

# Tri-County Behavioral Healthcare Board of Trustees Meeting

July 24, 2025



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, July 24, 2025. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

## **AGENDA**

- I. Organizational Items**
  - A. Chair Calls Meeting to Order
  - B. Public Comment
  - C. Quorum
  - D. Review & Act on Requests for Excused Absence
- II. Approve Minutes - May 22, 2025**
- III. Program Presentation - Essay Contest Winners**
- IV. Program Presentations - Longevity Recognition Presentations**
- V. Executive Director's Report - Evan Roberson**
  - A. Federal Policy Shift Impacting Non-Citizens
  - B. Legislative Updates
    - o Special Session
    - o Sunset Commission
  - C. Superior Insurance Update
  - D. IDD Provider Direct Support Professional Rates
  - E. SHSU Residency Update
- VI. Chief Financial Officer's Report - Millie McDuffey**
  - A. HHSC MH Fiscal Monitoring Review Update
  - B. HHSC IDD Fiscal Monitoring Review
  - C. FY 2025 Annual Audit Update
  - D. FY 2026 Beginning Budget Update
  - E. HHSC Scheduled Financial Status Meeting
  - F. Upcoming FFY 2026 PHP-CCP Required Cost Report Training
  - G. CFO Consortium Update
- VII. Program Committee**
  - Action Items**
    - A. Appoint New Mental Health Planning Network Advisory Committee Member ..... 8

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**IX. Business Committee**

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**X. 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

May 22, 2025

### Board Members Present:

Gail Page  
Sharon Walker  
Richard Duren  
Tim Cannon  
Carl Williamson

### Board Members Absent:

Patti Atkins  
Tracy Sorensen  
Jacob Paschal  
Morris Johnson

### Tri-County Staff Present:

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

**Legal Counsel Present:** Jennifer Bryant, Jackson Walker LLP

**Sheriff Representatives Present:** None present

**Guest(s):** Mike Duncum with WhiteStone Realty Consulting

**Call to Order:** Board Vice-Chair, Gail Page, called the meeting to order at 10:04 a.m.

**Public Comment:** No public comment

Cont.

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

**Resolution #05-22-01**

**Motion Made By:** Sharon Walker

**Seconded By:** Richard Duren, with affirmative votes by Carl Williamson and Tim Cannon that it be...

**Resolved:**

That the Board approve the absence of Patti Atkins, Tracy Sorensen, Jacob Paschal and Morris Johnson.

**Resolution #05-22-02**

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

**Resolved:**

That the Board approve the minutes of the April 24, 2025 meeting of the Board of Trustees.

**Program Presentations:** Longevity Recognitions

Agenda was suspended to move up Agenda Item VIII – H, Cleveland Building Updates, of which Mike Duncum gave an update on the current construction progress of the new Cleveland site, 402 Liberty St, Cleveland, Texas.

**Executive Director's Report:**

The Executive Director's report is on file.

- Cleveland Grand Opening Update
- HHSC Audits
- Legislative Updates

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- HHSC Mental Health Fiscal Monitoring Review
- FY 2026 Budget Process
- Annual County Funding Requests
- Fixed Asset Inventory
- CFO Consortium

**PROGRAM COMMITTEE:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for April 2025 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

### **EXECUTIVE COMMITTEE:**

The Personnel Report through April 2025 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of April 2025 was reviewed for information purposes only.

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

### **BUSINESS COMMITTEE:**

#### **Resolution #05-22-03**

**Motion Made By:** Richard Duren

**Seconded By:** Sharon Walker, with affirmative votes by Carl Williamson and Tim Cannon that it be...

#### **Resolved:**

That the Board approve the April 2025 Financial Statements.

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

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

#### **Resolved:**

That the Board approve the recommendation from the Business Committee for the FY 2025 Auditor of Eide Bailly, LLP and direct staff to request an audit engagement letter.

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

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

#### **Resolved:**

That the Board approve the Interlocal Agreement between Region 8 Education Service Center and Tri-County Behavioral Healthcare for The Interlocal Purchasing System (TIPS) Program.

#### **Resolution #05-22-06**

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

#### **Resolved:**

That the Board approve an increase in contract maximum for Ralph Horne in FY 2025 to \$65,000 for on-site Peace Officer services at the PETC.

**Resolution #05-22-07**

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

**Resolved:**

That the Board approve the FY 2025 contract amendment for Autism International Consulting for contracted Focused ABA services in accordance with the HHSC Children's Autism Program Rules not to exceed \$75,000.

**Resolution #05-22-08**

**Motion Made By:** Richard Duren

**Seconded By:** Tim Cannon, with affirmative votes by Sharon Walker and Carl Williamson that it be...

**Resolved:**

That the Board approve FY 2026-2027 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amendment No. 2.

The Board of Trustees Unit Financial Statement for April 2025 was reviewed for information purposes only.

The Cleveland Facility Transition Updates were reviewed for information purposes only.

**The regular meeting of the Board of Trustees adjourned at 12:02 p.m.**

**Adjournment:**

**Attest:**

\_\_\_\_\_  
Patti Atkins  
Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jacob Paschal  
Secretary

\_\_\_\_\_  
Date



<b>Agenda Item:</b> Appoint New Mental Health Planning Network Advisory Committee Member  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  <p>The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have several MHPNAC vacancies and while we are meeting membership requirements through participation in the Regional PNAC, we are actively working to fill all vacant positions on our local MHPNAC.</p> <p>Staff is recommending the appointment of the volunteer listed below to the Mental Health Planning Network Advisory Committee:</p> <p><u>Jerry Rimes</u></p> <ul style="list-style-type: none"> <li>• Family member</li> <li>• Community Member</li> </ul> <p>Mr. Jerry Rimes has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2027.</p>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Jerry Rimes as a New Mental Health Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2027.</b>	



<b>Agenda Item:</b> Community Resources Report	<b>Board Meeting Date:</b>  July 24, 2025
<b>Committee:</b> Program	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Community Resources Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Community Resources Report

## May 23, 2025 – July 24, 2025

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### Volunteer Hours:

Location	May	June
Conroe	135.5	98
Cleveland	5	1
Liberty	6	32.5
Huntsville	0	4.5
<b>Total</b>	<b>146.5</b>	<b>136</b>

### COMMUNITY ACTIVITIES

5/23/25	Health Collective Food Security Workgroup - Virtual	Conroe
5/23/25	Memorial Day Celebration – Senior Veteran Residents at the Wellington Conroe	Conroe
5/23/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup	Conroe
5/27/25	Walker County Child Crisis Collaborative	Huntsville
5/27/25	Walker County Community Resource Collaborative Group	Huntsville
5/28/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
5/29/25	Greater Houston Health Collective - Virtual	Conroe
5/29 – 5/30/25	Adult MHFA for Fire/EMS - Walker County	Huntsville
5/30/25	Walker County Juvenile Services Staffing	Huntsville
6/2/25	Disabled American Veterans Meeting	Conroe
6/3/25	Mass Violence Readiness	Houston
6/4/25	Montgomery County Child Crisis Collaborative	Conroe
6/7/25	Youth MHFA for Community - Virtual	Conroe
6/9/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup	Conroe
6/9/25	DePelchin Children's Center Meeting - Virtual	Conroe
6/10/25	Family & Community Coalition of East Texas	Conroe
6/10/25	American Legion Post 411 Meeting	Conroe
6/11/25	Youth MHFA for ESC 6 - Virtual	Conroe
6/12/25	Harris Diversion Center & Sobering Center Tour	Houston
6/12/25	Good Shepherd Mission Class - Trauma and PTSD	Huntsville
6/12/25	Women Veterans Day Luncheon	Huntsville
6/13/25	Good Shepherd Mission Class - Anxiety and Stress	Huntsville
6/13/25	Military Veteran Peer Network Quarter 4 Mentor Meeting	Conroe
6/14/25	Women Veterans Day Luncheon	Liberty
6/17/25	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
6/17/25	Liberty County Community Coalition Meeting - Disaster Response	Cleveland

6/18/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
6/18/25	Blended Adult MHFA for Community	Conroe
6/20/25	Project Healing Waters	Conroe
6/23/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup	Conroe
6/23/25	Youth MHFA for Hardin ISD	Liberty
6/23/25	Town Hall Meeting with DePelchin Children’s Center	Conroe
6/24/25	Walker County Community Resource Collaborative Group	Huntsville
6/24/25	Walker County Child Crisis Collaborative	Huntsville
6/25/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
6/27/25	Walker County Juvenile Services Staffing	Huntsville
7/2/25	First Episode Psychosis Presentation to Lone Star College	The Woodlands
7/5/25	Hearts Museum Veteran Breakfast	Huntsville
7/8/25	American Legion Post 411 Meeting	Conroe
7/8/25	Adult MHFA for Lone Star College Tomball	Tomball
7/10/25	Montgomery County Veteran Treatment Court Anniversary Celebration	Conroe
7/10/25	Adult MHFA for Community	Conroe
7/10/25	Families CAN Presentation on Sexuality & IDD - Virtual	Conroe
7/11/25	First Episode Psychosis Presentation to Salvation Army	Conroe
7/12/25	Adult MHFA for Montgomery County Search and Rescue – Service Members, Veterans and their Families (SMVF Module)	Conroe
7/14/25	New Caney ISD Counselor Meeting	New Caney
7/15/25	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
7/15/25	Veteran Task Force Meeting	Conroe
7/15/25	Adult MHFA for Henry’s Home	Conroe
7/16/25	Behavioral Health Suicide Prevention Task Force Meeting – Military Workgroup Meeting	Conroe
7/16/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
7/17/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup	Conroe
7/17/25	AS+K Ask to Save a Life Suicide Training	Conroe
7/18/25	Blended Adult MHFA for Volunteers of America	Conroe
7/18/25	First Episode Psychosis Presentation at New Danville	Conroe
7/21/25	Youth MHFA for Hardin ISD	Liberty
7/21/25	NAMI and Tri-County Behavioral Healthcare Community Presentation and Partnering Agencies	Conroe
7/21/25	Walker County Food Coalition - Virtual	Huntsville
7/21/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup	Conroe
7/22/25	Military Cultural Competency Community Training	Conroe
7/22/25	Youth MHFA for ESC 4 - Virtual	Conroe

7/22/25	Walker County Community Resource Collaborative Group	Huntsville
7/23/25	Networking Meeting with Mosaics of Mercy	Conroe
7/23/25	Liberty County Community Coalition Resource Fair	Cleveland

## UPCOMING ACTIVITIES

7/25/25	Walker County Juvenile Services Staffing	Huntsville
7/25/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup Meeting	Conroe
7/26/25	Adult MHFA for Camp Shield - Virtual	Conroe
7/28/25	Montgomery County ISD Back to School Bash	Montgomery
7/29/25	Conroe ISD Counselor Conference	Shenandoah
7/30/25	Youth MHFA for Community	Conroe
7/30/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
7/31/25	Resilient Responders Meeting	Conroe
8/6/25	Youth MHFA for Liberty ISD Classes 1-8 - Virtual	Conroe
8/6/25	Montgomery County Child Crisis Collaborative	Conroe
8/7/25	AS+K Training for Montgomery County Women’s Center	Conroe
8/8/25	Blended Youth MHFA for Montgomery County Child Advocates	Conroe
8/9/25	R. F. Meador Library Back to School Event	Willis
8/12/25	Family & Community Coalition of East Texas	Conroe
8/13/25	Adult MHFA for Community - Service Members, Veterans and their Families (SMVF Module)	Conroe
8/18/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup	Conroe
8/19/25	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
8/20/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
8/21/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
8/21/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup	Conroe
8/22/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup	Conroe
8/23/25	Youth MHFA for Community - Virtual	Conroe
8/27/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe

<b>Agenda Item:</b> Consumer Services Report for May and June 2025  <b>Committee:</b> Program	<b>Board Meeting Date:</b>  July 24, 2025
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Consumer Services Report for May and June 2025	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## CONSUMER SERVICES REPORT

May 2025

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
<b>Crisis Services, MH Adults/Children Served</b>								
Crisis Assessments and Interventions	309	37	28	-	-	-	-	374
Youth Crisis Outreach Team (YCOT)	79	12	2	-	-	-	-	93
Crisis Hotline Served	359	48	48	-	-	-	-	455
Crisis Stabilization Unit	57	3	9	57	-	2	1	69
Crisis Stabilization Unit Bed Days	226	9	27	226	-	8	1	262
Adult Contract Hospital Admissions	22	1	4	22	-	0	1	27
Child and Youth Contract Hospital Admissions	13	4	0	13	0	0	0	17
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
<b>Routine Services, MH Adults/Children Served</b>								
Adult Levels of Care (LOC 1-5, EO, TAY)	976	210	187	976	-	106	104	1373
Adult Medication	840	166	149	828	-	98	80	1155
TCOOMMI (Adult Only)	90	19	8	90	-	6	13	117
Adult Jail Diversions	1	0	0	1	-	0	0	1
Child Levels of Care (LOC 1-5, EO, YC, YES)	759	73	97	517	242	50	23	929
Child Medication	249	32	22	162	95	24	0	303
Multisystemic Therapy (MST)	14	1	2	-	-	-	-	17
School Based Clinics	90	28	39	-	-	-	-	157
<b>Veterans Served</b>								
Veterans Served - Therapy	37	1	3	-	-	-	-	41
Veterans Served - Case Management	29	5	0	-	-	-	-	34
<b>Persons Served by Program, IDD</b>								
Number of New Enrollments for IDD	36	5	2	36	-	3	2	43
Service Coordination	892	76	96	892	-	46	30	1064
Individualized Skills and Socialization (ISS)	7	20	19	-	-	4	16	46
<b>Persons Enrolled in Programs, IDD</b>								
Center Waiver Services (HCS, Supervised Living)	31	17	19	31	-	4	13	67
<b>Substance Use Services, Adults and Youth Served</b>								
Youth Substance Use Disorder Treatment/COPSD	2	0	0	2	-	0	0	2
Adult Substance Use Disorder Treatment/COPSD	30	2	1	30	-	2	0	33

<b>Waiting/Interest Lists as of Month End</b>								
Home and Community Based Services Interest List	2076	346	240	-	-	-	-	<b>2662</b>
<b>American Rescue Plan Act (ARPA) Funded Therapy</b>								
Expanded Therapy	127	10	0	111	16	5	5	<b>137</b>
After Hours Therapy	86	1	0	74	12	1	0	<b>87</b>
<b>April Served</b>								
Adult Mental Health	1659	320	265	1659	-	177	143	<b>2244</b>
Child Mental Health	1040	141	145	734	306	99	42	<b>1328</b>
Intellectual and Developmental Disabilities	1039	126	106	1039	-	65	61	<b>1271</b>
<b>Total Served</b>	<b>3738</b>	<b>587</b>	<b>516</b>	<b>3432</b>	<b>306</b>	<b>341</b>	<b>246</b>	<b>4841</b>
<b>May Served</b>								
Adult Mental Health	1630	323	273	1630	-	169	154	<b>2226</b>
Child Mental Health	1028	133	134	705	323	98	35	<b>1295</b>
Intellectual and Developmental Disabilities	1041	117	113	1041	-	63	54	<b>1271</b>
<b>Total Served</b>	<b>3699</b>	<b>573</b>	<b>520</b>	<b>3376</b>	<b>323</b>	<b>330</b>	<b>243</b>	<b>4792</b>



## CONSUMER SERVICES REPORT

June 2025

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
<b>Crisis Services, MH Adults/Children Served</b>								
Crisis Assessments and Interventions	328	20	23	-	-	-	-	371
Youth Crisis Outreach Team (YCOT)	44	3	1	-	-	-	-	48
Crisis Hotline Served	332	24	52	-	-	-	-	408
Crisis Stabilization Unit	62	9	1	62	-	8	1	72
Crisis Stabilization Unit Bed Days	229	36	2	229	-	29	7	267
Adult Contract Hospital Admissions	27	3	2	27	-	0	3	32
Child and Youth Contract Hospital Admissions	4	3	0	4	0	2	1	7
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
<b>Routine Services, MH Adults/Children Served</b>								
Adult Levels of Care (LOC 1-5, EO, TAY)	1113	226	214	1113	-	134	92	1553
Adult Medication	840	165	167	840	-	96	69	1172
TCOOMMI (Adult Only)	92	18	7	92	-	5	13	117
Adult Jail Diversions	2	0	0	2	-	0	0	2
Child Levels of Care (LOC 1-5, EO, YC, YES)	713	85	103	481	232	58	27	901
Child Medication	227	32	20	161	85	13	0	279
Multisystemic Therapy (MST)	14	1	2	-	-	-	-	17
School Based Clinics	80	19	0	-	-	-	-	99
<b>Veterans Served</b>								
Veterans Served - Therapy	36	3	1	-	-	-	-	40
Veterans Served - Case Management	37	5	0	-	-	-	-	42
<b>Persons Served by Program, IDD</b>								
Number of New Enrollments for IDD	33	2	2	33	-	2	0	37
Service Coordination	903	95	85	903	-	51	44	1083
Individualized Skills and Socialization (ISS)	7	20	18	-	-	4	16	45
<b>Persons Enrolled in Programs, IDD</b>								
Center Waiver Services (HCS, Supervised Living)	31	17	19	31	-	4	13	67
<b>Substance Use Services, Adults and Youth Served</b>								
Youth Substance Use Disorder Treatment/COPSD	10	0	0	10	-	0	0	10
Adult Substance Use Disorder Treatment/COPSD	23	1	2	23	-	1	0	25

<b>Waiting/Interest Lists as of Month End</b>								
Home and Community Based Services Interest List	2097	350	242	-	-	-	-	<b>2689</b>
<b>American Rescue Plan Act (ARPA) Funded Therapy</b>								
Expanded Therapy	120	0	0	104	16	0	0	<b>120</b>
After Hours Therapy	80	0	0	72	8	0	0	<b>80</b>
<b>May Served</b>								
Adult Mental Health	1630	323	273	1630	-	169	154	<b>2226</b>
Child Mental Health	1028	133	134	705	323	98	35	<b>1295</b>
Intellectual and Developmental Disabilities	1041	117	113	1041	-	63	54	<b>1271</b>
<b>Total Served</b>	<b>3699</b>	<b>573</b>	<b>520</b>	<b>3376</b>	<b>323</b>	<b>330</b>	<b>243</b>	<b>4792</b>
<b>June Served</b>								
Adult Mental Health	1665	305	272	1665	-	175	130	<b>2242</b>
Child Mental Health	886	110	114	618	268	78	32	<b>1110</b>
Intellectual and Developmental Disabilities	1074	130	105	1074	-	66	64	<b>1309</b>
<b>Total Served</b>	<b>3625</b>	<b>545</b>	<b>491</b>	<b>3357</b>	<b>268</b>	<b>319</b>	<b>226</b>	<b>4661</b>

<b>Agenda Item:</b> Program Updates	<b>Board Meeting Date:</b>  July 24, 2025
<b>Committee:</b> Program	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Program Updates	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Program Updates**

## **May 23, 2025 – July 24, 2025**

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### **Crisis Services**

1. The Youth Crisis Outreach Team has experienced some staffing challenges in the month of May and June with four team members departing, which limited our ability to maintain seven-day-a-week operations. As we work to fill these vacancies and onboard new staff, YCOT will continue providing crisis response services in the community Monday through Friday, 12 hours per day throughout June, July, and August. On a positive note, we're pleased to share that YCOT programs across Texas received increased funding during the most recent legislative session. This expansion will allow eight additional LMHAs to launch YCOT programs. Our own program also received a modest funding increase and continues to be classified as a Tier One program, with a minimum requirement of 40 hours of YCOT-specific coverage each week.
2. The Crisis Intervention Teams with Conroe Police Department (CPD) and Montgomery County Sheriff's Office (MCSO) are now operating with two full time clinicians each. These positions are popular with law enforcement agencies and the community and there has been requests to make more positions available, should funding opportunities allow. Total services in May for CPD units were 42 crisis services and June totaled 76 crisis services, with five youth served. MCSO total crisis services in May were 48 and June was 75, with a total of 10 youth served. Over the periods of May and June, our four Tri-County staff provided 241 crisis services in home and community settings to 199 individuals located in Montgomery County. Of these 199 individuals served, less than 10 were taken to jail as a result of law enforcement contact.
3. We observed significant shifts in the use of Private Contract Beds (PCBs) between May and June, particularly in the distribution between adult and youth placements. In May, there were 41 admissions and 34 discharges, with 18 youth (37.5%) and 30 adults utilizing PCB services at some point during the month. A total of 334 bed days were used, with an average length of stay of 6.96 days. In June, 49 individuals utilized PCB services, including 35 admissions and 38 discharges. The average length of stay decreased slightly to 6.20 days. However, only 16% of PCB users were youth, marking a notable decline from the 37.5% youth usage seen in the previous two months.
4. The crisis team has struggled with MCOT staffing through the months of May and June due to the inability to fill vacant positions, in addition to staff out for scheduled time off during the summer months. We are currently interviewing for two additional YCOT staff, after hiring two YCOT staff in June and July. Our Administrative Assistant has also announced plans to retire this August. All supervisor positions, COC staff, and CIT clinicians are fully staffed at this time.

### **MH Adult Services**

1. The Cleveland team is eager and prepared to move to the new facility. The team is looking forward to new trainings, fresh starts, and being able to offer a more professional, comfortable space to work with the people we serve.

2. A total of 1464 adults have been screened through Conroe's routine intake department this fiscal year. October and April were our busiest months so far this year.
3. The Peer Services team is close to completing a certification process that will allow billing to Medicaid for their services. Peer services are one of the most highly sought after programs for adults served.
4. Our most recent success story comes from the ACT Team, where an individual was able to have her SSI benefits re-instated, including many years of back payment received. This individual had been homeless, sleeping in the park, and will now be able to find housing as well receive a major medical procedure she lacked funding for.
5. The Coordinated Specialty Care – First Episode Psychosis (FEP) team is looking forward to attending an FEP Best Practices Conference at the end of July. The conference will focus on the Texas FEP Model and will include a variety of trainings, offering the latest information for serving this specialty population.
6. The Supported Housing program has assisted 26 individuals in obtaining and maintaining safe stable housing this fiscal year.
7. There have been 122 total active individuals enrolled in the Projects for Assistance in Transition from Homelessness (PATH) program this fiscal year. The PATH team works diligently to provide a variety of services to individuals experiencing homelessness who have complex, multi-faceted needs. The team has also started offering employment readiness classes in collaboration with other local housing advocates.

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

1. The Youth Empowerment Services (YES) program is currently undergoing a Texas Health and Human Services Commission YES Waiver review, focusing on compliance with YES Waiver policy. In April, the team also completed an extensive wraparound fidelity review assessing adherence to the National Wraparound Model. Following this audit, YES Waiver reviews will occur biannually, rather than annually, preventing a reoccurrence of concurrent reviews in the same fiscal year.
2. The Multisystemic Therapy (MST) team is projected to serve 53 families by the end of the program's first fiscal year. Considering that new MST teams typically require several months to reach full operational capacity, this early achievement is a promising indicator of the momentum of this small, but highly intensive program.
3. The Cleveland Child and Youth Team is excited about their upcoming move to the new facility and are busy packing items for the move. We suspect our first month in the new space will be busy given that school will be in session at the time of opening.

### **Criminal Justice Services**

1. The number of 16.22 evaluations (early identification of individuals suspected of having a mental illness or intellectual disability who are involved in the criminal justice system) totaled 43 in May and 26 in June across all three counties.
2. The Montgomery County Jail has contracted with the Waller County Jail to house 30 inmates from Montgomery County due to overcrowding. As inmates are released from Waller County Jail, they are replaced with an inmate from Montgomery County.

3. Liberty County Jail has contracted with several other jails since their closure to house inmates. The Criminal Justice Administrator has maintained regular contact with Jail Administration to follow cases to ensure 46B medication reimbursement can occur.

### **Substance Use Disorder Services**

1. Both Adult and Youth SUD programs completed a fiscal audit in June with positive feedback from the HHSC team. There was only one finding related to timeliness of documentation of an assessment that has since been corrected.
2. We have received confirmation of award for a Substance Use Treatment grant, which allows for the continuation of funding to support intensive outpatient treatment for adult and youth; however, we were notified during this funding process that the State will discontinue funding for Co-Occurring Psychiatric and Substance Use Disorder (COPSD) treatment, which offered individual counseling to individuals with both mental health and substance use treatment needs. Additionally, we were awarded enough funds to allow for the expansion of substance use treatment services for adult and youth in Cleveland with the new building, pending licensure of the facility site.
3. Over the summer, the youth treatment program has observed a trend of younger adolescents, around 13 years old, entering treatment.

### **IDD Services**

1. IDD Provider Services continues to search for one House Manager and two Weekend Relief employees for the group homes.
2. Each of our sites is experiencing turnover in Direct Care Provider positions and we are having difficulty recruiting due to issues with salary. The Cleveland Site Supervisor is interviewing for one full time and one part time position. This would enable the program to enroll additional people waiting to join the Cleveland Individualized Skills and Socialization (ISS -formerly Day Habilitation) program.
3. Cleveland employees and consumers are expressing excitement about the move into the new facility, talking about the wonderful new place they will be going to soon. Staff have done an excellent job sorting through 30 plus years worth of items in the existing Cleveland site in preparation for the move.
4. During the 89th Legislative Session, legislation was passed to increase the minimum wage for Direct Support Professionals (DSPs) to \$13.00 per hour. Previously, rules required a minimum wage of \$10.60 per hour. At Tri-County, we have been paying \$12.60 per hour, which included \$1.25 per hour in Attendant Compensation Rate Enhancement (ACRE), which was eliminated as a part of this rate increase. With the elimination of ACRE funding, the new \$13.00 rate results in a net increase of only \$1.15 per hour. While this is a step in the right direction, the modest increase is unlikely to significantly ease the ongoing challenges in recruiting and retaining these critical staff positions.
5. The IDD Provider requirement to conduct residential assessments every 90 days for all HCS Host Home Providers has been challenging given that there was no additional funding to support travel or staff time. As with many areas in our system, expectations and requirements for our programs continue to grow, but no additional funding has been provided to support those increasing demands.

6. In June 2025, HHSC sent communication to LIDDAs seeking comments on proposed amendment changes to the Texas Administrative Code regarding service coordination. The added language includes updates to outdated terminology, adds language related to telehealth, and revises definitions, making them more person-centered. New subsections add clarifications about when the Service Coordination Assessment should be completed and by whom (the SC Assessment determines how frequently an individual should be seen), in addition to clarifying that one of the four elements of Service Coordination are required for each of the comprehensive and follow up encounters.
7. The Contract Accountability and Oversight Unit audit team (CAO) announced amendments to the HCS Waiver electronic auditing tool, stipulating that the Service Coordinator must conduct and document monitoring activities which include determining whether the individual's health or safety is at risk in the environments where the individual receives HCS and non-HCS services, and if necessary, taking action to protect the individual's health and safety. HHSC has indicated that this action may include addressing the risk with the HCS provider or notifying the appropriate authorities. Because this element addresses the health and safety of the persons served, there will be no hold harmless period for this amendment and any evidence of contractual non-compliance will be cited by CAO. These changes became effective on June 1<sup>st</sup>.
8. In June, the U.S. District Court for the Western District of the United States issued a decision in *Steward v. Abbott, et al*, known informally as the "PASRR Lawsuit". In a comprehensive 475-page decision, the court identified systemic failures in the design, implementation, and administration of Texas' long-term services and supports for people with IDD, while being critical of the LIDDAs role in completing PASRR evaluations, Community Living Options (CLO), nursing facility transitions and diversions, while also acknowledging the limitations placed on LIDDAs, like reliance on HHSC to release slots, lack of funding, and limited resources for placement in the community for people with high medical needs. The Court has requested a proposed remedial order that addresses the steps to ensure people with IDD in nursing facilities are identified and appropriately screened, educated about CLO, offered the appropriate specialized services, and offered the opportunity to divert or transition to the community with the necessary services and supports.

## **Support Services**

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

- a. The QM department has prepared and submitted all pre-site documentation requested for the HHSC QM Comprehensive Audit that will take place on August 18 - 22<sup>nd</sup>.
- b. Staff, in coordination with the C&Y department, have prepared and submitted documentation for the YES Waiver Audit held on July 21-25<sup>th</sup>.
- c. The Administrator of Quality Management has completed a Program Survey of the Substance Use Treatment Program and results have been shared with the Program Manager for quality improvement purposes.
- d. Staff prepared and submitted 11 record requests to four insurance companies, totaling 49 charts for records dating back to January 1, 2024.



- e. In addition to routine and ongoing quality assurance of documentation, staff reviewed 24 progress notes prior to billing to ensure compliance. Additional training and follow-up were provided to staff and supervisors as needed.
- f. The QM department continues to conduct satisfaction surveys and collect feedback from individuals served throughout our service area, using both in-person conversations and phone interviews.

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

- a. On June 23<sup>rd</sup> and 29<sup>th</sup> the Director of Quality Management & Support and the Administrator of Utilization Management met with the HHSC UM department staff to consult on implementation of the TRR UM Guidelines and discuss best practices and ways in which HHSC can best support Centers moving forward.
- b. The Administrator of Utilization Management reviewed several key reports at the July 16<sup>th</sup> MH QM/UM Committee Meeting, to include, but not limited to, information on Center overrides, authorizations, and over and under utilization.
- c. UM staff reviewed 10% of all discharges for the month of May and provided feedback to staff and supervisors as needed for quality improvement.
- d. Staff reviewed all progress notes that utilized the COPSD Modifier for May and offered feedback to program staff as needed.
- e. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in May to support continuous quality improvement.

## **3. Training:**

- a. The Director of Quality Management & Support provided a presentation on Continuous Quality Improvement to the State CCBHC Learning Collaborative on July 10, 2025.
- b. In coordination with the Financial department, the QM department has been preparing a list of items requested for an annual attestation packet being requested by Superior Healthplan. Included in this packet are the dates of all evidence-based practice trainings taken by any QMHP providing services to an individual with Superior Healthplan coverage.
- c. The MHFA Outreach Coordinator provided her 100<sup>th</sup> MHFA community training.
- d. The Clinical Trainer provided annual training to the Management Team on June 6<sup>th</sup> to cover all required Center trainings.
- e. The Training Department has made adjustments to the reminder process notifying staff and supervisors of upcoming trainings in order to provide improved communication to Supervisors and for general quality improvement following recent feedback.
- f. The Director of Quality Management & Support and the Executive Director attended the Regional Mass Violence Readiness Training in Houston on June 3 - 4<sup>th</sup>. This training was hosted by the HHSC Disaster Behavioral Health team for the purpose of assisting Centers to prepare through planning and increased understanding of this type of incident.

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

- a. We have been awarded a Mental Health grant from the Texas Veteran's Commission to hire a counselor and a peer specialist to work with Veterans and immediate family members in our three county service area. The team has worked on tailoring programming and positions to fit the grant requirements, and is now providing services.
- b. The Regional Veteran's Service Liaison and the Veteran Services Assistant completed the "Bring Everyone into the Zone" certification program, allowing the team to facilitate groups more effectively.
- c. There are currently 34 participants in the Montgomery County Veteran Treatment Court, which celebrated its ten year anniversary in July. So far in FY 25, there have been 14 successful graduates from the program, with an anticipated graduation for three additional participants by the end of the current fiscal year.

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

- a. The IDD PNAC met on May 28<sup>th</sup> and participated in the local planning process. Members received an update on public input received to date and shared their feedback. Continued focus on providing additional support to families/guardians of individuals with IDD outside of the traditional role of the LMHA emerged as a theme in this planning cycle (i.e. parent to parent support) along with continued education to community partners, such as first responders, about the IDD community.
- b. The MH PNAC met on June 25, 2025 to review Center updates, financial status, and performance measures along with continued discussion on strategies to expand membership. We are currently processing one application and have one candidate pending approval at this time.

<b>Agenda Item:</b> Year to Date FY 2025 Goals and Objectives Progress Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  <p>The Management Team met on August 2, 2024 to update the five-year strategic plan and to develop the goals for FY 2025. The strategic plan and related goals were approved by the Board of Trustees at the September 2024 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center’s contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2025.</p>	
<b>Supporting Documentation:</b>  FY 2025 Year to Date Goals and Objectives Progress Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Year-to-Date Progress Report

*September 1, 2024 – July 24, 2025*

## Goal #1 – Clinical Excellence

**Objective 1:** Enhance the Intellectual and Developmental Disability services intake process to ensure a more efficient, streamlined, and client-centered experience. By reducing wait times, simplifying documentation, and/or utilizing available tools, we aim to refine the IDD intake process including ensuring clearer understanding of the process, improve communication with our clients, and increase client satisfaction by June 30, 2025.

- IDD Authority successfully identified four (4) distinct phases that make up the IDD Authority Intake process. The four (4) phases are as follows: Phase I - Pre-Intake (document collection and scheduling for Determination of Intellectual Disabilities), Phase II - Scheduling with Admissions and Enrollments Coordinator, Phase III - Service Planning & Development, and Phase IV - Supplemental Service Planning & Development.
- Since September 2024, the program has achieved an 80% reduction in clients waiting for a Case Manager and a 39% reduction in clients waiting for a Determination of Intellectual Disability (DID).
- In January IDD Authority Intake Services created a satisfaction survey provided to clients, families and advocates. The survey gauges wait times, ease of submitting records, flexibility in scheduling appointments, intake team response times, satisfaction with the person-centered planning process, and overall satisfaction with the IDD intake process.
- In February of 2025, IDD Authority began working to eliminate Phase II, Scheduling with Admissions and Enrollments Coordinator (AEC), from its Intake process.
- By June of 2025, IDD Authority successfully eliminated the intake backlog and significantly streamlined our intake process, noting a 14% reduction in clients waiting for a Determination of Intellectual Disability (DID) and 97% decrease in clients waiting to be assigned an IDD Case Manager.
- We also collected 73 satisfaction surveys, which demonstrated high levels of satisfaction with the changes made to the intake process, including satisfaction with wait times, scheduling flexibility, person-centered focus, and the overall process. Survey results did indicate that work is still needed to reduce wait times at the beginning of the process (Phase I – documentation collection).

**Objective 2:** Regularly conduct client satisfaction surveys to gather valuable feedback, identify areas for improvement, and enhance the quality of our services. A summary of survey results will be reported to the Board of Trustees two times in FY 2025 at the February and August Board meetings. By actively listening to our clients and addressing their concerns, we aim to increase satisfaction, strengthen client relationships, and ensure that our offerings consistently meet or exceed expectations, leading to higher retention and loyalty.

- The Quality Management Department has developed and implemented three surveys to collect information related to client satisfaction and areas of quality improvement. These surveys solicit feedback through a variety of methods (i.e. phone calls, face to face interviews, and through the use of a QR code) in order to capture a larger subset of our population and gain more insight into areas we may be able to make improvements.
- An update was provided to the Board at the February Board Meeting that outlined efforts and progress on client satisfaction surveys related to the 'Clinical Excellence' board goal.
- Positive feedback has been received in the majority of the QM led surveys, which includes over 200 responses to date. Most clients report being happy with services provided, feel that they are treated with dignity and respect and we received several comments about the improvements made by both adult and youth clients. Additionally, several parents noted that they are thankful for the services provided in the schools and the flexibility of staff working around youth and parent schedules.
- Feedback related to potential areas of improvement include wait times, expanded hours of operation, along with requests for more of the services we provide, such as therapy. While there were some respondents that had feedback on customer service, these concerns did not present a trend over any specific area to date.

## Goal #2 – Community Connectedness

**Objective 1:** Staff will work with community members to develop a plan for a Mental Health and Substance Use Disorder Diversion Center which meets community needs and can be endorsed by a majority of stakeholder members who participate in planning by May 31, 2025. The Diversion Center will aim to reduce reliance on the criminal justice system, offer an alternative to incarceration, and address the root causes of mental health and substance use challenges.

- In response to the Sequential Intercept Model (SIM) mapping event, where the need for a Diversion Center in the community was identified, several planning meetings have been held, bringing together key community

stakeholders and partners to further discuss the need, develop a plan for the community, and understand cost.

- In January, the Collaborative welcomed Wayne Young, CEO of Harris Center, to speak on the Diversion Center model implemented in Harris County. This opportunity will allow for further understanding of what is required of the model, including staffing, cost, building and program design, as well as what will be needed to move this project forward.
- The Collaborative has continued to meet on a regular basis and is actively in discussion regarding community needs that would be met using this model. In an effort to understand the potential impact of this model on the criminal justice system, partners presented data to the group reflecting the number of individuals in jail with mental health need, as well as the number of individuals diverted through the Psychiatric Emergency Treatment Center.
- A proposed plan for a building to house a Diversion Center was presented to the group, which included cost of building, information on space needs, and consideration for proximity to community partners.
- After participating in a tour of the Harris Center's Diversion Center program and Harris County's Sobering Center, the Tri-County Team is actively developing a diversion design that will be presented to the Collaborative for feedback during an upcoming meeting. The plan includes cost, programming, and staffing models in addition to offering options for various types of jail diversion including mental health stabilization and sobering opportunities.

### Goal #3 – Information Technology

**Objective 1:** Implement a secure portal in SmartCare to reduce administrative burden, ensure accurate and accessible medical records, and support informed decision-making to deliver high-quality care while ensuring compliance with healthcare regulations and data security standards by July 31, 2025.

- Shortly after adding this goal to our Board Goals for fiscal year 2025, Streamline announced that they would be changing the partner that supplies their third-party portal software.
- Streamline selected a few established sites to serve as pilots for the new software, but we were not one of the sites that they selected; however, after conversation with SmartCare, they did agree to allow Tri-County to be among the first ten to receive access to new portal software.
- SmartCare expects to roll out the portal in phases, with the first of these starting in December to include scheduling, call reminders, and assessment availability through the portal. While this does not meet full

required functionality for our next CCBHC recertification in 2027, it does demonstrate effort to move toward meeting this standard.

**Objective 2: Successfully transition to Microsoft Windows 11 to leverage the latest technological advancements, improve operational efficiency and ensure compatibility with modern applications while maintaining data integrity and minimizing disruption during the migration process by July 31, 2025.**

- Tri-County currently uses Microsoft Windows 10 as our computer operating system, but support for Windows 10 will be discontinued by Microsoft in September of 2025 and all users will be required to migrate to Windows 11 before support is discontinued.
- Some of our existing computers did not have the processor power to operate Windows 11 and needed to be replaced. Other computers may be able to download the update, but may be too slow to use the operating system effectively. Consequently, a large number of computers had to be purchased, formatted and installed.
- In addition to new equipment deployed with Windows 11, our IT staff have started updating the existing equipment to Windows 11. As of this update, 74% of all computers are updated to the new operating system and they expect to be done with this objective by fiscal year end.

### Goal #4 – Staff Development

**Objective 1: Develop and implement strategies that reduce staff turnover by 10% from FY 2024 number by fostering a positive work environment, enhancing employee engagement, and offering professional development opportunities. Measured YTD on July 31, 2025 as compared to YTD on July 31, 2024.**

- A second employee has been approved for student loan repayment assistance through the Texas Higher Education Coordinating Board program. Both recipients are licensed professional counselors (LPCs) who will each receive \$40,000 over the next three years while employed with Tri-County Behavioral Healthcare (TCBHC). Notably, both employees have been with the TCBHC for over five years.
- Certifications for the following loan repayment programs have been completed or are in process:
  - Texas Higher Education Coordinating Board – Mental Health Professionals
    - 2 loan repayments approved
  - Texas Higher Education Coordinating Board - Nurse Loan Repayment Program
    - 1 application in process (APN)



- State Loan Repayment Program (Nurses, LCSWs, LPCs, SUD counselors, etc.)
- SUD Treatment and Recovery Loan Repayment (SUD clinicians)
  - 5 applications in process (LCDCs, LCSW, and LPCs)
- Turnover in May and June was impacted by several necessary organizational changes, including grant-funded program closures and reduction in force/restructure actions aligned with FY26 planning. Despite these additional changes, the team is encouraged by the progress made and remains focused on stabilizing staffing and supporting engagement efforts as we close out the fiscal year.
- As of June 30, 2025, the year-to-date turnover rate stands at 24.79% (97 YTD separations), down from 34% (129 YTD separations) at the same point in FY24.

### Goal #5 – Fiscal Responsibility

**Objective 1:** Strategically pursue and secure grants to support program development, enhance organizational capacity, and drive impactful initiatives by building strong partnerships, improving grant writing capabilities, and aligning with funders' priorities to maximize the positive outcomes for the communities we serve. Staff will complete at least four new or renewal grants by August 31, 2025.

- The Texas Veterans Commission (TVC) grant was submitted in November with a proposal that will support the addition of a licensed clinician to provide therapy, as well as a Veteran Peer allowing for expansion of current services in Montgomery and Liberty counties and to begin providing services in Walker County.
- In January, a grant application was submitted to support ongoing outpatient Substance Use Disorder Treatment programming. The grant, which is a federal grant passed through the State, will allow continued funding for an additional five years for the existing adult and youth programs.
- The Center has applied in collaboration with Sam Houston State University and were awarded a Psychiatric Residency grant through the Health Resources and Services Administration (HRSA).
- The Center is currently considering applying for criminal justice grant through HHSC that would be able to provide for a clinician in the Walker County jail.
- In this FY, several grants were applied for and received, including the TVC Veterans Grant, which will allow for the expansion of the therapy and Peer Veteran programs; a substance use disorder grant submitted to HHSC allowing an extension of existing outpatient substance use treatment

programming as well as the expansion of services to Liberty County; and a renewal grant for the Autism program through HHSC was also awarded. It is anticipated that contracts for all three of these grants will be available for review in the coming months. In addition to these awards, the SHSU Psychiatric Residency accreditation appeal was approved by the Accreditation Council for Graduate Medical Education (AGME), allowing this collaborative effort to resume. It is anticipated that medical residents will be able to begin providing services in July, 2026.

**Objective 2:** Increase overall revenue by diversifying income streams, optimizing operational efficiency, and enhancing customer retention by implementing transparent financial practices, providing staff with the necessary tools and training, and fostering a culture of responsible fiscal management. Goal will be measured throughout the year and finally on August 31, 2025.

- The Chief Financial Officer and the Controller have been meeting monthly with the Executive Team to provide detailed updates on the budget and to provide guidance on how to improve revenue and decrease costs.
- Included in the training is a comparison of current years revenue earned, as compared to each year going back to 2018. Variances in the numbers were identified and reasons for the differences explained by year, such as COVID years, low number of staffs, Medicaid unwinding, etc.
- The team has further started taking a comprehensive look at billing set up in the electronic health records and making changes to correct identified concerns. It is anticipated that as we grow into this new EHR that many of these issues will continue to be successfully addressed, allowing for optimization of billing processes.
- Our goal for the year, with the exception of expenses associated with the new Cleveland Service Facility, is to finish the Fiscal Year with slightly more revenue than expense. While this goal may not be laudable in a 'normal' year, we feel like this would be significant achievement with all of the change in funding in the last few years.

### Goal # 6 – Professional Facilities

**Objective 1:** To create a welcoming and functional environment that meets the needs of staff, clients, and stakeholders, while fostering growth, enhancing service delivery, and contributing to the long-term success of the organization, we will ensure the successful opening of the new Cleveland Service facility by June 30, 2025.

- As progress continues on building construction, with updates and completion status provided during a weekly contractor meeting, a

transition team, comprised of key Management Team members and other personnel, has been formed and is meeting regularly to make decisions, develop strategies, processes, and procedures, and implement plans to ensure a smooth transition to the new Cleveland Service Facility.

- Staff impacted by the move have further been invited to participate in monthly transition meetings, held in the existing Cleveland building to provide information, guidance, set expectations, and share updates with the staff. The goal of these meetings is to ensure that staff understand what to expect from the move, including their roles in making this transition successful. These meetings also serve as opportunity to set the tone for the change in culture that this new site affords.
- Several committees have been formed to address several significant tasks, such as ensuring appropriate furniture is ordered, technology is in place, and that the clinic flow is optimal, among others. These committees will meet regularly to make decisions impacting specific areas and ensure that all necessary steps are completed to allow for the building to open on time and on budget.
- Designated committees are taking steps toward completion of assigned goals, including development of a comprehensive furniture plan, identification of technology needs based on programming and staffing in the new facility, and creation of a new position to provide oversight of the facility operations.
- Due to difficulties experienced by the contractors related to the acquisition of sub-contractors, the timeline for opening has been delayed with the facility now scheduled to open in August. While this change was unexpected, it allowed opportunity for making corrections and revisions to the floorplan and exterior that will further promote the maintenance of privacy, safety, and security for those served and the community.
- Despite changes to the anticipated opening date, the committees continue to work diligently to prepare the staff for the transition to the new facility, developing processes, procedures, and trainings designed to promote implementation or continuation of high-quality services that meet the needs of the community.

<b>Agenda Item:</b> 3 <sup>rd</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  <p>The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide routine reports to the Board of Trustees about Quality Management Program activities.</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 3<sup>rd</sup> Quarter of FY 2025 are included in this Board packet.</p>	
<b>Supporting Documentation:</b>  3 <sup>rd</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# **Corporate Compliance and Quality Management Report**

## **3<sup>rd</sup> Quarter, FY 2025**

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### **Corporate Compliance Activities**

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

There were three compliance concerns reported in the 3<sup>rd</sup> Quarter of FY25. Two of these concerns have been reviewed to completion.

1. The first issue reported was a concern that staff may have billed for services while providing transportation for an individual. Upon review, the reported incident appeared to be a one-time occurrence/error. This resulted in corrective action of \$1.82 in payback and staff re-training.
2. The second report was forwarded to the Compliance Department after an auditor identified a service note that indicated staff had included transportation in their billing. A thorough review found one other instance of billing for transportation time, as well as a few other minor issues, resulting in \$107.72 in payback and staff re-training.
3. The third concern began as a Human Resources (HR) review of potential timesheet falsification and/or other policy violations pertaining to time keeping and clocking in/out for the day. During the HR review, additional problems (such as billing and documentation issues) surfaced. The Compliance Department has now initiated an investigation into these matters. As this is an on-going investigation, a finalized report will be included in the forthcoming FY25 4<sup>th</sup> Quarter Corporate Compliance report.

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

The Corporate Compliance Committee convened on May 15, 2025, to review and discuss several key topics, including:

1. Introduction and orientation of new Administrator of Compliance, Lisa Drake;
2. Current trends in Corporate Compliance;
3. A final summary of 2<sup>nd</sup> Quarter reviews;
4. HIPAA updates; and
5. A summary of the Medicaid Audit results and key takeaways.

### **Quality Management Initiatives**

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

1. Staff reviewed and submitted 17 record requests, totaling 79 charts.

2. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the Co-Occurring Psychiatric and Substance Use Modifier as well as the Mobile Crisis Outreach Team Modifier.
3. Staff reviewed and submitted data measures for Year 4 Round 2, as a part of our participation in the Directed Payment Methodology Program (DPP), on April 30, 2025.
4. Staff prepared for and participated in three external audits during Quarter 3.
5. The Continuous Quality Improvement Committee met on April 25, 2025.

**B. Reviews/Audits:**

1. Staff prepared and submitted two record requests totaling 13 charts to Aetna dating back to January 2024.
2. Staff prepared and submitted six record requests totaling 37 charts to Anthem dating back to January 2024.
3. Staff prepared and submitted two record requests totaling 19 charts to Cigna dating back to January 2024.
4. Staff prepared and submitted one record request totaling one chart to Community Health Choice dating back to January 2024.
5. Staff prepared and submitted one record request totaling one chart to Optum/WellMed dating back to January 2024.
6. Staff prepared and submitted two record requests totaling five charts to Oscar-United Healthcare dating back to January 2024.
7. Staff prepared and submitted one record request totaling one chart to Texas Children's Health Plan dating back to January 2024.
8. Staff prepared and submitted two record requests totaling two charts to United Healthcare dating back to January 2024.
9. Staff reviewed 142 notes that used the Co-Occurring Psychiatric and Substance Use Disorder Modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly.
10. Staff reviewed 44 notes that used the MCOT Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
11. Staff reviewed 77 discharges that occurred in Q3 and communicated areas that were needing improvement to supervisory staff.
12. Staff reviewed 80 MH Adult and Child and Youth progress notes, along with 12 IDD progress notes, as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.
13. The QM Department continues to collect monthly quality assurance from supervisors and provides feedback on needed changes to audit tools as changes are indicated.

14. Measures reported as a condition of DPP participation included data related to Depression Remission, 7 and 30 day follow up after State hospitalization, use of a standardized Suicide Risk Assessment for individuals with a diagnosis of Major Depressive Disorder or Dysthymia and identification and brief counseling of individuals with unhealthy alcohol use.
15. Texas Children's Health Plan conducted their recredentialing audit on March 25<sup>th</sup>. The Center passed with a score of 100%, no deficiencies were identified.
16. The Superior Health Plan clinical audit was held on May 6, 2025. Four charts were reviewed and feedback was provided to supervisors for quality improvement.
17. Staff received notification of the HHSC MH QM Comprehensive audit on May 5, 2025.
18. The CQI Committee continued to monitor progress on established FY 25 goals. As of the April meeting we were on schedule to meet 4 of the 5 measures that we are currently tracking (30 Day Hospital Readmission, linking to outpatient following Hospitalization, reduction of crisis episodes, reduction in emergency room utilization and improving Substance Use engagement). The Committee continues to make progress on other areas of focus in the development of additional reporting/data capture through the electronic health record.
19. The Clinical Trainer has completed the contract required biannual ANSA/CANS Super User Trainings due by March 15, 2025.
20. The Mental Health First Aid Outreach Coordinator provided/arranged for 26 community Mental Health First Aid trainings in Quarter 3.



<b>Agenda Item:</b> 4 <sup>th</sup> Quarter FY 2025 Corporate Compliance Training  <b>Committee:</b> Program	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.  This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
<b>Supporting Documentation:</b>  4 <sup>th</sup> Quarter FY 2025 Corporate Compliance Training	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# COMPLIANCE NEWSLETTER

FY25, Quarter 4

## NEWSLETTER HIGHLIGHTS

**The Details Are Important**

**Your Compliance Team**

**Report Compliance Concerns**



### The Details Are Important

Part of remaining compliant involves paying attention to the details in documentation. The Corporate Compliance Department recommends you double check your documentation BEFORE submitting the final product. Key areas where errors occur include:

- 1) Start/Stop Times – incorrect or overlapping times
- 2) Duration – total length of time spent providing a service may be reported incorrectly if it overlaps another service
- 3) Location of the Service – incorrect location (Cleveland Service Center vs Conroe Service Center) or when in the community, omitting the specific service location
- 4) Mode of Service – incorrect type of service (Telephone vs. Face To Face)
- 5) Goals/Objectives – not listing one in your note OR not connecting the service provided to the selected Goal/Objective

When you take the time to double check, it helps improve overall compliance.

**STOP! DOUBLE CHECK! SUBMIT!**

**Compliance Concerns Hotline:  
866-243-9252**

### YOUR CORPORATE COMPLIANCE TEAM:



**Lisa Drake**  
Administrator of Compliance  
[annalisad@tcbhc.org](mailto:annalisad@tcbhc.org)



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



**Ashley Bare**  
HR Manager  
[ashleyba@tcbhc.org](mailto:ashleyba@tcbhc.org)

If you have questions or concerns, you can also contact the Corporate Compliance team at [CorporateCompliance@tcbhc.org](mailto:CorporateCompliance@tcbhc.org)

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

<b>Agenda Item:</b> Appoint Nominating Committee for FY 2026 Board Officers  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  The Board Chair will select representatives for the Nominating Committee for FY 2026 Board Officers. Typically, the committee is made up of three members and includes a representative from each county. One of the members will also be designated to serve at the chair of the committee.  The annual election of officers will occur at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Nominating Committee for FY 2026 Board Officers</b>	

<b>Agenda Item:</b> Appoint Executive Director Evaluation Committee  <b>Committee:</b> Executive	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  The Board Chair will select representatives for the FY 2025 Executive Director Evaluation Committee. Typically, the committee has been made up of three members and includes a representative from each county. One of the members will also be designated to serve as the chair of the committee.  The results of the Executive Director Evaluation will be reviewed at the August Board meeting.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Executive Director Evaluation Committee</b>	

<b>Agenda Item:</b> Personnel Report for June 2025	<b>Board Meeting Date:</b>  July 24, 2025
<b>Committee:</b> Executive	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Personnel Report for June 2025	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Personnel Report

FY25 | May-June 2025



## OVERVIEW

**NEW HIRES**  
May - June  
**11** POSITIONS  
  
YTD  
**89** POSITIONS

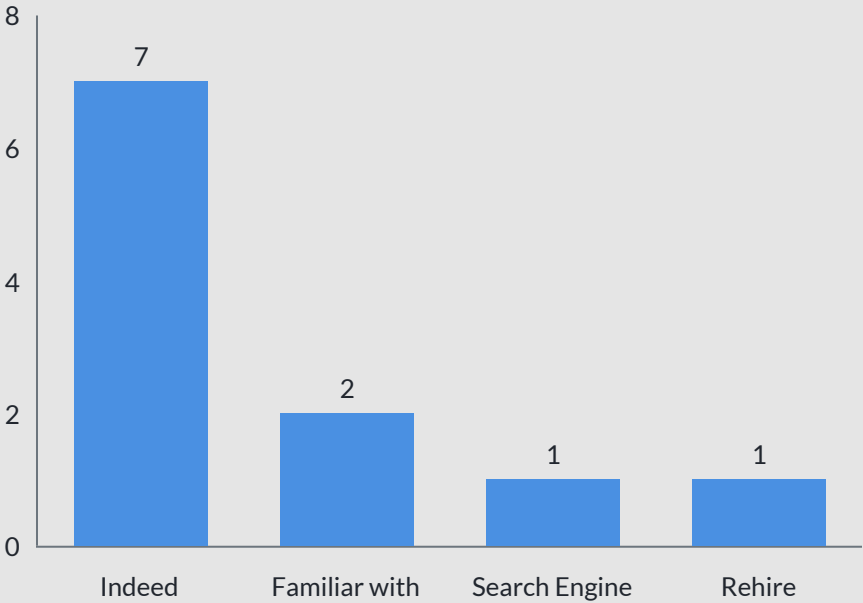
**SEPARATIONS**  
May - June  
**32** POSITIONS  
  
YTD  
**97** POSITIONS

**Vacant Positions**  
**51**  
  
**Frozen Positions**  
**38**

**Newly Created Positions**  
**4**  
  
**Total Budgeted Positions**  
**454**

## RECRUITING

How did May - June new hires hear about TCBHC?



## RECRUITING EVENTS

N/A

## APPLICANTS

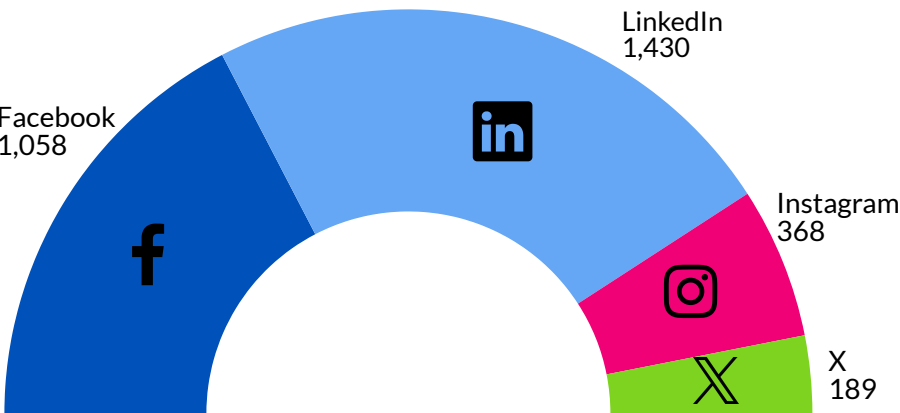
May - June Total Applicants	444
YTD Applicants	3,140

## CURRENT OPENINGS

### VACANCIES BY LOCATION

CONROE	34
PETC	7
CLEVELAND	1
HUNTSVILLE	4
LIBERTY	3
PORTER	2

## SOCIAL MEDIA FOLLOWERS



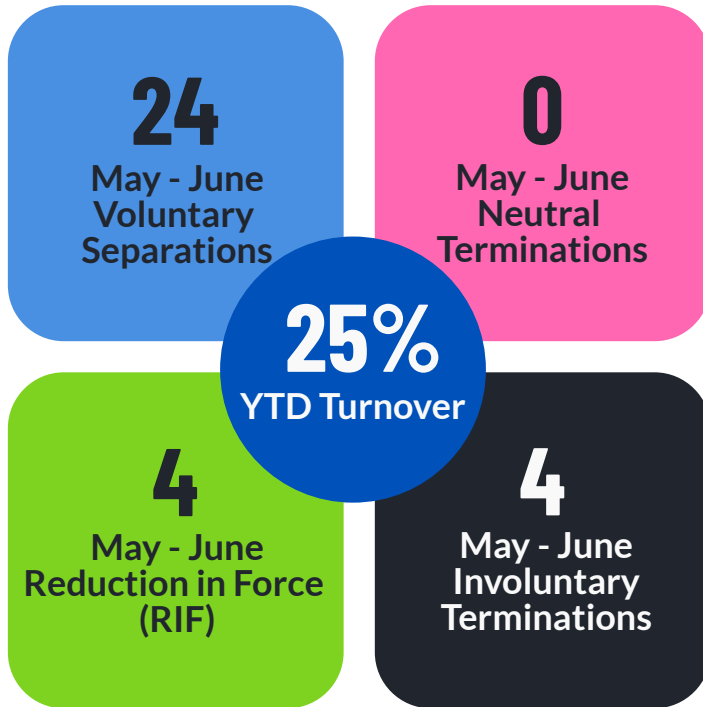
### VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	19
Direct Care Provider	11
Psychiatric Nursing Assistant	3
LVN	3
Financial Specialist	2
Other	13

# Exit Data

FY25 | May - June 2025

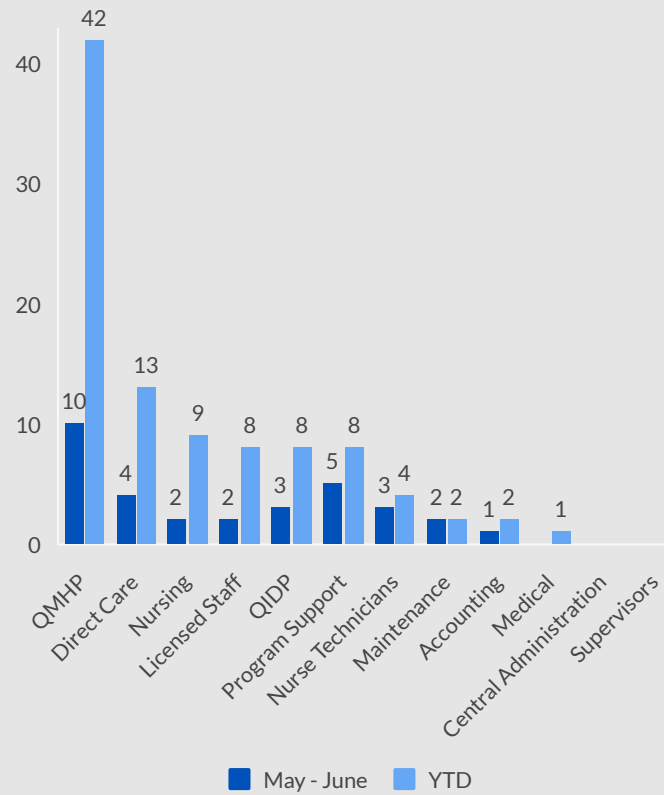
## Exit Stats at a Glance



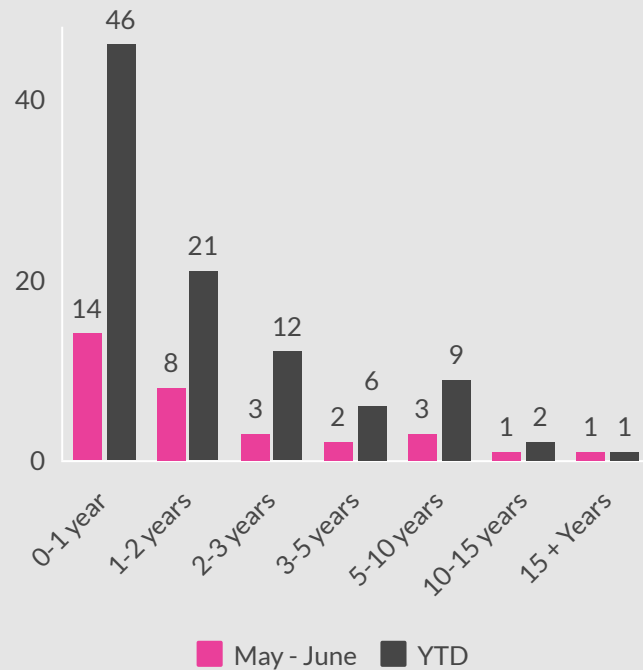
## YTD Top Reasons for Separations

- 1 Another Job
- 2 Personal/Family, includes Relocating
- 3 Policy Violation
- 4 Health
- 5 Dissatisfaction with Job/Work Environment

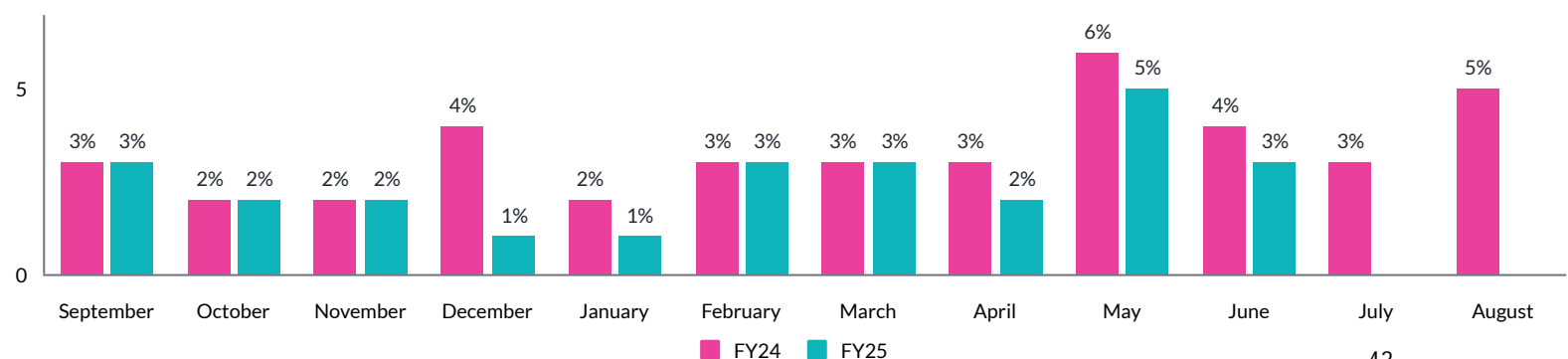
## Separations by Category



## Separations by Tenure



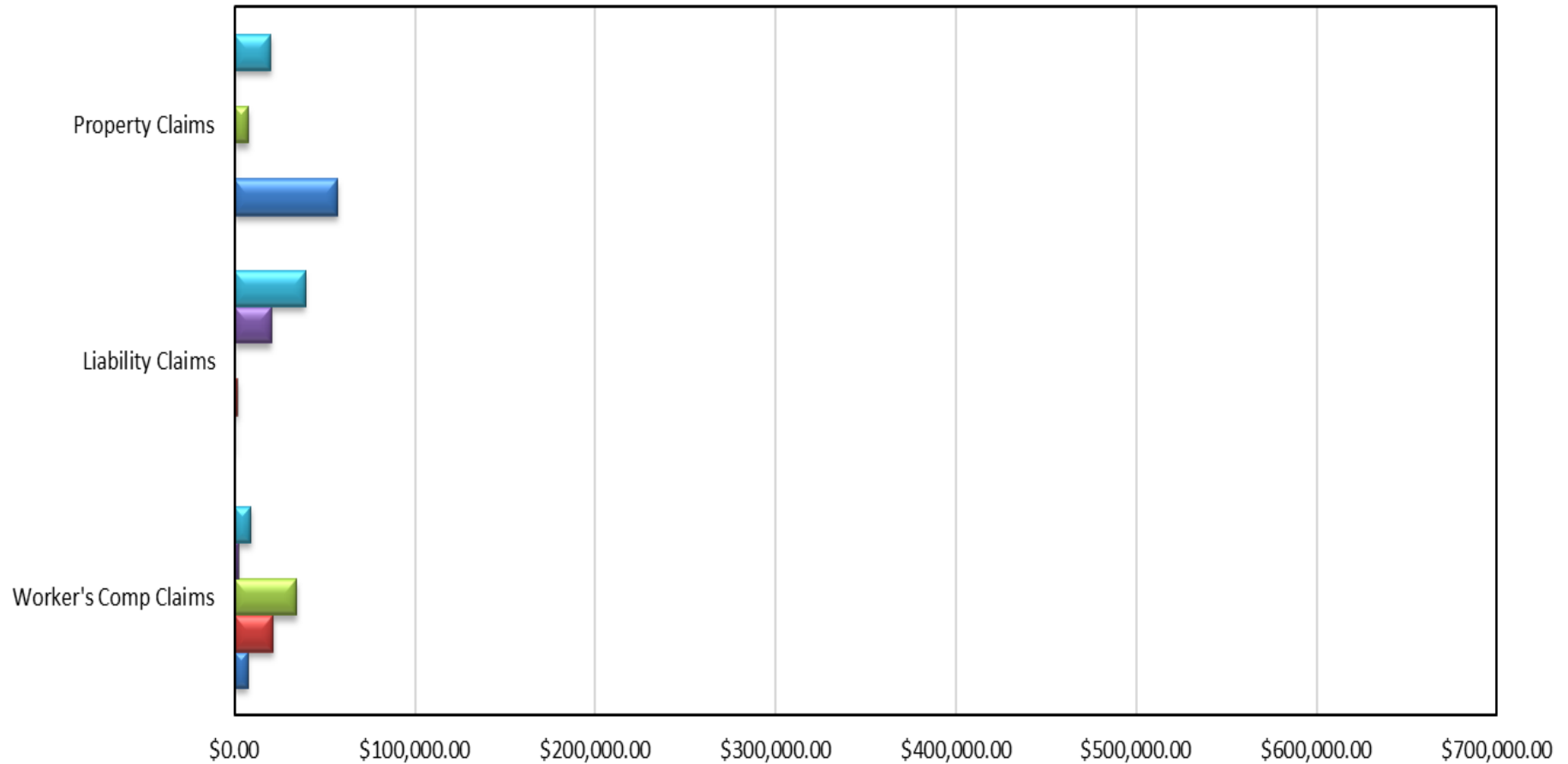
## Turnover Rate by Month



<b>Agenda Item:</b> Texas Council Risk Management Fund Claims Summary for June 2025  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 24, 2025
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  Texas Council Risk Management Fund Claims Summary for June 2025	
<b>Recommended Action:</b>  <b>For Information Only</b>	



## TCRMF Claims Summary June 2025



	Worker's Comp Claims	Liability Claims	Property Claims
2021	\$9,040.00	\$39,234.00	\$20,074.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,369.00	\$592.00	\$7,743.00
2024	\$21,280.00	\$1,820.00	\$0.00
2025	\$7,580.00	\$0.00	\$57,297.00

<b>Agenda Item:</b> Dates of Scheduled Board Meetings for Calendar Year 2026  <b>Committee:</b> Executive	<b>Board Meeting Date:</b>  July 24, 2025
<b>Background Information:</b>  Board meetings for Calendar Year 2026 are currently scheduled as follows: <ul style="list-style-type: none"> <li>• January 29, 2026 – 5<sup>th</sup> Thursday</li> <li>• February 26, 2026</li> <li>• March 26, 2026</li> <li>• April 23, 2026</li> <li>• May 28, 2026</li> <li>• July 25, 2026</li> <li>• August 27, 2026</li> <li>• September 24, 2026</li> <li>• October 29, 2026 – 5<sup>th</sup> Thursday</li> <li>• December 3, 2026</li> </ul>	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Approve May 2025 Financial Statements	<b>Board Meeting Date</b>  July 24, 2025
<b>Committee:</b> Business	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  May 2025 Financial Statements	
<b>Recommended Action:</b>  <b>Approve May 2025 Financial Statements</b>	

## May 2025 Financial Summary

Revenues for May 2025 were \$4,001,714 and operating expenses were \$3,822,468 resulting in a gain in operations of \$179,246. Capital Expenditures and Extraordinary Expenses for May were \$163,000 resulting in a gain of \$16,246. Total revenues were 100.50% of the monthly budgeted revenues and total expenses were 100.94% of the monthly budgeted expenses (difference of -.44%).

Year to date revenues are \$33,549,764 and operating expenses are \$32,030,641 leaving excess operating revenues of \$1,519,123. YTD Capital Expenditures and Extraordinary Expenses are \$1,706,343 resulting in a loss YTD of \$187,220. Total revenues are 99.39% of the YTD budgeted revenues and total expenses are 99.99% of the YTD budgeted expenses (difference of -.61%).

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Title XVII Medicare – Regular	23,823	37,482	63.56%	13,659
Title XIX Case Management – MH	317,223	501,337	63.27%	184,114
Title XIX Case Management – IDD	1,085,260	1,117,138	97.15%	31,878
Directed Payment Program – DPP	1,562,230	1,668,048	93.66%	105,818
Title XIX – Medicaid Regular	261,820	438,236	59.74%	176,416
Title XIX – Rehab	1,417,787	1,487,207	95.33%	69,420
HHSC – OCE A01	446,388	489,745	91.14%	43,357

**Title XVII Medicare – Regular** – This is the first time that Medicare has made it to the variance list this fiscal year. We have noticed a lot of ups and downs in the monthly amount received, but that is based on the number of clients that come in with Medicare coverage. There are also some times during the year when deductibles affect this line so it is really hard to predict the actual flow of Medicare covered clients being seen. One other potential factor is that some of the persons we serve are switching to Medicare Advantage insurance plans which bills as private insurance.

**Title XIX Case Management MH and Title XIX Case Management IDD** - These lines are two of the earned revenue categories that have been on the variance report most of this fiscal year. We continue to have some vacancies in these program areas that are required to hire the QMHP level of direct care providers. The majority of what we see in these lines is the significant change persons with Medicaid across our service area; these services are only billable to Medicaid. IDD Case Management (Service Coordination) is coming in 30% higher in providing services compared to this same time period last fiscal year. Case Management MH is 23% less this year to date as compared to the same time period last fiscal year.

**Directed Payment Program (DPP)** - This line item is the Directed Payment Program for Behavioral Health Services. The DPP program in the past was made up of two component parts, but for this fiscal year they have gone to a process of modeling based on the FY 2023 services provided for Medicaid enrollment in STAR, STAR+Plus, and STARKIDS. There will continue to be variances as they work through the issues created from Medicaid unwinding and kids who have lost Medicaid coverage. This line had funds applied from the reconciliation completed for FY 2024 and we received additional funds in March which brought this line up as compared to prior months.

**Medicaid – Regular** - This line item is for Medicaid Card (physician and therapy) services. We continue to have variances in historical trends for all Medicaid lines, some of which is based on the Medicaid unwinding and client's coverage changes. We are 26% less revenue compared to same period year to date last year. We will continue to monitor and will have to adjust this line during the first budget revision.

**Rehab - Title XIX** - This line item is where we have had the most staff vacancies over the last few years that provide direct services to our clients. The positive news is the amount of revenue earned for Rehab services for the first nine months of this fiscal year as compared to last fiscal year continues to be up, and at the end of May we are up by 15%. It should be mentioned that we have had a significant change in payor mix (specifically those with Medicaid) across our service area and are at historically low levels of Medicaid coverage. These services are only billable to Medicaid.

**HHSC – OCE A01** - These funds were given through HHSC, from Federal American Rescue Plan Act (ARPA) funds. You may recall we received notification at the end of March that these funds were being pulled back but would continue until May 15<sup>th</sup>, 2025. The month of May was the first month that we were not able to recognize the entire budgeted amount in our financials. We will continue to recognize this loss throughout the fiscal year.

## **EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Building Repairs & Maintenance	206,600	170,127	121.44%	36,473
Fixed Assets – Computer	217,359	200,000	108.68%	17,359
Fixed Assets – Construction in Progress	57,298	0	0%	57,298
Fixed Assets – Furniture & Equipment	184,532	0	0%	184,532
Payroll Fringe – Health	1,368,214	1,304,310	104.90%	63,904
Travel – Local	315,028	290,180	108.56%	24,848
Vehicle – Repair & Maintenance	26,584	15,459	171.96%	11,125

**Building Repairs and Maintenance** – We continue to have building repairs at the Conroe facility, the PETC and the Porter location. Some of these repairs were caused by weather and drainage issues, but most of the expenses have been related to air conditioning repairs and some plumbing problems. One of the challenges in this area is that the cost of the repairs continues to increase. As we continue to work towards getting our earned revenue back to pre-COVID levels, we will have to also make it a priority to develop a building maintenance and replacement budget in coming years that accounts for these increased expenses.

**Fixed Assets – Computers** - This line item has costs associated with the setup of the computer system structure for the new Cleveland facility.

**Fixed Assets – Construction in Progress** – This line item has costs associated with items that were purchased for the Cleveland facility that were not reimbursed through the bond financing. Some of this amount is for the moving and storage of the generator, the purchase of the appliances, and some of the permits required for the building.

**Fixed Assets – Furniture & Equipment** - This line item is for the down payment on the furniture purchase for the Cleveland facility. This line will be adjusted at the budget revision.

**Payroll Fringe – Health** – This line is our employee health insurance and has trended higher from the beginning of the year. We will be adjusting this line in the coming budget revision to reflect a correct projection for health insurance costs.

**Travel - Local** - This line item reflects the amount that we reimburse staff for using their own vehicles for Tri-County business. We have seen an increase in miles driven as we have filled our vacant positions and we also had an increase in the mileage reimbursement rate at the beginning of the calendar year. Per procedure Tri-County has a mileage reimbursement rate that is indexed to the State of Texas reimbursement rate, and we review on a quarterly basis to check for updates to the reimbursement rate paid.

**Vehicle – Repair & Maintenance** – This is the first month that this line item has appeared on the variance listing. The additional expense is due to accidents that occurred in two of our vehicles which we were not at fault. We had the repairs completed, and have not received the deductibles from the other insurance carriers involved. Another part of this line is the required maintenance on the mobile clinic.

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**GENERAL FUND BALANCE SHEET**  
**For the Month Ended May 2025**

<b>ASSETS</b>	<b>GENERAL FUND May 2025</b>	<b>GENERAL FUND April 2025</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,662	2,412	250
Cash on Deposit - General Fund	8,370,979	12,100,749	(3,729,770)
Accounts Receivable	3,769,767	2,675,815	1,093,952
Inventory	1,136	1,209	(73)
<b>TOTAL CURRENT ASSETS</b>	<b>12,144,544</b>	<b>14,780,185</b>	<b>(2,635,641)</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>	<b>23,476,422</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>187,453</b>	<b>239,765</b>	<b>(52,312)</b>
<b>TOTAL ASSETS</b>	<b>\$ 35,808,419</b>	<b>\$ 38,496,372</b>	<b>\$ (2,687,953)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,215,652</b>	<b>1,194,663</b>	<b>20,989</b>
<b>NOTES PAYABLE</b>	<b>785,852</b>	<b>785,852</b>	<b>-</b>
<b>DEFERRED REVENUE</b>	<b>3,861,052</b>	<b>6,517,750</b>	<b>(2,656,698)</b>
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	8,723,867	8,770,889	(47,022)
Guaranty Bank & Trust Loan	1,607,981	1,614,131	(6,150)
First Financial Huntsville Land Loan	763,219	766,347	(3,128)
Lease Liability	252,329	252,329	-
SBITA Liability	916,487	916,487	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(187,220)	(203,466)	16,246
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,263,883)	(12,320,183)	56,300
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	23,476,422	23,476,422	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,211,310	2,285,967	(74,657)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	55,494	49,328	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,184,910	2,184,910	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 35,808,419</b>	<b>\$ 38,496,372</b>	<b>\$ (2,687,954)</b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended May 2025

	General Operating Fund	Debt Fund	Service Fund	Capital Fund	Projects Fund	Government Wide 2025	Memorandum Only  Final August 2024
<b>ASSETS</b>							
<b>CURRENT ASSETS</b>							
Imprest Cash Funds	2,662					2,662	2,500
Cash on Deposit - General Fund	8,370,979					8,370,979	8,570,838
Bond Reserve 2024			692,656			692,656	
Bond Fund 2024			383,730			383,730	-
Bank of New York - Capital Project Fund					2,709,556	2,709,556	
Accounts Receivable	3,769,767					3,769,767	4,740,544
Inventory	1,136					1,136	978
<b>TOTAL CURRENT ASSETS</b>	<b>12,144,544</b>	<b>1,076,386</b>		<b>2,709,556</b>		<b>15,930,486</b>	<b>13,314,860</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>					<b>23,476,422</b>	<b>23,476,422</b>
<b>OTHER ASSETS</b>	<b>187,453</b>					<b>187,453</b>	<b>146,332</b>
<b>Bond 2024 - Amount to retire bond</b>					11,535,925	11,535,925	
<b>Bond Discount 2024</b>					384,075	384,075	-
<b>Total Assets</b>	<b>\$ 35,808,419</b>	<b>\$ 1,076,386</b>		<b>\$ 14,629,556</b>		<b>\$ 51,514,360</b>	<b>\$ 36,937,614</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>							
<b>CURRENT LIABILITIES</b>	1,215,652					1,215,652	1,358,914
<b>BOND LIABILITIES</b>					11,920,000	11,920,000	
<b>NOTES PAYABLE</b>	785,852					785,852	785,852
<b>DEFERRED REVENUE</b>	3,861,052					3,861,052	4,426,569
<b>LONG-TERM LIABILITIES FOR</b>							
First Financial Conroe Building Loan	8,723,867					8,723,867	9,140,481
Guaranty Bank & Trust Loan	1,607,981					1,607,981	1,662,317
First Financial Huntsville Land Loan	763,219					763,219	790,544
Lease Liability	252,329					252,329	252,329
SBITA Liability	916,487					916,487	916,487
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>							
General Fund	(187,220)					(187,220)	(2,350,420)
Debt Service Fund						-	
Capital Projects Fund						-	
<b>FUND EQUITY</b>							
<b>RESTRICTED</b>							
Net Assets Reserved for Debt Service - Restricted	(12,263,883)					(12,263,883)	(12,762,158)
Cleveland New Build - Bond	-	1,076,386		2,709,556		3,785,942	-
Reserved for Debt Retirement							-
<b>COMMITTED</b>							
Net Assets - Property and Equipment - Committed	23,476,422					23,476,422	23,476,422
Reserved for Vehicles & Equipment Replacement	613,712					613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,211,310					2,211,310	2,500,000
Reserved for Board Initiatives	1,500,000					1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677					502,677	502,677
<b>ASSIGNED</b>							
Reserved for Workers' Compensation - Assigned	274,409					274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	55,494					55,494	-
Reserved for Insurance Deductibles - Assigned	100,000					100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)					(785,852)	(785,852)
<b>UNASSIGNED</b>							
Unrestricted and Undesignated	2,184,910	-		-		2,184,910	4,535,331
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 35,808,419</b>	<b>\$ 1,076,386</b>		<b>\$ 14,629,556</b>		<b>\$ 51,514,360</b>	<b>\$ 36,937,614</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended May 2025**  
**and Year To Date as of May 2025**

<b>INCOME:</b>	<b>MONTH OF May 2025</b>	<b>YTD May 2025</b>
Local Revenue Sources	189,023	1,386,380
Earned Income	1,756,994	16,519,642
General Revenue - Contract	2,055,697	15,643,742
<b>TOTAL INCOME</b>	<b>\$ 4,001,714</b>	<b>\$ 33,549,764</b>
<b>EXPENSES:</b>		
Salaries	2,426,832	19,356,446
Employee Benefits	425,606	3,600,409
Medication Expense	40,511	402,441
Travel - Board/Staff	47,061	357,342
Building Rent/Maintenance	23,141	258,033
Consultants/Contracts	601,538	5,665,084
Other Operating Expenses	257,779	2,390,886
<b>TOTAL EXPENSES</b>	<b>\$ 3,822,468</b>	<b>\$ 32,030,641</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 179,246</b>	<b>\$ 1,519,123</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	34,461	546,738
Capital Outlay - Debt Service	128,539	1,159,605
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 163,000</b>	<b>\$ 1,706,343</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,985,468</b>	<b>\$ 33,736,984</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 16,246</b>	<b>\$ (187,220)</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	128,539	1,159,605
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>1,159,605</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of May 2025**

	YTD May 2025	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,386,380	949,555	436,825
Earned Income	16,519,642	17,152,662	(633,020)
General Revenue	15,643,742	15,654,501	(10,759)
<b>TOTAL INCOME</b>	<b>\$ 33,549,764</b>	<b>\$ 33,756,718</b>	<b>\$ (206,954)</b>
<b>EXPENSES:</b>			
Salaries	19,356,446	19,767,733	(411,287)
Employee Benefits	3,600,409	3,571,245	29,164
Medication Expense	402,441	419,674	(17,233)
Travel - Board/Staff	357,342	325,973	31,369
Building Rent/Maintenance	258,033	222,603	35,430
Consultants/Contracts	5,665,084	5,671,137	(6,053)
Other Operating Expenses	2,390,886	2,316,330	74,556
<b>TOTAL EXPENSES</b>	<b>\$ 32,030,641</b>	<b>\$ 32,294,696</b>	<b>\$ (264,054)</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>\$ 1,519,123</b>	 <b>\$ 1,462,022</b>	 <b>\$ 57,100</b>
 <b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	546,738	288,050	258,688
Capital Outlay - Debt Service	1,159,605	1,156,856	2,749
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,706,343</b>	<b>\$ 1,444,906</b>	<b>\$ 261,437</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>\$ 33,736,984</b>	 <b>\$ 33,739,602</b>	 <b>\$ (2,617)</b>
 <b>Excess (Deficiency) of Revenues and Expenses</b>	 <b>\$ (187,220)</b>	 <b>\$ 17,116</b>	 <b>\$ (204,336)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,159,605	1,156,856	2,749
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>1,159,605</b>	<b>1,156,856</b>	<b>2,749</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended May 2025**

<b>INCOME:</b>	<b>MONTH OF May 2025</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	189,023	51,297	137,726
Earned Income	1,756,994	1,884,998	(128,004)
General Revenue-Contract	2,055,697	2,045,505	10,192
<b>TOTAL INCOME</b>	<b>\$ 4,001,714</b>	<b>\$ 3,981,800</b>	<b>\$ 19,914</b>
<b>EXPENSES:</b>			
Salaries	2,426,832	2,470,394	(43,562)
Employee Benefits	425,606	424,731	875
Medication Expense	40,511	48,186	(7,675)
Travel - Board/Staff	47,061	33,070	13,991
Building Rent/Maintenance	23,141	23,067	74
Consultants/Contracts	601,538	558,833	42,705
Other Operating Expenses	257,779	261,608	(3,829)
<b>TOTAL EXPENSES</b>	<b>\$ 3,822,468</b>	<b>\$ 3,819,889</b>	<b>\$ 2,579</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 179,246</b>	<b>\$ 161,911</b>	<b>\$ 17,335</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	34,461	-	34,460
Capital Outlay - Debt Service	128,539	128,539	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 163,000</b>	<b>\$ 128,539</b>	<b>\$ 34,460</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,985,468</b>	<b>\$ 3,948,429</b>	<b>\$ 37,039</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 16,246</b>	<b>\$ 33,372</b>	<b>\$ (17,125)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	128,539	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>128,539</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD May 2024 Comparative Data**  
**Year to Date as of May 2025**

<b>INCOME:</b>	<b>YTD May 2025</b>	<b>YTD May 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,386,380	1,585,189	(198,809)
Earned Income	16,519,642	18,362,617	(1,842,975)
General Revenue-Contract	15,643,742	17,036,129	(1,392,387)
<b>TOTAL INCOME</b>	<b>\$ 33,549,764</b>	<b>\$ 36,983,935</b>	<b>\$ (3,434,171)</b>
<b>EXPENSES:</b>			
Salaries	19,356,446	20,560,250	(1,203,804)
Employee Benefits	3,600,409	3,695,467	(95,058)
Medication Expense	402,441	460,996	(58,555)
Travel - Board/Staff	357,342	323,382	33,960
Building Rent/Maintenance	258,033	337,180	(79,147)
Consultants/Contracts	5,665,084	8,092,963	(2,427,879)
Other Operating Expenses	2,390,886	2,512,767	(121,881)
<b>TOTAL EXPENSES</b>	<b>\$ 32,030,641</b>	<b>\$ 35,983,005</b>	<b>\$ (3,952,364)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,519,123</b>	<b>\$ 1,000,931</b>	<b>\$ 518,193</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	546,738	615,970	(69,232)
Capital Outlay - Debt Service	1,159,605	981,600	178,005
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,706,343</b>	<b>\$ 1,597,570</b>	<b>\$ 108,773</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 33,736,984</b>	<b>\$ 37,580,575</b>	<b>\$ (3,843,591)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (187,220)</b>	<b>\$ (596,639)</b>	<b>\$ 409,420</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,159,605	981,600	1,159,605
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>1,159,605</b>	<b>981,600</b>	<b>1,159,605</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With May 2024 Comparative Data**  
**For the Month ending May 2025**

<b>INCOME:</b>	<b>MONTH OF May 2025</b>	<b>MONTH OF May 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	189,023	(1,266,505)	1,455,528
Earned Income	1,756,994	2,094,565	(337,571)
General Revenue-Contract	2,055,697	2,053,237	2,460
<b>TOTAL INCOME</b>	<b>\$ 4,001,714</b>	<b>\$ 2,881,297</b>	<b>\$ 1,120,417</b>
Salaries	2,426,832	2,563,819	(136,987)
Employee Benefits	425,606	430,980	(5,374)
Medication Expense	40,511	43,422	(2,911)
Travel - Board/Staff	47,061	34,810	12,251
Building Rent/Maintenance	23,141	21,791	1,350
Consultants/Contracts	601,538	925,305	(323,767)
Other Operating Expenses	257,779	237,200	20,579
<b>TOTAL EXPENSES</b>	<b>\$ 3,822,468</b>	<b>\$ 4,257,327</b>	<b>\$ (434,859)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 179,246</b>	<b>\$ (1,376,029)</b>	<b>\$ 1,555,276</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	34,461	(1,524,588)	1,559,049
Capital Outlay - Debt Service	128,539	285,347	(156,808)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 163,000</b>	<b>\$ (1,239,241)</b>	<b>\$ 1,402,241</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,985,468</b>	<b>\$ 3,018,086</b>	<b>\$ 967,382</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 16,246</b>	<b>\$ (136,788)</b>	<b>\$ 153,035</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	128,539	285,347	128,539
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>285,347</b>	<b>128,539</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With April 2025 Comparative Data**  
**For the Month Ended May 2025**

<b>INCOME:</b>	<b>MONTH OF May 2025</b>	<b>MONTH OF April 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	189,023	100,384	88,639
Earned Income	1,756,994	1,674,537	82,457
General Revenue-Contract	2,055,697	1,617,725	437,972
<b>TOTAL INCOME</b>	<b>\$ 4,001,714</b>	<b>\$ 3,392,646</b>	<b>\$ 609,068</b>
<b>EXPENSES:</b>			
Salaries	2,426,832	1,943,118	483,714
Employee Benefits	425,606	375,673	49,933
Medication Expense	40,511	43,426	(2,915)
Travel - Board/Staff	47,061	47,612	(551)
Building Rent/Maintenance	23,141	16,257	6,884
Consultants/Contracts	601,538	506,042	95,496
Other Operating Expenses	257,779	260,806	(3,027)
<b>TOTAL EXPENSES</b>	<b>\$ 3,822,468</b>	<b>\$ 3,192,934</b>	<b>\$ 629,534</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 179,246</b>	<b>\$ 199,712</b>	<b>\$ (20,466)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	34,461	60,022	(25,561)
Capital Outlay - Debt Service	128,539	131,289	(2,750)
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 163,000</b>	<b>\$ 191,311</b>	<b>\$ (28,311)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,985,468</b>	<b>\$ 3,384,245</b>	<b>\$ 601,223</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 16,246</b>	<b>\$ 8,401</b>	<b>\$ 7,845</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	131,289	(2,750)
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>131,289</b>	<b>(2,750)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of May 2025**

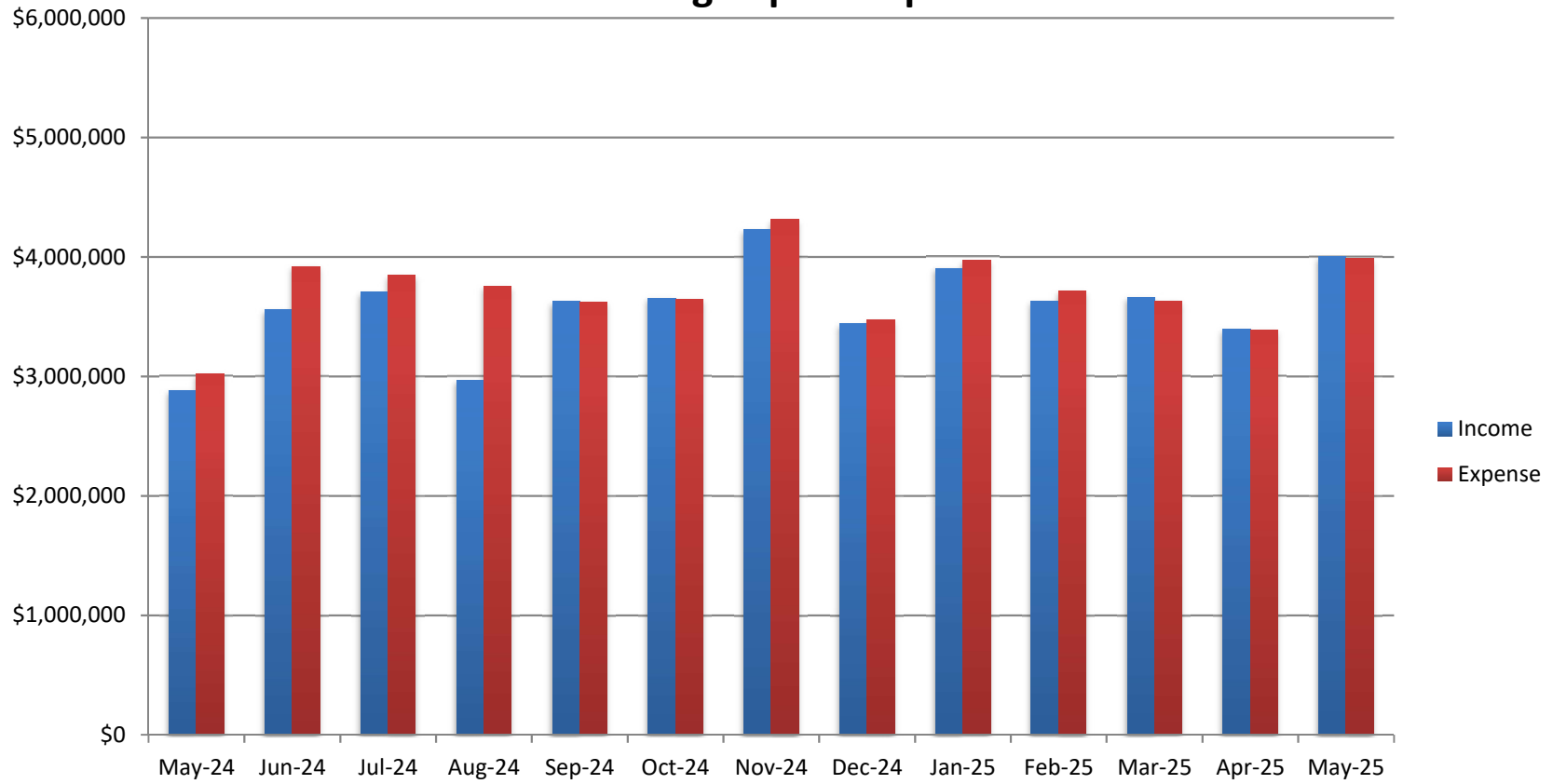
	YTD Mental Health May 2025	YTD IDD May 2025	YTD Other Services May 2025	YTD Agency Total May 2025	YTD Approved Budget May 2025	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	957,654	(10,713)	439,438	1,386,380	949,555	(436,825)
Earned Income	7,291,690	3,671,565	5,556,387	16,519,642	17,152,662	633,019
General Revenue-Contract	14,056,316	1,087,693	499,733	15,643,742	15,654,502	10,760
<b>TOTAL INCOME</b>	<b>22,305,660</b>	<b>4,748,545</b>	<b>6,495,558</b>	<b>\$ 33,549,764</b>	<b>33,756,719</b>	<b>\$ 206,954</b>
<b>EXPENSES:</b>						
Salaries	13,070,786	2,789,633	3,496,025	19,356,445	19,767,733	(411,288)
Employee Benefits	2,431,361	572,746	596,301	3,600,408	3,571,245	29,163
Medication Expense	340,013		62,428	402,441	419,674	(17,233)
Travel - Board/Staff	215,061	100,094	42,186	357,342	325,973	31,369
Building Rent/Maintenance	251,276	3,217	3,541	258,033	222,603	35,430
Consultants/Contracts	3,101,034	945,584	1,618,466	5,665,084	5,671,137	(6,053)
Other Operating Expenses	1,551,834	448,562	390,490	2,390,886	2,316,330	74,556
<b>TOTAL EXPENSES</b>	<b>20,961,366</b>	<b>4,859,836</b>	<b>6,209,437</b>	<b>\$ 32,030,639</b>	<b>32,294,696</b>	<b>\$ (264,057)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,344,294</b>	<b>\$ (111,291)</b>	<b>\$ 286,121</b>	<b>\$ 1,519,125</b>	<b>\$ 1,462,023</b>	<b>\$ (57,103)</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	217,683	30,005	299,051	546,739	288,050	258,689
Capital Outlay - Debt Service	501,302	117,493	540,811	1,159,606	1,156,856	2,750
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 718,985</b>	<b>\$ 147,498</b>	<b>\$ 839,862</b>	<b>\$ 1,706,345</b>	<b>\$ 1,444,906</b>	<b>\$ 261,439</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 21,680,351</b>	<b>\$ 5,007,334</b>	<b>\$ 7,049,299</b>	<b>\$ 33,736,984</b>	<b>\$ 33,739,602</b>	<b>\$ (2,618)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 625,309</b>	<b>\$ (258,789)</b>	<b>\$ (553,741)</b>	<b>\$ (187,220)</b>	<b>\$ 17,116</b>	<b>\$ 204,336</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	501,302	117,493	540,811	1,159,606	1,156,856	2,750
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>\$ 501,302</b>	<b>\$ 117,493</b>	<b>\$ 540,811</b>	<b>\$ 1,159,606</b>	<b>\$ 1,156,856</b>	<b>\$ 2,750</b>



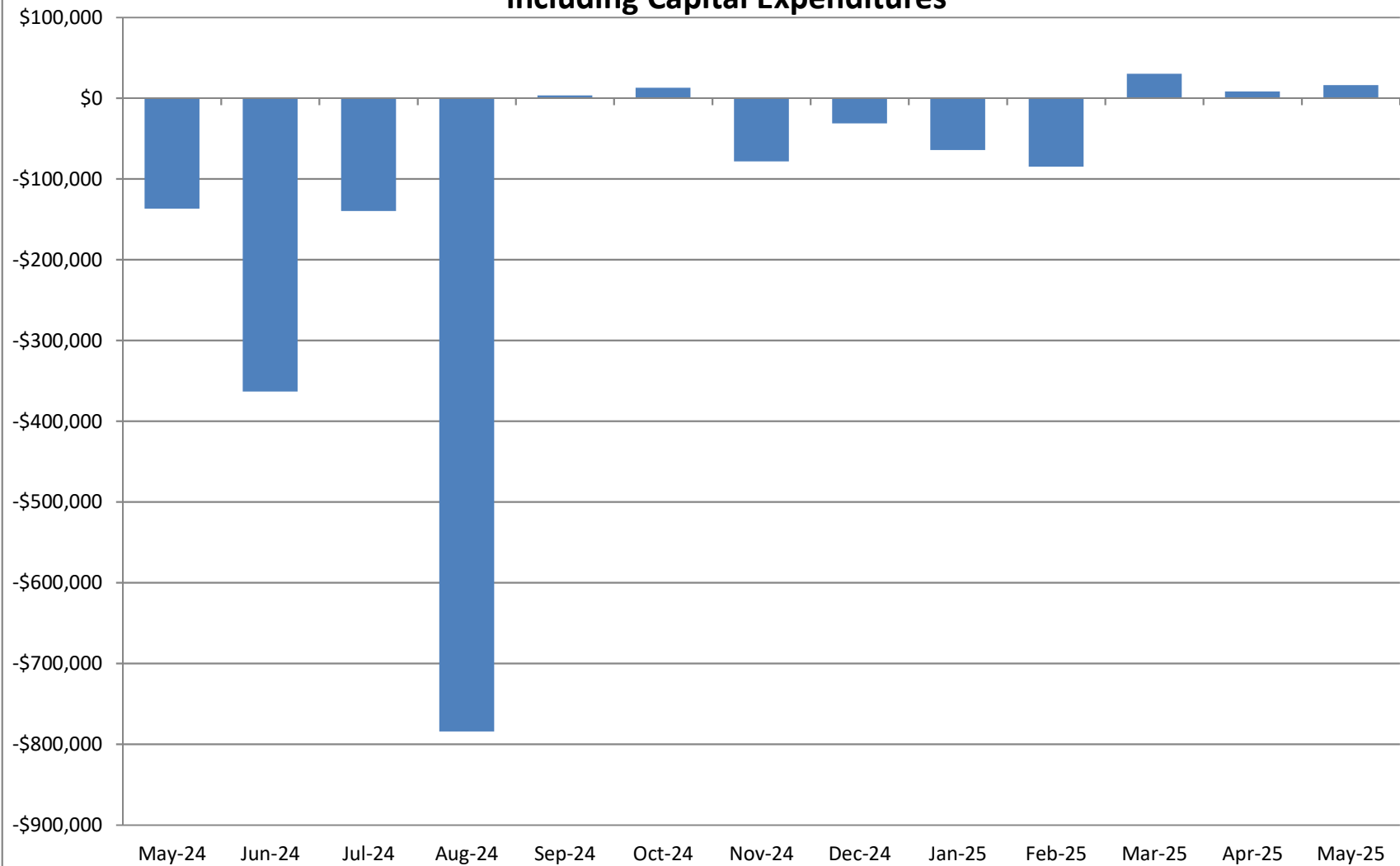
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### Including Capital Expenditures



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



<b>Agenda Item:</b> Approve June 2025 Financial Statements	<b>Board Meeting Date</b>  July 24, 2025
<b>Committee:</b> Business	
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  June 2025 Financial Statements	
<b>Recommended Action:</b>  <b>Approve June 2025 Financial Statements</b>	

## June 2025 Financial Summary

Revenues for June 2025 were \$3,698,956 and operating expenses were \$3,460,934 resulting in a gain in operations of \$238,022. Capital Expenditures and Extraordinary Expenses for June were \$278,396 resulting in a loss of \$40,374. Total revenues were 105.90% of the monthly budgeted revenues and total expenses were 107.09% of the monthly budgeted expenses (difference of -1.20%).

Year to date revenues are \$37,248,720 and operating expenses are \$35,491,574 leaving excess operating revenues of \$1,757,146. YTD Capital Expenditures and Extraordinary Expenses are \$1,984,740 resulting in a loss YTD of \$227,594. Total revenues are 100.00% of the YTD budgeted revenues and total expenses are 100.66% of the YTD budgeted expenses (difference of -.66%).

### **REVENUES**

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

<b>Revenue Source</b>	<b>YTD Revenue</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Title XIX Case Management – MH	362,177	557,637	64.94%	195,460
Title XIX Case Management – IDD	1,228,528	1,242,592	98.86%	14,063
Directed Payment Program – DPP	1,708,360	1,848,048	92.44%	139,687
Title XIX – Medicaid Regular	284,668	487,449	58.39%	202,781
Title XIX – Rehab	1,565,833	1,653,421	94.70%	87,588
HHSC – OCE A01	446,388	541,001	82.51%	94,612
MCSO – Crisis Intervention Team	54,340	75,755	71.73%	21,415

**Title XIX Case Management MH and Title XIX Case Management IDD** - These lines are two of the earned revenue categories that have been on the variance report most of this fiscal year. We continue to have some vacancies in these program areas that are required to hire the QMHP level of direct care providers. The majority of what we see in these lines is the significant change in persons with Medicaid across

our service area; these services are only billable to Medicaid. IDD Case Management (Service Coordination) is coming in 33% higher in providing services compared to this same time period last fiscal year. The monthly average is \$30,419 higher than last fiscal year. Case Management MH is 17% less this year to date as compared to the same time period last fiscal year. The monthly average is approximately \$7,500 less per month than last fiscal year. A positive note about Case Management MH is June was our highest earned month this fiscal year.

**Directed Payment Program (DPP)** – This line item is the Directed Payment Program for Behavioral Health Services. The DPP program in the past was made up of two component parts, but for this fiscal year they have gone to a process of modeling based on the FY 2023 services provided for Medicaid enrollment in STAR, STAR+Plus, and STARKIDS. There will continue to be variances as they work through the issues created from Medicaid unwinding and kids who have lost Medicaid coverage. This line had funds applied from the reconciliation completed for FY 2024 and we received additional funds in March which brought this line up as compared to prior months.

**Medicaid – Regular** – This line item is for Medicaid Card (physician and therapy) services. We continue to have variances in historical trends for all Medicaid lines, some of which is based on the Medicaid unwinding and client's coverage changes. We are at 29% less revenue compared to same period year to date last year. We will continue to monitor and adjust this line during the year-end budget revision. The monthly average is approximately \$11,770 less per month than last fiscal year.

**Rehab - Title XIX** – This line item is where we have had the most staff vacancies over the last few years that provide direct services to our clients. The positive news is the amount of revenue earned for Rehab services for the first nine months of this fiscal year as compared to last fiscal year continues to be up, and at the end of May we are up by 14%. The monthly average is approximately \$19,130 more per month than last fiscal year. It should be mentioned that we have had a significant change in payor mix (specifically those with Medicaid) across our service area and are at historically low levels of Medicaid coverage. These services are only billable to Medicaid.

**HHSC – OCE A01** - These funds were given through HHSC, from Federal American Rescue Plan Act (ARPA) funds. You may recall we received notification at the end of March that these funds were being pulled back but would continue until May 15<sup>th</sup>, 2025. The month of May was the first month that we were not able to recognize the entire budgeted amount in our financials. We will continue to recognize this loss throughout the remainder of the fiscal year.

**MCSO – Crisis Invention Team** – This grant has been phasing out and a new Montgomery County Sheriff’s Office grant has taken its place that will continue on into the next fiscal year. This grant will be adjusted to actual year to date in the year-end budget revision to reflect the amount spend.

**EXPENSES**

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

<b>Expense Source</b>	<b>YTD Expenses</b>	<b>YTD Budget</b>	<b>% of Budget</b>	<b>\$ Variance</b>
Building Repairs & Maintenance	233,574	189,030	123.56%	44,544
Fixed Assets – Computer	231,755	200,000	115.88%	31,755
Fixed Assets – Construction in Progress	70,528	0	0%	70,528
Fixed Assets – Furniture & Equipment	306,764	0	0%	306,764
Payroll Fringe – Health	1,517,645	1,443,208	105.15%	74,436
Travel – Local	356,866	323,700	110.24%	33,166
Vehicle – Repair & Maintenance	28,069	17,232	162.88%	10,837

**Building Repairs and Maintenance** – We continue to have building repairs at the Conroe facility, the PETC and the Porter location. Some of these repairs were caused by weather and drainage issues, but most of the expenses have been related to air conditioning repairs and some plumbing problems. One of the challenges in this area is that the cost of the repairs continues to increase. As we continue to work towards getting our earned revenue back to pre-COVID levels, we will have to also make it a priority to develop a building maintenance and replacement budget in coming years that accounts for these increased expenses.

**Fixed Assets – Computers** - This line item has costs associated with the setup of the computer system structure for the new Cleveland facility.

**Fixed Assets – Construction in Progress** – This line item has costs associated with items that were purchased for the Cleveland facility that were not reimbursed through the bond financing. Some of this amount is for the moving and storage of

the generator, the purchase of the appliances, and some of the permits required for the building.

**Fixed Assets – Furniture & Equipment** - This line item has increased with the final payment for the furniture purchase for the Cleveland facility. This line will be adjusted at the year-end budget revision.

**Payroll Fringe – Health** – This line is our employee health insurance and has trended higher from the beginning of the year. We will be adjusting this line in the coming budget revision to reflect a correct projection for health insurance costs.

**Travel - Local** - This line item reflects the amount that we reimburse staff for using their own vehicles for Tri-County business. We have seen an increase in miles driven as we have filled our vacant positions and we also had an increase in the mileage reimbursement rate at the beginning of the calendar year. Per procedure Tri-County has a mileage reimbursement rate that is indexed to the State of Texas reimbursement rate, and we review on a quarterly basis to check for updates to the reimbursement rate paid.

**Vehicle – Repair & Maintenance** – This is the first month that this line item has appeared on the variance listing. The additional expense is due to accidents that occurred in two of our vehicles which we were not at fault. We had the repairs completed, and have not received the deductibles from the other insurance carriers involved. Another part of this line is the required maintenance on the mobile clinic.

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
GENERAL FUND BALANCE SHEET  
For the Month Ended June 2025**

<b>ASSETS</b>	<b>GENERAL FUND June 2025</b>	<b>GENERAL FUND May 2025</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,662	2,662	-
Cash on Deposit - General Fund	10,204,570	8,370,979	1,833,591
Accounts Receivable	4,023,430	3,769,767	253,663
Inventory	917	1,136	(219)
<b>TOTAL CURRENT ASSETS</b>	<b>14,231,579</b>	<b>12,144,544</b>	<b>2,087,035</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>	<b>23,476,422</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>145,504</b>	<b>187,453</b>	<b>(41,949)</b>
<b>TOTAL ASSETS</b>	<b>\$ 37,853,505</b>	<b>\$ 35,808,419</b>	<b>\$ 2,045,086</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	<b>1,246,873</b>	<b>1,215,652</b>	<b>31,221</b>
<b>NOTES PAYABLE</b>	<b>785,852</b>	<b>785,852</b>	<b>-</b>
<b>DEFERRED REVENUE</b>	<b>6,073,391</b>	<b>3,861,052</b>	<b>2,212,339</b>
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	8,677,455	8,723,867	(46,412)
Guaranty Bank & Trust Loan	1,601,956	1,607,981	(6,025)
First Financial Huntsville Land Loan	760,420	763,219	(2,799)
Lease Liability	252,329	252,329	-
SBITA Liability	916,487	916,487	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(227,594)	(187,220)	(40,374)
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(12,208,648)	(12,263,883)	55,235
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	23,476,422	23,476,422	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,047,044	2,211,310	(164,266)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	61,660	55,494	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,184,911	2,184,910	1
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 37,853,505</b>	<b>\$ 35,808,419</b>	<b>\$ 2,045,086</b>



**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**CONSOLIDATED BALANCE SHEET**  
For the Month Ended June 2025

	General Operating Fund	Debt Fund	Service Fund	Capital Fund	Projects Fund	Government Wide 2025	Memorandum Only  Final August 2024
<b>ASSETS</b>							
<b>CURRENT ASSETS</b>							
Imprest Cash Funds	2,662					2,662	2,500
Cash on Deposit - General Fund	10,204,570					10,204,570	8,570,838
Bond Reserve 2024			707,959			707,959	
Bond Fund 2024			176,637			176,637	-
Bank of New York - Capital Project Fund					1,739,178	1,739,178	
Accounts Receivable	4,023,430					4,023,430	4,740,544
Inventory	917					917	978
<b>TOTAL CURRENT ASSETS</b>	<b>14,231,579</b>		<b>884,596</b>		<b>1,739,178</b>	<b>16,855,353</b>	<b>13,314,860</b>
<b>FIXED ASSETS</b>	<b>23,476,422</b>					<b>23,476,422</b>	<b>23,476,422</b>
<b>OTHER ASSETS</b>	<b>145,504</b>					<b>145,504</b>	<b>146,332</b>
<b>Bond 2024 - Amount to retire bond</b>					11,535,925	11,535,925	
<b>Bond Discount 2024</b>					384,075	384,075	-
<b>Total Assets</b>	<b>\$ 37,853,505</b>	<b>\$ 884,596</b>		<b>\$ 13,659,178</b>		<b>\$ 52,397,278</b>	<b>\$ 36,937,614</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>							
<b>CURRENT LIABILITIES</b>	1,246,873					1,246,873	1,358,914
<b>BOND LIABILITIES</b>					11,920,000	11,920,000	
<b>NOTES PAYABLE</b>	785,852					785,852	785,852
<b>DEFERRED REVENUE</b>	6,073,391					6,073,391	4,426,569
<b>LONG-TERM LIABILITIES FOR</b>							
First Financial Conroe Building Loan	8,677,455					8,677,455	9,140,481
Guaranty Bank & Trust Loan	1,601,956					1,601,956	1,662,317
First Financial Huntsville Land Loan	760,420					760,420	790,544
Lease Liability	252,329					252,329	252,329
SBITA Liability	916,487					916,487	916,487
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>							
General Fund	(227,594)					(227,594)	(2,350,420)
Debt Service Fund						-	
Capital Projects Fund						-	
<b>FUND EQUITY</b>							
<b>RESTRICTED</b>							
Net Assets Reserved for Debt Service - Restricted	(12,208,648)					(12,208,648)	(12,762,158)
Cleveland New Build - Bond	-	884,596		1,739,178		2,623,774	-
Reserved for Debt Retirement							-
<b>COMMITTED</b>							
Net Assets - Property and Equipment - Committed	23,476,422					23,476,422	23,476,422
Reserved for Vehicles & Equipment Replacement	613,712					613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,047,044					2,047,044	2,500,000
Reserved for Board Initiatives	1,500,000					1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677					502,677	502,677
<b>ASSIGNED</b>							
Reserved for Workers' Compensation - Assigned	274,409					274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	61,660					61,660	-
Reserved for Insurance Deductibles - Assigned	100,000					100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)					(785,852)	(785,852)
<b>UNASSIGNED</b>							
Unrestricted and Undesignated	2,184,911	-		-		2,184,911	4,535,331
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 37,853,505</b>	<b>\$ 884,596</b>		<b>\$ 13,659,178</b>		<b>\$ 52,397,278</b>	<b>\$ 36,937,614</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended June 2025**  
**and Year To Date as of June 2025**

<b>INCOME:</b>	<b>MONTH OF June 2025</b>	<b>YTD June 2025</b>
Local Revenue Sources	528,105	1,914,485
Earned Income	1,520,201	18,039,843
General Revenue - Contract	1,650,650	17,294,392
<b>TOTAL INCOME</b>	<b>\$ 3,698,956</b>	<b>\$ 37,248,720</b>
<b>EXPENSES:</b>		
Salaries	2,058,823	21,415,269
Employee Benefits	385,476	3,985,885
Medication Expense	41,735	444,176
Travel - Board/Staff	47,035	404,377
Building Rent/Maintenance	32,523	290,556
Consultants/Contracts	542,081	6,207,165
Other Operating Expenses	353,261	2,744,146
<b>TOTAL EXPENSES</b>	<b>\$ 3,460,934</b>	<b>\$ 35,491,574</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 238,022</b>	<b>\$ 1,757,146</b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	149,857	696,595
Capital Outlay - Debt Service	128,539	1,288,145
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 278,396</b>	<b>\$ 1,984,740</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,739,330</b>	<b>\$ 37,476,314</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (40,374)</b>	<b>\$ (227,594)</b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	128,539	1,288,145
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>1,288,145</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of June 2025**

	YTD June 2025	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,914,485	1,126,072	788,413
Earned Income	18,039,843	18,815,410	(775,567)
General Revenue	17,294,392	17,308,189	(13,797)
<b>TOTAL INCOME</b>	<b>\$ 37,248,720</b>	<b>\$ 37,249,671</b>	<b>\$ (951)</b>
<b>EXPENSES:</b>			
Salaries	21,415,269	21,752,586	(337,317)
Employee Benefits	3,985,885	3,950,108	35,777
Medication Expense	444,176	467,860	(23,684)
Travel - Board/Staff	404,377	369,491	34,886
Building Rent/Maintenance	290,556	245,670	44,886
Consultants/Contracts	6,207,165	6,209,570	(2,405)
Other Operating Expenses	2,744,146	2,662,525	81,621
<b>TOTAL EXPENSES</b>	<b>\$ 35,491,574</b>	<b>\$ 35,657,811</b>	<b>\$ (166,236)</b>
 <b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	 <b>\$ 1,757,146</b>	 <b>\$ 1,591,860</b>	 <b>\$ 165,285</b>
 <b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	696,595	288,050	408,545
Capital Outlay - Debt Service	1,288,145	1,285,396	2,749
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,984,740</b>	<b>\$ 1,573,446</b>	<b>\$ 411,294</b>
 <b>GRAND TOTAL EXPENDITURES</b>	 <b>\$ 37,476,314</b>	 <b>\$ 37,231,257</b>	 <b>\$ 245,058</b>
 <b>Excess (Deficiency) of Revenues and Expenses</b>	 <b>\$ (227,594)</b>	 <b>\$ 18,414</b>	 <b>\$ (246,008)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,288,145	1,285,396	2,749
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>1,288,145</b>	<b>1,285,396</b>	<b>2,749</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended June 2025**

<b>INCOME:</b>	<b>MONTH OF June 2025</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	528,105	176,517	351,588
Earned Income	1,520,201	1,662,748	(142,547)
General Revenue-Contract	1,650,650	1,653,687	(3,037)
<b>TOTAL INCOME</b>	<b>\$ 3,698,956</b>	<b>\$ 3,492,952</b>	<b>\$ 206,004</b>
<b>EXPENSES:</b>			
Salaries	2,058,823	1,984,853	73,970
Employee Benefits	385,476	378,862	6,614
Medication Expense	41,735	48,186	(6,451)
Travel - Board/Staff	47,035	43,518	3,517
Building Rent/Maintenance	32,523	23,067	9,456
Consultants/Contracts	542,081	538,433	3,648
Other Operating Expenses	353,261	346,196	7,065
<b>TOTAL EXPENSES</b>	<b>\$ 3,460,934</b>	<b>\$ 3,363,115</b>	<b>\$ 97,819</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 238,022</b>	<b>\$ 129,837</b>	<b>\$ 108,185</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	149,857	-	149,856
Capital Outlay - Debt Service	128,539	128,539	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 278,396</b>	<b>\$ 128,539</b>	<b>\$ 149,856</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,739,330</b>	<b>\$ 3,491,655</b>	<b>\$ 247,675</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (40,374)</b>	<b>\$ 1,298</b>	<b>\$ (41,671)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	128,539	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>128,539</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD June 2024 Comparative Data**  
**Year to Date as of June 2025**

<b>INCOME:</b>	<b>YTD June 2025</b>	<b>YTD June 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,914,485	1,680,791	233,694
Earned Income	18,039,843	20,402,906	(2,363,063)
General Revenue-Contract	17,294,392	18,458,761	(1,164,369)
<b>TOTAL INCOME</b>	<b>\$ 37,248,720</b>	<b>\$ 40,542,458</b>	<b>\$ (3,293,738)</b>
<b>EXPENSES:</b>			
Salaries	21,415,269	22,706,557	(1,291,288)
Employee Benefits	3,985,885	4,082,916	(97,031)
Medication Expense	444,176	513,937	(69,761)
Travel - Board/Staff	404,377	368,395	35,982
Building Rent/Maintenance	290,556	367,099	(76,543)
Consultants/Contracts	6,207,165	8,949,325	(2,742,160)
Other Operating Expenses	2,744,146	2,782,218	(38,072)
<b>TOTAL EXPENSES</b>	<b>\$ 35,491,574</b>	<b>\$ 39,770,447</b>	<b>\$ (4,278,873)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,757,146</b>	<b>\$ 772,012</b>	<b>\$ 985,135</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	696,595	663,297	33,298
Capital Outlay - Debt Service	1,288,145	1,068,631	219,514
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,984,740</b>	<b>\$ 1,731,928</b>	<b>\$ 252,812</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 37,476,314</b>	<b>\$ 41,502,375</b>	<b>\$ (4,026,061)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (227,594)</b>	<b>\$ (959,917)</b>	<b>\$ 732,323</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,288,145	1,068,631	1,288,145
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>1,288,145</b>	<b>1,068,631</b>	<b>1,288,145</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With June 2024 Comparative Data**  
**For the Month ending June 2025**

<b>INCOME:</b>	<b>MONTH OF June 2025</b>	<b>MONTH OF June 2024</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	528,105	95,602	432,503
Earned Income	1,520,201	2,040,289	(520,088)
General Revenue-Contract	1,650,650	1,422,632	228,018
<b>TOTAL INCOME</b>	<b>\$ 3,698,956</b>	<b>\$ 3,558,523</b>	<b>\$ 140,433</b>
Salaries	2,058,823	2,146,307	(87,484)
Employee Benefits	385,476	387,448	(1,972)
Medication Expense	41,735	52,941	(11,206)
Travel - Board/Staff	47,035	45,013	2,022
Building Rent/Maintenance	32,523	29,919	2,604
Consultants/Contracts	542,081	856,363	(314,282)
Other Operating Expenses	353,261	269,451	83,810
<b>TOTAL EXPENSES</b>	<b>\$ 3,460,934</b>	<b>\$ 3,787,442</b>	<b>\$ (326,508)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 238,022</b>	<b>\$ (228,918)</b>	<b>\$ 466,941</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	149,857	47,327	102,530
Capital Outlay - Debt Service	128,539	87,031	41,508
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 278,396</b>	<b>\$ 134,358</b>	<b>\$ 144,038</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,739,330</b>	<b>\$ 3,921,800</b>	<b>\$ (182,470)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (40,374)</b>	<b>\$ (363,277)</b>	<b>\$ 322,903</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	128,539	87,031	128,539
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>87,031</b>	<b>128,539</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With May 2025 Comparative Data**  
**For the Month Ended June 2025**

<b>INCOME:</b>	<b>MONTH OF June 2025</b>	<b>MONTH OF May 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	528,105	189,023	339,082
Earned Income	1,520,201	1,756,994	(236,793)
General Revenue-Contract	1,650,650	2,055,697	(405,047)
<b>TOTAL INCOME</b>	<b>\$ 3,698,956</b>	<b>\$ 4,001,714</b>	<b>\$ (302,758)</b>
<b>EXPENSES:</b>			
Salaries	2,058,823	2,426,832	(368,009)
Employee Benefits	385,476	425,606	(40,130)
Medication Expense	41,735	40,511	1,224
Travel - Board/Staff	47,035	47,061	(26)
Building Rent/Maintenance	32,523	23,141	9,382
Consultants/Contracts	542,081	601,538	(59,457)
Other Operating Expenses	353,261	257,779	95,482
<b>TOTAL EXPENSES</b>	<b>\$ 3,460,934</b>	<b>\$ 3,822,468</b>	<b>\$ (361,534)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 238,022</b>	<b>\$ 179,246</b>	<b>\$ 58,776</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	149,857	34,461	115,396
Capital Outlay - Debt Service	128,539	128,539	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 278,396</b>	<b>\$ 163,000</b>	<b>\$ 115,396</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,739,330</b>	<b>\$ 3,985,468</b>	<b>\$ (246,138)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (40,374)</b>	<b>\$ 16,246</b>	<b>\$ (56,620)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	128,539	128,539	-
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>128,539</b>	<b>128,539</b>	<b>-</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of June 2025**

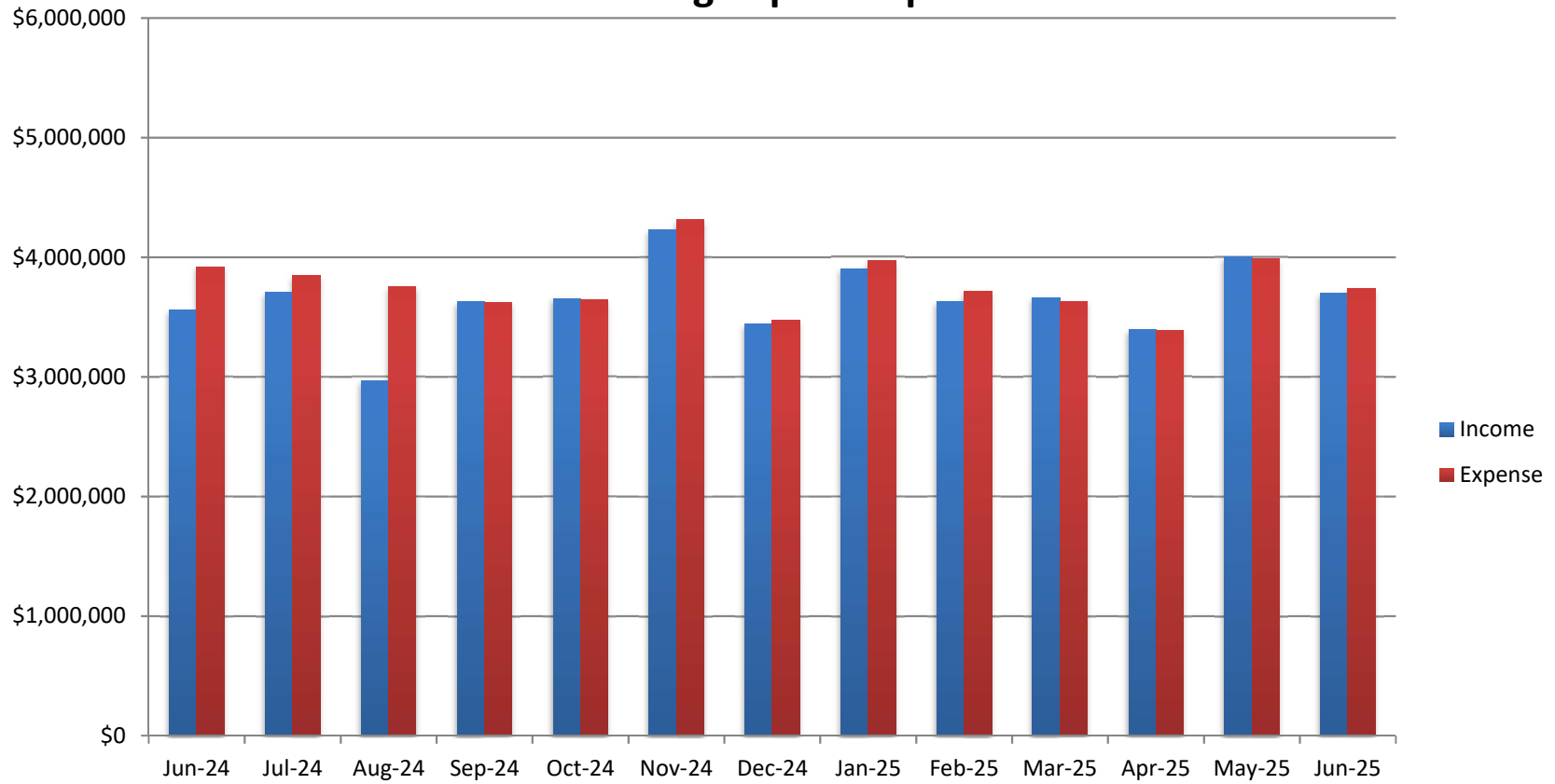
	YTD Mental Health June 2025	YTD IDD June 2025	YTD Other Services June 2025	YTD Agency Total June 2025	YTD Approved Budget June 2025	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	1,282,182	24,857	607,445	1,914,485	1,126,072	(788,413)
Earned Income	7,988,938	4,081,127	5,969,780	18,039,844	18,815,410	775,565
General Revenue-Contract	15,542,616	1,198,747	553,028	17,294,391	17,308,189	13,798
<b>TOTAL INCOME</b>	<b>24,813,736</b>	<b>5,304,731</b>	<b>7,130,253</b>	<b>\$ 37,248,720</b>	<b>37,249,671</b>	<b>\$ 950</b>
<b>EXPENSES:</b>						
Salaries	14,464,239	3,124,114	3,826,914	21,415,268	21,752,586	(337,318)
Employee Benefits	2,692,603	640,022	653,259	3,985,885	3,950,108	35,777
Medication Expense	375,029		69,147	444,176	467,860	(23,684)
Travel - Board/Staff	244,125	113,242	47,010	404,378	369,491	34,887
Building Rent/Maintenance	283,828	3,133	3,595	290,555	245,670	44,885
Consultants/Contracts	3,460,500	1,057,446	1,689,219	6,207,165	6,209,570	(2,405)
Other Operating Expenses	1,767,751	515,473	460,923	2,744,147	2,662,526	81,621
<b>TOTAL EXPENSES</b>	<b>23,288,076</b>	<b>5,453,430</b>	<b>6,750,067</b>	<b>\$ 35,491,574</b>	<b>35,657,811</b>	<b>\$ (166,237)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 1,525,660</b>	<b>\$ (148,699)</b>	<b>\$ 380,186</b>	<b>\$ 1,757,146</b>	<b>\$ 1,591,860</b>	<b>\$ (165,287)</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	217,683	37,128	441,785	696,596	288,050	408,546
Capital Outlay - Debt Service	557,002	130,547	600,595	1,288,144	1,285,396	2,748
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 774,685</b>	<b>\$ 167,675</b>	<b>\$ 1,042,380</b>	<b>\$ 1,984,740</b>	<b>\$ 1,573,446</b>	<b>\$ 411,294</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 24,062,761</b>	<b>\$ 5,621,105</b>	<b>\$ 7,792,447</b>	<b>\$ 37,476,314</b>	<b>\$ 37,231,257</b>	<b>\$ 245,057</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ 750,975</b>	<b>\$ (316,374)</b>	<b>\$ (662,194)</b>	<b>\$ (227,594)</b>	<b>\$ 18,413</b>	<b>\$ 246,008</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	557,002	130,547	600,595	1,288,144	1,285,396	2,748
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>\$ 557,002</b>	<b>\$ 130,547</b>	<b>\$ 600,595</b>	<b>\$ 1,288,144</b>	<b>\$ 1,285,396</b>	<b>\$ 2,748</b>



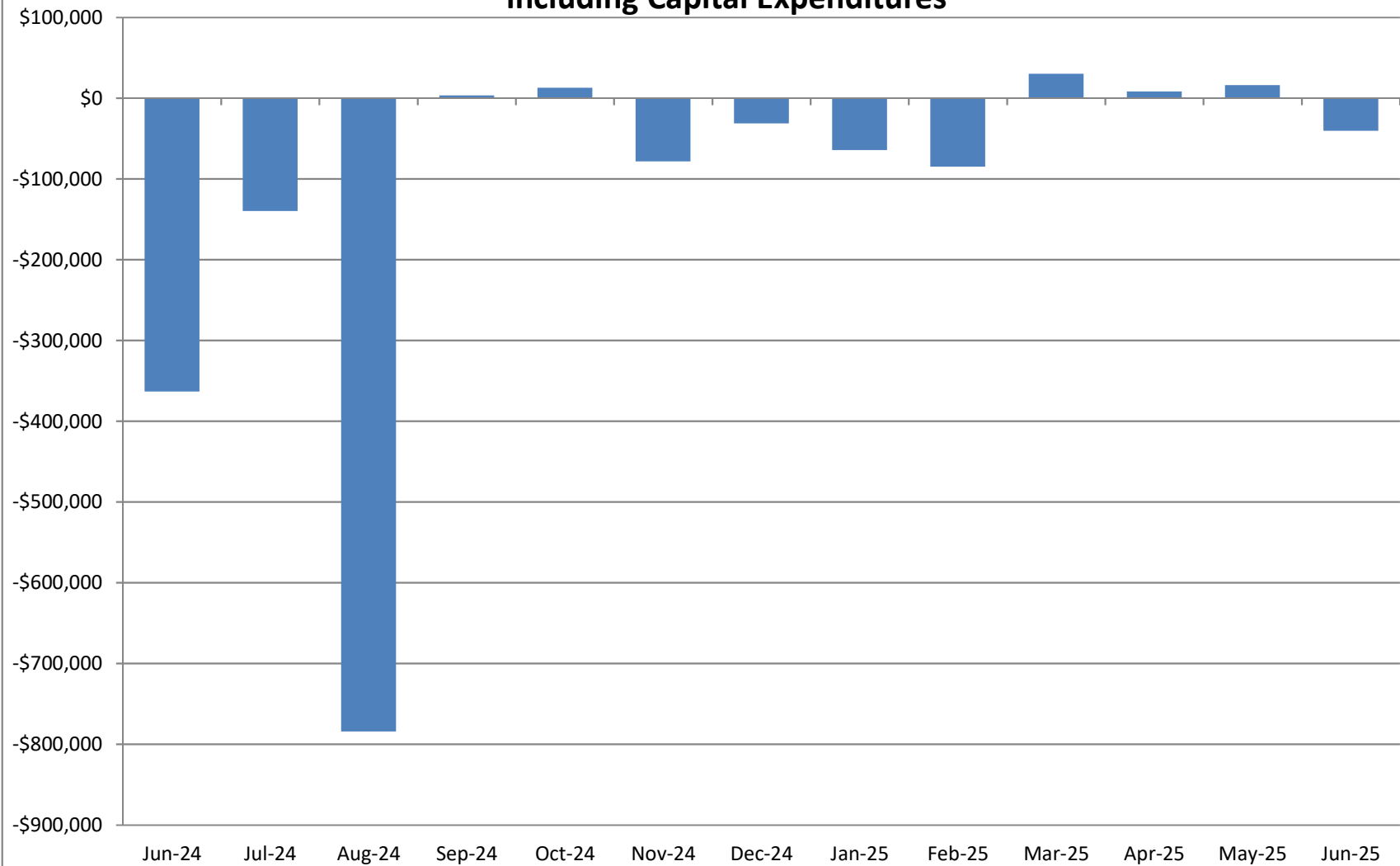
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### Including Capital Expenditures



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



<b>Agenda Item:</b> Approve FY 2025 Auditor Engagement Letter  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  At the May 22 <sup>nd</sup> Board meeting, the Board authorized staff to solicit the Annual Financial Auditor Engagement Letter from Eide Bailly, LLP for the FY 2025 Independent Financial Audit.	
<b>Supporting Documentation:</b>  Copy of Engagement Letter from Eide Bailly, LLP and Planning Letter	
<b>Recommended Action:</b>  <b>Approve the Engagement Letter from Eide Bailly, LLP for the FY 2025 Independent Financial Audit</b>	



June 4, 2025

To the Board of Trustees  
**Tri-County Behavioral HealthCare**  
C/O Ms. Millie McDuffey, CFO  
P.O. Box 3067  
Conroe, Tx. 77305

You have requested that we audit the financial statements of the governmental activities, the aggregate discretely presented component units, the major fund, and the aggregate remaining fund information of **Tri-County Behavioral HealthCare (the Center)** as of August 31, 2025, and for the year then ended, and the related notes to the financial statements and the budgetary comparison for the general fund, which collectively comprise **the Center's** basic financial statements.

In addition, we will audit the entity's compliance over major federal and state award programs for the period ended August 31, 2025. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter.

Our audits will be conducted with the objectives of our expressing an opinion on each opinion unit and an opinion on compliance regarding the entity's major federal award programs. The objectives of our audit of the financial statements are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (GAAS) and in accordance with *Government Auditing Standards*, and/or any state or regulatory audit requirements will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

The objectives of our compliance audit are to obtain sufficient appropriate audit evidence to form an opinion and report at the level specified in the governmental audit requirement about whether the entity complied in all material respects with the applicable compliance requirements and identify audit and reporting requirements specified in the governmental audit requirement that are supplementary to GAAS and Government Auditing Standards, if any, and perform procedures to address those requirements.

Accounting principles generally accepted in the United States of America (U.S. GAAP), as promulgated by the Governmental Accounting Standards Board (GASB), require that supplementary information, such as management's discussion and analysis be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context.

As part of our engagement, we will apply certain limited procedures to the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

- Management's Discussion and Analysis
- Budgetary Comparison Information

Supplementary information other than RSI will accompany **the Center's** basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole:

- Combining Schedules – Component Units

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

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

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

- Introductory Section
- Statistical Section

#### **Data Collection Form**

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

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

### **Audit of the Financial Statements**

We will conduct our audits in accordance with GAAS, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America, the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the Texas Grant Management Standards (TxGMS). As part of an audit of financial statements in accordance with GAAS and in accordance with *Government Auditing Standards*, Uniform Guidance and TxGMS we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of controls.
- Obtain an understanding of the system of internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **the Center's** ability to continue as a going concern for a reasonable period of time.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards* of the Comptroller General of the United States of America and TxGMS. Please note that the determination of abuse is subjective and *Government Auditing Standards* does not require auditors to detect abuse.

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any other periods.

We will issue a written report upon completion of our audit of **the Center's** basic financial statements. Our report will be addressed to the governing body of **the Center**. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s) to our auditor's report, or if necessary, withdraw from the engagement.

If our opinions on the basic financial statements are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

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

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

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

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the material noncompliance with applicable laws and regulations, the provisions of contracts and grant agreements applicable to major federal award programs, and the applicable compliance requirements occurred, whether due to fraud or error, and express an opinion on the entity's compliance based on the audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the entity's compliance with the requirements of the federal programs as a whole.

As part of a compliance audit in accordance with GAAS and, if applicable, in accordance with *Government Auditing Standards*, and TxGMS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

Our procedures will consist of determining major federal and state programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs, and performing such other procedures as we considers necessary in the circumstances. The purpose of those procedures will be to express an opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance and TxGMS.

Also, as required by the Uniform Guidance, we will obtain an understanding of the entity's internal control over compliance relevant to the audit in order to design and perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the entity's major federal award programs.

Our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report. However, we will communicate to you, regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we have identified during the audit.

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

### **Management Responsibilities**

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

1. For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
2. For the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
3. For identifying, in its accounts, all federal awards received and expended during the period and the federal programs under which they were received;
4. For maintaining records that adequately identify the source and application of funds for federally funded activities;
5. For preparing the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the Uniform Guidance;
6. For designing, implementing, and maintaining effective internal control over federal awards that provides reasonable assurance that the entity is managing federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal awards;
7. For identifying and ensuring that the entity complies with federal laws, statutes, regulations, rules, provisions of contracts or grant agreements, and the terms and conditions of federal award programs and implementing systems designed to achieve compliance with applicable federal statutes, regulations, and the terms and conditions of federal award programs;
8. For disclosing accurately, currently, and completely, the financial results of each federal award in accordance with the requirements of the award;
9. For identifying and providing report copies of previous audits, attestation engagements, or other studies that directly relate to the objectives of the audit, including whether related recommendations have been implemented;
10. For taking prompt action when instances of noncompliance are identified;
11. For addressing the findings and recommendations of auditors, for establishing and maintaining a process to track the status of such findings and recommendations and taking corrective action on reported audit findings from prior periods and preparing a summary schedule of prior audit findings;
12. For following up and taking corrective action on current year audit findings and preparing a corrective action plan for such findings;
13. For submitting the reporting package and data collection form to the appropriate parties;
14. For making the auditor aware of any significant contractor relationships where the contractor is responsible for program compliance;



15. To provide us with:
  - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements including disclosures, and relevant to federal award programs, such as records, documentation, and other matters;
  - b. Additional information that we may request from management for the purpose of the audit; and
  - c. Unrestricted access to persons within the entity and others from whom we determine it necessary to obtain audit evidence.
16. For adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current year period(s) under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole;
17. For acceptance of nonattest services, including identifying the proper party to oversee nonattest work;
18. For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets;
19. For informing us of any known or suspected fraud affecting the entity involving management, employees with significant role in the system of internal control and others where fraud could have a material effect on compliance;
20. For the accuracy and completeness of all information provided;
21. For taking reasonable measures to safeguard protected personally identifiable and other sensitive information; and
22. For confirming your understanding of your responsibilities as defined in this letter to us in your management representation letter.

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

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

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

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

**The Center** will be responsible for ensuring that the audit report is received by the Texas Health and Human Services Commission by February 1, 2026. **The Center** is further responsible for ensuring that other appropriate governmental agencies receive copies of the audit report as appropriate.

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

### **Nonattest Services**

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

- Prepare federal information tax return (990).
- Preparing and binding the financial statements (including GASB 34 entries), formatting the client prepared schedule of expenditures of federal and state awards, and preparing the related notes of **the Center** in conformity with U.S. generally accepted accounting principles and Uniform Guidance and the Texas Grant Management Standards based on information provided by you.
- Complete the auditee's portion of the Data Collection Form
- Maintain leases and SBITA contracts in lease query.

We will not assume management responsibilities on behalf of **the Center**. **The Center's** management understands and agrees that any advice or recommendation we may provide in connection with our audit engagement are solely to assist management in performing its responsibilities.

**The Center's** management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) designing, implementing, and maintaining the system of internal control, including the process used to monitor the system of internal control.

Our responsibilities and limitations of the nonattest services are as follows:

- We will perform the services in accordance with applicable professional standards.
- The nonattest services are limited to the services previously outlined above. Our firm, in its sole professional judgment, reserves the right to refuse to do any procedure or take any action that could be construed as making management decisions or assuming management responsibilities. Our firm will advise **the Center** with regard to tax positions taken in the preparation of the tax return, but **the Center** must make all decisions with regard to those matters.

### **Fees and Timing**

Rebekah Scott is the engagement partner for the audit services specified in this letter. The engagement partner's responsibilities include supervising services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report.

Our fees are based on the amount of time required at various levels of responsibility, inclusive of actual out-of-pocket expenses, but plus administrative charges and a 5% technology fee. Invoices are payable upon presentation. We estimate that our fee for the audit will be \$53,000 plus the aforementioned technology fee. Our fee includes Single Audit procedures for 2 state and 2 federal major programs. Should your audit require additional major programs, our fee for each program will be \$6,000. We will determine major programs based on risk as required by the Uniform Guidance and TxGMS. Our fee for the Form 990 will be \$3,600 plus the 5% technology fee.

Out of scope or additional work caused by delays in receiving items on the PBC list will be billed at a rate of \$190 an hour. We will notify and obtain approval from both the CFO and CEO of any delays and extra work prior to incurring this time.

In addition the fee to house leases and SBITAs on lease query is \$175 per lease or SBITA per year (recurring fee per lease/SBITA each year). The fee to input any new leases or SBITAs in the current year is \$250 per lease or SBITA.

The ability to perform and complete our engagement consistent with the estimated fee included above depends upon the quality of your underlying accounting records and the timeliness of your personnel in providing information and responding to our requests.

To assist with this process, we will provide you with an itemized request list that identifies the information you will need to prepare and provide in preparation for our engagement, as well as the requested delivery date for those items. A lack of preparation, including not providing this information in an accurate and timely manner, unanticipated audit adjustments, and/or untimely assistance by your personnel may result in an increase in our fees and/or a delay in the completion of our engagement.

If all items are not provided in a timely manner (including the trial balance) as requested in the PBC list on Suralink, we will track and bill the additional time it takes our team to perform this work. Further, we will track time it takes to reaudit schedules if incorrect information is initially provided.

We may be requested to make certain audit documentation available to outside parties, including regulators, pursuant to authority provided by law or regulation or applicable professional standards. If requested, access to such audit documentation will be provided under the supervision of Eide Bailly LLP's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the outside party, who may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies. We will be compensated for any time and expenses, including time and expenses of legal counsel, we may incur in making such audit documentation available or in conducting or responding to discovery requests or participating as a witness or otherwise in any legal, regulatory, or other proceedings as a result of our Firm's performance of these services. You and your attorney will receive, if lawful, a copy of every subpoena we are asked to respond to on your behalf and will have the ability to control the extent of the discovery process to control the costs you may incur.

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

## Other Matters

During the course of the engagement, we will only provide confidential engagement documentation to you via Eide Bailly's secure portal or other secure methods, and request that you use the same or similar tools in providing information to us. Should you choose not to utilize secure communication applications, you acknowledge that such communication contains a risk of the information being made available to unintended third parties. Similarly, we may communicate with you or your personnel via e-mail or other electronic methods, and you acknowledge that communication in those mediums contains a risk of misdirected or intercepted communications.

Should you provide us with remote access to your information technology environment, including but not limited to your financial reporting system, you agree to (1) assign unique usernames and passwords for use by our personnel in accessing the system and to provide this information in a secure manner; (2) limit access to "read only" to prevent any unintentional deletion or alteration of your data; (3) limit access to the areas of your technology environment necessary to perform the procedures agreed upon; and (4) disable all usernames and passwords provided to us upon the completion of procedures for which access was provided. We agree to only access your technology environment to the extent necessary to perform the identified procedures.

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

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

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

Neither of us may use or disclose the other's confidential information for any purpose except as permitted under this engagement letter or as otherwise necessary for Eide Bailly to provide the services. Your confidential information is defined as any information you provide to us that is not available to the public. Eide Bailly's confidential information includes our audit documentation for this engagement. Our audit documentation shall at all times remain the property of Eide Bailly LLP. The confidentiality obligations described in this paragraph shall supersede and replace any and all prior confidentiality and/or nondisclosure agreements (NDAs) between us.

We agree to retain our audit documentation or work papers for a period of at least eight years from the date of our report.

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

You agree to share all facts that may affect your financial statements, even if you first become aware of those facts after the date of the auditor's report but before the date your financial statements are issued.

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

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

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

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

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

## **MEDIATION**

Any disagreement, controversy or claim arising out of or related to any aspect of our services or relationship with you (hereafter a "Dispute") shall, as a precondition to litigation in court, first be submitted to mediation. In mediation, the parties attempt to reach an amicable resolution of the Dispute with the aid of an impartial mediator. Mediation shall begin by service of a written demand. The mediator will be selected by mutual agreement. If we cannot agree on a mediator, one shall be designated by the American Arbitration Association ("AAA"). Mediation shall be conducted with the parties in person in Abilene, Texas.

Each party will bear its own costs in the mediation. The fees and expenses of the mediator will be shared equally by the parties. Neither party may commence a lawsuit until the mediator declares an impasse.

#### **LIMITED INDEMNITY**

Eide Bailly LLP and its partners, affiliates, officers and employees (collectively "Eide Bailly") shall not be responsible for any misstatements in your financial statements and tax return that we may fail to detect as a result of misrepresentations or concealment of information by any of your owners, directors, officers or employees. You shall indemnify and hold Eide Bailly harmless from any claims, losses, settlements, judgments, awards, damages and attorneys' fees arising from any such misstatement or concealment of information.

If through no fault of Eide Bailly we are named as a party to a dispute between you and a third party, you shall indemnify and hold Eide Bailly harmless against any losses, damages, settlements, judgments, awards, and the costs of litigation (including attorneys' fees) we incur in connection with the dispute.

Eide Bailly shall not be entitled to indemnification under this agreement unless the services were performed in accordance with professional standards in all material respects.

#### **LIMITATION OF LIABILITY**

The exclusive remedy available to you for any alleged loss or damages arising from or related to Eide Bailly's services or relationship with you shall be the right to pursue claims for actual damages that are directly caused by Eide Bailly's breach of this agreement or Eide Bailly's violation of applicable professional standards. In no event shall Eide Bailly's aggregate liability to you exceed two times fees paid under this agreement, nor shall Eide Bailly ever be liable to you for incidental, consequential, punitive or exemplary damages, or attorneys' fees.

#### **TIME LIMITATION**

You may not bring any legal proceeding against Eide Bailly unless it is commenced within twenty-four (24) months ("Limitation Period") after the date when we delivered our report, return, or other deliverable under this agreement to you, regardless of whether we do other services for you or that may relate to the audit and tax return preparation. The Limitation Period applies and begins to run even if you have not suffered any damage or loss, or have not become aware of a possible Dispute.

#### **GOVERNING LAW AND VENUE**

Any Dispute between us, including any Dispute related to the engagement contemplated by this agreement, shall be governed by Minnesota law. Any unresolved Dispute shall be submitted to a federal or state court located in Abilene, Texas.

#### **ASSIGNMENTS PROHIBITED**

You shall not assign, sell, barter or transfer any legal rights, causes of actions, claims or Disputes you may have against Eide Bailly to any person.

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

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

Respectfully,



Rebekah Scott  
Partner

\*\*\*\*\*

RESPONSE:

This letter correctly sets forth our understanding.

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

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

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

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

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

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

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

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

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

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

We have reviewed the system of quality control for the accounting and auditing practice of Eide Bailly LLP (the "Firm") applicable to engagements not subject to Public Company Accounting Oversight Board ("PCAOB") permanent inspection in effect for the year ended April 30, 2023. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants ("Standards").

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

### Firm's Responsibility

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

### Peer Reviewer's Responsibility

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

### Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; audits of employee benefit plans; audits performed under FDICIA; and examinations of service organizations (SOC 1<sup>®</sup> and SOC 2<sup>®</sup> engagements).

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

### Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Eide Bailly LLP applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended April 30, 2023, has been suitably designed and complied with to provide the Firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Eide Bailly LLP has received a peer review rating of *pass*.

*Cherry Bekaert LLP*

Atlanta, Georgia  
January 9, 2024





June 4, 2025

To the Board of Trustees  
**Tri-County Behavioral Healthcare**  
Conroe, Texas

This letter is provided in connection with our engagement to audit the financial statements and to audit compliance over major federal and state award programs of Tri-County Behavioral Healthcare (the Center) as of and for the year ended August 31, 2025. Professional standards require that we communicate with you certain items including our responsibilities with regard to the financial statement audit, the compliance audit, and the planned scope and timing of our audits, including significant risks we have identified.

### **Our Responsibilities**

As stated in our engagement letter dated June 4, 2025, we are responsible for conducting our audit in accordance with auditing standards generally accepted in the United States of America (GAAS), *Government Auditing Standards* of the Comptroller General of the United States of America, the requirements of the Single Audit Act, as amended; and the provisions of the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and the Texas Grant Management Standards (TxGMS) for the purpose of forming and expressing opinions on the financial statements and on major federal and state award program compliance. Our audits do not relieve you or management of your respective responsibilities.

Our responsibility as it relates to the schedule of expenditures of federal and state awards is to evaluate its presentation for the purpose of forming and expressing an opinion as to whether it is presented fairly in all material respects in relation to the financial statements as a whole.

### **Planned Scope of the Audit**

Our audits will include examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. Our audit is designed to provide reasonable, but not absolute assurance about whether the financial statements as a whole are free of material misstatement, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations. Because of this concept of reasonable assurance and because we will not examine all transactions, there is a risk that material misstatements may exist and not be detected by us.

Our audit procedures will also include determining major federal and state programs and performing the applicable procedures described in the U.S. Office of Management and Budget *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or material noncompliance may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS, *Government Auditing Standards* of the Comptroller General of the United States of America, the requirements of the Single Audit Act, as amended; and the provisions of the Uniform Guidance and TxGMS.

Our audits will include obtaining an understanding of the entity and its environment, including its internal control, sufficient to assess the risks of material misstatement of the financial statements, the risk of material noncompliance in the major federal award programs, and as a basis for designing the nature, timing, and extent of further audit procedures, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control over financial reporting. However, we will communicate to you at the conclusion of our audit, any material weaknesses or significant deficiencies identified. We will also communicate to you:

- Any violation of laws or regulations that come to our attention;
- Our views related to qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures;
- Significant difficulties, if any, encountered during the audit;
- Significant unusual transactions, if any;
- The potential effects of uncorrected misstatements on future-period financial statements; and
- Other significant matters that are relevant to your responsibilities in overseeing the financial reporting process.

Professional standards require us to design our audit to provide reasonable assurance that the financial statements are free of material misstatement whether caused by fraud or error. In designing our audit procedures, professional standards require us to evaluate the financial statements and assess the risk that a material misstatement could occur. Areas that are potentially more susceptible to misstatements, and thereby require special audit considerations, are designated as "significant risks." Although we are currently in the planning stage of our audit, we have preliminarily identified the following significant risks that require special audit consideration.

Management override of controls – Professional standards require auditors to address the possibility of management overriding controls. Accordingly, we identified as a significant risk that management of the Center may have the ability to override controls that the Center has implemented. Management may override the Center's controls in order to modify the financial records with the intent of manipulating the financial statements to overstate the Center's financial performance or with the intent of concealing fraudulent transactions.

Revenue recognition- Professional standards identify improper revenue recognition as a presumed fraud risk. As a result, we have identified the risk of improper recognition of revenue; more specifically, the risk that revenue could be materially misstated due to error or fraud for revenue recorded for services not provided in the corresponding period or for services not performed.

Revenue recognition related to the Directed Payment Program (DPP) – We identified revenue recognition related to the DPP program as a significant risk as the program is subject to interpretation and includes estimates based on claim history.

Allowance for Doubtful Accounts – We identified the allowance for doubtful accounts as a significant risk as the allowance is a significant estimate for the Center. Accounting guidance requires management to estimate the collectability of outstanding accounts receivable and establish a reserve when needed. To establish the allowance, management uses historical loss levels applied to portfolios of accounts based on underlying insurance payor arrangement, their current knowledge of facts, and assumptions about the future.

We expect to begin our audit in September 2025 and issue our report in January 2026.

This information is intended solely for the information and use of the Board and management of the Center and is not intended to be and should not be used by anyone other than these specified parties.

Respectfully,

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Abilene, Texas

<p><b>Agenda Item:</b> Ratify Health and Human Services Commission Contract No. HHS001586900037, Local Intellectual and Developmental Disability Authority (LIDDA) Grant Program</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 24, 2025</p>
<p><b>Background Information:</b></p> <p>The Health and Human Services Local Intellectual and Developmental Disability Performance Contract is the contract for all IDD Authority (LIDDA) services, including:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination;</li> <li>• State Supported Living Center Admission and Continuity of Care services;</li> <li>• Service Coordination;</li> <li>• Maintenance of the TxHmL and HCS Interest lists;</li> <li>• Permanency Planning;</li> <li>• IDD Crisis Intervention and Crisis Respite;</li> <li>• Enhanced Community Coordination;</li> <li>• PreAdmission and Resident Review (PASRR); and</li> <li>• Habilitation Coordination.</li> </ul> <p>This contract term is September 1, 2025 and terminates on August 31, 2029. While the base contract is good for four years, the funding will be allocated each year in amendments.</p> <p>Changes this year include:</p> <ul style="list-style-type: none"> <li>• Enhanced monitoring requirements for subcontractors to ensure they are: <ul style="list-style-type: none"> <li>◦ Maintain operating procedures;</li> <li>◦ In compliance with data use agreements; and,</li> <li>◦ Document proof of cybersecurity training.</li> </ul> </li> <li>• In line with legislation that was passed, there is new language in contract disallowing public use of money; prohibited state health plan reimbursement for gender reassignment/gender transitioning procedures and care and treatment.</li> <li>• Decreased IDD GR Targets: <ul style="list-style-type: none"> <li>◦ Our target is 106, down from 120, but the hold-harmless period (pandemic period) has ended.</li> </ul> </li> <li>• Financial sanctions for failure to meet performance expectations have changed and will be based on sanctions schedule in Performance Contract.</li> </ul> <p>Total funding for the contract is unchanged at \$2,234,751 which includes \$184,912 (8.4%) in local match. The Executive Director has signed this contract in advance of the Board meeting to prevent a delay in contract funding.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract will be available for review at the Board meeting.</p>	
<p><b>Recommended Action:</b></p> <p>Ratify Health and Human Services Commission Contract No. HHS001586900037, Local Intellectual and Developmental Disability Authority (LIDDA) Grant Program</p>	

<b>Agenda Item:</b> Approve the FY 2026 Adaptive Aids, LLC IDD Crisis Respite Services Contract  <b>Committee:</b> Business	<b>Board Meeting Date:</b>  July 24, 2025
<b>Background Information:</b>  <p>Health and Human Services Commission (HHSC) requires each Center to provide or contract for out-of-home crisis respite services for persons with Intellectual and Developmental Disabilities. Crisis respite is a short-term service provided in a 24-hour supervised environment for individuals demonstrating a crisis that cannot be stabilized in their home. This service ultimately is to assist someone in maintaining community living in the least restrictive environment possible. HHSC provides funding for this service.</p> <p>The out-of-home crisis respite is required to be provided in a setting for which the state oversees. Adaptive Aids, LLC is a Home and Community-based Services (HCS) provider that is willing to utilize space in their licensed homes for IDD crises.</p> <p>Adaptive Aids, LLC has made a commitment to always have a bed and staff available for crisis respite needs. Once someone is in their crisis respite services, Adaptive Aids, LLC receives \$300 per day, which includes ISS (day habilitation) services. A typical crisis respite stay is 14 days.</p> <p>The proposed crisis respite contract maximum with Adaptive Aids, LLC is \$50,000 in 2026.</p>	
<b>Supporting Documentation:</b>  Contract Available for Review at the Board Meeting	
<b>Recommended Action:</b>  <b>Approve the FY 2026 Contract Amendment for Adaptive Aids, LLC for IDD Crisis Respite Services for up to \$50,000</b>	

**Agenda Item:** Approve the FY 2026 Lifetime Homecare Services  
IDD Crisis Respite Services Contract

**Board Meeting Date:**

July 24, 2025

**Committee:** Business

**Background Information:**

Health and Human Services Commission (HHSC) requires each Center to provide or contract for out-of-home crisis respite services for persons with Intellectual and Developmental Disabilities. Crisis respite is a short-term service provided in a 24-hour supervised environment for individuals demonstrating a crisis that cannot be stabilized in their home. This service is designed to assist someone in maintaining community living in the least restrictive environment possible. HHSC provides funding for this service.

The need for crisis respite continues to grow each year, and so does the complexity of individuals who are placed.

The out-of-home crisis respite is required to be provided in a setting which is licensed by HHSC. Lifetime Homecare Services is a Home and Community-based Services (HCS) provider that is willing to utilize space in their licensed homes for IDD crises.

Lifetime Homecare Services receives \$2,000 per month to ensure space is available in their homes along with trained staff. When an individual is admitted to crisis respite, they receive an additional \$300 per day which includes day habilitation services.

The contract with Lifetime Homecare Services for FY 2026 is \$140,000 to ensure Crisis Respite services are available when needed.

**Supporting Documentation:**

Contract Available for Review at the Board Meeting

**Recommended Action:**

**Approve the FY 2026 Lifetime Homecare Services Contract for IDD Crisis Respite Services for up to \$140,000**

<p><b>Agenda Item:</b> Approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS001329300021, Amendment No.2, First Episode Psychosis</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 24, 2025</p>
<p><b>Background Information:</b></p> <p>Tri-County Behavioral Healthcare contracted with the Health and Human Services Commission for early psychosis identification and service provision under the Coordinated Specialty Care Implementation grant initiative in January of 2019.</p> <p>The First Episode Psychosis program (FEP) is designed to provide early interventions to persons who are having their first psychotic break and to provide interventions which can significantly alter the long-term impact of these breaks. Tri-County will provide FEP services for individuals ranging in age from 15-30 that meet the diagnostic criteria.</p> <p>This amendment will continue the program until August 31, 2027. The funding for the program is unchanged.</p> <p>There are a series of small contract language changes, but none of these are considered significant by staff.</p>	
<p><b>Supporting Documentation:</b></p> <p>Contract Amendment will be Available for Review at the Board Meeting</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS001329300021, Amendment No.2, First Episode Psychosis</b></p>	

<b>Agenda Item:</b> Appoint New Directors for the Independence Communities, Inc. (ICI) Board  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  Ms. Diane Balderas and Ms. Taylor Cunningham have expressed interest in serving as a Director on the Independence Communities, Inc. (ICI) Board.  Ms. Balderas will be serving for a term that would expire January 2026 and Ms. Cunningham will be serving for a term that would expire January 2027.  The current Board has four (4) members and this would bring the membership to 6.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  <b>Appoint Ms. Diane Balderas and Ms. Taylor Cunningham to Serve on the Independence Communities, Inc. (ICI) Board for a Term which will expire January 2026 and January 2027 respectively.</b>	



**Agenda Item:** Mosaics of Mercy ARPA Contract Amendment

**Board Meeting Date**

**Committee:** Business

July 24, 2025

**Background Information:**

As a part of acceptance of Montgomery County American Rescue Plan Act (ARPA) funding, Tri-County was asked by the County to manage three (3) contracts with local non-profits for ARPA covered services.

The largest of these contracts was with the non-profit Mosaics of Mercy; a 501c3 non-profit organization that helps members of our community navigate mental health and substance use recovery resources. Mosaics provides a comprehensive database of mental health providers for the community, but also answers a referral line and works with individuals or families that need specific mental health/substance use disorder treatment interventions.

Mosaics has received the following contract amounts, by year for these navigation services:

<b>Calendar Year</b>	<b>Amount</b>
CY21/22	\$632,366.19 (Actual)
CY23	\$680,720.67 (Actual)
CY24	\$765,977.75 (Actual)
CY25	\$656,646.00 (Not to Exceed)
<b>Total</b>	<b>\$2,735,710.61</b>

Mosaics provides us with monthly progress and financial reports to justify expenditures. This contract extension will cover all financial expenditures through December 31, 2025 when Montgomery County ARPA funds end.

**Supporting Documentation:**

Contract Available for Review

**Recommended Action:**

**Approve a Contract Amendment for Mosaics of Mercy for a five (5) year contract total not to exceed \$2,735,710.61**

<b>Agenda Item:</b> Ratify Interlocal Cooperation Agreement(s) with Andrews Center for Private Psychiatric Bed (PPB) Funds  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  <p>The Health and Human Services Commission (HHSC) encourages Community Centers to transfer funds between themselves via interlocal agreement for certain budget lines rather than having unspent funds. This is especially important for funding that was specifically allocated by the legislature for a particular need in the community. The message that we want to avoid sending to the Legislature is that these funds are not needed. As a governmental entity we can transfer funds to other governmental entities via interlocal agreement as defined in Title 7, Chapter 791 of the Texas Government Code.</p> <p>The attached Interlocal Agreement is between Andrews Center (Tyler) and Tri-County where Tri-County is giving \$272,000 to Andrews Center to pay for Private Psychiatric Beds. Tri-County has had an unusual year for PPB utilization and has a substantial amount of unspent funds.</p> <p>Due to the timing of agreement, Evan Roberson sought approval from Chair Patti Atkins to sign the agreement before the Board meeting for ratification at the Board meeting.</p>	
<b>Supporting Documentation:</b>  Interlocal Cooperation Agreement with Andrews Center Available for Review	
<b>Recommended Action:</b>  <b>Ratify Interlocal Cooperation Agreement(s) with Andrews Center for Private Psychiatric Bed (PPB) Funds not to exceed \$272,000</b>	

<p><b>Agenda Item:</b> Ratify Interlocal Cooperation Agreement(s) with Gulf Coast Center for Private Psychiatric Bed (PPB) Funds</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>July 24, 2025</p>
<p><b>Background Information:</b></p> <p>The Health and Human Services Commission (HHSC) encourages Community Centers to transfer funds between themselves via interlocal agreement for certain budget lines rather than having unspent funds. This is especially important for funding that was specifically allocated by the legislature for a particular need in the community. The message that we want to avoid sending to the Legislature is that these funds are not needed. As a governmental entity we can transfer funds to other governmental entities via interlocal agreement as defined in Title 7, Chapter 791 of the Texas Government Code.</p> <p>The attached Interlocal Agreement is between Gulf Cost Center (Galveston) and Tri-County where Tri-County is giving \$200,000 to Gulf Coast Center to pay for Private Psychiatric Beds. Tri-County has had an unusual year for PPB utilization and has a substantial amount of unspent funds.</p> <p>Due to the timing of agreement, Evan Roberson sought approval from Chair Patti Atkins to sign the agreement before the Board meeting for ratification at the Board meeting.</p>	
<p><b>Supporting Documentation:</b></p> <p>Interlocal Cooperation Agreement with Gulf Coast Center Available for Review</p>	
<p><b>Recommended Action:</b></p> <p><b>Ratify Interlocal Cooperation Agreement(s) with Gulf Coast Center for Private Psychiatric Bed (PPB) Funds not to exceed \$200,000</b></p>	

<b>Agenda Item:</b> Employee Health Insurance Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  Each July, our team typically presents recommendations for employee health and ancillary insurance benefits for the upcoming Fiscal Year. However, this year we have encountered challenges in securing acceptable rates from our insurance broker, Dean Draper. As a result, we have requested that they revisit and refine the options in August to ensure we can offer the best possible plans for our employees.  Staff will review several of the proposed insurance options during the upcoming Board meeting.	
<b>Supporting Documentation:</b>  Will be provided at the Board meeting	
<b>Recommended Action:</b>  <b>For Information Only</b>	

<b>Agenda Item:</b> Review Tri-County's 2023 990 Tax Return Prepared by Scott, Singleton, Fincher & Company PC  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  Scott, Singleton, Fincher & Company PC has completed Tri-County's 990 Tax Return for 2023 (fiscal year September 1, 2023 to August 31, 2024) for review by the Board.	
<b>Supporting Documentation:</b>  Copy of the Tri-County Behavioral Healthcare 2023 990 Tax Return	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Return of Organization Exempt From Income Tax

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

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

**2023****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2023 calendar year, or tax year beginning 9/01, 2023, and ending 8/31, 2024	
<b>B</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	<b>C</b> Tri-County Behavioral Healthcare P.O. Box 3067 Conroe, TX 77305
<b>D</b> Employer identification number 76-0032662	<b>E</b> Telephone number 936-521-6105
<b>G</b> Gross receipts \$ 46,462,784.	
<b>F</b> Name and address of principal officer: Evan Roberson Same As C Above	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>I</b> 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	
<b>J</b> Website: tcbhc.org	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other STATE AU <b>L</b> Year of formation: 1965 <b>M</b> State of legal domicile: TX	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Provide services for individuals with mental illness and intellectual and developmental disabilities.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	570
	<b>6</b> Total number of volunteers (estimate if necessary)	6	52
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 437,044.	Current Year 374,768.
	<b>9</b> Program service revenue (Part VIII, line 2g)	44,465,090.	45,705,335.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,696.	188,151.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		194,530.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,015,830.	46,462,784.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		28,511,654.	29,804,404.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,190,519.	19,479,232.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,702,173.	49,283,636.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		1,313,657.	-2,820,852.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 37,890,385.	End of Year 48,111,876.
	<b>21</b> Total liabilities (Part X, line 26)	17,915,580.	30,957,923.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,974,805.	17,153,953.

**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.

<b>Sign Here</b>	Signature of officer Millie McDuffey		Date CFO	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Zoe Joens, CPA, MSTax	Preparer's signature Zoe Joens, CPA, MSTax	Date 7/16/25	Check <input type="checkbox"/> if self-employed PTIN P02389255
	Firm's name JACOBSON LAWRENCE & ASSOCIATES PLLC			Firm's EIN 82-5419537
	Firm's address 200 FIRST AVENUE W SUITE 302 SEATTLE, WA 98119			Phone no. 909-593-7431
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:Provide services for individuals with mental illness and intellectual and  
developmental disabilities.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? See Schedule O☒ **X** Yes ☐ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 20,008,183. including grants of \$ ) (Revenue \$ 18,478,199.)Provided Mental Health services including crisis intervention services to adults  
living in Montgomery, Walker and Liberty Counties in Texas regardless of consumer's  
ability to pay for the service. Total served 7787.**4b** (Code: ) (Expenses \$ 10,843,163. including grants of \$ ) (Revenue \$ 18,306,061.)Other program services are combined of multiple programs such as TCOOMMI, Adult and  
Youth Substance Abuse Treatment Programs, Mental Health First Aid, ARPA and MCSO CIT  
Grant, and FEMA.**4c** (Code: ) (Expenses \$ 8,388,817. including grants of \$ ) (Revenue \$ 3,539,077.)Provided Mental Health services including crisis intervention services to children  
living in Montgomery, Walker and Liberty Counties in Texas regardless of consumer's  
ability to pay for the service. Total served 2912.**4d** Other program services (Describe on Schedule O.) See Schedule O(Expenses \$ 6,058,948. including grants of \$ ) (Revenue \$ 5,381,988.)**4e** Total program service expenses 45,299,111.

**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)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I. See instructions	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	X



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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	87
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	570
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> 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.	<b>17</b>	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed TX

**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 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			
(1) Henry Chavez Cuffaro Staff Psychiatrist	40 0					X	330,807.	0.	54,335.
(2) Ignoor Bains Staff Psychiatrist	40 0					X	332,460.	0.	25,636.
(3) Robert Bogan Staff Psychiatrist	40 0					X	323,780.	0.	32,675.
(4) Judy Ognibene Staff Psychiatrist	40 0					X	218,722.	0.	81,120.
(5) Jonathan Sneed Staff Psychiatrist	40 0					X	206,280.	0.	44,416.
(6) Evan Roberson Executive Dir.	40 0			X			214,702.	0.	12,120.
(7) Millie McDuffey CFO	40 0			X			159,119.	0.	28,081.
(8) Andrea Scott CNO	40 0			X			143,467.	0.	8,207.
(9) Amy Foerster CCO	40 0			X			126,040.	0.	20,037.
(10) Sara Bradfield COO	40 0			X			123,996.	0.	19,755.
(11) Kenneth Barfield Info Systems	40 0			X			117,834.	0.	17,745.
(12) Patti Atkins Chair	2 0	X		X			0.	0.	0.
(13) Gail Page Vice Chair	2 0	X		X			0.	0.	0.
(14) Jacob Paschal Secretary	2 0	X		X			0.	0.	0.

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TEEA0107L 08/23/23

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) Richard Duren Director	2 0	X						0.	0.	0.
(16) Tracy Sorensen Director	2 0	X						0.	0.	0.
(17) Morris Johnson Director	2 0	X						0.	0.	0.
(18) Sharon Walker Director	2 0	X						0.	0.	0.
(19) Tim Canon Director	2 0	X						0.	0.	0.
(20) Carl Williamson Director	2 0	X						0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								2,297,207.	0.	344,127.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,297,207.	0.	344,127.

**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 **26**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		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? If "Yes," complete Schedule J for such individual

<b>4</b>	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? If "Yes," complete Schedule J for such person

<b>5</b>		X
----------	--	---

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Kingwood Pines Hospital 2001 Ladbroke Drive Kingwood, TX 77339	Psychiatry Inpatient	1,579,695.
Woodland Springs, LLC 5630 Solution Center Chicago, IL 60677	Psychiatry Inpatient	853,450.
Cypress Creek Hospital 17750 Cali Drive Houston, TX 77090	Psychiatry Inpatient	851,320.
SAE & Associates 280 Madison Ave, Suite 1208 New York, NY 10016	Grant Writing Services	455,000.
Iris Telehealth PO Box 843382 Dallas, TX 77304	Temp Doctors	285,600.

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns.....	<b>1a</b>					
	<b>b</b> Membership dues.....	<b>1b</b>					
	<b>c</b> Fundraising events.....	<b>1c</b>					
	<b>d</b> Related organizations.....	<b>1d</b>					
	<b>e</b> Government grants (contributions)....	<b>1e</b>	351,524.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above....	<b>1f</b>	23,244.				
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f.....		374,768.				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> <u>Mental Health Adult</u> .....	624100	18,478,199.	18,478,199.			
	<b>b</b> <u>Other Contracts</u> .....	624100	17,887,376.	17,887,376.			
	<b>c</b> <u>Disability Programs</u> .....	624100	5,381,998.	5,381,998.			
	<b>d</b> <u>Mental Health Children</u> .....	624100	3,539,077.	3,539,077.			
	<b>e</b> <u>Local Revenue</u> .....	624100	418,685.	418,685.			
	<b>f</b> All other program service revenue.....						
<b>g Total.</b> Add lines 2a-2f.....		45,705,335.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts).....		184,237.			184,237.	
	<b>4</b> Income from investment of tax-exempt bond proceeds.....						
	<b>5</b> Royalties.....						
	<b>6a</b> Gross rents.....	(i) Real	(ii) Personal				
		<b>6a</b>	180,439.				
		<b>6b</b> Less: rental expenses.....					
	<b>c</b> Rental income or (loss).....	<b>6c</b>	180,439.				
	<b>d</b> Net rental income or (loss).....		180,439.			180,439.	
	<b>7a</b> Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other				
		<b>7a</b>		3,914.			
		<b>b</b> Less: cost or other basis and sales expenses.....	<b>7b</b>				
	<b>c</b> Gain or (loss).....	<b>7c</b>	3,914.				
	<b>d</b> Net gain or (loss).....		3,914.			3,914.	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....						
		<b>8a</b>					
<b>b</b> Less: direct expenses.....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events.....							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....							
	<b>9a</b>						
	<b>b</b> Less: direct expenses.....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities.....							
<b>10a</b> Gross sales of inventory, less returns and allowances.....							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold.....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory.....							
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
	<b>11a</b> <u>Miscellaneous</u> .....	900099	14,091.			14,091.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue.....						
<b>e Total.</b> Add lines 11a-11d.....		14,091.					
<b>12 Total revenue.</b> See instructions.....			46,462,784.	45,705,335.	0.	382,681.	

**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.	1,008,195.	0.	1,008,195.	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.	24,223,227.	23,094,111.	1,129,116.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,309,709.	2,180,300.	129,409.	
9 Other employee benefits.	1,830,585.	1,722,635.	107,950.	
10 Payroll taxes.	432,688.	397,706.	34,982.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	51,954.		51,954.	
c Accounting.	88,070.		88,070.	
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.)	1,111,128.	1,111,128.		
12 Advertising and promotion.	101,701.		101,701.	
13 Office expenses.	778,901.	648,424.	130,477.	
14 Information technology.	729,679.	683,153.	46,526.	
15 Royalties.				
16 Occupancy.	914,765.	914,765.		
17 Travel.	514,655.	426,496.	88,159.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	745,852.	745,852.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,316,369.	1,316,369.		
23 Insurance.	433,008.		433,008.	
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 Contract Services	9,654,519.	9,654,519.		
b ARPA Costs	1,699,266.	1,699,266.		
c Medications	608,270.	608,270.		
d Bond Issuance Cost	596,000.		596,000.	
e All other expenses.	135,095.	96,117.	38,978.	
25 Total functional expenses. Add lines 1 through 24e.	49,283,636.	45,299,111.	3,984,525.	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
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	1,765,136.	<b>1</b>	2,054,773.
	<b>2</b> Savings and temporary cash investments .....	5,692,358.	<b>2</b>	13,473,292.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	4,900,942.	<b>4</b>	4,125,955.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	445,665.	<b>9</b>	147,310.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 36,983,261.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,752,654.		
	<b>11</b> Investments — publicly traded securities .....	24,400,583.	<b>10c</b>	26,230,607.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>11</b>	1,205,667.
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	685,701.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	37,890,385.	<b>15</b>	874,272.	
		<b>16</b>	48,111,876.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,016,901.	<b>17</b>	2,144,766.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	996,738.	<b>19</b>	4,515,074.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	11,535,925.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	12,240,842.	<b>23</b>	11,593,342.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,661,099.	<b>25</b>	1,168,816.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	17,915,580.	<b>26</b>	30,957,923.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	19,974,805.	<b>31</b>	17,153,953.
	<b>32</b> Total net assets or fund balances .....	19,974,805.	<b>32</b>	17,153,953.
	<b>33</b> Total liabilities and net assets/fund balances .....	37,890,385.	<b>33</b>	48,111,876.

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TEEA0111L 08/23/23

Form 990 (2023)



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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,462,784.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	49,283,636.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,820,852.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,974,805.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,153,953.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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TEEA0112L 08/23/23

Form 990 (2023)

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Tri-County Behavioral Healthcare

Employer identification number

76-0032662

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

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

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

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

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,275,488.	589,556.	471,758.	437,044.	374,768.	3,148,614.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	1,275,488.	589,556.	471,758.	437,044.	374,768.	3,148,614.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						3,148,614.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4.	1,275,488.	589,556.	471,758.	437,044.	374,768.	3,148,614.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	37,614.	11,506.	5,183.	111,662.	364,676.	530,641.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					14,091.	14,091.
<b>11 Total support.</b> Add lines 7 through 10.						3,693,346.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	19432890.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	85.25 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	93.92 %
<b>16a 33-1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33-1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests—2023.** 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—2022.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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Schedule A (Form 990) 2023

**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 – <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018.....		
b	From 2019.....		
c	From 2020.....		
d	From 2021.....		
e	From 2022.....		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019.....		
b	Excess from 2020.....		
c	Excess from 2021.....		
d	Excess from 2022.....		
e	Excess from 2023.....		

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Schedule A (Form 990) 2023



**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.)

**Part II, Line 10 - Other Income**

<u>Nature and Source</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
Miscellaneous	\$ 14,091.				
Total	<u>\$ 14,091.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule B  
(Form 990)

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Tri-County Behavioral Healthcare

Employer identification number

76-0032662

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

Tri-County Behavioral Healthcare

76-0032662

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 211,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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

Employer identification number

Tri-County Behavioral Healthcare

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

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TEEA0703L 08/09/23

Schedule B (Form 990) (2023)

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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.....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange program  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

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

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

See Part XIII

	Amount
c Beginning balance	1c 18,066.
d Additions during the year	1d 218,296.
e Distributions during the year	1e 212,623.
f Ending balance	1f 23,739.

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

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

**Part V Endowment Funds**

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

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

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

- a Board designated or quasi-endowment \_\_\_\_\_ %  
b Permanent endowment \_\_\_\_\_ %  
c Term endowment \_\_\_\_\_ %

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

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

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,213,843.		4,213,843.
b Buildings		23,269,783.	6,501,985.	16,767,798.
c Leasehold improvements				
d Equipment		3,828,156.	3,356,148.	472,008.
e Other		5,671,479.	894,521.	4,776,958.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				26,230,607.

BAA

Schedule D (Form 990) 2023

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)).		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)).		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)).	

**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) Lease Obligations	252,329.
(3) SBITA Obligations	916,487.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).	1,168,816.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	46,462,784.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	46,462,784.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	46,462,784.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	49,283,636.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	49,283,636.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	49,283,636.

**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 hold funds in a fiduciary capacity for consumers who need assistance with managing their funds.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Tri-County Behavioral Healthcare

Employer identification number

76-0032662

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> | 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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? .....         | <b>5a</b> | X |
| <b>b</b> Any related organization? ..... | <b>5b</b> | 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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? .....         | <b>6a</b> | X |
| <b>b</b> Any related organization? ..... | <b>6b</b> | 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 .....

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

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

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

**Schedule J (Form 990) 2023**

**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) 214,702.	0.	0.	10,830.	1,290.	226,822.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	Millie McDuffey CFO	(i) 159,119.	0.	0.	16,278.	11,803.	187,200.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	Andrea Scott CNO	(i) 143,467.	0.	0.	7,779.	428.	151,674.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	Ignoor Bains Staff Psychiatrist	(i) 332,460.	0.	0.	16,504.	9,132.	358,096.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	Henry Chavez Cuffaro Staff Psychiatrist	(i) 330,807.	0.	0.	22,135.	32,200.	385,142.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	Robert Bogan Staff Psychiatrist	(i) 323,780.	0.	0.	31,927.	748.	356,455.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	Judy Ognibene Staff Psychiatrist	(i) 218,722.	0.	0.	28,014.	53,106.	299,842.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	Jonathan Sneed Staff Psychiatrist	(i) 206,280.	0.	0.	14,372.	30,044.	250,696.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
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 K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Tri-County Behavioral Healthcare

Employer identification number

76-0032662

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Tri-County Behavioral Hea	76-0032662		3/01/2024	11,920,000.	Construction		X				
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired.....								
2 Amount of bonds legally defeased.....								
3 Total proceeds of issue.....	11,920,000.							
4 Gross proceeds in reserve funds.....								
5 Capitalized interest from proceeds.....								
6 Proceeds in refunding escrows.....								
7 Issuance costs from proceeds.....	384,075.							
8 Credit enhancement from proceeds.....								
9 Working capital expenditures from proceeds.....								
10 Capital expenditures from proceeds.....								
11 Other spent proceeds.....								
12 Other unspent proceeds.....								
13 Year of substantial completion.....								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?.....	Yes	No	Yes	No	Yes	No	Yes	No
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?.....								
16 Has the final allocation of proceeds been made?.....								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?.....								

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....								
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....								
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....								
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....								
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5. ....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? .....								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. ....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....								
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....								
<b>b</b> Exception to rebate? .....								
<b>c</b> No rebate due? .....								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. ....								
<b>3</b> Is the bond issue a variable rate issue? .....								

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....								
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....								
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....								
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....								

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....								

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Tri-County Behavioral Healthcare

Employer identification number

76-0032662

**Form 990, Part III, Line 2 - New Services**

2 new programs in FY24: (MST) Multi Systemic Therapy and (YCOT) Youth Crisis Outreach Team.

**Form 990, Part III, Line 4d - Other Program Services Description**

Provided services to adults and children with intellectual and developmental disabilities in the counties of Montgomery, Walker and Liberty in Texas regardless of consumer's ability to pay. Total served 1741.

**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**

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 15b - Compensation Review & Approval Process - Officers & Key Employees**

The Board reviews salary surveys from similar organizations and gives consideration to compensation paid by other 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

Tri-County Behavioral Healthcare

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

76-0032662

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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)	Box 10	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)	Box 10	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)	Box 10	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) Dispropor- tionate 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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	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, unre- lated, 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) Dispropor- tionate 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.

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<b>Agenda Item:</b> 3rd Quarter FY 2025 Quarterly Investment Report  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
<b>Supporting Documentation:</b>  Quarterly TexPool Investment Report  Quarterly Interest Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

## **QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS**

**For the Period Ending May 31<sup>st</sup>, 2025**

### **GENERAL INFORMATION**

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

## STATISTICAL INFORMATION

### Market Value for the Period

Portfolio Summary	March	April	May
Uninvested Balance	(-\$123.75)	\$639.64	(-\$247.03)
Accrual of Interest Income	107,215,097.54	\$95,634,678.52	\$91,236,256.18
Interest and Management Fees Payable	(-\$141,205,682.15)	(-\$133,815,215.99)	(-\$132,547,691.45)
Payable for Investments Purchased	0.00	(-\$900,000,000.00)	0.00
Accrued Expense & Taxes	(-\$44,774.43)	(-\$43,376.31)	(-\$43,376.31)
Repurchase Agreements	\$12,620,823,000.00	\$12,872,827,000.00	\$12,930,363,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$13,500,304,310.86	\$14,262,392,583.74	\$13,320,970,740.16
U.S. Treasury Bills	\$9,216,862,756.03	\$8,240,534,080.32	\$12,271,266,922.01
U.S. Treasury Notes	\$1,560,245,116.90	\$1,274,989,768.20	\$1,546,486,526.27
<b>TOTAL</b>	<b>\$37,881,284,901.00</b>	<b>\$36,729,605,358.12</b>	<b>\$35,673,560,309.65</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$61.10	-\$247.03
Accrual of Interest Income	\$76,673,154.56	\$91,236,256.18
Interest and Management Fees Payable	(-\$133,372,964.82)	(-\$132,547,691.45)
Payable for Investments Purchased	(\$1,391,152,779.00)	0.00
Accrued Expenses & Taxes	(-\$45,052.39)	(-\$43,376.31)
Repurchase Agreements	\$11,994,341,000.00	\$12,930,363,000.00
Mutual Fund Investments	\$1,617,085,200.00	\$1,017,085,200.00
Government Securities	\$13,320,970,740.16	\$12,272,731,261.76
U.S. Treasury Bills	\$12,369,531,920.01	\$7,949,521,179.46
U.S. Treasury Notes	\$1,169,868,974.16	\$1,545,946,981.20
<b>TOTAL</b>	<b>\$39,023,900,253.78</b>	<b>\$35,674,292,563.81</b>

### Portfolio by Maturity as of May 31<sup>st</sup>, 2025

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
70.8 %	15.6 %	4.1 %	9.6 %

### Portfolio by Type of Investments as of May 31<sup>st</sup>, 2025

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
26.6 %	36.2 %	34.4 %	2.8 %



## SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 4.33% for March, 4.34% for April, and 4.31% for May.

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

The weighted average maturity of the fund as of May 31<sup>st</sup>, 2025 was 42 days.

The net asset value as of May 31<sup>st</sup>, 2025 was 0.99996.

The total amount of interest distributed to participants during the period was \$132,541,478.50.

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

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

During the reporting period, the total number of participants increased to 2,935.

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

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

Submitted by:

\_\_\_\_\_  
Evan Roberson  
Executive Director / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Millie McDuffey  
Chief Financial Officer / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Darius Tuminas  
Controller / Investment Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tabatha Abbott  
Manager of Accounting / Investment Officer

\_\_\_\_\_  
Date

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
QUARTERLY INTEREST EARNED REPORT  
FISCAL YEAR 2025  
As Of May 31, 2025**

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ -	\$ -	\$ -		\$ -
First Liberty National Bank	\$ 1.87	\$ 1.85	\$ 1.90		\$ 5.62
JP Morgan Chase (HBS)	\$ 27,437.62	\$ 25,859.78	\$ 18,965.33		\$ 72,262.73
Prosperity Bank	\$ 25.10	\$ 24.76	\$ 25.40		\$ 75.26
Prosperity Bank CD (formerly Tradition)	\$ 26.83	\$ 2.73	\$ 2.84		\$ 32.40
TexPool Participants	\$ 14,896.30	\$ 13,407.12	\$ 31,748.24		\$ 60,051.66
First Financial Bank	\$ 537.33	\$ 649.60	\$ 654.23		\$ 1,841.16
Total Earned	\$ 42,925.05	\$ 39,945.84	\$ 51,397.94	\$ -	\$ 134,268.83

<b>Agenda Item:</b> Board of Trustees Unit Financial Statements as of May and June 2025  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  None	
<b>Supporting Documentation:</b>  May and June 2025 Board of Trustees Unit Financial Statements	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# Unit Financial Statement

FY 2025  
May 31, 2025

	May 2025 Budget	May 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 17,478	\$ 17,478	\$ -	100%	\$ 23,315
<b>Total Revenue</b>	\$ 1,942	\$ 1,942	\$ -	\$ 17,478	\$ 17,478	\$ -	100%	\$ 23,315
<b>Expenses</b>								
Insurance-Worker Compensation	\$ 4	\$ 2	\$ 2	\$ 36	\$ 15	\$ 21	42%	\$ 55
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 13,500	\$ 13,500	\$ -	100%	\$ 18,000
Training	\$ 76	\$ (495)	\$ 571	\$ 684	\$ 2,245	\$ (1,561)	328%	\$ 910
Travel - Non-local mileage	\$ 58	\$ 323	\$ (265)	\$ 522	\$ 1,665	\$ (1,143)	319%	\$ 700
Travel - Non-local Hotel	\$ 258	\$ 2,448	\$ (2,190)	\$ 2,322	\$ 3,865	\$ (1,543)	166%	\$ 3,100
Travel - Meals	\$ 46	\$ 195	\$ (149)	\$ 414	\$ 195	\$ 219	47%	\$ 550
<b>Total Expenses</b>	\$ 1,942	\$ 3,973	\$ (2,031)	\$ 17,478	\$ 21,485	\$ (4,007)	123%	\$ 23,315
<b>Total Revenue minus Expenses</b>	\$ 0	\$ (2,031)	\$ 2,031	\$ -	\$ (4,007)	\$ 4,007	-23%	\$ -

# Unit Financial Statement

FY 2025  
June 30, 2025

	June 2025 Budget	June 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 19,420	\$ 19,420	\$ -	100%	\$ 23,315
<b>Total Revenue</b>	\$ 1,942	\$ 1,942	\$ -	\$ 19,420	\$ 19,420	\$ -	100%	\$ 23,315
<b>Expenses</b>								
Insurance-Worker Compensation	\$ 4	\$ 1	\$ 3	\$ 40	\$ 16	\$ 24	40%	\$ 55
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 15,000	\$ 15,000	\$ -	100%	\$ 18,000
Training	\$ 76	\$ -	\$ 76	\$ 760	\$ 2,245	\$ (1,485)	295%	\$ 910
Travel - Non-local mileage	\$ 58	\$ -	\$ 58	\$ 580	\$ 1,665	\$ (1,085)	287%	\$ 700
Travel - Non-local Hotel	\$ 258	\$ 707	\$ (449)	\$ 2,580	\$ 4,571	\$ (1,991)	177%	\$ 3,100
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 460	\$ 195	\$ 265	42%	\$ 550
<b>Total Expenses</b>	\$ 1,942	\$ 2,208	\$ (266)	\$ 19,420	\$ 23,692	\$ (4,272)	122%	\$ 23,315
<b>Total Revenue minus Expenses</b>	\$ 0	\$ (266)	\$ 266	\$ -	\$ (4,272)	\$ 4,272	-22%	\$ -

<b>Agenda Item:</b> HUD 811 Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  July 24, 2025
<b>Background Information:</b>  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.	
<b>Supporting Documentation:</b>  Third Quarter FY 2025 HUD 811 Report	
<b>Recommended Action:</b>  <b>For Information Only</b>	

# 3<sup>rd</sup> Quarter FY 2025 HUD 811 Report

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

The CSHI Board held a meeting on-site on June 13, 2025 where they reviewed financial statements, project status reports, voted on renewal of Directors and Officers insurance, and receive information on the new Tri-County Cleveland Facility status. The next meeting is scheduled September 12, 2025 where the Board will select the auditor for Fiscal Year 2025.

The property is currently at 100% occupancy with three people on the waiting list. The property Manager reports that the residents are doing well and continue to regularly plan and participate in social activities. Property management continues to address maintenance issues as they arise.

At the June meeting, it was announced that this would be the current Community Director's last Board meeting and MDP Management introduced her replacement, Casey Williams.

Regarding the Balance Sheet ending on April 30, 2025, the current outstanding payable to Tri-County is \$19,237, which includes \$2,630 in Directors and Officer's insurance that will be refunded to Tri-County by the property following payment.

The CSHI Board currently has three members and we continue to seek recommendations for additional membership as they become available. Please contact Tanya Bryant with any leads.

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

The MSHI Board held a meeting on June 10, 2025, where they reviewed financial statements, project status reports, and voted on renewal of Directors and Officers insurance. The next meeting is scheduled September 9, 2025 where the Board will select the auditor for Fiscal Year 2025.

The current outstanding payable to Tri-County is \$32,008. As a reminder, these projects are not developed to make large profits. As such, MDP Management will review the financial status at the end of each year and if able, will make a payment toward the payable amount at that time.

The property is currently at 100% occupancy with three people on the waiting list. There are no known maintenance issues outstanding at this time. The property is currently collecting information from the residents in preparation for installation of the new ADT Medical Alert system that was approved at the last Board meeting.

The MSHI Board currently has five board members.

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

Following a review of the June meeting agenda, the Board voted to cancel the June meeting and will reconvene in September. The Directors and Officers insurance has been renewed and the next meeting is scheduled for September 9, 2025 where the Board will review and approval financials and vote to select the auditor for Fiscal Year 2025.

At the time of this report, the property currently has one vacancy that was tenant initiated and a resident is ready to move in when the unit becomes available. There are currently seven individuals on the waiting list. The Property Manager reports that the irrigation system issues previously reported have been fixed and they are continuing to address maintenance issues with some of the windows that have broken seals on the double paned glass, however they remain functional at this time.

The ICI Board currently has four members and is recommending the approval of two additional Board members, which would bring our total membership to six.



<b>Agenda Item:</b> Cleveland Building Updates  <b>Committee:</b> Business	<b>Board Meeting Date:</b>  July 24, 2025
<b>Background Information:</b>  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.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  For Information Only	

<b>Agenda Item:</b> Cleveland Facility Transition Updates  <b>Committee:</b> Business	<b>Board Meeting Date:</b>  July 24, 2025
<p><b>Background Information:</b></p> <p>In preparation for the opening of the new Cleveland Facility, a series of committees have been formed to identify needs, develop plans and processes necessary to promote a professional environment, as well as provide insight and decision making in eight core areas. These core areas include:</p> <ul style="list-style-type: none"> <li>• Furniture – to determine furniture needs, selecting colors and materials to compliment the space, and placing the order in time to ensure delivery and installation prior to opening.</li> <li>• Technology – to develop and implement a technology plan, including working with vendors on equipment procurement and providing oversight for installation and set-up.</li> <li>• Etiquette – to define a strategy for ensuring the culture of the building aligns with Center principles and values, including developing procedures and establishing expectations for customer care and professional conduct.</li> <li>• Front Desk – to understand the numerous roles that the front desk staff assume today and how those processes will be modified in the new building to promote a high-quality customer experience.</li> <li>• Clinic Flow – focused on clinic flows for individuals receiving services, considering staffing patterns, safety, crisis response, and use of conference rooms.</li> <li>• Art – to develop a plan for selecting, purchasing, and installing art to create a professional, healing environment in the new building.</li> <li>• Move – responsible for selecting a move company, coordinating the logistics of the move, and coordinating the staff transition.</li> <li>• Surplus Sale – to coordinate and host a surplus sale, which likely would occur following the move.</li> </ul> <p>Guiding these committees is a Transition Team responsible for reviewing progress, finalizing decisions, and ensuring that budget and timeline targets are met. The Transition Team meets with Cleveland staff monthly to discuss what to expect from the transition, plans, and decisions that have been made in an effort to generate buy-in and excitement for this move, as well as promote a seamless transition to the new facility.</p> <p>A monthly update will be provided on committee progress until the facility transition is complete.</p>	
<p><b>Supporting Documentation:</b></p> <p><b>None</b></p>	
<p><b>Recommended Action:</b></p> <p><b>For Information Only</b></p>	

# UPCOMING MEETINGS

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## **August 28, 2025 – Board Meeting**

- Approve Minutes from July 24, 2025 Board Meeting
- Community Resources Report
- Consumer Services Report for July 2025
- Program Updates
- Annual Election of FY 2026 Board Officers
- Executive Director's Evaluation, Compensation & Contract for FY 2026
- Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees
- Personnel Report for July 2025
- Texas Council Risk Management Fund Claims Summary for July 2025
- Approve July 2025 Financial Statements
- Approve FY 2025 Year End Budget Revision
- Approve Proposed FY 2026 Operating Budget
- Board of Trustees Unit Financial Statement for July 2025
- Cleveland Building Updates/Cleveland Facility Transition Updates

## **September 25, 2025 – Board Meeting**

- Approve Minutes from August 28, 2025 Board Meeting
- Approve Goals and Objectives for FY 2026
- Community Resources Report
- Consumer Services Report for August 2025
- Program Updates
- Annual PNAC Reports
- FY 2025 Goals & Objectives Progress Report 4<sup>th</sup> Quarter
- 4<sup>th</sup> Quarter FY 2025 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1<sup>st</sup> Quarter FY 2026 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2026
- Board of Trustees Reappointments and Oaths of Office
- Board of Trustee Committee Appointments
- Analysis of Board Members Attendance for FY 2025 Regular and Special Called Board Meetings
- Personnel Report for August 2025
- Texas Council Risk Management Fund Claims Summary for August 2025
- Texas Council Quarterly Board Meeting Update
- Approve FY 2026 Dues Commitment and Payment Schedule for Texas Council
- Review Preliminary August 2025 Financial Statements
- 4<sup>th</sup> Quarter Investment Report – FY 2025
- Board of Trustees Unit Financial Statement for August 2025

### Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
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
ASD	Autism Spectrum Disorder
ASH	Austin State Hospital
ATC	Attempt to Contact
BCBA	Board Certified Behavior Analyst
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 Behavioral 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
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
FT	Family Therapy
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)
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
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.
MST	Multisystemic Therapy
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
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RP	Recovery Plan

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 Access 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
YCOT	Youth Crisis Outreach Team
YES	Youth Empowerment Services
YMHA	Youth Mental Health First Aid

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