton unit, to be analyzed by mechanical engineer.
  4. Outer construction to be 2"X4" framing with batt insulation, styrofoam board exterior covered by ½" plywood for durability and sound insulation.
  5. One metal exit door to be installed into open area with panic bar.  
  
\$49,809.38



- **Objective** - Modify existing reception area for functionality and security.
  1. Demolish existing office area and expand existing workroom area. Expand new reception space to 23.5'X14' with ceiling height raised to existing lobby and workroom ceiling height. Reconfigure all electric to code.
  2. Add “card swipe” door to doctor and nurse hallway to include closer and vision glass.
  3. Add security wall to front of reception space. Pour 6" thick concrete between 2"X6" studs at a height of 32" (counter height). Security wall to extend 23' along front wall and 6' down side wall. Add Lexan reception window with “slide throughs” and voice grills. Replace showcase glass with acrylic glass and security locks.
  4. Add “card swipe” door to two case worker hallways to include closer and vision glass. Move two case workers doors currently located in main hallway to hallways behind security doors.
  5. Modify restroom partitions for ADA accessibility. Remove one sink in men’s restroom and reposition remaining sink for ADA compliance.

\$35,132.79

#### **Exterior Refinish and Drainage:**

- **Objective** - Refinish front of building.
  1. Apply colored scratch coat to brick surfaces including planter boxes along covered drive. Power wash metal panels without finish. All metal building manufactures do not recommend painting exterior metal panels as peeling will occur.
 

\$14,700.00.
  2. Replace door canopies.
 

\$1,750.00 per canopy.
- **Objective** - Refinish walkway entrance for both appearance and non-slip functionality.
  1. Stonehard epoxy application with 10 year warranty. Extends the full width of the awning and depth of curb adjacent to building. Existing coating will be ground down to base concrete and resurfaced.
 

\$6,500.00.

- **Objective** - Improve drainage away from parking area and building with possible creation of detention area to rear of building. Also, raise area adjacent to gazebo for useful recreation area.
  1. After review with contractor, suggestion is to improve drainage on both sides of building as well as to the rear and import fill to level all of the site. Detention would only serve properties downstream from the building and would not benefit Tri-County.

\$19,250.00.

## CLEVELAND

- **Objective** - Modify existing reception area for functionality and security.
  1. Remove wall in first office off of reception area. Add hallway and relocate both office doors. Reconfigure all electric to code.
  2. Add “card swipe” door to doctor and nurse hallway to include closer and vision glass. Add “card swipe” door to hallway adjacent to reception office to include closer and vision glass.
  3. Add vision glass to door in hallway leading to IDD area.
  4. Balance airflow to reception office or install mini-split system. Budgeted for worst case scenario.


\$15,197.88

## GENERAL

- Nexlar to supply “card swipe” controlled access to all doors requiring security at Liberty and Cleveland integrated and accessible from Conroe facility. Minimally required paging and switched at Cleveland and Liberty. - \$15,000.00
- The foregoing are budgets based on typical access and working hours. Based on Tri-County hours and restrictions, a premium of 10% to 30% could be added to the total for overnight and weekend work schedules. This will be based on access provided by us.

For efficiency reasons, it is suggested that both properties be complete by the same general contractor. It is also recommended that standard public notices requesting bids be published in Liberty and adjacent counties.

Sincerely,



James “Mike” Duncum, CRE

## PROPOSED RENOVATION AND SECURITY BUDGET

### LIBERTY

Modify Existing Conference Room	\$	9,120.76
Add Five Offices	\$	49,809.38
Modify Existing Lobby/Security	\$	35,132.79
Stucco Exterior	\$	14,700.00
Canopies	\$	1,750.00
Entrance	\$	6,500.00
Site Work	\$	19,250.00
Sub Total Liberty	\$	136,262.93

### CLEVELAND

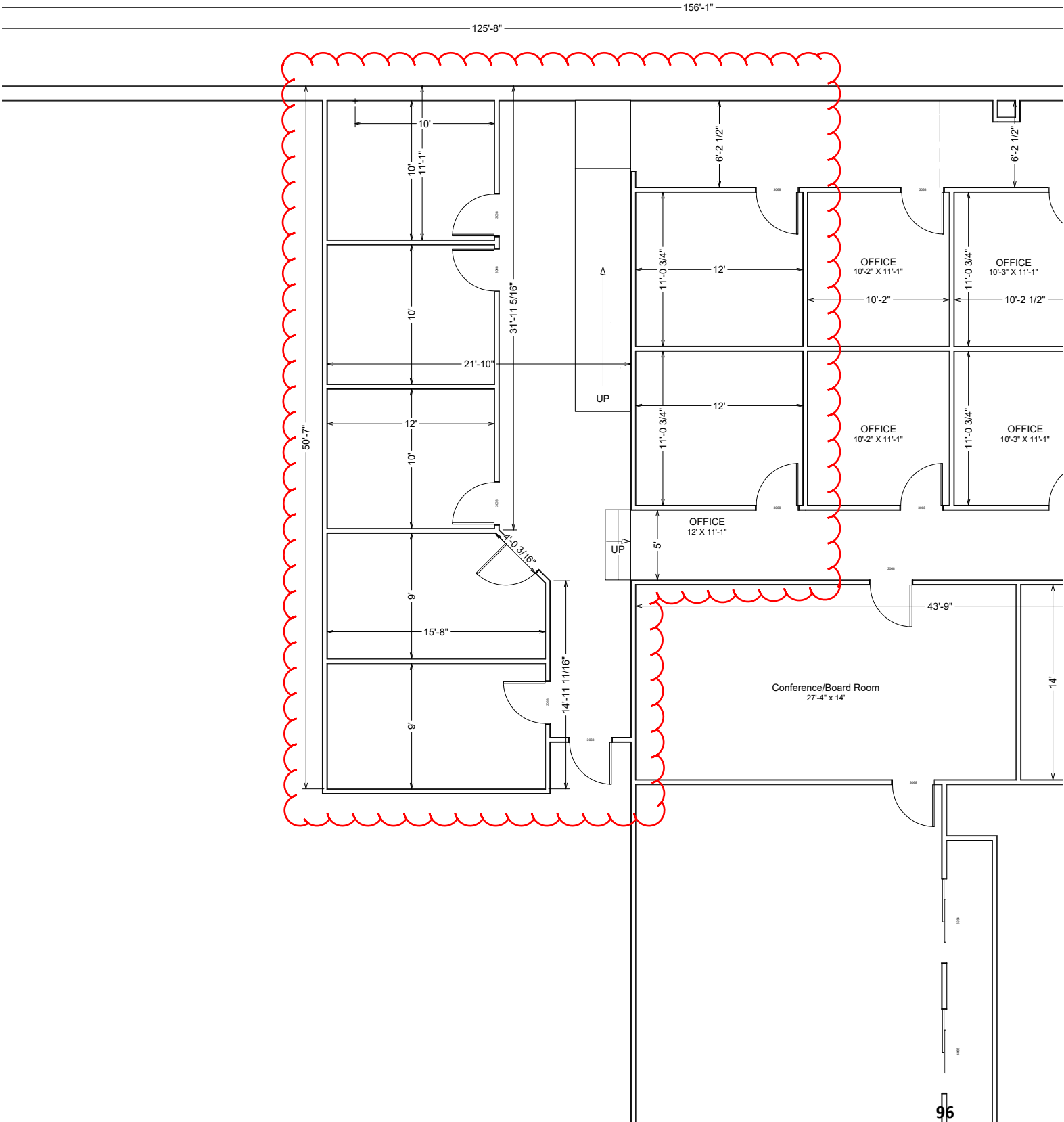
Modify Existing Lobby/Security	\$	15,197.88
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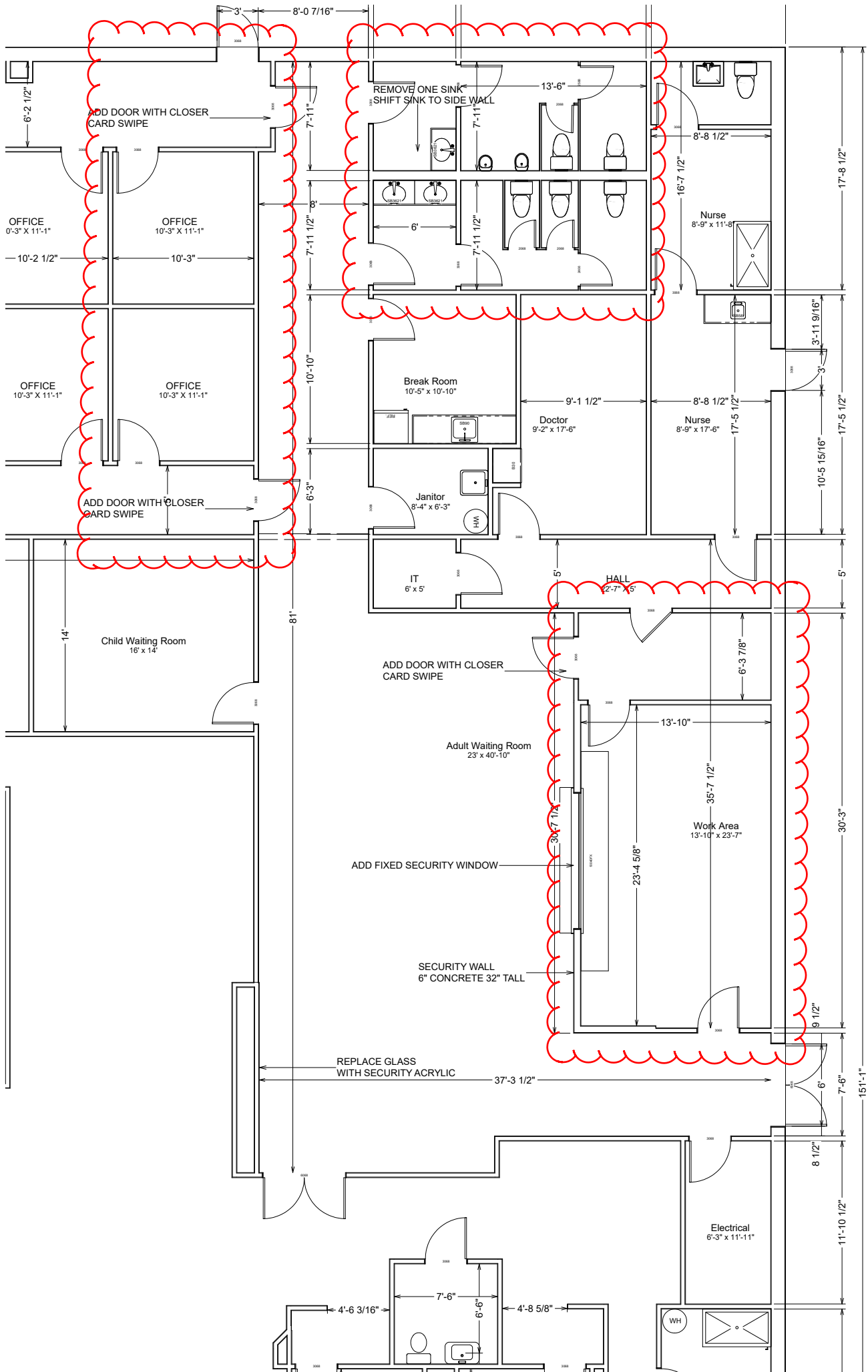
### GENERAL

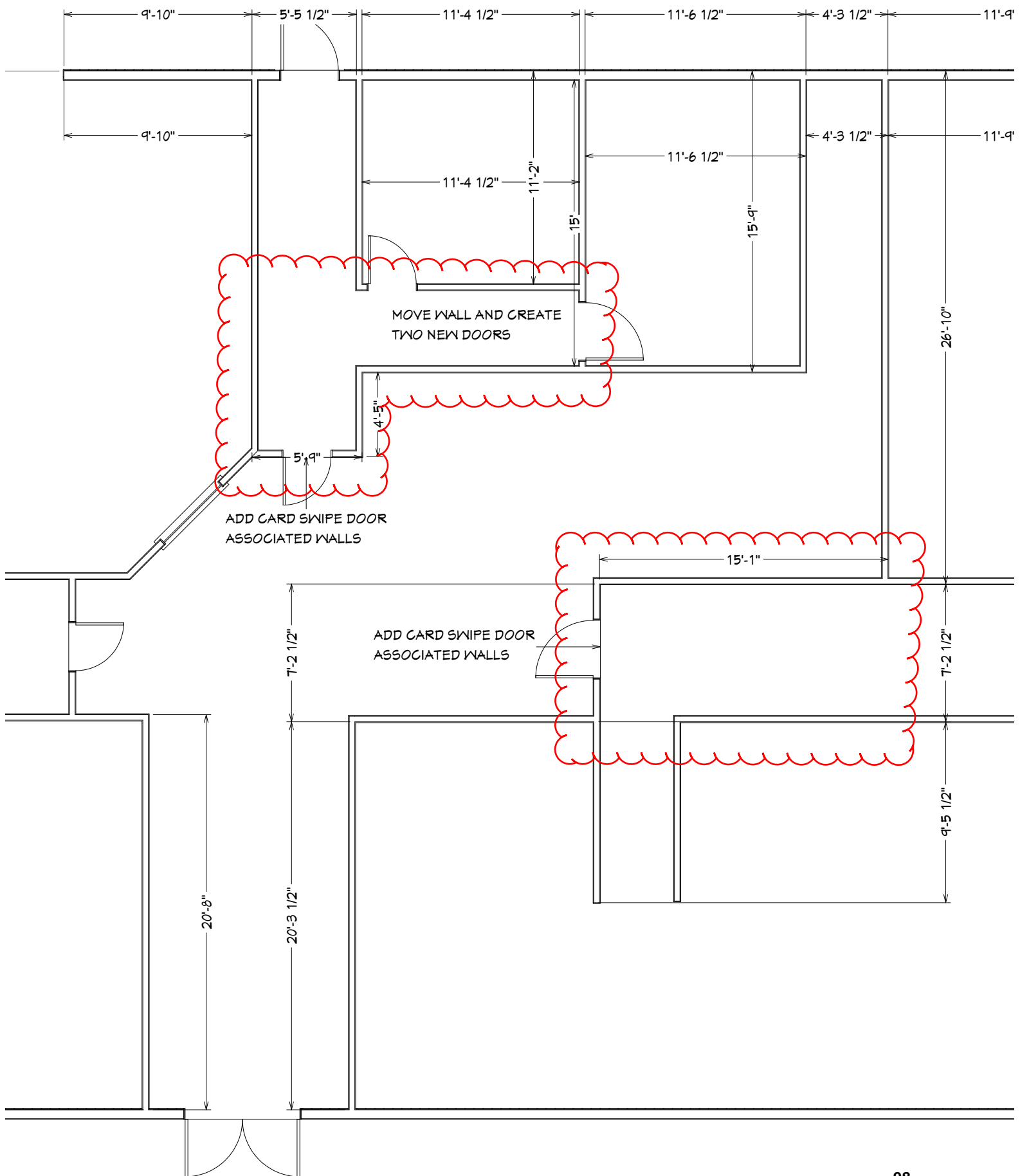
Security Card Reader	\$	15,000.00
Sub Total of All Items	\$	166,460.81

Scheduling Contingency	10%	30%
	\$ 16,646.08	\$ 49,938.24

<b>Total Proposed Budget Ra</b>	<b>\$</b>	<b>183,106.89</b>	<b>\$</b>	<b>216,399.05</b>
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<b>Agenda Item:</b> Review Tri-County's 2019 990 Tax Return Prepared by Eide Bailly LLP  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  Eide Bailly LLP has completed Tri-County's 990 Tax Return for 2019 (fiscal year September 1, 2019 to August 31, 2020) for review by the Board.	
<b>Supporting Documentation:</b>  Copy of Tri-County Behavioral Healthcare 2019 990 Tax Return	
<b>Recommended Action:</b>  <b>For Information Only</b>	

EIDE BAILLY LLP  
400 PINE ST., STE. 600  
ABILENE, TX 79601-5190

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

|||||



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



June 29, 2021

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

Dear Millie:

Enclosed is the 2019 Exempt Organization return, as follows...

2019 Form 990

2019 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

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

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

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Michelle Beaty, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

August 31, 2020

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**Prepared For:**

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

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**Prepared By:**

Eide Bailly LLP  
400 Pine St., Ste. 600  
Abilene, TX 79601-5190

---

**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2021

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

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning SEP 1, 2019, and ending AUG 31, 2020**2019**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**TRI-COUNTY BEHAVIORAL HEALTHCARE****76-0032662**

Name and title of officer

**MILLIE MCDUFFEY**  
**CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>33,634,190.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize EIDE BAILLY LLP to enter my PIN 01252  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**80065202474****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 06/29/21

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO JULY 15, 2021

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning SEP 1, 2019 and ending AUG 31, 2020

B Check if applicable:

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

C Name of organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 3067

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CONROE, TX 77305

F Name and address of principal officer:

SAME AS C ABOVE

D Employer identification number

76-0032662

E Telephone number

936-521-6105

G Gross receipts \$ 33,634,190.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: TRICOUNTYSERVICES.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other STATE L Year of formation: 1965 M State of legal domicile: TX**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	PROVIDE SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	520
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	986,637.	1,275,488.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,188,792.	32,321,088.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,973.	37,614.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,251,402.	33,634,190.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,043,902.	22,509,736.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,258,827.	10,113,043.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,302,729.	32,622,779.
19	Revenue less expenses. Subtract line 18 from line 12	-51,327.	1,011,411.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	31,136,980.	31,294,146.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,144,834.	14,290,589.
22	Net assets or fund balances. Subtract line 21 from line 20	15,992,146.	17,003,557.	

**Part II Signature Block**

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

Sign Here	Signature of officer		Date	
	MILLIE MCDUFFEY, CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	MICHELLE BEATY, CPA		06/29/21	P01404339
Firm's name	Firm's EIN		Firm's EIN	
	EIDE BAILLY LLP	45-0250958		
Firm's address	Firm's address		Phone no.	
	400 PINE ST., STE. 600 ABILENE, TX 79601-5190		325-672-4000	

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**THE ORGANIZATION IS A PUBLIC AGENCY THAT ENSURES THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ENHANCES THEIR QUALITY OF LIFE IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **No**

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

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

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

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

**4a** (Code: ) (Expenses \$ **15,680,509.** including grants of \$ ) (Revenue \$ **15,337,747.** )  
**PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 7,735 ADULT INDIVIDUALS LIVING IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.**

**4b** (Code: ) (Expenses \$ **4,813,483.** including grants of \$ ) (Revenue \$ **5,006,445.** )  
**PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 2,483 CHILDREN AND ADOLESCENTS LIVING IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.**

**4c** (Code: ) (Expenses \$ **5,342,969.** including grants of \$ ) (Revenue \$ **6,456,779.** )  
**PROVIDED SERVICES TO 1,354 ADULTS, AS WELL AS CHILDREN AND ADOLESCENTS, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVING IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.**

**4d** Other program services (Describe on Schedule O.)(Expenses \$ **3,629,914.** including grants of \$ ) (Revenue \$ **5,121,422.** )**4e** Total program service expenses **29,466,875.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	113
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X



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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b> 520		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

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

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

☒
**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**SHERYL BALDWIN - 936-521-6105**  
**233 SGT ED HOLCOMB BLVD S, CONROE, TX 77304**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATTI ATKINS CHAIR	2.00	X						0.	0.	0.
(2) GAIL PAGE VICE-CHAIR	2.00	X						0.	0.	0.
(3) JACOB PASCHAL SECRETARY	2.00	X						0.	0.	0.
(4) RICHARD DUREN TRUSTEE	2.00	X						0.	0.	0.
(5) TRACY SORENSEN TRUSTEE	2.00	X						0.	0.	0.
(6) MORRIS JOHNSON TRUSTEE	2.00	X						0.	0.	0.
(7) SHARON WALKER TRUSTEE	2.00	X						0.	0.	0.
(8) JANET QURESHI TRUSTEE	2.00	X						0.	0.	0.
(9) EVAN ROBERSON EXECUTIVE DIRECTOR	40.00			X				191,439.	0.	1,871.
(10) MILLIE MCDUFFEY CHIEF FINANCIAL OFFICER	40.00			X				118,203.	0.	6,813.
(11) AMY FOERSTER CHIEF COMPLIANCE OFFICER	40.00			X				97,433.	0.	5,874.
(12) JONATHAN SNEED DOCTOR	40.00					X		310,693.	0.	38,656.
(13) ASHOKKUMAR VACHHANI DOCTOR	40.00					X		265,366.	0.	22,091.
(14) IGNOOR BAINS DOCTOR	40.00					X		307,023.	0.	7,528.
(15) ROBERT BOGAN DOCTOR	40.00					X		298,136.	0.	21,377.
(16) SHARON GUNTER-AUSTIN DOCTOR	40.00					X		230,005.	0.	21,977.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								1,818,298.	0.	126,187.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,818,298.	0.	126,187.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CYPRESS CREEK HOSPITAL 17750 CALIE DRIVE, HOUSTON, TX 77090	PSCHIATRY INPATIENT	732,350.
KINGWOOD PINES 2001 LADBROOK DRIVE, KINGWOOD, TX 77339	PSCHIATRY INPATIENT	658,050.
BURKE CENTER 2001 S MEDORD DRIVE, LUFKIN, TX 75901	FEES & TELEMEDICINE	261,446.
ICARE ABA THERAPY 4540 CYPRESS CREEK PKWY, HOUSTON, TX 77069	CONTRACT THERAPY	155,363.
BONDS JANITORIAL P.O. BOX 2194, CONROE, TX 77305	JANITORIAL SVS	139,365.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,275,488.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			1,275,488.			
<b>Program Service Revenue</b>	<b>2 a</b> STATE SERVICE CONTRACTS .....	<b>Business Code</b>	624100	20,348,660.	20,348,660.		
	<b>b</b> MEDICAID REVENUES .....		624100	11,399,027.	11,399,027.		
	<b>c</b> PATIENT FEES/INSURANCE .....		624100	428,880.	428,880.		
	<b>d</b> OTHER CONTRACTS .....		624100	86,198.	86,198.		
	<b>e</b> MEDICARE REVENUE .....		624100	58,323.	58,323.		
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			32,321,088.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			37,614.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			33,634,190.	32,321,088.	0.	37,614.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	407,076.	367,696.	39,380.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	18,536,266.	16,141,999.	2,394,267.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,612,567.	1,456,568.	155,999.	
<b>9</b> Other employee benefits .....	1,623,802.	1,466,717.	157,085.	
<b>10</b> Payroll taxes .....	330,025.	298,099.	31,926.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	22,314.	20,155.	2,159.	
<b>c</b> Accounting .....	38,000.	34,324.	3,676.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	9,152.	8,267.	885.	
<b>13</b> Office expenses .....	771,054.	696,463.	74,591.	
<b>14</b> Information technology .....	399,170.	360,555.	38,615.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	299,725.	270,730.	28,995.	
<b>17</b> Travel .....	321,552.	290,445.	31,107.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	368,285.	332,657.	35,628.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	785,773.	728,686.	57,087.	
<b>23</b> Insurance .....	241,748.	218,361.	23,387.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACTED SERVICES</b> .....	4,954,649.	4,954,649.		
<b>b</b> <b>MEDICATION</b> .....	732,230.	732,230.		
<b>c</b> <b>OTHER COST</b> .....	417,063.	376,717.	40,346.	
<b>d</b> <b>CONSUMER COST</b> .....	330,880.	330,880.		
<b>e</b> All other expenses .....	421,448.	380,677.	40,771.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	32,622,779.	29,466,875.	3,155,904.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	727,862.	<b>1</b>	738,028.
	<b>2</b> Savings and temporary cash investments .....	8,087,559.	<b>2</b>	8,879,614.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	2,582,814.	<b>4</b>	2,728,361.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	302,774.	<b>9</b>	172,985.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,986,839.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,211,681.	<b>10c</b>	18,775,158.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	31,136,980.	<b>16</b>	31,294,146.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,069,598.	<b>17</b>	1,170,783.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	481,793.	<b>19</b>	828,249.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	11,360,632.	<b>23</b>	10,709,118.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,232,811.	<b>25</b>	1,582,439.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	15,144,834.	<b>26</b>	14,290,589.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	15,992,146.	<b>31</b>	17,003,557.
	<b>32</b> Total net assets or fund balances .....	15,992,146.	<b>32</b>	17,003,557.
	<b>33</b> Total liabilities and net assets/fund balances .....	31,136,980.	<b>33</b>	31,294,146.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	33,634,190.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,622,779.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,011,411.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,992,146.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,003,557.

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	521,146.	557,951.	534,413.	963,625.	1274269.	3851404.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	521,146.	557,951.	534,413.	963,625.	1274269.	3851404.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3851404.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	521,146.	557,951.	534,413.	963,625.	1274269.	3851404.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	30,081.	38,018.	51,951.	75,973.	37,614.	233,637.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4085041.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....		<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	94.28	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	93.47	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## Part VI

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



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIBERTY COUNTY 588 CR 2010 HARDIN, TX 77561	\$ 63,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONTGOMERY COUNTY 301 N THOMPSON SUITE 210 CONROE, TX 77301	\$ 211,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MONTGOMERY COUNTY UNITED WAY 1600 LAKEFRONT CR #248 THE WOODLANDS, TX 77380	\$ 121,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALKER COUNTY 1100 UNIVERSITY AVE HUNTSVILLE, TX 77340	\$ 28,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WALKER COUNTY HOSPITAL DISTRICT 1411 11TH ST HUNTSVILLE, TX 77340	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

76-0032662

## Part II

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

Name of organization

Employer identification number

**TRI-COUNTY BEHAVIORAL HEALTHCARE****76-0032662****Part III**

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

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

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

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019****Open to Public Inspection****Name of the organization**

TRI-COUNTY BEHAVIORAL HEALTHCARE

**Employer identification number**

76-0032662

**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II****Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X .....

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c 28,656.
d Additions during the year	1d 3,749.
e Distributions during the year	1e
f Ending balance	1f 32,405.

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,217,663.		2,217,663.
b Buildings		20,384,281.	4,212,538.	16,171,743.
c Leasehold improvements				
d Equipment		3,384,895.	2,999,143.	385,752.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,775,158.

Schedule D (Form 990) 2019

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED LIABILITIES</b>	<b>372,009.</b>
(3) <b>COMPENSATED ABSENCES - DUE IN ONE</b>	
(4) <b>YEAR</b>	<b>719,395.</b>
(5) <b>NOTES PAYABLE - DUE IN ONE YEAR</b>	<b>491,035.</b>
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,582,439.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	33,634,190.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	33,634,190.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	33,634,190.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	32,622,779.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	32,622,779.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	32,622,779.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 1B:**

THE CENTER HOLDS FUNDS IN A FIDUCIARY CAPACITY FOR CONSUMERS WHO NEED ASSISTANCE WITH MANAGING THEIR FUNDS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**TRI-COUNTY BEHAVIORAL HEALTHCARE**

Employer identification number

**76-0032662**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....  
**b** Any related organization? .....  
 If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....  
**b** Any related organization? .....  
 If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EVAN ROBERSON EXECUTIVE DIRECTOR	(i)	191,439.	0.	0.	0.	1,871.	193,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN SNEED DOCTOR	(i)	310,693.	0.	0.	22,105.	16,551.	349,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHOKKUMAR VACHHANI DOCTOR	(i)	265,366.	0.	0.	19,236.	2,855.	287,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IGNOOR BAINS DOCTOR	(i)	307,023.	0.	0.	0.	7,528.	314,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT BOGAN DOCTOR	(i)	298,136.	0.	0.	0.	21,377.	319,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHARON GUNTER-AUSTIN DOCTOR	(i)	230,005.	0.	0.	0.	21,977.	251,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

STATE AUTHORITY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES TO INDIVIDUALS WITH MENTAL HEALTH AND INTELLECTUAL AND  
DEVELOPMENTAL DISABILITIES LIVING IN MONTGOMERY, WALKER, AND LIBERTY  
COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE  
CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

EXPENSES \$ 3,629,914. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,121,422.

FORM 990, PART VI, SECTION B, LINE 11B:

A PDF COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD FOR  
REVIEW PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS ALL MAJOR CONTRACTS AND TRANSACTIONS. THE CFO WILL ADVISE  
THE BOARD ABOUT ANY CONTRACT OR TRANSACTIONS WITH A RELATED PARTY AT THE  
BOARD MEETING. NO RELATED PARTY TRANSACTIONS OCCURRED DURING THIS 990  
PERIOD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS SALARY SURVEYS FROM SIMILAR ORGANIZATIONS AND GIVES  
CONSIDERATION TO COMPENSATION PAID FOR SIMILAR POSITIONS BY LOCAL  
AUTHORITIES IN TEXAS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2019)



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**TRI-COUNTY BEHAVIORAL HEALTHCARE**

Employer identification number

**76-0032662**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INDEPENDENCE COMMUNITIES INC - 55-0809542 P.O. BOX 3067 CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X
MONTGOMERY SUPPORTED HOUSING INC - 26-2526385, P.O. BOX 3067, CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X
CLEVELAND SUPPORTED HOUSING INC - 45-4729728 P.O. BOX 3067 CONROE, TX 77305	HOUSING SUPPORT - LOW INCOME POPULATION	TEXAS	501(C)(3)	NOT A PRIVATE FDN	N/A		X

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

[illegible]

## Part VII Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>TRI-COUNTY BEHAVIORAL HEALTHCARE</b>	Taxpayer identification number (TIN) <b>76-0032662</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 3067</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CONROE, TX 77305</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SHERYL BALDWIN**

- The books are in the care of ► **233 SGT ED HOLCOMB BLVD S - CONROE, TX 77304**  
 Telephone No. ► **936-521-6105** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **JULY 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **SEP 1, 2019**, and ending **AUG 31, 2020**.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

<b>Agenda Item:</b> 3rd Quarter FY 2021 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
<b>Supporting Documentation:</b>  Quarterly TexPool Investment Report  Quarterly Interest Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS**

**For the Period Ending May 31, 2021**

### **GENERAL INFORMATION**

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. ("Federated"). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of \$1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of \$1.00 and is designed to be used for investment of funds which may be needed at any time.

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	March	April	May
Uninvested Balance	(\$1,141,021.34)	\$215.65	(\$337.93)
Accrual of Interest Income	\$9,910,977.64	\$6,966,811.55	\$5,232,844.17
Interest and Management Fees Payable	(\$436,565.37)	(\$283,617.74)	(\$214,328.85)
Payable for Investments Purchased	(\$0.00)	(\$249,979,340.25)	(\$249,983,472.20)
Accrued Expense & Taxes	(\$32,555.96)	(\$29,131.06)	(\$95,392.58)
Repurchase Agreements	\$7,544,780,725.00	\$7,932,220,893.00	\$7,558,298,139.00
Mutual Fund Investments	\$3,889,074,000.00	\$3,064,074,000.00	\$3,293,074,000.00
Government Securities	\$4,441,564,910.24	\$3,908,120,206.58	\$3,923,853,710.92
U.S. Treasury Bills	\$8,910,133,904.28	\$8,929,165,932.24	\$8,470,825,167.24
U.S. Treasury Notes	\$1,617,047,752.90	\$1,445,360,510.21	\$1,708,272,746.22
<b>TOTAL</b>	<b>\$26,410,902,127.39</b>	<b>\$25,035,616,480.18</b>	<b>\$24,709,263,075.99</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$191,566.06	(\$337.93)
Accrual of Interest Income	\$9,995,835.26	\$5,232,844.17
Interest and Management Fees Payable	(\$957,719.14)	(\$214,328.85)
Payable for Investments Purchased	(\$149,977,687.50)	(\$249,983,472.20)
Accrued Expenses & Taxes	(\$131,655.82)	(\$95,392.58)
Repurchase Agreements	\$8,613,601,651.00	\$7,558,298,139.00
Mutual Fund Investments	\$4,395,074,000.00	\$3,293,074,000.00
Government Securities	\$5,179,241,714.36	\$3,921,259,153.38
U.S. Treasury Bills	\$8,550,643,019.71	\$8,470,495,788.62
U.S. Treasury Notes	\$1,699,458,387.15	\$1,707,887,171.99
<b>TOTAL</b>	<b>\$28,297,139,111.08</b>	<b>\$24,705,953,565.60</b>

### Portfolio by Maturity as of May 31, 2021

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
64.5%	22.6%	11.2%	1.7%

### Portfolio by Type of Investments as of May 31, 2021

Agencies	Repurchase Agreements	Treasuries	Money Market Funds
15.9%	30.3%	40.6%	13.2%

## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was .02% for March, 0.01% for April, and 0.01% for May.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of May 31, 2021 was 30 days.

The net asset value as of May 31, 2021 was 1.00013.

The total amount of interest distributed to participants during the period was \$ 934,272.14.

TexPool interest rates did not exceed 90 Day T-Bill rates for a portion of the reporting period.

TexPool has a current money market fund rating of AAAm by Standard and Poor's.

During the reporting period, the total number of participants increased to 2,649.

Fund assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

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Sheryl Baldwin  
Manager of Accounting / Investment Officer

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Date

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Millie McDuffey  
Chief Financial Officer / Investment Officer

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Date

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Evan Roberson  
Executive Director / Investment Officer

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Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2021  
As Of May 2021**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ 315.07	\$ 315.07	\$ 308.22		\$ 938.36
First Financial Bank CD	\$ 3,400.00	\$ 3,616.43	\$ 3,572.31		\$ 10,588.74
First Liberty National Bank	\$ 0.14	\$ 0.42	\$ 0.45		\$ 1.01
JP Morgan Chase (HBS)	\$ 693.05	\$ 607.79	\$ 163.10		\$ 1,463.94
Prosperity Bank	\$ 38.89	\$ 30.54	\$ 26.30		\$ 95.73
Prosperity Bank CD (formerly Tradition)	\$ 5.01	\$ 4.96	\$ 5.11		\$ 15.08
TexPool Participants	\$ 21.69	\$ 11.45	\$ 1.83		\$ 34.97
Total Earned	\$ 4,473.85	\$ 4,586.66	\$ 4,077.32	\$ -	\$ 13,137.83



<b>Agenda Item:</b> Board of Trustees Unit Financial Statements as of May and June 2021  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 29, 2021
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  May and June 2021 Board of Trustees Unit Financial Statements	
<b>Recommended Action:</b>  <b>For Information Only</b>	

**Unit Financial Statement  
MAY 2021**

	May 2021 Actuals	May 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 14,281.20	\$ 14,281.20	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 14,281.20	\$ 14,281.20	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 5.95	\$ 8.33	\$ (2.38)	\$ 49.82	\$ 74.97	\$ (25.15)	66.45%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 12,000.00	\$ 13,500.00	\$ (1,500.00)	88.89%	\$ 18,000.00
Supplies-Office	\$ -	\$ 14.62	\$ (14.62)	\$ 12.00	\$ 131.11	\$ (119.11)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ 58.33	\$ (58.33)	\$ -	\$ 174.99	\$ (174.99)	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ 133.33	\$ (133.33)	\$ -	\$ 399.99	\$ (399.99)	0.00%	\$ 800.00
Total Expenses	\$ 1,505.95	\$ 1,714.61	\$ (208.66)	\$ 12,061.82	\$ 14,281.06	\$ (2,219.24)	84.46%	\$ 19,425.00
Total Revenue minus Expenses	\$ 208.63	\$ (0.03)	\$ 208.66	\$ 2,219.38	\$ 0.14	\$ 2,219.24	15.54%	\$ -

**Unit Financial Statement  
June 2021**

	June 2021 Actuals	June 2021 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 15,995.78	\$ 15,995.78	\$ -	100.00%	\$ 19,425.00
Total Revenue	\$ 1,714.58	\$ 1,714.58	\$ -	\$ 15,995.78	\$ 15,995.78	\$ -	100.00%	\$ 19,425.00
Expenses								
Insurance-Worker Compensation	\$ 0.74	\$ 8.33	\$ (7.59)	\$ 50.56	\$ 83.30	\$ (32.74)	60.70%	\$ 100.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 13,500.00	\$ 15,000.00	\$ (1,500.00)	90.00%	\$ 18,000.00
Supplies-Office	\$ -	\$ 14.62	\$ (14.62)	\$ 12.00	\$ 145.73	\$ (133.73)	0.00%	\$ 175.00
Travel - Local	\$ -	\$ 58.33	\$ (58.33)	\$ -	\$ 233.32	\$ (233.32)	0.00%	\$ 350.00
Travel - Non-local Hotel	\$ -	\$ 133.33	\$ (133.33)	\$ -	\$ 533.32	\$ (533.32)	0.00%	\$ 800.00
Total Expenses	\$ 1,500.74	\$ 1,714.61	\$ (213.87)	\$ 13,562.56	\$ 15,995.67	\$ (2,433.11)	84.79%	\$ 19,425.00
Total Revenue minus Expenses	\$ 213.84	\$ (0.03)	\$ 213.87	\$ 2,433.22	\$ 0.11	\$ 2,433.11	15.21%	\$ -

<b>Agenda Item:</b> HUD 811 Update	<b>Board Meeting Date</b>  July 29, 2021
<b>Committee:</b> Business	
<b>Background Information:</b>  As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
<b>Supporting Documentation:</b>  Third Quarter FY 2021 HUD 811 Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# 3<sup>rd</sup> Quarter FY 2021 HUD 811 Report

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## **The Cleveland Supported Housing, Inc. Board (CSHI)**

The Cleveland Board held a meeting on June 25, 2021 where they reviewed financial statements, project status reports and discussed renewal of Directors and Officers insurance. There are currently five approved applicants on the one-bedroom waiting list and one vacancy has occurred since the last Board meeting which has since been filled.

The property underwent unit inspections on April 13<sup>th</sup> and all units were reported to be in good condition. Following Winter Storm Uri, 13 leaks were discovered in the fire sprinkler pipes upon inspection and all have been repaired without incident. Additionally, since the freeze the gate has had some repeated issues which have now been repaired.

The CSHI Board currently has three members which is the minimum membership allowable per the bylaws. For this reason, we are actively seeking recommendations for additional membership as they become available. Please contact Tanya with any potential leads.

## **The Montgomery Supported Housing, Inc. Board (MSHI)**

The MSHI Board held a meeting on June 29, 2021 where the Board reviewed financial statements, project status reports, and voted to approve the Directors and Officers Insurance for the upcoming year. The property is currently at 100% occupancy with six people on the waiting list.

The property made one approved withdrawal from the Reserve for Replacement account on March 20, 2021 in the amount of \$3,273.00 for the replacement of the backflow assembly on the fire suppression system.

As you may recall, our last update included a report that the property held up well during Winter Storm Uri with no major damage. Since this time, a valve in one of the riser rooms broke which caused two units to flood on June 14<sup>th</sup>. Repairs are underway at the time of this report and upon inspection of the other valves on the property it is believed to be an isolated incident.

The MSHI Board currently has four members and is currently pursuing a few leads for potential new members.

## **The Independence Communities, Inc. Board (ICI)**

Following approval of the Directors and Officers insurance at the annual meeting in April and a review of the June agenda, the Board voted to cancel the June meeting and will reconvene in September.

The property is currently at 100% occupancy with no move-outs since the last meeting. The property currently has four approved applications on the one-bedroom waiting list and one on the two-bedroom waiting list.

Repairs needed as a result of damage sustained during Winter Storm Uri have been completed and the property is preparing for a Real Estate Assessment Center (REAC) inspection that had previously been put on hold due to the pandemic.

The Board currently has four members and is open to recommendations for additional members at this time.

All three properties have lifted restrictions on resident activities related to the pandemic and continue to report that the maintenance technician is consistently conducting quality work on the properties.

<b>Agenda Item:</b> Tri-County's Consumer Foundation Update	<b>Board Meeting Date</b>
<b>Committee:</b> Business	July 29, 2021
<b>Background Information:</b>  <p>Tri-County's Consumer Foundation Board of Directors met on June 18, 2021 where they accepted financial statements through May 31, 2021, set the spending amount for Q3 FY 2021, elected officers, and discussed the virtual kindness challenge fundraiser summary and future fundraising events.</p> <p>Zero applications were approved during this meeting; though several were approved throughout the quarter via email after being reviewed by the Board.</p> <p>The TCCF Board discussed putting together a golf tournament at Carlton Woods sometime in October. Further discussions will be scheduled.</p>	
<b>Supporting Documentation:</b>  <p>None</p>	
<b>Recommended Action:</b>  <p><b>For Information Only</b></p>	

# UPCOMING MEETINGS

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

- Approve Minutes from July 29, 2021 Board Meeting
- 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
- Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees
- Personnel Report for July 2021
- Texas Council Risk Management Fund Claims Summary for July 2021
- Approve July 2021 Financial Statements
- Approve FY 2021 Year End Budget Revision
- Approve Proposed FY 2022 Operating Budget
- Board of Trustees Unit Financial Statement for July 2021

## **September 23, 2021 – Board Meeting**

- Approve Minutes from August 26, 2021 Board Meeting
- Approve Goals and Objectives for FY 2022
- Community Resources Report
- Consumer Services Report for August 2021
- Program Updates
- Annual PNAC Reports
- FY 2021 Goals & Objectives Progress Report 4<sup>th</sup> Quarter
- 4<sup>th</sup> Quarter FY 2021 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1<sup>st</sup> Quarter FY 2022 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2022
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2021 Regular and Special Called Board Meetings
- Personnel Report for August 2021
- Texas Council Risk Management Fund Claims Summary for August 2021
- Texas Council Quarterly Board Meeting Verbal Update
- Authorize Check Signers
- Approve FY 2022 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2021 Financial Statements
- 4<sup>th</sup> Quarter Investment Report
- Board of Trustees Unit Financial Statement for August 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 Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
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
DPP-BHS	Directed Payment Program - Behavioral Health Services
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
MAT	Medication Assisted Treatment
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
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
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 6/28/21