

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

July 27, 2023



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 27, 2023. 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 25, 2023**

- III. **Program Presentation - Essay Contest Winners**

- IV. **Program Presentations - Longevity Recognition Presentations**

- V. **Executive Director’s Report - Evan Roberson**
 - A. OIG Audit
 - B. Cleveland Facility Update
 - C. Huntsville Child and Youth Clinic Update
 - D. Huntsville ISD School Clinics
 - E. ISS Site Reviews
 - F. Grant Opportunities
 - G. Legislative End of Session Report

- VI. **Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2024 Budget Update
 - B. FY 2023 Year End Budget Revision
 - C. FY 2023 Audit
 - D. HHSC MH Fiscal Compliance Desk Review
 - E. Directed Payment Program (DPP) Year 1 Reconciliation Update

- VII. **Program Committee**
 - Action Items
 - A. Appoint New Mental Health Planning Network Advisory Committee Members..... 8

 - Information Items
 - B. Community Resources Report..... 9-12
 - C. Consumer Services Reports for May & June 2023..... 13-17
 - D. Program Updates..... 18-23

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F. 3 rd Quarter FY 2023 Corporate Compliance & Quality Management Report.....	30-32
G. 4 th Quarter FY 2023 Corporate Compliance Training.....	33-34

VIII. Executive Committee

Action Items

A. Appoint Nominating Committee for FY 2024 Board Officers.....	35
B. Appoint Executive Director Evaluation Committee.....	36
C. Approve Revisions to Board Policy E.5, Depositories.....	37-46

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C. Personnel Report for May through June 2023.....	47-49
D. Texas Council Risk Management Fund Claims Summary as of June 2023.....	50-51
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IX. Business Committee

Action Items

A. Approve May 2023 Financial Statements.....	53-66
B. Approve June 2023 Financial Statements.....	67-80
C. Approve FY 2023 Auditor Engagement Letter.....	81-88
D. Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans.....	89-101
E. Approve Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage.....	102-103
F. Approve Purchase of Fleet Vehicles.....	104-116
G. Approve Purchase of Fleet Vehicles and Partition Installation.....	117-139
H. Approve FY 2023 Contract Addendum No. 2 for Dr. Stacy Russell for up to \$60,000.....	140
I. Ratify FY 2024 HHSC Contract No. HHS001325300036 YES Pre-Engagement Services.....	141
J. Appoint New Director for the Cleveland Supported Housing, Inc. (CSHI) Board.....	142

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K. Review Tri-County's 2021 990 Tax Return Prepared by Eide Bailly LLP.....	143-186
L. 3 rd Quarter FY 2023 Investment Report.....	187-191
M. Board of Trustees Unit Financial Statements for May & June 2023.....	192-194
N. HUD 811 Updates - (Montgomery, Huntsville and Cleveland).....	195-197

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

Posted By:
 Ava Green - Executive Assistant

BOARD OF TRUSTEES MEETING
May 25, 2023

Board Members Present:

Patti Atkins
Gail Page
Jacob Paschal
Morris Johnson
Sharon Walker
Richard Duren
Tim Cannon
Carl Williamson
Tracy Sorensen

Board Members Absent:

None

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Kenneth Barfield, Director of Information Management Systems
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Director of Strategic Development
Yolanda Gude, Director of IDD Authority Services
Tanya Bryant, Director of Quality Management and Support
Stephanie Ward, Director of Adult Behavioral Health
Beth Dalman, Director of Crisis Access
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: None

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

Public Comment: There was no public comment.

Quorum: There being nine (9) Board Members present, a quorum was established.

Resolution #05-25-01

Motion Made By: Tracy Sorensen

Seconded By: Sharon Walker, with affirmative votes by Richard Duren, Gail Page, Tim Cannon, Jacob Paschal, Morris Johnson and Carl Williamson that it be...

Resolved:

That the Board approve the minutes of the April 27, 2023 meeting of the Board of Trustees.

Program Presentations:

- Longevity Presentations
- Streamline SmartCare Progress Report

Executive Director's Report:

The Executive Director's report is on file.

- Comprehensive QM Audit
- CSU Update
- Cleveland Building Update
- Legislative Update

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2024 Budget
- Update on HHSC MH Fiscal Compliance Desk Review
- Texas Council Risk Management Fund Training & Board Meeting
- FY 2023 Year End Budget Revision
- County Annual Funding Requests

PROGRAM COMMITTEE:

Resolution #05-25-02

Motion Made By: Jacob Paschal

Seconded By: Gail Page, Sharon Walker, with affirmative votes by Richard Duren, Morris Johnson, Tim Cannon, Tracy Sorensen and Carl Williamson that it be...

Resolved:

That the Board appoint Cori Carter as a New Mental Health Planning Network Advisory Committee Member to the remainder of a two year term which expires August 31, 2023.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for April 2023 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for April 2023 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of April 2023 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #05-25-03

Motion Made By: Morris Johnson

Seconded By: Tracy Sorensen, with affirmative votes by Richard Duren, Gail Page, Jacob Paschal, Sharon Walker, Tim Cannon and Carl Williamson that it be...

Resolved:

That the Board approve the April 2023 Financial Statements.

Resolution #05-25-04

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Jacob Paschal, Gail Page, Tim Cannon, Sharon Walker and Carl Williamson that it be...

Resolved:

That the Board approve recommendation from the Business Committee for Scott, Singleton, Fincher & Co, P.C. for FY 2023 Auditor and Direct Staff to Request an Audit Engagement Letter.

Resolution #05-25-05

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Jacob Paschal, Gail Page, Tim Cannon, Sharon Walker and Carl Williamson that it be...

Resolved:

That the Board approve FY 2024-2025 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037.

Resolution #05-25-06

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Jacob Paschal, Gail Page, Tim Cannon, Sharon Walker and Carl Williamson that it be...

Resolved:

That the Board approve FY 2023 Aspire Inpatient Hospital Contract Addendum No. 2 for up to \$250,000.

Resolution #05-25-07

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Jacob Paschal, Gail Page, Tim Cannon, Sharon Walker and Carl Williamson that it be...

Resolved:

That the Board approve FY 2023 Kingwood Pines Inpatient Hospital Contract Addendum No. 1 for up to \$2,500,000.

Resolution #05-25-08

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Jacob Paschal, Gail Page, Tim Cannon, Sharon Walker and Carl Williamson that it be...

Resolved:

That the Board approve FY 2023 Sun Behavioral Houston Hospital Inpatient Psychiatric Services Contract Addendum No. 2 for up to \$200,000 in FY 2023.

The Consumer Foundation Board Meeting Update was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for April 2023 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:32 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Appoint New Mental Health Planning Network Advisory Committee Members

Board Meeting Date

July 27, 2023

Committee: Program

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee be composed of at least nine members, and as a Certified Community Behavioral Health Clinic, fifty-one percent of the members shall be individuals served or family of individuals served. We currently have six (6) MHPNAC vacancies.

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

Bonnie Atkinson

- Family member

Ms. Atkinson has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2023.

Stefani Gibson

- Family member

Ms. Gibson has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2024.

Supporting Documentation:

None

Recommended Action:

Appoint Bonnie Atkinson as a New Mental Health Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2023 and Stefani Gibson to the Remainder of a Two-Year Term Which Expires August 31, 2024

Agenda Item: Community Resources Report

Board Meeting Date:

July 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

May 26, 2023 – July 27, 2023

Volunteer Hours:

Location	May	June
Conroe	84.75	99
Cleveland	0	.5
Liberty	31.5	33.5
Huntsville	12	4
Total	128.25	137

COMMUNITY ACTIVITIES:

5/26/23	Walker County Juvenile Services Staffing	Huntsville
5/29/23	Memorial Day Veterans Memorial Event	Conroe
5/30/23	Behavioral Health Suicide Prevention Task Force First Responder Meeting - Virtual	Conroe
5/30/23	Walker County Community Resource Collaboration Group	Huntsville
5/30/23	Outpatient Competency Restoration (OCR)/State Hospital Forensic Admissions Review Meeting - Virtual	Conroe
5/31/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
5/31/23	Montgomery County Big Picture 2.0 - What's Next?	Conroe
5/31/23	Conroe Noon Lions Club Luncheon	Conroe
6/1/23	Rusk State Hospital Grand Opening Ceremony	Rusk
6/6/23	Veterans of Foreign Wars Monthly Meeting	Liberty
6/7/23	Conroe Noon Lions Club Luncheon	Conroe
6/7/23	Montgomery County Community Crisis Collaborative Sub - Committee	Conroe
6/7/23	Walker County Justice of the Peace Meeting - Warrants and Transportation of Crisis Clients	Huntsville
6/7 – 6/13/23	Texas Non-Medical Drivers of Health Consortium - Virtual	Conroe
6/8/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
6/10/23	Woman Veterans Appreciation Day	Conroe
6/12/23	Conroe Homeless Coalition Meeting	Conroe
6/13/23	Crisis Emergency Response Team Mental Health Training	Conroe
6/13/23	American Legion Meeting	Conroe
6/14/23	Montgomery County Veterans Treatment Court	Conroe
6/14/23	Conroe Noon Lions Club Luncheon	Conroe
6/15/23	Behavioral Health Suicide Prevention Task Force	Conroe
6/20/23	Montgomery County Community Resource Collaboration Group	Conroe
6/20/23	Liberty County Mental Health Collaboration Workgroup Meeting	Liberty

6/21/23	Conroe Noon Lions Club Luncheon	Conroe
6/21-6/23/23	Texas Council of Community Centers Annual Conference	Houston
6/22/23	Women Veteran Appreciation Day Event	Liberty
6/27/23	Walker County Community Resource Collaboration Group	Huntsville
6/28/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
6/28/23	Montgomery County Veterans Treatment Court	Conroe
6/28/23	North Houston Veteran Partnership	Conroe
6/28/23	Conroe Noon Lions Club Luncheon	Conroe
6/28/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
6/30/23	Walker County Juvenile Services Staffing	Huntsville
6/30/23	Coffee, Crafting and Community for Autism Services	Conroe
6/30/23	Liberty County TCOLE CIT Training	Liberty
7/6/23	Youth Mental Health First Aid	Huntsville
7/7/23	Walker County Community Resource Collaboration Group	Huntsville
7/10/23	City of Conroe Homeless Coalition Meeting	Conroe
7/11/23	Civil Service Commissioners Meeting	Conroe
7/11/23	American Legion Monthly Meeting	Conroe
7/11/23	Better Living for Texans Collaborative Meeting	Conroe
7/12/23	Montgomery County Veterans Treatment Court	Conroe
7/12/23	Mobile Crisis Outreach Team Leadership Meeting - Virtual	Conroe
7/12/23	Conroe Noon Lions Board Meeting	Conroe
7/13/23	Conroe Police Academy Class No. 22-15 Graduation Ceremony	Conroe
7/13/23	THRIVE Charter School - Tri-County Services & Autism Services Array Presentation to the Founders	Magnolia
7/13/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
7/13/23	Tri-County Behavioral Healthcare and Wellpath Meet and Greet - Virtual	Conroe
7/17/23	Huntsville ISD Meeting	Huntsville
7/18/23	Montgomery County Community Resource Collaboration Group	Conroe
7/19/23	Conroe Noon Lions Club Luncheon	Conroe
7/20/23	Presentation "Sexuality in people with IDD" by Dr. Maria Quintero-Conk - Virtual	Conroe
7/20/23	Hispanic Chamber of Commerce	Conroe
7/22/23	Veterans Field Day Family Event	Conroe
7/25/23	Walker County Community Resource Collaboration Group	Huntsville
7/25/23	Liberty County Community Resource Collaboration Group	Liberty
7/26/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe
7/26/23	Conroe Noon Lions Club Luncheon	Conroe
7/27/23	Texas Veterans Commission Monthly Webinar - Virtual	Conroe

7/27/23	Fatherhood Advisory Committee Meeting	Cleveland
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UPCOMING ACTIVITIES:

7/28/23	Walker County Juvenile Services Staffing	Huntsville
8/1/23	Veterans of Foreign Wars Monthly Meeting	Liberty
8/2/23	Child & Youth Presentation to Huntsville ISD Faculty	Huntsville
8/2/23	Texas AIM Opioid and SUD Summit	Houston
8/3/23	Child & Youth Presentation to New Caney ISD School Counselors	New Caney
8/5/23	Monthly Veteran Breakfast	Huntsville
8/9/23	Mobile Crisis Outreach Team Leadership Meeting - Virtual	Conroe
8/10/23	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
8/14/23	Military Connected Subgroup Meeting for Suicide Prevention	Conroe
8/14/23	Homeless Coalition Forum	Conroe
8/15/23	Youth Mental Health First Aid for CASA of Montgomery County	Conroe
8/15/23	Montgomery County Community Resource Collaboration Group	Conroe
8/17/23	Behavioral Health Suicide Prevention Task Force	Conroe
8/22/23	Conroe Rotary Club Meeting	Conroe
8/25/23	Walker County Juvenile Services Staffing	Huntsville
8/29/23	Conroe Rotary Club Meeting	Conroe
8/29/23	Liberty County Community Resource Collaboration Group	Liberty
8/30/23	Quarterly Hospital OCR/Crisis Meeting w/Dunn Center and Wellpath - Virtual	Conroe
8/20/23	Montgomery County Community Crisis Collaborative Team Meeting	Conroe

Agenda Item: Consumer Services Report for May & June 2023

Board Meeting Date:

July 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for May & June 2023

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT
May 2023

Crisis Services, MH Adults/Children	MONTGOMERY COUNTY	PORTER	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Persons Screened, Intakes, Other Crisis Services	699	24	48	34	61	866
Transitional Services (LOC 5)	0	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) Served	0	0	0	0	0	0
Psychiatric Emergency Treatment Center (PETC) bed days	0	0	0	0	0	0
Adult Contract Hospital Admissions	62	0	4	4	4	74
Child and Youth Contract Hospital Admissions	1	2	0	0	0	3
Total State Hospital Admissions (Civil only)	2	0	0	0	0	2
Routine Services, MH Adults/Children						
Adult Levels of Care (LOC 1-4, FEP)	1261	0	172	105	128	1666
Adult Medication Services	1023	0	107	88	124	1342
Child Levels of Care (LOC 1-4, YC, YES, TAY, RTC, FEP)	563	320	51	32	98	1064
Child Medication Services	200	119	20	12	31	382
TCOOMMI (Adult Only)	102	0	15	17	9	143
Adult Jail Diversions	1	0	0	0	0	1
Persons Served by Program, IDD						
Number of New Enrollments for IDD Services	10	0	0	0	0	10
Service Coordination	643	0	31	36	65	775
Persons Enrolled in Programs, IDD						
Center Waiver Services (HCS, Supervised Living)	23	0	3	12	18	56
Substance Use Services						
Children and Youth Prevention Services	14	392	0	0	0	406
Youth Substance Use Disorder Treatment Services/COPSD	17	0	0	0	0	17
Adult Substance Use Disorder Treatment Services/COPSD	49	0	2	0	1	52

Waiting/Interest Lists as of Month End						
Home and Community Based Services Interest List	1755	0	158	135	202	2250
SAMHSA Grant Served by County						
SAMHSA CCBHC Served	84	2	54	3	25	168
SAMHSA CMHC Served	486	0	15	23	15	539
May Served by Service Area						
Adult Mental Health Services	1764	0	162	122	220	2268
Child Mental Health Services	699	361	67	41	111	1279
Intellectual and Developmental Disabilities Services	744	0	39	51	73	907
Total Served by Service Area	3207	361	268	214	404	4454
April Served by Service Area						
Adult Mental Health Services	1570	0	165	133	230	2098
Child Mental Health Services	679	363	65	39	113	1259
Intellectual and Developmental Disabilities Services	698	0	32	47	74	851
Total Served by Service Area	2947	363	262	219	417	4208

CONSUMER SERVICES REPORT

June 2023

	MONTGOMERY COUNTY	PORTER	CLEVELAND	LIBERTY	WALKER COUNTY	TOTAL
Crisis Services, MH Adults/Children						
Persons Screened, Intakes, Other Crisis Services	551	11	44	28	67	701
Transitional Services (LOC 5)	6	0	1	0	0	7
Psychiatric Emergency Treatment Center (PETC) Served	10	0	0	0	1	11
Psychiatric Emergency Treatment Center (PETC) bed days	24	0	0	0	2	26
Adult Contract Hospital Admissions	60	0	2	4	2	68
Child and Youth Contract Hospital Admissions	3	0	0	0	0	3
Total State Hospital Admissions (Civil only)	1	0	0	0	0	1
Routine Services, MH Adults/Children						
Adult Levels of Care (LOC 1-4, FEP)	1155	0	162	115	131	1563
Adult Medication Services	877	0	95	84	153	1209
Child Levels of Care (LOC 1-4, YC, YES, TAY, RTC, FEP)	500	273	48	26	93	940
Child Medication Services	230	115	21	11	28	405
TCOOMMI (Adult Only)	88	0	17	17	12	134
Adult Jail Diversions	1	0	0	0	0	1
Persons Served by Program, IDD						
Number of New Enrollments for IDD Services	12	0	2	0	0	14
Service Coordination	677	0	37	33	60	807
Persons Enrolled in Programs, IDD						
Center Waiver Services (HCS, Supervised Living)	23	0	3	12	18	56
Substance Use Services						
Children and Youth Prevention Services	0	0	0	0	8	8
Youth Substance Use Disorder Treatment Services/COPSD	18	0	0	0	0	18
Adult Substance Use Disorder Treatment Services/COPSD	43	0	1	0	0	44

Waiting/Interest Lists as of Month End						
Home and Community Based Services Interest List	1742	0	156	134	201	2233
SAMHSA Grant Served by County						
SAMHSA CCBHC Served	81	1	57	4	22	165
SAMHSA CMHC Served	474	2	18	20	18	532
June Served by Service Area						
Adult Mental Health Services	1588	0	165	130	253	2136
Child Mental Health Services	620	304	62	30	107	1123
Intellectual and Developmental Disabilities Services	774	0	48	49	72	943
Total Served by Service Area	2982	304	275	209	432	4202
May Served by Service Area						
Adult Mental Health Services	1764	0	162	122	220	2268
Child Mental Health Services	699	361	67	41	111	1279
Intellectual and Developmental Disabilities Services	744	0	39	51	73	907
Total Served by Service Area	3207	361	268	214	404	4454

Agenda Item: Program Updates

Board Meeting Date:

July 27, 2023

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

May 26, 2023 – July 27, 2023

Crisis Services

1. We currently have three positions open in Crisis Access: an MCOT night staff, a Community MCOT, and a Crisis Coordinator/Supervisor position. We also have a vacant Support Services staff position that is scheduled from 12 PM to 9 PM, Monday through Friday.
2. MCOT, CAS, and CIT services provided a total of 395 crisis assessments in May and 346 in June. The most notable difference between the two months was the number of youth assessed; over twice the number in May (100) than in June (42).
3. In May, we experienced a noticeable decrease in the number of crisis services that were provided at the PETC or rural clinics (33.3%) compared to community or hospital setting (66.7%). This is compared to April when the PETC or rural clinics were 48.3%. In June, crisis services provided at PETC or rural clinics returned to a more expected level of 42.2%, with 57.8% of the crisis services provided in the community or hospital settings.
4. By providing a mental health clinician to partner with law enforcement, we are better able to divert individuals from local jails, emergency rooms, or the PETC while still providing necessary services. In May, our three Crisis Intervention Teams provided 239 services to 185 individuals in Montgomery County, with 35 of those services provided to youth. In June, our CIT staff with the Precinct 1 team left Tri-County to pursue another career opportunity. Despite not having fully staffed teams in June, we still provided 175 services to 136 individuals in the county.

MH Adult Services

1. We have a Locum Tennens Doctor covering a vacancy in Conroe.
2. MH Adult supervisors and administrators met with the financial team to review the history and trends of revenue for case management and rehabilitation services. This group discussed ways to support the case managers, and to discuss program revenue.
3. We have restructured our Intake and Special Projects programs, to create a team lead position over adult intake. This allows more options for career advancement opportunities, and provides additional support to the intake team in Conroe.
4. Cleveland now has field-based case managers for every level of care, including one bilingual staff.
5. We are now offering Level of Care 5 services for adults who come in to our services through crisis. The purpose of this level of care is to offer quick outpatient crisis stabilization, and connect to the most appropriate services, both internally with Tri-County and with community partners.
6. The ACT team successfully graduated four individuals from the program to a lower level of care. We are happy to report that the ACT team is also now fully staffed, allowing for more capacity for high needs individuals.

MH Child and Youth Services

1. Cindy Medrano, APN, has joined the C&Y Medical Team. Not only is she bilingual but she sees kids until 7pm four days per week and travels to a different site each week, including Cleveland, Huntsville, and Conroe. We have also hired a bilingual LVN to assist her so that we can better serve our Spanish speaking families in their primary language.
2. We are remodeling a section of our existing Huntsville building in order to make room for the growth we are experiencing in Child and Youth Mental Health Services. We will have a separate entrance, lobby, and reception area which will better accommodate the expansion of our Child and Youth Psychiatric Services in Walker County from one day per week to two to three days per week.
3. C&Y supervisors are in the process of scheduling several meetings and service presentations with local school districts in order to prepare for the upcoming school year and get agreements signed.
4. We are sending our C&Y Rural Administrators to the Texas System of Care and Community Resource Coordination Group (CRCG) Conference in Austin. Topics will focus on building authentic connections, spotlighting voices with lived experience, and collaborating to improve mental health outcomes. Both supervisors act as co-chairs for the CRCGs in their respective service areas.

Criminal Justice Services

1. The Criminal Justice team provided training on mental health and jail diversion to the Liberty Sheriff's Department as part of their required 40 hours of mental health training.
2. The Outpatient Competency Restoration program has screened a total of 21 individuals for the program and have admitted five people into the program so far this fiscal year.
3. The Jail Services Liaison coordinated treatment through Continuity of Care for 208 individuals since May 26th.

Substance Use Disorder Services

1. Youth SUD programming saw a swift increase in intakes at the beginning of the summer, but the rush has since slowed. We expect intakes to be slow until the school year starts again.
2. Adult SUD intakes have slowed for the summer, and many individuals are prioritizing social drivers of health, such as housing and employment over outpatient treatment services. The SUD team continues to provide motivation and discussion around the importance of recovery with both substance use and mental health.
3. We are receiving very positive feedback from the Montgomery County Juvenile Probation Department regarding our Vaping Prevention Presentations. We provide these presentations in English and Spanish on a monthly basis to the youth and families.
4. Our Prevention Team attended the Annual Prevention Providers Meeting in Austin, which includes required annual trainings as well as informational sessions about prevention strategies and contract requirements.
5. While schools are out for the summer, the Prevention Team has been focusing on presenting services at various daycare centers, the Boys and Girls Club of Walker County, and other local child serving agencies, including YES to Youth.

IDD Services

1. For the IDD Provider Department, all full-time positions which were posted have been offered, but we still have a few part-time positions we would like to fill. Group home staff have been trained so they can now work alone. Having the homes staffed reduces the overtime needed. ARPA funds have been used to supplement the hourly rate and to get these positions filled.
2. Our HCS program has had five new admissions since May so team is very busy training and monitoring new admissions into residential setting of host home. We had one transfer out during this time frame as individual wanted to return to their group home in Harris County where they resided pre-COVID. Enrolled at this time is 58 with two additional admissions sometime within July. As a reminder, our HCS enrollment cap is 67.
3. Individualized Skills and Socialization sites are expecting auditors sometime in the months of July or August.
4. Accounting received notification in April it was time to revalidate our HCS National Provider Identification (NPI) number, and Tri-County's HCS Services are on a temporary suspension to bill for Medicaid services as a result. This NPI renewal process changed and there was no communication making us aware of the additional steps to be taken. The application requires more names to be added in addition to the Executive Director, site visit where they took pictures of facility, rooms, etc. and interview to identify procedures followed how we validate services before billing. We have been on hold for billing since June 13th, and we will have to bill for all of these services after the NPI number is activated.
5. HHSC sent an announcement to all Local Intellectual & Developmental Authorities on June 6, 2023 that the agency will discontinue the use of the HHS Enterprise Portal and replace it with a new HHS Identity Management Solution called IAMOnline. Effective September 1, 2023, Local Intellectual & Developmental Authorities staff must use the IAMOnline portal to access the following applications:
 - a. Interest List Slot Tracking which also includes the Waiver Slot County Summary & Waiver Slot County Detail reporting
 - b. Community Services Interest List (CSIL)
 - c. Service Authorization System Online (SASO)

Support Services

1. **Quality Management (QM):**
 - a. The Administrator of Quality management has completed Program Surveys for the First Episode Psychosis Program (FEP) and Projects for Assistance in Transition from Homelessness (PATH) programs.
 - b. The HHSC Comprehensive QM audit Corrective Action Plan was submitted and approved.
 - c. QM and Youth Empowerment Services (YES) Waiver Staff participated in the HHSC YES Waiver Audit exit that was held on June 2, 2023. While there were some opportunities for quality improvement, overall, the program performed well.

- d. Staff prepared and submitted five record requests to four insurance companies totaling 26 charts, for records dating back to January 1, 2022.
- e. In addition to routine and ongoing quality assurance of documentation, staff reviewed 15 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.
- f. The Continuous Quality Improvement Committee met on June 9th where they reviewed the progress of the FY 23 CQI goals and began identification of potential FY 24 goals through an analysis of the needs of individuals served with a focus on improved quality of care and client safety.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all Center discharges for June to ensure appropriateness and that proper notification and appeal forms were provided. Follow-up with staff was provided as needed to ensure quality improvement.
- b. Staff reviewed 44 notes that utilized the COPSD Modifier for quality assurance purposes.
- c. Staff reviewed 36 notes that utilized the MCOT Modifier for quality assurance purposes.

3. Training:

- a. The Software Management Team held a SmartCare Superuser training with selected staff from June 26 – June 30th in preparation for the transition to the new Electronic Health Record in September.
- b. The Training Department is working with the Streamline implementation team to begin training general staff on SmartCare. The first training was provided on July 13th and will be rolled out by department.
- c. The Clinical Trainer attended a CPR trainer recertification class on July 24th.
- d. The Training Department has begun Super User training which requires that 40% of Tri-County staff who utilize the Adult Needs and Strengths Assessment and the Child and Adolescent Needs and Strengths Assessment be re-trained by a Certified Super User. The first class was held on July 21, 2023 and the report is due September 15, 2023.

4. Veteran Services and Veterans Counseling/Crisis:

- a. Counseling staff are now offering in-person group counseling for veterans at Camp Valor in Conroe and the HEARTS Museum in Huntsville.
- b. Staff organized the "Women Veterans Day Event" in Cleveland.
- c. The Veterans Team assisted a veteran in getting her first home; working with the VA housing department, her realtor, and a moving company. The team is beyond excited as this veteran had been working on this goal for over three years and she finally did it!

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

- a. The IDD PNAC met on June 7, 2023 and discussed Center Updates, IDD local planning and membership. With eight active members, the committee is currently seeking one additional Board referral.

- b. The MH PNAC met on July 12, 2023 and is currently seeking Board referrals for several vacancies and has four individuals who have agreed to serve. Applications and backgrounds are currently pending prior to seeking Board approval.

Community Activities

1. Staff attended the Rusk State Hospital Opening and briefly met with Senator Nichols.
2. Staff attended the Conroe Police Academy Class No. 22-15 Graduation. There were over 100 applicants that started the academy and Conroe now has 24 new officers on the streets.

<p>Agenda Item: Year to Date FY 2023 Goals and Objectives Progress Report</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>July 27, 2023</p>
<p>Background Information:</p> <p>The Management Team met on August 12, 2022 to update the five-year strategic plan and to develop the goals for FY 2023. The strategic plan and related goals were approved by the Board of Trustees at the September 2022 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 2023.</p>	
<p>Supporting Documentation:</p> <p>FY 2023, 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, 2022 – July 27, 2023

Goal #1 – Clinical Excellence

Objective 1:

Develop a two-year implementation plan for appropriate clinical use of telehealth, including a plan for accelerating the plan if needed, which incorporates state regulations and clinical best practices by June 1, 2023.

- A 'Whitepaper' has been completed and submitted on May 12, 2023. The white paper explored the advancements of telehealth, including benefits, challenges, and potential impact on individuals, providers, and healthcare systems in an effort to determine when and how telehealth may be strategically used to advance the availability and accessibility of services.
- The Quality Assurance Department conducted two phone surveys of random samples of clients designed to gather feedback surrounding interest in participating in services provided using telehealth. The initial survey contacted clients across the Center, but the second was focused on collecting information from clients residing in Walker and Liberty counties. It was learned that while face to face services are preferred as the primary method of service provision, respondents across the service area indicated they would like to have the option to use telehealth if available. Respondents further indicated that a telehealth option would increase attendance as it would address barriers, including transportation, child or elder care, or cancellations due to illness, as well as allow for greater flexibility in scheduling for those who are working.
- As part of the whitepaper, an implementation timeline was provided, outlining the steps that would be necessary to start telehealth programs as well as the anticipated length of time for each action item.

Objective 2:

If appropriate operational funding can be secured, reopen the Crisis Stabilization Unit by May 1, 2023 – or – If additional funds are not available for CSU operations, design an alternative Crisis program for Board approval by April 1, 2023.

- With the assistance of Justice of the Peace Wayne Mack, Tri-County has secured continued American Rescue Plan Act funding from Montgomery County that will allow us to reopen the Crisis Stabilization Unit, among other things.
- We had a team of staff working on multiple aspects of reopening, which occurred on June 18, 2023.
- Our Chief Nursing Officer, Andrea Scott, APRN, is managing the Crisis Stabilization Unit.
 - Facility modifications, updates and relicensing:

- The Board approved a not-to-exceed budget for \$400,000 for CSU modifications at the January 26, 2023 Board meeting. Interior construction was completed in May with roof replacement occurring in June.
 - The CSU passed the Department of State Health Services (DSHS) reinspection on May 28th and license was received within a few days, allowing the unit to officially reopen on June 18th.
- Staff hiring and development:
 - All positions for the Crisis Stabilization Unit have been hired except for (PRN) nurse and tech positions.
 - Several job fairs were held in an effort to hire staff.
- Licensing and operational procedure development:
 - Facility licensing procedures were finalized in April after review and approval by the Medical Director and Executive Director. In total, the procedures were around 140 pages.
 - 97 forms were updated for use at the CSU.
 - 14 operating (desk) procedures were completed prior to reopening, and several more are being developed.
- Operations, including reestablishing relationships with contractors:
 - Vendors have been selected and contracts completed for janitorial services, linens, medical screening and assessment, food, etc. All of the contract costs have increased by 20-30%.
 - We are in conversations with Genoa regarding their ability to manage our PETC pharmacy contract.
 - We have had a technical conversation with a Pyxis vendor (automated medication distribution machine) and will plan to purchase that as a part of our CSU design going forward. The Pyxis machine would not be on site for several more months.
 - We are reviewing software needs. Anasazi will be used initially so many of the assessments, etc., will remain unchanged until SmartCare is implemented on September 1, 2023.

Goal #2 – Professional Facilities

Objective 1:

Break ground on the new Cleveland Service Facility by August 31, 2023.

- The design team held regular meetings with Identity Architects to design the Cleveland Service Facility. At this point, the building plans have been sent to a Mechanical, Electrical and Plumbing firm and the construction documents are about 90% complete.
- Building contractor Mike Duncum and Architect David Kastendieck have met with the City of Cleveland Planning and Zoning Department to discuss the project and report that no significant challenges with the site design are expected. However, since holding this meeting the City of Cleveland’s Planning and Zoning Department staff has resigned.

- Regular updates on the project will be provided by the Executive Director or designee to the Board of Trustees.
- We will need to have Contractor selection meetings with a subcommittee of the Board of Trustees in August for approval by the Board at the August 31st Board meeting. The ground breaking will need to occur in September of 2023 after the contractor has been selected.

Objective 2:

Complete a refresh of the Sgt. Ed Building in Conroe to include inside paint, carpet where needed and other general cleanup, the waiting rooms and children’s playroom by June 1, 2023.

- Following a complete walk-through of the Conroe facility, several projects were identified to address general deterioration associated with daily use, most of which have been completed, including:
 - Interior walls have been repainted throughout the building.
 - Carpet has been replaced with faux wood ceramic tile in high traffic areas, including replacing baseboards in these areas.
 - The parking lot has been pressure washed and restriped.
 - Exterior stucco repairs and exterior paint on the entire building have been completed.
 - The interior and exterior shipping and receiving door has been refinished.
 - Furniture has been ordered to replace pieces that show general deterioration associated with daily use.
- Other identified areas that are in process include wall-paper, bathroom stalls, and sheet-rock repairs, as well as adding corner guards.
- A ‘calm room’ for children and adolescents who are experiencing behavioral emergencies is being created on the second floor to provide a safe space to deescalate these individuals.
- The team worked with the Diversity Workgroup to identify artwork for the building that is representative of the various cultures of the community that will replace or supplement existing pieces. All art has been ordered and we are waiting on the final updates to be completed before decorating.

Goal #3 – Information Technology

Objective 1:

Prepare the Streamline SmartCare Behavioral Health Software System for ‘Go-Live’ by August 31, 2023.

- Streamline SmartCare provided a week-long Super User Training to staff and Managers to prepare them to be able to answer front line user questions. The first three days were dedicated to clinical and medical process and the last two days were dedicated to billing, process, and administrative processes.

- Front-line training began the week of July 10th and will continue through the month of August. The Software Management Team will also publish a series of online training using our Relias Computer Competency Training system.
- We have completed our Round 1 final pass of system setup data at the end of May, and are currently working towards submitting our Round 2 pass 2 of clinical data. Streamline SmartCare has agreed to allow us a Round 1 update pass to account for the turnover. This update will update staff tables to add newly hired employees as well as inactivate separated employees.
- Staff have begun a series of weekly implementation meetings emphasizing on Clinical, Billing, and Data migration with the Streamline implementation team. This team consists of the members of the TCBHC Software Management Team (SMT), special TCBHC guest relating to meeting subject matter, and Streamline staff.
- The 'Go-Live' date for the new software is September 1. On Friday September 1 and the week that follows, schedules will be kept at about half normal levels to allow staff time to complete documentation in a new system.

Goal #4 – Employee Retention

Objective 1:

Create an employee leadership development program for Center managers by May 1, 2023.

- Staff have explored leadership development options with a goal of identifying opportunities that are meaningful and worthwhile, while also being accessible to the different levels of management, including staff who are considering a future in leadership, mid-level managers, and those in higher level leadership roles. As part of this initiative, staff have reviewed a variety of certificate programs available through several highly respected colleges and universities, focusing on programs that target advancement of key leadership skills that will benefit the Center, while also considering factors such as cost, time commitment, prestige, effort, and course availability. Staff have further started identifying strategies for developing internal leadership programming designed to enhance supervisor aptitude and encourage growth for both existing supervisors and those who may be interested in future movement.
- Strategies for development of a Tri-County leadership program designed to train and support supervisors and encourage growth and readiness for future opportunities have been finalized and will be submitted to the Executive Director for final review and approval. The team identified a series of online leadership certificate programs available through several highly respected colleges and universities that target development of higher-level leadership skills, identifying several affordable, yet meaningful programs.

Goal #5 – Financial

Objective 1:

Implement required business office processes to ensure compliance with the Public Health Provider – Charity Care Pool guidance by February 28, 2023.

- A Center procedure was developed, establishing guidelines for completing the application for the Charity Care Pool program, including methods for evaluating eligibility, determining fee for service, and payment collection, while ensuring appropriate data collection practices to allow for accurate and timely completion of the annual cost report.
- Financial staff and others involved in the implementation and ongoing maintenance of the CCP program have received training on the program requirements and have started assisting the clients with the application process to determine eligibility, including documentation of completion and Charity Care eligibility in the electronic health record. Notices of the Charity Care Pool program have also been posted in each clinic site and publicized on the website in compliance with charity care requirements. Finally, Business Office procedures, including desk procedures, have been developed and implemented to ensure ongoing compliance with all requirements and standards necessary for cost reporting submission and reimbursement.
- Since implementation of the Charity Care program, staff have aided clients with the application process to determine eligibility, including documentation of completion and Charity Care eligibility in the electronic health record. Notices of the Charity Care Pool program have been posted and publicized in all clinic sites and on the website, in compliance with requirements.
- The Business Office is providing monitoring and oversight of this program to ensure compliance with all requirements and standards necessary for cost reporting submission and reimbursement.
- A process for tracking and monitoring payment collection efforts has been implemented in alignment with Charity Care regulations.
 - There has been some inconsistent information about the level of tracking that will be required for collection efforts and Financial staff are working to clarify this information further.

Agenda Item: 3rd Quarter FY 2023 Corporate Compliance and Quality Management Report

Board Meeting Date

July 27, 2023

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 2023 are included in this Board packet.

Supporting Documentation:

3rd Quarter FY 2023 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report

3rd Quarter, FY 2023

Corporate Compliance Activities

A. Key Statistics:

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

1. The first concern was reported by a supervisor alleging concerns that an employee was billing for non-billable services. An investigation was completed, confirming the allegation. Payback was made in the amount of \$446.92. The employee received additional training and was issued a verbal warning.
2. The second concern originated from a client complaint where a subsequent Compliance review was conducted. No Compliance-related concerns were found during the review; however, several procedural violations were discovered. The findings were forwarded to the Human Resources for review.

B. Committee Activities:

The Corporate Compliance Committee met on June 21, 2023. 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 13 record requests, totaling 77 charts.
2. 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 as well as Mobile Crisis Outreach Team Modifier.

B. Reviews/Audits:

1. Staff prepared and submitted one record request totaling one chart to Aetna dating back to January 2022.
2. Staff prepared and submitted two record requests totaling four charts to Ambetter from Superior Health Plan dating back to January 2022.

3. Staff prepared and submitted three record requests totaling 60 charts to Amerigroup dating back to January 2022.
4. Staff prepared and submitted one record request totaling one chart to BCBS of TX dating back to January 2022.
5. Staff prepared and submitted one record request totaling one chart to Community Health Choice dating back to January 2021.
6. Staff prepared and submitted one record request totaling one chart to Devoted Health dating back to January 2021.
7. Staff prepared and submitted one record request totaling one chart to Superior Health Plan dating back to January 2021.
8. Staff prepared and submitted four record requests totaling eight charts to WellCare by Allwell dating back to January 2021.
9. Staff reviewed 168 notes that used the Co-Occurring Psychiatric and Substance Use Disorder modifier to ensure that the intervention was used appropriately. This review indicated that the staff utilizing this code are using it correctly.
10. Staff reviewed 121 notes that used the MCOT Modifier in the months of April and May for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
11. Staff reviewed 128 discharges that occurred in Q3 and communicated areas that needed improvement to supervisory staff.
12. Staff reviewed 52 MH Adult and Child and Youth progress notes for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.

A. Other Quality Management Activities:

1. The Quality Management Department, along with Veterans Program staff, participated in the Veteran's Services Audit conducted March 8 – April 28, 2023. There were no findings as a result of this audit.
2. The Quality Management Department participated in the HHSC led Independent Peer Review of wraparound services conducted February 28 – May 19, 2023. Feedback from this review is being used for quality improvement purposes across the State.
3. The Quality Management Department participated in the HHSC Mental Health Comprehensive Quality Management Audit from May 15 – 19, 2023. Results were mostly positive with a total of six findings which were addressed in the Corrective Action Plan that has since been submitted and approved by HHSC.
4. The Quality Management Department participate in the HHSC Youth Empowerment Services Audit which began on May 22, 2023 and concluded on June 2, 2023. Findings were mostly positive and feedback from this review is being used for quality improvement purposes.

<p>Agenda Item: 4th Quarter FY 2023 Corporate Compliance Training</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>July 27, 2023</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 2023 Corporate Compliance Training</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

COMPLIANCE NEWSLETTER

FY23, Quarter 4



NEWSLETTER HIGHLIGHTS

In Good Faith Reporting

Your Compliance Team

Report Compliance Concerns



TCBHC is committed to doing the right thing. If you know or think you know something is "not right" you are expected to report these concerns in good faith to the Compliance Department.

The following words and phrases are warning signs of potential problems:

- "Well, maybe just this once..."
- "Everyone does it."
- "No one will ever know."

"In good faith" means you actually believe the information you are reporting is true.

YOUR CORPORATE COMPLIANCE TEAM

Amy Foerster
Chief Compliance Officer
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Heather Hensley
Administrator of Compliance
heatherh@tcbhc.org

Ashley Bare
HR Manager
ashleyba@tcbhc.org



WHEN IN DOUBT, REPORT!

Compliance
Concerns
Hotline:
866-243-9252

REPORT

Reports are kept confidential and may be made anonymously.
Reports may be made without fear of reprisal or penalties.
Report to your supervisor, or any Compliance team member any concerns of fraud, abuse, or other wrong doing³⁴

<p>Agenda Item: Appoint Nominating Committee for FY 2024 Board Officers</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>July 27, 2023</p>
<p>Background Information:</p> <p>The Board Chair will select representatives for the Nominating Committee for FY 2024 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 2024 Board Officers</p>	

<p>Agenda Item: Appoint Executive Director Evaluation Committee</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>July 27, 2023</p>
<p>Background Information:</p> <p>The Board Chair will select representatives for the FY 2023 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: Approve Revisions to Fiscal Administration Board Policy, E.5

Board Meeting Date

July 27, 2023

Committee: Executive

Background Information:

Board Policy, E.5 – Depositories, was last updated in January of 2016. This update just reflects a change in the staff who are authorized to conduct investment transactions and wire transfer funds on behalf of the Center.

Evan Roberson, Executive Director, and Millie McDuffey, Chief Financial Officer will remain on the list.

Sheryl Baldwin, who formerly served as our Business Manager, will be removed.

Darius Tuminas, Controller, and Tabatha Abbot, Manager of Accounting will be added.

No other changes to this Board Policy are recommended at this time.

Supporting Documentation:

E.5 – Depositories (Markup Version)

E.5 – Depositories (Final Version)

Recommended Action:

Approve Revision to Board Policy E.5 – Depositories

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY

Patti Atkins, Chair

Date

ORIGINAL EFFECTIVE DATE: September 29, 1988

REVISION DATE(S): October 31, 1996; December 11, 1997; March 25, 2010; December 8, 2011; February 28, 2013; January 28, 2016; July 27, 2023

SUBJECT: Depositories

Tri-County Behavioral Healthcare (“Tri-County” or “Center”) is a public non-profit agency, a unit of local government, established by the local units of government which sponsor its operation and appoint its Board of Trustees. The nine (9) member Board of Trustees is responsible for the administration of Tri-County (Texas Health and Safety Code, Chapter 534, Section 534.008). Entrusted with authority over public funds, it is the intent of the Board of Trustees to handle said funds frugally, responsibly, and in a reasonable fashion to ensure that services are continually provided to citizens of Tri-County.

- I. Therefore, the Board adopts the following policies:
 - A. Tri-County shall share the deposit of its revenues amongst the available financial institutions in the Tri-County region based upon the following criteria:
 1. Convenience and efficiency for the operation and transaction of Tri-County’s business.
 2. Quality, accurate and timely service with the lowest possible cost to Tri-County.
 - B. Funds not needed for immediate use shall be handled as follows:
 1. This policy is hereby enacted pursuant to Chapter 2256 (as amended) of the Texas Government Code, the Public Funds Investment Act. The Executive Director is hereby charged with the responsibility of investing any and all funds under the control of Tri-County, and managing prudently and properly the investments. Because these funds may be called upon, it is essential that absolute maturity horizons are identifiable for the purpose of liquidity. Moreover, these funds must be invested only in investments which are appropriately authorized under Chapter 2256, and more specifically within this Investment Policy. This Investment Policy

addresses eligible investments, as well as the methods, procedures, and practices which must be exercised to ensure effective and sound fiscal management.

II. Scope

- A. This policy shall apply to the investment of financial assets of specified funds over which the Center exercises financial control. The specified funds to which this policy shall apply are listed in Appendix I.

III. Objectives

- A. The Center's principal investment objectives in order of importance are:
 - 1. Preservation of capital and the protection of investment principal.
 - 2. Maintenance of sufficient liquidity to meet anticipated disbursements and cash flows.
 - 3. Attainment of a rate of return consistent with market condition at the time.
- B. In addition, the Center intends to conform with all Federal, State and other legal requirements, and to avoid incurring unreasonable risks regarding securities owned.

IV. Delegation of Authority

- A. The ultimate responsibility and authority of investment transactions involving the Center resides with the Executive Director. The Executive Director may appoint other members of the Center's staff to assist him/her in the cash management and investment function. Other persons who are authorized to transact business and wire funds on behalf of the Center are listed in Appendix II to this policy. An outside Investment Advisor may be appointed to assist the Executive Director in the management of Center funds, and may be granted limited investment discretion within the guidelines of this Investment Policy.
- B. The Executive Director shall be responsible for all investment decisions and activities, and shall establish written administrative procedures for the operation of the Center's investment program consistent with this Investment Policy. The investment officer acting within these procedures shall not be held personally liable for specific investment transactions conducted consistent with this Investment Policy.

V. Prudence

- A. The standard of prudence to be used for managing the Center's assets is the "prudent investor" rule which states, "Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment considering the probable safety of their capital as well as the probable income to be derived."

VI. Eligible Investments. The Center will limit its investments to the following types of investments:

- A. Securities – The following direct obligations of the United States Government are authorized investments under this Policy:
1. United States Treasury Obligations (T-Bills, T-Notes, T-Bonds).
 2. Treasury Strips (book-entry U.S. Treasury securities whose coupon has been removed) with maturities not exceeding two years.
 3. Federal Agencies and Instrumentalities (Restricted to Bonds And Debentures) – the following only:
 - a. Federal National Mortgage Association (FNMA);
 - b. Federal Home Loan Bank (FHLB); and
 - c. Federal Home Loan Mortgage Corporation (FHLMC).

Repurchase Agreements secured by direct obligations of the U.S. Government, collateralized at a minimum of 102 percent of the purchase price of the Repurchase Agreement, with the accrued interest accumulated on the collateral included in the calculation.

- B. Certificate of Deposit – A certificate of deposit is an authorized investment under this Policy if the certificate is issued by a state or national bank domiciled in the State of Texas, a savings and loan association domiciled in the State of Texas, or a state or federal credit union domiciled in the State of Texas, and is:
1. fully guaranteed or insured by the Federal Deposit Insurance Corporation or its successor; or
 2. fully guaranteed or insured by the National Credit Union Share Insurance Fund or its successor; or
 3. fully secured by Securities described above as eligible investments within this Policy.
- C. Commercial Paper – Commercial paper is an authorized investment under this Policy if the commercial paper:
1. has a stated maturity of 270 days or less; and
 2. is issued on U.S. corporations which are rated A-1 by Moody's or P-1 by Standard & Poor's, or an equivalent rating by at least two nationally recognized credit rating agencies.
- D. Mutual Funds
1. No-load money market mutual funds are authorized investments under this policy if the fund is:
 - a. regulated by the Securities and Exchange Commission; and
 - b. a fund that includes in its investment objective the maintenance of a stable net asset value of \$1 for each share; and
 - c. invested exclusively in the obligations approved within this Policy; and

- d. rated in the highest rating category by Moody's of AAAm or AAAm-G by Standard & Poor's.
- 2. In addition to no-load money market mutual funds, a no-load mutual fund is an authorized investment under this Policy if the mutual fund is:
 - a. registered by the Securities and Exchange Commission; and
 - b. has an average weighted maturity of less than two years; and
 - c. invested exclusively in obligations approved within this Policy; and
 - d. rated in the highest rating category by Moody's of AAA or AAA by Standard & Poor's.

The Investment Officer shall monitor, on no less than a monthly basis, the credit rating on all authorized investments in the portfolio based upon independent information from a nationally recognized rating agency. If any security falls below the minimum rating required by Policy, the Investment Officer shall immediately sell the security, if possible, regardless of a loss of principal.

VII. Other Investments

- A. It is the intent of the Board that the foregoing list of authorized securities be strictly interpreted and that any deviation from this list must be pre-approved by the Executive Director in writing.
- B. The Board acknowledges that securities other than those listed above may be owned by the Center at the time this policy is adopted. Existing investments may be liquidated in the normal course of business; however, any new investment transactions shall be made in accordance with the guidelines of this policy.

VIII. Investment Diversification

- A. The Center's objective is to diversify the investment instruments within the portfolio to avoid incurring unreasonable risks inherent in overinvesting in specific instruments, individual financial institutions, or maturities. The asset allocation in the portfolio should, however, be flexible depending upon the outlook for the economy and the securities markets.
- B. The Center may invest to the following maximum limits:
 - 1. 75% in qualified Money Market Mutual Funds
 - 2. 100% in U.S. Treasury Obligations
 - 3. 100% in Repurchase Agreements collateralized by U.S. Treasury Obligations
 - 4. 50% in Federal Agencies or Instrumentalities
 - 5. 50% in qualified Certificates of Deposit
 - 6. 25% in qualified Commercial Paper

IX. Investment Maturity and Liquidity

- A. The Center shall at all times maintain a minimum of 30% of its total investment portfolio in instruments maturing in 90 days or less. The investment maturity schedule shall correspond with the Center's cash flow needs.
- B. Investments, except for Debt Service Reserves used as security for debt service payments on the Center's bonds, shall be limited to maturities not exceeding four years. Investments of Debt Service Reserves shall have a defined maturity not in excess of the final maturity of the bonds for which the reserves serve as security.

X. Other Investment Guidelines

- A. Each investment transaction, other than qualified mutual funds or certificates of deposits used for collateralizing of loan transactions, must be competitively transacted. For the acquisition of a repurchase agreement, a Master Repurchase Agreement must be executed between the Center and a Primary Dealer or financial institution before a repurchase agreement shall be transacted with that institution.
- B. **The purchase and sale of all securities, including repurchase agreements, shall be on a delivery versus payment basis (i.e. moneys will not be released by the Center until securities are received at the Federal Reserve Bank).**

XI. Selection of Financial Institutions and Broker/Dealers

- A. The Executive Director shall maintain a list of authorized broker/dealers and financial institutions which are approved for investment purposes, and it shall be the policy of the Center to purchase securities only from those authorized institutions and firms. To be eligible for authorization, a broker/dealer must:
 - 1. have been given a copy of this Investment Policy; and
 - 2. have received and thoroughly reviewed the Investment Policy of the Center's; and
 - 3. acknowledged in writing that the organization has implemented reasonable procedures and controls in an effort to preclude imprudent investment activities arising out of investment transactions conducted between the Center and the organization; and
 - 4. for the acquisition of repurchase agreements, the dealer must be recognized as a Primary Dealer by the Federal Reserve Bank of New York.
- B. An investment officer of the Center who has a business relationship with an entity seeking to sell an investment to the Center shall file a written statement to the Center's Board of Trustees disclosing that personal business interest prior to conducting business with that entity. An investment officer of the Center who is related, either directly, or indirectly through marriage, to an individual seeking to sell an investment to the investment officer's center shall be required to file with the Texas Ethics Commission as well as

providing the above described disclosure to the Center's Board of Trustees prior to conducting business with that individual.

XII. Selection of Mutual Funds

- A. Mutual Funds shall be selected by reviewing the Prospectus of the fund to determine qualifications as compared to the requirements of this Policy.

XIII. Safekeeping

- A. Investment securities purchased by the Center will be delivered by either book entry or physical delivery and held in third-party safekeeping by a Federal Reserve member financial institution designated as the Center's depository. The Center may designate more than one depository.
- B. A Safekeeping Agreement shall be executed with each depository prior to the Center utilizing the depository's services.
- C. It is the intent of the Board that all securities be perfected in the name of the Center. All book entry securities owned by the Center shall be evidenced by:
 - 1. a safekeeping receipt issued to the Center by its custodial bank. This document will be signed by the appropriate officer at the custodian bank and shall state that the securities are held in the Federal Reserve system in a trust department account; and
 - 2. the custodian bank will also furnish to the Center a copy of the delivery advice received by the custodian bank from the Federal Reserve. This document shall state that the name of the customer for whom the securities are held is the Center.

XIV. Reporting

- A. An investment report shall be prepared, at least quarterly, listing all of the investments held by the Center, the current market valuation of the investments, transaction summaries and performance results. The quarterly investment report shall be submitted in a timely manner to the Board of Trustees. A record shall be maintained of all bids and offerings for securities transactions in order to insure that the Center receives competitive pricing.

XV. Performance Review

- A. The Executive Director shall annually review the portfolio's adherence to appropriate risk levels and shall compare the portfolio's total return to the established investment objectives and goals.

- B. The Executive Director shall periodically establish a benchmark yield for the Center's investments which shall be equal to the average yield on the U.S. Treasury security which most closely corresponds to the portfolio's actual weighted average maturity. When comparing the performance of the Center's portfolio, all fees and expenses involved with managing the portfolio should be included in the computation of the portfolio's rate of return.

XVI. Professional Support Services

- A. The Executive Director may engage the services of outside professionals to enhance the Center's cash management and investment function. Such professional services may include independent rating services, credit analysis reports, investment advisory services provided by SEC registered firms, third party custodian services, and safekeeping arrangements.

XVII. Ethics and Conflicts of Interest

- A. Officers and employees involved in the investment of the Center's funds shall refrain from personal business activity that could conflict with proper execution of the investment program, or which could impair their ability to make impartial investment decisions. Employees and investment officials shall disclose to the Executive Director any material financial interests in financial institutions that conduct business with the Center, and they shall further disclose any personal financial/investment positions that could be related to the performance of the Center's portfolio. Employees and officers shall subordinate their personal investment transactions to those of the Center, particularly with regard to the timing of purchases and sales.

XVIII. Policy Revision

- A. This Investment Policy will be reviewed annually by the Board of Trustees and may be amended as conditions warrant. The data contained in the Appendices to this document may be updated by the Executive Director as necessary, provided the changes in no way affect the substance or intent of this Investment Policy.

APPENDIX I

Funds Covered by the Investment Policy

This Investment Policy shall apply to all contract and other revenues of the Center, including proceeds from the issuance of bonds (including Debt Service Reserves relating to the bond issues) that may be from time to time authorized by the Board of Trustees.

APPENDIX II

Authorized Personnel

The following persons are authorized to conduct investment transactions and wire transfer funds on behalf of The Center:

<u>Evan Roberson</u>	Executive Director
<u>Millie McDuffey</u>	Chief Financial Officer
<u>Sheryl Baldwin</u>	Business Manager
<u>Darius Tuminas</u>	Controller
<u>Tabatha Abbott</u>	Manager of Accounting

Agenda Item: Personnel Report for May through June 2023

Board Meeting Date:

July 27, 2023

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for May through June 2023

Recommended Action:

For Information Only

Personnel Report

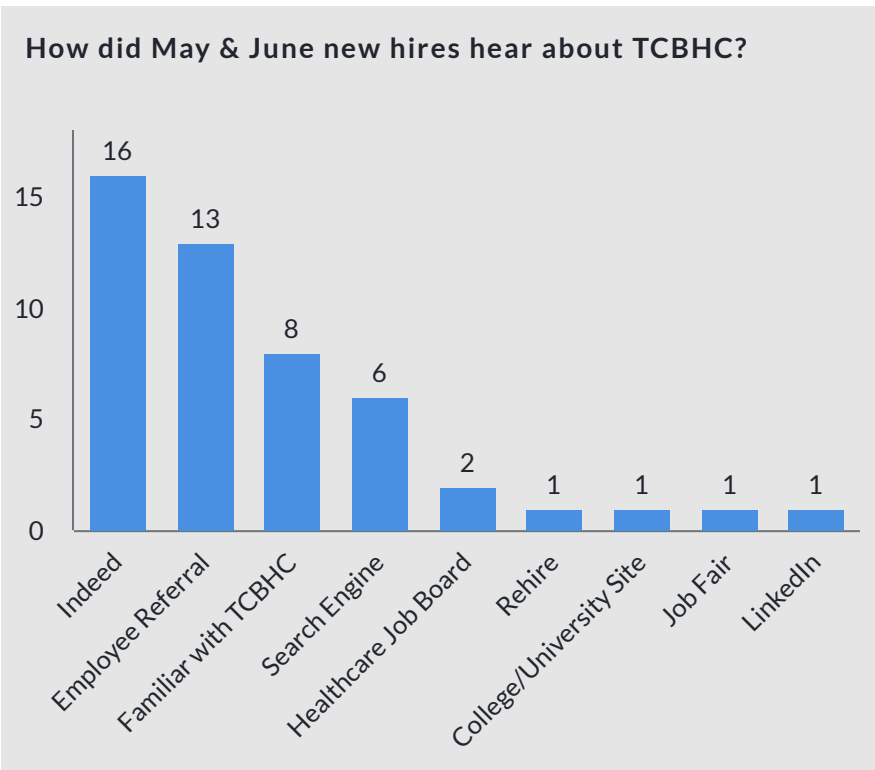
FY23 | May & June 2023



OVERVIEW

NEW HIRES May & June 51 POSITIONS YTD 165 POSITIONS	SEPARATIONS May & June 23 POSITIONS YTD 103 POSITIONS	Vacant Positions 70 Frozen Positions 0	Newly Created Positions 2 Total Budgeted Positions 485
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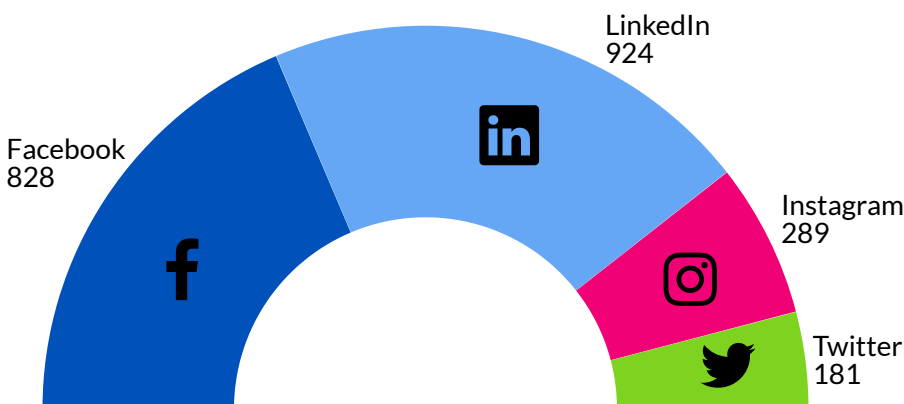
RECRUITING



RECRUITING EVENTS

Interfaith of The Woodlands Job Fair	6/1/2023
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SOCIAL MEDIA FOLLOWERS



APPLICANTS

May & June Total Applicants	727
YTD Applicants	3114

CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	49
PETC	5
CLEVELAND	6
HUNTSVILLE	3
LIBERTY	5
PORTER	2

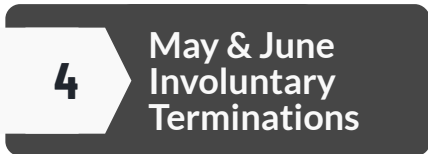
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, Crisis and C&Y)	29
Direct Care Provider	8
Licensed Clinician	5
Licensed Vocational Nurse	5
Program Support Services Asst	4

Exit Data

FY23 | May & June 2023

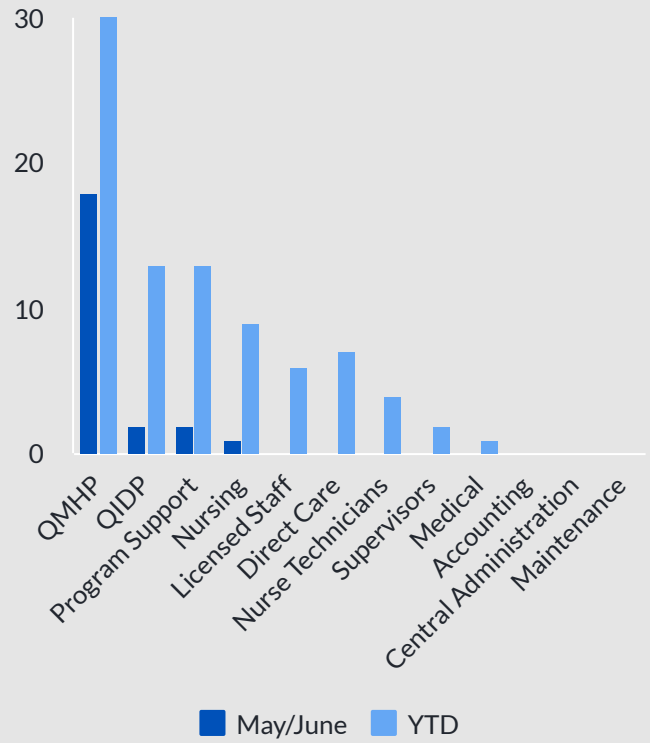
Exit Stats at a Glance



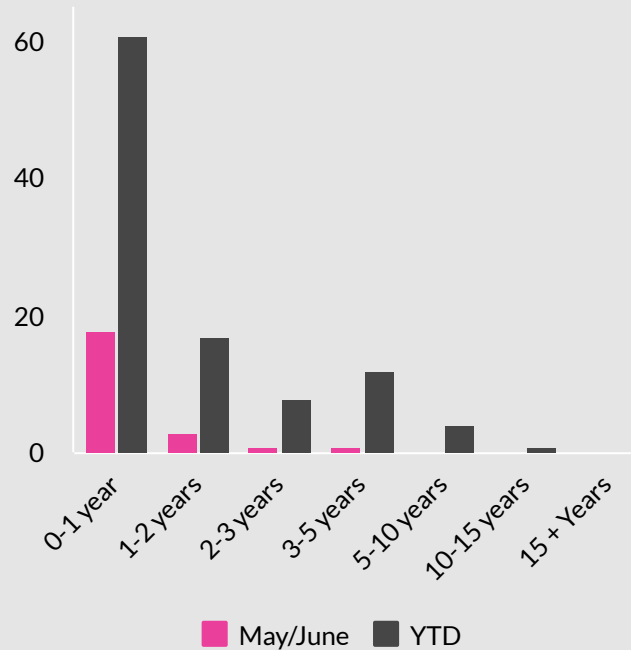
YTD Top Reasons for Separations

- 1 Personal/Family, includes Relocating
- 2 Another Job
- 3 Better Pay
- 4 Involuntarily Terminated
- 5 Neutrally Terminated

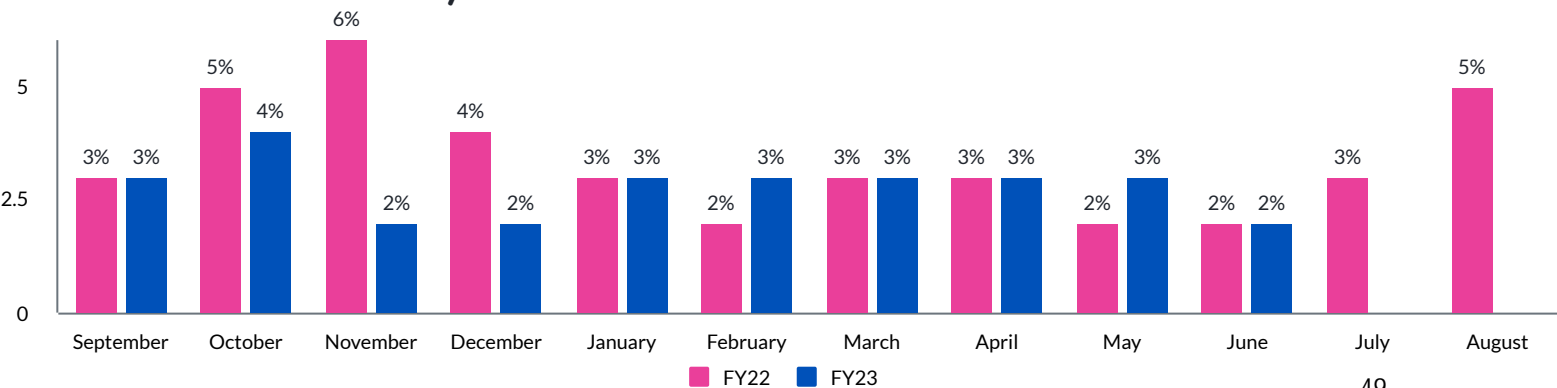
Separations by Category



Separations by Tenure



Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of June 2023

Board Meeting Date:

July 27, 2023

Committee: Executive

Background Information:

None

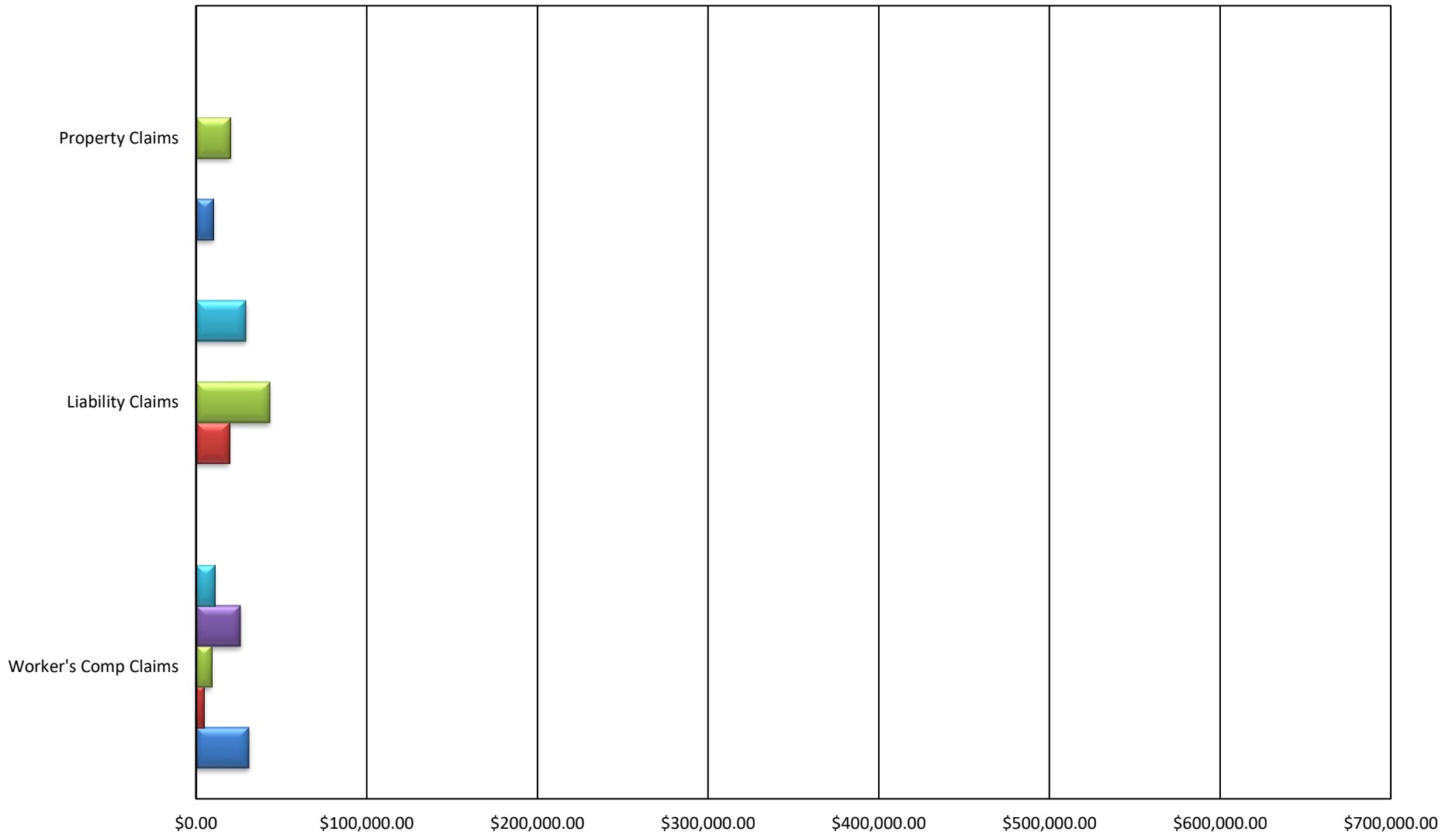
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of June 2023

Recommended Action:

For Information Only

TCRMF Claims Summary May - June 2023



	Worker's Comp Claims	Liability Claims	Property Claims
2019	\$10,826.00	\$29,330.00	\$0.00
2020	\$26,111.00	\$0.00	\$0.00
2021	\$9,040.00	\$43,299.00	\$20,074.00
2022	\$4,645.00	\$19,417.00	\$0.00
2023	\$30,984.00	\$0.00	\$10,059.00

Agenda Item: Dates of Scheduled Board Meetings for Calendar Year 2024

Board Meeting Date:

July 27, 2023

Committee: Executive

Background Information:

Board meetings for Calendar Year 2024 are currently scheduled as follows:

- January 25, 2024
- February 22, 2024
- March 28, 2024
- April 25, 2024
- May 23, 2024
- July 25, 2024
- August 29, 2024 (5th Thursday)
- September 26, 2024
- October 24, 2024
- December 5, 2024

Supporting Documentation:

None

Recommended Action:

For Information Only

Agenda Item: Approve May 2023 Financial Statements

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

May 2023 Financial Statements

Recommended Action:

Approve May 2023 Financial Statements

May 2023 Financial Summary

Revenues for May 2023 were \$3,816,941 and operating expenses were \$3,616,413 resulting in a gain in operation of \$200,528. Capital Expenditures and Extraordinary Expenses for May were \$320,654 resulting in a loss of \$120,126. Total revenues were 99.29% of the monthly budgeted revenues and total expenses were 105.71% of the monthly budgeted expenses (difference of -6.42%).

Year to date revenues are \$36,223,013 and operating expenses are \$30,058,051 leaving excess operating revenues of \$6,164,962. YTD Capital Expenditures and Extraordinary Expenses are \$1,913,228 resulting in a gain YTD of \$4,251,734. Total revenues are 99.62% of the YTD budgeted revenues and total expenses are 99.05% of the YTD budgeted expenses (difference of .57%)

REVENUES

YTD 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	409,945	521,224	78.65%	111,279
Title XIX Case Management IDD	821,435	836,312	98.22%	14,877
Title XIX Rehab	1,163,157	1,271,777	91.46	108,620

Title XIX Case Management MH, Title XIX Case Management IDD and Title XIX Rehab – These line items are three of our earned revenue categories that continue to trend well below our Pre-COVID historical trends. We have had some success in filling positions and some program earnings have started to show improvements. If we can maintain the new staff we should continue to see these revenue lines increase in the coming months.

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
Fixed Assets – Furniture & Equipment	55,259	12,075	457.63%	43,184

License Fee – Software	573,863	533,173	107.63%	40,690
Travel – Local	252,887	231,502	109.24%	21,385

Fixed Assets – Furniture & Equipment – This line item is mainly from the purchase of furniture for the Crisis building after the renovations were completed at the front of the PETC. We also purchased a couple new desks and tables for the reopening of the CSU unit.

License Fee – Software – This line item is due to additional programs that are associated with the implementation of the new clinical software purchase, Streamline. The programs are required for integration to our existing systems, to be able to transition smoothly.

Travel – Local – This line item is higher than budgeted due to the increase in the mileage reimbursement rate that is indexed to the State of Texas mileage reimbursement rate. The mileage reimbursement rate was increased after the mid-year budget revision. Another factor is we have more staff hired so more travel occurring.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 2023**

ASSETS	TOTALS COMBINED FUNDS May 2023	TOTALS COMBINED FUNDS April 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,050	2,050	-
Cash on Deposit - General Fund	10,879,097	11,276,117	(397,020)
Cash on Deposit - Debt Fund			-
Accounts Receivable	6,274,512	7,603,549	(1,329,037)
Inventory	(100)	152	(252)
TOTAL CURRENT ASSETS	17,155,559	18,881,868	(1,726,309)
FIXED ASSETS	21,487,943	21,487,943	-
OTHER ASSETS	300,156	301,347	(1,191)
TOTAL ASSETS	\$ 38,943,658	\$ 40,671,158	\$ (1,727,499)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,822,670	1,947,802	(125,132)
NOTES PAYABLE	694,011	694,011	-
DEFERRED REVENUE	2,506,223	3,834,220	(1,327,997)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,798,185	9,844,768	(46,583)
Guaranty Bank & Trust Loan	1,749,508	1,755,288	(5,780)
Lease Liability	448,112	448,112	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	4,251,734	4,371,861	(120,126)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,995,804)	(12,048,169)	52,365
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	21,488,095	21,488,095	-
Reserved for Vehicles & Equipment Replacement	613,711	613,711	-
Reserved for Facility Improvement & Acquisitions	1,163,802	1,324,212	(160,410)
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	55,500	49,333	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(694,010)	(694,010)	-
UNASSIGNED			
Unrestricted and Undesignated	4,664,837	4,664,837	-
TOTAL LIABILITIES/FUND BALANCE	\$ 38,943,658	\$ 40,671,158	\$ (1,727,495)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended May 2023**

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,050	1,750
Cash on Deposit - General Fund	10,879,097	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	6,274,512	6,824,724
Inventory	(100)	1,649
TOTAL CURRENT ASSETS	17,155,559	12,457,998
FIXED ASSETS	21,487,943	21,488,094
OTHER ASSETS	300,156	247,899
Total Assets	\$ 38,943,658	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,822,670	2,029,164
NOTES PAYABLE	694,011	694,011
DEFERRED REVENUE	2,506,223	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,798,185	10,202,342
Guaranty Bank & Trust Loan	1,749,508	1,800,620
Lease Liability	448,112	448,112
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	4,251,734	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(11,995,804)	(12,451,074)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	21,488,095	21,488,094
Reserved for Vehicles & Equipment Replacement	613,711	613,712
Reserved for Facility Improvement & Acquisitions	1,163,802	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	55,500	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(694,010)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,664,837	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 38,943,658	\$ 34,193,991

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended May 2023
and Year To Date as of May 2023

INCOME:	MONTH OF May 2023	YTD May 2023
	<u> </u>	<u> </u>
Local Revenue Sources	93,047	2,798,419
Earned Income	1,932,632	20,049,831
General Revenue - Contract	1,791,262	13,374,763
TOTAL INCOME	\$ 3,816,941	\$ 36,223,013
EXPENSES:		
Salaries	2,160,847	17,112,490
Employee Benefits	377,631	3,150,278
Medication Expense	46,642	375,942
Travel - Board/Staff	35,556	281,995
Building Rent/Maintenance	57,783	307,613
Consultants/Contracts	681,486	6,315,325
Other Operating Expenses	256,468	2,514,408
TOTAL EXPENSES	\$ 3,616,413	\$ 30,058,051
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 200,528	\$ 6,164,962
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	233,623	1,157,860
Capital Outlay - Debt Service	87,031	755,368
TOTAL CAPITAL EXPENDITURES	\$ 320,654	\$ 1,913,228
GRAND TOTAL EXPENDITURES	\$ 3,937,067	\$ 31,971,279
Excess (Deficiency) of Revenues and Expenses	\$ (120,126)	\$ 4,251,734

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	755,368
Excess (Deficiency) of Revenues over Expenses	87,031	755,368

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of May 2023

	YTD May 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,798,419	2,752,354	46,065
Earned Income	20,049,831	20,220,279	(170,448)
General Revenue	13,374,763	13,389,247	(14,484)
TOTAL INCOME	\$ 36,223,013	\$ 36,361,880	\$ (138,867)
EXPENSES:			
Salaries	17,112,490	17,475,081	(362,591)
Employee Benefits	3,150,278	3,262,292	(112,014)
Medication Expense	375,942	377,269	(1,327)
Travel - Board/Staff	281,995	263,158	18,837
Building Rent/Maintenance	307,613	296,151	11,462
Consultants/Contracts	6,315,325	6,314,927	398
Other Operating Expenses	2,514,408	2,389,202	125,206
TOTAL EXPENSES	\$ 30,058,051	\$ 30,378,080	\$ (320,028)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 6,164,962	\$ 5,983,800	\$ 181,161
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,157,860	1,144,426	13,434
Capital Outlay - Debt Service	755,368	755,365	3
TOTAL CAPITAL EXPENDITURES	\$ 1,913,228	\$ 1,899,791	\$ 13,437
GRAND TOTAL EXPENDITURES	\$ 31,971,279	\$ 32,277,871	\$ (306,591)
Excess (Deficiency) of Revenues and Expenses	\$ 4,251,734	\$ 4,084,007	\$ 167,725

Debt Service and Fixed Asset Fund:			
Debt Service	755,368	755,365	3
Excess(Deficiency) of Revenues over Expenses	755,368	755,365	3

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended May 2023

INCOME:	MONTH OF May 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	93,047	99,401	(6,354)
Earned Income	1,932,632	1,958,826	(26,194)
General Revenue-Contract	1,791,262	1,786,094	5,168
TOTAL INCOME	\$ 3,816,941	\$ 3,844,321	\$ (27,380)
EXPENSES:			
Salaries	2,160,847	1,989,427	171,420
Employee Benefits	377,631	396,141	(18,510)
Medication Expense	46,642	44,419	2,223
Travel - Board/Staff	35,556	30,573	4,983
Building Rent/Maintenance	57,783	57,062	721
Consultants/Contracts	681,486	669,354	12,132
Other Operating Expenses	256,468	213,206	43,262
TOTAL EXPENSES	\$ 3,616,413	\$ 3,400,182	\$ 216,232
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 200,528	\$ 444,139	\$ (243,612)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	233,623	237,242	(3,619)
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 320,654	\$ 324,273	\$ (3,619)
GRAND TOTAL EXPENDITURES	\$ 3,937,067	\$ 3,724,455	\$ 212,612
Excess (Deficiency) of Revenues and Expenses	\$ (120,126)	\$ 119,866	\$ (239,992)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD May 2022 Comparative Data
Year to Date as of May 2023

INCOME:	YTD May 2023	YTD May 2022	Increase (Decrease)
Local Revenue Sources	2,798,419	2,206,028	592,391
Earned Income	20,049,831	11,691,043	8,358,788
General Revenue-Contract	13,374,763	14,628,597	(1,253,834)
TOTAL INCOME	\$ 36,223,013	\$ 28,525,669	\$ 7,697,345
EXPENSES:			
Salaries	17,112,490	14,839,099	2,273,391
Employee Benefits	3,150,278	2,809,948	340,330
Medication Expense	375,942	421,854	(45,912)
Travel - Board/Staff	281,995	188,960	93,035
Building Rent/Maintenance	307,613	203,284	104,329
Consultants/Contracts	6,315,325	5,782,664	532,661
Other Operating Expenses	2,514,408	2,135,311	379,097
TOTAL EXPENSES	\$ 30,058,051	\$ 26,381,120	\$ 3,676,931
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 6,164,962	\$ 2,144,549	\$ 4,020,414
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,157,860	1,136,314	21,546
Capital Outlay - Debt Service	755,368	668,548	86,820
TOTAL CAPITAL EXPENDITURES	\$ 1,913,228	\$ 1,804,861	\$ 108,366
GRAND TOTAL EXPENDITURES	\$ 31,971,279	\$ 28,185,981	\$ 3,785,298
Excess (Deficiency) of Revenues and Expenses	\$ 4,251,734	\$ 339,687	\$ 3,912,048

Debt Service and Fixed Asset Fund:			
Debt Service	755,368	668,548	86,820
Excess (Deficiency) of Revenues over Expenses	755,368	668,548	86,820

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2022 Comparative Data
For the Month ending May 2023

INCOME:	MONTH OF May 2023	MONTH OF May 2022	Increase (Decrease)
Local Revenue Sources	93,047	477,746	(384,699)
Earned Income	1,932,632	1,283,301	649,331
General Revenue-Contract	1,791,262	1,272,073	519,189
TOTAL INCOME	\$ 3,816,941	\$ 3,033,120	\$ 783,821
Salaries	2,160,847	1,490,081	670,766
Employee Benefits	377,631	290,673	86,958
Medication Expense	46,642	39,800	6,842
Travel - Board/Staff	35,556	26,543	9,013
Building Rent/Maintenance	57,783	52,285	5,498
Consultants/Contracts	681,486	810,439	(128,953)
Other Operating Expenses	256,468	417,731	(161,263)
TOTAL EXPENSES	\$ 3,616,413	\$ 3,127,552	\$ 488,861
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 200,528	\$ (94,432)	\$ 294,960
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	233,623	87,659	145,964
Capital Outlay - Debt Service	87,031	80,053	6,978
TOTAL CAPITAL EXPENDITURES	\$ 320,654	\$ 167,711	\$ 152,942
GRAND TOTAL EXPENDITURES	\$ 3,937,067	\$ 3,295,263	\$ 641,804
Excess (Deficiency) of Revenues and Expenses	\$ (120,126)	\$ (262,143)	\$ 142,018

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	80,053	6,978
			-
Excess (Deficiency) of Revenues over Expenses	87,031	80,053	6,978

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With April 2023 Comparative Data
For the Month Ended May 2023

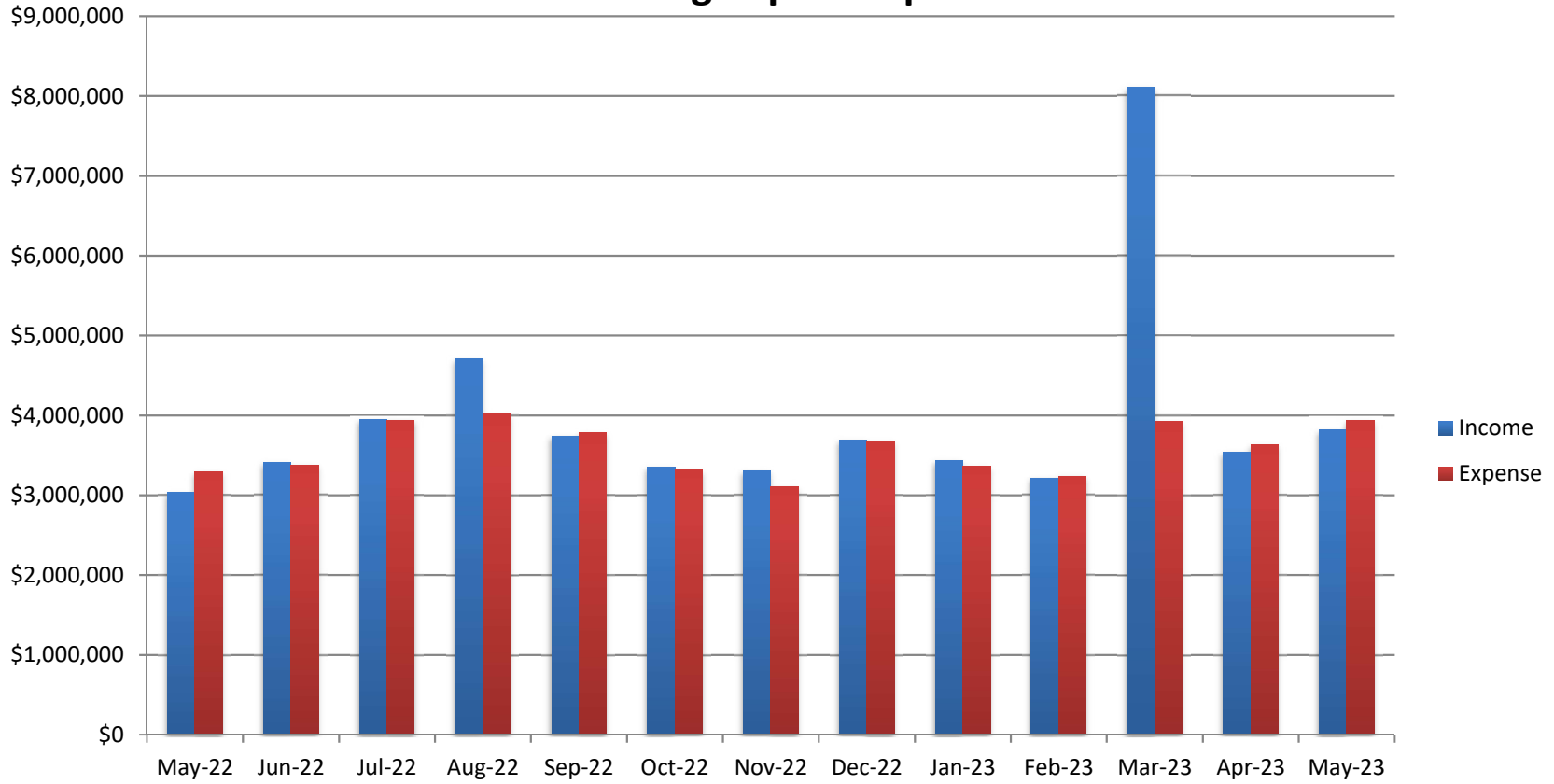
INCOME:	MONTH OF May 2023	MONTH OF April 2023	Increase (Decrease)
Local Revenue Sources	93,047	173,457	(80,410)
Earned Income	1,932,632	1,749,933	182,699
General Revenue-Contract	1,791,262	1,616,164	175,098
TOTAL INCOME	\$ 3,816,941	\$ 3,539,554	\$ 277,387
EXPENSES:			
Salaries	2,160,847	1,804,102	356,745
Employee Benefits	377,631	341,234	36,397
Medication Expense	46,642	41,588	5,054
Travel - Board/Staff	35,556	38,117	(2,561)
Building Rent/Maintenance	57,783	37,340	20,443
Consultants/Contracts	681,486	753,910	(72,424)
Other Operating Expenses	256,468	336,681	(80,213)
TOTAL EXPENSES	\$ 3,616,413	\$ 3,352,972	\$ 263,441
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 200,528	\$ 186,582	\$ 13,946
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	233,623	188,720	44,903
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 320,654	\$ 275,751	\$ 44,903
GRAND TOTAL EXPENDITURES	\$ 3,937,067	\$ 3,628,723	\$ 308,344
Excess (Deficiency) of Revenues and Expenses	\$ (120,126)	\$ (89,169)	\$ (30,957)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

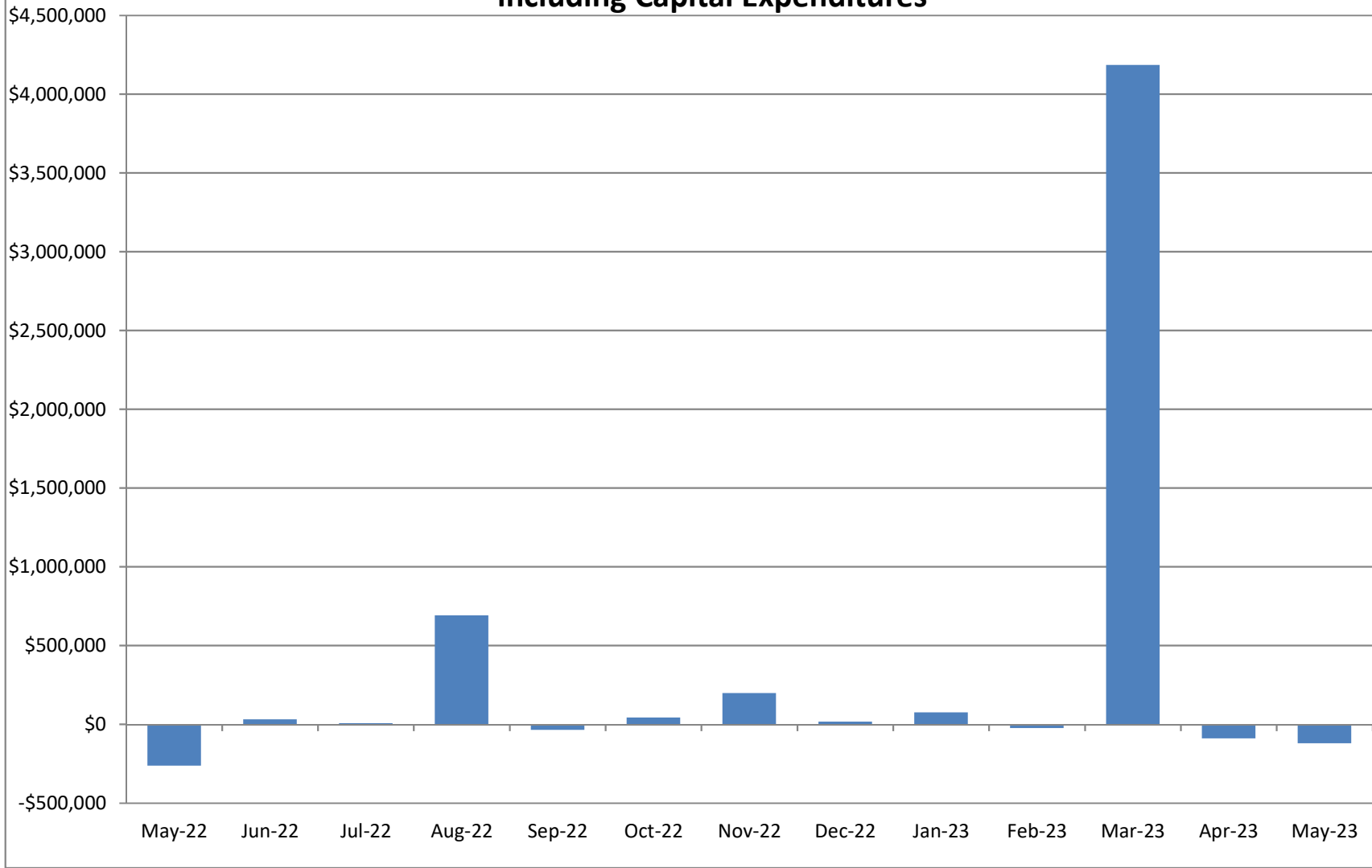
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of May 2023

	YTD Mental Health May 2023	YTD IDD May 2023	YTD Other Services May 2023	YTD Agency Total May 2023	YTD Approved Budget May 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,368,558	123,487	306,373	2,798,419	2,752,354	46,065
Earned Income	7,593,674	3,541,909	8,914,247	20,049,831	20,220,279	(170,448)
General Revenue-Contract	11,508,135	1,346,826	519,802	13,374,763	13,389,247	(14,484)
TOTAL INCOME	21,470,367	5,012,222	9,740,422	\$ 36,223,013	\$ 36,361,880	\$ (138,867)
EXPENSES:						
Salaries	10,353,777	2,565,045	4,193,668	17,112,490	17,475,082	(362,592)
Employee Benefits	1,966,186	494,915	689,177	3,150,278	3,262,292	(112,014)
Medication Expense	318,665	-	57,277	375,942	377,269	(1,327)
Travel - Board/Staff	145,327	88,244	48,423	281,995	263,158	18,837
Building Rent/Maintenance	285,183	8,011	14,420	307,614	296,151	11,463
Consultants/Contracts	2,726,901	798,918	2,789,505	6,315,325	6,314,927	398
Other Operating Expenses	1,429,890	562,639	521,879	2,514,408	2,389,202	125,206
TOTAL EXPENSES	17,225,930	4,517,772	8,314,349	\$ 30,058,051	\$ 30,378,081	\$ (320,029)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	4,244,437	494,450	1,426,073	\$ 6,164,962	\$ 5,983,799	\$ 181,162
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	936,518	77,910	143,432	1,157,860	1,144,426	13,434
Capital Outlay - Debt Service	438,113	113,305	203,949	755,368	755,366	2
TOTAL CAPITAL EXPENDITURES	1,374,631	191,215	347,381	\$ 1,913,228	\$ 1,899,792	\$ 13,436
GRAND TOTAL EXPENDITURES	18,600,561 ##	4,708,987 ##	8,661,730	\$ 31,971,279	\$ 32,277,873	\$ (306,593)
Excess (Deficiency) of Revenues and Expenses	2,869,805	303,235	1,078,692	\$ 4,251,734 #	\$ 4,084,007	\$ 167,726
Debt Service and Fixed Asset Fund:						
Debt Service	1,374,631	191,215	347,381	1,913,228	1,899,792	13,435
Excess (Deficiency) of Revenues over Expenses	1,374,631	191,215	347,381	1,913,228	1,899,792	13,435

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve June 2023 Financial Statements Committee: Business	Board Meeting Date July 27, 2023
Background Information: None	
Supporting Documentation: June 2023 Financial Statements	
Recommended Action: Approve June 2023 Financial Statements	

June 2023 Financial Summary

Revenues for June 2023 were \$3,856,036 and operating expenses were \$4,138,945 resulting in a loss in operations of \$282,909. Capital Expenditures and Extraordinary Expenses for June were \$113,161 resulting in a loss of \$396,071. Total revenues were 93.81% of the monthly budgeted revenues and total expenses were 106.93% of the monthly budgeted expenses (difference of -13.12%).

Year to date revenues are \$40,079,049 and operating expenses are \$34,196,996 leaving excess operating revenues of \$5,882,053. YTD Capital Expenditures and Extraordinary Expenses are \$2,026,390 resulting in a gain YTD of \$3,855,663. Total revenues are 99.03% of the YTD budgeted revenues and total expenses are 99.92% of the YTD budgeted expenses (difference of -.89%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
TCOOMMI	516,462	553,454	93.32%	36,992
Title XIX Case Management MH	460,605	619,149	74.39%	158,544
Title XIX Case Management IDD	925,770	938,211	98.67%	12,440
Title XIX Rehab	1,301,870	1,483,875	87.73%	182,005
HHSC-Outpatient Competency Restoration	132,463	144,800	91.48%	12,337

Texas Correctional Office on Offenders with Medical & Mental Impairments

(TCOOMMI) – This line item is higher than budgeted due to the PTO buy-out that TCOOMMI will not reimburse for under their contract. This is a Tri-County incentive for all employees and not allowed under some cost reimbursement contracts.

Title XIX Case Management MH, Title XIX Case Management IDD and Title XIX Rehab

– These line items are three of our earned revenue categories that continue to trend well below our Pre-COVID historical trends. We have had some success in filling positions and some program earnings have started to show improvements. We generally see services decline in the kids area when school lets out for the summer months. If we can maintain the new staff we should see these

revenue lines increase in the coming months and when school returns in August and September.

Outpatient Competency Restoration – This line item is a cost reimbursement program. This program has been lower than the contracted amount since COVID. We will be adjusting the budgeted amount down during the year end budget revision.

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
Fixed Assets – Furniture & Equipment	57,218	12,150	470.93%	45,068
License Fee – Software	599,653	536,456	111.78%	63,197
Telephone – Computer Air Cards	62,611	50,846	123.14%	11,765
Travel – Local	287,773	261,707	109.96%	26,066

Fixed Assets – Furniture & Equipment – This line item is mainly from the purchase of furniture for the Crisis building after the renovations were completed at the front of the PETC. We also purchased a couple new desks and tables for the reopening of the CSU unit.

License Fee – Software – This line item is due to additional programs purchased that are associated with the implementation of the new clinical software, Streamline. The programs are required for integration to our existing systems, to be able to transition smoothly.

Computer Air Cards – This line item is higher than budgeted due to the increase staff being hired and using computers with air cards. We will adjust this line at the year-end revision and also for the next fiscal year budget.

Travel – Local – This line item is higher than budgeted due to the increase in the mileage reimbursement rate that is indexed to the State of Texas mileage reimbursement rate. The mileage reimbursement rate was increased after the mid-year budget revision. Another factor is we have more staff hired so more travel occurring.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 2023**

ASSETS	TOTALS COMBINED FUNDS June 2023	TOTALS COMBINED FUNDS May 2023	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,050	2,050	-
Cash on Deposit - General Fund	11,341,488	10,879,097	462,391
Cash on Deposit - Debt Fund			-
Accounts Receivable	8,012,047	6,274,512	1,737,535
Inventory	(289)	(100)	(189)
TOTAL CURRENT ASSETS	19,355,296	17,155,559	2,199,737
FIXED ASSETS	21,487,943	21,487,943	-
OTHER ASSETS	294,002	300,156	(6,154)
TOTAL ASSETS	\$ 41,137,241	\$ 38,943,658	\$ 2,193,584
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	2,133,208	1,822,670	310,538
NOTES PAYABLE	694,011	694,011	-
DEFERRED REVENUE	4,779,173	2,506,223	2,272,950
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,752,715	9,798,185	(45,470)
Guaranty Bank & Trust Loan	1,743,867	1,749,508	(5,641)
Lease Liability	448,112	448,112	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	3,855,663	4,251,734	(396,070)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,944,694)	(11,995,804)	51,110
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	21,488,095	21,488,095	-
Reserved for Vehicles & Equipment Replacement	613,711	613,711	-
Reserved for Facility Improvement & Acquisitions	1,163,802	1,163,802	-
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	61,667	55,500	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(694,011)	(694,010)	(1)
UNASSIGNED			
Unrestricted and Undesignated	4,664,837	4,664,837	-
TOTAL LIABILITIES/FUND BALANCE	\$ 41,137,241	\$ 38,943,658	\$ 2,193,584

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended June 2023**

ASSETS	General Operating Funds	Memorandum Only Final August 2022
CURRENT ASSETS		
Imprest Cash Funds	2,050	1,750
Cash on Deposit - General Fund	11,341,488	5,629,875
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	8,012,047	6,824,724
Inventory	(289)	1,649
TOTAL CURRENT ASSETS	19,355,296	12,457,998
FIXED ASSETS	21,487,943	21,488,094
OTHER ASSETS	294,002	247,899
	-	-
Total Assets	\$ 41,137,241	\$ 34,193,991
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	2,133,208	2,029,164
NOTES PAYABLE	694,011	694,011
DEFERRED REVENUE	4,779,173	521,097
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,752,715	10,202,342
Guaranty Bank & Trust Loan	1,743,867	1,800,620
Lease Liability	448,112	448,112
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	3,855,663	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(11,944,694)	(12,451,074)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	21,488,095	21,488,094
Reserved for Vehicles & Equipment Replacement	613,711	613,712
Reserved for Facility Improvement & Acquisitions	1,163,802	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	61,667	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(694,011)	(694,010)
UNASSIGNED		
Unrestricted and Undesignated	4,664,837	4,310,682
TOTAL LIABILITIES/FUND BALANCE	\$ 41,137,241	\$ 34,193,991

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended June 2023
and Year To Date as of June 2023

INCOME:	MONTH OF June 2023	YTD June 2023
	<u> </u>	<u> </u>
Local Revenue Sources	74,382	2,872,801
Earned Income	1,658,271	21,708,102
General Revenue - Contract	2,123,383	15,498,146
TOTAL INCOME	\$ 3,856,036	\$ 40,079,049

EXPENSES:		
Salaries	2,599,462	19,711,952
Employee Benefits	434,276	3,584,555
Medication Expense	42,864	418,806
Travel - Board/Staff	42,948	324,943
Building Rent/Maintenance	58,718	366,331
Consultants/Contracts	722,299	7,037,624
Other Operating Expenses	238,378	2,752,785
TOTAL EXPENSES	\$ 4,138,945	\$ 34,196,996

Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (282,909)	\$ 5,882,053
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CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	26,130	1,183,990
Capital Outlay - Debt Service	87,031	842,400
TOTAL CAPITAL EXPENDITURES	\$ 113,161	\$ 2,026,390

GRAND TOTAL EXPENDITURES	\$ 4,252,106	\$ 36,223,386
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Excess (Deficiency) of Revenues and Expenses	\$ (396,071)	\$ 3,855,663
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Debt Service and Fixed Asset Fund:		
Debt Service	87,031	842,400
Excess (Deficiency) of Revenues over Expenses	87,031	842,400

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of June 2023

	YTD June 2023	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,872,801	2,854,433	18,368
Earned Income	21,708,102	22,097,330	(389,228)
General Revenue	15,498,146	15,521,804	(23,658)
TOTAL INCOME	\$ 40,079,049	\$ 40,473,567	\$ (394,518)
EXPENSES:			
Salaries	19,711,952	19,906,631	(194,679)
Employee Benefits	3,584,555	3,674,356	(89,801)
Medication Expense	418,806	422,687	(3,881)
Travel - Board/Staff	324,943	296,881	28,062
Building Rent/Maintenance	366,331	348,961	17,370
Consultants/Contracts	7,037,624	7,028,714	8,910
Other Operating Expenses	2,752,785	2,578,636	174,149
TOTAL EXPENSES	\$ 34,196,996	\$ 34,256,866	\$ (59,869)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 5,882,053	\$ 6,216,701	\$ (334,649)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,183,990	1,154,001	29,989
Capital Outlay - Debt Service	842,400	842,397	3
TOTAL CAPITAL EXPENDITURES	\$ 2,026,390	\$ 1,996,398	\$ 29,992
GRAND TOTAL EXPENDITURES	\$ 36,223,386	\$ 36,253,264	\$ (29,877)
Excess (Deficiency) of Revenues and Expenses	\$ 3,855,663	\$ 4,220,303	\$ (364,640)

Debt Service and Fixed Asset Fund:			
Debt Service	842,400	842,400	-
Excess(Deficiency) of Revenues over Expenses	842,400	842,400	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended June 2023

INCOME:	MONTH OF June 2023	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	74,382	102,079	(27,697)
Earned Income	1,658,271	1,875,708	(217,437)
General Revenue-Contract	2,123,383	2,132,558	(9,175)
TOTAL INCOME	\$ 3,856,036	\$ 4,110,345	\$ (254,309)
EXPENSES:			
Salaries	2,599,462	2,431,549	167,913
Employee Benefits	434,276	413,156	21,120
Medication Expense	42,864	45,419	(2,555)
Travel - Board/Staff	42,948	33,723	9,225
Building Rent/Maintenance	58,718	52,810	5,908
Consultants/Contracts	722,299	713,787	8,512
Other Operating Expenses	238,378	189,434	48,944
TOTAL EXPENSES	\$ 4,138,945	\$ 3,879,878	\$ 259,068
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (282,909)	\$ 230,467	\$ (513,377)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	26,130	9,575	16,555
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 113,161	\$ 96,606	\$ 16,555
GRAND TOTAL EXPENDITURES	\$ 4,252,106	\$ 3,976,484	\$ 275,622
Excess (Deficiency) of Revenues and Expenses	\$ (396,071)	\$ 133,860	\$ (529,931)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD June 2022 Comparative Data
Year to Date as of June 2023

INCOME:	YTD June 2023	YTD June 2022	Increase (Decrease)
Local Revenue Sources	2,872,801	2,288,803	583,998
Earned Income	21,708,102	13,845,364	7,862,738
General Revenue-Contract	15,498,146	15,797,384	(299,238)
TOTAL INCOME	\$ 40,079,049	\$ 31,931,551	\$ 8,147,498
EXPENSES:			
Salaries	19,711,952	16,771,202	2,940,750
Employee Benefits	3,584,555	3,144,652	439,903
Medication Expense	418,806	478,632	(59,826)
Travel - Board/Staff	324,943	220,561	104,382
Building Rent/Maintenance	366,331	231,297	135,034
Consultants/Contracts	7,037,624	6,392,840	644,784
Other Operating Expenses	2,752,785	2,420,326	332,459
TOTAL EXPENSES	\$ 34,196,996	\$ 29,659,510	\$ 4,537,486
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 5,882,053	\$ 2,272,041	\$ 3,610,012
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,183,990	1,152,317	31,673
Capital Outlay - Debt Service	842,400	748,600	93,800
TOTAL CAPITAL EXPENDITURES	\$ 2,026,390	\$ 1,900,917	\$ 125,473
GRAND TOTAL EXPENDITURES	\$ 36,223,386	\$ 31,560,427	\$ 4,662,959
Excess (Deficiency) of Revenues and Expenses	\$ 3,855,663	\$ 371,123	\$ 3,484,539

Debt Service and Fixed Asset Fund:			
Debt Service	842,400	748,600	93,800
Excess (Deficiency) of Revenues over Expenses	842,400	748,600	93,800

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With June 2022 Comparative Data
For the Month ending June 2023

INCOME:	MONTH OF June 2023	MONTH OF June 2022	Increase (Decrease)
Local Revenue Sources	74,382	82,775	(8,393)
Earned Income	1,658,271	2,154,321	(496,050)
General Revenue-Contract	2,123,383	1,168,786	954,597
TOTAL INCOME	\$ 3,856,036	\$ 3,405,882	\$ 450,154
Salaries	2,599,462	1,932,103	667,359
Employee Benefits	434,276	334,704	99,572
Medication Expense	42,864	56,778	(13,914)
Travel - Board/Staff	42,948	31,601	11,347
Building Rent/Maintenance	58,718	28,013	30,705
Consultants/Contracts	722,299	610,176	112,123
Other Operating Expenses	238,378	285,015	(46,637)
TOTAL EXPENSES	\$ 4,138,945	\$ 3,278,390	\$ 860,555
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (282,909)	\$ 127,492	\$ (410,401)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	26,130	16,003	10,127
Capital Outlay - Debt Service	87,031	80,053	6,978
TOTAL CAPITAL EXPENDITURES	\$ 113,161	\$ 96,056	\$ 17,105
GRAND TOTAL EXPENDITURES	\$ 4,252,106	\$ 3,374,446	\$ 877,660
Excess (Deficiency) of Revenues and Expenses	\$ (396,071)	\$ 31,436	\$ (427,506)

Debt Service and Fixed Asset Fund:

Debt Service	87,031	80,053	6,978
Excess (Deficiency) of Revenues over Expenses	87,031	80,053	6,978

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With May 2023 Comparative Data
For the Month Ended June 2023

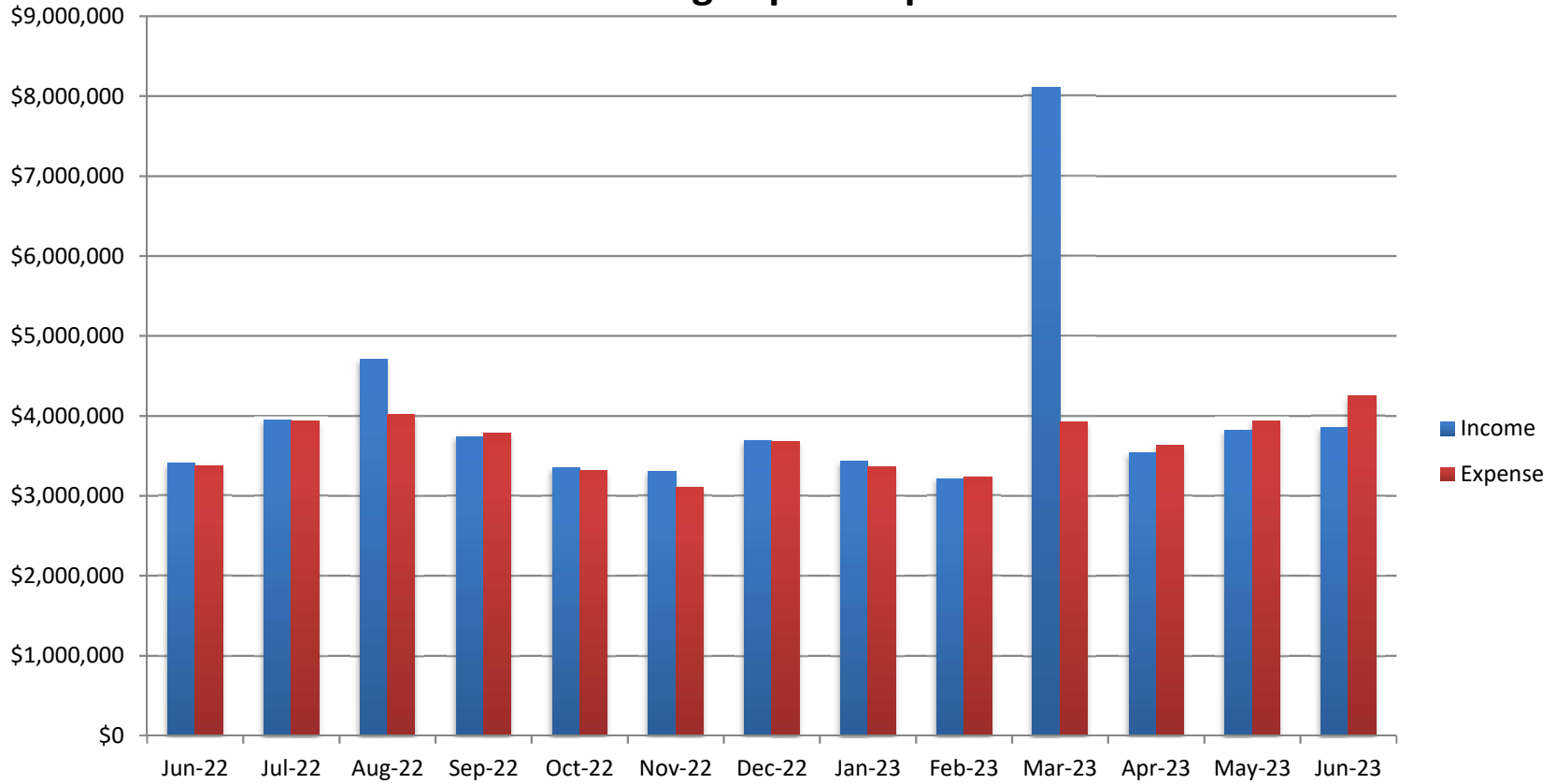
INCOME:	MONTH OF June 2023	MONTH OF May 2023	Increase (Decrease)
Local Revenue Sources	74,382	93,047	(18,665)
Earned Income	1,658,271	1,932,632	(274,361)
General Revenue-Contract	2,123,383	1,791,262	332,121
TOTAL INCOME	\$ 3,856,036	\$ 3,816,941	\$ 39,095
EXPENSES:			
Salaries	2,599,462	2,160,847	438,615
Employee Benefits	434,276	377,631	56,645
Medication Expense	42,864	46,642	(3,778)
Travel - Board/Staff	42,948	35,556	7,392
Building Rent/Maintenance	58,718	57,783	935
Consultants/Contracts	722,299	681,486	40,813
Other Operating Expenses	238,378	256,468	(18,090)
TOTAL EXPENSES	\$ 4,138,945	\$ 3,616,413	\$ 522,532
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (282,909)	\$ 200,528	\$ (483,437)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	26,130	233,623	(207,493)
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 113,161	\$ 320,654	\$ (207,493)
GRAND TOTAL EXPENDITURES	\$ 4,252,106	\$ 3,937,067	\$ 315,039
Excess (Deficiency) of Revenues and Expenses	\$ (396,071)	\$ (120,126)	\$ (275,944)

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	87,031	87,031	-

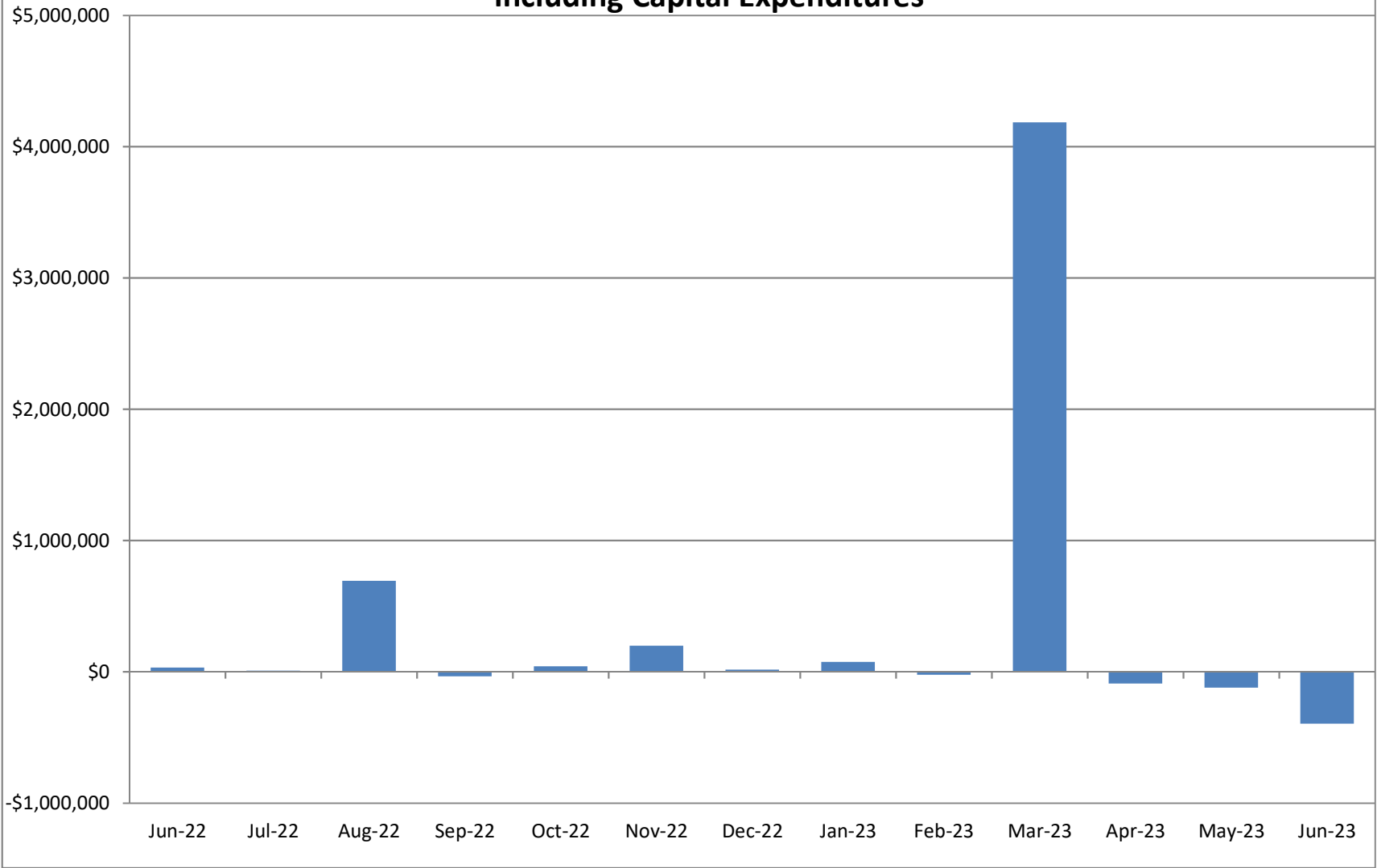
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2023

	YTD Mental Health June 2023	YTD IDD June 2023	YTD Other Services June 2023	YTD Agency Total June 2023	YTD Approved Budget June 2023	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,423,794	124,216	324,791	2,872,801	2,854,433	18,368
Earned Income	8,248,328	3,892,270	9,567,505	21,708,102	22,097,330	(389,228)
General Revenue-Contract	13,419,116	1,512,530	566,500	15,498,146	15,521,804	(23,658)
TOTAL INCOME	24,091,238	5,529,016	10,458,796	\$ 40,079,049	\$ 40,473,567	\$ (394,518)
EXPENSES:						
Salaries	12,020,720	2,936,420	4,754,812	19,711,952	19,906,631	(194,679)
Employee Benefits	2,249,333	559,354	775,867	3,584,554	3,674,356	(89,802)
Medication Expense	355,128	-	63,678	418,806	422,687	(3,881)
Travel - Board/Staff	170,393	98,378	56,171	324,943	296,881	28,062
Building Rent/Maintenance	343,419	8,372	14,540	366,331	348,961	17,370
Consultants/Contracts	3,251,849	899,082	2,886,692	7,037,624	7,028,714	8,910
Other Operating Expenses	1,593,625	619,098	540,062	2,752,785	2,578,636	174,149
TOTAL EXPENSES	19,984,468	5,120,704	9,091,822	\$ 34,196,996	\$ 34,256,866	\$ (59,871)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	4,106,770	408,312	1,366,974	\$ 5,882,053	\$ 6,216,701	\$ (334,647)
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	964,472	80,099	139,419	1,183,990	1,154,001	29,989
Capital Outlay - Debt Service	497,016	126,360	219,024	842,400	842,397	3
TOTAL CAPITAL EXPENDITURES	1,461,488	206,459	358,443	\$ 2,026,390	\$ 1,996,398	\$ 29,992
GRAND TOTAL EXPENDITURES	21,445,956 ##	5,327,163 ##	9,450,265	\$ 36,223,386	\$ 36,253,264	\$ (29,879)
Excess (Deficiency) of Revenues and Expenses	2,645,282	201,853	1,008,531	\$ 3,855,663 #	\$ 4,220,303	\$ (364,640)
Debt Service and Fixed Asset Fund:						
Debt Service	1,461,488	206,459	358,443	2,026,390	1,996,398	29,992
Excess (Deficiency) of Revenues over Expenses	1,461,488	206,459	358,443	2,026,390	1,996,398	29,992

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



<p>Agenda Item: Approve FY 2023 Auditor Engagement Letter</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>July 27, 2023</p>
<p>Background Information:</p> <p>At the May 25th Board meeting, the Board authorized staff to solicit the Annual Financial Audit Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2023 Independent Financial Audit.</p>	
<p>Supporting Documentation:</p> <p>Copy of Engagement Letter from Scott, Singleton, Fincher and Company, P.C.</p>	
<p>Recommended Action:</p> <p>Approve the Engagement Letter from Scott, Singleton, Fincher and Company, P.C. for the FY 2023 Independent Financial Audit</p>	

SCOTT, SINGLETON, FINCHER AND COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

4815-A KING STREET
TELEPHONE 903-455-4765
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GREENVILLE, TEXAS 75401

Member of:
AICPA Governmental Audit Quality Center

Members of:
American Institute of
Certified Public Accountants

Texas Society of
Certified Public Accountants

July 3, 2023

To the Board of Trustees and Management
Tri-County Behavioral Healthcare
233 West Holcomb Avenue South
Conroe, Texas 77034

We are pleased to confirm our understanding of the services we are to provide for Tri-County Behavioral Healthcare for the year ended August 31, 2023.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, including the disclosures, which collectively comprise the basic financial statements, of Tri-County Behavioral Healthcare (Center) as of and for the year ended August 31, 2023. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Tri-County Behavioral Healthcare's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Tri-County Behavioral Healthcare's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by GAAP and will be subjected to certain limited procedures, but will not be audited:

1. Management's Discussion and Analysis.
2. Budgetary Comparison Schedule – General Fund

We have also been engaged to report on supplementary information other than RSI that accompanies Tri-County Behavioral Healthcare's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

1. Schedule of expenditures of federal and state awards.
2. Combining Schedule of Net Position – Component Units
3. Combining Schedule of Revenues, Expenses and Changes in Net Position – Component Units

In connection with our audit of the basic financial statements, we will read the following other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

1. Statistical section required by THHSC audit guidelines
2. Introductory Section

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor's report that includes our opinions about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP, and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements. The objectives also include reporting on:

Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.

Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal and state statutes, regulations, and the terms and conditions of federal and state awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Texas Grant Management Standards (TxGMS).

Auditor's Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; the provisions of the Uniform Guidance, the provisions of Texas Grant Management Standards (TxGMS) and will include tests of accounting records, a determination of major program(s) in accordance with Uniform Guidance and TxGMS, and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly

inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will also request written representations from your attorneys as part of the engagement.

We have identified the following significant risk(s) of material misstatement as part of our audit planning:

Net realizable value of accounts receivable.

Revenue recognition policies.

Compliance with federal and state major program requirements.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance and TxGMS, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal and state award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance or TxGMS.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, the Uniform Guidance and TxGMS.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will

perform tests of Tri-County Behavioral Healthcare’s compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance, and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance and TxGMS require that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal and state statutes, regulations, and the terms and conditions of federal and state awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement*, TxGMS, and the *Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers* published by the Texas Health and Human Services Commission for the types of compliance requirements that could have a direct and material effect on each of Tri-County Behavioral Healthcare’s major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on Tri-County Behavioral Healthcare’s compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance and TxGMS.

Other Services

We will prepare the Organization’s federal information return (Form 990) for the year ended August 31, 2023, to be filed with the Internal Revenue Service based on information provided by you. We will also assist in preparing the financial statements, schedule of expenditures of federal and state awards, and related notes of Tri-County Behavioral Healthcare in conformity with accounting principles generally accepted in the United States of America, the Uniform Guidance, and TxGMS based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants. The other services are limited to the financial statements, schedule of expenditures of federal and state awards, and related notes services, and tax services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities. We will advise management with regard to tax positions taken in the preparation of the information return, but management must make all decisions with regard to those matters.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal and state awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are also responsible for making drafts of financial statements, schedule of expenditures of federal and state awards, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance and TxGMS; (3) additional information that we may request for the purpose of the audit; and (4) unrestricted access to persons within the government from whom we

determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements; schedule of expenditures of federal and state awards; federal and state award programs; compliance with laws, regulations, contracts, and grant agreements; and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. You are also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review on our first scheduled date of field work.

You are responsible for identifying all federal and state awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal and state awards (including notes and noncash assistance received, and COVID-19-related concepts, such as lost revenues, if applicable) in conformity with the Uniform Guidance and TxGMS. You agree to include our report on the schedule of expenditures of federal and state awards in any document that contains, and indicates that we have reported on, the schedule of expenditures of federal and state awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal and state awards that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal and state awards in accordance with the Uniform Guidance and TxGMS; (2) you believe the schedule of expenditures of federal and state awards, including its form and content, is stated fairly in accordance with the Uniform Guidance and TxGMS; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal and state awards.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the tax services, financial statements, schedule of expenditures of federal and state awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, the schedule of expenditures of federal and state awards, related notes and tax services, and that you have reviewed and approved the financial statements, the schedule of expenditures of federal and state awards, related notes and tax services prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal and state awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to Tri-County Behavioral Healthcare, however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Scott, Singleton Fincher and Company, P.C. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Texas Health and Human Services Commission (HHSC) or the Inspector General or its designee, a federal or state agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Scott, Singleton Fincher and Company, P.C. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date. If we are aware that a federal or state awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Melissa Lynch is the audit partner and Tommy Nelson is the managing partner. They are responsible for supervising the engagement and signing the reports or authorizing another individual to them. We expect to begin our audit on mutually agreed-upon dates.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, excluding travel expenses, will not exceed \$55,000. The cost of preparing the IRS form 990 will be \$2,800. Travel expenses, if any, will be billed at the actual cost of travel. Together we will mutually establish an audit schedule for the delivery of items we request to perform our audit procedures. Failure to deliver the items on the request list according to the schedule will result in scheduling delays that may increase the cost of the audit between 10% and 20%. In the event these circumstances arise, we will advise if significant additional time is necessary and inform you of the expected increase in cost. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly.

Reporting

We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the Board of Trustees and Management of Tri-County Behavioral Healthcare. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph

to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will state that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance and TxGMS report on internal control over compliance will state that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and TxGMS. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to Tri-County Behavioral Healthcare and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,

Scott, Singleton, Fincher and Company, P.C.

RESPONSE:

This letter correctly sets forth the understanding of Tri-County Behavioral Healthcare

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

Name: _____ Date: _____
Evan Roberson
Executive Director

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

Name: _____ Date: _____
Patti Atkins
Board Chair

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

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

Tri-County currently has employee health insurance coverage through Blue Cross Blue Shield (BCBS). In FY23, 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, 2023. In April 2023, Benefit Solutions (per our request) gathered and presented quotes for FY24 employee health and supplemental insurance coverage that would be similar to our current plan designs. The following quotes were received from BCBS, Aetna, Humana, United Healthcare and Cigna:

1. **Blue Cross Blue Shield** renewing our current plans, BCBS quoted a 14% increase from our FY23 rates with a \$150,000 billing credit. Applying the billing credit toward the employee premiums would make the actual impact of the renewal quote **8%**.
2. **Aetna** quoted managed care plans with an average 17.7% increase from our FY23 rates with a \$253,349 billing credit. Applying the billing credit toward the employee premiums would make the actual impact of the renewal quote 8%. The managed care plans offered are not considered comparable.
3. **United Healthcare** quoted plans with an average 16.7% increase from our FY23 rates.
4. **Cigna** quoted plans with an average 14.7% increase from our FY23 rates.

Based on the received quotes, it is recommended that Tri-County stay with Blue Cross Blue Shield with an 8% increase, as this will allow the best coverage options, while allowing employees to maintain their current coverage.

Tri-County's current contribution toward each enrolled employee's premium is \$510 per month. Tri-County will also pass along the aforementioned billing credit to the employee premiums, which will be an approximate credit of \$50.81 towards every enrolled employee's health insurance premium each month.

Blue Cross Blue Shield's Base Plan (HSA 3000), as quoted, is \$757.44 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 \$196.63 per month (a \$99.08 increase from the FY23 employee cost).

All plan options to be provided for employees in FY24 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 \$757.44 per month for employee-only coverage. With the \$510 Tri-County contribution and the \$50.81 credit, the cost to the employee for employee-only coverage is \$196.63 per month. The cost to the employee for employee and spouse is \$1,110.43, employee and children is \$881.97, and employee and family is \$1,795.78.

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. This plan includes a rider for bariatric surgical procedures that was added in FY17, in response to employee requests. The cost for this plan is \$837.90 for employee-only coverage. With the \$510 Tri-County contribution and the \$50.81 credit, the cost to the employee for employee-only coverage is \$277.09. The cost to the employee for employee and spouse is \$1,287.46, employee and children is \$1,034.87, and employee and family is \$2,045.24.

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 \$861.38 for employee-only coverage. With the \$510 Tri-County contribution and the \$50.81 credit, the cost to the employee for employee-only coverage is \$300.57 per month. The cost to the employee for employee and spouse is \$1,339.11, employee and children is \$1,079.47, and employee and family is \$2,118.03.

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 \$951.31 for employee-only coverage. With the \$510 Tri-County contribution and the \$50.81 credit, the cost to the employee for employee-only coverage is \$390.50 per month. The cost to the employee for employee and spouse is \$1,536.94, employee and children is \$1,250.32, and employee and family is \$2,396.78.

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).

Based on the above quotes, it is recommended that Tri-County keep our Ancillary Plans with The Hartford for FY24, in order to provide a cohesive benefit package.

Supporting Documentation:

Tri-County Employee Health Insurance and Ancillary Plan Spreadsheets

Recommended Action:

Approve Recommendation for FY24 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans



DEAN & DRAPER
insurance agency, LP

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

2023 Medical Benefit Comparison

Prepared for:



Effective Date:

October 1, 2023

Tri County Behavioral Healthcare
2023 Employee Benefit Comparison - Medical

ORIGINAL RENEWAL

		CURRENT 2022 - 2023				RENEWAL 2023 - 2024				
Carrier Name		BCBS				BCBS				
Plan Name		HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	
Plan Network		BLUE CHOICE NETWORK				BLUE CHOICE NETWORK				
Benefit Details		Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO	
Office Visit		Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	
Specialty Doctor Office Visit		Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Individual Deductible-In Network		\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000	
Family Deductible-In Network		\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000	
Coinsurance		90%	80%	80%	100%	90%	80%	80%	100%	
Calendar Year Maximums		Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP	
Individual OOP - In-Network (includes deductible)		\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$5,000	\$2,500	
Family OOP - In-Network (includes deductible)		\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$10,000	\$5,000	
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Diagnostic Lab & X-rays		Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	
Complex Imaging		Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	
In/Out Patient Hospital Services		Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	
Urgent Care		Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	
Emergency Room		Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$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		49	10	94	68	\$664.42	\$735.00	\$755.60	\$834.48	
Employee/Spouse		0	0	1	4	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13	
Employee/Children		5	0	4	8	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71	
Employee/Family		0	0	1	2	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38	
Monthly Total / Plan		54	10	100	82	\$38,885	\$7,350	\$80,798	\$82,004	
Annual Total/Plan						\$466,615	\$88,200	\$969,579	\$984,043	
Combined Annual Total		246				\$2,508,437				\$3,070,318
\$ Change from Current						N/A				\$561,882
% Change/Plan from Current						N/A				22.4%
% Change from Current						N/A				22.4%

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

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

**Tri County Behavioral Healthcare
2023 Employee Benefit Comparison - Medical**

REVISED RENEWAL

Illustrated rates are estimated, final rates may vary slightly

					CURRENT 2022 - 2023				RENEWAL 2023 - 2024							
Carrier Name					BCBS				BCBS							
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)				
Plan Network					BLUE CHOICE NETWORK				BLUE CHOICE NETWORK							
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO				
Office Visit					Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay				
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay				
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%				
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000				
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000				
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%				
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP				
Individual OOP - In-Network (includes deductible)					\$6,000	\$2,500	\$5,000	\$2,500	\$6,000	\$2,500	\$5,000	\$2,500				
Family OOP - In-Network (includes deductible)					\$12,000	\$5,000	\$10,000	\$5,000	\$12,000	\$5,000	\$10,000	\$5,000				
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited				
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician				
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible				
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible				
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay				
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$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					49	10	94	68	\$664.42	\$735.00	\$755.60	\$834.48	\$757.44	\$837.90	\$861.38	\$951.31
Employee/Spouse					0	0	1	4	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13	\$1,671.24	\$1,848.27	\$1,899.92	\$2,097.75
Employee/Children					5	0	4	8	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71	\$1,442.78	\$1,595.68	\$1,640.28	\$1,811.13
Employee/Family					0	0	1	2	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38	\$2,356.59	\$2,606.05	\$2,678.84	\$2,957.59
Monthly Total / Plan					54	10	100	82	\$38,885	\$7,350	\$80,798	\$82,004	\$44,328	\$8,379	\$92,110	\$93,484
Annual Total/Plan									\$466,615	\$88,200	\$969,579	\$984,043	\$531,941	\$100,548	\$1,105,320	\$1,121,809
Combined Annual Total					246				\$2,508,437				\$2,859,618			
\$ Change from Current									N/A				\$351,181			
% Change/Plan from Current									N/A				14.0%			
% Change from Current									N/A				14%			
One-time Credit													\$150,000			
% Change from Current with Credit													8%			

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

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

**Tri County Behavioral Healthcare
2023 Employee Benefit Comparison - Medical**

					CURRENT 2022 - 2023				Alternate 2023 - 2024										
Carrier Name					BCBS				Aetna										
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HSA OA POS 3000 90/50 (In Network)	HSA OA POS 1500 80/60 (In Network)	OA POS 1500 80/50 (In Network)	OA POS 1000 100/70 (In Network)							
Plan Network					BLUE CHOICE NETWORK				Managed Choice Network										
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO							
Office Visit					Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay							
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay							
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%							
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000							
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000							
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%							
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							
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	100% covered							
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible							
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible							
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay							
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Copay + Coins.	\$300 Copay							
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical							
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300							
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered							
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000							
Employee Only					49	10	94	68	\$664.42	\$735.00	\$755.60	\$834.48	\$733.89	\$861.61	\$881.51	\$1,020.46			
Employee/Spouse					0	0	1	4	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13	\$1,618.32	\$1,899.96	\$1,943.84	\$2,250.24			
Employee/Children					5	0	4	8	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71	\$1,397.21	\$1,640.37	\$1,678.25	\$1,942.79			
Employee/Family					0	0	1	2	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38	\$2,281.66	\$2,678.74	\$2,740.60	\$3,172.59			
Monthly Total / Plan					54	10	100	82	\$38,885	\$7,350	\$80,798	\$82,004	\$42,947	\$8,616	\$94,259	\$100,280			
Annual Total/Plan									\$466,615	\$88,200	\$969,579	\$984,043	\$515,360	\$103,393	\$1,131,113	\$1,203,357			
Combined Annual Total					246				\$2,508,437				\$2,953,223						
\$ Change from Current									N/A				\$444,786						
% Change/Plan from Current									N/A				10.4%				17.2%	16.7%	22.3%
% Change from Current									N/A				17.7%						
One-time Credit													\$253,349						
% Change from Current with Credit													8%						

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

Aetna Includes CVS Pharmacies & a one-time premium credit of \$253,349 or amount equal to 1st month of premium, whichever is less.

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Tri County Behavioral Healthcare
2023 Employee Benefit Comparison - Medical

					CURRENT 2022 - 2023				Alternate 2023 - 2024							
Carrier Name					BCBS				UHC							
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	DDYJ POS HSA 3000 (In Network)	DDYT POS HSA 2000 (In Network)	BCYE POS Premier 1500 (In Network)	BCX5 POS Premier 1000 (In Network)				
Plan Network					BLUE CHOICE NETWORK				Open Access Plus Network							
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO				
Office Visit					Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	\$30 after Ded	\$25 Copay	\$25 Copay				
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	\$60 after Ded.	\$25/\$50 Copay ND	\$25/\$50 Copay ND				
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	\$2,000	\$1,500	\$1,000				
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$4,000	\$3,000	\$2,000				
Coinsurance					90%	80%	80%	100%	100%	100%	80%	100%				
Individual OOP - In-Network (includes deductible)					\$6,000	\$2,500	\$5,000	\$2,500	\$4,000	\$4,500	\$5,000	\$2,500				
Family OOP - In-Network (includes deductible)					\$12,000	\$5,000	\$10,000	\$5,000	\$8,000	\$6,850	\$10,000	\$5,000				
Diagnostic Lab & X-rays					Ded. & Coins.	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	Ded. & Coins.	Deductible	X-Ray: \$0, Lab: \$0	X-Ray: \$0, Lab: \$0				
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.				
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.				
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	\$75 after Ded	\$75 Copay	\$75 Copay				
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded	Ded & Coins.	\$500 + Ded	\$250 Copay & Coins.	\$300 Copay				
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical				
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$10/\$35/\$60	After Deductible \$10/\$35/\$60	\$15/\$45/\$85	\$15/\$45/\$85				
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered				
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 2000	PPO 1500	PPO 1000				
Employee Only					49	10	94	68	\$664.42	\$735.00	\$755.60	\$834.48	\$784.19	\$776.45	\$883.26	\$975.43
Employee/Spouse					0	0	1	4	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13	\$1,730.26	\$1,713.18	\$1,948.85	\$2,152.22
Employee/Children					5	0	4	8	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71	\$1,493.74	\$1,478.99	\$1,682.45	\$1,858.01
Employee/Family					0	0	1	2	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38	\$2,439.82	\$2,415.74	\$2,748.05	\$3,034.81
Monthly Total / Plan					54	10	100	82	\$38,885	\$7,350	\$80,798	\$82,004	\$45,894	\$7,765	\$94,453	\$95,872
Annual Total/Plan									\$466,615	\$88,200	\$969,579	\$984,043	\$550,728	\$93,174	\$1,133,438	\$1,150,462
Combined Annual Total					246				\$2,508,437				\$2,927,802			
\$ Change from Current									N/A				\$419,365			
% Change/Plan from Current									N/A				18.0%			
% Change from Current									N/A				16.9%			
									N/A				16.9%			
									N/A				16.7%			

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

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

**Tri County Behavioral Healthcare
2023 Employee Benefit Comparison - Medical**

		CURRENT 2022 - 2023				Alternate 2023 - 2024						
Carrier Name					BCBS				Cigna			
Plan Name					HSA 3000 90/50 (In Network)	HSA 1500 80/60 (In Network)	PPO 1500 80/50 (In Network)	PPO 1000 100/70 (In Network)	STX OAP HSA LF Base 3000 HDHP 90/50	STX OAP HSA LF Buy Up 1500 HDHP 80/60	STX OAP LF Base 1500 80/50 (In Network)	STX OAP LF Buy Up 1000 100/70
Plan Network					BLUE CHOICE NETWORK				Open Access Plus Network			
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit					Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay	Ded. & Coins.	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay	Ded. & Coins.	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$1,500	\$1,500	\$1,000	\$3,000	\$1,500	\$1,500	\$1,000
Family Deductible-In Network					\$6,000	\$3,000	\$3,000	\$2,000	\$6,000	\$3,000	\$3,000	\$2,000
Coinsurance					90%	80%	80%	100%	90%	80%	80%	100%
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
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	100% covered
Complex Imaging					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
In/Out Patient Hospital Services					Ded & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded & Coins.	Ded. & Coins.	Ded	Covered 100%
Urgent Care					Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay	Ded & Coins.	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded	Ded & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay + Ded. & Coins.
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					After Deductible \$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$50/\$90/\$150	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150	\$15/\$50/\$90/\$150
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Total Rate					HSA 3000	HSA 1500	PPO 1500	PPO 1000	HSA 3000	HSA 1500	PPO 1500	PPO 1000
Employee Only	49	10	94	68	\$664.42	\$735.00	\$755.60	\$834.48	\$743.02	\$780.83	\$878.44	\$963.47
Employee/Spouse	0	0	1	4	\$1,466.00	\$1,621.29	\$1,666.60	\$1,840.13	\$1,642.07	\$1,725.62	\$1,941.34	\$2,129.28
Employee/Children	5	0	4	8	\$1,265.60	\$1,399.72	\$1,438.84	\$1,588.71	\$1,411.75	\$1,483.58	\$1,669.03	\$1,830.61
Employee/Family	0	0	1	2	\$2,067.18	\$2,286.01	\$2,349.86	\$2,594.38	\$2,310.79	\$2,428.39	\$2,731.93	\$2,996.41
Monthly Total / Plan	54	10	100	82	\$38,885	\$7,350	\$80,798	\$82,004	\$43,467	\$7,808	\$93,923	\$94,671
Annual Total/Plan					\$466,615	\$88,200	\$969,579	\$984,043	\$521,601	\$93,700	\$1,127,073	\$1,136,049
Combined Annual Total	246				\$2,508,437				\$2,878,423			
\$ Change from Current					N/A				\$369,986			
% Change/Plan from Current					N/A				11.8%	6.2%	16.2%	15.4%
% Change from Current					N/A				14.7%			

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.



DEAN & DRAPER
insurance agency, LP

“Insuring the growth of Texas”

3131 West Alabama, Suite 150, Houston, TX 77098

2023 Ancillary Benefit Comparison

Prepared for:



Effective Date:

October 1, 2023

Tri County Behavioral Healthcare 2023 Employee Benefit Comparison - Dental

		Guardian					
		CURRENT and RENEWAL					
		Managed Dental Plan			PPO Dental		
PLAN DESIGN							
Copay		\$5			N/A		
Deductible (ind / fam)		None			\$50/\$150		
Annual Benefit Max (per person)		Unlimited			\$1,500		
Out-of-Network Reimbursement		N/A			Negotiated Fee		
DENTAL BENEFIT LEVELS							
Diagnostic & Preventive		fee schedule			100%		
Basic Services		fee schedule			80%		
Major Services		fee schedule			50%		
Orthodontics					Included Children to age 18		
Orthodontia Lifetime Max.		-			\$1,500		
Orthodontia Coinsurance/Copay		-			50%		
Endodontics		fee schedule			Covered under Basic		
Periodontics		fee schedule			Covered under Basic		
COMMENTS					Includes Rollover Feature \$130,919 Total Account Value (179 EEs/DEPs)		
PREMIUM	Current Enrollment	Guardian - DHMO				Guardian - PPO	
		Tier	DHMO	PPO	Current Rates	Renewal Rates	Current Rates
EE	39	146	\$10.25	\$10.25	\$32.60	\$33.90	
EE + 1	14	45	\$20.19	\$20.19	\$76.63	\$79.70	
EE + 2 or more	6	11	\$29.20	\$29.20	\$129.42	\$134.60	
PREMIUM COMPARISONS BY PLAN		59	202				
Total Monthly		261		\$858	\$858	\$9,632	\$10,017
\$ Monthly Difference from Current				-	\$0	-	\$385
% Difference from Current				-	0%	-	4%
COMBINED PREMIUM COMPARISONS				Guardian			
				CURRENT (PPO + DHMO)		RENEWAL (PPO + DHMO)	
COMBINED MONTHLY DENTAL PLANS				\$10,490		\$10,874	
\$ Monthly Difference from Current				-		\$385	
% Difference from Current				-		4%	

Original Increase was +6% on PPO

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
2023 Employee Benefit Comparison - Vision**

		Guardian	
		CURRENT CARRIER / RENEWAL	
PLAN DESIGN - In-Network			
Exam Copay		\$10	
Material Copay		\$25	
Frames		Up to \$120 Allowance then 20% off of remaining balance	
EYEGLOSS LENSES			
Single Vision		100%	
Bifocal		100%	
Trifocal		100%	
Lenticular		100%	
CONTACT LENSES			
Elective		Up to \$120	
Medically Necessary		100%	
SERVICE FREQUENCIES			
Exam		12 months	
Lenses		12 months	
Frames		24 months	
PREMIUM		Guardian	
Tier	Census	Current Rates	REVISED Renewal Rates
EE	176	\$7.12	\$7.12
EE + 1	55	\$14.24	\$14.24
EE + 2 or more	20	\$21.18	\$21.18
PREMIUM COMPARISONS			
	251		
Total Monthly		\$2,460	\$2,460
\$ Monthly Difference from Current		-	\$0
% Difference from Current		-	0%

Original increase was +6%

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 2023 Employee Benefit Comparison - Life and AD&D

The Hartford CURRENT / RENEWAL

PLAN DESIGN - Employee Benefit	CURRENT	RENEWAL
Basic Life/\$1,000 (EMPLOYER PAID)	\$0.095	\$0.095
Basic AD&D/\$1,000	0.020	0.020
Benefit	2 x Annual Salary to a Maximum of \$300,000, plus \$5,000	
Average Covered Volume	\$35,384,000	
Average Annual Premium	\$48,830	\$48,830
\$ Annual/% Difference	0.0%	
Voluntary Life	see rates in chart below	
Maximum Benefit - Employee	\$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	
Maximum Benefit - Child/ren	\$20,000 (No AD&D)	
Guaranteed Issue Amount - Employee	\$120,000	
Guaranteed Issue Amount - Spouse	\$50,000	
Guaranteed Issue Amount - Child/ren	N/A	
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 SP: Up to \$5,000 	
Employee Voluntary Life Cost / \$1,000	Current & Renewal	
Age of Employee	Employee	Spouse
< 29	0.077	0.077
30-34	0.097	0.097
35-39	0.107	0.107
40-44	0.128	0.128
45-49	0.184	0.184
50-54	0.280	0.280
55-59	0.447	0.447
60-64	0.677	0.677
65-69	1.287	1.287
70-74	2.261	N/A
75-79	2.261	N/A
80+	2.261	N/A
Child Life	0.120	
Voluntary AD&D/\$1,000	EE & SP \$.02 included in Vol Life rate No Child AD&D	

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
2023 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
Pre-existing Condition	3/3/12 (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 27, 2023</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, 2023**, through **August 31, 2024**.

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 2023 – 2024:
(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 **2023-2024** 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.

<p>Tri-County Behavioral Healthcare</p> <p>By: _____ Signature of Authorized Center Official</p> <p>Title: _____</p> <p>Date: _____</p>	<p style="text-align:center">TEXAS COUNCIL RISK MANAGEMENT FUND</p> <p>By: _____ Signature of Authorized Fund Official</p> <p>Title: <u>Board Chair</u></p> <p>Date: _____</p>
--	---

Agenda Item: Approve Purchase of Fleet Vehicles

Board Meeting Date

July 27, 2023

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 six 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.

Staff recommends the purchase of up to six mid-size SUVs for direct care staff to be purchased at the dealership chosen by the Board.

Bids received:

2023 Mid-Size SUVs

Dealership	Keating Honda	Gullo Toyota, Conroe	Wiesner, Conroe	Gullo Ford, Conroe
2023 Toyota RAV4- LE	N/A	\$29,599.47	N/A	N/A
2023 Ford Escape	N/A	N/A	N/A	\$29,673.42
2023 Honda CR-V	\$31,801.20	N/A	N/A	N/A
2023 Hyundai Tucson SEL	N/A	N/A	\$35,051.90	N/A

Supporting Documentation:

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

Recommended Action:

Approve the Purchase of 6 Mid-Size SUV's at a price of NTE \$35,100 each, based on availability of vehicles at time of purchase.

Keating Honda

Date: 6/30/2023
 Salesperson: Robert Dams
 Manager: Ashley Cox

FOR INTERNAL USE ONLY

CUSTOMER Hollie Park Home Phone : _____
 Address : _____ Work Phone : _____
 E-Mail : holliep@tcbhc.org Cell Phone : (936) 521-6121

VEHICLE
 Stock # : H307737 New / Used : **New** VIN : 2HKRS3H29PH307737 Mileage: 6
 Vehicle : 2023 Honda CR-V Color : Meteorite Gray
 Type : LX (CVT) 4dr Front-Wheel DriveRS3H2PEW

Market Value Selling Price	29,705.00
Discount	2,000.00
Adjusted Price	27,705.00
WINDSHIELD PROTECTION	499.00
APEX GPS	1,499.00
Honda Protection Pkg	699.00
APEX Paint & Int	499.00
APEX PDR	499.00
Total Purchase	31,400.00
Doc Fee	150.00
Non Tax Fees	251.20
Cash Deposit	.00
Balance	31,801.20

Customer Approval: _____ Management Approval: _____

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



Date: 6/30/2023
 Salesperson: Rob Comstock
 Manager: Philip Sharp

FOR INTERNAL USE ONLY

CUSTOMER Hollie Park Home Phone : _____
 Address : 233 Sgt Ed Holcomb Blvd S CONROE, TX 77304MONTGOMERY Work Phone : (936) 521-6121
 E-Mail : holliep@tcbhc.org Cell Phone : (214) 934-8620

VEHICLE

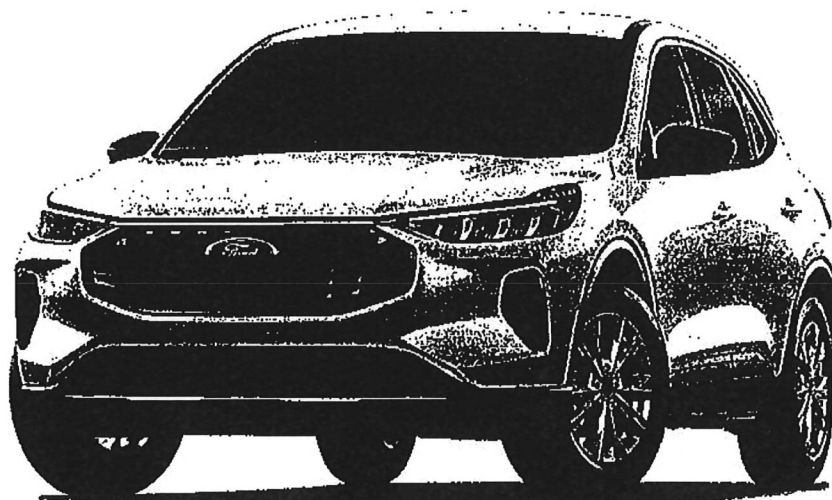
Stock # : 4430 PARK New / Used : **New** VIN : _____ Mileage: 5
 Vehicle : 2023 Toyota RAV4 Color : WHITE
 Type : LE (A8) 4dr Front-Wheel Drive
 Body Size : _____ Style : _____ Weight : 0 Unit Class : _____

Market Value Selling Price	30,014.00
Discount	1,000.00
Adjusted Price	29,014.00
Tint	195.00
Total Purchase	29,209.00
Doc Fee	150.00
Non Tax Fees	240.47
Cash Deposit	.00
Balance	29,599.47

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

Prepared for: , TRI-COUNTY BEHAVIORAL HEALTHCARE
End User FIN Code: QL778

2023 Escape 4dr FWD Active (U0G)
VIN: 1FMCU0GN8PUA65549 | Price Level: 350



Client Proposal

Prepared by:
THAD MENTZER
Office: 936-523-0644
Email: tmentzer@gulloford.com
Date: 06/20/2023



Gullo Ford of Conroe | 925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500 | Fax: 936-788-2683

Prepared for:
TRI-COUNTY BEHAVIORAL HEALTHCARE
Prepared by: THAD MENTZER
06/20/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Escape 4dr FWD Active (U0G)
VIN: 1FMCU0GN8PUA65549

, TRI-COUNTY BEHAVIORAL HEALTHCARE
End User FIN Code: QL778

Re: Vehicle Proposal 06/20/2023

To Whom It May Concern,

Thank you very much for your interest in acquiring a vehicle from our dealership. We concur that your interest is well deserved. We hope that an outstanding product lineup and our dedication to customer service will enhance your ownership experience should you decide to buy a vehicle from us.

Attached, please find additional information that I hope will assist you in making a more informed decision. Please feel free to contact me at any time as I would truly appreciate the opportunity to be of service to you.

Sincerely,

THAD MENTZER
FLEET SALES
936-523-0644
tmentzer@gulloford.com

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:
TRI-COUNTY BEHAVIORAL HEALTHCARE
Prepared by: THAD MENTZER
06/20/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Escape 4dr FWD Active (U0G)
VIN: 1FMCU0GN8PUA65549

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Prepared for:
 TRI-COUNTY BEHAVIORAL HEALTHCARE
 Prepared by: THAD MENTZER
 06/20/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Escape 4dr FWD Active (U0G)
 VIN: 1FMCU0GN8PUA65549

As Configured Vehicle

Description	MSRP
-------------	------

Base Vehicle

Base Vehicle Price (U0G)	\$29,345.00
--------------------------	-------------

Packages

Equipment Group 200A	N/C
----------------------	-----

Includes:

- Engine: 1.5L EcoBoost
- Includes auto start-stop technology.
- Transmission: 8-Speed Automatic
- 3.81 Axle Ratio
- GVWR: TBD
- Tires: 225/65R17 AS BSW
- Wheels: 17" Shadow Silver-Painted Aluminum
- Unique Cloth Front Bucket Seats
- Includes 8-way power driver (fore/aft, up/down, recline, lumbar) and 4-way manual front passenger (fore/aft with manual recline).
- Radio: AM/FM Stereo

Includes 6 speakers, speed compensated volume, steering wheel mounted controls and SiriusXM with 360L with a 3 month prepaid subscription. Note: SiriusXM audio and data services each require a subscription sold separately, or as a package, by Sirius XM Inc. Your SiriusXM service will automatically stop at the end of your trial unless you decide to subscribe. If you decide to continue service after your trial, the subscription plan you choose will automatically renew thereafter and you will be charged according to your chosen payment method of then-current rates. Fees and taxes apply. To cancel you must call SiriusXM at 1-866-635-2349. See SiriusXM Customer Agreement for complete terms at www.siriusxm.com. All fees and programming subject to change. Not all vehicles or devices are capable of receiving all services offered by SiriusXM. Current information and features may not be available in all locations, or on all receivers. Satellite and streaming lineups vary slightly. ©2020 Sirius XM Inc. Sirius, XM, SiriusXM and all related marks and logos are trademarks of Sirius XM Inc.

- SYNC 4

Includes 8" LCD capacitive touch-screen with swipe capability, wireless phone connection, cloud connected, AppLink with app catalog, 911 Assist, wireless Apple CarPlay and Android Auto, digital owners manual.

- FordPass Connect

Includes 4G LTE Wi-Fi hotspot that connects up to 10 devices (includes a wireless data trial that begins upon AT&T activation and expires at the end of 3 months or when 3GB of data is used, whichever comes first, but cannot extend beyond the trial subscription period for remote features. To activate, go to www.att.com/ford). Remote start with specific time scheduling, lock and unlock, locate parked vehicle and check vehicle status (the FordPass App and complimentary connected services are required for remote features (see FordPass terms for details). Connected services and features depend on compatible AT&T network availability. Evolving technology/cellular networks/vehicle capability may limit functionality and prevent operation of connected features. Connected services exclude Wi-Fi hotspot).

Powertrain

Engine: 1.5L EcoBoost	Included
-----------------------	----------

Includes auto start-stop technology.

Transmission: 8-Speed Automatic	Included
---------------------------------	----------

3.81 Axle Ratio	Included
-----------------	----------

GVWR: TBD	Included
-----------	----------

Wheels & Tires

Tires: 225/65R17 AS BSW	Included
-------------------------	----------

Wheels: 17" Shadow Silver-Painted Aluminum	Included
--	----------

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:
 TRI-COUNTY BEHAVIORAL HEALTHCARE
 Prepared by: THAD MENTZER
 06/20/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Escape 4dr FWD Active (U0G)

VIN: 1FMCU0GN8PUA65549

As Configured Vehicle (cont'd)

Description	MSRP
Seats & Seat Trim	
Unique Cloth Front Bucket Seats <i>Includes 8-way power driver (toro/aft, up/down, reclino, lumbar) and 4-way manual front passenger (toro/aft with manual reclino).</i>	Included
Other Options	
Monotone Paint Application	STD
106" Wheelbase	STD
Radio: AM/FM Stereo	Included
SiriusXM service is not available in Alaska and Hawaii.	
<i>Includes 6 speakers, speed compensated volume, steering wheel mounted controls and SiriusXM with 360L with a 3 month prepaid subscription. Note: SiriusXM audio and data services each require a subscription sold separately, or as a package, by Sirius XM Inc. Your SiriusXM service will automatically stop at the end of your trial unless you decide to subscribe. If you decide to continue service after your trial, the subscription plan you choose will automatically renew thereafter and you will be charged according to your chosen payment method at then-current rates. Fees and taxes apply. To cancel you must call SiriusXM at 1-866-635-2349. See SiriusXM Customer Agreement for complete terms at www.siriusxm.com. All fees and programming subject to change. Not all vehicles or devices are capable of receiving all services offered by SiriusXM. Current information and features may not be available in all locations, or on all receivers. Satellite and streaming lineups vary slightly. 2020 Sirius XM Inc. Sirius, XM, SiriusXM and all related marks and logos are trademarks of Sirius XM Inc.</i>	
<i>Includes:</i>	
<i>- SYNC 4</i>	
<i>Includes 8" LCD capacitive touch-screen with swipe capability, wireless phone connection, cloud connected, AppLink with app catalog, 911 Assist, wireless Apple CarPlay and Android Auto, digital owners manual.</i>	
<i>- FordPass Connect</i>	
<i>Includes 4G LTE Wi-Fi hotspot that connects up to 10 devices (includes a wireless data trial that begins upon AT&T activation and expires at the end of 3 months or when 3GB of data is used, whichever comes first, but cannot extend beyond the trial subscription period for remote features. To activate, go to www.att.com/ford). Remote start with specific time scheduling, lock and unlock, locate parked vehicle and check vehicle status (the FordPass App and complimentary connected services are required for remote features (see FordPass terms for details). Connected services and features depend on compatible AT&T network availability. Evolving technology/cellular networks/vehicle capability may limit functionality and prevent operation of connected features. Connected services exclude Wi-Fi hotspot).</i>	
Emissions	
50-State Emissions System	STD
Exterior Color	
Oxford White	N/C
Interior Color	
Ebony w/Unique Cloth Front Bucket Seats	N/C
SUBTOTAL	\$29,345.00
Destination Charge	\$1,495.00
TOTAL	\$30,840.00

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:
TRI-COUNTY BEHAVIORAL HEALTHCARE
Prepared by: THAD MENTZER
06/20/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Escape 4dr FWD Active (U0G)

VIN: 1FMCU0GN8PUA65549

Pricing Summary - Single Vehicle

	MSRP	INVOICE
<i>Vehicle Pricing</i>		
Base Vehicle Price	\$29,345.00	\$28,171.00
Options	\$0.00	\$0.00
Colors	\$0.00	\$0.00
Upfitting	\$0.00	\$0.00
Fleet Discount	\$0.00	\$0.00
Fuel Charge	\$0.00	\$7.42
Destination Charge	\$1,495.00	\$1,495.00
Total	\$30,840.00	\$29,673.42

Customer Signature

Acceptance Date

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Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

06/20/2023

2023 Escape 4dr FWD Active (U0G)

VIN: 1FMCU0GN8PUA65549



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

Major Equipment

(Based on selected options, shown at right)
8-speed automatic

- * 17 x 7-inch front and rear silver aluminum wheels
- * Overdrive transmission
- * Transmission electronic control
- * All-speed ABS and driveline traction control
- * Battery run down protection
- * Driver selectable drivetrain mode
- * 8 inch primary LCD display
- * Wireless audio streaming
- * Seek scan
- * SYNC 4 external memory control
- * 3 month satellite trial subscription
- * Wheelbase: 106.7"
- * Standard ride suspension
- * Rear window defroster
- * Manual folding door mirrors
- * LED daytime running lights
- * Deep tinted windows
- * Speed sensitive wipers
- * Manual rear child safety door locks

As Configured Vehicle

STANDARD VEHICLE PRICE	\$29,345.00	MSRP
Equipment Group 200A		N/C
Engine: 1.5L EcoBoost		Included
Transmission: 8-Speed Automatic		Included
3.81 Axle Ratio		Included
GVWR: TBD		Included
Tires: 225/65R17 AS BSW		Included
Wheels: 17" Shadow Silver-Painted Aluminum		Included
Unique Cloth Front Bucket Seats		Included
Monotone Paint Application		STD
106" Wheelbase		STD
Radio: AM/FM Stereo		Included
50-State Emissions System		STD
SYNC 4		Included
FordPass Connect		Included
Oxford White		N/C
Ebony w/Unique Cloth Front Bucket Seats		N/C
SUBTOTAL	\$29,345.00	

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

06/20/2023

2023 Escape 4dr FWD Active (U0G)

VIN: 1FMCU0GN8PUA65549



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

Major Equipment

- * Seat mounted side impact driver airbag
- * Seat mounted side impact front passenger airbag
- * 7 airbags
- * Automatic climate control
- * Rear under seat climate control ducts
- * 60-40 folding rear seats
- * Split-bench rear seat
- * Fold forward rear seatback
- * Height adjustable rear seat head restraints
- * 3 rear seat head restraints
- * Bucket front seats
- * Front passenger seat with 4-way directional controls
- * Manual front seat head restraint control
- * Power reclining driver seat
- * Power driver seat fore/aft control
- * Manual passenger seat fore/aft control
- * Cloth front seatback upholstery
- * 4-wheel disc brakes
- * Electronic parking brake
- * Hill start assist
- * Passenger front impact airbag
- * Personal Safety System airbag occupancy sensor
- * SecuriLock immobilizer
- * Dual-zone front climate control
- * Fixed rear seats
- * Manual reclining rear seats
- * Front facing rear seat
- * Rear seats with manual fore and aft
- * Manual rear seat head restraint control
- * Rear seat center armrest
- * Driver seat with 6-way directional controls
- * Height adjustable front seat head restraints
- * Front seat center armrest
- * Power height adjustable driver seat
- * Manual reclining passenger seat
- * Cloth front seat upholstery
- * Driver seat with 2-way power lumbar
- * 4-wheel antilock (ABS) brakes
- * Brake assist system

As Configured Vehicle

Destination Charge \$1,495.00

TOTAL **\$30,840.00**

MSRP

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

06/20/2023

2023 Escape 4dr FWD Active (U0G)

VIN: 1FMCU0GN8PUA65549



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

Fuel Economy

City
27 mpg



Hwy
34 mpg

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Agenda Item: Approve Purchase of Fleet Vehicles and Partition Installation

Board Meeting Date

July 27, 2023

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 a new vehicle that will allow for a safety partition to be installed. The vehicle will be used by staff at the PETC to provide transportation as needed for our clients.

Staff recommends the purchase of the above-mentioned vehicle for PETC staff to be purchased at the dealership chosen by the Board.

Bids received:

2023 Vehicles that Support Partition Installation

Dealership	Bill Fick Ford, Huntsville	DeMontrond Ford, Conroe	Wischnewsy Dodge, Huntsville	Gullo Ford, Conroe	Cameron Country, Caldwell - Base Model
2023 Ford Explorer	Bid Not Competitive	N/A	N/A	\$36,500	N/A
2023 Dodge Charger	N/A	N/A	35,181.09	N/A	\$39,635

2023 Partition Installation

Installation company	Cap Fleet	Dana Safety
Ford Explorer	\$1,404	\$1,109
Dodge Charger	\$1,597	\$1,053

Supporting Documentation:

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

Recommended Action:

Approve the Purchase of a vehicle at a price of NTE \$37,000 , based on availability of vehicle at time of purchase.

Approve the Purchase of a vehicle partition at a price of NTE \$1,200.



130 INTERSTATE 45 S
 HUNTSVILLE, TX 77340
 (936) 295-2277

RETAIL PURCHASE AGREEMENT

CUST #: _____

Deal Number: _____

Purchaser's Name(s): TRI-COUNTY BEHAVIORAL HEALTHCARE Date: 07/12/2023
 Address 233 SGT ED HOLCOMB BLVD County: _____
 Telephone (1) (936) 521-6112 Telephone (2): (936) 521-6100 DOB: _____
 E-mail: holliep@tcbhc.org D.L./State I.D. #: _____ Issuing State: _____ Exp. Date: _____

The above information has been requested so that we may verify your identity. By signing below, you represent that you are at least 18 years of age and have authority to enter into this Agreement. The Odometer Reading for the Vehicle you are purchasing is accurate unless indicated otherwise. Please refer to the Odometer Mileage Statement for full disclosure.

YEAR 2023	MAKE Dodge	MODEL Charger	COLOR Destroyer Gray	STOCK NO. W230648
VIN/SERIAL NO.7 2C3CDXBG9PH612390		ODOMETER READING <input type="checkbox"/> Not Accurate 7		SALESPERSON Michael Mann
THE VEHICLE IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		PRIOR USE DISCLOSURE <input type="checkbox"/> DEMONSTRATOR <input type="checkbox"/> FACTORY OFFICIAL/EXECUTIVE <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER		
WARRANTY STATEMENT			CASH PRICE OF VEHICLE 36,588.00	
We are selling this Vehicle to you AS-IS and we expressly disclaim all warranties, express and implied, including any implied warranties of merchantability and fitness for a particular purpose, unless the box beside "USED VEHICLE LIMITED WARRANTY APPLIES" is marked below or we enter into a service contract with you at the time of, or within 90 days of, the date of this transaction. All warranties, if any, by a manufacturer or supplier other than our Dealership are theirs, not ours, and only such manufacturer or supplier shall be liable for performance under such warranties. We neither assume nor authorize any other person to assume for us any liability in connection with the sale of the Vehicle and related goods and services. CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY) The information you see on the window form for this Vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Traducción española; Vea el dorso. <input type="checkbox"/> Used Vehicle Limited Warranty Applies. We are providing a Used Vehicle Limited Warranty in connection with this transaction. Any implied warranties apply for the duration of the Limited Warranty.			OPTIONAL ACCESSORIES: <input type="checkbox"/> See attached Addendum Sticker	
			VIN Etch 299.00	
TRADE-IN VEHICLE INFORMATION			TOTAL SELLING PRICE 36,887.00	
			LESS: TRADE-IN ALLOWANCE	
YEAR _____ MAKE _____ MODEL _____ COLOR _____			TRADE PAYOFF	
VIN/Serial No: _____ Odometer Reading: _____			SUBTOTAL 36,887.00	
Trade-In Allowance _____ Balance Owed & Lienholder _____			SALES TAX	
OTHER MATERIAL UNDERSTANDINGS AND INTEGRATED DOCUMENTS			DEALER'S INVENTORY TAX 56.34	
			TEMP TAG	
<input type="checkbox"/> PLEASE SEE THE DELIVERY CONFIRMATION <input type="checkbox"/> PLEASE SEE THE CONDITIONAL DELIVERY AGREEMENT			DOCUMENTARY FEE* 150.00	
			STATE INSPECTION FEE	
Dealer's Inventory Tax: The Dealer's Inventory Tax charge is intended to reimburse the Dealer for ad valorem taxes on its motor vehicle inventory. The charge, which is paid by the Dealer to the county tax assessor-collector, is not a tax imposed on a consumer by the government, and is not required to be charged by the Dealer to the consumer.			DEPUTY SERVICE FEE	
			LICENSE FEE	
*Documentary Fee: A documentary fee is not an official fee. A documentary fee is not required by law, but may be charged to buyers for handling documents relating to the sale. A documentary fee may not exceed a reasonable amount agreed to by the parties. This notice is required by law. Traducción española; Vea el dorso.			TITLE FEE 38.00	
			MOBILITY FEE	
If Deposit, see Deposit Receipt			ROAD & BRIDGE FEE	
			TOTAL DUE 37,131.34	
REBATE			<input type="checkbox"/> DEPOSIT/ <input type="checkbox"/> DOWN PAYMENT	
			2,000.00	
LESS CASH DUE AT DELIVERY			AMOUNT TO BE FINANCED (See Paragraphs 12 and 17) 35,181.09	

This Agreement and any documents which are part of this transaction or incorporation herein comprise the entire agreement affecting this Retail Purchase Agreement and no other agreement or understanding of any nature concerning the same has been made or entered into, or will be recognized. I have read all of the terms and conditions of this Agreement and agree to them as if they were printed above my signature. I further acknowledge receipt of a copy of this Agreement. This Agreement shall not become binding until signed and accepted by an "Authorized Dealership" Representative.

 Purchaser **07/12/2023**

 Purchaser **07/12/2023**

 Accepted by Authorized Dealership Representative **07/12/2023**

ADDITIONAL AGREEMENTS BETWEEN THE DEALERSHIP AND PURCHASER(S)

- Initial
1. **Terms Used In This Agreement:** This Retail Purchase Agreement contains the following words and phrases that appear throughout this Agreement and have particular meanings:
 - Agreement - Means an of the pages of this Retail Purchase Agreement together with any documents incorporated into this Agreement by reference, whether such reference is made in this Agreement or in the document itself.
 - You, Your - Means the Purchaser(s) identified in this Agreement.
 - We, Us, Our - Means the Dealership that is identified in this Agreement and its Authorized Representatives.
 - Manufacturer - Means the company that manufactured the Vehicle.
 - Vehicle - Means the Vehicle that you are purchasing from us as described in this Agreement.
 - Trade-In Vehicle - Means the Vehicle you are delivering to us as described in this Agreement.
 2. **Our Right to Increase the Price:** We may increase the price of the Vehicle after we accept this Agreement if the Trade-In Vehicle is reappraised, new equipment is required by state or federal law, or the increase is caused by state or federal tax rate changes. If the price is increased, you may cancel this Agreement with full refund of any Deposit/Down Payment, provided that the cancellation occurs prior to you taking delivery of the purchased Vehicle.
 3. **Manufacturer's Design Changes:** In the event the Manufacturer changes or modifies the design of or any part or accessory of the Vehicle after your order for the Vehicle has been entered by us, you will not have any claim or right against us if the Vehicle does not contain such changes or modifications, nor shall we be required to effect such changes or modifications to the Vehicle.
 4. **Your Representations and Warranties:** You represent, warrant and affirm to us that (a) You are not purchasing a new Vehicle for resale or export within the period beginning on the date the Vehicle title is issued to you and ending on the date one (1) year thereafter. You confirm that we are relying on this representation and agree that we would not sell the Vehicle to you without this representation. If we are required by the Manufacturer to forfeit or repay any manufacturer incentives, allowance and/or special pricing, or if we suffer any loss or harm as a result of your breach of this provision, you agree to indemnify and hold us harmless from any such cost, loss or harm suffered as a result of or arising because of your breach; (b) the Deposit/Down Payment and any amounts due to us have been paid in full, any check given to us will be honored by your Bank, and that no part of the Deposit/Down Payment has been loaned to you by us or any third party; (c) all statements made by you in this Agreement and any other documents completed in connection with this transaction are true and correct; and (d) you are who you have represented yourself to be and you have purchased the Vehicle for your own use and not on behalf of another person, unless you have disclosed otherwise to us.
 5. **Your Representations Regarding the Trade-In Vehicle:** Any Trade-In Vehicle delivered by you to us in connection with this transaction shall be accompanied by a Certificate of Title or documents sufficient to enable us to obtain a Certificate of Title to the Trade-In Vehicle in accordance with applicable state law. You warrant that the Trade-In Vehicle delivered to us is properly titled to you, has never been titled as or declared a total loss, salvage, junk, reconstructed, rebuilt, flood, lemon buyback vehicle, or any other title brand; that you have the right to sell or otherwise convey such Trade-In Vehicle; that such Trade-In Vehicle is free and clear of liens or encumbrances, except as may be noted in this Agreement; that all emission control equipment is on the Trade-In Vehicle and appears properly connected and undamaged; that you have accurately disclosed any information known to you regarding prior use of the vehicle, prior damage, paint work, modifications and any mechanical defects; and, unless you have told us otherwise, that you have not removed equipment from the Trade-In Vehicle subsequent to our appraisal, that the odometer reading shown is accurate, and all airbags in the vehicle are of original equipment and have never been deployed or disconnected.
 6. **Trade-In Vehicle Payoff:** If you are delivering a Trade-In Vehicle in connection with this transaction and the actual amount of the Balance Owed on the Trade-In Vehicle is greater than the amount of the Balance Owed as listed in this Agreement, you agree to pay the difference to us. If the actual amount of the Balance Owed is less than the amount listed, we will pay or credit the difference to you.
 7. **Our Appraisal of Your Trade-In Vehicle:** If you are delivering a Trade-In Vehicle to us in connection with this transaction and the delivery will not be made until delivery of the Vehicle being purchased from us, we shall have the right to reappraise your Trade-In Vehicle at the time of delivery. The reappraised amount shall be the amount allowed for the Trade-In Vehicle in this transaction. If you are dissatisfied with the reappraisal, you may cancel this Agreement with full refund of any Deposit/Down Payment, provided that the cancellation occurs prior to you taking delivery of the purchased Vehicle.
 8. **Remedies Upon Cancellation:** You agree that we are not liable for any damages resulting from our failure to deliver the Vehicle if the failure is caused by the manufacturer, an accident, fire, act of nature or any other causes beyond our control. This Agreement may be renegotiated or canceled (with full refund of any Deposit/Down Payment) if the Vehicle is not delivered to you on the date specified or pursuant to Paragraphs 2 or 7. If you have delivered a Trade-In Vehicle to us, the Trade-In Vehicle will be returned to you if we have not already sold it. If we have already sold the Trade-In Vehicle, we will refund the agreed upon Trade-In Allowance. Regardless of whether we return the Trade-In Vehicle or have already sold it, you shall be responsible for and agree to pay to us the Balance Owed on the Trade-In Vehicle if we have paid the Balance Owed to the Lienholder. We may keep any portion of the amount you have paid to us as a Deposit/Down Payment and any Trade-In Allowance we owe to you to offset against the amount you owe us. If the actual amount you owe to us is greater than the amount of the Deposit/Down Payment, you agree to pay the difference to us. If the actual amount you owe is less than the amount of the Deposit/Down Payment, we will pay the difference to you. You are responsible for paying the cost of repairing any damage and any other losses, liabilities, damages, claims, costs and expenses arising out of your use, possession and control of the Vehicle.
 9. **Purchaser's Default and Dealership's Remedies:** In the event you have agreed to pay the Amount to be Financed in cash or financing is being obtained by you through a credit source of your choice and we do not receive the Amount to be Financed from you at the time of delivery of the Vehicle or on the date promised in this Agreement, you fail to perform any of your other obligations under this Agreement, or you breach any representation or warranty made by you to us, we shall be permitted, at our sole discretion, to the choice of remedies in this Agreement, which may be used separately or together, including: (1) cancel this Retail Purchase Agreement; (2) repossess the Vehicle without notice (if permitted by law); (3) rescind the sales transaction; (4) seek collection for amounts due.; (5) retain any cash down payment made by you; and/or (6) in the event that you have delivered a Trade-In Vehicle as part of the consideration for your purchase of the Vehicle from us, to sell such Trade-In Vehicle and reimburse the Dealership out of the proceeds of such sale for any reasonable expenses incurred in connection with preparing and offering the Trade-In Vehicle for sale and any actual damages suffered by us as a result of your default. Regardless of whether we return the Trade-In Vehicle or have already sold it, you shall be responsible for paying to us the Balance Owed on the Trade-In Vehicle if we have paid the Balance Owed to the Lienholder and for any reasonable expenses incurred by us in connection with preparing or reconditioning the Trade-In Vehicle for sale. Any remedies in this Paragraph 9 shall be in addition to, and not in lieu of, any other remedies available under the Retail Purchase Agreement or at law or equity. Any waiver of all or part of a remedy hereunder is not a continuing waiver. If the actual amount you owe to us is greater than the amount of the down payment and/or proceeds from the sale of your Trade-In Vehicle, you agree to pay the difference to us upon demand and if the actual amount you owe is less, then we will pay the difference to you.
 10. **Security Agreement:** Purchaser hereby grants the Dealership, its successors and assigns, a security interest in the Vehicle, equipment and accessories to be purchased pursuant to this Agreement, and such Security interest shall remain in effect until all sums due hereunder have been paid in full.
 11. **Other Products and Services:** The Dealership offers its customers goods and services from various suppliers. The amounts charged to customers for such goods or services may be greater than the Dealership's cost, and/or the Dealership may receive a commission or other payment in connection with such sale. You are not required to purchase any other goods or services from us, nor are you required to finance the Amount to be Financed under this Agreement with a particular lending source. In the event this Agreement includes a charge for other goods or services for which you must complete an application for coverage, and for any reason such coverage cannot be provided, you will receive a credit for the amount charged. If the cost of other goods or services was included in the amount to be financed in connection with this transaction, then this credit will be applied to the outstanding balance you owe to the Lender.
 12. **DOCUMENTARY FEE:** A DOCUMENTARY FEE IS NOT AN OFFICIAL FEE. A DOCUMENTARY FEE IS NOT REQUIRED BY LAW, BUT MAY BE CHARGED TO BUYERS FOR HANDLING DOCUMENTS AND PERFORMING SERVICES RELATED TO CLOSING OF A SALE. THE BASE DOCUMENTARY FEE BEGINNING JANUARY 1, 2008, WAS \$150. THE MAXIMUM AMOUNT THAT MAY BE CHARGED FOR A DOCUMENTARY FEE IS THE BASE DOCUMENTARY FEE OF \$150 WHICH SHALL BE SUBJECT TO AN ANNUAL RATE ADJUSTMENT EQUAL TO THE PERCENTAGE OF CHANGE IN THE BUREAU OF LABOR STATISTICS CONSUMER PRICE INDEX. THIS NOTICE IS REQUIRED BY LAW.
 13. **Dealer Assisted Financing:** If we assist you to obtain financing for this transaction, the Annual Percentage Rate may be negotiated with us and we may receive a fee, commission or other compensation from the Lender. We do not make any representations or warranties regarding whether you obtained the best rate or could have obtained a better rate from us or a third party.
 14. **CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY):** The Information you see on the window form for this Vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. SPANISH TRANSLATION: Gula para compradores de vehiculos usados. La informacion que ve en el formulario de la fentanillita para este vehiculo forma parte del presente contrato. La informacion del formulario de la ventanilla deja sin efecto toda disposicion en contenida en el contrato de venta.
 15. **GOVERNING LAW: THE TERMS AND CONDITIONS OF THIS AGREEMENT (INCLUDING ANY DOCUMENTS WHICH ARE A PART OF THIS TRANSACTION OR INCORPORATED HEREIN BY REFERENCE) AND ANY SALE HEREUNDER WILL BE GOVERNED BY THE LAWS OF THE STATE OF ILLINOIS.**
 16. **LIMIT ON DAMAGES:** TO THE EXTENT PERMITTED BY ILLINOIS LAW, PURCHASER EXPRESSLY WAIVES AND SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.
 17. **CONDITIONAL (SPOT) DELIVERY AGREEMENT/LIMITED RIGHT TO CANCEL:** Customer may secure financing for this transaction through Dealer or a financial institution of Customer's choice that is acceptable to Dealer. If Customer and Co-Customer have elected to secure financing through Dealer, the provisions of the Conditional (Spot) Delivery Agreement/Limited Right to Cancel will apply. We may cancel this Agreement if: (1) you provide false or incomplete information regarding your creditworthiness; (2) your credit application is not approved by a financing source; or (3) your purchase is subject to the Conditional (Spot) Delivery Agreement/Limited Right to Cancel and the Retail Installment Sales Contract/Finance Contract is not accepted or approved by a financing source on terms agreed upon by you and us. We will retain possession of your Trade-In Vehicle until financing is approved and, if final financing approval is not obtained, we will return the Trade-In Vehicle and any payments you have made toward the Vehicle to you in accordance with this Agreement and the Conditional (Spot) Delivery Agreement.
 18. **Entire Agreement and Signing Other Documents:** This Agreement and any documents which are part of this transaction or incorporated herein by reference comprise the entire agreement affecting this transaction. No other agreement or understanding of any nature has been made or will be recognized. You agree to sign any and all documents necessary to complete the terms of this transaction

2 DODGE 2 CHARGER SXT BLACKTOP 3

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

Base Price: **\$34,230**

DODGE CHARGER SXT RWD

Exterior Color: Ebony Gray Exterior Paint

Interior: Handcrafted Grain Sport Seat

Engine: 3.6L V6 24V VVT Engine

Transmission: TorqueFlite® 8-Speed Automatic Transmission

STANDARD EQUIPMENT (UNLESS REPLACED BY OPTIONAL EQUIPMENT)

FUNCTIONAL SAFETY FEATURES

Test Car Underhood Plaque

8-Function LED Projector Headlamps

Advanced Multibeam Front Air Brags

Supplemental Front Seat-Mounted Side Air Brags

Supplemental Side-Curtain Front and Rear Air Brags

Active Head Restraints

ParkView® Rear Park-Assist System

Parking Sensors

2.28" Rear Ride Rails

Anti-Lock 4-Wheel Disc Brakes

Driver's Knee Air System

Remote-Start System

Push-Button Start

Electronic Stability Control

Blind-Spot Assist

The Pressure Monitoring Display

Acoustic Windshield

Acoustic Front Door Glass

Full Door or Assist Entry and Lock

Power-Door Locks

Ready-Alert Brake

Security (Sec) Theft Deterrent System

INTERIOR FEATURES

140-Watt Power Windows

Uponeer® 4C in 1 8" x 8" Digital Screen Display

6 Premium Alpine® Speakers

275-Watt Amps

Bluetooth with 4-Channel Radio, Six Call 800-642-4112

SilverXtreme® Connected Services w/ 1-17 THA

Apple CarPlay®

Google Android Auto™

8-Speed Power Driver Seat

2-Drive Power Lumbar Adjustable Driver Seat

Rear 60/40 Folding Seat

Leather-Trimmed Steering Wheel

THA Telematics Steering Column

Media Hub with 2 USB and Auxiliary Port

Dual Remote Charge-Only USB Port

Assembly Point: Ontario, Brampton, Ontario, Canada

Inv. 203-CXD8GPH-61230

4-Door, 0754

314-4

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SWT0

THIS DATA SUBJECT TO APPROVAL BY GOVERNMENT AGENCIES. THE USER OWNER IS REQUESTED TO REVIEW THE DATA AND ACCEPTABLE USE AND NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR PERSONS OR PROPERTY.

Destination Charge **\$1,955**

TOTAL PRICE: * **\$37,215**

WARRANTY COVERAGE

5-year or 60,000-mile Powertrain Limited Warranty.

3-year or 36,000-mile Basic Limited Warranty.

Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 60,000 MILE
POWERTRAIN WARRANTY**

EPA Fuel Economy and Environment

For more information visit: www.dodge.com or call 1-800-4ADODGE

FCA US LLC

Fuel Economy These estimates reflect new EPA methods beginning with 2017 models.

23 MPG
combined city/hwy

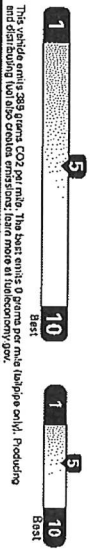
4.3 gallons per 100 miles

19 30
city highway

\$1,500
In fuel costs over 5 years compared to the average new vehicle.

Annual fuel cost **\$1,900**

Fuel Economy & Greenhouse Gas Rating (multiple only)



This vehicle emits 238 grams CO2 per mile. The best emits 9 grams per mile (sedans only). Producing and distributing fuel also creates emissions. Learn more at www.epa.gov.

Smartphone QR Code

Calculate personalized estimates and compare vehicles

GOVERNMENT 5-STAR SAFETY RATINGS

This vehicle has not been rated by the government for overall vehicle score, frontal crash, side crash, or rollover risk.

Source: National Highway Traffic Safety Administration (NHTSA) www.safercar.gov or 1-888-327-4236

PARTS CONTENT INFORMATION

FOR VEHICLES IN THIS CARLINE:
U.S./CANADIAN PARTS CONTENT: 70%
MAJOR SOURCES OF FOREIGN PARTS CONTENT:
MEXICO: 18%
NOTE: PARTS CONTENT DOES NOT INCLUDE FINAL ASSEMBLY, DISTRIBUTION, OR OTHER NON-PARTS COSTS.

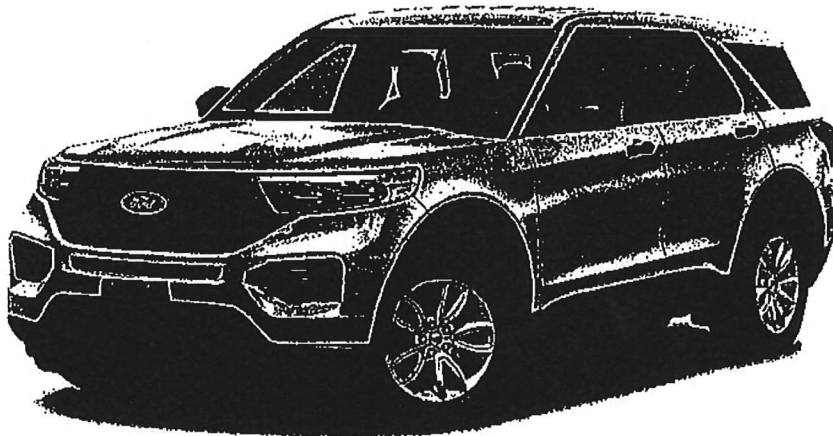
FOR THIS VEHICLE:
FINAL ASSEMBLY POINT:
BRAMPTON, ONTARIO, CANADA
COUNTRY OF ORIGIN:
ENGINE: UNITED STATES
TRANSMISSION: GERMANY



MAJOR PARTS MANUFACTURER OF FCA US LLC
Ask for Mopar Vehicle Protection for your vehicle. We Build It. We Back It.

Prepared for: , TRI-COUNTY BEHAVIORAL HEALTHCARE
End User FIN Code: QL778

2023 Explorer 4dr 4x2 Base (K7B)
Price Level: 355



Client Proposal

Prepared by:
THAD MENTZER
Office: 936-523-0644
Email: tmentzer@gulloford.com
Quote ID: T069
Date: 07/07/2023



Gullo Ford of Conroe | 925 I-45 South, Conroe, Texas, 77301
Office: 936-756-5500 | Fax: 936-788-2683

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

, TRI-COUNTY BEHAVIORAL HEALTHCARE

End User FIN Code: QL778

Re: Quote ID T069 07/07/2023

To Whom It May Concern,

Thank you very much for your interest in acquiring a vehicle from our dealership. We concur that your interest is well deserved. We hope that an outstanding product lineup and our dedication to customer service will enhance your ownership experience should you decide to buy a vehicle from us.

Attached, please find additional information that I hope will assist you in making a more informed decision. Please feel free to contact me at any time as I would truly appreciate the opportunity to be of service to you.

Sincerely,

THAD MENTZER

FLEET SALES

936-523-0644

tmentzer@gulloford.com

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:
TRI-COUNTY BEHAVIORAL HEALTHCARE
Prepared by: THAD MENTZER
07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

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Prepared for:
 TRI-COUNTY BEHAVIORAL HEALTHCARE
 Prepared by: THAD MENTZER
 07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

As Configured Vehicle

Description	MSRP
Base Vehicle	
Base Vehicle Price (K7B)	\$36,760.00
Packages	
Equipment Group 100A	N/C
<p><i>Includes:</i></p> <ul style="list-style-type: none"> - Engine: 2.3L EcoBoost I-4 <i>Includes auto start-stop technology.</i> - Transmission: 10-Speed Automatic - 3.58 Non-Limited-Slip Rear Axle Ratio - GVWR: TBD - Tires: P255/65R18 AS BSW <i>Includes mini spare.</i> - Wheels: 18" 5-Spoke Silver-Painted Aluminum - Cloth Captain's Chairs <i>Includes 8-way power driver's seat with power function for tilt and recline, 4-way manual front passenger seat with fore/aft and recline and 2-way manually adjustable driver and front passenger head restraints.</i> - Radio: AM/FM Stereo <i>Includes MP3 capability, 6 speakers, speed-compensated volume and SiriusXM includes a 3 month prepaid subscription. Service is not available in Alaska and Hawaii. All SiriusXM services require a subscription, sold separately by SiriusXM after the trial period. Your SiriusXM service will automatically stop at the end of your trial unless you decide to subscribe. If you decide to continue service, the subscription plan chosen will automatically renew and be charged according to your chosen payment method at the then-current rates. Fees and taxes apply. See the SiriusXM Customer Agreement & Privacy Policy at https://www.siriusxm.com/ www.siriusxm.com for full terms and how to cancel, which includes online methods or calling 1-866-635-2349. Available in the 48 contiguous United States, D.C., and Puerto Rico (with coverage limits and capable receiver). Visit http://www.siriusxm.com/FAQS for most current service area information. Availability of some services and features is subject to device capabilities and location restrictions. All fees, content and features are subject to change. SiriusXM, Pandora and all related logos are trademarks of Sirius XM Radio Inc. and its respective subsidiaries.</i> - FordPass Connect <i>Includes 4G LTE Wi-Fi hotspot connects up to 10 devices with wireless data trial that begins upon AT&T activation and expires at the end of 3 months or when 3GB of data is used, whichever comes first, but cannot extend beyond the trial subscription period for remote features. To activate, go to www.att.com/ford, remotely start, lock and unlock vehicle, schedule specific times to remotely start vehicle, locate parked vehicle and check vehicle status (FordPass Connect, the Ford Pass App., and Complimentary Connected Services are required for remote features (see FordPass terms for details). Connected Service and features depend on compatible AT&T network availability. Evolving technology/cellular networks/vehicle capability may limit functionality and prevent operation of connected features. Connected services excludes Wi-Fi hotspot.). Note: Ford Telematics and data services prep included for fleet only: FordPass Connect 4G Wi-Fi modem provides data to support telematics and data services including but not limited to vehicle location, speed, idle time, fuel, vehicle diagnostics and maintenance alerts. Device enables telematics services through Ford or authorized providers. Activate at www.fleet.ford.com or call 833-FCS-Ford. (833-327-3673).</i> - SYNC 3 Communications & Entertainment System <i>Includes enhanced voice recognition, 8" LCD capacitive touchscreen in center stack with swipe capability, AppLink, 911 Assist, Apple Car Play and Android Auto compatibility and 1 "A" and 1 "C" USB ports in the media hub.</i> 	
Powertrain	
Engine: 2.3L EcoBoost I-4 <i>Includes auto start-stop technology.</i>	Included
Transmission: 10-Speed Automatic	Included
3.58 Non-Limited-Slip Rear Axle Ratio	Included
GVWR: TBD	Included
Wheels & Tires	

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

As Configured Vehicle (cont'd)

Description	MSRP
Tires: P255/65R18 AS BSW <i>Includes mini spare.</i>	Included
Wheels: 18" 5-Spoke Silver-Painted Aluminum	Included
Seats & Seat Trim	
Cloth Captain's Chairs <i>Includes 8-way power driver's seat with power function for tilt and recline, 4-way manual front passenger seat with fore/aft and recline and 2-way manually adjustable driver and front passenger head restraints.</i>	Included
Other Options	
Monotone Paint Application	STD
119.1" Wheelbase	STD
Radio: AM/FM Stereo <i>Includes MP3 capability, 6 speakers, speed-compensated volume and SiriusXM includes a 3 month prepaid subscription. Service is not available in Alaska and Hawaii. All SiriusXM services require a subscription, sold separately by SiriusXM after the trial period. Your SiriusXM service will automatically stop at the end of your trial unless you decide to subscribe. If you decide to continue service, the subscription plan chosen will automatically renew and be charged according to your chosen payment method at the then-current rates. Fees and taxes apply. See the SiriusXM Customer Agreement & Privacy Policy at https://www.siriusxm.com/ www.siriusxm.com for full terms and how to cancel, which includes online methods or calling 1-866-635-2349. Available in the 48 contiguous United States, D.C., and Puerto Rico (with coverage limits and capable receiver). Visit http://www.siriusxm.com/FAQS for most current service area information. Availability of some services and features is subject to device capabilities and location restrictions. All fees, content and features are subject to change. SiriusXM, Pandora and all related logos are trademarks of Sirius XM Radio Inc. and its respective subsidiaries.</i>	Included
<i>Includes:</i>	
<i>- FordPass Connect</i>	
<i>Includes 4G LTE Wi-Fi hotspot connects up to 10 devices with wireless data trial that begins upon AT&T activation and expires at the end of 3 months or when 3GB of data is used, whichever comes first, but cannot extend beyond the trial subscription period for remote features. To activate, go to www.att.com/ford, remotely start, lock and unlock vehicle, schedule specific times to remotely start vehicle, locate parked vehicle and check vehicle status (FordPass Connect, the Ford Pass App., and Complimentary Connected Services are required for remote features (see FordPass terms for details). Connected Service and features depend on compatible AT&T network availability. Evolving technology/cellular networks/vehicle capability may limit functionality and prevent operation of connected features. Connected services excludes Wi-Fi hotspot.). Note: Ford Telematics and data services prop included for fleet only: FordPass Connect 4G Wi-Fi modem provides data to support telematics and data services including but not limited to vehicle location, speed, idle time, fuel, vehicle diagnostics and maintenance alerts. Device enables telematics services through Ford or authorized providers. Activate at www.fleet.ford.com or call 833-FCS-Ford. (833-327-3673).</i>	
<i>- SYNC 3 Communications & Entertainment System</i>	
<i>Includes enhanced voice recognition, 8" LCD capacitive touchscreen in center stack with swipe capability, AppLink, 911 Assist, Apple Car Play and Android Auto compatibility and 1 "A" and 1 "C" USB ports in the media hub.</i>	
Emissions	
50 State Emissions System	STD
Flexible Fuel Vehicle (FFV) system is standard equipment for vehicles with the 3.3L Ti-VCT V6 FFV engine.	
Interior Color	
Sandstone w/Cloth Captain's Chairs	N/C
Fleet Options	

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

As Configured Vehicle (cont'd)

Description	MSRP
Oxford White	N/C
Fleet only.	
SUBTOTAL	\$36,760.00
Destination Charge	\$1,595.00
TOTAL	\$38,355.00

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

Prepared for:
 TRI-COUNTY BEHAVIORAL HEALTHCARE
 Prepared by: THAD MENTZER
 07/07/2023



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

Pricing Summary - Single Vehicle

	MSRP	INVOICE
<i>Vehicle Pricing</i>		
Base Vehicle Price	\$36,760.00	\$35,657.00
Options	\$0.00	\$0.00
Colors	\$0.00	\$0.00
Upfitting	\$0.00	\$0.00
Fleet Discount	\$0.00	\$0.00
Fuel Charge	\$0.00	\$7.56
Destination Charge	\$1,595.00	\$1,595.00
Total	\$38,355.00	\$37,259.56 \$36,500. ⁰⁰

Customer Signature

Acceptance Date

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Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

Major Equipment

(Based on selected options, shown at right)
10-speed automatic

- * 18 x 7.5-inch front and rear silver aluminum wheels
- * Overdrive transmission
- * Transmission electronic control
- * All-speed ABS and driveline traction control
- * Battery run down protection
- * Driver selectable drivetrain mode
- * 8 inch primary LCD display
- * Bluetooth wireless audio streaming
- * Seek scan
- * Internal storage capability
- * 3 month satellite trial subscription
- * Wheelbase: 119.1"
- * Standard ride suspension
- * Rear window defroster
- * Manual folding door mirrors
- * LED daytime running lights
- * Deep tinted windows
- * Speed sensitive wipers
- * Manual rear child safety door locks
- * Seat mounted side impact driver airbag

As Configured Vehicle

STANDARD VEHICLE PRICE	\$36,760.00	MSRP
Equipment Group 100A		N/C
Engine: 2.3L EcoBoost I-4		Included
Transmission: 10-Speed Automatic		Included
3.58 Non-Limited-Slip Rear Axle Ratio		Included
GVWR: TBD		Included
Tires: P255/65R18 AS BSW		Included
Wheels: 18" 5-Spoke Silver-Painted Aluminum		Included
Cloth Captain's Chairs		Included
Monotone Paint Application		STD
119.1" Wheelbase		STD
Radio: AM/FM Stereo		Included
50 State Emissions System		STD
FordPass Connect		Included
SYNC 3 Communications & Entertainment System		Included
Oxford White		N/C
Sandstone w/Cloth Captain's Chairs		N/C
SUBTOTAL	\$36,760.00	

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Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069



Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301

Major Equipment

- * Seat mounted side impact front passenger airbag
- * 8 airbags
- * Automatic climate control
- * Rear under seat climate control ducts
- * Carpet third-row seatback upholstery
- * 50-50 folding third-row passenger seat
- * Front facing third-row seat
- * Height adjustable third-row head restraints
- * 2 third-row head restraints
- * 35-30-35 folding second-row seats
- * Split-bench second-row seat
- * Fold forward second-row seatback
- * Height adjustable rear seat head restraints
- * 3 rear seat head restraints
- * Driver seat with 8-way directional controls
- * Height adjustable front seat head restraints
- * Front seat center armrest
- * Power height adjustable driver seat
- * Power driver seat cushion tilt
- * Manual passenger seat fore/aft control
- * Cloth front seatback upholstery
- * 4-wheel antiflock (ABS) brakes
- * Airbag occupancy sensor
- * SecuriLock immobilizer
- * Dual-zone front climate control
- * Cloth rear seat upholstery
- * Fixed third-row seats
- * Third-row bench seat
- * Manual fold into floor third-row seat
- * Manual third-row head restraint control
- * Fixed second-row seats
- * Manual reclining second-row seats
- * Front facing rear seat
- * Second-row seats with manual fore and aft
- * Manual rear seat head restraint control
- * Bucket front seats
- * Front passenger seat with 4-way directional controls
- * Manual front seat head restraint control
- * Power reclining driver seat
- * Power driver seat fore/aft control
- * Manual reclining passenger seat
- * Cloth front seat upholstery
- * 4-wheel disc brakes
- * Electronic parking brake

As Configured Vehicle

Destination Charge \$1,595.00

TOTAL \$38,355.00

MSRP

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Prepared for:

TRI-COUNTY BEHAVIORAL HEALTHCARE

Prepared by: THAD MENTZER

07/07/2023

2023 Explorer 4dr 4x2 Base (K7B)

Quote ID: T069

Gullo Ford of Conroe | 925 I-45 South Conroe Texas | 77301



Major Equipment

* Brake assist system

* Hill Start Assist

Fuel Economy

City
21 mpg



Hwy
28 mpg

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Caldwell Country Chevrolet | Rockdale Country Ford | Cameron Country CDJR
 800 State Highway 21 East
 Caldwell Texas 77836

Vehicle Quote

Quote No.: DL 220875
 Exp. Date: 08-06-2023

Prepared for: Tri-County Behavioral Healthcare
 Conroe Texas
 Hollie Park
 holliep@tcbhc.org

NAME	PRICE	QTY	SUBTOTAL
2023 Dodge Charger Pursuit RWD Dealer Stock PH562611 Black	\$39,000.00	1	\$39,000.00



Upfit Equipment CAPQ108652	\$1,597.00	1	\$1,597.00
			\$40,597.00
			Discount \$0.00
Tarrant County 2023-016			Tax \$0.00
			Floor Plan Interest \$300.00
			Delivery \$335.00
			COOP Fee \$0.00
			Total \$41,232.00

****PRICES/QUOTES ARE VALID FOR THIRTY (30) DAYS DUE TO SUPPLY CHAIN CONSTRAINTS. REVERIFY PRICING BEFORE ISSUING A PURCHASE ORDER. COMMODITY SURCHARGES MAY APPLY AFTER A PURCHASE ORDER IS ISSUED****



Quote

Date 7/7/2023
Quote # CAPQ-108652



CAP FLEET

2603 Taylors Valley Road
Belton, TX 76513
Office 254-773-1959

Name / Address Tri-County Behavioral Healthcare

Ship To: Hollie Park Tri-County Behavioral Healthcare 233 Sergeant Ed Holcomb Boulevard, Conroe, Texas 77385

Salesperson:	David Warner
Email:	
Contact Name:	

Year:	2023
Make:	Dodge
Model:	CHARGER

Job Description: Partition for Dodge Charger

Quote Summary

Per Vehicle Subtotal	\$1,597.00
Per Vehicle Tax	\$0.00
Per Vehicle Total	\$1,597.00

Vehicles Quoted 1

Grand Total \$1,597.00

****PRICES ARE VALID FOR 30 DAYS BUT ARE SUBJECT TO CHANGE DUE TO SUPPLY CHAIN CHALLENGES.
REVERIFY PRICING BEFORE ISSUING A PURCHASE ORDER. COMMODITY SURCHARGES MAY APPLY AFTER PO IS ISSUED.
ALL CANCELLED ORDERS ARE SUBJECT TO A 20% RESTOCKING FEE****

I hereby authorize the install work therein set forth to be done by CAP Fleet Upfitters, together with the furnishing by CAP Fleet Upfitters of the necessary parts and other material for such install and agree that CAP Fleet Upfitters is not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that CAP Fleet Upfitters neither assumes or authorizes any other person to assume for CAP Fleet Upfitters any liability in connection with such install; that CAP Fleet Upfitters shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft, any Act of God, or other cause beyond CAP Fleet Upfitters control; that CAP Fleet Upfitters employees may operate the above vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspecting such vehicle.

WWW.CAPFLEET.COM

QUOTES ARE GOOD FOR 30 DAYS.

PLEASE SIGN BELOW IF ALL ITEMS & QUANTITIES ARE APPROVED.

X _____ Date: / /

Quote

Date 7/7/2023
 Quote # CAPQ-108652



CAP FLEET

2603 Taylors Valley Road
 Belton, TX 76513
 Office 254-773-1959

QTY	Part #	Part Details	Unit Price	Total
PRISONER TRANSPORT EQUIPMENT				
1	PSSP5604C11A	CENTER SLIDING POLY WINDOW PARTITION - SPACE SAVER PLUS - INCLUDES RECESSED PANEL AND LOWER EXTENSION PANELS; DODGE CHARGER 2011-2022	\$768.00	\$768.00

QTY	Part #	Description	Price
1	DEALER	DEALER PREP	\$125.00
1	WIRING HARNESS	WIRING HARNESS	\$0.00
1	PROGFEE	PROGRAMMING FEE	\$0.00
1	DISPOSAL	DISPOSAL FEE (FOR OEM PARTS NOT PICKED UP ON DELIVERY)	\$0.00
1	PDKIT	POWER DISTRIBUTION KIT	\$0.00
1	INSPECT	ALL CAP FLEET INSPECTIONS COME WITH AN AGENCY LIMITED LIFETIME WARRANTY	\$200.00
1	SHOP SUPPLIES	SHOP SUPPLIES	\$65.00
1	LABOR	LABOR	\$260.00
1	SHIPPING	SHIPPING	\$179.00

Hollie Park

From: David Warner <dwarner@capfleet.com>
Sent: Wednesday, July 12, 2023 9:50 AM
To: Hollie Park
Subject: Partition and Installation Quote for 2023 Explorer (Retail) CAPQ-108678
Attachments: Outlook-A picture; CAPQ-108678 Itemized.pdf

WARNING: This email is from outside the Tri-County Network. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Hello,

Here is the quote you recently requested. Just FYI, this quote shows a retail model Ford Explorer because it is what you are most likely going to be able to find. Please be aware that this quote would also be good for a Police Interceptor Model as well. The partition will fit either. A rear cargo partition will NOT fit a retail model Explorer however. I just wanted you to know the limitations between the two ahead of time.

Please let me know if you have any questions. Thank you and have a Blessed day.



David Warner

Regional Sales

dwarner@capfleet.com | www.capfleet.com

4909 Fulton Street, Houston, TX 77009

O: 832-203-5658 | C: 832-622-0694

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

Quote

Date 7/12/2023
 Quote # CAPQ-108678



CAP FLEET

2603 Taylors Valley Road
 Belton, TX 76513
 Office 254-773-1959

Name / Address
 Tri-County Behavioral Healthcare

Ship To:
 Hollie Park
 Tri-County Behavioral Healthcare
 233 Sergeant Ed Holcomb Boulevard, Conroe, Texas

Salesperson:	David Warner
Email:	
Contact Name:	

Year:	2023
Make:	Ford
Model:	EXPLORER (RETAIL)

Job Description: Partition and Installation for Ford Explorer

Quote Summary

Per Vehicle Subtotal	\$1,404.00
Per Vehicle Tax	\$0.00
Per Vehicle Total	\$1,404.00

Vehicles Quoted 1

Grand Total \$1,404.00

****PRICES ARE VALID FOR 30 DAYS BUT ARE SUBJECT TO CHANGE DUE TO SUPPLY CHAIN CHALLENGES.
 REVERIFY PRICING BEFORE ISSUING A PURCHASE ORDER. COMMODITY SURCHARGES MAY APPLY AFTER PO IS ISSUED.
 ALL CANCELLED ORDERS ARE SUBJECT TO A 20% RESTOCKING FEE****

I hereby authorize the install work therein set forth to be done by CAP Fleet Upfitters, together with the furnishing by CAP Fleet Upfitters of the necessary parts and other material for such install and agree that CAP Fleet Upfitters is not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that CAP Fleet Upfitters neither assumes or authorizes any other person to assume for CAP Fleet Upfitters any liability in connection with such install; that CAP Fleet Upfitters shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft, any Act of God, or other cause beyond CAP Fleet Upfitters control; that CAP Fleet Upfitters employees may operate the above vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspecting such vehicle.

WWW.CAPFLEET.COM

QUOTES ARE GOOD FOR 30 DAYS.

PLEASE SIGN BELOW IF ALL ITEMS & QUANTITIES ARE APPROVED.

X _____ Date: / /

Quote

Date 7/12/2023
 Quote # CAPQ-108678



CAP FLEET

2603 Taylors Valley Road
 Belton, TX 76513
 Office 254-773-1959

QTY	Part #	Part Details	Unit Price	Total
PRISONER TRANSPORT EQUIPMENT				
1	PRPSP4714UJINT20A	POLY CENTER SLIDER WINDOW WITH EXPANDED METAL INSERT PARTITION - SPACE SAVER - INCLUDES RECESSED PANEL AND LOWER EXTENSION PANELS; FORD INTERCEPTOR UTILITY 2020-2022	\$900.00	\$900.00

QTY	Part #	Description	Price
1	DEALER	DEALER PREP	\$0.00
1	INSPECT	ALL CAP FLEET INSPECTIONS COME WITH AN AGENCY LIMITED LIFETIME WARRANTY	\$0.00
1	PROGFEE	PROGRAMMING FEE	\$0.00
1	SHIPPING	SHIPPING	\$179.00
1	LABOR	LABOR	\$260.00
1	DISPOSAL	DISPOSAL FEE (FOR OEM PARTS NOT PICKED UP ON DELIVERY)	\$0.00
1	PDKIT	POWER DISTRIBUTION KIT	\$0.00
1	SHOP SUPPLIES	SHOP SUPPLIES	\$65.00
1	WIRING HARNESS	WIRING HARNESS	\$0.00

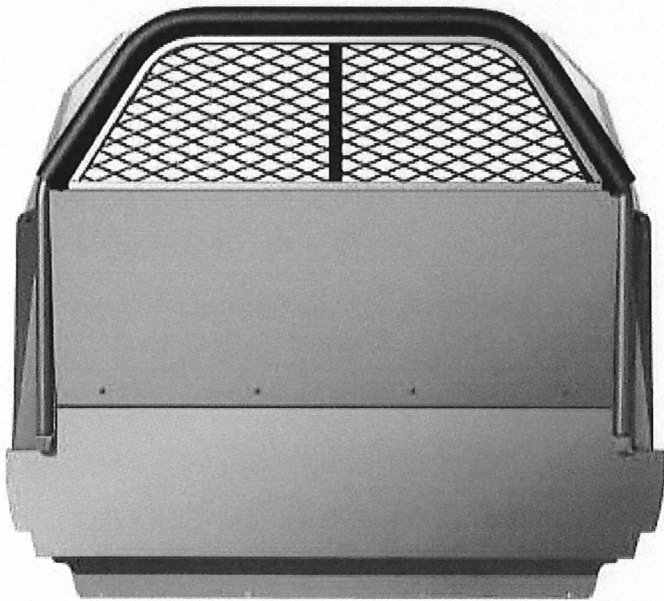
Hollie Park

From: Gerardo Verdin <gverdin@danasafetysupply.com>
Sent: Wednesday, July 12, 2023 12:46 PM
To: Hollie Park
Subject: DSS Quotes
Attachments: SQ - 493265 Tri-County Behavioral Healthcare.pdf; SQ - 493267 Tri-County Behavioral Healthcare.pdf

WARNING: This email is from outside the Tri-County Network. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Hollie,

Attached are both quotes, one for an Explorer and the other for a Charger. These will have to be ordered and will be approximately 6-8 weeks to arrive from the order date. On non-department accounts such as yours, we do require payment prior to any ordering. Also, I'm attaching a picture of what the partition looks like.



Please let me know if you have any questions.

Thank you.



GERARDO VERDIN

Inside Sales | Texas

Houston | Round Rock | Fort Worth | Harlingen

Sales Quote

DANA SAFETY SUPPLY, INC
4809 KOGER BLVD
GREENSBORO, NC 27407

Telephone: 800-845-0405

Sales Quote No.	493265
Customer No.	TRICOBHC

Bill To
TRI-COUNTY BEHAVIORAL HEALTH CARE 223 SGT ED HOLCOMB BLVD SOUTH CONROE, TX 77305 United States

Ship To
(For Pickup - HOUS) DANA SAFETY SUPPLY 7800 BREEN ROAD BLDG B HOUSTON, TX 77064

Contact: PEGGY RYAN
Telephone: 936-521-6100
E-mail: PEGGYD@TCBHC.ORG

Contact:
Telephone:
E-mail:

Quote Date	Ship Via	F.O.B.	Customer PO Number	Payment Method
07/12/23	GROUND SHIPMENT	QUOTED FREIGHT		CHARGE
Entered By		Salesperson	Ordered By	Resale Number
Gerald Verdin		Geardo Verdin HOUSTON	HOLLIE	

Order Quantity	Approve Quantity	Tax	Item Number / Description	Unit Price	Extended Price
1	1	N	INFO 2023 FORD EXPLORER Warehouse: HOUS	0.0000	0.00
1	1	Y	PK0117EPL20TM SMC #7VS EXPANDED METAL PARTITION Warehouse: HOUS	619.0000	619.00
1	1	Y	INSTALL KIT MISC INSTALLATION SUPPLIES I.E. Warehouse: HOUS LOOM, WIRE, HARDWARE, CONNECTORS, ETC *****	25.0000	25.00
1	1	Y	INSTALL DSS INSTALLATION OF EQUIPMENT Warehouse: HOUS	315.0000	315.00

Approved By: _____
 Approve All Items & Quantities
Quote Good for 30 Days

Print Date	07/12/23
Print Time	01:37:00 PM
Page No.	1

Subtotal	959.00
Freight	150.00
Order Total	1,109.00

Printed By: Gerald Verdin

Sales Quote

DANA SAFETY SUPPLY, INC
4809 KOGER BLVD
GREENSBORO, NC 27407

Telephone: 800-845-0405

Sales Quote No.	493267
Customer No.	TRICOBHC

Bill To

TRI-COUNTY BEHAVIORAL HEALTH CARE
 223 SGT ED HOLCOMB BLVD SOUTH
 CONROE, TX 77305
 United States

Ship To

(For Pickup - HOUS)
 DANA SAFETY SUPPLY
 7800 BREEN ROAD
 BLDG B
 HOUSTON, TX 77064

Contact: PEGGY RYAN
 Telephone: 936-521-6100
 E-mail: PEGGYD@TCBHC.ORG

Contact:
 Telephone:
 E-mail:

Quote Date	Ship Via	F.O.B.	Customer PO Number	Payment Method	
07/12/23	GROUND SHIPMENT	QUOTED FREIGHT		CHARGE	
Entered By	Salesperson	Ordered By	Resale Number		
Gerald Verdin	Geardo Verdin HOUSTON	HOLLIE			
Order Quantity	Approve Quantity	Tax	Item Number / Description	Unit Price	Extended Price
1	1	N	INFO 2023 DODGE CHARGER Warehouse: HOUS	0.0000	0.00
1	1	Y	MISC PK0103CGR11 SMC #7VS STATIONARY W/EXP METAL Warehouse: HOUS	563.0000	563.00
1	1	Y	INSTALL KIT MISC INSTALLATION SUPPLIES I.E. Warehouse: HOUS LOOM, WIRE, HARDWARE, CONNECTORS, ETC *****	25.0000	25.00
1	1	Y	INSTALL DSS INSTALLATION OF EQUIPMENT Warehouse: HOUS	315.0000	315.00

Approved By: _____

Approve All Items & Quantities

Quote Good for 30 Days

Print Date	07/12/23
Print Time	01:40:56 PM
Page No.	1

Subtotal	903.00
Freight	150.00
Order Total	1,053.00

Printed By: Gerald Verdin

Agenda Item: Approve FY 2023 Contract Addendum No. 2 for Dr. Stacy Russell for up to \$60,000

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

Tri-County Behavioral Healthcare has utilized Dr. Stacy Russell, an inpatient psychiatry provider affiliated with both Woodland Springs and Aspire hospitals, for many years.

Due to higher than anticipated utilization of these hospitals, Dr. Russell requires a FY 23 contract addendum to increase her contract maximum from \$48,000 to \$60,000.

Supporting Documentation:

Contract Addendum Available for Review.

Recommended Action:

Approve FY 2023 Contract Addendum for Dr. Stacy Russell for up to \$60,000

Agenda Item: Ratify FY 2024 HHSC Contract No. HHS001325300036 YES Pre-Engagement Services

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

According to HHSC, the "Youth Empowerment Services (YES) Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties. The YES Waiver provides intensive services delivered within a strengths-based team planning process called Wraparound. Wraparound builds on family and community support and utilizes YES services to help build your family's natural support network and connection with your community. YES services are family-centered, coordinated and effective at preventing out-of-home placement and promoting lifelong independence and self-defined success.

This contract is for the Yes Waiver Pre-Engagement Services which are services provided by the local authority to perform the referral and enrollment process for individuals seeking enrollment in YES Waiver who reside in the community of the LMHA/LBHA service area. Pre-engagement services include completing the YES Waiver application; obtaining and completing referral documentation required to determine program eligibility; and working to obtain necessary documents for determining Medicaid eligibility.

Services provided under this contract are billed to HHSC on a fee-for-service basis.

This contract arrived during the month of June and needed to be returned before the Board meeting. Staff are requesting ratification of the contract.

Supporting Documentation:

Contract Addendum Available for Review.

Recommended Action:

Ratify FY 2024 HHSC Contract No. HHS001325300036 YES Pre-Engagement Services

Agenda Item: Appoint New Director for the Cleveland Supported Housing, Inc. Board

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

Ms. Susan Bergman has expressed interest in serving as a Director on the Cleveland Supported Housing, Inc. (CSHI) Board for a term that would expire January 2024.

The current Board has three (3) members, meeting the minimum requirement, but has expressed interest in having additional members.

Supporting Documentation:

None

Recommended Action:

Appoint Ms. Susan Bergman to Serve on the Cleveland Supported Housing, Inc. Board for a Term Which Expires January 2024

<p>Agenda Item: Review Tri-County's 2021 990 Tax Return Prepared by Eide Bailly LLP</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>July 27, 2023</p>
<p>Background Information:</p> <p>Eide Bailly LLP has completed Tri-County's 990 Tax Return for 2021 (fiscal year September 1, 2021 to August 31, 2022) for review by the Board.</p>	
<p>Supporting Documentation:</p> <p>Copy of Tri-County Behavioral Healthcare 2021 990 Tax Return</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	



CPAs & BUSINESS ADVISORS

July 12, 2023

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

Dear Millie:

Enclosed is the 2021 Exempt Organization return, as follows...

2021 Form 990

2021 IRS E-File Signature Authorization for a Tax Exempt Entity (Form 8879-TE)

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 where 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, 2022

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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by July 17, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning SEP 1, 2021, and ending AUG 31, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer TRI-COUNTY BEHAVIORAL HEALTHCARE	EIN or SSN 76-0032662
Name and title of officer or person subject to tax MILLIE MCDUFFEY CFO	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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>40,052,221.</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 V, 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 _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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 ▶ 07/12/23

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

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 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
Form 990-T (corporation)	07		

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 17, 2023**, 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, 2021**, and ending **AUG 31, 2022**.

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-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-TE and Form 8879-TE 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)

2021

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 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

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 \$ 40,052,221. 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 2021 (Part V, line 2a)	5	513
	6	Total number of volunteers (estimate if necessary)	6	305
	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 589,556.
9		Program service revenue (Part VIII, line 2g)	32,287,702.	39,549,765.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	233,320.	30,698.
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)	33,110,578.	40,052,221.
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)	23,603,514.	24,498,638.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,457,231.	13,945,825.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,060,745.	38,444,463.
	19	Revenue less expenses. Subtract line 18 from line 12	49,833.	1,607,758.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 30,850,892.	End of Year 35,174,146.
	21	Total liabilities (Part X, line 26)	13,797,502.	16,512,998.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,053,390.	18,661,148.

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 07/12/23	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

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

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

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

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 \$ 16,117,569. including grants of \$) (Revenue \$ 16,029,022.) PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 8,413 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 \$ 4,245,551. including grants of \$) (Revenue \$ 4,621,579.) PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 3,482 CHILDREN AND ADOLESCENTS LIVING IN MONGOMERY, WALKER, AND LIBERTY COUNTIES IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THE SERVICES.

4c (Code:) (Expenses \$ 5,403,074. including grants of \$) (Revenue \$ 5,554,453.) PROVIDED SERVICES TO 1,551 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 \$ 9,380,707. including grants of \$) (Revenue \$ 12,417,351.)

4e Total program service expenses 35,146,901.

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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 on 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HENRY CHAVEZ CUFFARO DOCTOR	40.00				X		316,195.	0.	23,371.	
(2) JONATHAN SNEED DOCTOR	40.00				X		298,718.	0.	40,192.	
(3) ROBERT BOGAN DOCTOR	40.00				X		297,299.	0.	23,791.	
(4) IGNOOR BAINS DOCTOR	40.00				X		297,906.	0.	8,634.	
(5) SHARON GUNTER-AUSTIN DOCTOR	40.00				X		227,265.	0.	20,824.	
(6) EVAN ROBERSON EXECUTIVE DIRECTOR	40.00			X			191,415.	0.	2,376.	
(7) MILLIE MCDUFFEY CHIEF FINANCIAL OFFICER	40.00			X			133,971.	0.	8,378.	
(8) AMY FOERSTER CHIEF COMPLIANCE OFFICER	40.00			X			105,794.	0.	6,915.	
(9) ANDREA SCOTT CHIEF NURSING OFFICER	40.00			X			94,129.	0.	809.	
(10) GAIL PAGE VICE-CHAIR	2.00	X					0.	0.	0.	
(11) JACOB PASCHAL SECRETARY	2.00	X					0.	0.	0.	
(12) MORRIS JOHNSON TRUSTEE	2.00	X					0.	0.	0.	
(13) PATTI ATKINS CHAIR	2.00	X					0.	0.	0.	
(14) RICHARD DUREN TRUSTEE	2.00	X					0.	0.	0.	
(15) SHARON WALKER TRUSTEE	2.00	X					0.	0.	0.	
(16) TIM CANNON TRUSTEE	2.00	X					0.	0.	0.	
(17) TRACY SORENSEN TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							1,962,692.	0.	135,290.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,962,692.	0.	135,290.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KINGWOOD PINES 2001 LADBROOK DRIVE, KINGWOOD, TX 77339	PSYCHIATRY INPATIENT	1,047,530.
CYPRESS CREEK HOSPITAL 17750 CALI DRIVE, HOUSTON, TX 77090	PSYCHIATRY INPATIENT	714,580.
WOODLAND SPRINGS HOSPITAL 5630 SOLUTION CENTER, CHICAGO, IL 60677	PSYCHIATRY INPATIENT	592,050.
SAE ASSOCIATION, 280 MADISON AVE, SUITE 1208, NEW YORK, NY 10016	GRANT WRITING SERVICES	170,750.
CROWN CLEANING SERVICES 3302 EXPLORER WAY, CONROE, TX 77301	JANITORIAL SERVICES	135,555.

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

Part VIII Statement of Revenue

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

			(A)	(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	471,758.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			471,758.			
Program Service Revenue	2 a STATE SERVICE CONTRACTS	Business Code	624100	28,889,917.	28889917.		
	b MEDICAID REVENUES		624100	9,604,616.	9,604,616.		
	c OTHER CONTRACTS		624100	788,825.	788,825.		
	d PATIENT FEES/INSURANCE		624100	222,492.	222,492.		
	e MEDICARE REVENUE		624100	43,915.	43,915.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			39,549,765.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,183.		5,183.	
	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		25,515.		
	b Less: cost or other basis and sales expenses	7b			0.		
	c Gain or (loss)	7c			25,515.		
	d Net gain or (loss)			25,515.		25,515.	
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			40,052,221.	39,549,765.	0.	30,698.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	525,308.	481,025.	44,283.	
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	20,352,178.	17,766,807.	2,585,371.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,742,093.	1,595,237.	146,856.	
9 Other employee benefits	1,576,824.	1,443,900.	132,924.	
10 Payroll taxes	302,235.	276,757.	25,478.	
11 Fees for services (nonemployees):				
a Management				
b Legal	35,548.	32,551.	2,997.	
c Accounting	36,996.	33,877.	3,119.	
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.)	8,240,736.	8,240,736.		
12 Advertising and promotion	71,394.	65,376.	6,018.	
13 Office expenses	852,005.	780,182.	71,823.	
14 Information technology	586,701.	537,243.	49,458.	
15 Royalties				
16 Occupancy	624,368.	571,735.	52,633.	
17 Travel	427,704.	391,649.	36,055.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	376,677.	344,924.	31,753.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	775,497.	716,595.	58,902.	
23 Insurance	349,030.	319,607.	29,423.	
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 CONSUMER COST	739,695.	739,695.		
b MEDICATION	586,655.	586,655.		
c OTHER COSTS	242,819.	222,350.	20,469.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	38,444,463.	35,146,901.	3,297,562.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,156,807.	1	1,193,696.
	2 Savings and temporary cash investments	6,957,510.	2	4,256,724.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,999,472.	4	5,952,995.
	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	167,261.	9	249,548.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,273,514.		
	b Less: accumulated depreciation	10b 8,231,894.	10c	21,041,620.
	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	1,027,881.	15	2,479,563.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,850,892.	16	35,174,146.	
Liabilities	17 Accounts payable and accrued expenses	992,855.	17	1,427,225.
	18 Grants payable		18	
	19 Deferred revenue	860,581.	19	754,637.
	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	10,202,401.	23	11,764,303.
	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	1,741,665.	25	2,566,833.
	26 Total liabilities. Add lines 17 through 25	13,797,502.	26	16,512,998.
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	17,053,390.	31	18,661,148.
	32 Total net assets or fund balances	17,053,390.	32	18,661,148.
33 Total liabilities and net assets/fund balances	30,850,892.	33	35,174,146.	

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	40,052,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,444,463.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,607,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,053,390.
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	18,661,148.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	534,413.	963,625.	1274269.	589,556.	471,458.	3833321.
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	534,413.	963,625.	1274269.	589,556.	471,458.	3833321.
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.						3833321.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	534,413.	963,625.	1274269.	589,556.	471,458.	3833321.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,951.	75,973.	37,614.	11,506.	5,183.	182,227.
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						4015548.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	95.46 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	94.80 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described on 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>		

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>		
b Did the activities described on 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>		
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>		
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>		

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).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

Schedule B (Form 990) (2021)

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	\$ 96,969.	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	\$ 158,056.	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	\$ 55,848.	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
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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 | 32,655. |
| d Additions during the year | 209,734. |
| e Distributions during the year | 216,361. |
| f Ending balance | 26,028. |
- 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? <input type="checkbox"/> | | |
- 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		3,139,124.		3,139,124.
b Buildings		22,548,025.	5,176,611.	17,371,414.
c Leasehold improvements				
d Equipment		3,586,365.	3,055,283.	531,082.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,041,620.

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) DUE FROM COMPONENT UNITS	85,751.
(2) DEPOSIT IGT DPP	1,947,335.
(3) LEASED ASSETS	446,477.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,479,563.

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	601,939.
(3) COMPENSATED ABSENCES - DUE IN ONE	
(4) YEAR	694,011.
(5) NOTES PAYABLE - DUE IN ONE YEAR	590,939.
(6) DPP RESERVE	584,113.
(7) LEASES PAYABLE - DUE IN ONE YEAR	95,831.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,566,833.

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	40,026,706.
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	40,026,706.
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	25,515.
c	Add lines 4a and 4b	4c	25,515.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	40,052,221.

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	38,418,948.
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	38,418,948.
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	25,515.
c	Add lines 4a and 4b	4c	25,515.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	38,444,463.

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:

GAIN ON SALE OF ASSETS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the 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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) HENRY CHAVEZ CUFFARO DOCTOR	(i)	316,195.	0.	0.	0.	23,371.	339,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JONATHAN SNEED DOCTOR	(i)	298,718.	0.	0.	21,238.	18,954.	338,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT BOGAN DOCTOR	(i)	297,299.	0.	0.	0.	23,791.	321,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IGNOOR BAINS DOCTOR	(i)	297,906.	0.	0.	0.	8,634.	306,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON GUNTER-AUSTIN DOCTOR	(i)	227,265.	0.	0.	0.	20,824.	248,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EVAN ROBERSON EXECUTIVE DIRECTOR	(i)	191,415.	0.	0.	0.	2,376.	193,791.	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)**

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

OMB No. 1545-0047

2021

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 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:

THESE ITEMS ARE MADE AVAILABLE UPON REQUEST

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

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES 8,240,736.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

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

Schedule O (Form 990) 2021

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

TOTAL EXPENSES

8,240,736.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

8,240,736.

Lined area for additional entries or calculations.

**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

2021

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
TRI-COUNTY'S CONSUMER FOUNDATION - 30-0950954, P.O. BOX 3067, CONROE, TX 77305	MANAGEMENT OF DOLLARS TO PROVIDE NEEDED SERVICE TO CONSUMERS OF TBHC	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) 2021

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)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Agenda Item: 3rd Quarter FY 2023 Quarterly Investment Report

Board Meeting Date

July 27, 2023

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, 2023

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	\$582.55	\$579.85	(\$502.15)
Accrual of Interest Income	\$94,600,532.57	\$127,417,733.46	\$128,803,444.70
Interest and Management Fees Payable	(\$132,027,896.53)	(\$129,125,474.46)	(\$134,129,655.34)
Payable for Investments Purchased	(\$210,000,000.00)	(1,417,982,539.85)	0.00
Accrued Expense & Taxes	(\$32,861.98)	(\$95,007.42)	(\$31,852.18)
Repurchase Agreements	\$11,691,748,000.00	\$13,120,233,000.00	\$11,483,201,000.00
Mutual Fund Investments	\$2,425,074,000.00	\$2,425,085,200.00	\$2,025,085,200.00
Government Securities	\$16,911,780,963.54	\$15,618,425,992.57	\$14,975,702,130.47
U.S. Treasury Bills	\$1,100,608,748.50	\$1,528,187,705.63	\$1,606,928,764.50
U.S. Treasury Notes	\$1,298,666,296.84	\$875,884,643.45	\$1,025,951,269.20
TOTAL	\$33,180,429,565.49	\$32,148,031,833.23	\$31,111,509,799.20

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	(\$581.10)	(\$502.15)
Accrual of Interest Income	\$80,818,371.65	\$128,803,444.70
Interest and Management Fees Payable	(\$115,913,814.71)	(\$134,129,655.34)
Payable for Investments Purchased	(\$100,000,000.00)	0.00
Accrued Expenses & Taxes	(\$33,415.29)	(\$31,852.18)
Repurchase Agreements	\$11,004,321,000.00	\$11,483,201,000.00
Mutual Fund Investments	\$14,162,566,756.20	\$2,025,085,200.00
Government Securities	\$4,055,096,073.87	\$14,981,831,730.77
U.S. Treasury Bills	\$5,094,292,314.06	\$1,606,970,449.89
U.S. Treasury Notes	\$1,068,746,015.81	\$1,024,956,978.09
TOTAL	\$ 33,619,870,646.62	\$31,116,675,593.78

Portfolio by Maturity as of May 31st, 2023

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
85.7%	8.1%	1.2%	5.0%

Portfolio by Type of Investments as of May 31st, 2023

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
8.5%	36.9%	48.1%	6.5%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 4.61% for March, 4.80% for April, and 5.00% 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 31st, 2023 was 22 days.

The net asset value as of May 31st, 2023 was 0.99983.

The total amount of interest distributed to participants during the period was \$134,129,655.27.

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 2,788.

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 2023
 As Of May 31 2023**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	-	\$ 315.07	\$ 315.07		\$ 630.14
First Liberty National Bank	\$ 0.46	\$ 1.19	\$ 1.87		\$ 3.52
JP Morgan Chase (HBS)	\$ 11,474.99	\$ 18,463.12	\$ 32,472.39		\$ 62,410.50
Prosperity Bank	\$ 165.64	\$ 251.90	\$ 24.89		\$ 442.43
Prosperity Bank CD (formerly Tradition)	\$ 12.51	\$ 13.14	\$ 2.43		\$ 28.08
TexPool Participants	\$ 290.16	\$ 649.74	\$ 485.04		\$ 1,424.94
First Financial Bank	-	-	\$ 260.38		\$ 260.38
Total Earned	\$ 11,943.76	\$ 19,694.16	\$ 33,562.07	\$ -	\$ 65,199.99

Agenda Item: Board of Trustees Unit Financial Statements as of May and June 2023

Board Meeting Date

July 27, 2023

Committee: Business

Background Information:

None

Supporting Documentation:

May and June 2023 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

Unit Financial Statement

FY 2023
May 31, 2023

	May 2023 Budget	May 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 17,343	\$ 17,343	\$ -	100%	\$ 23,125
Total Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 17,343	\$ 17,343	\$ -	100%	\$ 23,125
Expenses								
Insurance-Worker Compensation	\$ 13	\$ 6	\$ 7	\$ 113	\$ 41	\$ 72	36%	\$ 150
Legal Fees	\$ 1,500	\$ -	\$ 1,500	\$ 13,500	\$ 6,000	\$ 7,500	44%	\$ 18,000
Training	\$ 75	\$ 910	\$ (835)	\$ 675	\$ 1,010	\$ (335)	150%	\$ 900
Travel - Local	\$ 42	\$ -	\$ 42	\$ 375	\$ -	\$ 375	0%	\$ 500
Travel - Non-local mileage	\$ 35	\$ -	\$ 35	\$ 319	\$ 424	\$ (105)	133%	\$ 425
Travel - Non-local Hotel	\$ 217	\$ -	\$ 217	\$ 1,950	\$ 604	\$ 1,346	31%	\$ 2,600
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 412	\$ -	\$ 412	0%	\$ 550
Total Expenses	\$ 1,927	\$ 916	\$ 1,011	\$ 17,344	\$ 8,079	\$ 9,265	47%	\$ 23,125
Total Revenue minus Expenses	\$ (0)	\$ 1,011	\$ (1,011)	\$ (1)	\$ 9,264	\$ (9,265)	53%	\$ -

Unit Financial Statement

FY 2023
June 30, 2023

	June 2023 Budget	June 2023 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 19,270	\$ 19,270	\$ -	100%	\$ 23,125
Total Revenue	\$ 1,927	\$ 1,927	\$ -	\$ 19,270	\$ 19,270	\$ -	100%	\$ 23,125
Expenses								
Insurance-Worker Compensation	\$ 13	\$ 2	\$ 11	\$ 125	\$ 43	\$ 82	34%	\$ 150
Legal Fees	\$ 1,500	\$ 9,000	\$ (7,500)	\$ 15,000	\$ 15,000	\$ -	100%	\$ 18,000
Training	\$ 75	\$ -	\$ 75	\$ 750	\$ 1,010	\$ (260)	135%	\$ 900
Travel - Local	\$ 42	\$ 106	\$ (64)	\$ 417	\$ 106	\$ 311	25%	\$ 500
Travel - Non-local mileage	\$ 35	\$ -	\$ 35	\$ 354	\$ 424	\$ (70)	120%	\$ 425
Travel - Non-local Hotel	\$ 217	\$ 795	\$ (578)	\$ 2,167	\$ 1,399	\$ 768	65%	\$ 2,600
Travel - Meals	\$ 46	\$ 340	\$ (294)	\$ 458	\$ 340	\$ 118	74%	\$ 550
Total Expenses	\$ 1,927	\$ 10,243	\$ (8,316)	\$ 19,271	\$ 18,322	\$ 949	95%	\$ 23,125
Total Revenue minus Expenses	\$ (0)	\$ (8,316)	\$ 8,316	\$ (1)	\$ 948	\$ (949)	5%	\$ -

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date July 27, 2023
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 2023 HUD 811 Report	
Recommended Action: For Information Only	

3rd Quarter FY 2023 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board held a meeting on June 9, 2023 where they reviewed financial statements, project status reports, reviewed the Final FY 2022 Audit filed with HUD REAC and discussed potential new members for the CSHI Board. The property is at 100% occupancy with two people on the waiting list.

As of the June Board meeting, all residents are reported to be doing well. Several activities were held for the residents including: Bingo Day, Bible Study, and Donut Day.

The property has hired a new maintenance technician that will be working on all three properties. The property underwent a unit REAC Inspection on June 15, 2023 and are currently waiting on the results.

The current outstanding payable to Tri-County is \$36,867. The Property is still pending a response from HUD on the March 4, 2023 request for an annual Rent Contract renewal.

The CSHI Board currently has three members with one referral pending approval. Please contact Tanya with any potential leads.

The Montgomery Supported Housing, Inc. Board (MSHI)

The MSHI Board held a meeting on June 6, 2023 where they reviewed financial statements, project status reports, welcomed a new board member, and reviewed the Final FY 2022 Audit that was filed with HUD REAC. The property is currently at 100% occupancy and there are four approved people on the waiting list.

The residents continue to meet monthly to select and schedule different activities. Bingo is typically held monthly.

The current outstanding payable to Tri-County is \$32,286 which is typically reviewed annually following the audit to determine if the property is in a financial position to pay down this loan. On April 25, 2023, a 14.8% rent contract renewal request was made to HUD.

The MSHI Board currently has five board members. Please contact Tanya with any potential leads.

The Independence Communities, Inc. Board (ICI)

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

The ICI Board currently has four members. We continue to actively seek recommendations for additional membership as they become available. Please contact Tanya with any potential leads.

UPCOMING MEETINGS

August 31, 2023 – Board Meeting

- Approve Minutes from July 27, 2023 Board Meeting
- Community Resources Report
- Consumer Services Report for July 2023
- Program Updates
- Annual Election of FY 2024 Board Officers
- Executive Director’s Evaluation, Compensation & Contract for FY 2024
- Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees
- Personnel Report for July 2023
- Texas Council Risk Management Fund Claims Summary for July 2023
- Approve July 2023 Financial Statements
- Approve FY 2023 Year End Budget Revision
- Approve Proposed FY 2024 Operating Budget
- Board of Trustees Unit Financial Statement for July 2023

September 28, 2023 – Board Meeting

- Approve Minutes from August 31, 2023 Board Meeting
- Approve Goals and Objectives for FY 2024
- Community Resources Report
- Consumer Services Report for August 2023
- Program Updates
- Annual PNAC Reports
- FY 2023 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2023 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2024 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2024
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2023 Regular and Special Called Board Meetings
- Personnel Report for August 2023
- Texas Council Risk Management Fund Claims Summary for August 2023
- Texas Council Quarterly Board Meeting Verbal Update
- Authorize Check Signers
- Approve FY 2024 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2023 Financial Statements
- 4th Quarter Investment Report – FY 2023
- Board of Trustees Unit Financial Statement for August 2023

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
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
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
CIT	Crisis Intervention Team
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
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
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
OPC	Order for Protective Custody
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)
PCB	Private Contract Bed
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 Correctional 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 Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
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 2023