

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

April 25, 2024



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, April 25, 2024. The Business Committee will convene at 9:30 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 - March 28, 2024**
- III. **Program Presentation - Annual Board & Management Team Training**
- IV. **Executive Director's Report**
 - A. IDD Updates
 - B. STAR and CHIP MCO Awards
- V. **Chief Financial Officer's Report**
 - A. FY 2023 MEI Cost Report
 - B. FY 2024 Budget Process
 - C. County Annual Funding Requests
 - D. Texas Council Risk Management Fund Strategic Planning & Board Meeting
 - E. CFO Consortium
- VI. **Program Committee**
 - Information Items
 - A. Community Resources Report..... 8-10
 - B. Consumer Services Report for March 2024..... 11-13
 - C. Program Updates..... 14-18
- VII. **Executive Committee**
 - Information Items
 - A. Personnel Report for March 2024..... 19-21
 - B. Texas Council Risk Management Fund Claims Summary as of March 2024..... 22-23
- VIII. **Business Committee**
 - Action Items
 - A. Approve March 2024 Financial Statements..... 24-39

B. Consider Selection of FY 2024 Auditor 40

Information Items

C. Review Tri-County's 2022 990 Tax Return prepared by Scott, Singleton, Fincher &
Company PC 41-86

D. HUD 811 Updates (Cleveland, Montgomery and Huntsville) 87-89

E. Board of Trustees Unit Financial Statement for March 2024 90-91

F. Cleveland Building Updates 92

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

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

March 28, 2024

Board Members Present:

Patti Atkins
Gail Page
Sharon Walker
Carl Williamson
Richard Duren

Board Members Absent:

Jacob Paschal
Tim Cannon
Tracy Sorensen
Morris Johnson

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Kenneth Barfield, Director of Management Information Systems
Kathy Foster, Director of IDD Provider Services
Catherine Prestigiovanni, Director of Strategic Development
Yolanda Gude, Director of IDD Authority Services
Beth Dalman, Director of Crisis Access
Stephanie Ward, Director of Adult Behavioral Health
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Darius Tuminas, Controller
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 10:10 a.m.

Public Comment: There was no public comment.

Quorum: There being five (5) Board Members present, a quorum was established.

Cont.

Resolution #03-28-01

Motion Made By: Gail Page

Seconded By: Sharon Walker, with affirmative votes by Richard Duren and Carl Williamson that it be...

Resolved:

That the Board approve the absence of Jacob Paschal, Tim Cannon, Morris Johnson and Tracy Sorensen.

Resolution #03-28-02

Motion Made By: Richard Duren

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

Resolved:

That the Board approve the minutes of the February 22, 2024 and March 6, 2024 meetings of the Board of Trustees.

Program Presentation: IDD Awareness Day

Executive Director's Report:

The Executive Director's report is on file.

- Cleveland Facility Update
- CCBHC Recertification
- IDD Audit
- Sonja Gaines Retirement

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2023 HCS and MEI Cost Reports
- HCS/TxHmL FY 2022 Cost Report – Desk Review
- Budget Revision for FY 2024 – Coming Soon
- Full Review of all Financial Procedures
- 990 is Complete for FY 2023, Tax Return Year 2022. Will be presented at the April Board Meeting for Information Only

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for February 2024 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2024 Goals and Objectives Progress Report was reviewed for information purposes only.

The 2nd Quarter FY 2024 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 3rd Quarter FY 2024 Corporate Compliance Training was reviewed for information purposes only.

The Artificial Intelligence Whitepaper was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for February 2024 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of February 2024 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #03-28-03

Motion Made By: Richard Duren

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

Resolved:

That the Board approve the February 2024 Financial Statements.

Resolution #03-28-04

Motion Made By: Richard Duren

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

Resolved:

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

Resolution #03-28-05

Motion Made By: Richard Duren

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

Resolved:

That the Board approve the HHSC Grant Agreement, Contract No. HHS001285300016, Multisystemic Therapy Grant Program.

The 2nd Quarter FY 2024 Investment Report was reviewed for information purposes only.

The Board Unit Financial Statement for February 2024 were reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:37 a.m.

Adjournment:

Attest:

Patti Atkins Date
Chair

Jacob Paschal Date
Secretary

Agenda Item: Community Resources Report

Board Meeting Date:

April 25, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

March 29, 2024 – April 25, 2024

Volunteer Hours:

Location	March
Conroe	104
Cleveland	6
Liberty	27
Huntsville	7.5
Total	144.50

COMMUNITY ACTIVITIES

3/30/24	Camp Valor Veteran Collaborative	Conroe
4/1/24	Youth Mental Health First Aid - All Staff Willis ISD	Willis
4/2/24	Psychology of Disaster Response Presentation - MCHD First Responders	Conroe
4/3/24	Conroe Noon Lions Club Luncheon	Conroe
4/3/24	Conroe Noon Lions Club Presidents & Secretaries Meeting	Houston
4/3/24	Child Crisis Collaborative of Montgomery County	Conroe
4/4/24	SHSU Resource Fair - Raise Awareness About Sexual Violence	Huntsville
4/5/24	Milam Elementary School Spring Carnival	Conroe
4/5/24	Rusk State Hospital Quarterly Meeting	Rusk
4/5/24	Lecture by Dr. Maria Quintero-Conk - Demystifying State Agencies - Lone Star Lend	Houston
4/6/24	Conroe ISD Early Childhood Resource Fair	Conroe
4/6/24	Caney Creek Health Fair	Conroe
4/8/24	Conroe Homeless Task Force Meeting	Conroe
4/8/24	Walker County Child & Adult Crisis Collaborative	Huntsville
4/10/24	Conroe Noon Lions Club Luncheon	Conroe
4/10/24	Conroe Noon Lions Club Board Meeting	Conroe
4/10/24	Social Determinants of Health Workgroup - Virtual	Conroe
4/10/24	Spanish AS+K Training	Conroe
4/10/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity/Special Needs	Conroe
4/12/24	SHSU School of Nursing Health Fair	The Woodlands
4/13/24	Interfaith Healthy Kids Festival	Conroe
4/13/24	"Get Ready - The Woodlands" Community Event	The Woodlands
4/16/24	Adult Mental Health First Aid - Open Community Training	Conroe
4/16/24	Montgomery County Community Resource Collaboration Group	Conroe
4/16/24	Walker County Community Resource Collaboration Group	Huntsville
4/17/24	Adult Mental Health First Aid Public Safety Employees	Conroe
4/17/24	Conroe Noon Lions Club Luncheon	Conroe

4/17/24	Montgomery County Community Partners Meeting Pct. 3	The Woodlands
4/17/24	First Episode Psychosis Presentation - Lone Star College	The Woodlands
4/18/24	Youth Mental Health First Aid - ESC6	Huntsville
4/18/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
4/19/24	Youth Mental Health First Aid - Christ Church Preschool	The Woodlands
4/19/24	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup	Conroe
4/20/24	Youth Mental Health First Aid - Open Community Training	Conroe
4/22/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
4/22 – 4/23/24	The Woodlands High School Law Enforcement Safety Day Presentations	The Woodlands
4/23/24	Walker County Community Resource Collaboration Group	Huntsville
4/23/24	Montgomery County Community Behavioral Health Partners Meeting	Conroe
4/24/24	Conroe Noon Lions Club Luncheon	Conroe
4/24/24	Adult Mental Health First Aid Public Safety Employees	Conroe
4/24/24	Montgomery County Community Crisis Collaborative	Conroe

UPCOMING ACTIVITIES

4/26/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
4/27/24	Adult Mental Health First Aid - Open Community Training	Conroe
4/27/24	Conroe KidzFest	Conroe
5/1/24	Child Crisis Collaborative of Montgomery County	Conroe
5/2/24	New Waverly ISD Student Health Advisory Committee Meeting	New Waverly
5/13/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity/Special Needs	Conroe
5/14/24	Walker County Child Crisis Collaborative	Huntsville
5/14/24	Walker County Adult Crisis Collaborative	Huntsville
5/16/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
5/17/24	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup	Conroe
5/21/24	Montgomery County Community Resource Collaboration Group	Conroe
5/27/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
5/28/24	Walker County Community Resource Collaboration Group	Huntsville
5/29/24	Montgomery County Community Crisis Collaborative	Conroe
5/30 – 5/31/24	Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Conference	Houston
5/31/24	Walker County Juvenile Probation Staffing Meeting	Huntsville

Agenda Item: Consumer Services Report for March 2024

Board Meeting Date:

April 25, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for March 2024

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT

March 2024

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	368	32	25	368	0	21	11	425
Crisis Hotline Served	330	76	28	-	-	-	-	434
Crisis Stabilization Unit	21	4	1	21	-	2	2	26
Crisis Stabilization Unit Bed Days	102	18	4	102	-	6	12	124
Adult Contract Hospital Admissions	68	7	3	68	-	4	3	78
Child and Youth Contract Hospital Admissions	13	1	0	13	0	1	0	14
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1012	190	159	996	-	127	79	1361
Adult Medication	941	177	193	928	-	113	77	1311
Child Levels of Care (LOC 1-5, EO, YC, YES)	755	113	85	539	223	73	33	953
Child Medication	305	41	26	228	91	27	0	372
School Based Clinics	116	6	24	-	-	-	-	146
TCOOMMI (Adult Only)	97	31	10	97	-	17	14	138
Adult Jail Diversions	8	0	0	8	-	0	0	8
Expanded Therapy (SAMHSA, ARPA)	161	18	6	-	-	-	-	185
Veterans Served								
Veterans Served - Therapy	29	2	1	-	-	-	-	32
Veterans Served - Case Management	16	2	1	-	-	-	-	19
Persons Served by Program, IDD								
Number of New Enrollments for IDD	11	0	0	11	-	0	0	11
Service Coordination	715	79	75	715	-	36	43	869
Individualized Skills and Socialization (ISS)	9	17	17	-	-	3	14	43
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	15	18	26	-	6	9	59
Substance Use Services, Adults and Youth Served								
Children and Youth Prevention - Groups	808	27	9	-	-	-	-	844
Children and Youth Prevention - Presentations	424	8	94	-	-	-	-	526
Youth Substance Use Disorder Treatment/COPSD	16	0	0	16	-	0	0	16
Adult Substance Use Disorder Treatment/COPSD	33	0	2	33	-	0	0	35

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	1928	322	222	-	-	-	-	2472
SAMHSA Grant Served								
SAMHSA CCBHC	105	36	7	90	15	32	4	148
SAMHSA CMHC	467	49	26	461	6	30	19	542
February Served								
Adult Mental Health	1854	313	244	1854	-	188	125	2411
Child Mental Health	1060	132	118	767	293	88	44	1310
Intellectual and Developmental Disabilities	899	128	90	899	-	63	65	1117
Total Served	3813	573	452	3520	293	339	234	4838
March Served								
Adult Mental Health	1691	288	238	1691	-	178	110	2217
Child Mental Health	1111	118	106	756	355	87	31	1335
Intellectual and Developmental Disabilities	855	118	94	855	-	60	58	1067
Total Served	3657	524	438	3302	355	325	199	4619

Agenda Item: Program Updates

Board Meeting Date:

April 25, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

March 29, 2024 – April 25, 2024

Crisis Services Number

1. The Crisis Stabilization Unit (CSU) continues to work with Genoa to build a Cubex machine, which will allow the CSU to keep controlled substances on the unit and available for use at all times to manage individuals who are experiencing withdrawals from substances or higher rates of aggression, and is waiting on an implementation date. Changes are being made to the medication room at the CSU to accommodate the Cubex machine.
2. The CSU continues to recruit qualified staff to fill remaining openings. Several key employees begin orientation the week of March 26th and interviews continue for the remaining two open positions.
3. In the month of March, PETC crisis staff provided 397 crisis services to individuals with 25% of the services provided to individuals under the age of 18. Our Crisis Intervention Teams completed 144 crisis services in the community, of which 29 services were provided to youth. Finally, our Mental Health Continuity of Care staff provided 78 direct services to adults and youth who had discharged from a state hospital or a Tri-County funded behavioral health hospital placement.
4. In the month of March, Tri-County funded behavioral health hospital admissions for 90 adults and 17 youth. This demonstrates an average of 3.45 admissions per day during the month with 27% of all crisis assessments completed resulting in a contract funded admission. Out of the 107 admissions, 68% were referred as involuntary admissions, with the other 32% referred for voluntary admission. In March, there was a decrease in involuntary admissions and an increase in individuals who were assessed at the PETC.

MH Adult Services

1. One of our Adult Outpatient physicians has resigned following a period of leave. Her role is being covered by a locum tenens physician until the role can be filled.
2. HHSC's Peer Program Director conducted a site visit at the Conroe clinic in April, meeting with Center Peer and Family Partners on the Adult Outpatient, First Episode Psychosis, and Care Coordination teams. Staff provided feedback on the work they do and highlighted the positive work culture and collaborative nature of our programs.
3. The First Episode Psychosis program completed an internal fidelity review to explore improvements the team has made since the last HHSC site visit last fiscal year. The team identified improvements in implementing proactive assessments to address mental health crises and substance use needs, and now has a Family Partner as an extra layer of support and psychoeducation. The team is continuing to offer evening groups to increase options for services outside of regular business hours.

MH Child and Youth Services

1. We are in the process of recruiting a team of clinicians and a supervisor for the Multisystemic Therapy program, which will serve youth, ages 12 – 17, to reduce delinquent and antisocial behavior by addressing the core causes of such conduct. This evidence-based model works closely with community providers who also serve youth, including schools, criminal justice, child welfare, and other partners and provides support to youth and families, teachers, neighborhoods, and peers.
2. The two new school-based sites in Huntsville are actively screening youth in need of services and making connections to ongoing care through the Child and Youth walk-In clinic. In March, over half of the youth presenting to walk-in requesting services were referred from the school-based sites.
3. Given that many of our Child and Youth staff are new to their roles, supervisors have been focusing additional training to staff to enhance skills and build clinical competence across the team. Supervisors are further celebrating staff who are meeting or exceeding client care expectations, which has helped to promote confidence and morale across the team.

Criminal Justice Services

1. The work the Criminal Justice Services team has done to implement 46B (Incompetent to Stand Trial) medication reimbursement processes was highlighted by TCOOMMI as an example to other Centers. This program incentivizes the jail to provide medications to individuals discharged to the jail from a psychiatric hospital after being restored to competency to await trial, ensuring that these individuals do not decompensate, by reimbursing cost of those medications. We are actively engaged in this process with Montgomery County, and working on connecting with jail staff in Liberty and Walker to get the reimbursements to the rural clinics.
2. In March, the Jail Services Liaison completed 19 assessments/Continuity of Care (COC) contacts and assisted with the coordination of 221 others in Montgomery County jail.

Substance Use Disorder Services

1. The Co-Occurring Psychiatric and Substance Use Disorder treatment program (COPSD), which provided substance use counseling to adults and youth in Huntsville, is gradually unwinding because SAMHSA funding that has been used in the program is ending in May. Substance use interventions and supports will continue to be provided by QMHPs and referrals for more treatment will be forwarded to Conroe for the intensive outpatient treatment programming. We are sad to see the program end, but proud of the work that was done.
2. Work is being done to engage Tri-County staff and students at local colleges in internship opportunities in the Substance Use Disorder Treatment program, in hopes of increasing interest in careers providing counseling and treatment to individuals with substance use needs.
3. The Prevention Team is scheduled to present on Cyberbullying at Mitchell Intermediate School in April. Approximately 650 6th grade students will be in attendance for this event.

4. The Prevention Team is coordinating with Liberty Middle School and Liberty High School to deliver a presentation on the Dangers of Fentanyl to students in May.
5. Prevention Education Groups are wrapping up for the 2023-2024 school year. This year the team facilitated groups for the entire 7th grade in every Willis ISD middle school, as well as provided groups in schools in various districts across the catchment area, including Conroe ISD, New Caney ISD, Huntsville ISD, New Waverly ISD, Magnolia ISD, and Cleveland ISD. By the end of April, the team will have provided Prevention Education to approximately 1,500 students.

IDD Services

1. Renovations have been completed to the bathrooms in the group home located at 7045 Highway 75, Huntsville. These changes will ensure ongoing accessibility for aging residents.
2. IDD Provider Services continues to monitor benefits through the Medicaid unwinding, with four individuals having lost their Medicaid. An additional seven individuals have been identified for review by Medicaid in the coming months. Staff continue to work with families to get Medicaid reinstated.
3. IDD Provider revenue is down after several months of missed billing due to Medicaid losses. While our revenue is down so are our expenditures as we do not pay the Host Home contractors until Medicaid is reinstated.
4. IDD Provider Services continues to seek qualified candidates to fill vacant positions in both group homes and Individualized Skills and Socialization programs, and are in the process of hiring a weekend position in the group home. Hiring continues to be a challenge due to pay.
5. IDD Authority Services received notification that our largest HCS Waiver program private provider, Integrated Life Choices (ILC), will voluntarily terminate their HCS contract on May 31, 2024. ILC has requested a change in ownership, which will transition to Caregiver Long Term Care Services and Supports. IDD Authority Services is in contact with the 75 impacted individuals to provide notification of the change and complete the transfer process. The team will meet weekly with HHSC to provide updates on this process until completed.

Support Services

1. **Quality Management (QM):**
 - a. The Administrator of Quality Management along with the Director of Adult Outpatient and Substance Use Disorder (SUD) Program Staff, have reviewed and submitted the SUD Facility Audit Corrective Action Plan (CAP).
 - b. In addition to routine and ongoing quality assurance of documentation, staff reviewed 28 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.
 - c. Staff have reviewed over 800 client charts during this timeframe to ensure data accuracy following the transition to the new electronic health record. Feedback has been provided to supervisors as needed for quality improvement.

2. Utilization Management (UM):

- a. Utilization Management Staff have been working with the Information Systems Department to address reporting needs in SmartCare.
- b. Staff reviewed 10% of all discharges for the month of March.
- c. Staff reviewed all notes that utilized the COPSD modifier for the month of March and provided feedback as needed to program staff.
- d. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of March, to ensure continuous quality improvement.

3. Training:

- a. Staff continue to meet with other Center Training Departments around the State to review and update the required Training Grid (a list that is provided as a reference for all LMHAs through the Human Resource and Development (HRD) Consortia).
- b. Staff are in the process of updating trainings to incorporate more information on CCBHCs following feedback that additional training would be beneficial to new hires.

4. Veteran Services and Veterans Counseling/Crisis:

- a. Our new Regional Veterans Liaison completed Military Veteran Peer Network (MVPN) training in San Antonio this month, which will allow the staff to train new MVPN volunteers and build that network.
- b. Montgomery County Veterans Treatment Court graduated two veterans in April. Judge Hamilton presented each of them with a Veterans Medallion to remind them of their hard work, their achievements, and as a reminder to make good decisions.

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

- a. The MH PNAC met on April 17th to review Center Updates, upcoming Local Planning activities and continues to focus on recruitment and growing membership.
- b. The IDD PNAC met on April 24th and reviewed Center Updates along with efforts to assist individuals with maintaining benefits following concerns expressed at the last meeting.

6. Community Activities

- a. Staff attended the Annual Conflict Resolution Bookmark Contest and chose four winners for each CISD grade level. There were over 4000 bookmarks judged. The awards ceremony will be April 18th in Judge Kathleen Hamilton's Courtroom.
- b. Mental Health First Aid department provided 11 trainings to various schools and community agencies in April.

Agenda Item: Personnel Report for March 2024

Board Meeting Date:

April 25, 2024

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for March 2024

Recommended Action:

For Information Only

Personnel Report

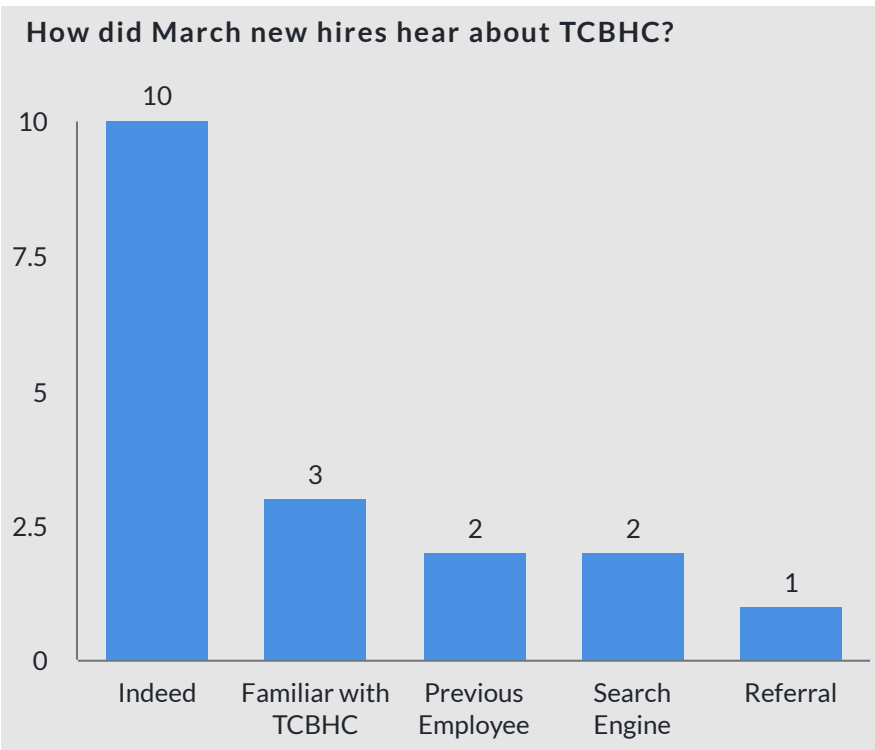
FY24 | March 2024



OVERVIEW

NEW HIRES March 18 POSITIONS YTD 92 POSITIONS	SEPARATIONS March 12 POSITIONS YTD 77 POSITIONS	Vacant Positions 76 Frozen Positions 6	Newly Created Positions 5 Total Budgeted Positions 486
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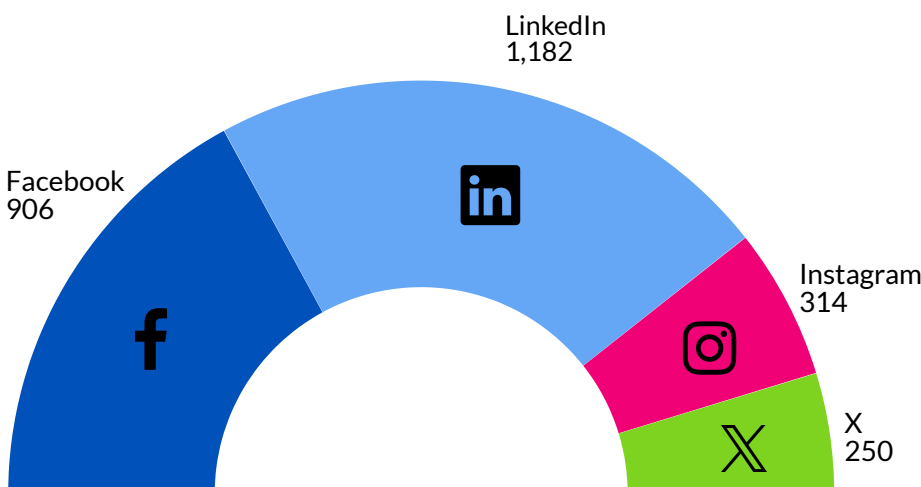
RECRUITING



RECRUITING EVENTS

Lamar Criminal Justice & Social Services Career Fair	3/26/2024
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SOCIAL MEDIA FOLLOWERS



APPLICANTS

March Total Applicants	422
YTD Applicants	2549

CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	47
PETC	12
HUNTSVILLE	9
CLEVELAND	5
LIBERTY	2
PORTER	1

TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	36
Direct Care Provider	10
Licensed Clinician	7
Supervisors	7
Registered Nurse	20

Exit Data

FY24 | March 2024

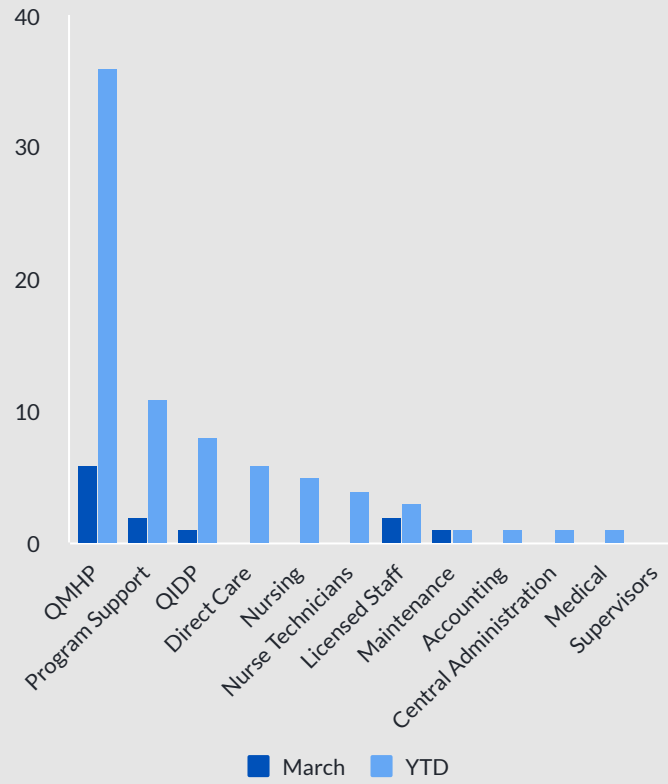
Exit Stats at a Glance

- 19%** YTD Turnover
- 11** March Voluntary Separations
- 0** March Neutral Terminations
- 1** March Involuntary Terminations

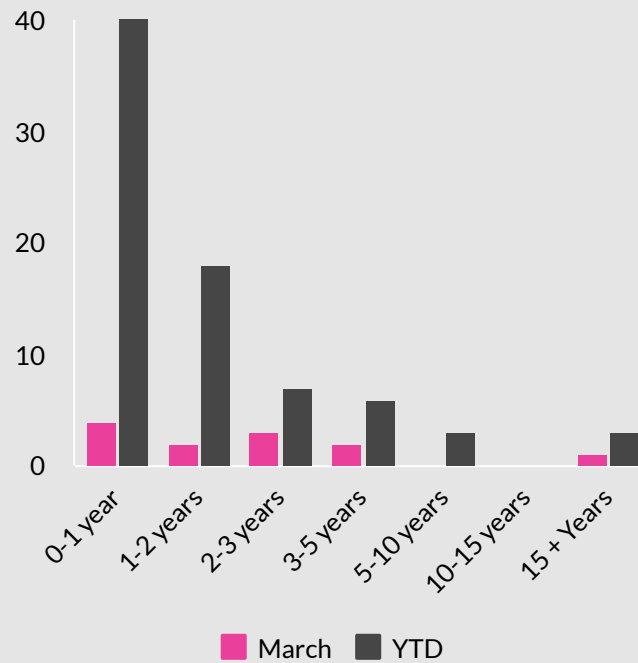
YTD Top Reasons for Separations

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

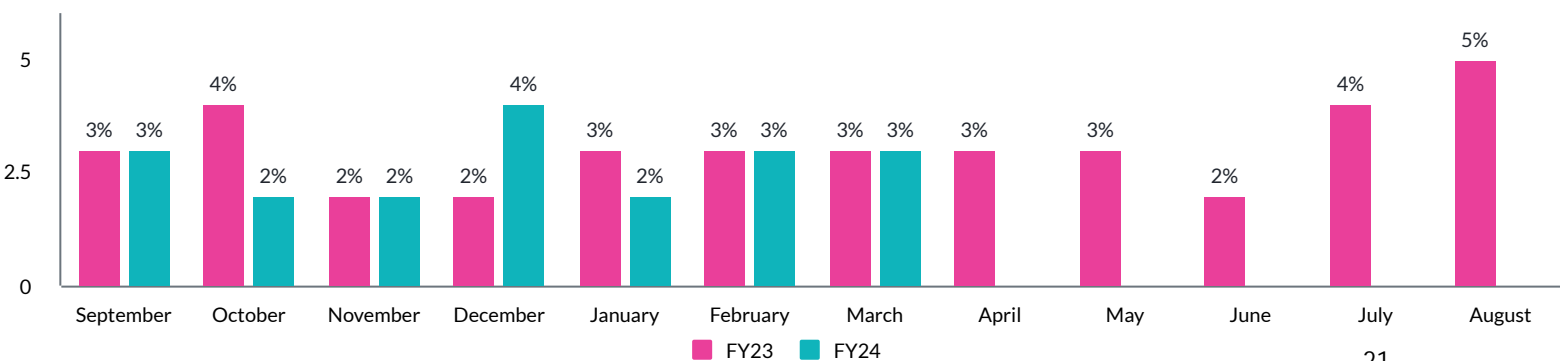
Separations by Category



Separations by Tenure



Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of March 2024

Board Meeting Date:

April 25, 2024

Committee: Executive

Background Information:

None

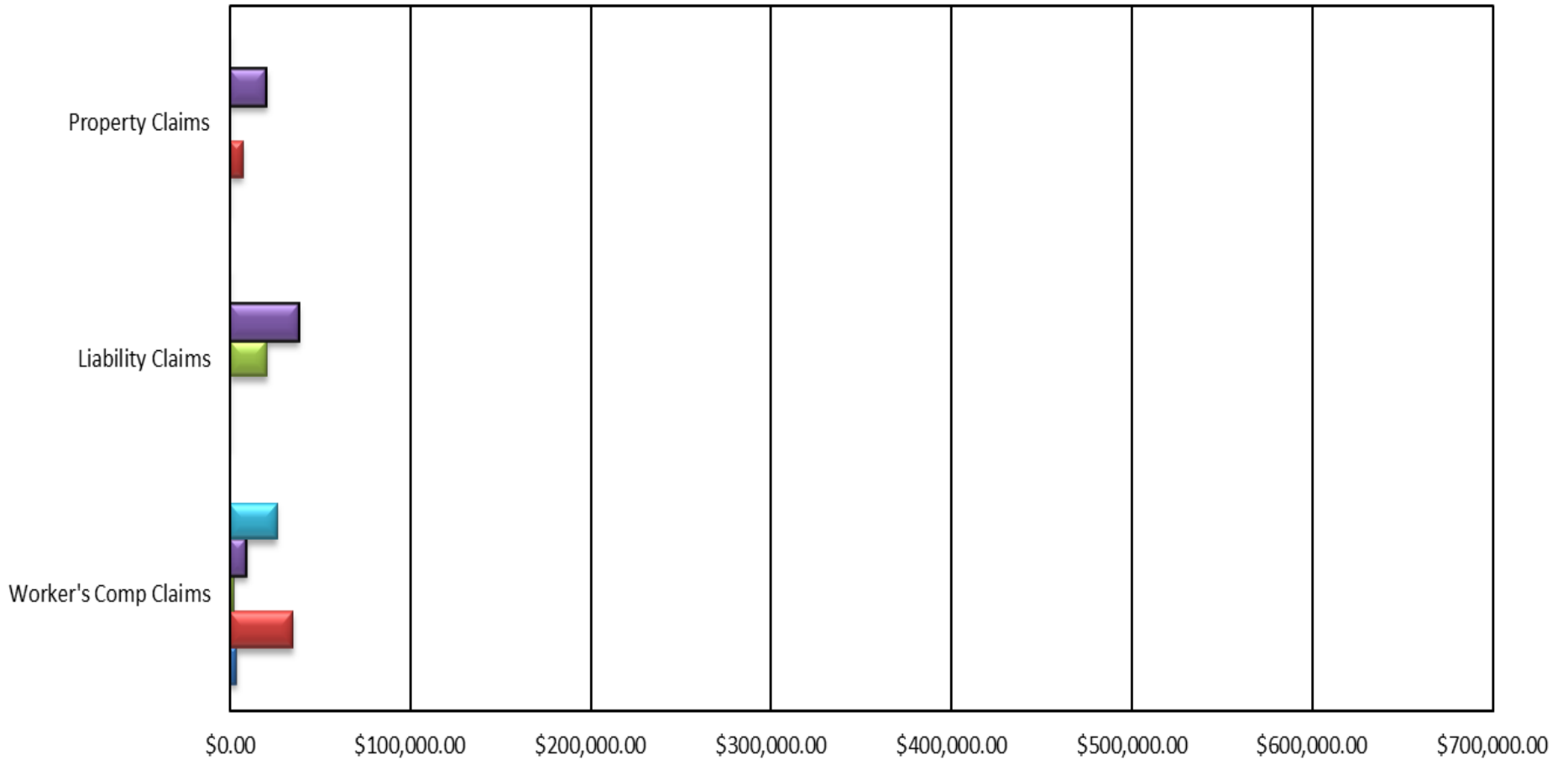
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of March 2024

Recommended Action:

For Information Only

TCRMF Claims Summary March 2024



	Worker's Comp Claims	Liability Claims	Property Claims
2020	\$26,111.00	\$0.00	\$0.00
2021	\$9,040.00	\$37,810.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,989.00	\$351.00	\$7,243.00
2024	\$3,672.00	\$0.00	\$0.00

Agenda Item: Approve March 2024 Financial Statements Committee: Business	Board Meeting Date April 25, 2024
Background Information: None	
Supporting Documentation: March 2024 Financial Statements	
Recommended Action: Approve March 2024 Financial Statements	

March 2024 Financial Summary

Revenues for March 2024 were \$4,950,788 and operating expenses were \$4,442,695 resulting in a gain in operations of \$508,093. Capital Expenditures and Extraordinary Expenses for March were \$786,133 resulting in a loss of \$278,040. Total revenues were 109.43% of the monthly budgeted revenues and total expenses were 112.16% of the monthly budgeted expenses (difference of -2.73%).

Year to date revenues are \$29,727,665 and operating expenses are \$27,998,917 leaving excess operating revenues of \$1,728,748. YTD Capital Expenditures and Extraordinary Expenses are \$2,102,566 resulting in a loss YTD of \$373,818. Total revenues are 100.73% of the YTD budgeted revenues and total expenses are 101.60% of the YTD budgeted expenses (difference of -.87%).

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	290,765	447,546	64.97%	156,780
Title XIX Case Management - IDD	651,414	953,228	68.33%	301,814
DPP – Component 2	476,036	595,166	79.98%	119,131
Medicaid-Regular-Title XIX	345,045	283,329	82.11%	61,716
Title XIX Rehab	907,239	1,252,046	72.46%	344,807
HHSC – MH First Aid	65,449	89,667	72.99%	65,449
HHSC – Autism Program	53,492	70,537	75.83%	17,045

Title XIX Case Management MH, Title XIX Case Management IDD, Program and Title XIX Rehab - These line items are our earned revenue categories that continue to trend well below our Pre-COVID historical service levels. We continue to have our largest area of vacant positions in these program areas making it difficult to meet revenue projections. There is also a reduction in the payroll expense lines side for positions being vacant.

DPP - Component 2 - This line item is the Directed Payment Program for Behavioral Health Services. The DPP program is made up of two components:

- Component 1 is a uniform dollar increase issued in monthly payments to entities participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status and provide status updates on DPP BHS quality improvement activities.
- Component 2 is a uniform percent increase on certain CCBHC services paid on adjudicated claims. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. Providers that have CCBHC certification are eligible for a higher rate enhancement in this component for units of service provided.

So that being said, we are under budget on Component 2 based on the number of units provided is less than the model used to determine our expected revenue for this fiscal year.

HHSC – MH First Aid - This line item is for one staff to be the Mental Health First Aid Outreach Coordinator and also provides funds for Tri-County to train First Responders and School Teachers on Mental Health First Aid. So far this year there hasn't been as many trainings provided as we have had in the past. We hope to see trainings increase during the summer months when time is available for school staff.

HHSC – Autism Program - This is our Autism program, which is a one program staff. Our autism staff person has been out on leave periodically this fiscal year which has caused this program to be under budget for revenue earned.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Advertising – Recruitment	48,543	32,550	149.13%	15,993
Building Repairs & Maintenance	247,035	78,268	315.62%	168,767
Contract – Clinical	613,539	543,653	112.85%	69,886
Contract Services – Foster Care	491,133	479,328	102.46%	11,805
Employee Wellness	15,261	2,042	74.80%	13,319

Fixed Assets – Building Improvements	117,454	1,458	80.56%	115,995
Fixed Assets – Construction in Progress	1,257,648	200,000	628.80%	1,057,648
Fixed Assets – Furn & Equip	63,164	0	0%	63,164
Legal Fees	49,647	12,250	405.20%	37,397
Medication Expense	360,737	341,949	105.49%	18,789
Travel - Local	225,061	184,792	121.79%	40,268

Advertising – Recruitment - This line item reflects the amount we pay for a recruiting fee for Doctors. This year we have successfully recruited one doctor.

Building Repairs & Maintenance – This line item is for the repair and maintenance of items at the existing buildings. The bulk of this overage is for the repair of the elevators at the Sgt. Ed Holcomb building in Conroe. We finally have all three elevators up and running after many months of the Service Elevator being down waiting for repair parts to arrive. This line also has some recent charges for repairs and maintenance for the A/C units at the Sgt. Ed Holcomb building. We have met with the A/C contractor that we use for repairs and have asked for cost comparisons for replacement of existing units and also for any future needs for A/C units. The cost is high and is not something we are willing to do at this time.

Contract – Clinical - This item is for contracted clinical services. The line is over mainly due to contracting with an additional Psychiatrist to cover a vacant doctor position. This is offset by the lapse in the wage line for the vacant position.

Contract Services – Foster Care – This is slightly over the budgeted amount for foster care providers. This is a cost reimbursement line and we receive increased revenue to offset this overage.

Employee Wellness – This line item is for annual flu shots we provide to our employees as well as Hepatitis B vaccines we offer to specific employee types. The prices for these vaccines have increased from prior years.

Fixed Assets – Building Improvements - This line item is for the costs to finish up the refreshing of the Sgt. Ed Holcomb building that we started in last fiscal year. In particular this is for the completion of the calm room on the 2nd floor and also the final cost of the painting and flooring for the last portion of the building.

Fixed Assets – Construction in Progress – This line item is for the purchase of the generator for the Cleveland facility. Also included in this line is architecture fees,

City of Cleveland permit costs, and the payments to JLA Construction for Phase I of the contract.

Fixed Assets – Furn & Equip - This line item is for the Conroe building refresh. The largest portion of this amount is for the replacement of the 2nd floor lobby seat, pan and back of the chairs. We also purchased furniture for the new calm room located on the 2nd floor.

Legal Fees – This line item is the cost of our attorneys reviewing and bringing up to date the bond documents that have been under review for the past two to three months by Jackson Walker and a team of other lawyers from Municipal Capital. This has been very labor intensive since these documents haven't been updated in over 30 years. We would not sign them in their original condition, so corrections had to be made.

Medication Expenses – This line item is up due to PETC medication use requirements changing. This includes the initial purchase of required stock medications that need to be on hand at the PETC. The prices for medications have also shown an increase from prior year purchases.

Travel -Local – This line item is for the reimbursement of miles driven by staff in their own personal vehicles. Our reimbursement rate has increased to match the current State of Texas approved rate of .625 cents per mile. We have more staff driving so hopefully this will all translate into more services being provided very soon.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 2024**

ASSETS	TOTALS COMBINED FUNDS March 2024	TOTALS COMBINED FUNDS February 2024	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,600	2,600	-
Cash on Deposit - General Fund	7,731,947	6,639,404	1,092,543
Cash on Deposit - Debt Fund			-
Accounts Receivable	6,473,712	5,670,550	803,162
Inventory	(551)	(419)	(132)
TOTAL CURRENT ASSETS	14,207,708	12,312,135	1,895,573
FIXED ASSETS	24,400,583	24,400,583	-
OTHER ASSETS	177,828	222,331	(44,503)
TOTAL ASSETS	\$ 38,786,120	\$ 36,935,049	\$ 1,851,070
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	2,391,535	1,897,795	493,740
NOTES PAYABLE	802,466	802,466	-
DEFERRED REVENUE	3,112,068	1,253,101	1,858,967
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,366,699	9,412,902	(46,203)
Guaranty Bank & Trust Loan	1,691,757	1,697,836	(6,079)
First Financial Huntsville Land Loan	811,611	813,645	(2,034)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	1,308,818	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(373,818)	(95,777)	(278,041)
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service Reserved for Debt Retirement	(12,222,348)	(12,276,664)	54,316 -
COMMITTED			
Net Assets - Property and Equipment	23,091,764	23,091,764	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	1,686,246	1,916,010	(229,764)
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	43,167	37,000	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(802,466)	(802,466)	-
UNASSIGNED			
Unrestricted and Undesignated	4,535,541	4,535,540	1
TOTAL LIABILITIES/FUND BALANCE	\$ 38,786,120	\$ 36,935,049	\$ 1,851,070

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended March 2024**

ASSETS	General Operating Funds	Memorandum Only Final August 2023
CURRENT ASSETS		
Imprest Cash Funds	2,600	2,100
Cash on Deposit - General Fund	7,731,947	7,455,394
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	6,473,712	4,917,356
Inventory	(551)	1,205
TOTAL CURRENT ASSETS	14,207,708	12,376,055
FIXED ASSETS	24,400,583	24,400,583
OTHER ASSETS	177,828	223,016
Total Assets	\$ 38,786,119	\$ 36,999,654
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	2,391,535	2,165,154
NOTES PAYABLE	802,466	802,466
DEFERRED REVENUE	3,112,068	407,578
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,366,699	9,679,420
Guaranty Bank & Trust Loan	1,691,757	1,732,496
First Financial Huntsville Land Loan	811,611	828,926
Lease Liability	352,281	352,281
SBITA Liability	1,308,818	1,308,818
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(373,818)	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,222,348)	(12,593,123)
Reserved for Debt Retirement	-	-
COMMITTED		
Net Assets - Property and Equipment - Committed	23,091,764	23,091,764
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	1,686,246	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	43,167	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(802,466)	(802,466)
UNASSIGNED		
Unrestricted and Undesignated	4,535,541	4,181,387
TOTAL LIABILITIES/FUND BALANCE	\$ 38,786,119	\$ 36,999,654

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended March 2024
and Year To Date as of March 2024

INCOME:	MONTH OF March 2024	YTD March 2024
	<u> </u>	<u> </u>
Local Revenue Sources	853,971	2,087,963
Earned Income	1,911,057	14,536,445
General Revenue - Contract	2,185,760	13,103,257
TOTAL INCOME	<u>\$ 4,950,788</u>	<u>\$ 29,727,665</u>
EXPENSES:		
Salaries	2,533,673	15,939,730
Employee Benefits	436,657	2,888,025
Medication Expense	58,666	360,738
Travel - Board/Staff	34,871	243,350
Building Rent/Maintenance	26,363	288,337
Consultants/Contracts	1,058,077	6,300,697
Other Operating Expenses	294,387	1,978,039
TOTAL EXPENSES	<u>\$ 4,442,695</u>	<u>\$ 27,998,917</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 508,093</u>	<u>\$ 1,728,748</u>
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	699,102	1,493,345
Capital Outlay - Debt Service	87,031	609,221
TOTAL CAPITAL EXPENDITURES	<u>\$ 786,133</u>	<u>\$ 2,102,566</u>
GRAND TOTAL EXPENDITURES	<u>\$ 5,228,828</u>	<u>\$ 30,101,483</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ (278,040)</u>	<u>\$ (373,818)</u>

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	609,221
Excess (Deficiency) of Revenues over Expenses	<u>87,031</u>	<u>609,221</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of March 2024

	YTD March 2024	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,087,963	868,330	1,219,633
Earned Income	14,536,445	15,484,306	(947,861)
General Revenue	13,103,257	13,158,698	(55,441)
TOTAL INCOME	\$ 29,727,665	\$ 29,511,334	\$ 216,332
EXPENSES:			
Salaries	15,939,730	16,978,926	(1,039,196)
Employee Benefits	2,888,025	2,934,362	(46,337)
Medication Expense	360,738	341,949	18,789
Travel - Board/Staff	243,350	208,488	34,862
Building Rent/Maintenance	288,337	118,956	169,381
Consultants/Contracts	6,300,697	6,248,726	51,971
Other Operating Expenses	1,978,039	1,925,459	52,580
TOTAL EXPENSES	\$ 27,998,917	\$ 28,756,866	\$ (757,952)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 1,728,748	 \$ 754,468	 \$ 974,284
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,493,345	260,458	1,232,886
Capital Outlay - Debt Service	609,221	609,221	-
TOTAL CAPITAL EXPENDITURES	\$ 2,102,566	\$ 869,679	\$ 1,232,886
 GRAND TOTAL EXPENDITURES	 \$ 30,101,483	 \$ 29,626,545	 \$ 474,934
 Excess (Deficiency) of Revenues and Expenses	 \$ (373,818)	 \$ (115,211)	 \$ (258,603)

Debt Service and Fixed Asset Fund:			
Debt Service	609,221	609,221	-
Excess(Deficiency) of Revenues over Expenses	609,221	609,221	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended March 2024

INCOME:	MONTH OF March 2024	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	853,971	101,277	752,694
Earned Income	1,911,057	2,218,698	(307,641)
General Revenue-Contract	2,185,760	2,204,317	(18,557)
TOTAL INCOME	\$ 4,950,788	\$ 4,524,292	\$ 426,495
EXPENSES:			
Salaries	2,533,673	2,686,027	(152,354)
Employee Benefits	436,657	444,686	(8,029)
Medication Expense	58,666	49,421	9,245
Travel - Board/Staff	34,871	29,784	5,087
Building Rent/Maintenance	26,363	14,851	11,512
Consultants/Contracts	1,058,077	1,032,379	25,698
Other Operating Expenses	294,387	300,946	(6,559)
TOTAL EXPENSES	\$ 4,442,695	\$ 4,558,094	\$ (115,398)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 508,093	\$ (33,802)	\$ 541,893
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	699,102	16,875	682,226
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 786,133	\$ 103,906	\$ 682,226
GRAND TOTAL EXPENDITURES	\$ 5,228,828	\$ 4,662,000	\$ 566,828
Excess (Deficiency) of Revenues and Expenses	\$ (278,040)	\$ (137,708)	\$ (140,334)

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 March 2023 Comparative Data
Year to Date as of March 2024

INCOME:	YTD March 2024	YTD March 2023	Increase (Decrease)
Local Revenue Sources	2,087,963	2,531,916	(443,953)
Earned Income	14,536,445	16,367,266	(1,830,821)
General Revenue-Contract	13,103,257	9,967,336	3,135,921
TOTAL INCOME	\$ 29,727,665	\$ 28,866,518	\$ 861,147
EXPENSES:			
Salaries	15,939,730	13,147,542	2,792,188
Employee Benefits	2,888,025	2,431,413	456,612
Medication Expense	360,738	287,711	73,027
Travel - Board/Staff	243,350	208,322	35,028
Building Rent/Maintenance	288,337	212,490	75,847
Consultants/Contracts	6,300,697	4,879,928	1,420,769
Other Operating Expenses	1,978,039	1,921,259	56,780
TOTAL EXPENSES	\$ 27,998,917	\$ 23,088,665	\$ 4,910,251
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,728,748	\$ 5,777,853	\$ (4,049,104)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	1,493,345	735,517	757,828
Capital Outlay - Debt Service	609,221	581,305	27,916
TOTAL CAPITAL EXPENDITURES	\$ 2,102,566	\$ 1,316,822	\$ 785,744
GRAND TOTAL EXPENDITURES	\$ 30,101,483	\$ 24,405,487	\$ 5,695,996
Excess (Deficiency) of Revenues and Expenses	\$ (373,818)	\$ 4,461,031	\$ (4,834,848)

Debt Service and Fixed Asset Fund:			
Debt Service	609,221	581,305	27,916
Excess (Deficiency) of Revenues over Expenses	609,221	581,305	27,916

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With March 2023 Comparative Data
For the Month ending March 2024

INCOME:	MONTH OF March 2024	MONTH OF March 2023	Increase (Decrease)
Local Revenue Sources	853,971	100,746	753,225
Earned Income	1,911,057	6,352,824	(4,441,767)
General Revenue-Contract	2,185,760	1,657,651	528,109
TOTAL INCOME	\$ 4,950,788	\$ 8,111,221	\$ (3,160,433)
Salaries	2,533,673	2,219,234	314,439
Employee Benefits	436,657	389,916	46,741
Medication Expense	58,666	42,244	16,422
Travel - Board/Staff	34,871	34,427	444
Building Rent/Maintenance	26,363	41,082	(14,719)
Consultants/Contracts	1,058,077	651,098	406,979
Other Operating Expenses	294,387	249,876	44,511
TOTAL EXPENSES	\$ 4,442,695	\$ 3,627,877	\$ 814,817
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 508,093	\$ 4,483,344	\$ (3,975,250)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	699,102	211,348	487,754
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 786,133	\$ 298,379	\$ 487,754
GRAND TOTAL EXPENDITURES	\$ 5,228,828	\$ 3,926,256	\$ 1,302,572
Excess (Deficiency) of Revenues and Expenses	\$ (278,040)	\$ 4,184,964	\$ (4,463,004)

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 February 2024 Comparative Data
For the Month Ended March 2024

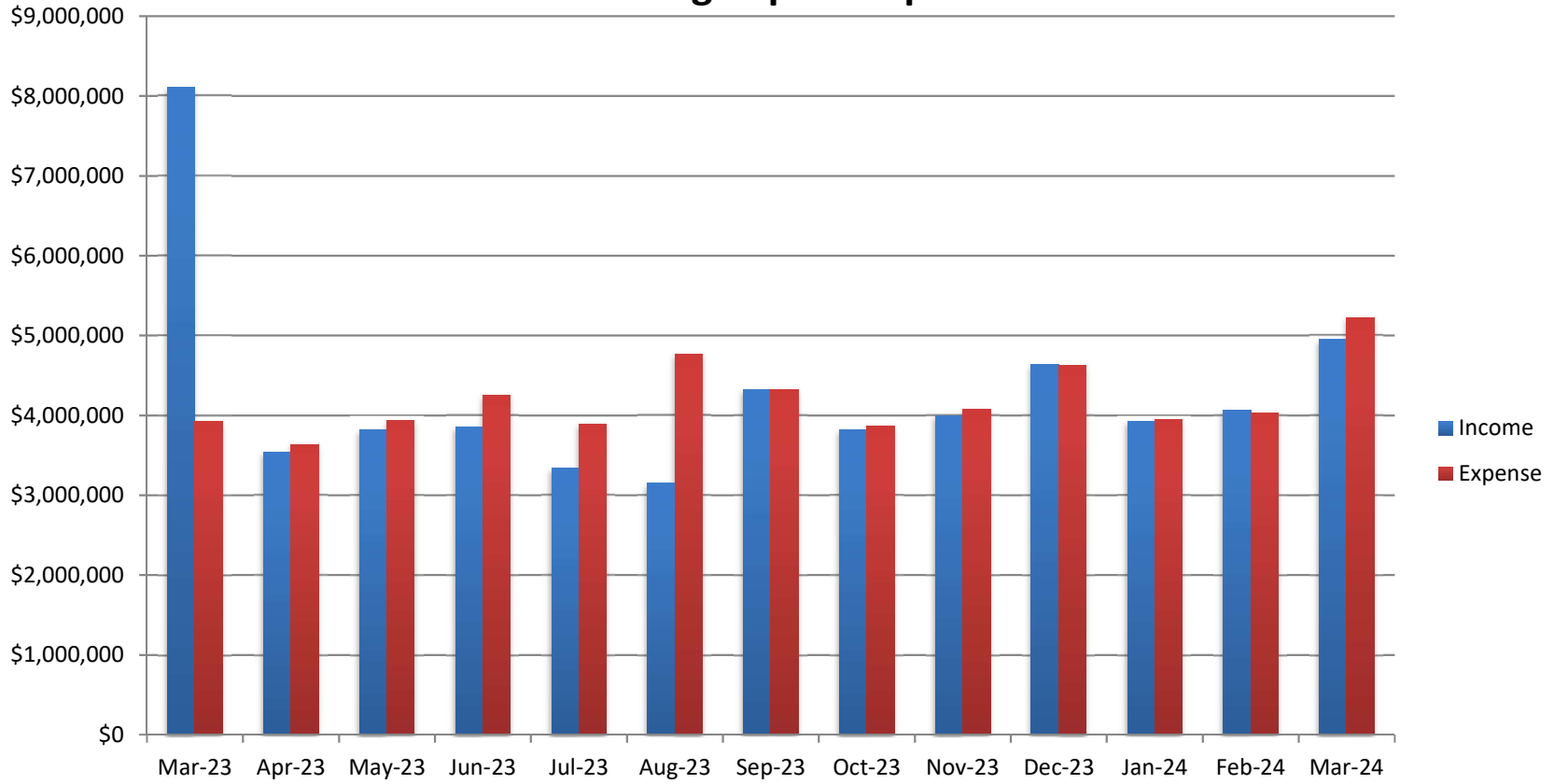
INCOME:	MONTH OF March 2024	MONTH OF February 2024	Increase (Decrease)
Local Revenue Sources	853,971	194,232	659,739
Earned Income	1,911,057	2,172,300	(261,243)
General Revenue-Contract	2,185,760	1,701,986	483,774
TOTAL INCOME	\$ 4,950,788	\$ 4,068,518	\$ 882,270
EXPENSES:			
Salaries	2,533,673	2,059,939	473,734
Employee Benefits	436,657	421,906	14,751
Medication Expense	58,666	58,938	(272)
Travel - Board/Staff	34,871	34,152	719
Building Rent/Maintenance	26,363	21,615	4,748
Consultants/Contracts	1,058,077	941,448	116,629
Other Operating Expenses	294,387	259,059	35,328
TOTAL EXPENSES	\$ 4,442,695	\$ 3,797,058	\$ 645,637
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 508,093	\$ 271,460	\$ 236,633
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	699,102	145,082	554,020
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	\$ 786,133	\$ 232,113	\$ 554,020
GRAND TOTAL EXPENDITURES	\$ 5,228,828	\$ 4,029,171	\$ 1,199,657
Excess (Deficiency) of Revenues and Expenses	\$ (278,040)	\$ 39,346	\$ (317,387)

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

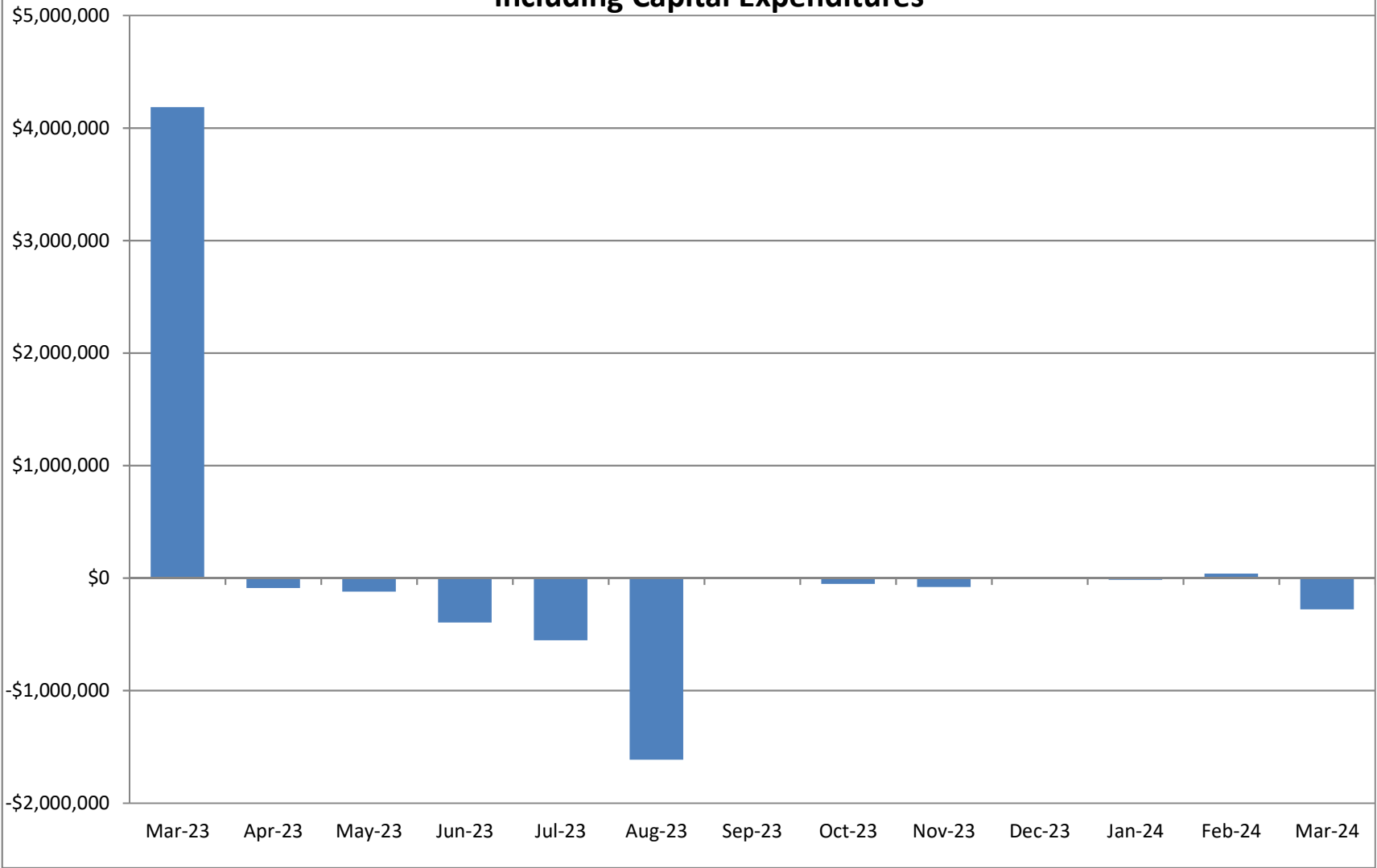
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of March 2024

	YTD Mental Health March 2024	YTD IDD March 2024	YTD Other Services March 2024	YTD Agency Total March 2024	YTD Approved Budget March 2024	Increase (Decrease)
INCOME:						
Local Revenue Sources	2,087,177	80,747	(79,960)	2,087,963	868,330	1,219,633
Earned Income	5,870,140	2,515,648	6,150,656	14,536,444	15,484,306	(947,862)
General Revenue-Contract	11,607,932	1,127,603	367,721	13,103,257	13,158,698	(55,441)
TOTAL INCOME	19,565,249	3,723,998	6,438,417	29,727,664	29,511,334	216,330
EXPENSES:						
Salaries	10,030,136	2,127,460	3,782,133	15,939,730	16,978,926	(1,039,196)
Employee Benefits	1,852,914	406,098	629,013	2,888,025	2,934,362	(46,337)
Medication Expense	315,568		45,169	360,737	341,949	18,788
Travel - Board/Staff	131,173	74,577	37,601	243,350	208,487	34,863
Building Rent/Maintenance	267,871	9,613	10,853	288,337	118,956	169,381
Consultants/Contracts	4,320,385	708,961	1,271,351	6,300,697	6,248,726	51,971
Other Operating Expenses	1,256,335	399,321	322,384	1,978,039	1,925,459	52,580
TOTAL EXPENSES	18,174,383	3,726,030	6,098,504	27,998,917	28,756,866	(757,950)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	1,390,866	(2,032)	339,912	1,728,747	754,468	974,280
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	1,034,519	170,875	287,952	1,493,344	260,458	1,232,886
Capital Outlay - Debt Service	395,994	79,199	134,029	609,221	609,221	-
TOTAL CAPITAL EXPENDITURES	1,430,513	250,074	421,981	2,102,565	869,679	1,232,886
GRAND TOTAL EXPENDITURES	19,604,896 #	3,976,104	6,520,485 #	30,101,482	29,626,545	474,936
Excess (Deficiency) of Revenues and Expenses	(39,647) #	(252,106)	(82,069) #	(373,818) #	(115,211) #	(258,606)
Debt Service and Fixed Asset Fund:						
Debt Service	1,430,513 #	250,074 #	421,981 #	2,102,565 #	869,679 #	1,232,886
Excess (Deficiency) of Revenues over Expenses	1,430,513	250,074	421,981	2,102,565	869,679	1,232,886

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Consider Selection of FY 2024 Auditor

Board Meeting Date

April 25, 2024

Committee: Business

Background Information:

Each year, Tri-County Behavioral Healthcare is required to select an outside auditor for our financial audit. We have previously used the following auditors:

FY 1992	Pircher and Co.
FY 1988 - 1993	Kenneth Davis
FY 1999	Vetter & Taboada, P.C.
FY 2000 - 2003	David N. Miller, LLP
FY 2004 - 2006	McConnell & Jones, LLP
FY 2007 - 2010	David N. Miller, LLP
FY 2011 - 2012	Carlos Taboada & Company, P.C.
FY 2013 - 2018	Scott, Singleton, Fincher & Co., P.C.
FY 2019 - 2022	Eide Bailly LLP
FY 2023	Scott, Singleton, Fincher & Co., P.C.

The FY 2024 HHSC Performance Contracts state that the center shall “engage the same audit firm for no more than any six (6) consecutive years from the initial date of engagement.”

This would be our second year with Scott, Singleton, Fincher & Co., P.C. if selected. The first year went very smoothly and we were glad to be back with Tommy Nelson as our lead Auditor. Staff recommend that we continue with Scott, Singleton, Fincher & Co., P.C. for the FY 2024 audit.

Supporting Documentation:

None

Recommended Action:

Direct Staff to Solicit an Audit Engagement Letter from Scott, Singleton, Fincher & Co., P.C. or Solicit Proposals for FY 2024 Independent Financial Audit Services

<p>Agenda Item: Review Tri-County's 2022 990 Tax Return Prepared by Scott, Singleton, Fincher & Company PC</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>April 25, 2024</p>
<p>Background Information:</p> <p>Scott, Singleton, Fincher & Company PC has completed Tri-County's 990 Tax Return for 2022 (fiscal year September 1, 2022 to August 31, 2023) for review by the Board.</p>	
<p>Supporting Documentation:</p> <p>Copy of the Tri-County Behavioral Healthcare 2022 990 Tax Return</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

2022 TAX RETURN

Client Copy

Client: 47141

Prepared for: TRI-COUNTY BEHAVIORAL HEALTHCARE
P O BOX 3067
CONROE, TX 77305
936-521-6105

Prepared by: Thomas L. Nelson
Scott, Singleton, Fincher, & Co.
4815 King Street, Suite A
Greenville, TX 75401
(903) 455-4765

Date: March 22, 2024

Comments:

Route to: _____

2022 Exempt Org. Return
prepared for:

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

Scott, Singleton, Fincher, & Co.
4815 King Street, Suite A
Greenville, TX 75401

**SCOTT,SINGLETON,FINCHER, & CO.
4815 KING STREET, SUITE A
GREENVILLE, TX 75401
(903) 455-4765**

March 22, 2024

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

Dear Client:

Enclosed for your review:

Form 990

2022 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Thomas L. Nelson

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

	2022	2021	Diff
REVENUE			
Contributions and grants.....	437,044	471,758	-34,714
Program service revenue.....	44,465,090	39,549,765	4,915,325
Investment income.....	113,696	30,698	82,998
Total revenue.....	45,015,830	40,052,221	4,963,609
EXPENSES			
Salaries, other compen., emp. benefits...	28,511,654	24,498,638	4,013,016
Other expenses.....	15,190,519	13,945,825	1,244,694
Total expenses.....	43,702,173	38,444,463	5,257,710
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	1,313,657	1,607,758	-294,101
Total assets at end of year.....	37,890,385	35,174,146	2,716,239
Total liabilities at end of year.....	17,915,580	16,512,998	1,402,582
Net assets/fund balances at end of year.	19,974,805	18,661,148	1,313,657

2022

Federal Filing Instructions

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

ELECTRONICALLY FILED:

Form 990 - 2022 Return of Organization Exempt From Income Tax

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization.

PAYMENT:

No payment is required.

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning 9/01, 2022, and ending 8/31, 202023

2022

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

EIN or SSN

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

Name and title of officer or person subject to tax

Millie McDuffey CFO

Part I Type of Return and Return Information

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>45,015,830.</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 2022 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 Scott, Singleton, Fincher, & Co. to enter my PIN 47141 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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.

75372344022

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Thomas L. Nelson

Date _____

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

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 number. 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) 01

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 (section 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		

• The books are in the care of ▶ MILLIE MCDUFFEY 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 7/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 9/01, 2022, and ending 8/31, 2023.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

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

2022

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 **2022** calendar year, or tax year beginning **9/01**, **2022**, and ending **8/31**, **2023**

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 TRI-COUNTY BEHAVIORAL HEALTHCARE P O BOX 3067 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 \$ 45,015,830. 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.	
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		H(c) Group exemption number	
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 AU	
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: <u>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.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	493
	6 Total number of volunteers (estimate if necessary)	6	554
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	471,758.	437,044.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,549,765.	44,465,090.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,698.	113,696.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,052,221.	45,015,830.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,498,638.	28,511,654.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,945,825.	15,190,519.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,444,463.	43,702,173.
19 Revenue less expenses. Subtract line 18 from line 12	1,607,758.	1,313,657.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,174,146.	37,890,385.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,512,998.	17,915,580.
		18,661,148.	19,974,805.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Millie McDuffey		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Thomas L. Nelson	Thomas L. Nelson			P00171219
	Firm's name	Scott, Singleton, Fincher, & Co.			Firm's EIN
	Firm's address	4815 King Street, Suite A Greenville, TX 75401			75-1830742
				Phone no.	(903) 455-4765

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ 23,808,874. including grants of \$) (Revenue \$ 26,418,110.)

PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 8,271 ADULTS AND CHILDREN 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 \$ 9,980,957. including grants of \$) (Revenue \$ 11,595,862.)

PROVIDED MENTAL HEALTH SERVICES INCLUDING CRISIS INTERVENTION SERVICES TO 3,210 ADULTS CHILDREN AND ADOLESCENTS LOCATED IN THE COUNTIES OF MONTGOMERY, WALKER AND LIBERTY IN TEXAS. THESE SERVICES ARE PROVIDED REGARDLESS OF THE CONSUMER'S ABILITY TO PAY FOR THESE SERVICES.

4c (Code:) (Expenses \$ 5,972,067. including grants of \$) (Revenue \$ 6,451,118.)

PROVIDED SERVICES TO 1,520 ADULTS, CHILDREN, AND ADOLESCENTS, WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN THE COUNTIES OF 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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 39,761,898.

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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 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 a "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? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b 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)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	493		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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	a The governing body?	X	
8b	b 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	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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. See Schedule O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O	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	a The organization's CEO, Executive Director, or top management official. See Schedule O	X	
15b	b Other officers or key employees of the organization. See Schedule O	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	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
MILLIE MCDUFFEY 233 SGT ED HOLCOMB BLVD S CONROE TX 77304 936-521-6105

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, box 6 of 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 dotted 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 STAFF PSYCHIATRIST	40 0					X	317,714.	0.	48,828.	
(2) JONATHAN SNEED STAFF PSYCHIATRIST	40 0					X	302,859.	0.	38,654.	
(3) ROBERT BOGAN STAFF PSYCHIATRIST	40 0					X	308,792.	0.	28,748.	
(4) IQNOOR BAINS STAFF PSYCHIATRIST	40 0					X	307,892.	0.	24,538.	
(5) JUDY OGNIBENE STAFF PSYCHIATRIST	40 0					X	241,491.	0.	38,920.	
(6) EVAN ROBERSON Executive Dir.	40 0			X			203,431.	0.	10,844.	
(7) MILLIE MCDUFFEY CFO	40 0			X			156,867.	0.	24,055.	
(8) AMY FOERSTER COMPLIANCE OFCR	40 0			X			122,918.	0.	15,246.	
(9) SARAH BRADFIELD COO	40 0			X			113,427.	0.	17,886.	
(10) KENNETH BARFIELD INFO SYSTEMS	40 0			X			112,377.	0.	15,554.	
(11) ANDREA SCOTT CHIEF NURSE	40 0			X			117,736.	0.	6,684.	
(12) JACOB PASCHAL Secretary	2 0	X					0.	0.	0.	
(13) GAIL PAGE Vice-Chair	2 0	X					0.	0.	0.	
(14) SHARON WALKER Trustee	2 0	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 for related organizations below dotted 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			
(15) TRACY SORENSEN Trustee	2 0	X						0.	0.	0.
(16) PATTI ATKINS Chair	2 0	X						0.	0.	0.
(17) MORRIS JOHNSON Trustee	2 0	X						0.	0.	0.
(18) REVEREND CARL WILLIAMSON Trustee	2 0	X						0.	0.	0.
(19) TIM CANNON Trustee	2 0	X						0.	0.	0.
(20) RICHARD DUREN Trustee	2 0	X						0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	2,305,504.	0.	269,957.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	2,305,504.	0.	269,957.

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 **20**

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAE & ASSOCIATES 280 MADISON AVE SUITE 1208 NEW YORK, NY 10016	GRANT WRITING SERVICES	470,000.
CYPRESS CREEK HOSPITAL 17750 CALI DRIVE HOUSTON, TX 77090	PSYCHIATRY INPATIENT	1,229,315.
KINGWOOD PSYCHIATRY 2001 LADBROOK DRIVE KINGSWOOD, TX 77339	PSYCHIATRY INPATIENT	1,607,510.
WOODLAND SPRINGS 5630 SOLUTION CENTER CHICAGO, IL 60677	PSYCHIATRY INPATIENT	1,309,025.
CROWN CLEANING SERVICES 3302 EXPLORER WAY CONROE, TX 77301	JANITORIAL SERVICES	232,255.

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 **7**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a 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	437,044.			
	g Noncash contributions included in lines 1a-1f	1g				
	h Total. Add lines 1a-1f		437,044.			
Program Service Revenue	Business Code					
	2a STATE SERVICES CONTRACTS	624100	30,456,044.	30,456,044.		
	b 1115 WAIVER REVENUES	624100	7,625,488.	7,625,488.		
	c MEDICAID REVENUES	624100	3,863,738.	3,863,738.		
	d HCS PROGRAM REVENUES	624100	2,103,138.	2,103,138.		
	e OTHER CONTRACTS	624100	356,470.	356,470.		
	f All other program service revenue		60,212.	60,212.		
g Total. Add lines 2a-2f		44,465,090.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		111,662.		111,662.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other	2,034.		
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c		2,034.		
	d Net gain or (loss)		2,034.	2,034.		
Other Revenue	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a 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	Business Code					
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		45,015,830.	44,467,124.	0.	111,662.	

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	919,357.	0.	919,357.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	23,444,706.	21,809,318.	1,635,388.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,043,116.	1,737,466.	305,650.	
9 Other employee benefits	1,762,843.	1,499,122.	263,721.	
10 Payroll taxes	341,632.	290,524.	51,108.	
11 Fees for services (nonemployees):				
a Management				
b Legal	31,300.	26,618.	4,682.	
c Accounting				
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 Schedule O.)	50,200.		50,200.	
12 Advertising and promotion	74,670.	63,499.	11,171.	
13 Office expenses	229,353.	195,042.	34,311.	
14 Information technology	534,331.	454,395.	79,936.	
15 Royalties				
16 Occupancy	1,081,181.	919,436.	161,745.	
17 Travel	404,550.	344,029.	60,521.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	492,443.	418,774.	73,669.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,133,138.	1,060,215.	72,923.	
23 Insurance	415,990.	353,758.	62,232.	
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 <u>CONTRACTED SERVICES</u>	8,681,272.	8,681,272.		
b <u>MEDICATIONS</u>	509,367.	509,367.		
c <u>CONSUMER COSTS</u>	463,804.	463,804.		
d <u>TELEPHONE</u>	324,886.	276,283.	48,603.	
e All other expenses	764,034.	658,976.	105,058.	
25 Total functional expenses. Add lines 1 through 24e	43,702,173.	39,761,898.	3,940,275.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	1,193,696.	1	1,765,136.
	2	Savings and temporary cash investments	4,256,724.	2	5,692,358.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,952,995.	4	4,900,942.
	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	249,548.	9	445,665.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,836,868.		
	b	Less: accumulated depreciation	10b 9,436,285.	10c	24,400,583.
	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	2,033,086.	15	685,701.
16	Total assets. Add lines 1 through 15 (must equal line 33)	35,174,146.	16	37,890,385.	
Liabilities	17	Accounts payable and accrued expenses	3,307,288.	17	3,016,901.
	18	Grants payable		18	
	19	Deferred revenue	754,637.	19	996,738.
	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	12,002,961.	23	12,240,842.
	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	448,112.	25	1,661,099.
	26	Total liabilities. Add lines 17 through 25	16,512,998.	26	17,915,580.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input type="checkbox"/>				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input checked="" type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	18,661,148.	31	19,974,805.
32	Total net assets or fund balances.	18,661,148.	32	19,974,805.	
33	Total liabilities and net assets/fund balances.	35,174,146.	33	37,890,385.	

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	45,015,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,702,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,313,657.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,661,148.
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	19,974,805.

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 Uniform Guidance, 2 C.F.R Part 200, Subpart F?	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

2022

Open to Public Inspection

Name of the organization TRI-COUNTY BEHAVIORAL HEALTHCARE	Employer identification number 76-0032662
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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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	963,625.	1,274,269.	589,556.	471,458.	437,044.	3,735,952.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	963,625.	1,274,269.	589,556.	471,458.	437,044.	3,735,952.
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).						0.
6 Public support. Subtract line 5 from line 4.						3,735,952.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	963,625.	1,274,269.	589,556.	471,458.	437,044.	3,735,952.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	75,973.	37,614.	11,506.	5,183.	111,662.	241,938.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						3,977,890.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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 2022 (line 6, column (f), divided by line 11, column (f)).	14	93.92 %
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	95.46 %

16a **33-1/3% support test—2022.** 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.

b **33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. 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—2021. 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 on line 12 of 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

Schedule A (Form 990) 2022

Part VI

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

Schedule B (Form 990)

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

2022

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

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIBERTY COUNTY, TEXAS 588 CR 2010 HARDIN, TX 77561	\$ 91,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MONTGOMERY COUNTY, TEXAS 301 N THOMPSON SUITE 210 CONROE, TX 77301	\$ 211,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WALKER COUNTY HOSPITAL DISTRICT 1411 11TH STREET HUNTSVILLE, TX 77340	\$ 36,667.	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.)
		\$	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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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 information once. See instructions.)..... \$ _____ *N/A*
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
N/A			

(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

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	2 d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1 a 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.

- 1 a 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:
- See Part XIII
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 26,028. |
| d Additions during the year | 230,056. |
| e Distributions during the year | 238,018. |
| f Ending balance | 18,066. |
- 2 a 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
1 a 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%.
- 3 a 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		4,213,843.		4,213,843.
b Buildings		23,731,532.	5,825,639.	17,905,893.
c Leasehold improvements				
d Equipment		3,828,156.	3,199,959.	628,197.
e Other		2,063,337.	410,687.	1,652,650.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,400,583.

Part VII Investments – Other Securities. N/A
 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LEASE LIABILITIES	352,281.
(3) SBITA RIGHT OF USE LIABILITIES	1,308,818.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	1,661,099.

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	45,015,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	45,015,830.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	45,015,830.

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	43,702,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	43,702,173.
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	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	43,702,173.

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 - Contributions Or Other Assets Not Included on B/S

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<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	

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

Schedule J (Form 990) 2022

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			(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				(C) Retirement and other deferred compensation
1 EVAN ROBERSON Executive Dir.	(i)	203,431.	0.	0.	10,096.	748.	214,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MILLIE MCDUFFEY CFO	(i)	156,867.	0.	0.	13,209.	10,846.	180,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JONATHAN SNEED STAFF PSYCHIATRIST	(i)	302,859.	0.	0.	16,348.	22,306.	341,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JUDY OGNIBENE STAFF PSYCHIATRIST	(i)	241,491.	0.	0.	19,671.	19,249.	280,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 HENRY CHAVEZ CUFFARO STAFF PSYCHIATRIST	(i)	317,714.	0.	0.	20,500.	28,328.	366,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 IQNOOR BAINS STAFF PSYCHIATRIST	(i)	307,892.	0.	0.	16,227.	8,311.	332,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ROBERT BOGAN STAFF PSYCHIATRIST	(i)	308,792.	0.	0.	0.	28,748.	337,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

**Open to Public
Inspection**

TRI-COUNTY BEHAVIORAL HEALTHCARE

Employer identification number

76-0032662

Form 990, Part III, Line 1 - Organization 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.

Form 990, Part VI, Line 11b - Form 990 Review Process

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

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD REVIEWS SALARY SURVEYS FROM SIMILAR ORGANIZATIONS AND GIVES CONSIDERATION TO COMPENSATION PAID BY OTHER LOCAL AUTHORITIES FOR SIMILAR POSITIONS IN TEXAS. COMPARABLE SALARY INFORMATION IS REVIEWED AS PROVIDED BY THE TEXAS COUNCIL OF COMMUNITY CENTERS, THE STATEWIDE ORGANIZATION THAT SUPPORTS COMMUNITY HEALTH CENTERS.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

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

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THESE ITEMS ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

Employer identification number

TRI-COUNTY BEHAVIORAL HEALTHCARE

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
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) INDEPENDENCE COMMUNITIES, INC P O BOX 3067 CONROE, TX 77305 55-0809542	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(2) MONTGOMERY SUPPORTED HOUSING, INC P O BOX 3067 CONROE, TX 77305 26-2526385	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(3) CLEVELAND SUPPORTED HOUSING, INC. P O BOX 3067 CONROE, TX 77305 45-4729728	HOUSING SUPPORT - LOW INCOME POPULATION	TX	501 (C) (3)	NOT A PRIVATE FDN	N/A		X
(4) ----- ----- -----							

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	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

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

TRI-COUNTY BEHAVIORAL HEALTHCARE

76-0032662

**Form 990, Part III, Line 4e
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	39,761,898.	39,761,898.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	44,465,090.	44,465,090.	Part VIII, Line 2, Col. A

**Form 990, Part VIII, Line 2f
Other Program Service Revenue**

Description	Bus. Code	Total Revenue	Related or Exempt Function Revenue	Unrelated Business Revenue	Revenue Excluded From Tax
MEDICARE REVENUES	624100	\$ 34,572.	\$ 34,572.		
PATIENT FEES/INSURANCE	624100	25,640.	25,640.		
Totals		<u>\$ 60,212.</u>	<u>\$ 60,212.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund-raising
ANNUAL AUDIT	50,200.		50,200.	
Total	<u>\$ 50,200.</u>	<u>\$ 0.</u>	<u>\$ 50,200.</u>	<u>\$ 0.</u>

**Form 990, Part IX, Line 24e
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
EQUIPMENT RENTAL & MAINTENANCE	55,228.	46,966.	8,262.	
LAB FEES	62,934.	62,934.		
NON CAPITAL EQUIPMENT	243,293.	206,896.	36,397.	
OTHER	225,774.	191,825.	33,949.	
POSTAGE AND SHIPPING	29,115.	24,759.	4,356.	
TRAINING	83,002.	70,585.	12,417.	
VEHICLE OPERATIONS	64,688.	55,011.	9,677.	
Total	<u>\$ 764,034.</u>	<u>\$ 658,976.</u>	<u>\$ 105,058.</u>	<u>\$ 0.</u>

Agenda Item: HUD 811 Update Committee: Business	Board Meeting Date April 25, 2024
Background Information: Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare. Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.	
Supporting Documentation: Second Quarter FY 2024 HUD 811 Report	
Recommended Action: For Information Only	

2nd Quarter FY 2024 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board met on March 22, 2024 for the annual meeting where they reviewed financial statements, elected officers of the Board, reviewed and approved the electronic filing of the FY 23 Audit with HUD REAC (Real Estate Assessment Center), and voted to amend the Bylaws. The next meeting is tentatively scheduled for June 14, 2024.

The property is currently at 100% occupancy with two people on the waiting list. Due to resident need, MDP Management has planned to schedule an installation of a handicap accessible door in the Community Room in the next few weeks. Residents are continuing to participate in monthly social activities to include including Bingo and Donut Day.

Tri-County staff have continued to provide status updates to the Board and Property Management about the new Cleveland Facility to ensure residents are aware and prepared well in advance should they utilize any of these services.

Following a review of the financial status of the property this past year, MDP Management received approval and was able to make a re-payment toward the payable to Tri-County in the amount of \$15,000.00. The new payable balance to Tri-County following this payment is \$19,237.00.

The CSHI Board currently has four members with an expected resignation to occur once we are able to find another member. We are actively seeking recommendations for additional membership as they become available. Please contact Tanya Bryant with names for any potential Board members.

The Montgomery Supported Housing, Inc. Board (MSHI)

The MSHI Board held their annual meeting on March 19, 2024 where they reviewed financial statements, elected Officers for the Board, reviewed and approved the electronic filing of the FY 2023 Audit with HUD REAC, and voted to amend the Bylaws. The next meeting is scheduled for June 11, 2024 where the Board will review and approve the purchase of Directors and Officers Insurance.

The property is currently at 100% occupancy with four people on the waiting list with no major maintenance issues at this time. The residents continue to meet monthly to participate in Bingo.

The current outstanding payable to Tri-County is \$32,278.86. As a reminder, these projects are not developed to make large profits. As such, MDP Management conducts a review of the financial status at the end of the year to determine if a payment toward the payable amount is able to be made at that time.

The MSHI Board currently has five board members. Even though we are above our minimum number of board members, we continue to accept recommendations for additional membership as they become available. Please contact Tanya Bryant with names for any potential Board members.

The Independence Communities, Inc. Board (ICI)

The ICI Board held their annual meeting on March 19, 2024 where they reviewed financial statements, project status reports, elected officers for the Board, reviewed and approved the electronic filing of the FY 2023 Audit with HUD REAC and voted to amend the Bylaws. The next meeting is scheduled for June 11, 2024.

Independence Village is currently at 100% occupancy with four people on the waiting list. There have been no major maintenance issues on the property since the last meeting. The residents continue to participate in selected social activities including Bingo, pizza, breakfast, and movie nights.

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

Agenda Item: Board of Trustees Unit Financial Statements as of March 2024 Committee: Business	Board Meeting Date April 25, 2024
Background Information: None	
Supporting Documentation: March 2024 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2024

March 31, 2024

	March 2024 Budget	March 2024 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 14,038	\$ 14,038	\$ -	100%	\$ 24,065
Total Revenue	\$ 2,005	\$ 2,005	\$ -	\$ 14,038	\$ 14,038	\$ -	100%	\$ 24,065
Expenses								
Advertising-Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	0%	\$ -
Food Items	\$ -	\$ 82	\$ (82)	\$ -	\$ 82	\$ (82)		
Insurance-Worker Compensation	\$ 5	\$ 5	\$ -	\$ 38	\$ 19	\$ 19	50%	\$ 65
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 10,500	\$ 10,500	\$ -	100%	\$ 18,000
Training	\$ 167	\$ -	\$ 167	\$ 1,167	\$ 975	\$ 192	84%	\$ 2,000
Travel - Non-local mileage	\$ 37	\$ 320	\$ (283)	\$ 263	\$ 560	\$ (296)	213%	\$ 450
Travel - Non-local Hotel	\$ 250	\$ -	\$ 250	\$ 1,750	\$ 762	\$ 988	44%	\$ 3,000
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 321	\$ 84	\$ 237	26%	\$ 550
Total Expenses	\$ 2,005	\$ 1,907	\$ 98	\$ 14,038	\$ 12,994	\$ 1,044	93%	\$ 24,065
Total Revenue minus Expenses	\$ 0	\$ 98	\$ (98)	\$ -	\$ 1,046	\$ (1,044)	7%	\$ -

Agenda Item: Cleveland Building Updates

Board Meeting Date:

April 25, 2024

Committee: Business

Background Information:

The Board has approved the construction of a 36,000 sq. ft. facility at 402 Liberty Street in Cleveland, Texas to meet program needs, and has contracted with Mike Duncum of Whitestone Reality to serve as construction manager for the project.

Mike will provide regular updates on the Cleveland project at scheduled Board meetings until the project is completed.

Supporting Documentation:

None

Recommended Action:

For Information Only

UPCOMING MEETINGS

May 23, 2024 – Board Meeting

- Approve Minutes from April 25, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2024
- Program Updates
- Personnel Report for April 2024
- Texas Council Risk Management Fund Claims Summary as of April 2024
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for April 2024
- Approve FY 2024 Auditor and Solicit Audit Engagement Letter
- Board of Trustees Unit Financial Statement as of April 2024
- Tri-County Consumer Foundation Board Meeting Update

June 2024 – No Board Meeting

July 25, 2024 – Board Meeting

- Approve Minutes from May 23, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for May and June 2024
- Program Updates
- FY 2024 Goals & Objectives Progress Report Year to Date
- 3rd Quarter FY 2024 Corporate Compliance & Quality Management Report
- 4th Quarter FY 2024 Corporate Compliance Training
- Appoint Nominating Committee for FY 2025 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2024
- Texas Council Risk Management Fund Claims Summary for May and June 2024
- Approve Financial Statements for May and June 2024
- Approve Audit Engagement Letter
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- Approve Participation in TCRMF Minimum Contribution Plan for Worker's Compensation Coverage
- Review Tri-County's FY 2022 990 Tax Return Prepared by Eide Bailly LLP
- 3rd Quarter FY 2024 Investment Report
- Board of Trustees Unit Financial Statement as of May and June 2024
- HUD 811 – Cleveland, Montgomery & Huntsville Updates

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
DID	Determination of Intellectual Disability

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 September 2023