

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

July 28, 2022



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 28, 2022. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

- II. Approve Minutes - May 26, 2022**

- III. Program Presentations - Longevity Recognition Presentations**

- IV. Executive Director’s Report - Evan Roberson**
 - A. Center Operations Updates
 - B. CSU Closure Discussions
 - C. 988 Implementation
 - D. System of Care Planning

- V. Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2023 Budget Update
 - B. FY 2022 Year End Budget Revision
 - C. FY 2022 Audit
 - D. Fixed Asset Inventory
 - E. Texas Council Risk Management Fund - FY 2023 Rates

- VI. Program Committee Information Items**
 - A. Community Resources Report..... 9-12
 - B. Consumer Services Reports for May & June 2022..... 13-15
 - C. Program Updates..... 16-21
 - D. FY 2022 Goals & Objectives Progress Report..... 22-26
 - E. 3rd Quarter FY 2022 Corporate Compliance & Quality Management Report..... 27-29
 - F. 4th Quarter FY 2022 Corporate Compliance Training..... 30-31

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IX. Executive Session in Compliance with Texas Government Code Section 551.071 - Consultation with Attorney, 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

May 26, 2022

Board Members Present:

Patti Atkins
Gail Page
Jacob Paschal
Morris Johnson
Sharon Walker
Tracy Sorensen

Board Members Absent:

Richard Duren

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kathy Foster, Director of IDD Provider Services
Yolanda Gude, Directory of IDD Authority Services
Sara Bradfield, Director of Adult Behavioral Health
Tanya Bryant, Director of Quality Management and Support
Kenneth Barfield, Director of Management Information Systems
Catherine Prestigiovanni, Director of Strategic Development
Hollie Park, Administrative Assistant
Ashley Bare, HR Manager
Ava Green, Executive Assistant

Legal Counsel Present:

Mary Lou Flynn-Dupart, Legal Counsel

Sheriff Representatives Present: Major Tim Cannon

Guest: Pam Beach - General Counsel, Texas Council Risk Management Fund and Nancy Bond, Mental Wellness Coordinator with the Montgomery County Sheriff's Office.

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:09 a.m.

Public Comment: There was no public comment.

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

Resolution #05-26-01

Motion Made By: Gail Page

Seconded By: Morris Johnson, with affirmative votes by Sharon Walker, Tracy Sorensen and Jacob Paschal that it be...

Resolved:

That the Board excuse the absence of Richard Duren.

Resolution #05-26-02

Motion Made By: Morris Johnson

Seconded By: Gail Page, with affirmative votes by Tracy Sorensen, Sharon Walker and Jacob Paschal that it be...

Resolved:

That the Board approve the minutes of the April 21, 2022 meeting of the Board of Trustees.

Board Chair Announcement: Board Chair, Patti Atkins, announced that Major Tim Cannon has been appointed as a Board Member to the Tri-County Behavioral Healthcare Board of Trustees by the Montgomery County Commissioner's Court on May 24, 2022. He has previously served as an Ex-Officio Member.

Program Presentation: Annual Board and Management Team Member Training, Roles and Responsibilities of Trustees presented by Pam Beach with Texas Council Risk Management Fund.

Executive Director's Report:

The Executive Director's report is on file.

- Operational Updates
- Opening of the Porter Clinic

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2023 Budget
- Texas Council Risk Management Fund Training & Board Meeting
- CFO Consortium
- FY 2022 2nd Budget Revision
- County Annual Funding Requests

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for April 2022 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

Jacob Paschal, Secretary of the Board of Trustees, had to leave the meeting at 11:29 a.m.

EXECUTIVE COMMITTEE:

The Personnel Report for April 2022 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of April 2022 was reviewed for information purposes only.

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

BUSINESS COMMITTEE:

Resolution #05-26-03

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Gail Page and Sharon Walker that it be...

Resolved:

That the Board approve the April 2022 Financial Statements.

Resolution #05-26-04

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker and Gail Page that it be...

Resolved:

That the Board approve the engagement letter from Eide Bailly, LLP for the FY 2022 Independent Financial Audit.

Resolution #05-26-05

Motion Made By: Morris Johnson

Seconded By: Sharon Walker, with affirmative votes by Gail Page and Tracy Sorensen that it be...

Resolved:

That the Board approve the FY 2022 Kingwood Pines Inpatient Hospital Contract Addendum for up to \$1,300,000.

Resolution #05-26-07

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker and Gail Page that it be...

Resolved:

That the Board approve the FY 2022 Aspire Inpatient Hospital Contract Addendum for up to \$75,000.

Resolution #05-26-08

Motion Made By: Morris Johnson

Seconded By: Gail Page, with affirmative votes by Sharon Walker and Tracy Sorensen that it be...

Resolved:

That the Board approve the Woodland Springs Inpatient Hospital Contract Addendum for up to \$1,300,000.

Resolution #05-26-09

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker and Gail Page that it be...

Resolved:

That the Board approve the FY 2022 Cypress Creek Inpatient Hospital Contract Addendum for up to \$1,300,000.

Resolution #05-26-10

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker and Gail Page that it be...

Resolved:

That the Board approve the sale of the 2014 Buick Encore at auction to the highest bidder.

The Board of Trustees Unit Financial Statement for April 2022 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:43 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney Regarding Pending Litigation, Michael Pegues v. Tri-County Behavioral Healthcare; and 551.074, Personnel Matters.

The meeting of the Board of Trustees reconvened at 12:44 p.m. to go into regular session.

Resolution #05-26-11

Motion Made By: Sharon Walker

Seconded By: Morris Johnson, with affirmative votes by Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve the delay of the close of the CSU until the end of FY 22 unless additional ongoing funding can be secured. If the Public Health Emergency is rescinded and Tri-County is required to relinquish the license, the we consider an additional meeting with the Board of Trustees before making decisions about the CSU's future.

**Amendment to Resolution
#05-26-11**

Motion Made By: Morris Johnson

Seconded By: Sharon Walker, with affirmative votes by Tracy Sorensen and Gail Page that it be...

Resolved:

That the Board approve any discussions about reduction in force and that would be delayed until further decisions are known about the status of the CSU.

The regular meeting of the Board of Trustees adjourned at 12:52 p.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Community Resources Report

Board Meeting Date:

July 28, 2022

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

May 27, 2022 – July 28, 2022

Volunteer Hours:

Location	May	June
Conroe	78.01	84.85
Cleveland	0	0
Liberty	14	57
Huntsville	14	4
Total	106.01	145.85

COMMUNITY ACTIVITIES:

5/27/22	Behavioral Health Suicide Prevention Taskforce - Military Connected Subgroup Quarterly Meeting	Conroe
5/27/22	Military Veteran Peer Group Quarterly Meeting	Conroe
5/27/22	Walker County Juvenile Services Staffing Meeting	Huntsville
5/31/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
5/31/22	Montgomery County Sexual Assault Response Team Meeting (MCSART)	Conroe
6/1/22	Securing Access for Lethal Means Training	Conroe
6/1/22	Conroe Noon Lions Luncheon	Conroe
6/2/22	SHSU - College of Osteopathic Medicine Collaborative Meeting for the monthly "Pop-Up" Clinic at Salvation Army	Conroe
6/2/22	Armstrong Elementary School Based Site Meeting – Virtual	Conroe
6/4/22	Vet Fest - Veteran Resource Fair	Conroe
6/6/22-6/9/22	Texas Corrections Association Conference and TCOOMMI Program Directors Meeting	Austin
6/7-6/9/22	Veterans Moral Injury Conference	Conroe
6/7/22	Veterans of Foreign Wars Events Meeting	Liberty
6/8/22	Conroe Rotary Club Meeting	Conroe
6/8/22	Montgomery County Veterans Treatment Court	Conroe
6/8/22	Conroe Noon Lions Luncheon	Conroe
6/8/22	Montgomery County Child Fatality Review Team (CFRT)	Conroe
6/9/22	Conroe Police Department Promotional Ceremony	Conroe
6/9/22	Southeast Texas MCOT & Law Enforcement Officer (LEO) Coordination Group - Virtual	Conroe
6/9/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup	Conroe
6/10/22	Mental Health First Aid Veterans Training	Conroe
6/14/22	Veterans Affairs Mental Health Summit Committee Meeting - Virtual	Conroe
6/14/22	Assisting Victims Escape and Resist Human Trafficking (AVERT)	Conroe

6/14/22	Sexuality in People with IDD (Spanish) - presented by Dr. Maria Quintero-Conk	Conroe
6/15/22	Conroe Noon Lions Club Luncheon	Conroe
6/15/22	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Subgroup	Conroe
6/16/22	Behavioral Health Suicide Prevention Taskforce Meeting	Conroe
6/16/22	Liberty County Mental Health Issues Workgroup Meeting	Liberty
6/21/22	Conroe Rotary Club Meeting	Conroe
6/21/22	Montgomery County Community Resource Coordination Group Meeting - Virtual	Conroe
6/22/22	Conroe Noon Lions Club Luncheon	Conroe
6/22/22	Montgomery County Veterans Treatment Court	Conroe
6/23/22	College of Social Services and Humanities at University of Houston - Virtual	Conroe
6/24/22	Walker County Juvenile Services Staffing Meeting	Huntsville
6/27/22	Military Veteran Peer Network Basic Certification Mentor Training	Conroe
6/27/22	Montgomery County Sexual Assault Response Team Meeting (MCSART)	Conroe
6/28/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
6/28/22	Veterans Affairs Mental Health Summit Committee Meeting - Virtual	Conroe
6/29/22	Peer Project Meeting with Prosumers	Conroe
6/30/22	Liberty County Community Resource Coordination Group Meeting	Liberty
7/6/22	Conroe Noon Lions Club Luncheon	Conroe
7/6/22	Montgomery County Adult Probation Meeting	Conroe
7/7/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup	Conroe
7/8/22	Heroes Program Introduction Meeting	Conroe
7/9/22	Salvation Army Health and Screening Fair	Conroe
7/9/22	Military Child School Prep Event	Conroe
7/11/22	Montgomery County Women’s Center Collaboration Meeting	Conroe
7/12/22	Better Living for Texans Monthly Meeting - Virtual	Conroe
7/12/22	American Legion Monthly Meeting	Conroe
7/13/22	Montgomery County Veterans Treatment Court	Conroe
7/13/22	Veterans Affairs Community Engagement Meeting - Virtual	Conroe
7/19/22	Conroe Rotary Club Meeting	Conroe
7/19/22	Montgomery County Community Resource Coordination Group Meeting	Conroe
7/19/22	Early Transition to Civilian Life Monthly Meeting - Virtual	Conroe
7/21/22	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
7/21/22	Liberty County Mental Health Issues Workgroup Meeting	Liberty

7/21/22	Liberty Sheriff's Department - Training on Tri-County Services including Criminal Justice Services	Liberty
7/21/22	New Caney ISD Beginning of the Year Counselor Meeting	New Caney
7/25/22	Montgomery ISD Back to School Bash	Montgomery
7/26/22	Veterans Affairs Mental Health Summit Committee Meeting - Virtual	Conroe
7/26/22	Conroe Rotary Club Meeting	Conroe
7/26/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
7/26/22	Walker County Community Resource Coordination Group Meeting	Huntsville
7/27/22	Conroe Noon Lions Club Luncheon	Conroe

UPCOMING ACTIVITIES:

7/28-7/29/22	5 th Annual IDD Crisis Conference - "Back into Action"	Conroe
7/29/22	Walker County Juvenile Services Staffing	Huntsville
8/3/22	Conroe Noon Lions Club Luncheon	Conroe
8/8/22	Family Night - Creighton Elementary School	Conroe
8/10/22	Conroe Noon Lions Club Luncheon	Conroe
8/11/22	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup	Conroe
8/13/22	Fall Fresh Start Event - Back to School Celebration	Liberty
8/16/22	Montgomery County Community Resource Coordination Group Meeting	Conroe
8/17/22	Conroe Noon Lions Club Luncheon	Conroe
8/18/22	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
8/24/22	Conroe Noon Lions Club Luncheon	Conroe
8/26/22	Walker County Juvenile Services Staffing	Huntsville
8/30/22	Montgomery County Community Collaborative Crisis Team Meeting	Conroe
8/31/22	Conroe Noon Lions Club Luncheon	Conroe

Agenda Item: Consumer Services Report for May & June 2022

Board Meeting Date:

July 28, 2022

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for May & June 2022

Recommended Action:

For Information Only

Consumer Services Report May 2022

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	670	61	26	58	815
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Bed Days	0	0	0	0	0
Adult Contract Hospital Admissions	53	6	1	8	68
Child and Youth Contract Hospital Admissions	7	0	0	0	7
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1268	124	116	74	1582
Adult Medication Services	930	104	88	133	1255
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	531	49	28	80	688
Child Medication Services	251	29	8	21	309
TCOOMMI (Adult Only)	103	12	17	7	139
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	5	1	0	1	7
Service Coordination	677	34	45	53	809
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	23	3	15	17	58
Substance Abuse Services					
Children and Youth Prevention Services	510	13	0	0	523
Youth Substance Abuse Treatment Services/COPSD	30	0	0	0	30
Adult Substance Abuse Treatment Services/COPSD	40	2	0	1	43
Waiting/Interest Lists as of Month End					
Home and Community Based Services Interest List	1737	134	156	200	2227
SAMHSA Grant Served by County					
SAMHSA CCBHC Served	111	36	8	5	160
SAMHSA CMHC Served	109	3	1	1	114
May Served by County					
Adult Mental Health Services	1872	169	132	223	2396
Child Mental Health Services	765	77	33	91	966
Intellectual and Developmental Disabilities Services	775	43	56	74	948
Total Served by County	3412	289	221	388	4310
April Served by County					
Adult Mental Health Services	1763	175	113	234	2285
Child Mental Health Services	870	89	35	114	1108
Intellectual and Developmental Disabilities Services	808	38	52	77	975
Total Served by County	3441	302	200	425	4368

Consumer Services Report June 2022

Consumer Services	Montgomery County	Cleveland	Liberty	Walker County	Total
Crisis Services, MH Adults/Children					
Persons Screened, Intakes, Other Crisis Services	622	49	28	52	751
Transitional Services (LOC 5)	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Bed Days	0	0	0	0	0
Adult Contract Hospital Admissions	62	4	4	2	72
Child and Youth Contract Hospital Admissions	2	0	0	0	2
Total State Hospital Admissions	0	0	0	0	0
Routine Services, MH Adults/Children					
Adult Service Packages (LOC 1-4, FEP)	1238	162	97	121	1618
Adult Medication Services	969	120	68	151	1308
Child Service Packages (LOC 1-4, YC, YES, TAY, RTC, FEP)	537	43	28	61	669
Child Medication Services	267	23	9	29	328
TCOOMMI (Adult Only)	99	10	12	10	131
Adult Jail Diversions	1	0	0	0	1
Persons Served by Program, IDD					
Number of New Enrollments for IDD Services	10	0	0	2	12
Service Coordination	627	31	45	53	756
Persons Enrolled in Programs, IDD					
Center Waiver Services (HCS, Supervised Living)	23	3	13	17	56
Substance Abuse Services					
Children and Youth Prevention Services	0	0	0	0	0
Youth Substance Abuse Treatment Services/COPSD	22	0	0	0	22
Adult Substance Abuse Treatment Services/COPSD	36	4	0	1	41
Waiting/Interest Lists as of Month End					
Home and Community Based Services Interest List	1755	157	135	202	2249
SAMHSA Grant Served by County					
SAMHSA CCBHC Served	111	34	8	5	158
SAMHSA CMHC Served	162	4	1	2	169
June Served by County					
Adult Mental Health Services	1746	185	113	240	2284
Child Mental Health Services	702	61	35	74	872
Intellectual and Developmental Disabilities Services	724	42	57	69	892
Total Served by County	3172	288	205	383	4048
May Served by County					
Adult Mental Health Services	1872	169	132	223	2396
Child Mental Health Services	765	77	33	91	966
Intellectual and Developmental Disabilities Services	775	43	56	74	948
Total Served by County	3412	289	221	388	4310

Agenda Item: Program Updates

Board Meeting Date:

July 28, 2022

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

May 27, 2022 – July 28, 2022

Crisis Services

1. We have been implementing XFERALL (pronounced "Transfer All") for the past two months and went "live" with this program on July 12. XFERALL is an application designed to assist in the process of getting our clients from the assessment location to the most appropriate inpatient treatment facility. The purpose of XFERALL is to improve care coordination and communication among providers and eliminate the need for staff to send faxes and make phone calls to locate a psychiatric bed. Per their report, XFERALL has reduced the time from initial transfer request to inpatient acceptance for behavioral health patients by 86%. XFERALL is used by all of our area psychiatric facilities, with the exception of Intracare North, and we have received positive reviews from both the LMHAs and psychiatric hospitals who currently utilize XFERALL services. This program can also be used for hospital discharges when they are linking the clients back to our agency for outpatient care. Our staff are very excited about the start-up of this program.
2. PETC staff, primarily at night, have been more focused on their safety at work given recent events at other hospital facilities, in the community, and at the PETC. Over May and June, we have taken steps to better screen clients for weapons and have continued to emphasize the need for contract officers on duty, especially at night and on the weekends. We have also implemented a "Code Grey" protocol so that staff are better aware of how to manage critical events with clients when they occur. "Code Grey" is the standard code used in hospitals to indicate that you are interacting with someone that may become combative.
3. We have had some success at hiring new staff but continue to have an open position for MCOT at night, including one position that has been vacant for nearly six months. We also have an open MCOT/CIT position that has proven challenging to fill, primarily in looking for potential candidates with crisis experience within the available pay range for that position. Our Continuity of Care staff will soon be moving to the position of Rural Clinic Coordinator in Walker county, which will create another team opening.
4. We have regularly met with area stakeholders in both Liberty and Montgomery counties. These meetings allow for us to hear of any problems or concerns and allow us to continue building relationships with our community partners.
5. The Executive Director has been communicating with rural stakeholders regarding the impact of the potential closure of the Crisis Stabilization Unit in Conroe.

MH Adult Services

1. One of our Adult Psychiatrists has been training on the use of Naltrexone so he will be ready if the HHSC requires Medication Assisted Treatment for opioid use in the future. It takes a long time to be certified to provide this medication. More training would be needed before we begin providing MAT to persons with opioid addiction.
2. Our Chief Nursing Officer, who recently completed her training as an Advance Practice Registered Nurse, has been covering for one of our APNs that has been out with medical problems.

3. Medical Students from Sam Houston State University will start orientation on Aug 2nd. There will be two students each month that will work with Dr. Ognibene, Dr. Chavez and Dr. Sneed in our Conroe office. We are excited about the opportunity to be a part of the training for these students and hope that some of them might chose to specialize in psychiatry later in their training.
4. Adult Outpatient Services is working with the Prosumers International, a consulting firm who will evaluate existing peer programming and make recommendations for ways to improve services. The goal of this collaboration is to develop avenues for building peer programming across the Center and identify strategies for strengthening our current service delivery system.
5. Following return to an in-person walk-in clinic, the adult mental health intake program has been able to consistently provide access to admission in the same week as the initial request, with the first appointment with a prescriber scheduled within the same month.
6. The First Episode Psychosis team attended the Mental Health Technology Transfer Center Network Conference in June. The conference allows FEP teams from around the state and country an opportunity to collaborate, network, and share ideas as well as attend sessions focused on peer services, family engagement, and suicide prevention.

MH Child and Youth Services

1. The Child and Youth (C&Y) Supervisors are working diligently with Human Resources to recruit staff. Efforts include scheduled "Interview Days" in which the C&Y Supervisors' schedules are packed with back to back interviews. Thankfully, this is possible because the applicant flow has picked up. Human Resources has been extremely helpful in making this possible.
2. The new Child and Youth Mental Health Clinic in Porter is open! Dr. Tejada-Lipton, our new bilingual Child and Youth Psychiatrist, is connecting well with our families. They appreciate her welcoming personality, her ability to speak Spanish, and the proximity to their homes in East Montgomery County.
3. We are very busy training the new C&Y MH Specialists who have recently joined us. We are excited that we will soon be able to provide regular skills training to more children and youth in our area. We still have lots of recruiting to do, but we are making gradual progress.

Criminal Justice Services

1. In June, TCOOMMI observed an increase in referrals, allowing for the program census to be within contracted numbers for the first time in several months.
2. The Outpatient Competency Restoration Coordinator and Criminal Justice Services Administrator participated in a virtual meeting with the new Health and Human Services Commission (HHSC) Contract Manager to review targets for FY 23. This was also an opportunity to review barriers to enrolling individuals in the program and steps being taken to overcome these barriers.
3. The Jail Liaison continues to provide screening and continuity of care to ensure appropriate treatment is provided to address mental health needs. In June, the Jail Liaison provided care for 387 individuals, including screening, discharge planning, coordinated ongoing care for individuals who were discharged from a hospital, and facilitating connections to needed treatment.

Substance Use Disorder Services

1. Adult and Youth treatment participated in a Claims Audit in May, which focused on ensuring appropriate billing processes. Overall, the outcome was positive with two minor findings and no recoupment.
2. Montgomery County Juvenile Probation has been very pleased with our Prevention Presentations and Activities. We are providing afternoon presentations once a month to youth involved in probation and their parents.
3. The Prevention Team is attending various community Back to School events, including the Fall Fresh Start event in Liberty and the Montgomery ISD Back to School Bash.
4. Our Prevention Team continues to maintain a strong relationship with Boys and Girls Club of Walker County and provided presentations and activities to their youth once a week over the summer.

IDD Services

1. IDD Authority Corrective Action Plan (CAP) Self-Assessment tool, which helps determine compliance with Performance Contract measures, is due to HHSC, IDD-Behavioral Health, Quality Management, Contract Accountability and Oversight (CAO) by 8/24/22 for the FY22 Annual Survey (Audit). This desk review will include the Self-Assessment conducted by the LIDDA and a verification review by CAO of evidence used to make determinations of compliance. A subsequent final report of findings will be provided to the LIDDA and submitted to the HHSC Contract Manager.
2. Update: IDD Authority Data Migration Project Update – on May 1, 2022, HHSC transitioned its Home and Community-based Services (HCS) and Texas Home Living (TxHmL) Interest List activities to the Community Services Interest List (CSIL) computer system and HCS and TxHmL form submissions to the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal.
3. IDD Authority received communication from HHSC on 5/1/22 that the CSIL “Contacts Due” tool, which is used to enter Biennial contact information, was temporarily unavailable, as well as the IL Biennial Contacts Summary & IL Biennial Contacts Detail reports. On the Local Authority Webinar held June 16, 2022, LIDDAs were informed that entering Biennial contacts in CSIL (which has to be at 50% by 8/31/22) is postponed indefinitely until the appropriate tools are available; HHSC is in discussion with Leadership and will send out information about a target date for completion of entries of Biennial contacts in CSIL.
4. IDD Authority’s Crisis Intervention Team, in collaboration with other Centers, has finalized the plans for its 5th Annual Crisis Conference, to be held at Margaritaville in Conroe, on July 28th & 29th.
5. On July 1, 2022, Tri-County received notification from Reimbursement Officer with Health & Developmental Services, Office of Primary & Specialty Health with the Children’s Autism Program, that an audit of Tri-County’s data entered in the Autism database yielded one (1) error which has since been corrected. Tri-County’s Children’s Autism Program (TAP) continues to yield outstanding results.
6. IDD Provider services continues to work through various obstacles in the new THMP billing system. TMHP is a learning opportunity.
7. Provider services is gradually filling vacant positions, recently filling three part time positions. Montgomery and Walker counties have four vacant positions we are working to fill.

8. IDD Provider services has the opportunity to apply for American Rescue Plan Act (ARPA) Enhanced Home and Community-Based Services (HCBS) Provider funds for the months of March 1, 2022 through August 31, 2022, requiring Attestation and Reports, supporting the use of the funds.
9. IDD Provider services has not received notification of an Annual HCS Audit. Our last HCS audit was in January 2021 so we are anticipating notification any day.
10. Provider COVID cases are increasing in Host Home settings at this time. The cases spread across all three counties, with no overlap of contact.
11. There were multiple hospitalizations in the month of June, non COVID related, in all three counties. June and July have been very busy months for medical needs of the persons served by the IDD Provider team.

Support Services

1. Quality Management (QM):

- a. Administrator of Quality Management (AQM) completed the Adult Outpatient (AOP) Level of Care 1 & 3 program survey on June 9, 2022. The results were reviewed with AOP Director and Supervisor and any corrections have been presented to the AOP staff for implementation.
- b. The AQM began the Mobile Crisis Outreach Team Program Survey on June 24, 2022.
- c. Staff reviewed and submitted nine charts requested from three different insurance companies for records dating back to January 2021.
- d. Quality Management staff continue to conduct routine audits of provider documentation for quality assurance purposes. As part of these audits, staff reviewed 83 notes to ensure compliance and followed up with supervisors as deemed necessary.
- e. The Continuous Quality Improvement Committee met on July 15, 2022 to review data associated with FY 22 goals and discuss next steps.

2. Utilization Management (UM):

- a. 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 was provided as needed to ensure quality improvement.
- b. The SAMHASA Data Analyst continues to trend data and provide referrals for Care Coordination as appropriate. Additionally, review of our high risk population is beginning to provide further insight into focus areas that we hope to be able to target in the future through evidence based interventions intended to address specific risk factors.

3. Training:

- a. The Training Department, in coordination with SHSU's Medical School, has created an orientation for medical students who will be doing rotations at our Center.
- b. The Clinical Trainer is working with our Region 6 Outreach Specialist to create a training for school counselors that will teach them various therapeutic interventions that they can utilize with students who may be struggling with mental health concerns.

- c. Tri-County was able to expand their Critical Incident Stress Management (CISM) Team by an additional seven staff who were certified in Assisting Individuals in Crisis and Group Crisis Intervention through a training provided by the International Critical Incident Stress Foundation, Inc. on June 15th through June 17th. Tri-County's CISM team currently has 16 trained members and works in coordination with Montgomery County Hospital District's CISM team as the behavioral health component of this team in order to respond to needs in the community as a result of disasters or traumatic events.
4. **Veteran Services and Veterans Counseling/Crisis:**
 - a. MVPN held a back to school backpack event with the Veteran Spouse Network – we gave out over 50 backpacks filled with school supplies to local children.
 - b. We held a women veterans appreciation luncheon in Liberty on June 30th.
 - c. We were the first organization to receive the "Operation Fajitas" from Fajita Pete's in Conroe. We were given 25 gift cards to help needy veterans and their families.
 5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
 - a. The IDD PNAC met on June 1, 2022 to review and discuss key Center updates, financials, performance measures and community and program highlights. The committee continued to discuss membership needs.
 - b. The MH PNAC met on June 29, 2022 to kick off Local Planning where they reviewed the guidelines and involvement of the PNAC in the development of the Consolidated Local Service Plan (CLSP) and the Local Provider Network Development (LPND) process and Plan. Additionally, the committee reviewed and discussed key Center updates, financials, performance measures and community and program highlights. Membership was reviewed at this time as the committee continues to seek additional members. A follow up meeting occurred on July 13, 2022, where the committee participated in the local planning process and provided feedback to the Center on the CLSP and LPND process.

Community Activities

1. YMHFA has taught five classes this month to four areas schools and the Texas Association of School Resource Officers.
2. Currently, the TANF grant has assisted 83 families and paid out over \$182,000. The grant allows for us to pay up to four months of rent, utility bills, and medical bills. We continue to get applications on a daily basis.

<p>Agenda Item: Year to Date FY 2022 Goals and Objectives Progress Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>The Management Team met on August 13, 2021 to update the five-year strategic plan and to develop the goals for FY 2022. The strategic plan and related goals were approved by the Board of Trustees at the September 2021 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 2022.</p>	
<p>Supporting Documentation:</p> <p>FY 2022, Year to Date Goals and Objectives Progress Report</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

Year-to-Date Progress Report

September 1, 2021 – July 28, 2022

Goal #1 – Clinical Excellence

Objective 1:

A consultant will be hired to work with Center staff to create a Peer Development Plan. The plan will be shared with the Board of Trustees by February 28, 2022.

- Staff finalized an agreement with Prosumers International to complete a review of Tri-County's Peer Services and to provide a list of recommendations for improvement.
- The initial on-site meeting with Prosumers International was held at the Sgt. Ed Holcomb building in July. They have requested a series of plans, procedures and other documents to review before their second visit.
- After review of the Center's Peer program, Prosumers has a secondary proposal to lead peer groups and develop the peer service further. This would occur sometime in FY 2023 if staff determine this step is needed.

Objective 2:

Staff will increase access to services by establishing a Child and Youth Clinic in East Montgomery County using Montgomery County American Rescue Plan Act funds by March 31, 2022.

- Grand Opening for the Child and Youth clinic in Porter was held on May 5th. Current staff that transferred to the Porter location (caseworkers who serve East Montgomery county already) began using the building immediately, but the facility was not fully open for business until June 6th.
- The hours for the clinic are Monday 8 am – 7 pm, Tuesday-Thursday 8 am – 5 pm, and Friday 8 am – 3 pm. Physician services are available Tuesday – Thursday. Over half of the staff, including the clinic manager, the physician, both front desk staff and several of the caseworkers, speak Spanish.
- Most of the staff have been hired for the clinic – in fact, applications for this site have been plentiful. However, one key staff, the Licensed Intake/Crisis position, has not yet been located. For this reason, we have not yet begun advertising regular intake hours or crisis services.
- Splendora and New Caney ISDs have both expressed gratitude for the new location. Both schools have been actively addressing the mental health needs of their students for some time and are excited to have a referral source for their kids that need a higher level of treatment.

Objective 3:

Staff will rewrite all Crisis Stabilization Unit and Crisis Services procedures in FY 2022.

- Since we have not been able to secure operational funding for the Crisis Stabilization Unit, the Executive Director has asked this team to focus on non-CSU crisis procedures only. While we may reopen the CSU, we may also open another type of residential program which would have different procedures.
- Staff reviewed the rules and guidelines for Crisis services and established a list of current and needed procedures. In addition to Texas Administrative Code, both HHSC and CCBHC guidelines must be considered when writing our procedures. QM and Crisis staff have spent one day a week this year producing Crisis procedures and anticipate having them done by the end of the fiscal year.

Objective 4:

Tri-County will successfully implement the SAMHSA CCBHC Expansion grant by ensuring all proposed services are being provided by March 31, 2022.

- Jennifer Kennedy, LCSW-S, an internal transfer, serves as the CCBHC-E Program Director for this grant.
- The grant includes expanded therapy across our service area, school-based clinic in Cleveland ISD, Rural Substance Use Expansion and a Care Coordination team.
- Staff have hired persons for a majority of grant positions, but exceptions include a therapist in Huntsville and both nursing positions in the Conroe Care Coordination team.
- SAMHSA reports that staffing issues are nationwide and many grant partners are struggling to fill critical positions.
- Our feedback from both SAMHSA and the Consultants that are providing evaluation services has been that we are doing very well with this grant.

Goal #2 – Intellectual and Developmental Disabilities

Objective 1:

IDD services will hold at least three (3) community events to educate persons about the IDD System of Care, Transition Plans and Waiver services which may be available in our communities by May 31, 2022. These events may be virtual, as needed.

- Staff attended a meeting on November 8, 2021 with the CISD Parent Resource Center to identify needs and formulate plans for educating persons about the IDD System of Care, Transition Plans and Waiver Services available in our communities. A follow up meeting was held on December 1, 2021 with the IDD PNAC to brainstorm ideas and means of communication with stakeholders. Initial plans include the creation of educational videos on selected topics that can be added to our website and shared with the community through multiple means including via social media, transition fairs, and other community partners who frequently work with the IDD population.
- As a part of this goal, IDD services is collaborating with the training department to develop three, high-quality informational videos that community members can access through the

Tri-County website. The focus of the videos will be upon Autism Spectrum Disorder (ASD). ASD was chosen because most of the requests for intake that come from the community and internally from C&Y services involve diagnosing for ASD and/or requests for behavioral intervention for people with ASD.

- On March 31, 2022, IDD Authority Services, in collaboration with the Training Department filmed two of the three Autism Spectrum Disorder (ASD) informational videos that community members will be able to access through the Tri-County website. The final edits have been completed and both videos are ready to be uploaded to the Center's website (date to be determined).
 - Direction for the third video has been decided, and it will describe the IDD-GR services array, Waiver Programs, etc., and will include some IDD program staff.
- On April 8, 2022, IDD Authority staff presented at Sacred Heart Catholic Church in Conroe for the Loving Hearts Special Needs Ministry. The presentation was from 6pm to 7:30pm and open to anyone in the community. The presentation was also provided in English and Spanish, and included a question and answer session. The following topics were covered:
 - Explanation and overview of HCS and TxHmL Waivers
 - Explanation of, and instructions for accessing Waiver Interest List
 - Explanation and description of GR and CFC Non-wavier programs
 - Overview of the IDD Services Intake process
 - Description of Targeted Case Management (TCM)
 - Overview of IDD Crisis Services
 - Overview of Benefits Eligibility and how Tri-County assists
 - Overview of MCOs and their role in CFC Non-waiver services

Goal #3 – Professional Facilities

Objective 1:

Remodel of the Liberty Service Facility will be completed by May 31, 2022.

- The remodel of the Liberty Service Facility is nearly complete. Items that remain include the security cameras, which remain back-ordered, and a few furniture corrections and additions. Overall, the facility looks much better, but perhaps more importantly many security features have been added to the facility to make it safer. These features include a front desk that faces the lobby, a window that allows front desk staff to see who is approaching the building, access controlled by card readers, and offices in the facility now have at least two escape routes including one that does not require traversing the lobby.
- When they arrive, cameras will be installed in common areas and will be viewable through monitors in the receptionist area.

Goal #4 – Information Technology

Objective 1:

Staff will issue a Request for Proposals for a new Electronic Health Record in Fiscal Year 2022, review and score each of the qualified responses and make a recommendation to the Board of Trustees by March 31, 2022.

- A Request for Proposals for a new Electronic Health Record was issued on December 31, 2021 and 13 software companies have expressed interest in submitting a proposal.
- Staff responded in writing to 126 questions that were received related to the RFP on January 14th.
- Out of 13 possible vendors, a team of staff interviewed four potential software vendors.
- There were several additional technical questions that the four vendors had to research and additional software meetings were scheduled and, therefore, this item was delayed until the April Board meeting.
- Staff recommended Streamline Solutions' SmartCare Electronic Health Record to the Board of Trustees at the April Board meeting.
- Several teams that will be involved in the conversion to SmartCare have already begun meeting with Streamline. The software 'go-live' date is September 1, 2023.

Agenda Item: 3rd Quarter FY 2022 Corporate Compliance and Quality Management Report

Board Meeting Date

July 28, 2022

Committee: Program

Background Information:

The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."

Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 3rd Quarter of FY 2022 are included in this Board packet.

Supporting Documentation:

3rd Quarter FY 2022 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report 3rd Quarter, FY 2022

Corporate Compliance Activities

A. Key Statistics:

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

1. Quality Management reported a concern regarding missing elements required in billable documentation. The concerns were investigated thoroughly. As a result, payback was made in the amount of \$188.51. The staff was also involved in a concurrent HR investigation; therefore, the findings were referred to HR for handling.
2. The HR Manager found the second compliance concern during an HR review. A review was completed with minor payback in the amount of \$96.21. The findings were referred back to the HR Manager for handling.
3. The HR Manager requested the third review due to compliance concerns found during an HR review. The compliance investigation revealed the staff had billed for services that had overlapping times of completion. Payback was made in the amount of \$1,001.12. The staff resigned prior to the completion of the investigation.
4. The fourth issue was reported by a supervisor alleging concerns about an employee's work product. A review was completed and no compliance concerns were found. However, the employee was given additional training regarding quality concerns.

B. Committee Activities:

The Corporate Compliance Committee met on May 18, 2022. The Committee reviewed the following:

1. A final summary of 2nd Quarter investigations;
2. 3rd Quarter updates; and
3. Trending concerns.

Quality Management Initiatives

A. Key Statistics:

1. Staff reviewed and submitted 12 record requests, totaling 19 charts.
2. Staff completed an internal Program Survey of Adult Outpatient Level of Care 1 & 3.

3. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the co-occurring psychiatric and substance use modifier.

B. Reviews/Audits:

1. Staff prepared and submitted four record requests totaling four charts to Amerigroup dating back to January 2020.
2. Staff prepared and submitted two record requests totaling two charts to Wellcare TexasPlus dating back to January 2020.
3. Staff prepared and submitted two record requests totaling four charts to Ambetter dating back to January 2020.
4. Staff prepared and submitted two record requests totaling seven charts to Texas Children's dating back to January 2020.
5. Staff prepared and submitted one record request totaling one chart to Community Health Choice dating back to January 2020.
6. Staff prepared and submitted one record request totaling one chart to United Healthcare dating back to January 2020.
7. Staff conducted customer satisfaction surveys of 30 individuals served in the Adult Outpatient Program Survey and reviewed 72 charts to ensure quality services and documentation were being provided.
8. Staff reviewed 110 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.
9. Staff reviewed 86 discharges that occurred in Q3 and communicated areas that were needing improvement to supervisory staff.
10. Staff reviewed 130 Adult Outpatient and Child and Youth notes for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.

C. Other Quality Management Activities:

1. Quality Management and IDD Authority staff worked to prepare the IDD Authority Audit CAP items for their due date on May 25, 2022.
2. Quality Management, in collaboration with the Substance Use Disorder (SUD) Program and Billing Department, participated in a SUD claims audit. While there were some recommendations for improvement that have since been addressed, there was no recoupment resulting from the review.
3. The Continuous Quality Improvement (CQI) Committee met on March 11, 2022 and May 13, 2022 to review the FY 22 goals. The Committee continues to discuss ways to improve show rates, decrease and prevent suicides, identify positive interventions for individuals who are readmitting to hospitals within 30 days and ensuring timely access to care.

<p>Agenda Item: 4th Quarter FY 2022 Corporate Compliance Training</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.</p> <p>This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.</p>	
<p>Supporting Documentation:</p> <p>4th Quarter FY 2022 Corporate Compliance Training</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

NEWSLETTER HIGHLIGHTS

Test Your Corporate Compliance Knowledge!

Your Compliance Team

Report Corporate Concerns



TEST YOUR CORPORATE COMPLIANCE KNOWLEDGE!

1. Which one of the following governmental entities enforces laws in healthcare?
 - a. Office of Inspector General (OIG)
 - b. Internal Revenue Services (IRS)
 - c. Government Accountability Office (GAO)
 - d. Central Intelligence Agency (CIA)
2. Purposely billing for services that were not provided is considered which of the following?
 - a. Abuse
 - b. Neglect
 - c. Fraud
 - d. None of the above
3. Which of the following best describes the goal of TCBHC's Corporate Compliance Program?
 - a. To plan facility construction projects
 - b. To prevent, detect, and correct accidental and intentional violation of laws, regulations, and policies
 - c. To enhance the marketing of our services

YOUR CORPORATE COMPLIANCE TEAM

Amy Foerster
Chief Compliance Officer
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Ashley Bare
HR Manager
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REPORT

Compliance
Concerns
Hotline:
866-243-9252

Correct Answers

1. **A - The OIG of the Department of U.S. Department of Health and Human Services is the leading federal enforcement agency for health care.**
2. **C - Fraud is an intentional misrepresentation of the truth that results in some unauthorized benefit; therefore, deliberately billing for services or items not provided is considered fraud.**
3. **B - TCBHC's Corporate Compliance Program was designed to prevent accidental and intentional violations of laws, regulations, and policies; to detect violations if they occur; and to prevent future noncompliance.**

<p>Agenda Item: Appoint Nominating Committee for FY 2023 Board Officers</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>The Board Chair will select representatives for the Nominating Committee for FY 2023 Board Officers. Typically, the committee is made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.</p> <p>The annual election of officers will occur at the August Board meeting.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Nominating Committee for FY 2023 Board Officers</p>	

<p>Agenda Item: Appoint Executive Director Evaluation Committee</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>The Board Chair will select representatives for the FY 2022 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.</p> <p>The results of the Executive Director Evaluation will be reviewed at the August Board meeting.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Appoint Executive Director Evaluation Committee</p>	

Agenda Item: Personnel Report for May through June 2022

Board Meeting Date:

July 28, 2022

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for May through June 2022

Recommended Action:

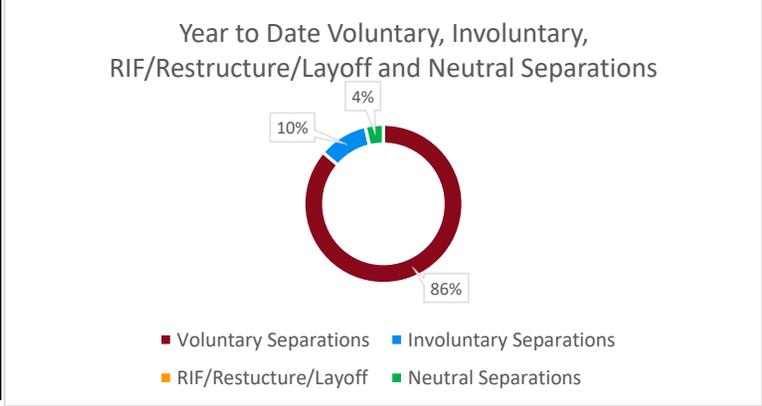
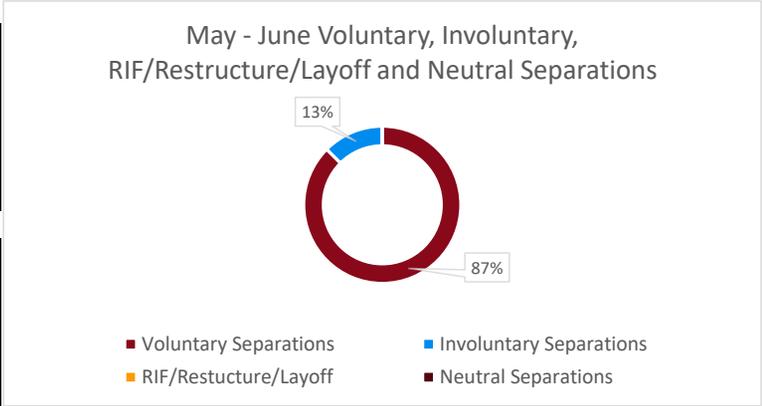
For Information Only

Personnel Report May - June 2022

Total Applications received in May - June = 478
Total New Hires for May - June = 43
Total New Hires Year to Date = 106
Total Budgeted FTE Positions = 460.45
Vacant FTE Positions = 120.37

May - June Turnover - FY22 compared to FY21	FY22	FY21
Number of Active Employees	351	359
Number of Monthly Separations	16	29
Number of Separations YTD	109	105
Year to Date Turnover Rate	31%	29%
May - June Turnover Rate	5%	8%

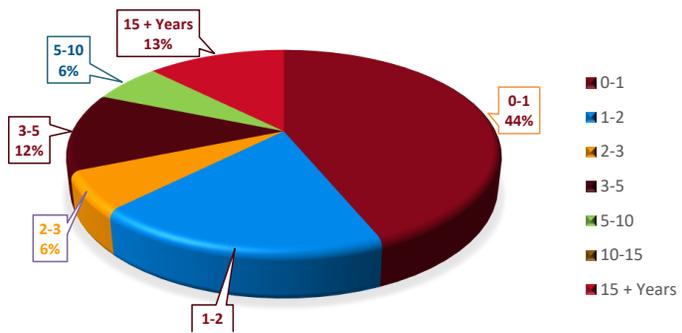
Separations by Reason	May - June Separations	FY22 YTD
Better Pay	2	12
Commute	1	4
Death	0	0
Dissatisfaction with Supervisor/Job	0	0
Family	2	8
Another job	4	34
Lack of Opportunity for Advancement	0	1
Relocating	2	9
Retirement	2	4
Return to School	0	7
Schedule	0	4
Uncomfortable with Job Duties	0	1
Health	1	11
RIF/Restructure/Layoff	0	0
Neutral Termination	0	4
Involuntarily Terminated	2	10
Total Separations	16	109



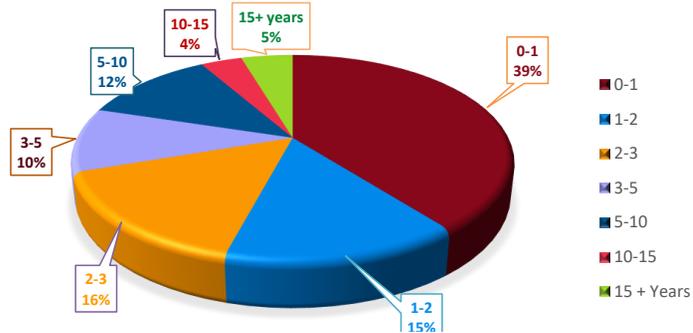
Management Team	# of Employees	May - June Separations	Year to Date Separations	% May - June	% Year to Date
Evan Roberson	37	2	9	5%	24%
Millie McDuffey	35	0	4	0%	11%
Amy Foerster	5	0	1	0%	20%
Tanya Bryant	10	0	2	0%	20%
Sara Bradfield	85	6	23	7%	27%
Melissa Zemencsik	74	4	29	5%	39%
Catherine Prestigiovanni	6	1	9	17%	150%
PETC	27	0	18	0%	67%
Yolanda Gude	39	2	9	5%	23%
Kathy Foster	25	1	5	4%	20%
Kenneth Barfield	8	0	0	0%	0%
Total	351	16	109		

Separation by EEO Category	# of Employees	May - June Separations	Year to Date Separations	% May - June	% Year to Date
Supervisors & Managers	25	0	6	0%	24%
Medical (MD,DO, PA, Psychologist)	8	0	1	0%	13%
Nursing (LVN, RN, APN)	24	1	15	4%	63%
Professionals (QMHP)	104	8	46	8%	44%
Professionals (QIDP)	30	2	9	7%	30%
Licensed Staff (LCDC, LPC...)	33	2	6	6%	18%
Business Services (Accounting)	12	0	1	0%	8%
Central Administration (HR, IT, Executive Director)	17	0	1	0%	6%
Program Support (Financial Counselors, QA, Training, Med. Records)	61	2	15	3%	25%
Nurse Technicians/Aides	12	0	6	0%	50%
Service/Maintenance	7	0	0	0%	0%
Direct Care (HCS, Respite, Life Skills)	18	1	3	6%	17%
Total	351	16	109		

MAY - JUNE SEPARATIONS BY TENURE



YEAR TO DATE SEPARATIONS BY TENURE



Agenda Item: Texas Council Risk Management Fund Claims Summary May through June 2022

Board Meeting Date:

July 28, 2022

Committee: Executive

Background Information:

None

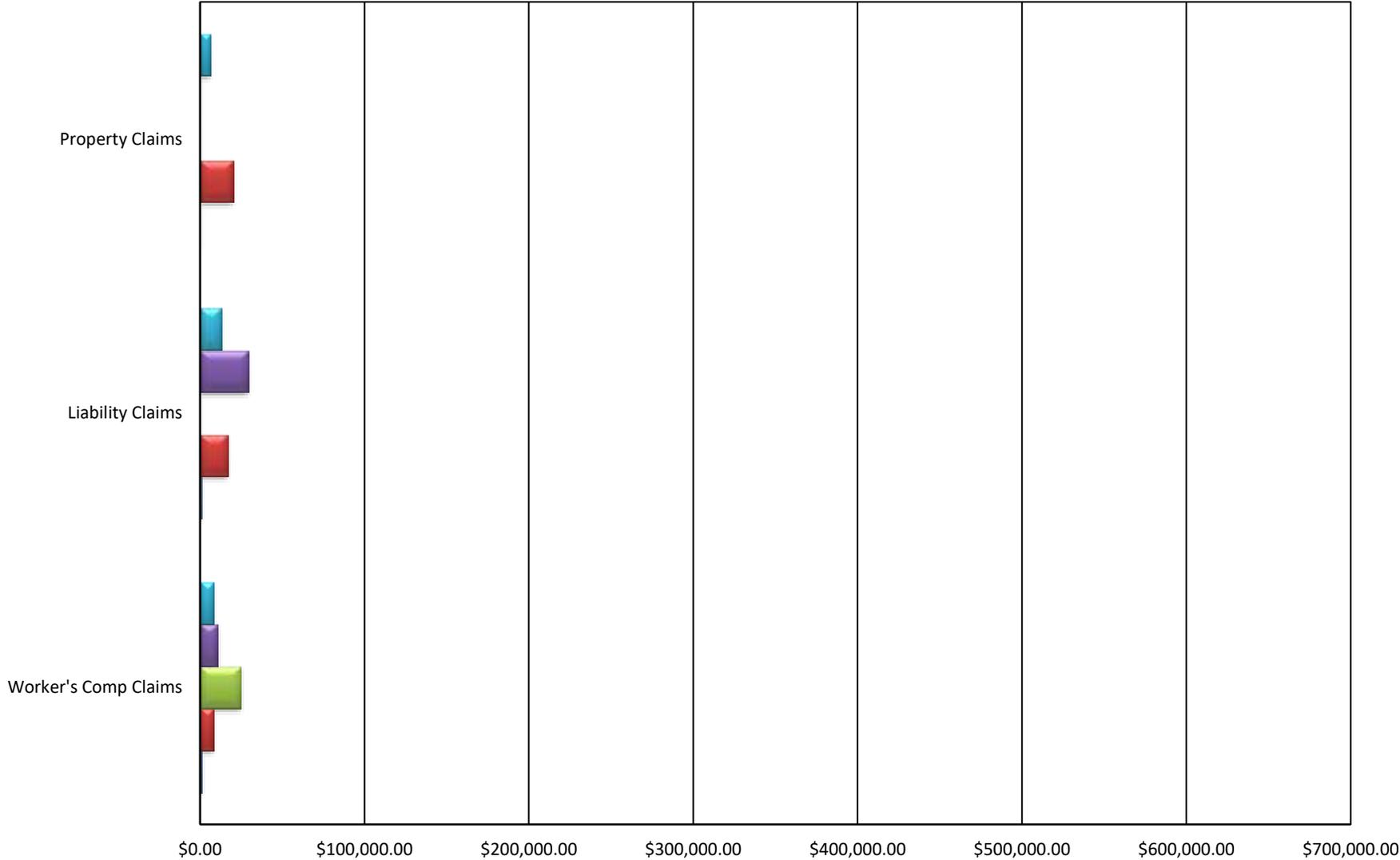
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary May through June 2022

Recommended Action:

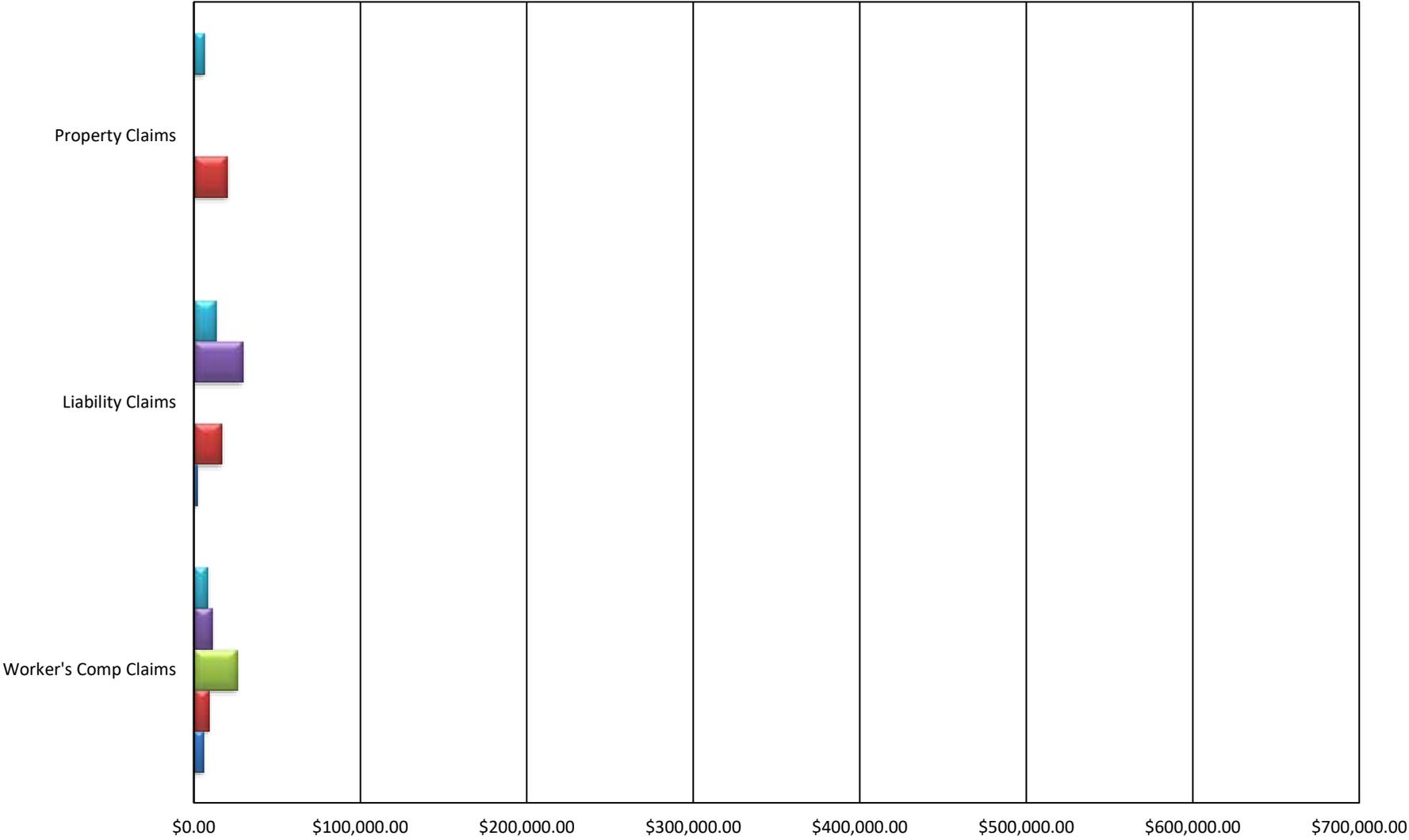
For Information Only

TCRMF Claims Summary May 2022



	Worker's Comp Claims	Liability Claims	Property Claims
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$24,847.00	\$0.00	\$0.00
2021	\$8,053.00	\$16,798.00	\$20,074.00
2022	\$1,158.00	\$1,069.00	\$0.00

TCRMF Claims Summary June 2022



	Worker's Comp Claims	Liability Claims	Property Claims
2018	\$8,202.00	\$13,108.00	\$6,126.00
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$25,847.00	\$0.00	\$0.00
2021	\$8,848.00	\$16,798.00	\$20,074.00
2022	\$5,661.00	\$1,709.00	\$0.00

Agenda Item: Dates of Scheduled Board Meetings for Calendar Year 2023

Board Meeting Date:

July 28, 2022

Committee: Executive

Background Information:

Board meetings for Calendar Year 2023 are currently scheduled as follows:

- January 26, 2023
- February 23, 2023
- March 23, 2023
- April 27, 2023
- May 25, 2023
- July 27, 2023
- August 31, 2023 (5th Thursday)
- September 28, 2023
- October 26, 2023
- November 30, 2023 (5th Thursday)

Supporting Documentation:

None

Recommended Action:

For Information Only

Agenda Item: Board Trustee Appointment and Oath of Office

Board Meeting Date

Committee: Executive

July 28, 2022

Background Information:

Listed below is the Board member who was appointed by the Commissioner's Court of their respective county to fill a remaining two-year term due to a recent resigned Board Member expiring August 31, 2022.

Appointment:

- Major Tim Cannon, Montgomery County

Oath of Office will be recited at the Board meeting.

Supporting Documentation:

Oath of Office Recitation

Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated May 24, 2022.

Recommended Action:

Recite Oath of Office

COMMISSIONERS COURT DOCKET
MAY 24, 2022
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 24th day of May, 2022, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 1	Robert Walker
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	James Noack
Commissioner, Precinct 4	James Metts
Also County Clerk's Office	Holly Pinkard

INVOCATION GIVEN BY Judge Mark Keough.

THE PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA RECITED.

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

Motion by Commissioner Riley, seconded by Commissioner Noack, to approve Commissioners Court Agenda for discussion and necessary action. Motion carried.

CITIZENS – AGENDA ITEM 7

Judge Laird addressed the court in regards to Agenda Item 14A, stating that the Courthouse Security Committee would like to be included in the conversation when it is conversed about.

Bruce Tough addressed the court regarding Agenda Item 13A2, explaining the reasons that the Montgomery County Appraisal District is asking for an increase.

NOTE: DISCUSSION IN FULL CAN BE HEARD ON AUDIO OF MINUTES ON THE COUNTY WEBSITE.

2. PRESENTATION APPROVED – PERFORMANCE RECOGNITION AWARD

	LINDSEY, KAYLYN/ DEPUTY SPEC I	NEW HIRE	05/31/2022
	MARTIN, KENNETH/ MANAGER-MVD/VTR TAX	PROMOTION	05/14/2022
	NAGLE, BETHANY/ DEPUTY SPC III	RETURN FROM UNPAID FMLA/ DISABILITY LEAVE	05/02/2022
TREASURER	BLAKE, MAKAYLA/ ACCT CLK-TREAS	PROBATIONARY PERIOD COMPLETED	04/30/2022

COUNTY JUDGE – AGENDA ITEM 10J1-3

- J1. REQUEST APPROVED to ratify the Amendment of Solicitation/Modification No P00014 between U.S. Immigration and Customs Enforcement and Montgomery County regarding Joe Corley Detention Center. The purpose of this modification is to establish new rates in accordance with the approved request for equitable adjustment for ICE IGSA 70CDCR18DIG000013 concerning Joe Corley Processing Center as a result of the incorporated Wage Determination.
- J2. REQUEST APPROVED to ratify the Amendment to Solicitation/Modification No P00003 between U.S. Immigration and Customs Enforcement and Montgomery County regarding Joe Corley Detention Center.
- J3. RESIGNATION APPROVED of Janet Qureshi from the Tri-County Board of Directors and approve the appointment of Major Tim Cannon, Montgomery County Sheriff's Office, for the remainder of Janet Qureshi term that expires August 31, 2022.

EMERGENCY MANAGEMENT – AGENDA ITEMS 10K1-5

- K1. REQUEST APPROVED for the Community Development Block Grant for Disaster Recovery (CDBG-DR) Amendment No. 1 to GLO Contract No. 20-065-136-C491 grant extension to August 31, 2023. Jason Millsaps is authorized official.
- K2. RESOLUTION AND ORDER APPROVED for the DHS grant award from the Texas Office of the Governor Homeland Security Grants Division to the Montgomery County Office of Homeland Security and Emergency Management for the FY 2020 UASI grant program. Jason Millsaps is authorized official.

THE COURT RECESSED FOR EXECUTIVE SESSION PURSUANT TO ONE OR MORE OF THE FOLLOWING PROVISIONS OF THE TEXAS GOVERNMENT CODE, TO WIT: CHAPTER 551, SUB-CHAPTER D, ARTICLE 551.071.

EXECUTIVE SESSION – AGENDA ITEM 14B: Consultation with County Attorney regarding claim no. 800.5886. (Section 551.071)

COMMISSIONERS COURT RECONVENED WITH ALL MEMBERS PRESENT.

AGENDA ITEM 15 – NO ACTION TO BE TAKEN ON MATTERS IN EXECUTIVE SESSION.

CITIZENS – AGENDA ITEM 16

No citizens addressed the court at this time.

MISCELLANEOUS – AGENDA ITEM 17 – NO ITEMS LISTED

9. COURT ADJOURNS

Motion by Commissioner Noack, seconded by Commissioner Riley, to adjourn this session of Court. Motion carried.

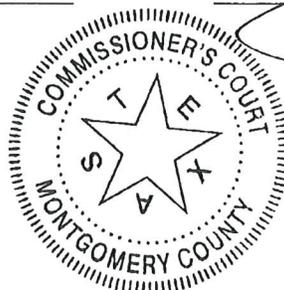
The above and foregoing minutes were read and approved by the Court.

ATTEST:

Mark Turnbull, County Clerk
Ex-Officio Clerk - Commissioners' Court
Montgomery County, Texas

BY: Mark Turnbull
COUNTY CLERK

[Signature]
COUNTY JUDGE



ADMINISTERING THE OATH OF OFFICE

Please raise your right hand and repeat after me...

I, STATE YOUR NAME,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

ADMINISTERING THE OATH OF OFFICE

I, _____,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

Agenda Item: Approve May 2022 Financial Statements

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

None

Supporting Documentation:

May 2022 Financial Statements

Recommended Action:

Approve May 2022 Financial Statements

May 2022 Financial Summary

Revenues for May 2022 were \$3,033,120 and operating expenses were \$3,127,552 resulting in a loss in operation of \$94,432. Capital Expenditures and Extraordinary Expenses for May were \$167,711 resulting in a loss of \$262,143. Total revenues were 109.10% of the monthly budgeted revenues and total expenses were 123.91% of the monthly budgeted expenses (difference of 14.82%).

Year to date revenues are \$28,525,669 and operating expenses are \$26,381,120 leaving excess operating revenues of \$2,144,549. YTD Capital Expenditures and Extraordinary Expenses are \$1,804,861 resulting in a gain YTD of \$339,687. Total revenues are 99.56% of the YTD budgeted revenues and total expenses are 98.55% of the YTD budgeted expenses (difference of 1.01%).

REVENUES

Earned Revenue Items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management MH	370,291	325,644	97.94%	44,647
Title XIX Case Management IDD	959,901	876,077	91.27%	83,824
Title XIX Rehabilitation	992,285	945,655	95.30%	46,630

Earned Income – The above listed items are earned revenue lines with variances of over \$10,000. We have separated revenue sources into two categories, Earned Income and Grant Funded Cost Reimbursement Programs to make it easier to follow what is happening with our revenue lines.

As we have seen the last couple of years, staff vacancies continue to cause our revenues to be under budget. We don't anticipate that this will change before sometime in the next fiscal year.

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
SAMHSA CCBHC-E	839,598	727,513	86.65%	112,085

DSHS Gen Rev Crisis-PESC	1,403,368	919,580	65.53%	483,788
HHSC-COPSD	31,469	8,500	27.01%	22,969
DSHS SA Prevention	171,649	152,658	88.94%	18,991
HHSC – HB13 – SA Admin	47,479	27,827	58.61%	19,652
UTSA – Veterans Services Program	243,181	196,717	80.89%	46,464

Grant Funded Cost Reimbursement Programs – The above listed items are Grant Funded Cost Reimbursement Programs with variances over \$10,000. As with the Earned Revenue, staff vacancies are the biggest issue we have with the cost reimbursement programs as well. The good thing about these programs is that there is an offset on the expense lines that aren't being spent. Hopefully we will start to see an increase in hiring staff by the beginning of the next fiscal year.

The DSHS Gen Rev Crisis – PESC fund listing above is the funding from the CSU being closed since November 1st. This was also due to the lack of available RN staff required to be in compliance with licensing rules for a CSU unit.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Advertising – Recruitment	37,093	25,066	147.98%	12,027
Building Repairs & Maintenance	152,624	124,290	122.80%	28,334
Consumer Services - General	228,292	143,879	110.28%	84,413
Contract Hospitals – Adults	2,668,525	2,387,591	111.77%	280,934
Contract Hospitals – Child	349,850	306,211	114.25%	43,639
Contract Non-Clinical	897,734	859,980	104.39%	37,754
Contract – Clinical	639,064	559,589	114.20%	79,475
Consultant – Other	564,548	464,750	121.47%	99,798

Equipment Repair & Maintenance	18,541	3,312	559.81%	15,229
Fixed Asset – Furn. & Equip.	155,310	125,220	124.03%	30,090
License Fees – Software	356,906	244,530	145.96%	112,376
Vehicle – Repair & Maintenance	35,133	16,308	215.43%	18,825

Advertising – Recruitment – This line represents our increase in advertising costs as we look for new ways to recruit staff while we have so many vacancies agency wide.

Building Repairs & Maintenance – This line item shows an increase this month due to a couple of large projects that were completed in May. We had the parking lot pressure washed in Porter prior to the grand opening, and we were finally able to get the Huntsville parking lot resurfaced with proper drainage completed.

Consumer Services – General – This line item represents the TANF funding that we received midyear that is providing clients with assistance needed for housing and utilities etc.

Contract Hospitals – Adults – This line item is for the Contract Hospital – Adults. This line has been up all year based on the CSU being closed since November. We have been fortunate to have ARPA funds to help with these costs, but we can sustain this level of expense through the end of the fiscal year.

Contract Hospitals – Child – This line item is for the Contract Hospital – Child. This line has also been up all year based on the increased need of our child population. All hospital expenses are increasing due to our CSU being closed.

Contract – Non-Clinical – This line item is for non-clinical contracts for the agency. In the month of May we had numerous expenses hit this line to get the Porter facility opened, such as landscaping and cleaning. The itemized budget for Porter Clinic is not currently included in the approved budget but will be put in the next revision.

Contract – Clinical – This line item is the doctor fees that go along with the Contract Hospital lines that are listed above.

Consultant – Other - This line item reflects the initial payment for the Streamline Software consultant portion of the purchase. This purchase was approved by the Board of Directors at the May board meeting.

Equipment Repair & Maintenance – This line item reflects the cost of servicing our generators at the at CSU facility which was completed in May.

Fixed Asset – Furn. & Equipment – This line is the amount paid for the furniture that was purchased for the additional offices that have been added with the Liberty Clinic renovation. This will be adjusted at the next budget revision.

License Fees – Software – This line item reflects the subscription fee for the Streamline Software purchase. This purchase was approved by the Board of Directors at the May board meeting.

Vehicle Repair & Maintenance - This line shows the costs of repairs to our mobile clinic unit. We anticipate that we will see more of this as the mobile clinic ages.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 2022**

	TOTALS COMBINED FUNDS May 2022	TOTALS COMBINED FUNDS April 2022	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	1,750	1,750	-
Cash on Deposit - General Fund	6,390,570	8,315,832	(1,925,261)
Cash on Deposit - Debt Fund	-	-	-
Accounts Receivable	4,615,558	5,925,739	(1,310,181)
Inventory	2,437	2,611	(174)
TOTAL CURRENT ASSETS	11,010,315	14,245,931	(3,235,616)
FIXED ASSETS	18,541,959	18,541,959	-
OTHER ASSETS	183,664	136,051	47,613
TOTAL ASSETS	\$ 29,735,938	\$ 32,923,942	\$ (3,188,002)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,713,571	1,492,115	221,456
NOTES PAYABLE	738,448	738,448	-
DEFERRED REVENUE	47,837	3,172,372	(3,124,535)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	10,329,871	10,372,749	(42,878)
Guaranty Bank & Trust Loan	1,817,201	1,822,804	(5,603)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	339,687	601,830	(262,143)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,147,072)	(12,195,553)	48,482
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	18,541,959	18,541,959	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	1,735,901	1,764,850	(28,949)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	55,503	49,336	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(738,448)	(738,448)	-
UNASSIGNED			
Unrestricted and Undesignated	4,310,682	4,310,682	-
TOTAL LIABILITIES/FUND BALANCE	\$ 29,735,938	\$ 32,923,942	\$ (3,188,004)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 2022**

	General Operating Funds	Memorandum Only Final August 2021
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	1,750	2,850
Cash on Deposit - General Fund	6,390,570	8,111,466
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	4,615,558	3,656,102
Inventory	2,437	2,918
TOTAL CURRENT ASSETS	11,010,315	11,773,337
FIXED ASSETS	18,541,959	18,541,959
OTHER ASSETS	183,664	164,343
	-	-
	\$ 29,735,938	\$ 30,479,639
 LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,713,571	1,489,380
NOTES PAYABLE	738,448	738,448
DEFERRED REVENUE	47,837	646,820
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	10,329,871	10,709,095
Guaranty Bank & Trust Loan	1,817,201	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	339,687	(188,629)
 FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,147,072)	(10,709,095)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	18,541,959	18,541,959
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	1,735,901	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation - Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	55,503	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(738,448)	(738,448)
UNASSIGNED		
Unrestricted and Undesignated	4,310,682	4,499,309
TOTAL LIABILITIES/FUND BALANCE	\$ 29,735,938	\$ 30,479,638

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended May 2022
and Year To Date as of May 2022

INCOME:	MONTH OF May 2022	YTD May 2022
	<u> </u>	<u> </u>
Local Revenue Sources	477,746	2,206,028
Earned Income	1,283,301	11,691,043
General Revenue - Contract	1,272,073	14,628,597
TOTAL INCOME	<u>\$ 3,033,120</u>	<u>\$ 28,525,669</u>
EXPENSES:		
Salaries	1,490,081	14,839,099
Employee Benefits	290,673	2,809,948
Medication Expense	39,800	421,854
Travel - Board/Staff	26,543	188,960
Building Rent/Maintenance	52,285	203,284
Consultants/Contracts	810,439	5,782,664
Other Operating Expenses	417,731	2,135,311
TOTAL EXPENSES	<u>\$ 3,127,552</u>	<u>\$ 26,381,120</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ (94,432)</u>	<u>\$ 2,144,549</u>
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	87,659	1,136,314
Capital Outlay - Debt Service	80,053	668,548
TOTAL CAPITAL EXPENDITURES	<u>\$ 167,711</u>	<u>\$ 1,804,861</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,295,263</u>	<u>\$ 28,185,981</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ (262,143)</u>	<u>\$ 339,687</u>

Debt Service and Fixed Asset Fund:		
Debt Service	80,053	668,548
Excess (Deficiency) of Revenues over Expenses	<u>80,053</u>	<u>668,548</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of May 2022

	YTD May 2022	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,206,028	1,770,072	435,956
Earned Income	11,691,043	11,810,278	(119,235)
	14,628,597	15,070,573	(441,976)
TOTAL INCOME	\$ 28,525,669	\$ 28,650,923	\$ (125,254)
EXPENSES:			
Salaries	14,839,099	15,804,978	(965,879)
Employee Benefits	2,809,948	2,919,155	(109,207)
Medication Expense	421,854	448,686	(26,832)
Travel - Board/Staff	188,960	235,234	(46,274)
Building Rent/Maintenance	203,284	171,101	32,183
Consultants/Contracts	5,782,664	5,299,722	482,942
Other Operating Expenses	2,135,311	1,925,817	209,494
TOTAL EXPENSES	\$ 26,381,120	\$ 26,804,693	\$ (423,573)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 2,144,549	 \$ 1,846,230	 \$ 298,319
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,136,314	1,127,490	8,824
Capital Outlay - Debt Service	668,548	668,564	(16)
TOTAL CAPITAL EXPENDITURES	\$ 1,804,861	\$ 1,796,054	\$ 8,807
 GRAND TOTAL EXPENDITURES	 \$ 28,185,981	 \$ 28,600,747	 \$ (414,766)
 Excess (Deficiency) of Revenues and Expenses	 \$ 339,687	 \$ 50,176	 \$ 289,511

Debt Service and Fixed Asset Fund:			
Debt Service	668,548	668,564	(16)
Excess(Deficiency) of Revenues over Expenses	668,548	668,564	(16)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended May 2022

INCOME:	MONTH OF May 2022	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	477,746	102,908	374,838
Earned Income	1,283,301	1,274,353	8,948
General Revenue-Contract	1,272,073	1,402,978	(130,905)
TOTAL INCOME	\$ 3,033,120	\$ 2,780,239	\$ 252,881
EXPENSES:			
Salaries	1,490,081	1,533,269	(43,188)
Employee Benefits	290,673	317,998	(27,325)
Medication Expense	39,800	54,854	(15,054)
Travel - Board/Staff	26,543	35,394	(8,851)
Building Rent/Maintenance	52,285	18,879	33,406
Consultants/Contracts	810,439	310,184	500,255
Other Operating Expenses	417,731	221,945	195,786
TOTAL EXPENSES	\$ 3,127,552	\$ 2,492,523	\$ 635,029
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (94,432)	\$ 287,716	\$ (382,148)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	87,659	86,782	877
Capital Outlay - Debt Service	80,053	80,055	(2)
TOTAL CAPITAL EXPENDITURES	\$ 167,711	\$ 166,837	\$ 874
GRAND TOTAL EXPENDITURES	\$ 3,295,263	\$ 2,659,360	\$ 635,903
Excess (Deficiency) of Revenues and Expenses	\$ (262,143)	\$ 120,879	\$ (383,022)
Debt Service and Fixed Asset Fund:			
Debt Service	80,053	80,055	(2)
Excess (Deficiency) of Revenues over Expenses	80,053	80,055	(2)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD May 2021 Comparative Data
Year to Date as of May 2022

INCOME:	YTD May 2022	YTD May 2021	Increase (Decrease)
Local Revenue Sources	2,206,028	1,656,395	549,633
Earned Income	11,691,043	9,765,687	1,925,356
General Revenue-Contract	14,628,597	14,168,272	460,325
TOTAL INCOME	\$ 28,525,669	\$ 25,590,354	\$ 2,935,315
EXPENSES:			
Salaries	14,839,099	14,701,212	137,887
Employee Benefits	2,809,948	3,119,118	(309,170)
Medication Expense	421,854	544,754	(122,900)
Travel - Board/Staff	188,960	113,301	75,659
Building Rent/Maintenance	203,284	160,241	43,043
Consultants/Contracts	5,782,664	3,593,091	2,189,573
Other Operating Expenses	2,135,311	1,818,537	316,774
TOTAL EXPENSES	\$ 26,381,120	\$ 24,050,252	\$ 2,330,866
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,144,549	\$ 1,540,102	\$ 604,449
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,136,314	528,182	608,132
Capital Outlay - Debt Service	668,548	627,019	41,529
TOTAL CAPITAL EXPENDITURES	\$ 1,804,861	\$ 1,155,201	\$ 649,660
GRAND TOTAL EXPENDITURES	\$ 28,185,981	\$ 25,205,453	\$ 2,980,528
Excess (Deficiency) of Revenues and Expenses	\$ 339,687	\$ 384,898	\$ (45,212)

Debt Service and Fixed Asset Fund:			
Debt Service	668,548	627,019	41,529
Excess (Deficiency) of Revenues over Expenses	668,548	627,019	41,529

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2021 Comparative Data
For the Month ending May 2022

INCOME:	MONTH OF May 2022	MONTH OF May 2021	Increase (Decrease)
Local Revenue Sources	477,746	75,258	402,488
Earned Income	1,283,301	1,051,819	231,482
General Revenue-Contract	1,272,073	1,439,933	(167,860)
TOTAL INCOME	\$ 3,033,120	\$ 2,567,010	\$ 466,110
Salaries	1,490,081	1,468,691	21,390
Employee Benefits	290,673	321,777	(31,104)
Medication Expense	39,800	52,056	(12,256)
Travel - Board/Staff	26,543	18,303	8,240
Building Rent/Maintenance	52,285	9,442	42,843
Consultants/Contracts	810,439	329,202	481,237
Other Operating Expenses	417,731	211,486	206,245
TOTAL EXPENSES	\$ 3,127,552	\$ 2,410,955	\$ 716,595
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (94,432)	\$ 156,055	\$ (250,485)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	87,659	6,521	81,138
Capital Outlay - Debt Service	80,053	69,667	10,386
TOTAL CAPITAL EXPENDITURES	\$ 167,711	\$ 76,188	\$ 91,523
GRAND TOTAL EXPENDITURES	\$ 3,295,263	\$ 2,487,143	\$ 808,120
Excess (Deficiency) of Revenues and Expenses	\$ (262,143)	\$ 79,864	\$ (342,008)

Debt Service and Fixed Asset Fund:			
Debt Service	80,053	69,667	10,386
			-
Excess (Deficiency) of Revenues over Expenses	80,053	69,667	10,386

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With April 2022 Comparative Data
For the Month Ended May 2022

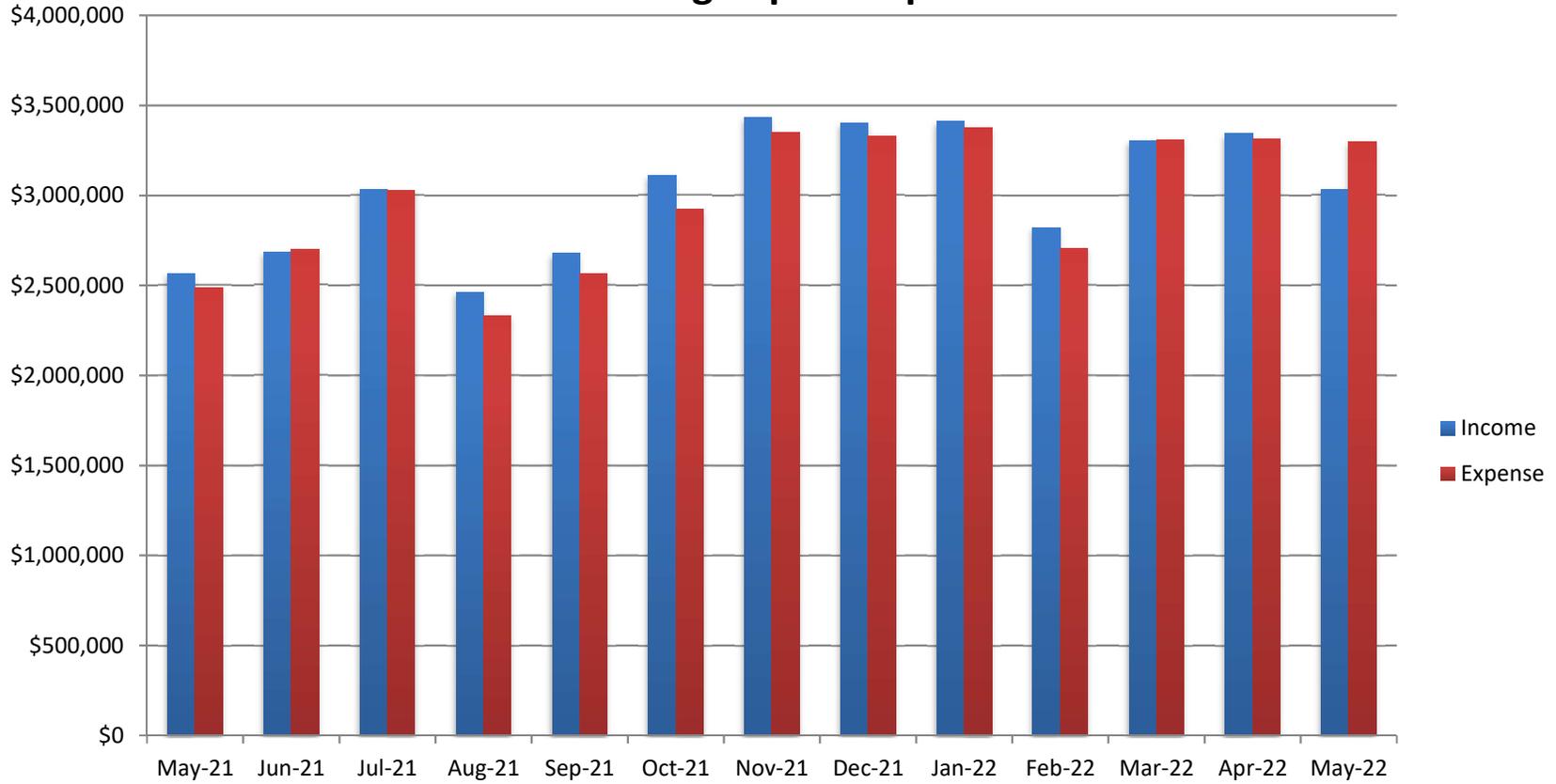
INCOME:	MONTH OF May 2022	MONTH OF April 2022	Increase (Decrease)
Local Revenue Sources	477,746	328,769	148,977
Earned Income	1,283,301	1,502,522	(219,220)
General Revenue-Contract	1,272,073	1,510,729	(238,656)
TOTAL INCOME	\$ 3,033,120	\$ 3,342,019	\$ (308,899)
EXPENSES:			
Salaries	1,490,081	1,837,642	(347,561)
Employee Benefits	290,673	253,451	37,222
Medication Expense	39,800	45,893	(6,093)
Travel - Board/Staff	26,543	29,144	(2,601)
Building Rent/Maintenance	52,285	7,938	44,347
Consultants/Contracts	810,439	681,373	129,066
Other Operating Expenses	417,731	264,507	153,223
TOTAL EXPENSES	\$ 3,127,552	\$ 3,119,948	\$ 7,603
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (94,432)	\$ 222,071	\$ (316,503)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	87,659	111,910	(24,251)
Capital Outlay - Debt Service	80,053	80,053	-
TOTAL CAPITAL EXPENDITURES	\$ 167,711	\$ 191,962	\$ (24,251)
GRAND TOTAL EXPENDITURES	\$ 3,295,263	\$ 3,311,911	\$ (16,648)
Excess (Deficiency) of Revenues and Expenses	\$ (262,143)	\$ 30,108	\$ (292,252)

Debt Service and Fixed Asset Fund:			
Debt Service	80,053	80,053	-
Excess (Deficiency) of Revenues over Expenses	80,053	80,053	-

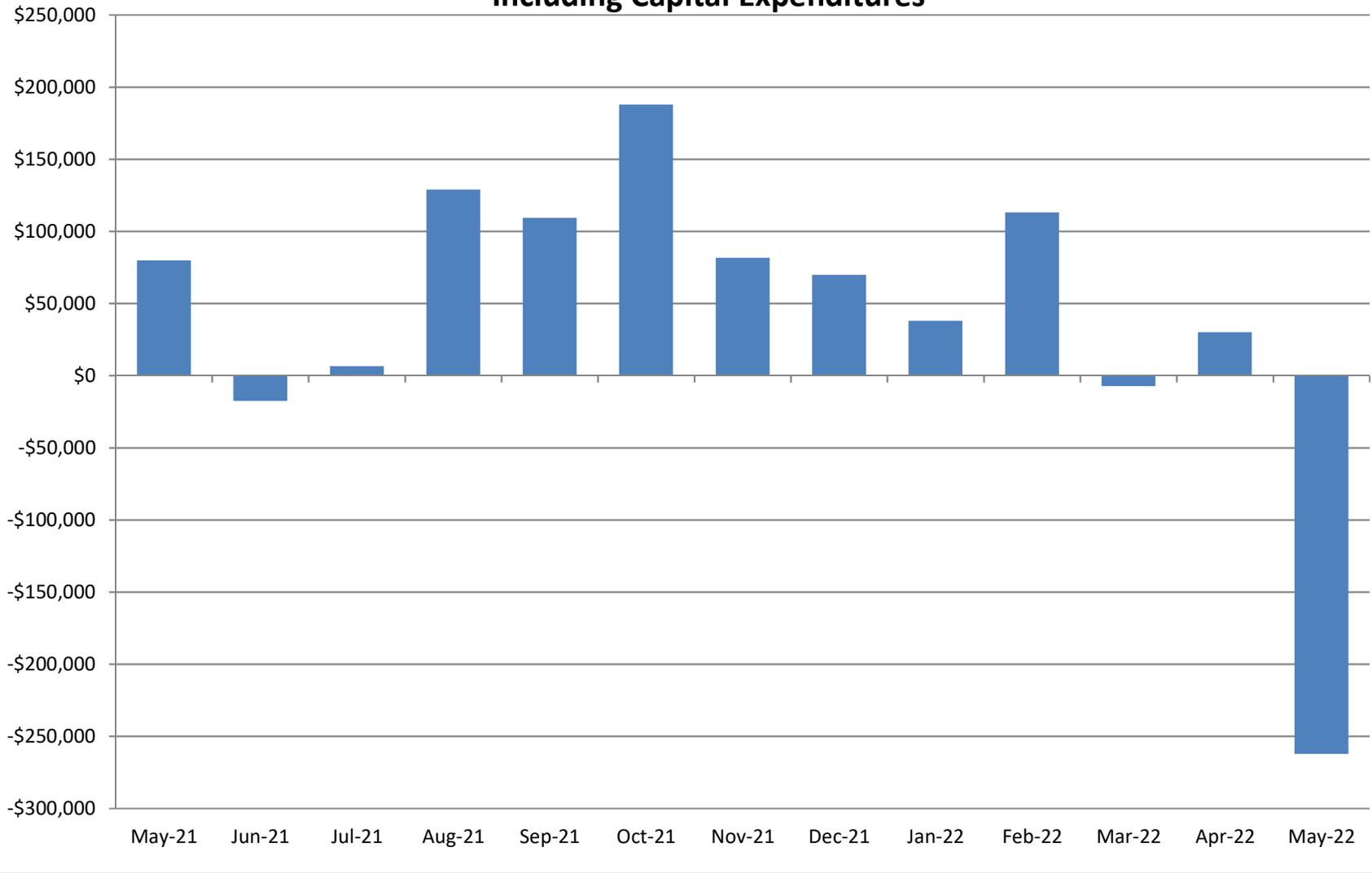
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of May 2022

	YTD Mental Health May 2022	YTD IDD May 2022	YTD Other Services May 2022	YTD Agency Total May 2022	YTD Approved Budget May 2022	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,008,574	(191,784)	389,238	2,206,028	1,770,072	435,956
Earned Income	3,292,366	2,682,399	5,716,278	11,691,043	11,810,278	(119,235)
General Revenue-Contract	12,388,679	1,252,978	986,940	14,628,597	15,070,573	(441,976)
TOTAL INCOME	\$ 17,689,619	\$ 3,743,593	\$ 7,092,456	\$ 28,525,668	\$ 28,650,923	\$ (125,255)
EXPENSES:						
Salaries	8,568,101	2,159,519	4,111,480	14,839,100	15,804,978	(965,878)
Employee Benefits	1,689,331	417,718	702,899	2,809,948	2,919,155	(109,207)
Medication Expense	357,051	-	64,803	421,854	448,686	(26,832)
Travel - Board/Staff	95,165	54,578	39,216	188,960	235,234	(46,274)
Building Rent/Maintenance	149,704	14,379	39,202	203,284	171,101	32,183
Consultants/Contracts	3,608,368	740,887	1,433,410	5,782,664	5,299,722	482,942
Other Operating Expenses	1,180,738	447,979	506,594	2,135,311	1,925,817	209,494
TOTAL EXPENSES	\$ 15,648,458	\$ 3,835,060	\$ 6,897,604	\$ 26,381,120	\$ 26,804,693	\$ (423,572)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,041,161	\$ (91,467)	\$ 194,852	\$ 2,144,548	\$ 1,846,230	\$ 298,317
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	907,408	76,412	152,494	1,136,314	1,127,490	8,824
Capital Outlay - Debt Service	401,129	93,597	173,822	668,548	668,564	(16)
TOTAL CAPITAL EXPENDITURES	\$ 1,308,537	\$ 170,009	\$ 326,316	\$ 1,804,863	\$ 1,796,054	\$ 8,808
GRAND TOTAL EXPENDITURES	\$ 16,956,995	\$ 4,005,069	\$ 7,223,920	\$ 28,185,983	\$ 28,600,747	\$ (414,764)
Excess (Deficiency) of Revenues and Expenses	\$ 732,624	\$ (261,476)	\$ (131,464)	\$ 339,687	\$ 50,176	\$ 289,509
Debt Service and Fixed Asset Fund:						
Debt Service	401,129	93,597	173,822	668,548	668,564	(267,435)
		-	-	-	-	-
Excess (Deficiency) of Revenues over Expenses	401,129	93,597	173,822	668,548	668,564	(267,435)

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
Including Capital Expenditures



Agenda Item: Approve June 2022 Financial Statements

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

None

Supporting Documentation:

June 2022 Financial Statements

Recommended Action:

Approve June 2022 Financial Statements

June 2022 Financial Summary

Revenues for June 2022 were \$3,405,882 and operating expenses were \$3,278,390 resulting in a gain in operation of \$127,492. Capital Expenditures and Extraordinary Expenses for June were \$96,056 resulting in a gain of \$31,436. Total revenues were 105.06% of the monthly budgeted revenues and total expenses were 107.89% of the monthly budgeted expenses (difference of -2.84%).

Year to date revenues are \$31,931,551 and operating expenses are \$29,659,510 leaving excess operating revenues of \$2,272,041. YTD Capital Expenditures and Extraordinary Expenses are 1,900,917 resulting in a gain YTD of \$371,123. Total revenues are 100.12% of the YTD budgeted revenues and total expenses are 99.47% of the YTD budgeted expenses (difference of .65%).

REVENUES

Earned Revenue Items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management MH	365,323	419,985	86.98%	54,662
Title XIX Case Management IDD	972,640	1,091,060	89.15%	118,420
Title XIX Rehabilitation	1,040,165	1,116,010	93.20%	75,845

Earned Income – The above listed items are earned revenue lines with variances of over \$10,000. We have separated revenue sources into two categories, Earned Income and Grant Funded Cost Reimbursement Programs to make it easier to follow what is happening with our revenue lines.

As we have seen the last couple of years, staff vacancies continue to cause our revenues to be under budget. We don't anticipate that this will change before sometime in the next fiscal year.

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
SAMHSA CCBHC-E	832,913	1,047,042	79.55%	214,129
DSHS Gen Rev Crisis-PESC	926,558	1,549,418	59.80%	622,860
HHSC-COPSD	9,789	38,847	25.20%	29,058
DSHS SA Prevention	171,123	191,319	89.44%	20,196
HHSC – HB13 – SA Admin	28,241	53,636	52.65%	25,395
UTSA – Veterans Serv Program	215,989	290,456	74.36%	74,467

Grant Funded Cost Reimbursement Programs – The above listed items are grant funded cost reimbursement programs with variances over \$10,000. As with the Earned Revenue, staff vacancies are the biggest reason have under spent on these cost reimbursement programs as well. The good thing about these programs are that there is an offset on the expense lines that aren't being spent. Hopefully we will start to see an increase in hiring staff by the beginning of the next fiscal year.

The DSHS Gen Rev Crisis – PESC fund listing above is the funding from the CSU being closed since November 1st. This was also due to the lack of available RN staff required for compliance with licensing rules for a CSU unit.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Advertising – Recruitment	43,767	25,583	171.08%	18,184
Building Repairs & Maintenance	177,359	136,850	129.60%	40,509
Consumer Services - General	290,790	160,355	181.34%	130,435
Contract Hospitals – Adults	2,959,290	2,387,591	123.94%	571,699
Contract Hospitals – Child	351,420	314,544	111.72%	36,876
Contract Non-Clinical	1,007,882	952,574	105.81%	55,308
Contract – Clinical	698,168	591,475	118.04%	106,693
Consultant – Other	622,922	547,500	113.78%	75,422
Equipment Repair & Maintenance	22,351	3,680	607.36%	18,671
Fixed Asset – Furn. & Equip.	155,310	129,072	120.33%	26,238
License Fees – Software	381,191	273,730	139.26%	107,461

Advertising – Recruitment – This line represents our increase in advertising costs as we look for new ways to recruit staff while we have so many vacancies agency wide.

Building Repairs & Maintenance – This line item shows an increase this month due to a couple of large projects that were completed in May and June. In June we have seen numerous air conditioning issues that have caused this line item to continue to be over budget.

Consumer Services – General – This line item represents the TANF funding that we received Mid-year that is providing clients with assistance needed for housing and utilities etc. Both revenue and expense will be added in the final budget revision.

Contract Hospitals – Adults – This line item is for the contract hospital beds. This line has been up all year based on the CSU being closed since November. We have been fortunate to have ARPA funding and one other source to help pay for these costs. We have also requested to spend the lapsed PESC funds for the remaining part of the fiscal year and should have that confirmation very soon from that request.

Contract Hospitals – Child – This line item is also for contract hospital beds but for children. This line has also been up all year based on the increased need of our child population.

Contract – Non-Clinical – This line item is for non-clinical contracts for the agency. In the month of May we had numerous expenses hit this line to get the Porter facility opened such as Landscaping and cleaning. The itemized budget for Porter Clinic is not currently included in the approved budget but will be put in the year end revision.

Contract – Clinical – This line item is the Doctor fees that go along with the Contract Hospital lines that are listed above.

Consultant – Other - This line item reflects the initial payment for the Streamline software consultant portion of the purchase. This purchase was approved by the Board of Directors at the May board meeting.

Equipment Repair & Maintenance – This line item reflects the cost of servicing our generators at the at CSU facility which were completed in May.

Fixed Asset – Furn. & Equipment – This line is the amount paid for the furniture that we purchased for the additional offices that have been added with the Liberty Clinic renovation. This will be adjusted in the final budget revision.

License Fees – Software – This line item reflects the subscription fee for the Streamline Software purchase. This purchase was approved by the Board of Directors at the May board meeting.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 2022**

	TOTALS COMBINED FUNDS June 2022	TOTALS COMBINED FUNDS May 2022	Increase (Decrease)
ASSETS			
CURRENT ASSETS			
Imprest Cash Funds	461	1,750	(1,289)
Cash on Deposit - General Fund	6,242,962	6,390,570	(147,608)
Cash on Deposit - Debt Fund	-	-	-
Accounts Receivable	5,585,433	4,615,558	969,875
Inventory	2,205	2,437	(232)
TOTAL CURRENT ASSETS	11,831,061	11,010,315	820,746
FIXED ASSETS	18,541,959	18,541,959	-
OTHER ASSETS	190,435	183,664	6,771
TOTAL ASSETS	\$ 30,563,455	\$ 29,735,938	\$ 827,518
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,676,957	1,713,571	(36,614)
NOTES PAYABLE	738,448	738,448	-
DEFERRED REVENUE	874,365	47,837	826,528
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	10,287,767	10,329,871	(42,104)
Guaranty Bank & Trust Loan	1,811,745	1,817,201	(5,456)
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	371,123	339,687	31,436
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,099,512)	(12,147,072)	47,560
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	18,541,959	18,541,959	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	1,735,901	1,735,901	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	61,670	55,503	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(738,448)	(738,448)	-
UNASSIGNED			
Unrestricted and Undesignated	4,310,681	4,310,682	(1)
TOTAL LIABILITIES/FUND BALANCE	\$ 30,563,455	\$ 29,735,938	\$ 827,516

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 2022**

	General Operating Funds	Memorandum Only Final August 2021
ASSETS		
CURRENT ASSETS		
Imprest Cash Funds	461	2,850
Cash on Deposit - General Fund	6,242,962	8,111,466
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	5,585,433	3,656,102
Inventory	2,205	2,918
TOTAL CURRENT ASSETS	11,831,061	11,773,337
FIXED ASSETS	18,541,959	18,541,959
OTHER ASSETS	190,435	164,343
	\$ 30,563,455	\$ 30,479,639
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,676,957	1,489,380
NOTES PAYABLE	738,448	738,448
DEFERRED REVENUE	874,365	646,820
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	10,287,767	10,709,095
Guaranty Bank & Trust Loan	1,811,745	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	371,123	(188,629)
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,099,512)	(10,709,095)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	18,541,959	18,541,959
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	1,735,901	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		
Reserved for Workers' Compensation - Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	61,670	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(738,448)	(738,448)
UNASSIGNED		
Unrestricted and Undesignated	4,310,681	4,499,309
TOTAL LIABILITIES/FUND BALANCE	\$ 30,563,455	\$ 30,479,638

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended June 2022
and Year To Date as of June 2022

INCOME:	MONTH OF June 2022	YTD June 2022
	<u> </u>	<u> </u>
Local Revenue Sources	82,775	2,288,803
Earned Income	2,154,321	13,845,364
General Revenue - Contract	1,168,786	15,797,384
TOTAL INCOME	\$ 3,405,882	\$ 31,931,551
EXPENSES:		
Salaries	1,932,103	16,771,202
Employee Benefits	334,704	3,144,652
Medication Expense	56,778	478,632
Travel - Board/Staff	31,601	220,561
Building Rent/Maintenance	28,013	231,297
Consultants/Contracts	610,176	6,392,840
Other Operating Expenses	285,015	2,420,326
TOTAL EXPENSES	\$ 3,278,390	\$ 29,659,510
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 127,492	\$ 2,272,041
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	16,003	1,152,317
Capital Outlay - Debt Service	80,053	748,600
TOTAL CAPITAL EXPENDITURES	\$ 96,056	\$ 1,900,917
GRAND TOTAL EXPENDITURES	\$ 3,374,446	\$ 31,560,427
Excess (Deficiency) of Revenues and Expenses	\$ 31,436	\$ 371,123

Debt Service and Fixed Asset Fund:		
Debt Service	80,053	748,600
Excess (Deficiency) of Revenues over Expenses	80,053	748,600

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of June 2022

	YTD June 2022	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,288,803	1,851,794	437,009
Earned Income	13,845,364	13,710,004	135,360
	15,797,384	16,331,024	(533,640)
TOTAL INCOME	\$ 31,931,551	\$ 31,892,822	\$ 38,729
EXPENSES:			
Salaries	16,771,202	17,838,743	(1,067,541)
Employee Benefits	3,144,652	3,231,703	(87,051)
Medication Expense	478,632	503,540	(24,908)
Travel - Board/Staff	220,561	270,128	(49,567)
Building Rent/Maintenance	231,297	189,980	41,317
Consultants/Contracts	6,392,840	5,609,906	782,934
Other Operating Expenses	2,420,326	2,153,688	266,638
TOTAL EXPENSES	\$ 29,659,510	\$ 29,797,688	\$ (138,178)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,272,041	\$ 2,095,134	\$ 176,907
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,152,317	1,181,989	(29,672)
Capital Outlay - Debt Service	748,600	748,619	(19)
TOTAL CAPITAL EXPENDITURES	\$ 1,900,917	\$ 1,930,608	\$ (29,691)
GRAND TOTAL EXPENDITURES	\$ 31,560,427	\$ 31,728,296	\$ (167,869)
Excess (Deficiency) of Revenues and Expenses	\$ 371,123	\$ 164,526	\$ 206,598

Debt Service and Fixed Asset Fund:			
Debt Service	748,600	748,619	(19)
Excess(Deficiency) of Revenues over Expenses	748,600	748,619	(19)

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended June 2022

INCOME:	<u>MONTH OF June 2022</u>	<u>APPROVED BUDGET</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	82,775	81,722	1,053
Earned Income	2,154,321	1,899,726	254,595
General Revenue-Contract	1,168,786	1,260,451	(91,665)
TOTAL INCOME	<u>\$ 3,405,882</u>	<u>\$ 3,241,899</u>	<u>\$ 163,983</u>
EXPENSES:			
Salaries	1,932,103	2,033,765	(101,662)
Employee Benefits	334,704	312,548	22,156
Medication Expense	56,778	54,854	1,924
Travel - Board/Staff	31,601	34,894	(3,293)
Building Rent/Maintenance	28,013	18,879	9,134
Consultants/Contracts	610,176	310,184	299,992
Other Operating Expenses	285,015	227,871	57,144
TOTAL EXPENSES	<u>\$ 3,278,390</u>	<u>\$ 2,992,995</u>	<u>\$ 285,395</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 127,492</u>	<u>\$ 248,904</u>	<u>\$ (121,412)</u>
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	16,003	54,499	(38,496)
Capital Outlay - Debt Service	80,053	80,055	(2)
TOTAL CAPITAL EXPENDITURES	<u>\$ 96,056</u>	<u>\$ 134,554</u>	<u>\$ (38,498)</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,374,446</u>	<u>\$ 3,127,549</u>	<u>\$ 246,897</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 31,436</u>	<u>\$ 114,350</u>	<u>\$ (82,914)</u>

Debt Service and Fixed Asset Fund:

Debt Service	80,053	80,055	(2)
Excess (Deficiency) of Revenues over Expenses	<u>80,053</u>	<u>80,055</u>	<u>(2)</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD June 2021 Comparative Data
Year to Date as of June 2022

INCOME:	<u>YTD June 2022</u>	<u>YTD June 2021</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	2,288,803	1,761,765	527,038
Earned Income	13,845,364	10,840,625	3,004,739
General Revenue-Contract	15,797,384	15,671,120	126,264
TOTAL INCOME	\$ 31,931,551	\$ 28,273,510	\$ 3,658,041
EXPENSES:			
Salaries	16,771,202	16,288,669	482,533
Employee Benefits	3,144,652	3,450,003	(305,351)
Medication Expense	478,632	602,975	(124,343)
Travel - Board/Staff	220,561	138,760	81,801
Building Rent/Maintenance	231,297	167,992	63,305
Consultants/Contracts	6,392,840	3,944,519	2,448,321
Other Operating Expenses	2,420,326	2,015,279	405,047
TOTAL EXPENSES	\$ 29,659,510	\$ 26,608,195	\$ 3,051,313
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 2,272,041	\$ 1,665,315	\$ 606,728
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,152,317	601,326	550,991
Capital Outlay - Debt Service	748,600	696,687	51,913
TOTAL CAPITAL EXPENDITURES	\$ 1,900,917	\$ 1,298,013	\$ 602,904
GRAND TOTAL EXPENDITURES	\$ 31,560,427	\$ 27,906,208	\$ 3,654,219
Excess (Deficiency) of Revenues and Expenses	\$ 371,123	\$ 367,299	\$ 3,824

Debt Service and Fixed Asset Fund:			
Debt Service	748,600	696,687	51,913
Excess (Deficiency) of Revenues over Expenses	748,600	696,687	51,913

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2021 Comparative Data
For the Month ending June 2022

INCOME:	MONTH OF June 2022	MONTH OF June 2021	Increase (Decrease)
Local Revenue Sources	82,775	105,369	(22,594)
Earned Income	2,154,321	1,074,939	1,079,382
General Revenue-Contract	1,168,786	1,502,848	(334,062)
TOTAL INCOME	\$ 3,405,882	\$ 2,683,156	\$ 722,726
Salaries	1,932,103	1,587,457	344,646
Employee Benefits	334,704	330,884	3,820
Medication Expense	56,778	58,221	(1,443)
Travel - Board/Staff	31,601	25,459	6,142
Building Rent/Maintenance	28,013	7,751	20,262
Consultants/Contracts	610,176	351,428	258,748
Other Operating Expenses	285,015	196,742	88,273
TOTAL EXPENSES	\$ 3,278,390	\$ 2,557,940	\$ 720,448
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 127,492	\$ 125,216	\$ 2,278
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	16,003	73,144	(57,141)
Capital Outlay - Debt Service	80,053	69,667	10,386
TOTAL CAPITAL EXPENDITURES	\$ 96,056	\$ 142,811	\$ (46,755)
GRAND TOTAL EXPENDITURES	\$ 3,374,446	\$ 2,700,751	\$ 673,695
Excess (Deficiency) of Revenues and Expenses	\$ 31,436	\$ (17,598)	\$ 49,033

Debt Service and Fixed Asset Fund:			
Debt Service	80,053	69,667	10,386
			-
Excess (Deficiency) of Revenues over Expenses	80,053	69,667	10,386

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2022 Comparative Data
For the Month Ended June 2022

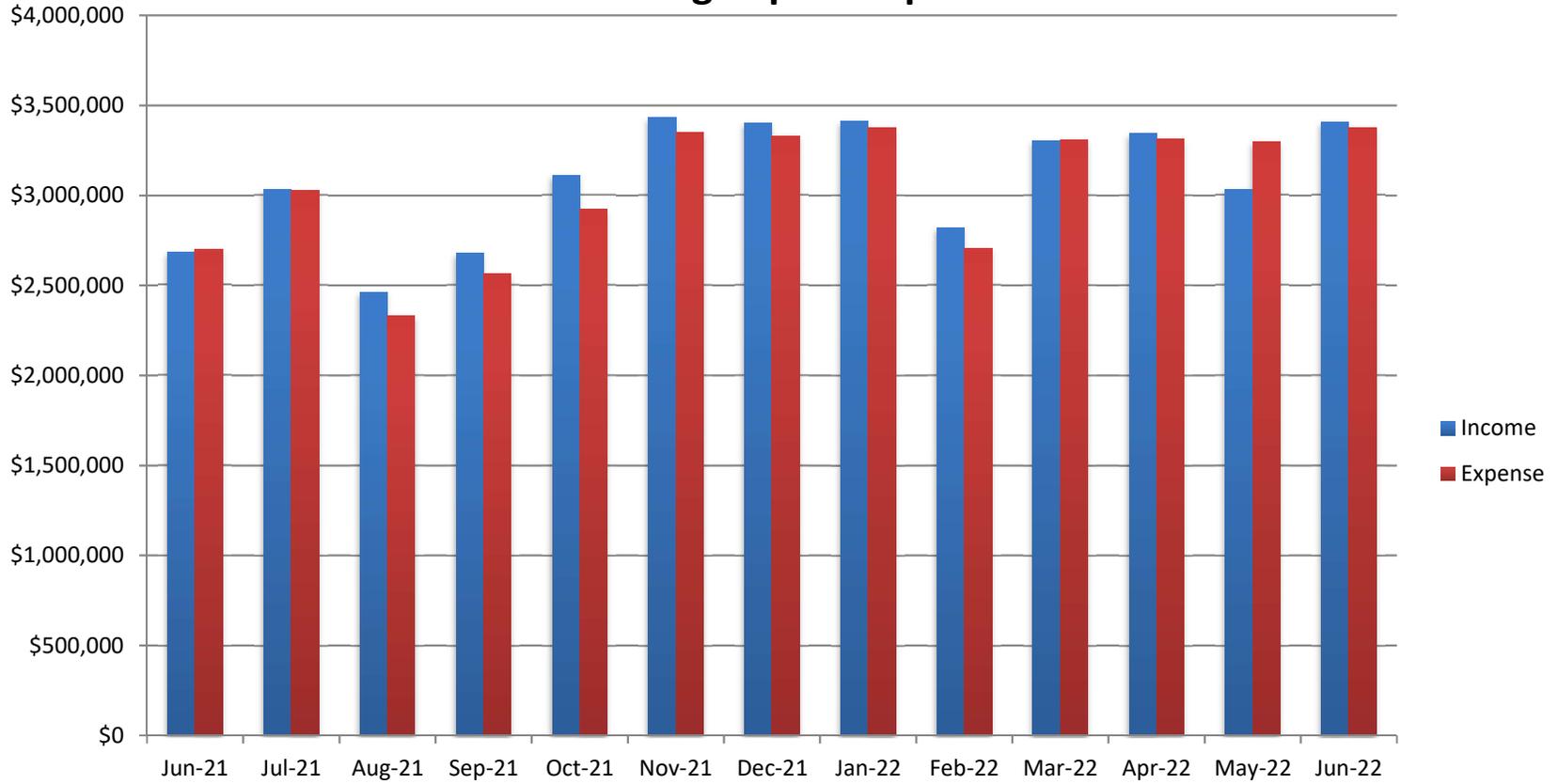
INCOME:	MONTH OF June 2022	MONTH OF May 2022	Increase (Decrease)
Local Revenue Sources	82,775	477,746	(394,971)
Earned Income	2,154,321	1,283,301	871,020
General Revenue-Contract	1,168,786	1,272,073	(103,287)
TOTAL INCOME	\$ 3,405,882	\$ 3,033,120	\$ 372,762
EXPENSES:			
Salaries	1,932,103	1,490,081	442,022
Employee Benefits	334,704	290,673	44,031
Medication Expense	56,778	39,800	16,978
Travel - Board/Staff	31,601	26,543	5,058
Building Rent/Maintenance	28,013	52,285	(24,272)
Consultants/Contracts	610,176	810,439	(200,263)
Other Operating Expenses	285,015	417,731	(132,716)
TOTAL EXPENSES	\$ 3,278,390	\$ 3,127,552	\$ 150,838
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 127,492	\$ (94,432)	\$ 221,924
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	16,003	87,659	(71,656)
Capital Outlay - Debt Service	80,053	80,053	-
TOTAL CAPITAL EXPENDITURES	\$ 96,056	\$ 167,711	\$ (71,656)
GRAND TOTAL EXPENDITURES	\$ 3,374,446	\$ 3,295,263	\$ 79,182
Excess (Deficiency) of Revenues and Expenses	\$ 31,436	\$ (262,143)	\$ 293,580

Debt Service and Fixed Asset Fund:			
Debt Service	80,053	80,053	-
Excess (Deficiency) of Revenues over Expenses	80,053	80,053	-

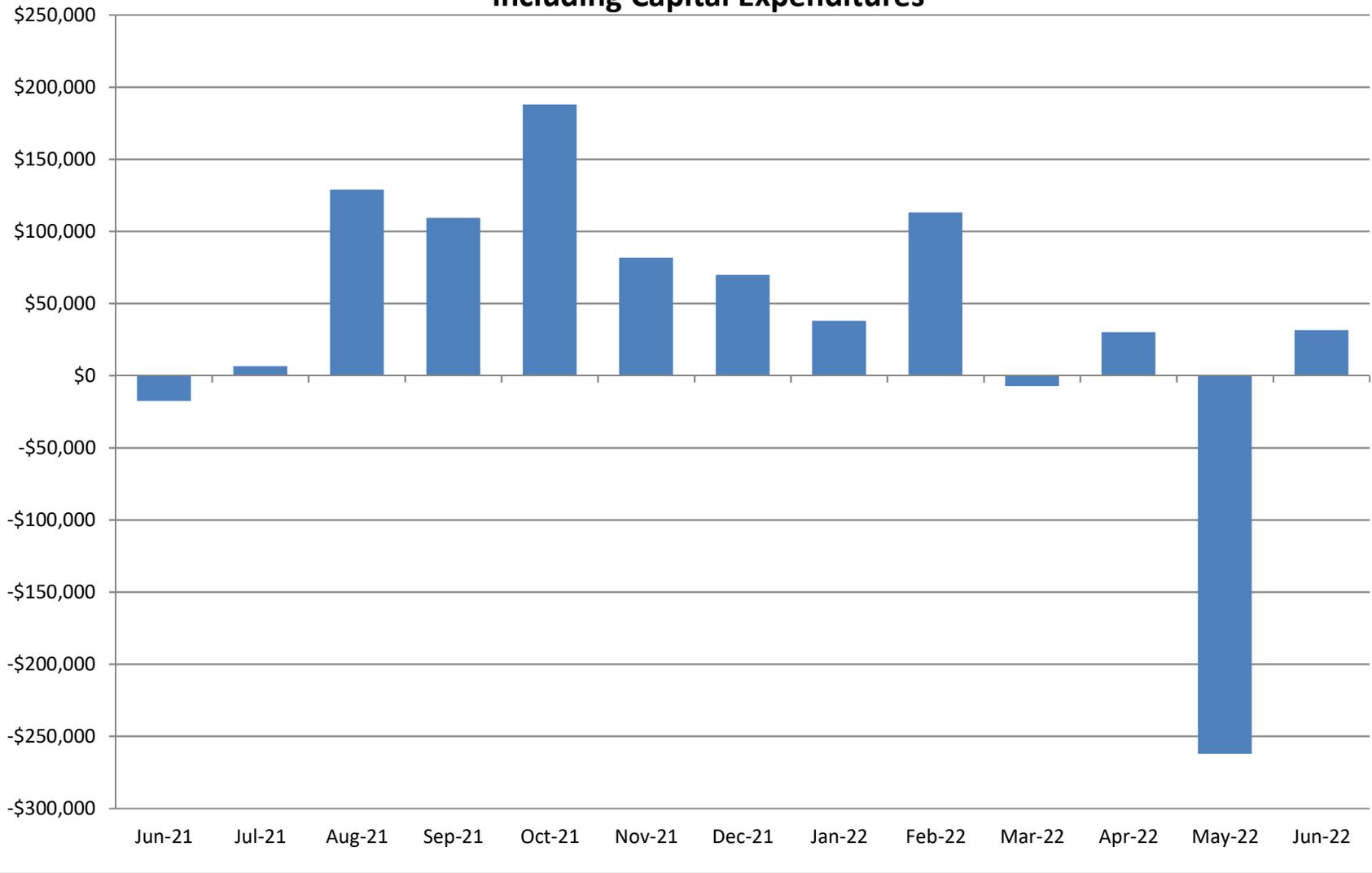
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2022

	YTD Mental Health June 2022	YTD IDD June 2022	YTD Other Services June 2022	YTD Agency Total June 2022	YTD Approved Budget June 2022	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,075,842	(226,541)	439,503	2,288,803	1,851,794	437,009
Earned Income	3,935,332	3,061,463	6,848,566	13,845,364	13,710,004	135,360
General Revenue-Contract	13,262,760	1,405,277	1,129,347	15,797,384	16,331,024	(533,640)
TOTAL INCOME	\$ 19,273,934	\$ 4,240,199	\$ 8,417,416	\$ 31,931,551	\$ 31,892,822	\$ 38,729
EXPENSES:						
Salaries	9,526,687	2,446,227	4,798,288	16,771,202	17,838,743	(1,067,541)
Employee Benefits	1,873,179	469,560	801,912	3,144,652	3,231,703	(87,051)
Medication Expense	406,209	-	72,422	478,631	503,540	(24,909)
Travel - Board/Staff	112,304	62,809	45,448	220,562	270,128	(49,566)
Building Rent/Maintenance	175,921	15,007	40,369	231,297	189,980	41,317
Consultants/Contracts	4,032,407	835,946	1,524,488	6,392,840	5,609,906	782,934
Other Operating Expenses	1,310,489	516,499	593,337	2,420,325	2,153,688	266,637
TOTAL EXPENSES	\$ 17,437,196	\$ 4,346,048	\$ 7,876,264	\$ 29,659,510	\$ 29,797,688	\$ (138,179)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,836,738	\$ (105,849)	\$ 541,152	\$ 2,272,041	\$ 2,095,134	\$ 176,908
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	916,947	78,638	156,732	1,152,317	1,181,989	(29,672)
Capital Outlay - Debt Service	449,160	104,804	194,636	748,600	748,619	(19)
TOTAL CAPITAL EXPENDITURES	\$ 1,366,107	\$ 183,442	\$ 351,368	\$ 1,900,918	\$ 1,930,608	\$ (29,691)
GRAND TOTAL EXPENDITURES	\$ 18,803,303	\$ 4,529,490	\$ 8,227,632	\$ 31,560,428	\$ 31,728,296	\$ (167,870)
Excess (Deficiency) of Revenues and Expenses	\$ 470,631	\$ (289,291)	\$ 189,784	\$ 371,123	\$ 164,526	\$ 206,599
Debt Service and Fixed Asset Fund:						
Debt Service	449,160	104,804	194,636	748,600	748,619	(299,459)
		-	-	-	-	-
Excess (Deficiency) of Revenues over Expenses	449,160	104,804	194,636	748,600	748,619	(299,459)

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 Behavioral Healthcare Employee Health Insurance & Ancillary Plans

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

Tri-County currently has employee health insurance coverage through Blue Cross Blue Shield (BCBS). In FY22, we offered a structure of four plan types - two Health Savings Account (HSA) plans and two Preferred Provider Organization (PPO) plans. Our current plans will expire on September 30, 2022. In April 2022, Benefit Solutions (per our request) gathered and presented quotes for FY23 employee health and supplemental insurance coverage that would be similar to our current plan designs. While Aetna, Humana, and Cigna declined to provide quotes due to their rates being uncompetitive this year, the following quotes were received from BCBS and United Healthcare:

1. **Blue Cross Blue Shield** renewing our current plans, BCBS quoted a 15.9% increase from our FY22 rates with a \$159,000 billing credit. Applying the billing credit toward the employee premiums would make the actual impact of the renewal quote **8.1%**.
2. **Blue Cross Blue Shield** also provided a secondary quote on our existing plans with adjustments made that would increase the employee's co-insurance responsibility as well as annual out-of-pocket maximum amounts. This quote also includes the billing credit in the amount of \$159,000. Factoring in the billing credit, the actual impact of the renewal quote would be 6.1%.
3. **United Healthcare** quoted MCO plans with an averaged 13% increase from our FY 2022 rates which were not considered comparable.

Based on the received quotes, the Management Team is recommending that Tri-County stay with Blue Cross Blue Shield and the first option detailed above with an 8.1% increase, as this will allow employees to maintain their current coverage while not placing any additional burden on the employees through increases to co-insurance or out of pocket responsibilities. Total premium increase is \$91.15 per month on the base plan.

Tri-County is proposing to increase center contribution to \$510 per month toward each enrolled employee's premium (a \$35 per month increase from FY 2022's contribution of \$475 per month). Tri-County will also pass along the aforementioned billing credit to the employee premiums, which is approximately \$56.87 credit towards each enrolled employee's health insurance premium per month.

Blue Cross Blue Shield's Base Plan (HSA 3000) is \$664.42 a month for employee-only coverage, as detailed below. The employee premiums for this plan (once Tri-County contributions and BCBS billing credits are applied) will be \$97.55 per month (a \$0.72 decrease from the FY22 employee cost).

All plan options to be provided for employees in FY23 are described below:

BCBS HSA 3000:

The HSA 3000 Plan has a \$3,000/\$6,000 deductible. Employees will pay 100% for medical services and prescriptions until their deductible is met. Once deductible is met, the plan pays at 90% until max out-of-pocket is reached. The cost of this plan is \$664.42 per month for employee-only coverage. With the \$510 Tri-County contribution and the \$56.87 credit, the cost to the employee for employee-only coverage is \$97.55 per month. The cost to the employee for employee and spouse is \$899.13, employee and children is \$698.73, and employee and family is \$1,500.31.

BCBS HSA 1500 Middle Plan:

The HSA 1500 has a \$1,500/\$3,000 deductible. Employees will pay 100% for medical services and prescriptions until their deductible is met. Once deductible is met, the plan pays medical at 80% and allows for prescription co-pays until max out-of-pocket is reached. The cost for this plan is \$735.00 for employee-only coverage. With the \$510 Tri-County contribution and the \$56.87 credit, the cost to the employee for employee-only coverage is \$168.13. The cost to the employee for employee and spouse is \$1,054.42, employee and children is \$832.85, and employee and family is \$1,719.14. This plan includes a rider for bariatric surgical procedures that was added in FY17.

BCBS PPO 1500:

The PPO 1500 has a \$1,500/\$3,000 deductible. This plan pays at 80% once deductible is met. Office visits are \$30 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$150/\$300. The cost of this plan is \$755.60 for employee-only coverage. With the \$510 Tri-County contribution and the \$56.87 credit, the cost to the employee for employee-only coverage \$188.73 per month. The cost to the employee for employee and spouse is \$1,099.73, employee and children is \$871.97, and employee and family is \$1,782.99.

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 \$834.48 for employee-only coverage. With the \$510 Tri-County contribution and the \$56.87 credit, the out-of-pocket cost to the employee for employee-only coverage is \$267.61 per month. The cost to the employee for employee and spouse is \$1,273.26, employee and children is \$1,021.84, and employee and family is \$2,027.51

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 (also a 0% increase).

MetLife provided a quote for Basic Life/AD&D that was a 12% decrease from our current premiums, but declined to bid 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 2023 in order to provide a cohesive benefit package.

Supporting Documentation:

Tri-County Employee Health Insurance and Ancillary Plan Spreadsheets

Recommended Action:

Approve Recommendation for FY 2023 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans

**Tri County Behavioral Healthcare
2022 Employee Benefit Comparison - Medical**

REVISED RENEWAL
Illustrated rates are estimated, final rates may vary slightly

		CURRENT 2021 - 2022				RENEWAL 2022 - 2023						
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 HSA 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				
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	48	8	86	58	\$573.27	\$634.17	\$651.94	\$720.00	\$664.42	\$735.00	\$755.60	\$834.48
Employee/Spouse	1	0	3	2	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13
Employee/Children	3	1	6	4	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71
Employee/Family	1	0	3	2	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38
Monthly Total / Plan	53	9	98	66	\$33,841	\$6,281	\$73,912	\$54,895	\$39,222	\$7,280	\$85,664	\$63,624
Annual Total/Plan					\$406,096	\$75,373	\$886,943	\$658,744	\$470,666	\$87,357	\$1,027,967	\$763,484
Combined Annual Total	226				\$2,027,156				\$2,349,474			
\$ Change from Current					N/A				\$322,318			
% Change/Plan from Current					N/A				15.9%			
% Change from Current					N/A				15.9%			
Billing Credit									\$159,000			
% Change from Current with Credit									8.1%			

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
2022 Employee Benefit Comparison - Medical**

ALTERNATE OPTIONS
Illustrated rates are estimated, final rates may vary slightly

		CURRENT 2021 - 2022				RENEWAL 2022 - 2023						
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%	80%	80%	80%	90%			
Individual OOP - In-Network (includes deductible)		\$6,000	\$2,500	\$5,000	\$2,500	\$6,500	\$3,500	\$6,000	\$2,500			
Family OOP - In-Network (includes deductible)		\$12,000	\$5,000	\$10,000	\$5,000	\$13,000	\$7,000	\$12,000	\$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				
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	48	8	86	58	\$573.27	\$634.17	\$651.94	\$720.00	\$652.95	\$722.32	\$742.56	\$820.08
Employee/Spouse	1	0	3	2	\$1,264.88	\$1,398.87	\$1,437.96	\$1,587.69	\$1,440.70	\$1,593.31	\$1,637.84	\$1,808.38
Employee/Children	3	1	6	4	\$1,091.98	\$1,207.70	\$1,241.45	\$1,370.76	\$1,243.77	\$1,375.57	\$1,414.01	\$1,561.30
Employee/Family	1	0	3	2	\$1,783.59	\$1,972.40	\$2,027.49	\$2,238.46	\$2,031.51	\$2,246.56	\$2,309.31	\$2,549.61
Monthly Total / Plan	53	9	98	66	\$33,841	\$6,281	\$73,912	\$54,895	\$38,545	\$7,154	\$84,186	\$62,526
Annual Total/Plan					\$406,096	\$75,373	\$886,943	\$658,744	\$462,544	\$85,850	\$1,010,228	\$750,310
Combined Annual Total	226				\$2,027,156				\$2,308,931			
\$ Change from Current					N/A				\$281,775			
% Change/Plan from Current					N/A				13.9%	13.9%	13.9%	13.9%
% Change from Current					N/A				13.9%			
Credit									\$159,000			
% Change from Current with Credit									6.1%			

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.



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3131 West Alabama, Suite 150, Houston, TX 77098

2022 Ancillary Benefit Comparison

Prepared for:



Effective Date:

October 1, 2022

Tri County Behavioral Healthcare 2022 Employee Benefit Comparison - Dental

	Guardian				Met Life			
	CURRENT CARRIER / RENEWAL				QUOTE			
	Managed Dental Plan		PPO Dental		DHMO Plan MET335		PPO Plan	
PLAN DESIGN								
Copay	\$5		N/A		\$5		N/A	
Deductible (ind / fam)	None		\$50/\$150		None		\$50/\$150	
Annual Benefit Max (per person)	Unlimited		\$1,500		Unlimited		\$1,750	
Out-of-Network Reimbursement	N/A		Negotiated Fee		N/A		Schedule Amount	
DENTAL BENEFIT LEVELS								
Diagnostic & Preventive	fee schedule		100%		fee schedule		100%	
Basic Services	fee schedule		80%		fee schedule		80%	
Major Services	fee schedule		50%		fee schedule		50%	
Orthodontics			Included Children to age 18		Up to \$2,410		Included Children to age 18	
Orthodontia Lifetime Max.	-		\$1,500		-		\$1,500	
Orthodontia Coinsurance/Copay	-		50%		-		50%	
Endodontics	fee schedule		Covered under Basic		fee schedule		Covered under Basic	
Periodontics	fee schedule		Covered under Basic		fee schedule		Covered under Basic	
COMMENTS			Includes Rollover Feature \$132,185 Total Account Value (197 EEs/DEPs)				Does not Include Rollover	
PREMIUM								
	Current Enrollment		Guardian - DHMO		Guardian - PPO		Met Life - DHMO	Met Life - PPO
Tier	DHMO	PPO	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
EE	40	110	\$10.25	\$10.25	\$31.05	\$32.60	\$10.91	\$26.39
EE + 1	10	39	\$20.19	\$20.19	\$72.98	\$76.63	\$20.73	\$62.03
EE + 2 or more	4	18	\$29.20	\$29.20	\$123.26	\$129.42	\$31.10	\$104.77
PREMIUM COMPARISONS BY PLAI	54	167						
Total Monthly	221		\$729	\$729	\$8,480	\$8,904	\$768	\$7,208
\$ Monthly Difference from Current			-	\$0	-	\$424	\$39	-\$1,272
% Difference from Current			-	0%	-	5%	5%	-15%
COMBINED PREMIUM COMPARISONS								
	Guardian				Met Life			
	CURRENT (PPO + DHMO)		RENEWAL (PPO + DHMO)		METLIFE (DHMO + PPO)			
COMBINED MONTHLY DENTAL PLANS	\$9,209		\$9,633		\$7,976			
\$ Monthly Difference from Current	-		\$424		-\$1,233			
% Difference from Current	-		5%		-13%			

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Tri County Behavioral Healthcare 2022 Employee Benefit Comparison - Life and AD&D

	The Hartford CURRENT / RENEWAL		MetLife	
PLAN DESIGN - Employee Benefit	CURRENT	RENEWAL	QUOTE 1	
Basic Life/\$1,000 (EMPLOYER PAID)	\$0.095	\$0.095	\$0.085	
Basic AD&D/\$1,000	0.020	0.020	0.016	
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	
Average Covered Volume	\$35,384,000		\$35,384,000	
Average Annual Premium	\$48,830	\$48,830	\$42,885	
\$ Annual/% Difference		0.0%	-\$5,945	-12%
Voluntary Life	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	
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	
Maximum Benefit - Child/ren	\$20,000 (No AD&D)		Child under 15 days \$100 Child 15 days to 6 months \$1,000	
Guaranteed Issue Amount - Employee	\$120,000		\$120,000	
Guaranteed Issue Amount - Spouse	\$50,000		\$25,000	
Guaranteed Issue Amount - Child/ren	N/A		\$10,000	
Comments	<ul style="list-style-type: none"> •No Age Reduction Annual Re-enrollment: 1 Increment w/o EOI up to GI Maximum (restrictions apply) EE: Up to \$10,000 		No Age Reduction	
Employee Voluntary Life Cost / \$1,000	Current & Renewal		Alternate	
Age of Employee	Employee	Spouse	Employee / Spouse	
< 29	0.077	0.077	0.060	
30-34	0.097	0.097	0.080	
35-39	0.107	0.107	0.090	
40-44	0.128	0.128	0.111	
45-49	0.184	0.184	0.167	
50-54	0.280	0.280	0.263	
55-59	0.447	0.447	0.430	
60-64	0.677	0.677	0.660	
65-69	1.287	1.287	1.270	
70-74	2.261	N/A	2.244	
75-79	2.261	N/A	2.244	
80+	2.261	N/A	2.244	
Child Life	0.120		0.240	
Voluntary AD&D/\$1,000	EE & SP \$.02 included in Vol Life rate No Child AD&D		EE & SP \$.017 Child \$.051	

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.

Tri County Behavioral Healthcare 2022 Employee Benefit Comparison - Long & Short Term Disability

The Hartford
CURRENT / RENEWAL

PLAN DESIGN - Employee Benefit	
Long Term Disability/\$100 (EMPLOYER PAID)	\$0.385
Elimination Period	90 days
Benefit % of Monthly Earnings	66.67%
Maximum Monthly Benefit	\$10,000
Benefit Duration	ADEA 1 with SSNRA
Pre-existing Condition	3/12 (Lookback/Insured)
Average Monthly Covered Payroll	\$1,422,159
Average Annual Premium	\$65,704
\$ Annual/% Difference	\$0
NOTES:	FICA Services Included
Short Term Disability (VOLUNTARY)	
Elimination Period: Accident / Illness	14 / 14
Benefit % of Weekly Earnings	up to 60%
Maximum Weekly Benefit	\$1,000
Benefit Duration	13 weeks
	3/3/12
Pre-existing Condition	(Lookback/Treatment Free/Insured) If pre-ex condition limitation applies,, Maximum Benefit Duration is 4 weeks
Short Term Disability Cost/\$10 of weekly benefit	Age Rate
Age of Employee	
≤ 24	\$0.440
25-29	\$0.440
30-34	\$0.440
35-39	\$0.580
40-44	\$0.580
45-49	\$0.580
50-54	\$0.650
55-59	\$0.650
60-64	\$0.650
65-69	\$0.650
70-99	\$0.650

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.

<p>Agenda Item: Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation; the revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.</p> <p>Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.</p>	
<p>Supporting Documentation:</p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p>	
<p>Recommended Action:</p> <p>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</p>	

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

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

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

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

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

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

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2022** through **August 31, 2023**.

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 2022 – 2023:
(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 **2022-2023** Fund year. These adjustments could require that the member make an additional contribution to the Fund.

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

Tri-County Behavioral Healthcare

TEXAS COUNCIL RISK MANAGEMENT FUND

By: _____
Signature of Authorized Center Official

By: _____
Signature of Authorized Fund Official

Title: _____

Title: Board Chair

Date: _____

Date: _____

Agenda Item: Approve FY 2022 Contract Amendment for The Grove, ABA.

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

The Grove provides Applied Behavioral Analysis (ABA) therapy to children with Autism under contract with the Center. We had a recent absence of our Center's only ABA therapist and had to redirect children seen at our program to The Grove.

This contract maximum will be increased from \$45,000 in FY 2022 to \$60,000 to cover increased costs of serving additional persons under the contract.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve FY 2022 Amendment for The Grove, ABA to a Contract Maximum of \$60,000

Agenda Item: Ratify HHSC Contract No. HHS000477100006, Amendment No. 1, Community Mental Health Grant Program (HB 13)

Board Meeting Date:

July 28, 2022

Committee:

Background Information:

House Bill 13 (85th Session) authorized creation of a matching grant program to support community mental health programs for individuals experiencing mental illness and the coordination of certain behavioral health grants. Montgomery County was considered 'Urban' by HB 13 which meant that we need dollar for dollar matching funds.

Tri-County applied for and was awarded an Expanded Substance Use Disorder grant program under the Grant Program. The grant activities focus on moving persons in need of SUD services who are currently in outpatient mental health services into SUD treatment services at Tri-County. The contract award amount is \$80,535 per year and requires 100% local match.

Amendment Number 1 provides HHSC funding for FY 2023 and makes minor changes to the Project Expenditure Report format.

HHSC needed this contract signed and returned before the Board meeting, so the Executive Director is requesting ratification of this Board item.

Supporting Documentation:

Contract is available for review.

Recommended Action:

Ratify HHSC Contract No. HHS000477100006, Amendment No. 1, Community Mental Health Grant Program

Agenda Item: Approve the FY 2022 Contract Addendum for Hilary Akpudo, M.D. for Psychiatric Services

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has utilized Dr. Hilary Akpudo, a psychiatrist affiliated with Kingwood Pines Hospital for many years. Dr. Akpudo is the primary contractor at Kingwood Pines Hospital that works with individuals that are funded through the Health and Human Services Commission (HHSC) for state hospital diversion. In addition, Dr. Akpudo is now admitting patients at Cypress Creek hospital.

Dr. Akpudo's contract maximum allowance for physician services in FY 2022 needs to be raised from a contract maximum \$75,000 to \$110,000 due to higher than anticipated utilization of psychiatric beddays this year.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve an increase in contract maximum for Hilary Akpudo, M.D. for Psychiatric Services in FY 2022 to \$110,000.

Agenda Item: Approve the FY 2023 Avail Solutions, Inc. Contract

Board Meeting Date

August 26, 2021

Committee: Business

Background Information:

Avail Solutions, Inc. has performed crisis hotline assessment services for many years for Tri-County Behavioral Healthcare. They are the major contract provider of crisis hotline services for community centers in Texas. They answer the crisis hotline 24 hours per day, seven days per week and have bilingual Spanish speaking staff available at all times. When a face-to-face crisis assessment is required, they contact our Center staff to conduct the assessment.

Avail is considering being a contractor with the state to answer the national Lifeline Suicide Prevention Hotline that will answer calls made to the new '988' three-digit number. If finalized, Avail will provide this service via a separate contract with HHSC.

The total contract amount for FY 2023 is \$72,000, a 9% increase over FY 2022.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve the FY 2023 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services

Agenda Item: Ratify the FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001, Amendment No. 2

Board Meeting Date

July 28, 2022

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.

While there were several changes to this contract, staff do not believe that these expectations will impact IDD Authority operations.

HHSC requested that this contract be signed and submitted back to them prior to the Board meeting. Staff are requesting ratification of this contract by the Board.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Ratify FY 2022-23 HHSC IDD Performance Contract No. HHS000994900001, Amendment No. 2

Agenda Item: Approve the FY 2022 Contract Addendum for Ralph Horne – Peace Officer

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

Tri-County Behavioral Healthcare utilizes contract Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders from other law enforcement entities. These officers are scheduled to be on site 24/7.

Ralph Horne has always worked a significant number of hours at the PETC. His contract maximum allowance for Peace Officer services in FY 2022 needs to be raised from a contract maximum \$48,000 to \$58,000 to cover FY 2022 hours worked.

Supporting Documentation:

Contract Available for Review.

Recommended Action:

Approve an increase in contract maximum for Ralph Horne, in FY 2022 to \$58,000 for on-site Peace Officer services at the PETC.

Agenda Item: Approve Sale of Vehicles

Board Meeting Date:

July 28, 2022

Committee: Business

Background Information:

Staff are requesting that the following vehicles with significant mechanical issues and/or high mileage be removed from the Tri-County fleet and sold at auction.

- 2009 Chevy Traverse (GYN-9672) – 182,395 – This vehicle has multiple issues. The windows will not roll down, it needs new key fobs, the alarm goes off when the door is opened, and the transmission jerks.
- 2012 Ford F150 (BTI-5461) – 286,385 – This vehicle has required significant repairs including new rear axle for \$2,952.75, new struts, transmission flush for \$1,186.47, new serpentine belt, and intake leak repair for \$873.99. This one needs to be replaced as soon as possible.
- 2005 Ford F350 (BGI-5983) – 212,202 – The vehicle is currently not running. It has had multiple repairs in February of 2020 totaling \$3,116.78.
- 2013 Dodge Grand Caravan (CMC-6159) – 204,320 – This vehicle has transmission issues. It has been taken for service, but we are unable to locate the main issue in order to repair it.
- 2007 Ford Focus (CMC-6150) – 160,000 – The AC is out and the vehicle is in very rough shape.
- 2008 Ford Taurus (GCK-4932) – 158,989 – Vehicle has had multiple repairs and needs to be replaced.

Staff recommend sale of these vehicles at auction to the highest bidder.

Supporting Documentation:

None

Recommended Action:

Approve the Sale of Listed Vehicles at Auction to the Highest Bidder

Agenda Item: Approve Purchase of Fleet Vehicles**Board Meeting Date**

July 28, 2022

Committee: Business**Background Information:**

The Management Team has reviewed the status of existing vehicles this summer. It was determined that there is a need for new vehicles for use by staff to provide direct services to clients out of the office as well as provide transportation as needed for our crisis program clients. We also need to purchase a new ¾ ton pick-up truck to be used by our maintenance department that will be able to pull our trailer for moving of furniture and equipment as needed.

Staff recommends the purchase of eight mid-size SUVs for direct care staff use for the following programs: 2 - IDD Provider, 1 - SAMHSA MCOT, 1 - IDD Crisis, 1 - C & Y Conroe, 1 - Adult Huntsville and 2 - check-out vehicles.

Staff recognize that this is a difficult time to buy vehicles, but after waiting last year, this year's need is greater. Dealerships will not commit to having any vehicles available after approval by the Board, so we are requesting a not-to-exceed price for the vehicles. If we are unable to find 8 mid-size SUVs, we will delay the purchase of the two 'check-out vehicles' until sometime next fiscal year.

Staff also recommend the purchase of a ¾ ton truck to be used for our maintenance department, to be purchased at the dealership chosen by the Board. Bids received:

2022 Mid-Size SUVs

Dealership	BJ Ford, Liberty	Gullo Toyota, Conroe	Wiesner, Conroe	Gullo Ford, Conroe
2022 Ford Edge SE	\$36,905.00 (plus TTL)	N/A	N/A	\$39,140.00
2022 Ford Edge SEL	N/A	N/A	N/A	\$42,185.00
2022 Toyota RAV4 LE	N/A	\$32,126.64	N/A	N/A
2022 Hyundai Tucson SEL	N/A	N/A	\$36,688.00	N/A
2022 Hyundai Santa FE SE	N/A	N/A	\$38,914.12	N/A

2022 Trucks

Dealership	Auto Nation, Spring	Gullo Toyota, Conroe	Wiesner, Conroe	Gullo Ford, Conroe
2022 GMC Sierra 2500	N/A	N/A	\$70,850.28	N/A
2022 RAM Tradesman 2500 Crew Cab	\$49,453.00 - \$50,825.00 (plus TTL)			

Supporting Documentation:

Copy of Bids and Backup Information will be Available for Review at the Board Meeting

Recommended Action:

Approve the Purchase of up to 8 Mid-Size SUV's at a price of Not to Exceed \$ 39,500 each, based on availability of vehicles at time of purchase, and Approve the Purchase of a ³/₄ Ton Pick-up Truck at a price of Not to Exceed \$ 72,000, based on availability of vehicle at the time of purchase.

Agenda Item: Approve a Not-To-Exceed Budget for Remodeling Staff Areas and Updating Security at the PETC

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

The Psychiatric Emergency Treatment Center is the home to two different crisis programs: 1) Crisis Screening and Assessment and 2) the Crisis Stabilization Unit. The building, now in use for 10 years has had a series of updates over the years, but these updates have generally been focused on the client-serving portions of the building (lobbies, restrooms, triage rooms, etc.) and have not been focused on the space that our staff use.

As part of our planning for potential reopening of the Crisis Stabilization Unit, we were planning a series of upgrades to the staff areas, including some changes in security features, for both programs. We have decided to hold on the CSU unit remodel items until we have a better plan for the future of that program, but the staff areas in the front really need to be done.

Mike Duncum will provide further details on this item and a not-to-exceed budget.

Supporting Documentation:

A presentation will be made at the meeting.

Recommended Action:

Approve a Not-To-Exceed Budget for Remodeling Staff Areas and Updating Security at the PETC

<p>Agenda Item: Review Tri-County's 2020 990 Tax Return Prepared by Eide Bailly LLP</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>July 28, 2022</p>
<p>Background Information:</p> <p>Eide Bailly LLP has completed Tri-County's 990 Tax Return for 2020 (fiscal year September 1, 2020 to August 31, 2021) for review by the Board.</p>	
<p>Supporting Documentation:</p> <p>Copy of Tri-County Behavioral Healthcare 2020 990 Tax Return</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	



July 11, 2022

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

Dear Millie:

Enclosed is the 2020 Exempt Organization return, as follows...

2020 Form 990

2020 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

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.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

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, 2021

Prepared For:

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

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2022

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning SEP 1, 2020, and ending AUG 31, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>33,110,578.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

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 tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

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 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MICHELLE BEATY, CPA Date ▶ 07/11/22

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** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. TRI-COUNTY BEHAVIORAL HEALTHCARE	Taxpayer identification number (TIN) 76-0032662
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3067	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONROE, TX 77305	

Enter the Return Code for the return that this application is for (file a separate application for each return) 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, 2022**, 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, 2020**, and ending **AUG 31, 2021**.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite P.O. BOX 3067 City or town, state or province, country, and ZIP or foreign postal code CONROE, TX 77305	D Employer identification number 76-0032662 E Telephone number 936-521-6105
F Name and address of principal officer: SAME AS C ABOVE		G Gross receipts \$ 33,159,464. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ TRICOUNTYSERVICES.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ STATE L Year of formation: 1965 M State of legal domicile: TX		

Part I Summary

	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.		
Activities & Governance	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 2020 (Part V, line 2a)	5	540
	6	Total number of volunteers (estimate if necessary)	6	66
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,275,488.
9		Program service revenue (Part VIII, line 2g)	32,321,088.	32,287,702.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,614.	233,320.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,634,190.	33,110,578.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	22,509,736.	23,603,514.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,113,043.	9,457,231.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,622,779.	33,060,745.
	19	Revenue less expenses. Subtract line 18 from line 12	1,011,411.	49,833.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 31,294,146.	End of Year 30,850,892.
	21	Total liabilities (Part X, line 26)	14,290,589.	13,797,502.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,003,557.	17,053,390.

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 MILLIE MCDUFFEY, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MICHELLE BEATY, CPA	Preparer's signature MICHELLE BEATY, CPA	Date 07/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01404339
	Firm's name ▶ EIDE BAILLY LLP Firm's address ▶ 400 PINE ST., STE. 600 ABILENE, TX 79601-5190	Firm's EIN ▶ 45-0250958	Phone no. 325-672-4000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION IS A PUBLIC AGENCY THAT ENSURES THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ENHANCES THEIR QUALITY OF LIFE IN MONTGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 15,294,185. including grants of \$) (Revenue \$ 15,304,212.) PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 8,232 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 \$ 4,913,144. including grants of \$) (Revenue \$ 4,773,524.) PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 3,119 CHILDREN AND ADOLESCENTS LIVING IN MONGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

4c (Code:) (Expenses \$ 4,992,774. including grants of \$) (Revenue \$ 5,915,939.) PROVIDED SERVICES TO 1,288 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 \$ 4,804,857. including grants of \$) (Revenue \$ 5,753,671.)

4e Total program service expenses 30,004,960.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		540
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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) JONATHAN SNEED DOCTOR	40.00					X	354,641.	0.	41,384.	
(2) ROBERT BOGAN DOCTOR	40.00					X	314,318.	0.	21,580.	
(3) IGNOOR BAINS DOCTOR	40.00					X	320,856.	0.	7,581.	
(4) SHARON GUNTER-AUSTIN DOCTOR	40.00					X	237,518.	0.	22,191.	
(5) EVAN ROBERSON EXECUTIVE DIRECTOR	40.00			X			189,098.	0.	2,390.	
(6) NATHAN PRADAN DOCTOR	40.00					X	149,683.	0.	4,657.	
(7) MILLIE MCDUFFEY CHIEF FINANCIAL OFFICER	40.00			X			132,440.	0.	7,154.	
(8) AMY FOERSTER CHIEF COMPLIANCE OFFICER	40.00			X			101,676.	0.	6,119.	
(9) PATTI ATKINS CHAIR	2.00	X					0.	0.	0.	
(10) GAIL PAGE VICE-CHAIR	2.00	X					0.	0.	0.	
(11) JACOB PASCHAL SECRETARY	2.00	X					0.	0.	0.	
(12) RICHARD DUREN TRUSTEE	2.00	X					0.	0.	0.	
(13) TRACY SORENSEN TRUSTEE	2.00	X					0.	0.	0.	
(14) MORRIS JOHNSON TRUSTEE	2.00	X					0.	0.	0.	
(15) SHARON WALKER TRUSTEE	2.00	X					0.	0.	0.	
(16) JANET QURESHI TRUSTEE	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	589,556.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			589,556.			
Program Service Revenue	2 a STATE SERVICE CONTRACTS	Business Code					
		624100	21,405,568.	21,405,568.			
	b MEDICAID REVENUES	624100	10,174,981.	10,174,981.			
	c PATIENT FEES/INSURANCE	624100	519,794.	519,794.			
	d OTHER CONTRACTS	624100	138,509.	138,509.			
	e MEDICARE REVENUE	624100	48,850.	48,850.			
	f All other program service revenue						
g Total. Add lines 2a-2f			32,287,702.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,506.			11,506.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	270,700.			
	b Less: cost or other basis and sales expenses	7b	48,886.				
	c Gain or (loss)	7c	221,814.				
	d Net gain or (loss)			221,814.		221,814.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			33,110,578.	32,287,702.	0.	233,320.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	423,214.	383,832.	39,382.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,244,264.	16,921,439.	2,322,825.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,664,112.	1,509,260.	154,852.	
9 Other employee benefits	1,884,456.	1,709,100.	175,356.	
10 Payroll taxes	387,468.	351,413.	36,055.	
11 Fees for services (nonemployees):				
a Management				
b Legal	21,971.	19,927.	2,044.	
c Accounting	37,000.	33,557.	3,443.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,785,443.	4,785,443.		
12 Advertising and promotion	10,416.	9,447.	969.	
13 Office expenses	862,070.	781,851.	80,219.	
14 Information technology	355,342.	322,276.	33,066.	
15 Royalties				
16 Occupancy	502,117.	455,393.	46,724.	
17 Travel	266,256.	241,480.	24,776.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	344,963.	312,863.	32,100.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	712,657.	659,675.	52,982.	
23 Insurance	287,687.	260,917.	26,770.	
24 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.)				
a MEDICATION	718,205.	718,205.		
b CONSUMER COST	292,811.	292,811.		
c OTHER COSTS	260,293.	236,071.	24,222.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	33,060,745.	30,004,960.	3,055,785.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	738,028.	1	1,156,807.
	2 Savings and temporary cash investments	8,879,614.	2	6,957,510.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,728,361.	4	2,999,472.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	172,985.	9	167,261.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,221,394.		
	b Less: accumulated depreciation	10b 7,679,433.	10c	18,541,961.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	1,027,881.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,294,146.	16	30,850,892.	
Liabilities	17 Accounts payable and accrued expenses	1,170,783.	17	992,855.
	18 Grants payable		18	
	19 Deferred revenue	828,249.	19	860,581.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,709,118.	23	10,202,401.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,582,439.	25	1,741,665.
	26 Total liabilities. Add lines 17 through 25	14,290,589.	26	13,797,502.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	17,003,557.	31	17,053,390.
	32 Total net assets or fund balances	17,003,557.	32	17,053,390.
33 Total liabilities and net assets/fund balances	31,294,146.	33	30,850,892.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,110,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,060,745.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,003,557.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,053,390.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	557,951.	534,413.	963,625.	1274269.	589,556.	3919814.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	557,951.	534,413.	963,625.	1274269.	589,556.	3919814.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3919814.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	557,951.	534,413.	963,625.	1274269.	589,556.	3919814.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,018.	51,951.	75,973.	37,614.	11,506.	215,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4134876.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.80 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.28 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization TRI-COUNTY BEHAVIORAL HEALTHCARE	Employer identification number 76-0032662
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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	\$ 105,557.	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.)
	_____ _____ _____	\$ _____	Person <input 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.)

Name of organization TRI-COUNTY BEHAVIORAL HEALTHCARE	Employer identification number 76-0032662
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

OMB No. 1545-0047

2020

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?

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)?

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|---------|
| c Beginning balance | 32,405. |
| d Additions during the year | 250. |
| e Distributions during the year | |
| f Ending balance | 32,655. |
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		2,674,842.		2,674,842.
b Buildings		20,185,395.	4,572,030.	15,613,365.
c Leasehold improvements				
d Equipment		3,361,157.	3,107,403.	253,754.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,541,961.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	496,524.
(3) COMPENSATED ABSENCES - DUE IN ONE	
(4) YEAR	738,448.
(5) NOTES PAYABLE - DUE IN ONE YEAR	506,693.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,741,665.

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.

1	Total revenue, gains, and other support per audited financial statements		1	32,888,764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,888,764.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	221,814.	
c	Add lines 4a and 4b		4c	221,814.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	33,110,578.

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

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

1	Total expenses and losses per audited financial statements		1	32,838,931.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,838,931.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	221,814.	
c	Add lines 4a and 4b		4c	221,814.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	33,060,745.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DISPOSAL OF ASSETS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISPOSAL OF ASSETS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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) JONATHAN SNEED DOCTOR	(i)	354,641.	0.	0.	24,424.	16,960.	396,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT BOGAN DOCTOR	(i)	314,318.	0.	0.	0.	21,580.	335,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IGNOOR BAINS DOCTOR	(i)	320,856.	0.	0.	0.	7,581.	328,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARON GUNTER-AUSTIN DOCTOR	(i)	237,518.	0.	0.	0.	22,191.	259,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EVAN ROBERSON EXECUTIVE DIRECTOR	(i)	189,098.	0.	0.	0.	2,390.	191,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NATHAN PRADAN DOCTOR	(i)	149,683.	0.	0.	0.	4,657.	154,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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 \$ 4,804,857. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,753,671.

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) 2020

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

THESE ITEMS ARE MADE AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	4,785,443.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,785,443.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,785,443.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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) 2020

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.

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Agenda Item: 3rd Quarter FY 2022 Quarterly Investment Report

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

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.

Supporting Documentation:

Quarterly TexPool Investment Report

Quarterly Interest Report

Recommended Action:

For Information Only

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending May 31st 2022

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	-\$961,179.01	\$880.71	\$746.58
Accrual of Interest Income	6,357,322.57	10,423,799.94	13,239,410.71
Interest and Management Fees Payable	-3,672,205.76	-6,789,557.59	-13,838,432.26
Payable for Investments Purchased	0.00	0.00	-124,001,527.50
Accrued Expense & Taxes	-27,961.42	-51,706.18	-22,376.48
Repurchase Agreements	6,621,420,794.00	5,675,877,162.00	460,454,000.00
Mutual Fund Investments	808,085,200.00	3,438,085,200.00	5,243,484,686.00
Government Securities	9,716,395,130.82	9,365,687,882.23	3,523,074,000.00
U.S. Treasury Bills	7,512,442,165.05	4,416,221,261.39	9,244,988,725.23
U.S. Treasury Notes	2,703,411,619.44	3,779,200,596.70	3,998,160,483.24
TOTAL	\$27,363,450,885.70	\$26,678,655,519.20	\$26,016,468,135.51

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$90.37)	\$746.58
Accrual of Interest Income	\$4,957,926.46	2,305,265.68
Interest and Management Fees Payable	(\$1,446,905.47)	-13,838,432.26
Payable for Investments Purchased	(\$50,000,000.00)	-124,001,527.50
Accrued Expenses & Taxes	(\$33,412.68)	-22,376.48
Repurchase Agreements	\$8,502,441,489.00	5,243,484,686.00
Mutual Fund Investments	\$1,968,074,000.00	3,523,074,000.00
Government Securities	\$7,149,670,414.34	9,245,226,335.03
U.S. Treasury Bills	\$8,654,702,833.37	4,134,504,337.74
U.S. Treasury Notes	\$2,768,700,644.44	4,000,439,901.11
TOTAL	\$28,997,066,899.09	\$26,022,107,080.93

Portfolio by Maturity as of May 31, 2022

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
74.4%	17.2%	4.7%	3.7%

Portfolio by Type of Investments as of May 31, 2022

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
25.4%	20.0%	41.2%	13.4%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was .15% for March, 0.30% for April, and 0.62% 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, 2022 was 23 days.

The net asset value as of May 31, 2022 was 0.99978.

The total amount of interest distributed to participants during the period was \$24,300,167.35.

TexPool interest rates did not exceed 90 Day T-Bill rates during the entire reporting period.

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

During the reporting period, the total number of participants increased to 2,709.

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:

Sheryl Baldwin
Manager of Accounting / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Evan Roberson
Executive Director / Investment Officer

Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE
 QUARTERLY INTEREST EARNED REPORT
 FISCAL YEAR 2022
 As Of May 2022**

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 Liberty National Bank	\$ 0.45	\$ 0.44	\$ 0.45		\$ 1.34
JP Morgan Chase (HB)	\$ 197.42	\$ 187.98	\$ 418.29		\$ 803.69
Prosperity Bank	\$ 26.03	\$ 25.75	\$ 26.33		\$ 78.11
Prosperity Bank CD (formerly Tradition)	\$ 5.10	\$ 5.07	\$ 5.19		\$ 15.36
TexPool Participants	\$ 5.42	\$ 7.28	\$ 58.66		\$ 71.36
Total Earned	\$ 549.49	\$ 541.59	\$ 817.14	\$ -	\$ 1,908.22

Agenda Item: Board of Trustees Unit Financial Statements as of May and June 2022

Board Meeting Date

July 28, 2022

Committee: Business

Background Information:

None

Supporting Documentation:

May and June 2022 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

Unit Financial Statement

FY 2022
May 2022

	May 2022 Actuals	May 2022 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,029	\$ 2,029	\$ -	\$ 18,261	\$ 18,261	\$ -	100.00%	\$ 24,350
Total Revenue	\$ 2,029	\$ 2,029	\$ -	\$ 18,261	\$ 18,261	\$ -	100.00%	\$ 24,350
Expenses								
Insurance-Worker Compensation	\$ 3	\$ 13	\$ (10)	\$ 25	\$ 117	\$ (92)	20.99%	\$ 150
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 13,500	\$ 13,500	\$ -	100.00%	\$ 18,000
Training	\$ 910	\$ -	\$ 910	\$ 910	\$ -	\$ 910	0.00%	\$ -
Travel - Local	\$ -	\$ 42	\$ (42)	\$ -	\$ 378	\$ (378)	0.00%	\$ 500
Travel - Non-local mileage	\$ 421	\$ 208	\$ 213	\$ 421	\$ 1,872	\$ (1,451)	0.00%	\$ 2,500
Travel - Non-local Hotel	\$ -	\$ 167	\$ (167)	\$ 2,738	\$ 2,003	\$ 735	0.00%	\$ 2,000
Travel - Meals	\$ -	\$ 100	\$ (100)	\$ 550	\$ 900	\$ (350)	0.00%	\$ 1,200
Total Expenses	\$ 2,834	\$ 2,030	\$ 804	\$ 18,143	\$ 18,770	\$ (627)	96.66%	\$ 24,350
Total Revenue minus Expenses	\$ (805)	\$ (1)	\$ (804)	\$ 118	\$ (509)	\$ 627	3.34%	\$ -

Unit Financial Statement

FY 2022
June 2022

	June 2022 Actuals	June 2022 Budgeted	Variance	YTD Actual	YTD Budget	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,029.00	\$ 2,029.00	\$ -	\$ 20,290.00	\$ 20,290.00	\$ -	100.00%	\$ 24,350.00
Total Revenue	\$ 2,029.00	\$ 2,029.00	\$ -	\$ 20,290.00	\$ 20,290.00	\$ -	100.00%	\$ 24,350.00
Expenses								
Employee Recognition	\$ 29.90	\$ -	\$ 29.90	\$ 29.90	\$ -	\$ 29.90		
Insurance-Worker Compensation	\$ 2.45	\$ 13.00	\$ (10.55)	\$ 27.01	\$ 130.00	\$ (102.99)	20.78%	\$ 150.00
Legal Fees	\$ 1,500.00	\$ 1,500.00	\$ -	\$ 15,000.00	\$ 15,000.00	\$ -	100.00%	\$ 18,000.00
Supplies-Office	\$ 44.90	\$ -	\$ 44.90	\$ 44.90	\$ -	\$ 44.90		
Training	\$ -	\$ -	\$ -	\$ 910.00	\$ -	\$ 910.00	0.00%	\$ -
Travel - Local	\$ -	\$ 42.00	\$ (42.00)	\$ -	\$ 420.00	\$ (420.00)	0.00%	\$ 500.00
Travel - Non-local mileage	\$ -	\$ 208.00	\$ (208.00)	\$ 420.66	\$ 2,080.00	\$ (1,659.34)	0.00%	\$ 2,500.00
Travel - Non-local Hotel	\$ 1,330.20	\$ 167.00	\$ 1,163.20	\$ 4,067.80	\$ 2,170.00	\$ 1,897.80	0.00%	\$ 2,000.00
Travel - Meals	\$ 246.72	\$ 100.00	\$ 146.72	\$ 796.98	\$ 1,000.00	\$ (203.02)	0.00%	\$ 1,200.00
Total Expenses	\$ 3,154.17	\$ 2,030.00	\$ 1,124.17	\$ 21,297.25	\$ 20,800.00	\$ 497.25	102.39%	\$ 24,350.00
Total Revenue minus Expenses	\$ (1,125.17)	\$ (1.00)	\$ (1,124.17)	\$ (1,007.25)	\$ (510.00)	\$ (497.25)	-2.39%	\$ -

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date July 28, 2022
Background Information: As you are aware our HUD 811 housing projects are funded with the expectation that they remain viable for the next forty (40) years. Once this time period is met, HUD considers the program obligation met (i.e. loan paid in full). Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. As a Liaison to these projects, Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
Supporting Documentation: Third Quarter FY 2022 HUD 811 Report	
Recommended Action: For Information Only	

3rd Quarter FY 2022 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board held a meeting on July 1, 2022 where they reviewed financial statements, project status reports, and approved the purchase of Directors and Officers Insurance. The property filled a vacancy on June 17th and while they have one person on the waiting list, they have begun to receive increased interest from the community.

On June 13, 2022 we were notified of a fire on the property after a resident fell asleep while cooking. Thankfully, the sprinkler system worked as intended, no residents were injured, and the damage was contained to one unit. We are currently waiting on final estimates to repair the unit but the majority of the damage was primarily contained around the hood vent of the stove.

On July 14th we were notified of the passing of one of the residents. At this time, the death is believed to be due to natural causes. Tri-County staff have offered to provide a debriefing and support for the residents if needed.

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 elected to cancel the June 28, 2022 face to face meeting and voted to approve Directors and Officers Insurance via email. Meeting packets were mailed out to the Board, and included updated financial statements and project status reports.

As of the June status report, the property had one vacancy after a resident moved out in order to live closer to family with one applicant ready to move in after her 30-day notice expires at her previous residence. There are currently four individuals on the waiting list.

MDP management is currently awaiting approval of the budget-based rent increase, in the amount of 2.2%, requested on April 25, 2022. The current outstanding payable to Tri-County is \$29,718.86.

The MSHI Board currently has four members and we continue to seek recommendations for additional members as they become available. Please contact Tanya with any potential leads.

The Independence Communities, Inc. Board (ICI)

The ICI Board elected to cancel their June Board meeting as there were no urgent action items on the agenda and plan to hold the next meeting as scheduled on September 20, 2022.

The property is currently at 100% occupancy with four people on the waiting list for a one-bedroom unit and two people on the list for a two-bedroom unit. There have been no major maintenance issues since the previous update.

The ICI 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.

Agenda Item: Tri-County's Consumer Foundation Update Committee: Business	Board Meeting Date July 28, 2022
Background Information: Tri-County's Consumer Foundation Board of Directors last met on April 29, 2022 where they accepted financial statements through March 31, 2022 and set the spending amount for Q3 FY 2022 and increased the spending amount by \$2,000 for a total of \$7,000. The Board approved three applications during the meeting; with seven additional applications having been Board approved throughout the quarter via email. The Board reviewed the final numbers for Mental Health Awareness Month; "Acts of Kindness" which raised \$1,375. The Board agreed on the date of October 29, 2022 for the "Fall Harvest Festival." The Festival will be held at Panorama Golf Club and will be geared towards our IDD clients, although everyone is invited to attend and participate. The event will include a hayride, trunk or treat down City Hall St., yard games with prizes, a cake walk, and will end with the Golf Ball Drop finale. Tri-County's Consumer Foundation Board of Directors quarterly meeting in July was rescheduled for August 19, 2022 for lack of quorum due to illness and vacations.	
Supporting Documentation: None	
Recommended Action: For Information Only	

UPCOMING MEETINGS

August 25, 2022 – Board Meeting

- Approve Minutes from July 28, 2022 Board Meeting
- Community Resources Report
- Consumer Services Report for July 2022
- Program Updates
- Annual Election of FY 2023 Board Officers
- Executive Director’s Evaluation, Compensation & Contract for FY 2023
- Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees
- Personnel Report for July 2022
- Texas Council Risk Management Fund Claims Summary for July 2022
- Approve July 2022 Financial Statements
- Approve FY 2022 Year End Budget Revision
- Approve Proposed FY 2023 Operating Budget
- Board of Trustees Unit Financial Statement for July 2022

September 29, 2022 – Board Meeting

- Approve Minutes from August 25, 2022 Board Meeting
- Approve Goals and Objectives for FY 2023
- Community Resources Report
- Consumer Services Report for August 2022
- Program Updates
- Annual PNAC Reports
- FY 2022 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2022 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2023 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2023
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2022 Regular and Special Called Board Meetings
- Personnel Report for August 2022
- Texas Council Risk Management Fund Claims Summary for August 2022
- Texas Council Quarterly Board Meeting Verbal Update
- Authorize Check Signers
- Approve FY 2023 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2022 Financial Statements
- 4th Quarter Investment Report – FY 2022
- Board of Trustees Unit Financial Statement for August 2022

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
DAHS	Day Activity and Health Services Requirements
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
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
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
TMHP	Texas Medicaid & Healthcare Partnership
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 June 2022