

Tri-County Behavioral Healthcare Board of Trustees Meeting

August 28, 2025



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, August 28, 2025. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:00 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 - July 24, 2025

III. Executive Director's Report - Evan Roberson

- A. Legislative Updates
- B. OIG Updates

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2025 Audit
- B. HHSC MH Fiscal Monitoring Review Update
- C. HHSC IDD Fiscal Monitoring Review Update
- D. Workers' Compensation Audit
- E. CFO Consortium Meeting

V. Program Committee

Action Items

- A. Approve IDD Local Provider Network Development Plan for FY 2026-2027 10-26
- B. Approve IDD Quality Management Plan for FY 2026-2027 27-57

Information Items

- C. Board Goal Update - Consumer Satisfaction Survey 58-60
- D. Community Resources Report 61-64
- E. Consumer Services Report for July 2025 65-67
- F. Program Updates 68-73

VI. Executive Committee

Action Items

- A. Annual Election of FY 2026 Board Officers 74
- B. Executive Director's Evaluation, Compensation & Contract for FY 2026 75

Information Items

C. Personnel Report for July 2025	76-78
D. Texas Council Risk Management Fund Claims Summary as of July 2025	79-80

VII. Business Committee

Action Items

A. Approve July 2025 Financial Statements	81-96
B. Approve FY 2025 Year End Budget Revision	97-100
C. Approve Proposed FY 2026 Operating Budget	101-104
D. Approve Banking Services with JP Morgan Chase for Tri-County Behavioral Healthcare for an Additional Two Year Term	105-106
E. Ratify Recommendation for Tri-County Employee Health Insurance & Ancillary Plans	107-112
F. Ratify HHSC Grant Agreement, Contract No. HHS001285300016, Amend No. 1, Multisystemic Therapy Grant Program	113
G. Ratify HHSC Contract No. HHS000231500002, Amend No. 3, Projects for Assistance in Transition from Homelessness Grant Program (PATH)	114
H. Ratify HHSC Grant Agreement, Contract No. HHS00144200006, Amend No. 1, Youth Crisis Outreach Team Grant Program	115
I. Ratify FY 2026 Texas Veterans Commission Grant No. VMH25-C-026	116
J. Approve Services Contract with East Texas Behavioral Health Care Network (ETBHN)	117
K. Ratify FY 2026 HHSC Contract No. HHS001530200001 Children's Autism Grant Program	118
L. Approve the FY 2026 Avail Solutions, Inc. Contract	119-120
M. Approve the FY 2026 Kingwood Pines Inpatient Hospital Contract	121
N. Approve the FY 2026 Woodland Springs Inpatient Hospital Contract	122
O. Approve the FY 2026 Cypress Creek Inpatient Hospital Contract	123
P. Approve the FY 2026 Sun Behavioral Inpatient Psychiatric Hospital Contract	124
Q. Approve the FY 2026 Voyages Behavioral Health Inpatient Psychiatric Hospital Contract	
R. Approve the FY 2026 Contract for James D. Phillips - Peace Officer	126
S. Approve the FY 2026 Contract for Ralph Horne - Peace Officer	127
T. Approve the FY 2026 Sergio's Landscaping Service Contract	128
U. Approve the FY 2026 Crown Cleaning Services Contract	129
V. Approve Staff to Solicit Quotes for the Demolition of 612 Hwy 90, Liberty, Texas	130-131
W. Approve Fund Balance Transfers	132-134

Information Items

X. Board of Trustees Unit Financial Statement for July 2025	135-136
Y. Tri-County Consumer Foundation Board Meeting Update	137
Z. Cleveland Facility Transition Updates	138

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

Posted By:

Ava Green - Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

July 24, 2025

Board Members Present:

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

Board Members Absent:

Tracy Sorensen

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
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Stephanie Luis, Community Engagement Strategist
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 Chair, Patti Atkins, called the meeting to order at 10:06 a.m.

Public Comment: No public comment

Quorum: There being eight (8) Board Members present, a quorum was established.

Resolution #07-24-01

Motion Made By: Gail Page

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

Resolved:

That the Board approve the absence of Tracy Sorensen.

Resolution #07-24-02

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the minutes of the May 22, 2025 meeting of the Board of Trustees.

Program Presentations: Essay Contest Winners

Program Presentations: Longevity Recognitions

Agenda was suspended to move up Agenda Item IX – Q, 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.

- Federal Policy Shift Impacting Non-Citizens
- Legislative Updates
 - Special Session
 - Sunset Commission
- Superior Insurance Update
- IDD Provider Direct Support Professional Rates
- SHSU Residency Update

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- HHSC MH Fiscal Monitoring Review Update
- HHSC IDD Fiscal Monitoring Review
- FY 2025 Annual Audit Update
- FY 2026 Beginning Budget Update
- HHSC Scheduled Financial Status Meeting
- Upcoming FFY 2026 PHP-CCP Required Cost Report Training
- CFO Consortium Update

PROGRAM COMMITTEE:

Resolution #07-24-03

Motion Made By: Jacob Paschal

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

Resolved:

That the Board 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.

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for May and June 2025 were reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

The FY 2025 Goals and Objectives Progress Report was reviewed for information purposes only.

The 3rd Quarter FY 2025 Corporate Compliance and Quality Management Report was reviewed for information purposes only.

The 4th Quarter FY 2025 Corporate Compliance Training was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Board Chair Patti Atkins nominated Tim Cannon, Jacob Paschal, Sharon Walker and Carl Williamson to the Nominating Committee for the FY 2026 Board Officers. Tim Cannon was chosen as the Chair of this committee.

Board Chair Patti Atkins nominated Morris Johnson, Gail Page, Tracy Sorensen and Richard Duren to the Executive Director's Evaluation Committee. Morris Johnson was chosen as the Chair of this committee.

The Personnel Report for June 2025 was reviewed for information purposes only.

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

The dates of scheduled Board Meetings for Calendar Year 2026 was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #07-24-04

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the May 2025 Financial Statements.

Resolution #07-24-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the June 2025 Financial Statements.

Resolution #07-24-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Auditor Engagement Letter from Eide Bailly, LLP for the FY 2025 Independent Financial Audit.

Resolution #07-24-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify Health and Human Services Commission Contract No. HHS001586900037, Local Intellectual and Developmental Disability Authority (LIDDA) Grant Program.

Resolution #07-24-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 contract amendment for Adaptive Aids, LLC for IDD Crisis Respite Services for up to \$50,000.

Resolution #07-24-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Lifetime Homecare Services Contract for IDD Crisis Respite Services for up to \$140,000.

Resolution #07-24-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve HHSC Mental Health Coordinated Specialty Care Grant Program Contract No. HHS001329300021, Amendment No. 2, First Episode Psychosis.

Resolution #07-24-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board 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.

Resolution #07-24-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve a contract amendment for Mosaics of Mercy for a five (5) year contract total not to exceed \$2,735,710.61.

Resolution #07-24-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify Interlocal Cooperation Agreement(s) with Andrews Center for Private Psychiatric Bed (PPB) funds not to exceed \$272,000.

Resolution #07-24-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify Interlocal Cooperation Agreement(s) with Gulf Coast Center for Private Psychiatric Bed (PPB) funds not to exceed \$200,000.

The Employee Health Insurance Update was reviewed for information purposes only.

The 2023 990 Tax Return was reviewed for information purposes only.

The Board of Trustees Unit Financial Statements for May and June 2025 were reviewed for information purposes only.

The HUD 811 Updates for Montgomery, Huntsville and Cleveland 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 12:17 p.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Approve Intellectual and Developmental Disabilities (IDD) Local Provider Network Development Plan (Local Plan) for FY 2026-2027

Board Meeting Date

August 28, 2025

Committee: Program

Background Information:

Currently, the IDD Performance Contract requires Community Centers to have a Local Provider Network Development Plan (Local Plan), in line with the State of Texas Health and Human Services Strategic Plan. This plan considers local stakeholder input in the planned direction for provided services.

For Fiscal Years 2026 and 2027, staff completed the planning process with stakeholders of persons with IDD or related conditions. Stakeholder feedback is gathered on an ongoing basis through surveys, meetings, and regular communications with individuals served, their families, and community partners. During this planning cycle, Tri-County hosted six public IDD specific planning meetings - with both virtual and in person options - and collected 65 stakeholder surveys across the three-county service area. Outreach was also conducted with State Supported Living Center staff in order to obtain feedback on the plan and the IDD Planning and Network Advisory Committee (IDD PNAC) reviewed and approved the draft plan with minor revisions on August 6, 2025.

Stakeholders are interested in the following focus areas for this plan:

- Continued engagement and education with community partners to raise awareness of the unique challenges faced by the IDD population and their families;
- Continued discussions with stakeholders at both the State and local levels regarding funding needs to address challenges impacting the IDD workforce and system of care;
- Continued identification of opportunities to collaborate with local agencies and raise community awareness about the IDD population;
- Continued efforts to ensure timely access to services;
- Continued support for individuals experiencing interruptions in Medicaid and other benefits;
- Continued emphasis on development of tools to assist direct care providers meet compliance requirements while maintaining person directed and quality documentation.
- Use of stakeholder feedback to guide ongoing quality improvement;

Key themes identified can be viewed beginning on page 10 of the IDD Local Plan and goals are outlined in the 'Addressing the Needs' section of the plan beginning on page 13.

Supporting Documentation:

IDD Local Plan for FY 2026-2027

Recommended Action:

Approve the IDD Local Plan for FY 2026-2027

Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities (IDD)
Local Provider Network Development Plan (LPND)
For Fiscal Years 2026-2027**

Board Chair, Patti Atkins

Date

IDD Local Provider Network Development (LPND) Plan

INTRODUCTION

Purpose of the Plan

Tri-County Behavioral Healthcare (Tri-County), a Community Center established under Chapter 534 of the Texas Health & Safety Code, serves as the designated Local Intellectual and Developmental Disability Authority (LIDDA) for Liberty, Montgomery, and Walker Counties. In this role, Tri-County is responsible for planning, coordinating, developing policy, allocating resources, and ensuring the delivery of community-based IDD services.

Under contract with the Texas Health and Human Services Commission (HHSC), Tri-County is tasked with developing a Local Provider Network Development (LPND) Plan which contemplates the use of federal, state, and local resources efficiently to meet the prioritized needs of individuals with IDD in our region.

This plan is also intended to provide a clear picture of:

- The historical context of IDD services in our service area;
- The needs of individuals with IDD;
- Current efforts to address those needs; and
- Challenges impacting our ability to meet them.

Plan Development Process

This LPND Plan reflects Tri-County's comprehensive efforts to assess local needs and align services with the HHSC Strategic Plan. The development process includes:

- Gathering stakeholder input on local service needs;
- Setting goals to divert individuals with IDD from the criminal justice system;
- Promoting placements in the least restrictive environments;
- Ensuring accountability and cost-effectiveness in service delivery;
- Exploring innovative services and delivery models; and
- Improving communication of service options—including the availability of State Supported Living Centers (SSLCs).

The planning process involves collaboration with individuals receiving services, their families, community stakeholders, SSLC representatives, providers and other interested persons. Input is collected through advertised public meetings, surveys (paper, email, and online), and direct outreach. Feedback from internal Quality Management and the IDD Authority departments is incorporated throughout the planning cycle to improve services and ensure value.

Role of the Planning and Network Advisory Committee (PNAC)

Tri-County's Board of Trustees appoints a Planning and Network Advisory Committee (PNAC) to ensure community input and accountability in the service planning process. Per HHSC guidelines, the PNAC's responsibilities include:

- Operating in alignment with directives from the local board;
- Following established outcomes and reporting requirements;
- Ensuring representation of individuals receiving IDD services and their families; and
- Integrating stakeholder perspectives into recommendations and planning.

The PNAC also serves as a bridge between the community and the Tri-County Board, advocating for responsive services and providing feedback on planning, quality and service design. The membership of the PNAC is structured to ensure representation of individuals with IDD and/or their family members. To strengthen collaboration, Tri-County also participates in a Regional PNAC (RPNAC), which supports cross-county service planning and efficiency.

HISTORY AND UNIQUE CHALLENGES OF THE LIDDA

The modern IDD service system in Texas originated in the mid-1960s as part of a national shift away from institutional care toward more inclusive, community-based supports. Texas established local Mental Health and Mental Retardation (MHMR) centers - now known as Community Centers with a designation as Local Intellectual and Developmental Disability Authorities (LIDDAs) - to make services more accessible and locally managed. Over time, these Community Centers have evolved, and now have responsibility for coordinating and overseeing IDD services in their regions, including eligibility determination, education related to service options, service enrollment, monitoring and referral.

Throughout the past few decades, the State system overseeing Community Centers, like Tri-County, have undergone review and redesign by the Texas Sunset Advisory Commission (Sunset) on more than one occasion. The Sunset Advisory Commission is a committee of the Texas Legislature, tasked with evaluating performance and making associated recommendations to the Texas Legislature. In 2003, following recommendations from Sunset, the Texas Legislature 'created the Department of Aging and Disability Services (DADS) as the single long-term care agency by consolidating the Department of Human Services and Department of Aging along with certain programs from the Department of Health, Texas Rehabilitation Commission, and the Texas Department of Mental Health and Mental Retardation'.¹ Following a subsequent review in 2015, Sunset recommended the consolidation of DADS along with the Department of State Health Services (DSHS) under the Texas Health and Human Services Commission (HHSC).

¹ Trost, Amy, Department of Aging and Disability Services Report to the 84th Legislature, 2015

In 2010, the passage of Rosa’s Law replaced the term “mental retardation” with “intellectual and developmental disability (IDD)” in federal law. While the change promoted dignity and more respectful language, it also created confusion among the general public. Many individuals and families were unfamiliar with the new terminology, which may have contributed to a reduction in public awareness, advocacy, and funding support for IDD services. Despite these challenges, Tri-County continues to prioritize education and outreach to build understanding and support.

A critical and ongoing issue in the IDD system is the lack of service options for individuals with complex co-occurring mental health conditions. Many psychiatric hospitals in Texas exclude individuals with an IQ below 70, denying access to needed inpatient care. When behavioral health needs escalate beyond what local resources can handle, some individuals are instead placed in jail or other environments which may not be most effective in meeting their needs.²

Funding challenges compound these service gaps and have historically been inadequate to meet the needs of the IDD population leading to heavy reliance on State general revenue and limited Medicaid dollars. In 2011, the Texas legislature adopted a budget that included around 152 million dollars in cuts for those with no funding source, known by some as general revenue, and reduced funding for individuals with developmental disabilities to a significant degree. Locally, Tri-County Behavioral healthcare was impacted by an estimated 26% decrease in general revenue. This decrease in general revenue, when combined with other IDD funds lost as a part of that Legislative Session, resulted in the loss of almost a million dollars and resulted in the closure of the Conroe Life Skills location in addition to a reduction of workforce.

In recent years, despite efforts made by the State to improve funding for the IDD system of care, rates remain insufficient to cover the true cost of care delivery and have contributed to high staff turnover and workforce shortages. In addition to the fact that rate enhancements have not risen in line with cost of living, providers do not realize profit margins that allow them to raise compensation in order to meet competitive salaries needed for retention of the IDD workforce. For example, as of 2024, the average wage for personal care attendants in Texas is around \$10.60 per hour – ranking 50th in the nation.³ Many families and providers have emphasized that wages must increase to attract and retain quality caregivers.

Service access is also affected by a high number of individuals interested in Medicaid Waiver programs who are placed on Interest Lists until these waiver program services become available. The rate at which waiver slots are released, the type of waiver applied for, and funding limits, all impact the time individuals with IDD may wait for Waiver services. More than 176,000 Texans are currently on Interest Lists, a 73% increase since 2015, with some individuals waiting nearly 20 years for services to be available. According to a 2024 report by the *Arc of Texas*, this growth in demand has not been matched by increases in funding or capacity, resulting in unmet needs and service gaps.⁴

² <https://www.thearcoftexas.org/blog/press-release/>

³ <https://www.thearcoftexas.org/blog/press-release/>

⁴ Stuckey, Alex, *Out of Options: Addressing Inequities in Care for Texans with Intellectual and Developmental Disabilities (IDD) and Mental Illness*, 2024, p. 13

As providers across Texas close due to financial pressures, individuals with IDD and their families are left with fewer options. These systemic issues continue to affect the quality and availability of care in Tri-County's service area.

LOCAL SERVICE AREA

Texas is home to more than 500,000 individuals with IDD, according to the 2022 IDD Statewide Strategic Plan.⁵ While county-level data is limited and exact numbers are unknown, information provided by the National Institute of Health (NIH) estimates the prevalence of IDD in children to be around 2-3% in the United States.⁶ Tri-County Behavioral Healthcare serves as the designated LIDDA for Liberty, Montgomery, and Walker Counties - an area spanning 2,984 square miles with considerable geographic and demographic variation.

Overview of Counties

Walker County, located north of Montgomery County, is considered rural. The population of Walker County based on 2020 Census data is 76,400, with a July 2024 estimate of 83,722 and a median age of 36.9 years old. The racial makeup of the population includes the following estimates*:

Walker County Race and Ethnicity	Population
White	42,800
Black or African American	16,638
Hispanic or Latino	16,578
Asian	1,148
American Indian/Alaskan Native	468
Native Hawaiian and Other Pacific Islander	42

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

The non-English language spoken in Walker County is Spanish, which is spoken by 14.58% of the population. The per capita income is \$35,887 and 22.5% of residents live in poverty, according to the 2023 American Community Survey 1-Year Estimate. Major institutions such as Sam Houston State University and Huntsville State Penitentiary significantly impact the local economy and demographics.⁷

Liberty County, located east of Montgomery County and north of Harris County, is also designated as rural. Based on 2020 Census data, Liberty County has a population of 91,628, with

⁵ <https://www.hhs.texas.gov/sites/default/files/documents/statewide-idd-strategic-plan-jan-13-2022.pdf>

⁶ <https://www.nichd.nih.gov/health/topics/idds/conditioninfo/risk>

⁷ https://data.census.gov/profile/Walker_County,_Texas?g=050XX00US48471

a July 2024 estimate of 115,042 and a median age of 32.8 years old. The racial makeup of the population includes the following estimates*:

Liberty County Race and Ethnicity	Population
White	55,857
Hispanic or Latino	30,797
Black or African American	7,171
American Indian/Alaskan Native	1,100
Asian	499
Native Hawaiian and Other Pacific Islander	17

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

Liberty County has a growing Hispanic population, particularly in unincorporated areas like Colony Ridge, now thought to be the largest Colonia in the State of Texas. Spanish is spoken by 22.54% of the county residents. Per Capita income is \$39,398, representing a decrease of almost 2% from 2019 data, with 12% of the population living in poverty according to the 2023 American Community Survey 1-Year Estimates. Limited access to healthcare and other support services remain a significant barrier for many residents in this county.⁸

Montgomery County, the most populous of the three counties, with a 2020 Census population of 620,443, a July 2024 estimate of 749,613 and a median age of 37.3 years old. The racial makeup of the population includes the following estimates*:

Montgomery County Race and Ethnicity	Population
White	407,926
Hispanic or Latino	164,089
Black or African American	35,394
Asian	21,830
American Indian/Alaskan Native	6,049
Native Hawaiian and Other Pacific Islander	732

* This table represents general estimates provided by the US Census but should not be used to calculate population as they may include duplicates across categories and do not account for all individuals with more than one identified race or ethnicity.

The County includes both affluent and low-income areas, leading to significant disparities in available resources with per capita income of \$51,170 (2023). The non-English language spoken by the largest group in Montgomery County is Spanish, which is spoken by 18.54% of the

⁸ https://data.census.gov/profile/Liberty_County,_Texas?g=050XX00US48291

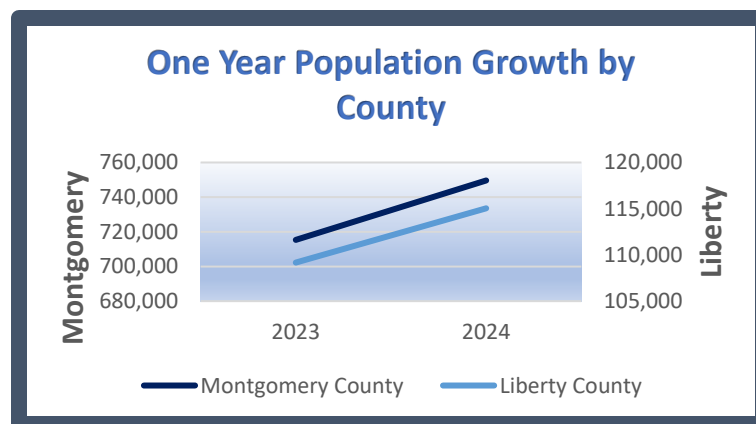
population.⁹ While Montgomery County offers more resources overall, the rural northern parts of the County still experience limited access to services.

Key Regional Challenges

Despite being adjacent counties, Liberty, Montgomery, and Walker are diverse in population density, infrastructure, and resource availability. While suburban growth exists in pockets of each county, many areas remain rural, with residents facing serious challenges such as:

- Lack of public transportation options;
- Lack of critical infrastructure in some areas;
- Limited access to internet and telehealth;
- Long distances to service locations;
- Traffic congestion in more populated areas;
- Significant poverty rates;
- Inadequate access to medical care;
- Lack of affordable housing; and
- Other unmet social determinants of health.

These barriers impact both access to, and provision of, services. Due to limited transportation options and rising cost of fuel, some individuals have expressed difficulty traveling to clinics or community sites to receive services, resulting in increased staff travel across large geographic areas to deliver care. Staff travel is further impacted by increased travel time to and from locations in and around the counties which significantly impact cost effectiveness. Additionally, Tri-County faces growing pressure from rapid population growth. According to a 2025 article published by the Texas Tribune, both Montgomery and Liberty Counties ranked among the top 10 fastest-growing counties in Texas. Between July 2023 and July 2024 Montgomery County showed a 4.8% growth rate to include an increase of 34,268 residents, while Liberty County showed a 5.4% growth rate which included an increase of 5,870 residents.¹⁰ Undercounting in the census, especially among undocumented or transient populations, means the true number of individuals needing services may be even higher.

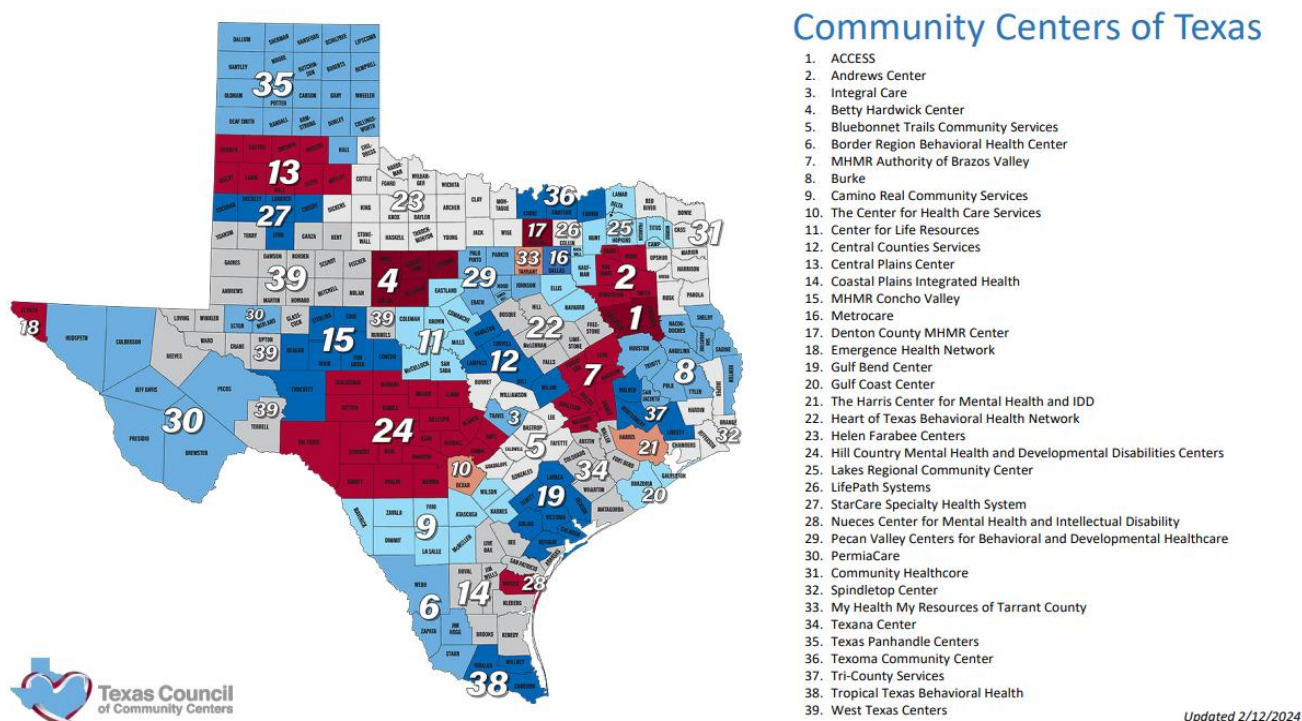


⁹ https://data.census.gov/profile/Montgomery_County,_Texas?g=050XX00US48339

¹⁰ <https://www.texastribune.org/2025/03/13/texas-urban-population-census-2024/>

Compounding these difficulties, proximity to Houston and adjacent State Supported Living Centers (SSLCs) creates competition for qualified staff, as State institutions and urban providers offer higher wages. Recruiting and retaining skilled personnel remains one of Tri-County's most significant challenges.

The image below, provided by the Texas Council of Community Centers, shows the LIDDA service areas by Community Centers across Texas. Tri-County Behavioral Healthcare's service area is identified as number 37:



CURRENT SERVICES AND CONTRACTS

Tri-County Behavioral Healthcare is one of 39 Community Centers across Texas that provide services for individuals with intellectual and developmental disabilities (IDD). As both the Local Intellectual and Developmental Disability Authority (LIDDA) and a Home and Community-based Services (HCS) Waiver provider, Tri-County delivers a range of services for individuals who qualify and those who choose Tri-County as their provider (as space allows).

Due to demand that often exceeds available resources, the Texas Health and Human Services Commission (HHSC) prioritizes service delivery to specific populations, as defined in 26 Texas Administrative Code, Chapter 304, Subchapter A. The **IDD priority population** includes individuals who meet one or more of the following criteria:

- A person with an intellectual disability (as defined by Texas Health & Safety Code §591.003(15-a));
- An individual diagnosed with autism spectrum disorder (per the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria);
- A person with a related condition (per HHSC's approved list) who is eligible for, and enrolling in, services through ICF/IID, HCS, TxHmL, or other HHSC-approved programs;
- A resident of a nursing facility eligible for specialized services for IDD or a related condition (per Section 1919(e)(7) of the Social Security Act);
- A child eligible for Early Childhood Intervention services through HHSC;
- An individual diagnosed with a pervasive developmental disorder before November 15, 2015, by an authorized provider (as defined in 26 Texas Administrative Code, Chapter 304, Subchapter A, §304.102).

Eligibility is determined through comprehensive assessment by a qualified professional. Service access is based on clinical need, eligibility, and resource availability. In alignment with Tri-County's contract with the State, services must prioritize individuals with the most intense needs when resources are limited.

Services and Supports

Service offerings vary based on individual need, eligibility, and available funding. These services may include, but are not limited to:

Eligibility Assessment:

Individuals seeking IDD services undergo an assessment conducted by a licensed psychologist to determine whether they meet the criteria for IDD or fall within the HHSC-defined priority population.

Person-Directed Planning:

Once in services, a Person-Directed Plan is developed for each individual with IDD that identifies personal needs, preferences, strengths, and goals. The plan outlines the specific services, supports, and training needed to promote independence and quality of life.

Service Coordination:

Case Management is provided by Service Coordinators who help individuals access needed services such as medical, educational, social, and community-based supports. This service may involve care coordination, monitoring progress, facilitating transitions, and ensuring each person receives appropriate services aligned with their Person-Directed Plan.

Continuity of Care:

Continuity of Care services support smooth transitions between settings, such as from community services to a State Supported Living Center (SSLC), or from an SSLC back into the community. These services ensure individuals maintain necessary care and supports during these transitions.

Respite Services:

Respite care offers short-term relief for caregivers by providing supervision and support for the individual. Whenever possible, families select the respite caregiver and guide them on the individual's needs. Respite services are available in two forms:

- **Routine Respite:** Provided as outlined in the Person-Directed Plan, based on funding availability.
- **Crisis Respite:** Time-limited support during a behavioral or psychiatric crisis, providing a safe environment for stabilization or transition planning.

Individual Skills and Socialization (ISS):

ISS services, previously known as Day Habilitation, focus on skill-building and social engagement in line with the individual's person directed plan. Training occurs in center-based and community settings and includes areas such as grooming, communication, socialization, domestic skills, academic skills, pre-vocational training, recreation, and job readiness.

Community Support Services:

These services assist individuals in developing skills to live independently or with family. Supports may include skill development in the following areas:

- Personal hygiene
- Mobility and navigation
- Money management
- Shopping
- Self-advocacy
- Leisure and recreation
- Medication management
- Use of assistive technology

Referrals:

When services are not available through Tri-County or a qualifying waiver program, referrals are made to community providers.

Network Development

Tri-County delivers most IDD services directly through LIDDA-employed staff. However, in some cases—such as specialized crisis respite—we may contract with external providers to ensure access, cost-effectiveness, or individual choice.

When contracted services are utilized, Tri-County seeks providers who meet state licensure or certification requirements and have demonstrated experience in delivering quality care. The LIDDA maintains oversight to ensure individuals are educated on service options to include available providers and that services are delivered effectively and in accordance with the individual's Person-Directed Plan. Accountability, quality assurance, and value are all essential components of the contracting process.

If an individual has questions regarding provider licensing or credentialing, they are encouraged to contact the relevant state licensing board.

NEEDS ASSESSMENT

Stakeholder Engagement Process and Identifying gaps and needs

Tri-County Behavioral Healthcare's local planning process for the LIDDA is based on the *Guidelines for Local Service Area Planning*, dated February 28, 2005, along with guidelines outlined by the current HHSC IDD Performance Contract. This framework emphasizes gathering public input and addressing regulatory priorities, including alignment with the goals outlined in the State IDD Strategic Plan. These goals are discussed in greater detail in the "Addressing the Needs" section of this plan.

Stakeholder feedback is gathered on an ongoing basis through surveys, meetings, and regular communication with individuals served, their families, and community partners, including the State Supported Living Center (SSLC) and Planning Network Advisory Committees (PNACs). In addition to direct stakeholder input, the Center incorporates findings from its strategic plan, community needs assessments, and internal and external data to identify service gaps and unmet needs.

During this planning cycle, Tri-County hosted six IDD-specific planning meetings and collected 65 stakeholder surveys across the three counties served. Outreach was also conducted with State Supported Living staff in order to obtain feedback on the Local Plan.

Key Themes Identified

The following needs and concerns emerged from planning activities:

- Ongoing transportation challenges for individuals with IDD;
- A need for family and peer support;
- Increased availability of existing services such as respite and employment supports;
- The need for affordable Applied Behavior Analysis (ABA) services for adults with Autism Spectrum Disorder;
- Greater access to social activities and support groups for individuals with IDD and their caregivers;
- Importance of staff retention across IDD service providers;
- Additional funding to support recruitment and retention of qualified staff, expand respite care, and scale services to meet growing demand;
- Concerns regarding the number of individuals losing Medicaid across the state;
- Need for continued community education, especially around life transitions and first responder training on IDD;
- Importance of inclusive programming, while also ensuring individuals have opportunity to live in the least restrictive environment;

- Challenges navigating a complex system of care, including long waitlists, extensive paperwork, Medicaid maintenance, and guardianship processes;
- Need for better education of stakeholders about LIDDA funding constraints and contractual limitations;
- A gap in specialized psychiatric services tailored to individuals with co-occurring mental health and IDD, including both inpatient and outpatient care.

Notably, while most survey respondents were already familiar with the IDD Interest List, 11 indicated they were unaware. Their contact information was forwarded to the IDD department as part of the planning follow-up. Respondents most frequently reported learning about the list through Tri-County, other agencies, schools, or friends - highlighting effective communication channels for future outreach.

Key SWOT Considerations

The following strengths, weaknesses, opportunities, and threats were identified through planning activities and ongoing stakeholder engagement:

1. Strengths

- **Commitment to compliance and quality:** Tri-County benefits from experienced staff with strong knowledge of regulations. Ongoing quality assurance processes support continuous improvement.
- **Strong community partnerships:** Tri-County maintains collaborative relationships with key stakeholders, supporting coordinated care within privacy guidelines.
- **Successful community engagement:** Tri-County hosted IDD-focused community events in both 2023 and 2024, including the inaugural IDD Awareness Day. These events have increased community awareness and involvement.

2. Weaknesses

- **Staff turnover and retention:** Staff frequently cite low pay and high expectations as reasons for leaving. The complexity of the system and documentation requirements can be overwhelming for some.
- **Funding limitations:** Stakeholders express a desire for both more of the current services and new offerings outside the LIDDA's scope, but funding often falls short of supporting these expectations.
- **Highly regulated services:** While necessary, regulatory requirements can sometimes hinder service efficiency and quality which may create additional stress for families. Tri-County participates in ongoing quality improvement efforts to address barriers and streamline processes where possible.
- **Autism service eligibility:** The current State priority population excludes some individuals with autism, limiting access to needed supports for those outside the eligibility criteria.

3. Opportunities

- **Expanding IDD awareness:** Continued community interest presents an opportunity to grow support and engagement.
- **Improving documentation tools:** Increased use of the Electronic Health Record (EHR) may reduce documentation burdens, improve compliance, and streamline data collection.
- **Fundraising and grants:** Tri-County continues efforts to explore funding opportunities to supplement existing services.
- **Community education:** Demand for presentations and workshops about IDD topics provides a chance to strengthen partnerships and raise awareness.
- **New HB 1188 initiative:** The Center anticipates new opportunities to connect students in its service area with the IDD Interest List and available supports, although implementation details are still being developed.

4. Threats

- **Rapid system changes:** Frequent changes in the IDD service system create constant needs for retraining, new procedures, and system adjustments, impacting both staff and service recipients.
- **Inadequate funding:** Funding has not kept pace with the rising cost of living, contributing to provider closures and service gaps.
- **Psychiatric service shortages:** Lack of inpatient facilities equipped to support individuals with IDD who have dual diagnoses and complex behavioral or medical needs.
- **Loss of institutional knowledge:** Staff turnover, including retirement, has resulted in the loss of historical knowledge and insight critical to navigating the system.
- **Complex documentation requirements:** Extensive administrative and documentation guidelines affect staff efficiency, retention and provider availability by increasing costs and time needed to remain in compliance with expectations.

Summary

Planning efforts are continuous throughout the year. The insights gained from the SWOT analysis and stakeholder input directly inform the goals and objectives outlined in the next section of this plan.

ADDRESSING THE NEEDS

Following scheduled planning activities, Tri-County incorporated findings from the Needs Assessment, SWOT analysis, and feedback gathered throughout the local planning process, including public input. This combined information identifies key themes and priorities to guide the development of meaningful Center goals and objectives that align with State strategic goals and reflect stakeholder input, including feedback from the PNAC. The following section outlines how the Center is currently aligned with the State contract and strategic plan, and sets forth goals for the upcoming planning cycle:

1) Improve and support health outcomes and well-being for individuals and families while ensuring the least restrictive environment

- Upon enrollment, LIDDA staff inform individuals of all available service options, including State Supported Living Centers (SSLCs). These discussions are revisited annually - through the Identification of Preferences (IOP) form - upon request, or when there are changes in circumstance.
- Assessments are conducted by trained and credentialed staff, in accordance with State regulations, to evaluate individual needs and preferences and recommend the least restrictive and appropriate service environment. Currently, Tri-County employs two IDD psychologists.
- Service Coordination includes ongoing monitoring and referrals, consistent with the timelines in each individual's Person Directed Plan and guided by State regulations.
- Continuity of Care (COC) is provided for individuals placed in more restrictive settings, such as SSLCs, to ensure ongoing appropriateness of placement.
- Client satisfaction surveys and regular communication with the PNAC are used to gather feedback and seek innovative ways to improve communication, education, access to SSLC and other placement options.

2026 Goal:

Tri-County will continue to engage with local agencies and community partners and participate in transparent discussions at both the State and local levels regarding funding needs to address community and workforce demands.

2) Ensure efficient access to appropriate services

- Tri-County employs two psychologists and has made reducing intake wait times a strategic priority. As of July 2025, 335 DIDs have been completed to improve access across the service area.
- Tri-County actively participates in quality assurance activities, including monitoring complaints and integrating feedback from individuals and families to continuously improve services and supports.

2026 Goals:

- Continue monitoring and refining the intake process to ensure timely access to services, incorporating stakeholder feedback as needed.
- Utilize feedback from individuals and stakeholders to guide ongoing quality improvement initiatives and promptly address any service barriers.

3) Protect the health and safety of vulnerable Texans

- Tri-County has a designated Rights Protection Officer who oversees responses to allegations of rights violations and is available to assist staff, individuals, and guardians.

In situations where Tri-County does not have designated oversight of reported concerns, referrals are made in accordance with regulations.

- A comprehensive Quality and Utilization Management Plan guides the Center's quality and risk management activities to include mechanisms to protect the health and safety of individuals served.

2026 Goals:

- Maintain compliance with regulations in responding to complaints, rights violations, and abuse/neglect/exploitation (ANE) reports, and address any emerging trends.
- Support individuals experiencing interruptions in Medicaid or other benefits by providing advocacy and assistance.
- Strengthen collaborations with community partners, including SSLCs, to support high-risk individuals.

4) Ensure efficiency, accountability, value, and cost-effectiveness of service delivery

- Tri-County's Quality and Utilization Management Plan guides monitoring of service compliance, making necessary adjustments and implementing corrective actions when needed.
- Efficiency, accountability, and cost-effectiveness are evaluated using electronic health record (EHR) and utilization management reports, which inform improvements in service delivery.
- Tri-County participates in resource and information sharing initiatives through regional and statewide networks such as the East Texas Behavioral Health Network (ETBHN) and the Texas Council for Community Centers, resulting in greater cost savings and efficiencies.

2026 Goal:

Continue identifying opportunities to enhance EHR usage to improve documentation efficiency and reduce paper-based processes. Potential projects may include developing tools to assist Service Coordinators in meeting compliance requirements while maintaining person centered and individualized documentation.

5) Divert individuals from the criminal justice system

- Crisis services, including an IDD Crisis Intervention Specialist and Mobile Crisis Outreach Team, are available 24/7 to support individuals in crisis and divert from jail when possible.
- Tri-County has prioritized contracting with quality crisis respite providers to serve dually diagnosed individuals and those with complex medical needs.
- Through access to the Texas Law Enforcement Telecommunications System (TLETS), Tri-County is able to identify when individuals intersect with the criminal justice system,

allowing for coordinated support. Tri-County has a staff liaison based in the Montgomery County Jail who is available to facilitate reentry connections to LIDDA services as needed.

- Tri-County has tenured staff that have maintained collaborative relationships with criminal justice agencies and are able to provide support for justice-involved individuals served by the LIDDA.

2026 Goals:

- Provide educational opportunities for first responders and criminal justice personnel to improve understanding of the IDD population.
- Explore funding or partnerships to expand Jail Liaison coverage into additional counties and jails within the Tri-County service area.

6) Foster innovation in services and service delivery

- Tri-County regularly collaborates with agencies and organizations to expand access to resources for individuals and families.
- Over the past two years, Tri-County has hosted well attended annual IDD Awareness Day events, featuring proclamations, a walk-and-roll, talent show, and participation from local stakeholders.
- In December 2024, a stakeholder luncheon was held to raise awareness of LIDDA role and services and highlight system-level challenges and barriers.
- Tri-County remains committed to enhancing information-sharing practices in accordance with privacy regulations and the HHSC Data Use Agreement.

2026 Goal:

Continue identifying opportunities to collaborate with local agencies and raise community awareness about the IDD population including community education as funding allows.

UPDATING AND REVIEWING THE PLAN

The Local Planning process is continuous and evolves with public input collected throughout each planning cycle. Priorities are reviewed and adjusted to align with the State IDD Strategic Plan, community and service needs, available funding, and stakeholder input. The Planning and Network Advisory Committee (PNAC) provides ongoing feedback and formally reviews the plan prior to its adoption by the Tri-County Board of Trustees.

Agenda Item: Approve Intellectual and Developmental Disabilities (IDD) Quality Management Plan for FY 2026-2027 Committee: Program	Board Meeting Date August 28, 2025
Background Information: As a part of the planning activities for persons with IDD which were undertaken this year, the IDD Quality Management Plan was reviewed and updated as necessary to ensure compliance with HHSC contract requirements and Texas Administrative Code (TAC). This plan will remain in effect for two years, unless a program change requires the plan to be revised.	
Supporting Documentation: IDD Quality Management Plan for FY 2026-2027	
Recommended Action: Approve the IDD Quality Management Plan for FY 2026-2027	



Tri-County Behavioral Healthcare

**Intellectual and Developmental Disabilities (IDD)
Quality and Utilization Management Plan
For Fiscal Years 2026-2027**

Evan Roberson, Executive Director

Date

Tri-County Behavioral Healthcare IDD Quality and Utilization Management Plan

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INTRODUCTION

Quality and Utilization Management (QM/UM) Overview

Tri-County Behavioral Healthcare operates a QM/UM program guided under the general principle that quality improvement is ongoing, and continuous evaluation and adjustments are needed in order to ensure continued quality care and compliance with established regulations.

The QM/UM Program includes an organizational structure with defined and ongoing activities implemented system-wide and described throughout this plan. The QM/UM Departments work closely with program managers and direct care staff to ensure the provision of quality services with continuous quality improvement efforts to ensure compliance with rule and contract requirements. Through utilization of quality management best practice, including continuous measurement, assessment, and analysis, Tri-County is able to focus on improving local authority services and functions while ensuring proper management of resources.

Tri-County uses information and data from a number of sources to ensure that our stakeholders receive the highest possible quality of service in compliance with contract expectations. Accurate, consistent and timely information to oversight entities is provided as required or requested.

IDD Quality and Utilization Management Plan

Purpose:

The Intellectual and Developmental Disabilities (IDD) Quality and Utilization Management (QM/UM) Plan provides a framework of activities designed to ensure that individuals receive quality services provided by culturally competent and adequately trained staff in a manner that is financially responsible, person-directed and provided within an organized program structure developed to support ongoing improvement efforts.

The IDD QM/UM Plan is developed using input from the following:

- Individuals served and their family members/significantly involved persons;
- Texas Health and Human Services Commission (HHSC) (i.e. through Performance Contract, audits, program manuals);
- Tri-County Board of Trustees;
- Tri-County Committees and Staff;
- Center and State Plans (i.e. Strategic Plans, Local Provider Network Development Plan, Needs Assessment);
- East Texas Behavioral Healthcare Network (ETBHN);
- Intellectual and Developmental Disabilities Planning Network Advisory Committee

- (IDD PNAC);
- Regional Planning Network Advisory Committee (RPNAC);
- Guiding rules and regulations (i.e. Texas Administrative Code (TAC); Texas Health and Safety Code (THSC); Federal and State law);
- Other stakeholders.

Scope:

This plan applies to all intellectual and developmental disability services and supports provided by Tri-County staff and outlines expectations of employees and contractors to include monitoring expectations.

Quality Defined

For the purposes of this plan, ‘Quality’ is defined as the consistent delivery of person-directed and coordinated services that promote the health, safety, rights, and self-determined goals of individuals with intellectual and developmental disabilities, resulting in improvements in their well-being, inclusion, and quality of life while maintaining rule and contract expectations.

Mission, Vision, and Philosophy Statement

Mission:

The mission of the Quality and Utilization Management (QM/UM) Program is to ensure the provision of quality services for individuals with mental illness, substance use disorders and intellectual/developmental disabilities that are linguistically and culturally appropriate, person and family directed, enhance the quality of life in our community, and are provided in a cost effective and timely manner in the most appropriate settings by trained, competent, and trauma informed staff.

Vision:

The vision of the QM/UM Program at Tri-County is to support the behavioral healthcare system to ensure the provision of effective and efficient quality services to meet the needs of our community and improve the lives of those we serve.

To achieve our vision, we will:

- Partner with the community to expand the availability of new and existing resources;
- Follow evidence-based and trauma informed care principles, including ensuring related staff training;
- Provide technically, linguistically and culturally competent staff and services;
- Train, encourage, and monitor person-directed and family centered care;
- Train, monitor, and improve workforce skill and competence with respect to suicide risk assessment, prevention, and response;

- Train and monitor privacy practices that follow State and Federal regulations and encourage information sharing, when appropriate consent can be obtained, for proper coordination of care for those we serve;
- Uphold the rights of individuals served; and
- Continuously monitor, adjust and track data that can be used for continuous quality improvement efforts as well as to meet reporting requirements.

Philosophy Statement:

The QM/UM Program is based on the premise that the provision of quality services at Tri-County is the responsibility of all staff and that participation in quality activities facilitates improved outcomes for those we serve as well as enhancing job performance and satisfaction of staff. Continuous monitoring, feedback and training are believed to be key to ensuring the availability of competent, trauma informed staff, and that quality services are most effective when provided in the most appropriate setting and include culturally and linguistically appropriate services. Dignity and respect are key values of the QM/UM Program as it is understood that individuals thrive in environments where they feel safe. It is believed that when an individual feels empowered, the likelihood of meeting their person-directed goals increases. Person-directed care, that takes into consideration the strengths and personal choice through person centered and family centered concepts, are seen as an integral part of empowering those we serve toward improved quality of life.

Direction:

The QM/UM Program focuses on a systematic, objective, and continuous process for monitoring, evaluating, and improving the quality and appropriateness of service delivery systems and Authority functions within our organization. The QM/UM Program assists Tri-County in assuring existing standards of care are met and provides the framework to obtain feedback from stakeholders on the manner in which the Center conducts its business.

Goals of the QM/UM Program

- To implement ongoing quality improvement activities that monitor, evaluate, analyze and improve:
 - Quality care
 - Rule Compliance
 - Access
 - Service delivery
 - Efficiency
 - Resource management
 - Risk Management
- To ensure the provision of high quality, person-directed care;
- To promote collaboration with community partners, including the local SSLC when appropriate, to maximize resources;
- To develop a strong and stable workforce through both scheduled and needs based

- training, aimed at retaining a competent and confident workforce;
- To educate stakeholders, as appropriate, on the Local Intellectual and Developmental Disability Authority (LIDDA) role, responsibilities, limitations and provide accurate information on available resources;
- To advocate for rights, health and safety of all individuals served.

Measures of Success:

- ✓ The Quality and Utilization Management (IDD QUM) Committee will review quality, utilization, and risk management activities and reports at least quarterly that outline monitoring, evaluation and improvement efforts. Corrective actions will be implemented for identified systemic or health and safety issues and those scoring under 90% of the established target, where applicable. Compliance will be expected within 60 days for routine items and immediately, or as approved by the Executive Director, for any health and safety concerns.
- ✓ Stakeholder satisfaction will be assessed throughout the year through review of 100% of complaints. Review of quality management satisfaction initiatives and information gathered will be combined, biannually, with local planning feedback obtained through stakeholders such as the Planning and Network Advisory Committee (PNAC), providers, and community partners to include the local State Supported Living Center (SSLC).
- ✓ On a semi-annual basis, Quality Management staff will obtain a list of new hires over the past six months and will randomly sample 10% of the list for review. The reviewer will ensure all checklists and certificates are appropriately located in the learning management system (LMS) per procedure. Corrective actions will be made within 30 days, unless required sooner, and recommendations will be made to the Director of Quality Management & Support related to quality improvement of staff development.
- ✓ The Rights Protection Officer (RPO) will follow up on 100% of inquiries and allegations of abuse, neglect, exploitation or rights violations and provide quarterly reports to the IDD QUM Committee for review and recommendation. The RPO will advocate for individuals served and educate stakeholders at each appropriate opportunity.
- ✓ The Risk Manager will investigate 100% of the health and safety concerns and provide timely information and reporting to appropriate staff as outlined in procedure. Trends and concerns will be reported quarterly to the IDD QUM and Safety Committees.
- ✓ As a part of Tri-County's ongoing quality assurance activities, the Administrator of Quality Management will review 100% of all monthly quality assurance tools biannually to ensure reviews remain in compliance with the most current rules and guidelines. Programs will be selected for Internal Program Survey audits as trends are identified through ongoing quality assurance activities.
- ✓ The Administrator of Utilization Management, in coordination with the Administrator of Quality Management and IDD Authority Administrators, will ensure that contract targets and Performance Measures are met as outlined below. Data measures will be reviewed during IDD Quality and Utilization Management Meetings and for more qualitative service measures (i.e. service timelines), monthly quality assurance tools will be updated to reflect

the new monitoring targets and ensure ongoing evaluation and improvement as needed:

No.	Performance Measure	Outcome Target
1	Percent of all enrollments into HCS completed within 90 calendar days from the date of HHSC's slot notification for a person.	At least 95% for each quarter
2	Percent of all enrollments into TxHmL completed within 90 calendar days from the date of HHSC's slot notification for a person.	At least 95% for each quarter
3	Percent of all CFC ID/RC assessments completed and submitted to the appropriate HHSC system within 90 calendar days of receiving a referral, or as otherwise agreed	At least 95% for each quarter
4	Percent of Permanency Plans completed within 20 calendar days after the first business day a person's name first appears as never been done on report HC021395.W Reviews Needed.	At least 95% for each quarter
5	Percent of Permanency Plan reviews completed within six months after the initial plan or previous review was completed.	At least 95% for each quarter
6	PASRR Evaluations (PEs) or resident reviews completed and entered into the Long-Term Care Online Portal (LTCOP) within seven calendar days after receiving a copy of the PASRR Level 1 (PL1) screening from the referring entity or notification from the LTCOP as required by TAC.	At least 95% each quarter
7	Percent of compliance with assigning a habilitation coordinator to an eligible individual within two business days after the PE is entered in the LTCOP as described in Section 4200 of the IDD PASRR Handbook (Assignment of Habilitation Coordinator).	At least 95% for each quarter
8	Percent of HCS and TxHmL interest lists population contacted for biennial review as described in Section 7500 of the LIDDA Handbook (Biennial Contact).	At least 50% by the end of State Fiscal Year (FY) 26; 100% by the end of FY 27 At least 50% by the end of FY 28; 100% by the end of FY 29
9	Quarterly IDD Community Service Target	106
10	Percent of compliance adhering to the deliverable dates described in A-7: IDD Submission Calendar.	At least 95% for each quarter

11	Percent of compliance with conducting Community Living Options (CLO) during the PE and at least every six months thereafter as required by 26 Tex. Admin. Code §303.601(c)(1)(B)(i).	At least 95% for each quarter
12	The Contracted LIDDA, as specified in Section 10000, Definitions, of the LIDDA Handbook, will provide community living options information to all individuals living in the assigned SSLC or their LAR, or both, a minimum of one time per year.	95%
13	The Contracted LIDDA will complete the Community Living Option Information Process (CLOIP) instrument and provide a written report to the SSLC and Designated LIDDA, as specified in Section 10000 of the LIDDA Handbook, no later than 14 calendar days prior to the individual's SSLC annual planning meeting.	95%
14	Percent of all SSLC Transition Reporting completed for individuals on community placement status following discharge from an SSLC. See Section 9000 of the LIDDA Handbook.	At least 95% for each quarter
15	Percent compliance with conducting in-person SSLC transition monitoring visits once every 90 days as described in Section 9000 of the LIDDA Handbook.	At least 95% for each quarter

In addition to the goals above, other Quality and Utilization responsibilities of Tri-County to ensure best quality include:

- Effectively monitoring the Center's interest list program;
- Effectively administering the Center's local planning process;
- Effectively monitoring and maintaining compliance with contract guidelines; and
- Effectively collaborating with program staff to ensure continuous quality improvement.

SYSTEM-WIDE QUALITY MANAGEMENT STRUCTURE

Tri-County is dedicated to promoting a team approach to serving individuals with mental illness, substance use disorders, and IDD and understands the importance of open and accurate communication between levels of management, quality related committees and staff. While Tri-County's philosophy includes shared responsibility for quality, the structures outlined in this section are intended to support ongoing monitoring, evaluation and improvement system-wide.

Leadership

The Tri-County Board of Trustees is responsible for ensuring the effective administration of Tri-County to include the review and approval of a biannual Quality Management Plan for Mental Health, Intellectual/Developmental Disabilities and other funded programs. The overall management and authority for implementation of programs, including the Quality Management program, is delegated to the Executive Director who is responsible for performance and administrative functions which assure that services are available, accessible and acceptable to the citizens served by Tri-County. Coordination and oversight for the development and implementation of the Quality Management Plan at Tri-County has been delegated to the Director of Quality Management and Support. The Management Team, which is responsible for implementing, overseeing and monitoring quality management activities in their respective areas, consists of the Executive Director, Chief Financial Officer, Chief Operating Officer, Chief Compliance Officer, Medical Director, Director of Medical Operations, Director of Quality Management and Support, Director of Management Information Systems, Director of IDD Authority Services, Director of IDD Provider Services, Director of Adult Behavioral Health, Director of Child and Youth Behavioral Health, and the Director of Crisis Access. The Executive Director may appoint additional expanded Management Team members to ensure informed decision making and ongoing quality care. Management Team Members serve as liaisons to all agency committees to ensure effective communication and follow up at the appropriate organizational levels.

The responsibility of quality, including implementation of practices, procedures, monitoring and corrective action are considered the responsibility of all levels of staff in the organization (i.e. directors, managers, supervisors, direct care providers and apply to both employees and contractors) and quality activities are incorporated into agency committees, contracts, and job descriptions to ensure system-wide structure to support the quality management program. While all staff hold some level of responsibility for quality at Tri-County there are a select number of positions, in addition to the leadership structure outlined above, that work closely with one another to carry out the QM/UM Plan. These roles and responsibilities include, but are not limited to:

The Administrator of Quality Management

- Co-Chairs the IDD Quality and Utilization Management (QUM), Junior Utilization Management (JUM), and Continuous Quality Improvement (CQI) Committees and provides the Management Team liaison with reports to ensure oversight and follow up of QM/UM activities;
- Serves as a liaison to the IDD and Regional Planning Network Advisory Committees

(PNACs);

- Serves as a member of the Safety Committee;
- Coordinates activities and information between the Quality Management, Utilization Management, Compliance, Training and provider programs as needed;
- Works closely with other QM and agency staff to carry out recommendations from the Corporate Compliance Committee;
- Works closely with Utilization, Risk Management and IDD program managers to measure, analyze, and improve service capacity and access to services;
- Conducts and guides quality management staff through ongoing quality assurance activities outlined in this plan;
- Monitors outcomes and ensures corrective actions following internal and external reviews;
- Develops and ensures stakeholder surveys are distributed as a part of Local Provider Network Development (LPND) Planning or as needed for monitoring, evaluation and improvement;
- Monitors the Performance Contract for compliance.

The Administrator of Utilization Management

- Co-Chairs the IDD QUM and JUM Committees and serves as a member of the Regional Utilization Management Committee;
- Serves as a member of the CQI Committee;
- Monitors and tracks performance targets and outcomes of the LIDDA;
- Works closely with other Center QM/UM staff, as needed, to ensure proper implementation of the Utilization Management Plan including, but not limited to, quality, cost effective, timely, and appropriate service provisions;
- Monitors the Performance Contract, Utilization Management Guidelines, and other applicable standards for compliance.

The Rights Protection Officer (RPO)

- Protects the rights of individuals served through monitoring, review, investigation and advocacy;
- Communicates concerns to the Management Team Liaison;
- Receives and follows up on complaints until there is a resolution;
- Monitors rights and abuse data for trends and communicates this information to designated agency committees and Management Team;
- Ensures accurate complaint and rights data is reported to HHSC upon request;
- Participates in appropriate consultation and rights review as needed related to any restrictions or interventions.

The Risk Manager

- Chairs the Center Safety Committee and consults with medical, quality and rights protection staff as needed to include, but not limited to, infection control;
- Co-Chairs the Center Corporate Compliance Committee;
- Monitors safety and health data for trends and provides information to the appropriate committees and Management Team representatives as needed;
- Assists the Compliance Department conduct investigations and reports quality concerns back to the Quality Management Department;
- Ensures critical incident data for IDD services is reported accurately and in a timely manner to HHSC.

Committees

In addition to the ongoing quality management activities listed in this plan, Tri-County has an established committee structure that supports these activities and allows for both expert analysis and system-wide collaboration and communication as needed to carry out the IDD QM Plan. The following is an outline of the committees established at Tri-County that support the framework described in this plan:

The IDD Quality and Utilization Management (IDD QUM) Committee

The IDD QUM Committee is responsible for monitoring, evaluating, and guiding the delivery of safe, effective, and person-directed services while ensuring compliance with regulatory requirements and promoting continuous improvement in care quality and outcomes. The Administrator of Quality Management and the Administrator of Utilization Management chair the QUM Committee with the Director of Quality Management & Support, as a member of the Tri-County Management Team, serving as a liaison to the Management team and executive leadership.

Membership:

Member representation is selected to ensure individuals in attendance have the ability to make needed changes and communicate effectively with all relevant staff across organizational levels and include:

- Quality Management Staff
 - The Administrator of Quality Management
 - The Administrator of Utilization Management
 - The Director of Quality Management and Support
- IDD Local Authority Staff
 - The Director of IDD Authority Services
 - The Administrator of IDD Intake Services
 - The Administrator of IDD Non-Waiver Services
 - The Administrator of IDD Waiver Services
 - The Administrator of PASRR & ECC-DC Services
- IDD Provider Staff

- The Director of IDD Provider Services
- Risk Management Staff
 - The Administrator of Compliance
- Other
 - Staff are invited based on subject matter expertise as needed

Responsibilities:

- Meets quarterly or as needed to conduct its business;
- Reviews performance data - findings of internal or external audits, clinical outcomes, data related to complaints, risk, health and safety, client satisfaction or other data - to ensure quality care and compliance with applicable rules, regulations and contracts;
- Monitors, evaluates and provides recommendations for improvement of contract performance indicators;
- Reviews and responds to recommendations from other Committees related to quality (i.e. the local or regional Planning Network Advisory Committee (PNAC), the Continuous Quality Improvement Committee, the Safety Committee);
- Reviews Utilization Management data (i.e. reports regarding appeals, eligibility utilization and provision of services);
- Proposes consideration of a variety of strategies that may lead to better use of available resources and possible ways of increasing resources;
- Reviews and provides feedback for relevant CQI goals and activities at the Center - additional information on the Center's CQI Committee and Plan can be found in the Tri-County Mental Health Quality and Utilization Management Plan;
- Ensures corrective actions are implemented when problems are found;
- Makes recommendations to managers and leadership, as necessary, regarding changes needed to current procedures, processes, service delivery or data collection to ensure:
 - Timely and efficient service provision that adheres to performance expectations and produces quality outcomes;
 - Contract compliance through efficient and effective strategies;
 - Corrective actions for administrative and service delivery systems as needed;
- Ensures communication of corrective actions and other recommendations to appropriate staff. The Committee's Management Team member will be responsible for presenting the committee recommendations to the Management Team for review and approval as needed.

The Continuous Quality Improvement Committee (CQI)

The Continuous Quality Improvement (CQI) Committee meets regularly to provide ongoing operational leadership of continuous quality improvement activities at Tri-County. The Director of Quality Management & Support and the Administrator of Quality Management serve as the Committee chairs with consultation and direction provided by the Executive Management Team (i.e. the Medical Director is consulted for any medical components).

Membership:

- Quality Management Staff
 - The Administrator of Quality Management
 - The Administrator of Utilization Management
 - The Director of Quality Management and Support
- Program Provider Staff
 - The Chief Operating Officer
 - The Director of IDD Authority Services
 - The Director of IDD Provider Services
 - The Director of Adult Behavioral Health
 - The Director of Child and Youth Behavioral Health
 - The Director of Crisis Access
- Compliance Staff
 - The Administrator of Compliance
- Information Technology Staff
 - The Director of Management Information Systems
- Other individuals, such as financial representatives, are invited on an ‘as needed’ or ‘project specific’ basis

Responsibilities:

- Developing the quality improvement plan to include measurable goals and objectives based on priorities that meet established criteria outlined by the committee;
- Identifying and ranking indicators of quality based on priority and intermittently evaluating services based on these indicators;
- Establishing quality improvement initiatives based on Center need, trends, and/or other risk or quality factors evaluated by the Committee;
- Utilizing a Plan, Do, Study, Act (PDSA) cycle to ensure improvements are managed through an evidence-based approach;
- Developing a standardized plan for communicating and sharing quality improvement information with the Board of Trustees, staff, individuals served and other stakeholders, as appropriate.

The Safety Committee

The Safety Committee is responsible for protecting the health, safety and well-being of clients, staff and visitors by identifying, assessing, and reducing risks in the environment and throughout service delivery. Through the monitoring of safety practices to include but not limited to:

- Surveillance, prevention, and control of infection control measures;
- Investigating incidents, addressing hazards, and ensuring regulatory compliance, the Committee works to foster a culture of safety across all levels of the organization. The Administrator of Compliance serves as the Center’s Risk Manager and chairs Tri-County’s

Safety Committee as the Safety Officer. The Risk Manager is responsible for communicating trends and recommendations to the Management Team Liaison for review and decision making.

Membership:

- Risk Management Staff
 - The Administrator of Compliance
 - Chief Compliance Officer
- Quality Management Staff
 - The Administrator of Quality Management
- Service Delivery Staff
 - Coordinator of Provider Services
 - Administrator of Crisis Services
- Administrative Staff
 - The Director of Medical Operations
 - Senior Human Resource Specialist
 - Conroe Facility Coordinator
 - Maintenance and Service Manager

Responsibilities:

- Meets quarterly or as needed to conduct its business;
- Reviews risk data from a variety of sources to identify situations that pose a risk to individuals served, the community, employees, and/or the Center;
- Creates, implements, and maintains a system of tracking, reporting, and evaluating safety plans at Tri-County;
- Review of surveillance, prevention, and control of infection trends and control measures;
- Recommends corrective actions to properly address trends or other risk.

A member of the Quality Management Department serves on the Committee and regular reports are provided to the Quality Management Committee (QUM). Additionally, the Chief Compliance Officer serves as the Management Team liaison for the Safety Committee and ensures communication of key recommendations and concerns to the Executive Management Team.

The Risk Management Team

The comprehensive Risk Management Team is established in order to oversee the identification, evaluation and mitigation of organizational risks and to ensure proactive measures are put into place to include compliance with legal and regulatory requirements through a culture of safety, accountability and continuous improvement.

Membership:

Executive management staff serve as permanent members of this team, with additional staff servicing an as-needed basis.

Responsibilities:

- Meets as often as necessary to conduct its business;
- Develops, implements, supports, monitors, and evaluates the comprehensive Risk Management Program to ensure proactive identification, assessment and reduction of risks that could negatively affect the organization, clients, staff, operations, or resources;
- Identifies and directs staff to carry out corrective actions and changes to procedures or practices as needed.

Consumer Rights Review Team (Human Right Committee)

The Human Rights Committee has been established to ensure the rights of individuals receiving services are not restricted or limited without review by appropriate staff and the Rights Protection Officer (RPO).

The RPO for Tri-County chairs this committee and provides experience and expertise in the issues regarding human rights. The team review model is the chosen mechanism of Tri-County to ensure that the rights of individuals served are protected, but limitations and restrictions may only be approved by the RPO. The RPO may assemble the review team at any time in order to make an informed decision.

Membership:

The RPO has discretion of appointing members and additional persons needed to complete each review. A minimum of three members are required and members must be knowledgeable of current behavioral management strategies and may or may not be affiliated with the local IDD Authority or provider.

Responsibilities:

- Meets annually or as needed to conduct its business;
- Review Tri-County procedures related to consumer rights annually and recommend continuation, modification, or new development of procedures to ensure that the Center fulfills its responsibilities in this area;
- Review behavior management restrictions and/or intrusive interventions are included as a part of a behavior management program and either approve or make recommendations to protect the rights and ensure the safety and health of all individuals.

Junior Utilization Management Committee (JUM)

The JUM Committee has been established to analyze factors that might be affecting Tri-County's ability to meet contract performance or quality service expectations. Through regular review and monitoring of service data, the committee evaluates the appropriateness, efficiency, and effectiveness of services provided to ensure quality service provision, compliance with regulatory requirements, procedures, and practices while identifying and implementing strategies leading to positive outcomes and quality improvement.

The Administrator of Utilization Management and the Administrator of Quality Management co-chair this committee with the Director of Quality Management and Support serving as the Management Team representative liaison to the executive team. The JUM Committee typically meets three times a month and provides reports to Center staff on key service data needing attention.

Membership:

- Quality Management Staff
 - The Administrator of Utilization Management
 - The Administrator of Quality Management
 - The Director of Quality Management and Support
 - The Quality and Utilization Management Specialist
- Information Technology Staff
 - The Manager of Information Technology Services
- Additional Center staff, such as financial or other clinical or administrative representatives are brought into JUM meetings as needed
 - The Controller
 - The Director of IDD Authority Services
 - The Director of IDD Provider Services
 - The Director of Crisis Access
 - Others as needed

Responsibilities:

- Reviews contract expectations and current performance on key indicators;
- Updates a document that is accessible to managers, that reflects agency performance on target measures;
- Communicates with managers of programs that are below contract expectations and assists with identification of strategies for quality improvement;
- Prepares or requests custom reports for problem areas so staff can be more knowledgeable about factors that are affecting contract compliance;
- Scrutinizes data that is submitted to determine possible data problems that might be affecting performance;
- Invites program managers to present concerns to the committee so that the JUM can assist

with problem-solving activities.

Software Management Team (SMT)

In the beginning of Fiscal Year 2024, Tri-County Behavioral Healthcare transitioned to a new electronic health record. Prior to, and following this transition, an implementation team was established in order to streamline the transition and ensure continuity of care for clinical staff and individuals served.

As a part of the continued development, utilization, and upkeep of our clinical software, Tri-County's implementation team continues to work with our long-standing Software Management Team. The team meets as needed to review software issues with the primary objective of ensuring the software meets the needs of our clinical staff and that our data meets both internal and external reporting requirements.

Membership:

- Information Technology Staff
 - The Director of Management Information Systems
 - The Manager of Information Technology Services
 - The Clinical Applications Administrator
- Quality Management Staff
 - The Director of Quality Management and Support
- Financial Staff
 - The Billing Manager
- Other program and administrative staff are invited on an as needed basis

Responsibilities:

- Ensure improvements to the software to reflect complete and accurate data;
- Ensure efficiencies and best clinical practices are incorporated whenever feasible;
- Make timely corrections to billing and data issues that arise from time to time and report those concerns to the appropriate department for follow up.

Grid Review Team (GRIT)

Chaired by the Director of Quality Management and Support, the GRIT has been established in order to ensure the development of a master list of services (i.e. Service Code Master) that includes defined descriptions, billing and encounter codes, and associated charges. This document is made available to staff and is developed to ensure accurate, consistent, and compliant use of service codes and billing.

Membership:

- Quality Management Staff

- The Administrator of Quality Management
- The Administrator of Utilization Management
- The Director of Quality Management and Support
- Information Technology Staff
 - The Director of Management Information Systems
 - The Manager of Information Technology Services
- Financial Staff
 - The Controller
 - The Billing Manager
 - The Manager of Accounting
- Other Program Staff as needed

Responsibilities:

- Typically meets annually or as needed;
- Sets up encounter data modalities to ensure correct submission to HHSC;
- Reviews the Chargemaster Report to ensure that charges are accurate and up to date;
- Reviews the IDD service array to ensure compliance with the performance contract;
- Reviews service code definitions to ensure that they are in line with the service array, Performance Contract, Texas Administrative Code and other accreditation standards.

Corporate Compliance Committee

The Corporate Compliance Committee has been established to oversee the Tri-County's compliance program and to promote and monitor adherence to laws, regulations, contractual obligations, ethical standards and procedures while fostering a culture of integrity, transparency, and accountability.

The Chief Compliance Officer and the Administrator of Compliance co-chair this committee with the Chief Compliance Officer serving as the Management Team liaison to the Executive Management Team. The Corporate Compliance Committee is scheduled to meet quarterly, but meetings may be scheduled more frequently, as determined by the existing needs of the program.

Membership:

- Compliance Staff
 - The Administrator of Compliance
 - The Chief Compliance Officer
- Quality Management Staff
 - The Director of Quality Management & Support
- Financial Staff
 - The Chief Financial Officer
 - The Billing Manager
- Program Staff
- Other staff as designated by the Chief Compliance Officer

Responsibilities:

- Meets quarterly or as needed;
- Provides oversight to Tri-County's Corporate Compliance Program;
- Reviews findings of Corporate Compliance investigations;
- Reviews corporate compliance issues on both a systems and individual level to determine changes needed to comply with rules, laws and ensure adequate service, training and billing;
- Reviews results of external audits and makes recommendations for corrective actions (i.e. changes to policies and procedures, staff training);
- Directs quality improvement activities through communication, training, additional review of internal audits as needed;
- Coordinates information sharing and recommendations for the QUM Committee;
- Assures that staff are provided with education regarding corporate compliance issues at least quarterly;
- Evaluates the Service Code Master, completed by the Grid Review Team as needed;
- Review Corporate Compliance Programs of Tri-County's large contractors who do not wish to participate in the Tri-County Compliance Program;
- Review the Corporate Compliance Action Plan at least annually to determine if modifications or additions are needed;
- Report all Corporate Compliance allegations, findings, and dispositions (e.g. increased employee training, termination of employment, corrected billing/financial reports) to the Board of Trustees on at least a quarterly basis.

Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDD PNAC)

The purpose of the IDD PNAC is to provide a voice for individuals and/or family members of individuals with intellectual and developmental disabilities in the program planning, implementation and services provided by Tri-County. The Committee advises the Board of Trustees on planning, budget, and contract issues, as well as the needs and priorities for the service area. Members are appointed by the Board of Trustees and represent persons with IDD. The IDD PNAC is charged with providing input on local needs, best value, and local provider network development (local planning). The IDD PNAC is always given the opportunity to make recommendations to the Board either in-person or through the Director of Quality Management and Support and regular updates on Committee activities are provided to the Board of Trustees.

Membership:

The IDD PNAC is composed of nine members, at least 51% of which are individuals served, or family members of persons with IDD. Staff from Tri-County serve as liaison members of the IDD PNAC to provide support and information, as necessary and appropriate, for the IDD PNAC to conduct its business. Liaison members have a voice but no vote at IDD PNAC meetings. One member of the IDD PNAC is asked to sit on the RPNAC for the East Texas Behavioral Healthcare Network. Tri-County makes reasonable efforts to replace IDD PNAC members within 3 months

of their leave.

Responsibilities:

- Advising the Board of Trustees on planning, budgeting, and contract issues, as well as the needs and priorities in Tri-County's service area;
- Obtaining stakeholder input on service needs and delivery, and presenting this information to the Board of Trustees and the Executive Director;
- Assisting with stakeholder and Center advocacy projects. Reviewing and providing input on the local plan;
- Assisting in promoting Tri-County in the community through education efforts, presentations, and contact with key community and political leaders;
- Meeting at least quarterly;
- Providing an annual report to the Board of Trustees.

Regional Planning Network Advisory Committee (RPNAC)

Tri-County, as a member of the East Texas Behavioral Health Network (ETBHN), collaborates with member Centers for the provision of certain administrative support. RPNAC members, Management Team, and liaisons such as Quality Management staff work with other ETBHN Centers to meet established goals.

Membership:

ETBHN formed the RPNAC to be made up of at least one (1) PNAC member from each ETBHN member Center. At least one of Tri-County's PNAC members and the Administrator of Quality Management attends the quarterly RPNAC meetings.

Responsibilities (Goals):

- To assure that the ETBHN network of providers will continuously improve the quality of services provided to all consumers through prudent mediation by network leadership;
- To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices;
- To maintain a process by which unacceptable outcomes, processes, and practices can be identified;
- To facilitate best value determinations and service evaluations (evaluations shall take place one service at a time, as determined by the Regional Oversight Committee (ROC)). ETBHN will collect and compile data and distribute it to member Centers.

QUALITY MANAGEMENT ACTIVITIES

Methods for Measuring, Assessing and Improving Authority Functions

In an attempt to ensure the provision of quality Authority functions, Tri-County continues to ensure that we are developing and managing a network that offers consumer choice to the highest extent possible. Tri-County contracts with outside providers when practical and requires contracted providers meet the same professional qualifications as providers employed by the Center. Tri-County benefits from best value analysis through ongoing participation with the East Texas Behavioral Health Network (ETBHN), and the IDD PNAC and RPNACs which assists the Center identify areas of needed change. In addition, Tri-County analyzes Cost Accounting Methodology data and other areas, as needed, to identify where improvements can be made.

Ongoing quality improvement efforts described throughout this plan are utilized to ensure methods for measuring, assessing, and improving Authority functions to include, but not limited to:

- Improvement initiatives are identified through internal and external review and incorporated into ongoing quality assurance activities;
- Quality assurance reviews of IDD documentation by Quality Management staff are reviewed at each IDD QUM Meeting;
- Monthly quality assurance of service documentation reviewed by IDD Program Managers are submitted to the Quality Management Department;
- Solicitation and use of feedback from stakeholders outlined in the ‘Client Satisfaction Survey’ section of this plan along with client complaint data and other information maintained by the Rights Protection Officer are reviewed and incorporated into various processes and Committees to ensure ongoing monitoring, assessment and improvement;
- Internal Program Surveys conducted by Quality Management to review trends or concerns in specific programs. These reviews provide a more comprehensive format focused on identifying and correcting areas of needed improvement (See ‘Ongoing Quality Activities’ section of this plan for a more detailed outline of this process);
- Quality and Utilization Management Staff track performance measures and submissions to HHSC to ensure timely and accurate reporting that meets outcome expectations;
- Recommendations for procedure revisions are made as needed changes are identified through Quality Management reviews and initiatives;
- After action reviews are conducted by Executive Leadership Team following local disasters to review and revise Disaster Response and Continuity Plans as needed.

Methods for Measuring, Assessing and Improving LIDDA services

The Quality and Utilization Management Departments at Tri-County participate in a number of methods to measure, assess, and improve LIDDA Services. Each month, quality management staff conduct reviews of documentation of services in the clinical record. Findings are reviewed with both the program manager and in each IDD QUM meeting to ensure follow up, corrective action, and improvement. Additionally, should any ongoing issues present, Quality Management staff

have an ongoing monthly quality assurance process that uses approved tools for continuous monitoring, assessment, and improvement. When issues are found, these tools are updated to reflect the item of non-compliance. Monthly quality assurance is submitted by program managers to the Quality Management Department and random samples are reviewed intermittently for interrater reliability. Should trends continue or concerns present, related to the overall performance of a service or program, the Administrator of Quality Management may select to conduct a more in-depth Program Survey of the identified program (see additional information on the Program Survey process in the ‘Other Quality Related Activities’ Section later in this plan).

Methods for Measuring, Assessing and Improving Access to Services and Service Capacity

Tri-County continuously looks at ways to improve access to and capacity for services. Through established committee structures and the use of data available to Tri-County, through local and state systems for analysis, staff regularly monitor service access and issues that may be impacting capacity for possible quality improvement initiatives. In 2025, the IDD Department, as a part of a Strategic Board Goal aimed at ensuring a more efficient, streamlined, and client-centered experience, improved timely access to IDD services. By June of 2025, IDD Authority successfully eliminated the intake backlog and significantly streamlined the 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. As a part of the assessment and improvement process, staff 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 and provided insight into ongoing quality improvement needs.

Additionally, Tri-County seeks opportunities to expand our service capacity through grant funding and service contracts. We are also actively pursuing fundraising opportunities and soliciting donations. Tri-County continues to analyze data and work to improve staff competency and productivity so that more services can be provided with existing resources.

Methods for Measuring, Assessing and Reducing Critical Incidents of Individual Abuse, Neglect, and exploitation and improving the individual rights protection process

Plan for reducing confirmed instances of abuse and neglect

On a quarterly basis, the Rights Protection Officer prepares information relevant to abuse, neglect and exploitation of individuals served for review. This data includes not only confirmed allegations, but also unconfirmed and inconclusive allegations. The data is reviewed and analyzed by the IDD QUM Committee for trends or patterns involving particular programs, certain staff or individuals served. If trends or patterns are identified, recommendations for improvements are made, and improvement plans are requested if necessary. Tri-County QM Department staff work closely with the providers to assist with increased staff training to include documented annual updates in key training areas for new employees, as well as for current employees. The Safety Committee also reviews the data to determine any trends or patterns related to safety and makes necessary recommendations.

Tri-County continues its efforts to safeguard the well-being of the individuals they serve. The 1-800 line routed directly to the Rights Protection Officer continues to be a helpful tool to both individuals served and staff. Individuals served may stay in touch with the Rights Protection Officer without having to make a long-distance phone call. Although the 1-800 line is picked up by voicemail after hours, callers are instructed in the message on how to reach the 24-hour Crisis Hotline for assistance if in crisis and Department of Family and Protective Services (DFPS) 1-800 line in cases of abuse, neglect, or exploitation. If DFPS is contacted about potential abuse, neglect, or exploitation, they will contact the Rights Protection Officer or the agency on-call phone after hours, which is routed directly to the Risk Manager who will then notify the Right Protection Officer. We continue to pursue a diligent education program on how to exercise rights and contact the Rights Protection Officer, as well as the DFPS, when there is a need. We ask that each department include a small portion of rights training in their staff meetings on a regular basis.

Rights, Abuse/Neglect, Safety, and Health Data

Rights related issues, as well as abuse and neglect information, is tracked, reviewed, and reported on a regular basis through the Rights Protection Officer. Tri-County safeguards the health and safety of individuals served, families, and staff through the ongoing monitoring and reporting of critical incidents including:

- Medication errors;
- Serious physical injury;
- Behavior intervention plan that authorizes restraint;
- An emergency personal restraint;
- An emergency mechanical restraint; or
- An emergency psychoactive medication restraint.

Additional areas monitored and assessed for needed reporting or quality improvement include: infection control events, maintenance, and safety reports (risk data). For a deficiency identified by HHSC related to individuals' critical health, safety, rights, or abuse, neglect, and exploitation, Tri-County will immediately correct the deficiency and within five business days after receipt of a request from HHSC, develop a Corrective Action Plan (CAP) that adequately addresses the correction of the deficiency that includes a description of local oversight activities to monitor and maintain the correction of the identified problem, and submit, in accordance with the IDD Submission Calendar, to HHSC for approval.

Within 30 calendar days after receipt of a request from HHSC, Tri-County will develop a CAP that adequately addresses the correction of a deficiency other than one related to critical health, safety, rights, or abuse, neglect and exploitation that was identified by HHSC during oversight activities and that includes a description of local oversight activities to monitor and maintain the improvement of the identified problem, and submit, in accordance with the IDD Submission Calendar, to HHSC for approval.

The IDD QUM Committee reviews the risk data quarterly, looking for trends in all aspects of the data. If trends are found, improvement plans are requested from the appropriate program and any ongoing issues are shared with the Continuous Quality Improvement Committee for evaluation of future goals or activities. The Safety Committee reviews those incidents involving maintenance

and safety issues and the Management Team liaison reviews these reports at least quarterly and takes remedial action as appropriate. Complaints are tracked through all levels of the organization, and each complaint continues to be tracked until it is resolved.

If an allegation is confirmed by the Rights Protection Officer, the Administrator of Quality Management, Risk Manager, and the appropriate program manager determine what the Center can do to keep incidents from happening again. Occasionally, staff have received more in-depth, face-to-face training on topics such as positive behavior management, customer service, and abuse and neglect. Often these trainings are customized for other programs in an attempt to proactively reduce the incidence of abuse, neglect, and exploitation before it occurs.

All individuals served or their legally authorized representatives (LARs) will be provided information on all available providers of IDD services in the area, including the State Supported Living Centers, and will be informed of all choices. No efforts will be undertaken to persuade families to choose one option over the other.

In identifying improvement opportunities, it is important to note the significance of quality staff training. Our staff receive both face-to-face and computer-based training upon date of hire, with strict completion dates. Retraining in these areas continue on an annual basis via computer based and face-to-face training. In addition, the Rights Protection Officer may conduct training with specific program staff as needed.

Additionally, the QM Department has interviews with program staff during the program survey process of each department to ensure that staff members are knowledgeable in reporting rights, abuse, neglect, and exploitation issues. During the review, each facility is checked to ensure that proper information on how to contact the Rights Protection Officer and DFPS is posted with easy to understand instructions on how to utilize the information.

The Center continues to focus on best hiring practices in order to reduce the turnover rate of our employees. Significant efforts to retain staff continue to be explored and utilized when financially viable for the Center. The Center continues in its commitment to seek and identify new ways to provide quality services to individuals with resources that are available.

[Methods for Assessing and improving the Process for reviewing Rights Restrictions](#)

As outlined previously in this plan, The Human Rights Committee (HRC) has been established to ensure the rights of individuals receiving services are not restricted or limited without review by appropriate staff and the Rights Protection Officer (RPO). While the Rights Protection Officer is solely responsible for approval or denial of any limitation or restrictions, Tri-County has chosen to team model to ensure a more thorough assessment and evaluation of each case believing that it would lead to greater accountability and improvement. This Committee meets annually or as needed to conduct its business and reviews Tri-County procedures related to consumer rights on an annual basis and makes recommendations to continue, modify, or develop new procedures to ensure the Center fulfills its responsibilities in this area.

[Methods for Measuring, Assessing, and Improving the Accuracy of Data reported by the LIDDA](#)

Tri-County continuously works to improving the data that is used for measurement of our activities. Our focus remains to identify areas of weakness and ensure that improvements are made when necessary. Tri-County employs specific staff who work to ensure that the mapping of our internal procedure codes to the state grid code is correct. Our staff are dedicated to re-evaluating and adjusting our system to improve its efficiency, as necessary. Tri-County batches encounter data to the state on a daily basis during business days so that reports from the HHSC data warehouse can be used for monitoring our progress toward meeting performance measures. Each day, selected staff review encounter data warnings so that corrections can be made in Tri-County's clinical system that might affect batching accuracy. Data entries completed by clinical staff are monitored to ensure accountability of the accuracy of service data. Additionally, Tri-County staff are doing the following activities:

- CARE reports are regularly monitored for performance (typically weekly) and target outcomes and data are reviewed at the QUM meetings for quality improvement purposes;
- The Billing Department regularly reviews billing information in the electronic health record for accuracy and to identify and correct any possible billing errors;
- The Billing Department reviews month end billing data and communicates with clinical staff as needed to ensure correction of billing errors;
- If trends or concerns arise, issues may be reviewed with Quality Management and additional reviews or training may be conducted for quality improvement purposes;
- Information Technology, Billing, and Quality Management staff are members of the Software Management Team and serve on the Quality and Utilization Management Committee and regularly review and discuss opportunities for quality improvement.

Other Quality Related Activities

In addition to the ongoing quality management activities listed in the above sections, Tri-County has established ongoing quality improvement activities that supports the goals outlined by this plan.

Monthly Quality Assurance Reviews

IDD Program Managers are required to participate in monthly quality assurance of service documentation. Tools are created in collaboration with the Quality Management Department and a sample of staff documentation are reviewed and submitted monthly to the Quality Management Department. Intermittent samples and independent reviews are then reviewed by Quality Management Staff and feedback is provided as issues are found and reviewed during regularly scheduled QUM meetings.

Internal Program Survey Process

One of Tri-County's self-assessment initiatives is the Program Survey process. The Administrator of Quality Management, the Rights Protection Officer, and other Quality Management and Center staff complete this process. This internal auditing process looks at an identified program's compliance with the IDD contract and other applicable standards. The program survey process is

continuously analyzed and redeveloped, as needed, to be in line with the current evidence-based practice models and other acceptable guidelines. Chart audits, interviews with program staff, interviews/consultation with program managers, interviews with individuals served, inspection of the facilities, review of satisfaction surveys, and review of training materials are all a part of this process. Additionally, program outcomes, quality and satisfaction endeavors, financial reports, personnel development, and compliance with privacy standards (i.e. HIPAA and 42 CFR Part 2) are reviewed during this process. A summary of findings from the survey is maintained in the QM Department and feedback on the strengths, weaknesses, and recommendations for improvement are provided to the program administrator at the conclusion of the review.

Programs are selected for review based on trends and other quality assurance results indicating a need for a more in-depth review. Each documentation/chart review conducted by Quality Management Staff consider applicable evidence-based practices, least restrictive principles, adequacy of services provided, and quality of individual continuum of care (i.e. continuity of care). Documentation and chart review tools used in these audits are developed from a variety of sources, including but not limited to:

- HHSC Performance Contracts;
- Texas Administrative Code;
- Texas Health and Safety Code;
- State Manuals;
- Evidence-based practices; or
- Other applicable State, Federal or funding source guidelines.

The tools will continue to be changed as necessary to ensure accurate measurement, assessment and improvement using the most current standards and guidelines. The results of each program survey audit are shared with the program manager and designated Management Team member who ensures a plan of correction, if necessary, and submits it to the Administrator of Quality Management. Consideration of items needing ongoing quality assurance are reviewed by QM as a part of the corrective action process to ensure continuous quality Improvement is addressed as needed. The Center's IDD QUM Committee and the IDD PNAC also review key findings and make recommendations as needed.

Satisfaction Survey

The Quality Management Department conducts phone surveys with individuals served during each internal program survey in order to monitor and assess satisfaction. Recommendations are made to program managers when indicated. In addition, satisfaction surveys are completed as a part of the Center's planning and self-assessment processes. Each program conducts their own satisfaction surveys on a quarterly basis using either a standardized questionnaire or a survey they have approved through the Quality Management Department. The results are requested to be reviewed during selected Program Surveys and are used to make reasonable changes and improvements to the program. In addition, the Administrator of Quality Management facilitates the distribution of additional satisfaction surveys, as needed, to further evaluate services.

Involving Stakeholders in the Quality Management Program

Tri-County communicates with individuals served, family members of individuals served, internal and external service providers and other stakeholders on a regular and ongoing basis while complying with information sharing guidelines. Through services, meetings, collaborations with community partners, and other appropriate outreach and means of communication, Tri-County utilizes input to reduce barriers and improve quality. Tri-County participates and collaborates with many community organizations and groups to include, but not limited to:

- Community Resource Coordinating Groups (CRCGs)
- Independent School Districts
- Hospitals and SSLCs
- Law Enforcement Agencies
- Criminal Justice Programs
- United Way
- Coalition for the Homeless
- Office of Emergency Management and other disaster recovery organizations
- Advisory Committees
- Advocacy Agencies
- Planning Network Advisory Committees
- Child Fatality Review Teams (CFRTs)
- Behavioral Health and Suicide Prevention Taskforce
- Crisis Collaboratives
- Various other community partnerships

Participation in these groups enables Tri-County staff to network and collaborate with representatives from other area agencies. Tri-County continues efforts to engage individuals served, their families, providers, advocates, local officials, volunteers, staff, and the general public in planning initiatives. Information received through stakeholders is obtained through a variety of ways including but not limited to:

- Scheduled Planning meetings
- Surveys (i.e. local planning, HCS, self-assessment, ongoing quality focused)
- Outreach
- Feedback provided to Provider and Quality Management through face to face interactions, written communication or via the Tri-County website.

This information is utilized to ensure Tri-County identifies community values, service needs, and priorities for individuals with IDD in our communities. This feedback facilitates future planning that is meaningful and quality focused.

Tri-County's Home and Community Services (HCS) program has an advisory committee that meets at least quarterly and is composed of individuals served, legally authorized representatives

(LARs) of individuals served, community representatives, and family members. The goal of this committee is to assist the program provider to perform the following activities:

- Evaluating and addressing the satisfaction of individuals served, or legally authorized representatives (LAR) of individuals served, with the program provider services;
- Soliciting, addressing, and reviewing complaints from individuals served or their LAR's about the operations of the program;
- Reviewing all allegations of abuse, neglect, and exploitation in order to ensure ongoing quality of care and prevention efforts as needed;
- Participating in a continuous quality improvement review of the program provider's operations and offering recommendations for improvement for actions by the program provider as necessary.

As mentioned in the previous section, Stakeholder feedback is solicited through satisfaction surveys completed as a part of Tri-County's directed planning efforts, required program standards (i.e. HCS) and ongoing self-assessment practices and results of satisfaction surveys are reviewed by Quality Management staff and shared with the QUM Committee and IDD PNAC to ensure that any problem areas have been resolved and that the perspectives of individuals served are considered as a part of quality improvement efforts.

Corporate Compliance:

Tri-County continues to implement and monitor initiatives that are outlined in the Center's Corporate Compliance Action Plan. Corporate Compliance training is part of the new employee orientation. All employees and the Board of Trustees receive annual training on Corporate Compliance. Mandatory training helps protect the Board of Trustees, employees of all levels, and contractors against the negative consequences of federal healthcare fraud and abuse. The Corporate Compliance Procedure requires that the Center develop an improved culture of sensitivity and awareness of federal funding requirements and compliance obligations. All Corporate Compliance allegations are investigated and, if needed, corrective action is taken. Corporate Compliance training issues are discussed with employees by their supervisor on a quarterly basis. An executive level staff member serves as the Chief Compliance Officer and the Corporate Compliance Committee meets at least quarterly.

To ensure compliance with regulations, Tri-County's compliance program includes the following:

- A corporate compliance policy that includes reference to the Corporate Compliance Action Plan as the guide for Corporate Compliance activities in the Center along with a requirement that training includes information on:
 - The Federal False Claims Act
 - The State Medicaid Fraud Prevention Act
 - Qui Tam;
- A Corporate Compliance Action Plan which guides the activities of the Corporate Compliance Program at Tri-County;

- A Community Based Services Agreement that requires any contractors entering into this agreement with Tri-County to either:
 - Participate in the Tri-County Compliance program, or
 - Provide their Corporate Compliance information to the committee for review and approval;
- The Corporate Compliance Training at hire, 90 days after hire, and annually to ensure a positive culture of compliance as well as a solid understanding of and compliance with regulation;
- An updated Agency Employee Handbook that reflects Corporate Compliance Program requirements.

Contract Monitoring:

Through Tri-County's Community Based Services Agreement (CBS), Contractors are required to follow the same standards and requirements as the Center and are required to sign the Data Use Agreement and participate in the Corporate Compliance Program as a condition of participation. The CBS addresses requirements related to HHSC performance contract, TAC, and laws and regulations related to areas of risk such as reporting of ANE, critical incidents, rights and privacy. The CBS allows Tri-County to monitor, assess and recommend improvements for contractors through requests for information and audits as deemed necessary and sanctions may be applied should they be needed in line with regulations. In addition to the above, Tri-County seeks feedback from individuals served and families of individuals served through respite providers and collects post discharge satisfaction surveys from all individuals coming out of State funded local psychiatric hospitals contracted through Tri-County and these surveys are reviewed by the Quality Management Department for ongoing evaluation and needed improvements.

Staff Development:

To ensure the provision of quality services, Tri-County staff receive on-going training. Training is provided to staff using various media. In addition to computer-based training, the Training Department also provides a variety of face-to-face trainings. Included in this training is a Corporate Compliance training review.

As program managers have identified problems or potential problems in their departments, the Training Department has developed specific computer-based training modules, as well as provided face-to-face training to the program staff. The Training Department has taken on a very proactive collaborative approach to improving the competencies of direct service program staff, which improves the quality of services they provide to the individuals with whom they work.

Tri-County is committed to on-going professional training and has a Clinical Trainer on staff that develops and implements trainings to improve staff competency as needed. The Training Department ensures that all staff are current on their trainings and no lapse occurs. Tri-County staff may also receive training from the Texas Council Risk Management Fund and other regional and statewide conferences. Tri-County ensures that professional clinical staff's licensing and credentials are current. Tri-County is committed to on-going professional training and provides a variety of experts to provide training on such topics as Person Centered care, Trauma Informed

Care, cultural diversity, customer service, responsible care, best practices, and teaching strategies for persons with intellectual and developmental disabilities, mental illness and substance use disorders.

ACCESSIBILITY OF THE IDD QM PLAN

This plan is accessible to all staff, contractors, stakeholders and oversight agencies. Once approved, the current IDD QM Plan is posted on the Tri-County website in an effort to ensure transparency with the public and oversight agencies.

PLAN REVIEW AND CONTINUOUS IMPROVEMENT

The IDD QM Plan is re-evaluated for its effectiveness annually or as needed by the Administrator of Quality Management. If the plan is not determined to be effective, new activities including intensified monitoring efforts, re-assignment of staff, and/or the appointment of additional committees or improvement efforts will be considered. The IDD QM Plan is reviewed, revised and approved every 2 years by the Board of Trustees. This plan will be amended, as needed, if any portion of the plan is modified or discontinued.

Agenda Item: Board Goal Update: Consumer Satisfaction Surveys

Board Meeting Date:

August 28, 2025

Committee: Program

Background Information:

As you may recall, one of the strategic goals this year was to regularly conduct client satisfaction surveys to gather valuable feedback, identify areas for improvement and enhance the quality of our services. As a part of this goal, staff have prepared a summary of the survey results.

At this time, there are four different surveys being conducted across the Center. Three have been initiated by the Quality Management (QM) Department and one is being conducted by the IDD Authority Department. These surveys solicited feedback through a variety of methods (i.e. phone calls, face to face interviews, and QR codes) in order to capture a larger subset of our population and gain more insight into areas we may be able to make improvements. Following feedback, later in the process, that some individuals were having difficulty accessing the QR code, a paper version was added.

In total, 358 individuals responded to the surveys with outreach attempts made to almost 700 individuals. Below is a Summary of the survey results to date:

- Quality Management Initiated Phone Surveys: 106 Participants (500 attempts)
- In-person interviews conducted by QM: 78 Participants
- QR Code/Paper Surveys: 101 Participants
- IDD Intake Surveys: 73 Participants

Overall, feedback provided from clients was overwhelmingly positive, with most expressing satisfaction and gratitude for services, staff professionalism, flexibility, and the positive impact on their well-being. Many highlighted specific staff for their dedication, patience, and support and noted improvements in their mental health (both adults and LAR/youth).

A few constructive comments noted challenges with appointment rescheduling, long wait times for certain services (such as therapy and clinic wait times) and other feedback cited limited resources, discontinuation of programs such as the integrated clinic, requests for expanded hours of operations and greater leniency with missed appointments.

While there were some isolated concerns related to staff communication and customer service, these concerns did not present a trend over any specific program or staff.

The IDD Intake Surveys yielded primarily positive results as well, with some areas of improvement including, continuing to work towards eliminating our DID backlog, looking for ways to simplify collection of needed documentation and ensuring timely access to IDD Case Management services.

Supporting Documentation:

MH Client Satisfaction Survey Visuals

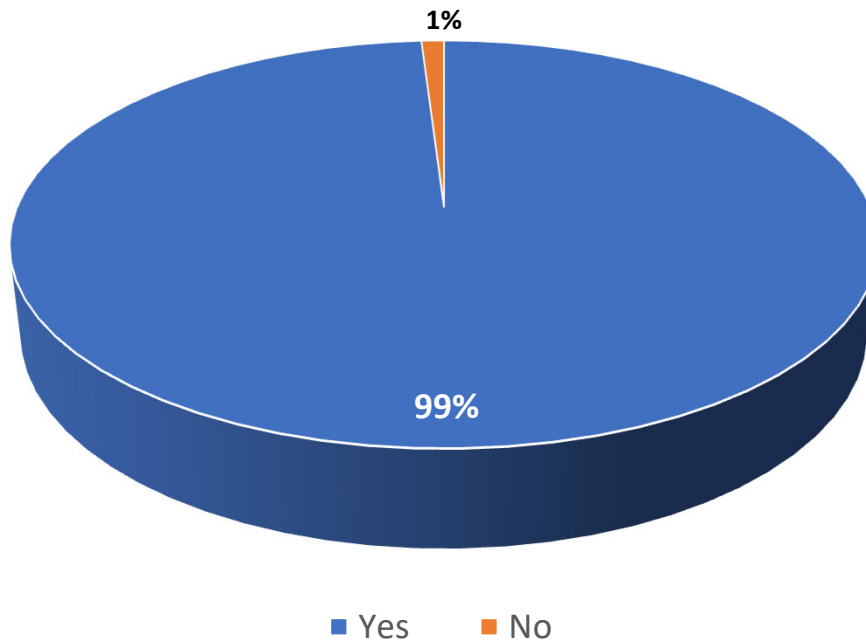
Recommended Action:

For Information Only

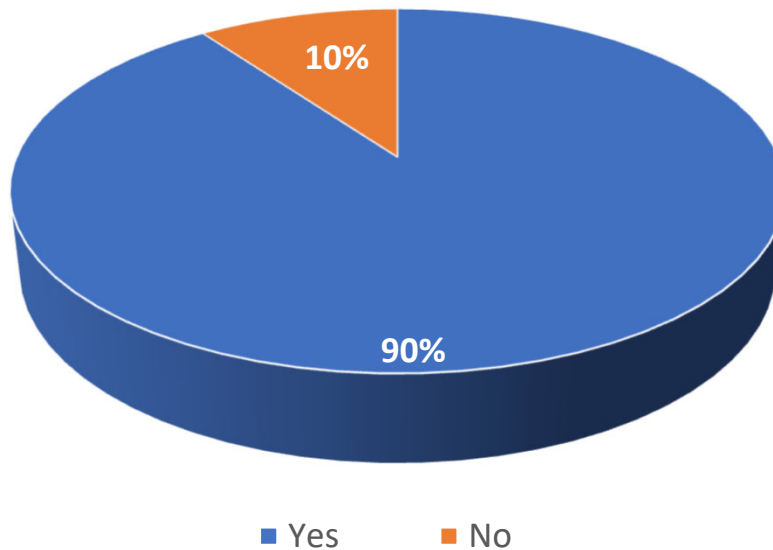
Client Satisfaction Survey

(Combined Phone/In-Person/QR Code)

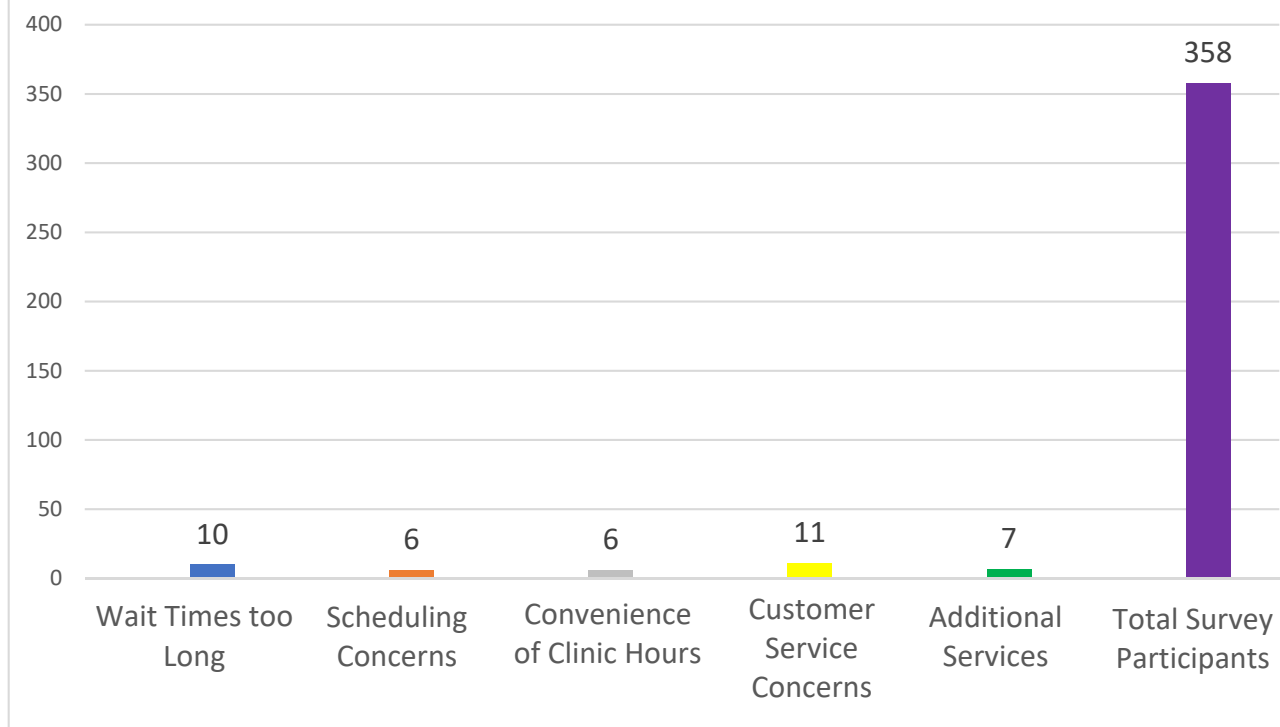
Treated with Dignity & Respect



Overall Satisfied with Services

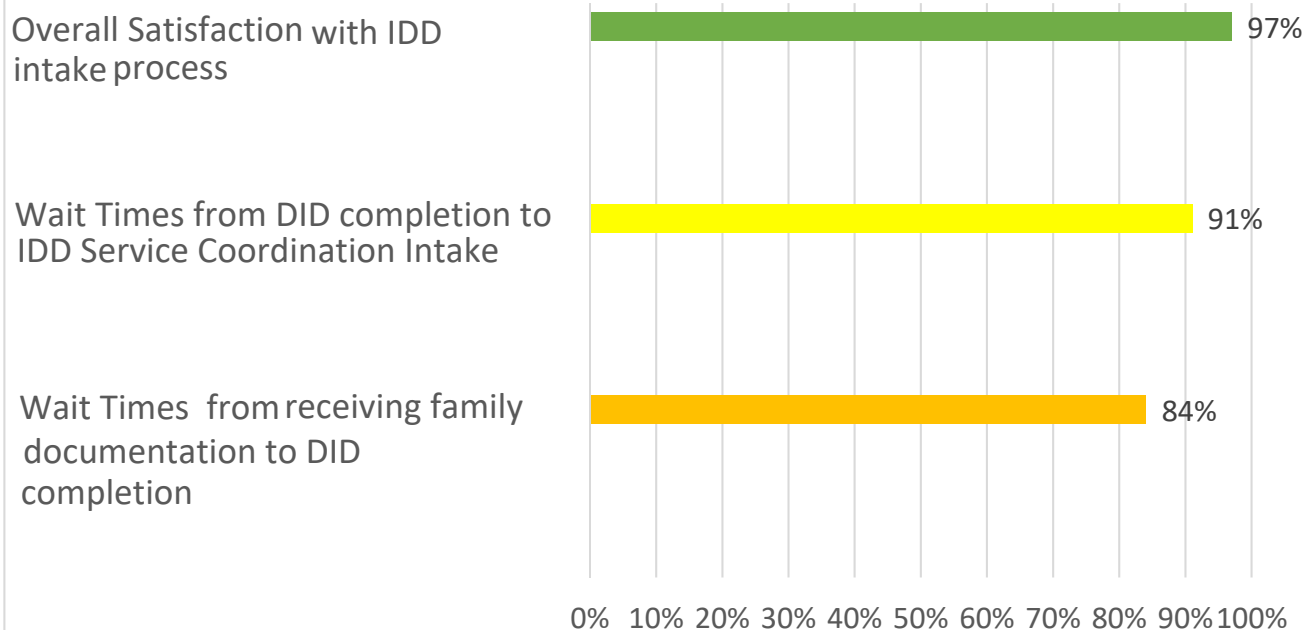


Most Commonly Cited Concerns*



*Individuals citing a concern may also have indicated overall satisfaction with services

IDD Intake: Percent Satisfied by Category



Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: August 28, 2025
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

July 25, 2025 – August 28, 2025

Volunteer Hours:

Location	July
Conroe	104.5
Cleveland	6
Liberty	13
Huntsville	10
Total	133.5

COMMUNITY ACTIVITIES

7/25/25	Walker County Juvenile Services Staffing	Huntsville
7/25/25	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup Meeting - Virtual	Conroe
7/25/25	Blended Adult MHFA for Volunteers of America	Conroe
7/26/25	Adult MHFA for Camp Shield - Virtual	Conroe
7/28/25	Blended Youth MHFA for Devers ISD	Devers
7/28/25	Montgomery County ISD Back to School Bash	Montgomery
7/29/25	Conroe ISD Counselor Conference	Shenandoah
7/29/25	Youth MHFA for Tarkington ISD	Cleveland
7/29/25	Parent Night at Grangerland Intermediate School	Conroe
7/30/25	Youth MHFA for Community	Conroe
7/30/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
7/30/25	HEARTS Museum Chamber of Commerce Meeting	Huntsville
7/31/25	Resilient Responders Meeting	Conroe
8/1/25	Montgomery Hispanic Chamber Meeting	The Woodlands
8/2/25	Veteran Meet Up - Cleveland Historical Museum	Cleveland
8/6/25	Youth MHFA for Liberty ISD Classes 1-8 - Virtual	Conroe
8/6/25	Montgomery County Child Crisis Collaborative	Conroe
8/6/25	Lake Conroe Chamber Meeting	Conroe
8/7/25	Greater Cleveland Chamber Meeting - Networking Lunch	Cleveland
8/7/25	AS+K Training for Montgomery County Women's Center	Conroe
8/7/25	Meet the Teacher at Anderson Elementary School	Conroe
8/8/25	Blended Youth MHFA for Montgomery County Child Advocates	Conroe
8/8/25	Santa Fe Middle School Resource Fair	Cleveland
8/9/25	R. F. Meador Library Back to School Event	Willis
8/11/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup	Conroe
8/11/25	Meet the Teacher at Moorhead Junior High	Conroe
8/11/25	Meet the Teacher at Grangerland Intermediate School	Conroe

8/11/25	Lake Conroe Chamber Luncheon Meeting	Conroe
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
8/13/25	Child Fatality Review Team - Virtual	Conroe
8/18/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
8/18/25	Walker County Food Coalition	Huntsville
8/19/25	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
8/20/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
8/20/25	The Woodlands Chamber Meeting - Networking Breakfast	The Woodlands
8/21/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
8/22/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup - Virtual	Conroe
8/23/25	Youth MHFA for Community - Virtual	Conroe
8/26/25	Walker County Community Resource Coordination Group & Crisis Collaborative Meeting	Huntsville
8/26/25	Child Fatality Review Team - Virtual	Conroe
8/27/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
8/28/25	Walker County Juvenile Services Staffing	Huntsville
8/28/25	Magnolia Chamber Luncheon Meeting	Magnolia

UPCOMING ACTIVITIES

8/29/25	Fourth Quarter Military Veteran Peer Network Meeting - Virtual	Conroe
9/3/25	Montgomery County Child Crisis Collaborative	Conroe
9/3/25	Greater East Montgomery County Chamber Luncheon	New Caney
9/8/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity & Special Needs Workgroup	Conroe
9/9/25	Magnolia Chamber - Networking Breakfast	Magnolia
9/9/25	Family & Community Coalition of East Texas	Conroe
9/12/25	Huntsville Chamber - Networking Breakfast	Huntsville
9/15/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
9/16/25	Adult MHFA for the Community - Virtual	Conroe
9/16/25	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
9/17/25	Montgomery County Constable's Office - Community Partners Luncheon	The Woodlands
9/17/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
9/17/25	Greater East Montgomery County Chamber Networking Breakfast	New Caney
9/18/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe

9/19/25	Blended Youth MHFA for Southeast Texas Cooperative for Special Services	Liberty
9/20/25	Muster Festival - HEARTS Museum	Huntsville
9/23/25	Adult MHFA for Lone Star College Montgomery Faculty	Conroe
9/23/25	Walker County Community Resource Collaborative Group & Crisis Collaborative Meeting	Huntsville
9/24/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
9/26/25	Walker County Juvenile Services Staffing	Huntsville
9/26/25	The Woodlands Chamber - 47 th Annual Meeting and Awards Luncheon	The Woodlands
9/30/25	Splendora ISD Transition Fair	Splendora
9/30/25	Youth MHFA for Community - Virtual	Conroe

Agenda Item: Consumer Services Report for July 2025 Committee: Program	Board Meeting Date: August 28, 2025
Background Information: None	
Supporting Documentation: Consumer Services Report for July 2025	
Recommended Action: For Information Only	

CONSUMER SERVICES REPORT

July 2025

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	320	31	16	-	-	-	-	367
Youth Crisis Outreach Team (YCOT)	51	5	1	-	-	-	-	57
Crisis Hotline Served	338	33	26	-	-	-	-	397
Crisis Stabilization Unit	65	8	1	65	-	6	2	74
Crisis Stabilization Unit Bed Days	204	14	0	204	-	10	4	218
Adult Contract Hospital Admissions	23	2	0	23	-	2	0	25
Child and Youth Contract Hospital Admissions	7	1	1	7	0	0	1	9
Total State Hospital Admissions (Civil only)	1	0	0	0	1	0	0	1
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1192	220	187	1192	-	126	94	1599
Adult Medication	916	149	126	916	-	78	71	1191
TCOOMMI (Adult Only)	88	21	5	88	-	8	13	114
Adult Jail Diversions	2	0	0	2	-	0	0	2
Child Levels of Care (LOC 1-5, EO, YC, YES)	676	86	96	465	211	52	34	858
Child Medication	227	31	34	155	87	16	0	292
Multisystemic Therapy (MST)	15	1	3	-	-	-	-	19
School Based Clinics	80	18	0	-	-	-	-	98
Veterans Served								
Veterans Served - Therapy	36	4	1	-	-	-	-	41
Veterans Served - Case Management	24	11	2	-	-	-	-	37
Persons Served by Program, IDD								
Number of New Enrollments for IDD	28	4	3	28	-	3	1	35
Service Coordination	878	103	94	878	-	57	46	1075
Individualized Skills and Socialization (ISS)	7	20	18	-	-	4	16	45
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	31	17	19	31	-	4	13	67
Substance Use Services, Adults and Youth Served								
Youth Substance Use Disorder Treatment/COPSD	12	0	0	12	-	0	0	12
Adult Substance Use Disorder Treatment/COPSD	32	1	2	32	-	1	0	35

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	2129	355	246	-	-	-	-	2730
American Rescue Plan Act (ARPA) Funded Therapy								
Expanded Therapy	100	0	0	100	0	0	0	100
After Hours Therapy	64	0	0	60	4	0	0	64
June Served								
Adult Mental Health	1665	305	272	1665	-	175	130	2242
Child Mental Health	886	110	114	618	268	78	32	1110
Intellectual and Developmental Disabilities	1074	130	105	1074	-	66	64	1309
Total Served	3625	545	491	3357	268	319	226	4661
July Served								
Adult Mental Health	1758	323	249	1758	-	201	122	2330
Child Mental Health	819	108	108	557	262	71	37	1035
Intellectual and Developmental Disabilities	1047	139	110	1047	-	71	68	1296
Total Served	3624	570	467	3362	262	343	227	4661

Agenda Item: Program Updates Committee: Program	Board Meeting Date: August 28, 2025
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

July 25, 2025 – August 28, 2025

Crisis Services

1. We have received the FY 2026 Performance Contract for YCOT that requires some modifications to our current program but also allows for us to serve more youth who are experiencing a behavioral health crisis in Montgomery, Walker, & Liberty counties. We will work closely with schools, law enforcement, and other child serving agencies in the area with established protocols for youth specific crisis intervention and stabilization services. Our YCOT Response staff will shift to a rotating schedule on September 1 providing crisis response in the community seven days a week, 10 hours per day.
2. The Crisis Intervention Teams with Conroe Police Department (CPD) and Montgomery County Sheriff's Office (MCSO) have continued operate with two full-time Tri-County clinicians each. Total services provided in July for CPD units was 76 crisis services to 50 individuals, one of whom was a youth. MCSO total crisis services in July were 55 to 51 individuals, seven of whom were youth. Out of the 101 individuals who received crisis services in July from these teams, only three were taken to jail. More importantly than the numbers served were the significant impact these staff have in the community, where they commonly are involved in 911 calls for suicides in progress and assisting individuals needing mental health services in the community. When appropriate, these staff can arrange for a direct admit from the call scene to inpatient psychiatric care, saving significant amounts of time for the patient and avoiding delays commonly involved in seeking inpatient care.
3. We have continued to see a lower number of admissions to our Private Contract Beds (PCB) but have had a fairly consistent admission rate to CSU. We will end this fiscal year (FY 2025) with about a 20% decrease in total inpatient admissions from last year, however, FY 2024 had total rates of admission that were approximately 25% higher than the previous year (FY 2023). CSU admissions have experienced the most increase with FY 2023 only admitting 46 adults, increasing to 291 in FY 2024, and currently at 534 adult patients for FY 2025. With the increase in CSU admissions, our use of PCBs has drastically decreased from 882 in FY 2023, 957 in FY 2024, and dropping by almost 50% to 462 admissions in FY 2025.
4. Crisis services is currently hiring for a Crisis Triage Specialist at the PETC, one YCOT Response QMHP, one YCOT Stabilization clinician, two YCOT Family Partners, and one PETC Administrative Assistant after losing our current assistant to retirement. All supervisor positions, COC staff, and CIT clinicians are fully staffed at this time.

MH Adult Services

1. The FEP (First Episode Psychosis) team attended an FEP Best Practices Conference where they learned more about the Texas FEP model and networked with other FEP providers around the state. The FEP team is still looking to fill the vacant Peer Specialist and Family Partner positions.

2. Conroe intake has had a busy summer, in-line with previous seasonal trends in adult services. July had the most adults present through walk-in services, totaling 170 for the month.
3. Upon final FY 26 budget reviews, we have made the decision to consolidate the Supported Housing program by removing the Coordinator position and having the field-based staff directly provide the housing services.
4. Success Story: Adult Outpatient Services is celebrating the graduation of two individuals from our ACT team. The first individual has made remarkable progress. When he began services, he experienced significant anxiety and struggled to engage in conversations. By the time of his graduation, he was communicating effectively, independently scheduling his own appointments, and managing medication refills. The second individual, who has re-engaged with our ACT team several times over the years, has now achieved stability with housing and has successfully avoided hospitalization. Both individuals have demonstrated substantial growth over the past six months and have transitioned to lower levels of care.
5. The Cleveland Rural Clinic Coordinator has been involved in the local Chamber of Commerce. She has been building community relationships in the area, helping to promote local back-to-school drives and improving communication. She was asked to present to the Chamber on Mental Health in August and did a fantastic job educating the community about the importance of our services.

MH Child and Youth Services

1. Our Multisystemic Therapy (MST) Supervisor was recognized in the MST Texas Newsletter this month. In just one year since our MST program launched, this employee has mastered the model and built a team culture that's supportive, collaborative, and engaging – all without prior MST experience.
2. Our HHSC Youth Empowerment Services (YES) Review is complete. Four improvements were noted in Wraparound Plan documentation since last year, highlighting progress in quality. Two new timeline-related issues were identified and quickly corrected to ensure future compliance.
3. School is back in session, and our Child and Youth Mental Health Specialists have returned to campuses, actively providing skills training to our clients. As with every new school year, the first few weeks are challenging. Many schools are overwhelmed during this time and will not allow us to meet with students for a week or two. In addition, we often face the challenge of rebuilding relationships on campus due to faculty turnover over the summer.

Criminal Justice Services

1. The Montgomery County Jail continues to approach capacity with the current number of inmates at 1270 (max capacity is 1358). The jail continues to house approximately 30 inmates at the Waller County Jail to ease overcrowding.
2. Montgomery County Probation recently provided three TCOOMMI staff with safety training. We are grateful for our ongoing partnerships and collaboration with this group.

3. Success Story: A TCOOMMI client has a history of being hospitalized three times for suicide attempts has done very well in our program. She has obtained stable housing and got stable on meds and is involved in the Montgomery County Drug Court. The DA commented on how well the client is doing now after being in the TCOOMMI program. She also has remained out of the hospital for the last six months.

Substance Use Disorder Services

1. We are in the process of closing out the COPSD program, which was discontinued by HHSC. Clients are being transitioned to regular adult services and mental health care, with weekly transition plans submitted to HHSC as part of the close-out process. The staff member who previously provided COPSD services has agreed to transfer to our youth program in Conroe, where they will support youth substance use treatment.
2. As we get closer to opening the new Cleveland facility, our Program Manager and Director will be looking at opportunities to provide marketing and outreach in that are to educate the community on our expanding resource.

IDD Services

1. IDD Provider Services has filled both House Manager vacancies and one Weekend Relief employee for our group homes, but there is one Weekend Relief position vacant position left to fill.
2. Each of our Individualized Skills and Socialization (ISS) sites is experiencing turnover in Direct Care Provider (DCP) positions, though the causes vary. Recruitment has been challenging, largely due to salary limitations and the wide range of responsibilities expected in this role. In addition to providing training, DCPs assist with tasks such as toileting, changing, oral hygiene, feeding, administering medications, and redirecting behaviors. Looking only at the number of vacancies does not fully capture the impact. To provide better context, it is important to show the actual number of DCP positions allocated at each ISS site as indicated in the table below.

Town	Total DCP	DCP Filled	DCP Vacant	Comments
Cleveland	2.5	1	1.5	Covers ISS, Transportation and Nursing Facility
Liberty	4	4		One going through NEO Covers ISS, Transportation and Nursing Facility
Huntsville	6	5	1	These staff also assist with vacant house position.

3. Cleveland employees, consumers and their families are excited about the upcoming move and cannot wait to see everything come together.
4. The Cleveland move will require our Individualized Skills and Socialization License to be updated prior to services beginning at new site.

5. On July 31, 2025, HHSC sent communication to LIDDAs, that effective September 1, 2025, Local Procedure Development and Support (LPDS) will use the LIDDA Connect File Sharing Interface (FSI) to post HCS and TxHmL Waiver slot releases. This helps streamline a potentially sanctioned process by housing all information and documents associated with a person's Waiver Interest List enrolment in one place. LPDS will send an email notification containing the enrollment due dates and directives when slots are released. LIDDA staff are responsible for downloading the slot release spreadsheet and other related documents. No confidential information will be included.
6. The LIDDA received notification from HHSC in regards to a newly created form for clients receiving the Non-Waiver service, Community First Choice (CFC). Form 1701, Support Plan Narrative, and revised Form H6516, Community First Choice Assessment and its instructions are anticipated to be posted to the HHS website effective September 1, 2025. LIDDA staff have been given the opportunity to ask questions prior to the training scheduled for August 19, 2025.

Support Services

1. Quality Management (QM):

- a. QM staff, in collaboration with Adult Outpatient staff, participated in the onsite portion of the HHSC Comprehensive QM Audit on August 11, 2025. Preliminary feedback was positive.
- b. Staff participated in the Desk Review portion of the HHSC Comprehensive QM Audit on August 18th through the 22nd. Updates will be provided to the Board as they become available.
- c. The Administrator of Quality Management is currently conducting an internal Program Survey of the Crisis Stabilization Unit (CSU) in order to follow up on recent internal audits.
- d. Staff are currently implementing corrective actions following several internal quality focused reviews aimed at areas of improvement needed in recent Office of the Inspector General (OIG) reports.
- e. In addition to routine and ongoing quality assurance of documentation, staff reviewed 20 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.
- g. The Continuous Quality Improvement Committee (CQI) met on August 15th, to review progress and status on FY25 CQI goals and discuss next steps for quality improvement.

2. Utilization Management (UM):

- a. UM staff reviewed 10% of all discharges for the months of June and July and provided feedback to staff and supervisors as needed for quality improvement.
- b. Staff reviewed all progress notes that utilized the COPSD Modifier for June and July and offered feedback to program staff as needed.

- c. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in both June and July to support continuous quality improvement.
- d. On August 7th the Administrator of Utilization Management attended the Regional UM meeting of ETBHN and reviewed information including but not limited to, data on fairness and equity, medication costs and cost effectiveness of services.
- e. The Administrator of Utilization Management reviewed several key reports at the August 13th MH QM/UM Committee Meeting, to include, but not limited to, information on Center overrides, authorizations, and over and underutilization.

3. Training:

- a. The Clinical Trainer attended a three day Adult Mental Health First Aid course to become a certified Virtual Public Adult Instructor.
- b. The Training Department continued to provide Super User Training to 40% of staff who utilize the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths Assessment (CANS), in line with contract requirements.

4. Veteran Services and Veterans Counseling/Crisis:

- a. The Veteran Services Counselor has transferred over to the new TVC program which will provide mental health counseling and peer support to local veterans. The Therapist and Peer positions under this grant will allow the team to target veterans across all three counties more effectively.
- b. The Military Veteran Peer Network that we coordinate for the regional reported 418 contacts with veterans and their families over the month of July.

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

- a. The IDD PNAC met on August 6th and reviewed the draft Local Provider Network Development (LPND) Plan. Feedback from the Committee was positive and minor adjustments were made to highlight the needs of the Autism population that does not qualify for Medicaid waivers.
- b. The MH PNAC met on August 12, 2025 to review Center updates, financial status, performance measures and reviewed and discussed the Substance Use Disorder (SUD) Program Survey conducted by the Administrator of Quality Management along with other audit updates and data trends. The PNAC discussed recent focus on improvement measures and recommendations were discussed related to the importance of better understanding how that data applied to our client population once the new reports become available to Centers.

Agenda Item: Annual Election of FY 2026 Board Officers Committee: Executive	Board Meeting Date August 28, 2025
Background Information: The By-laws for the Tri-County Board of Trustees require Board officers to be elected each fiscal year. Tim Cannon, Chair of the Nominating Committee, will present the slate of officers for election. Members of the Nominating Committee also include Jacob Paschal, Sharon Walker and Carl Williamson.	
Supporting Documentation: None	
Recommended Action: Elect Officers for FY 2026 Board of Trustees	

Agenda Item: Executive Director's Annual Evaluation, Compensation and Contract for FY 2026 Committee: Executive	Board Meeting Date August 28, 2025
Background Information: Annually, the Board of Trustees reviews the Executive Director's performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2025 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Morris Johnson, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Gail Page, Tracy Sorensen and Richard Duren.	
Supporting Documentation: None	
Recommended Action: Review Executive Director's Evaluation, Compensation and Contract Extension and Take Appropriate Action	

Agenda Item: Personnel Report for July 2025 Committee: Executive	Board Meeting Date: August 28, 2025
Background Information: None	
Supporting Documentation: Personnel Report for July 2025	
Recommended Action: For Information Only	

Personnel Report

FY25 | July 2025



OVERVIEW

NEW HIRES

July
6 POSITIONS

YTD
95 POSITIONS

SEPARATIONS

July
14 POSITIONS

YTD
111 POSITIONS

Vacant Positions
57

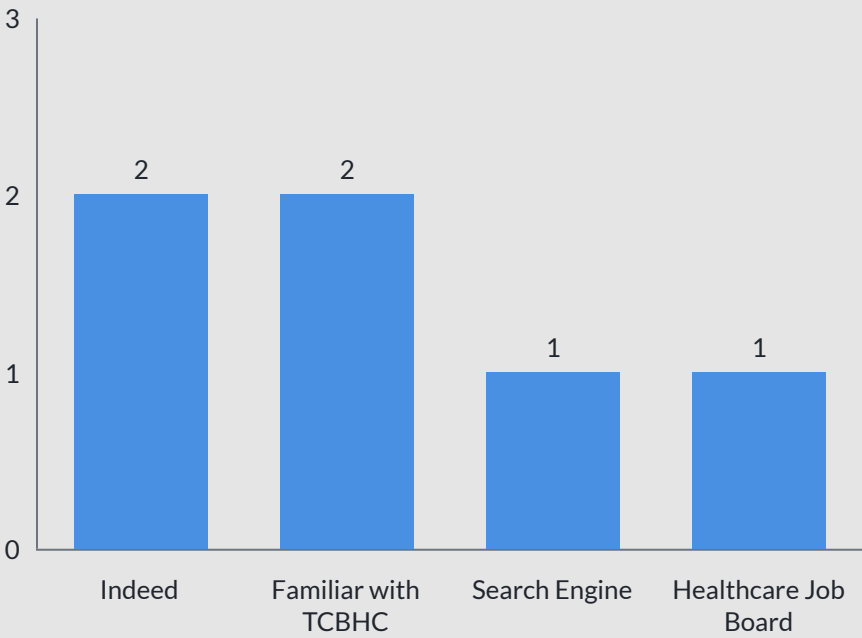
Frozen Positions
40

Newly Created Positions
3

Total Budgeted Positions
457

RECRUITING

How did July new hires hear about TCBHC?



RECRUITING EVENTS

N/A

APPLICANTS

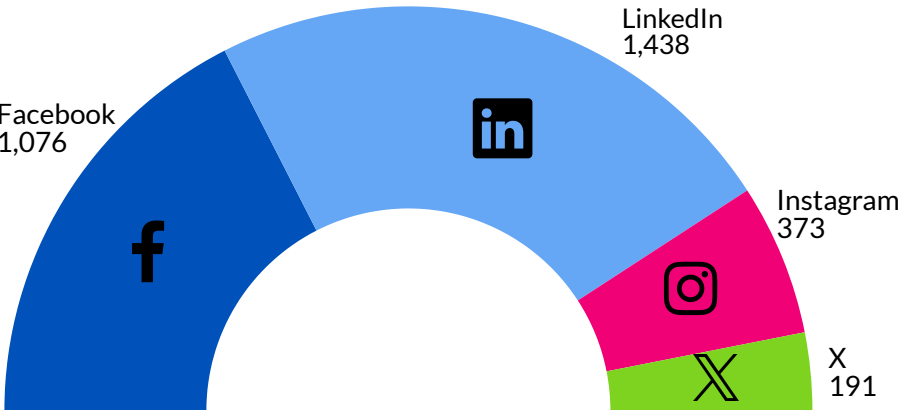
July Total Applicants	302
YTD Applicants	3,442

CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	40
PETC	6
CLEVELAND	4
HUNTSVILLE	3
LIBERTY	2
PORTER	2

SOCIAL MEDIA FOLLOWERS



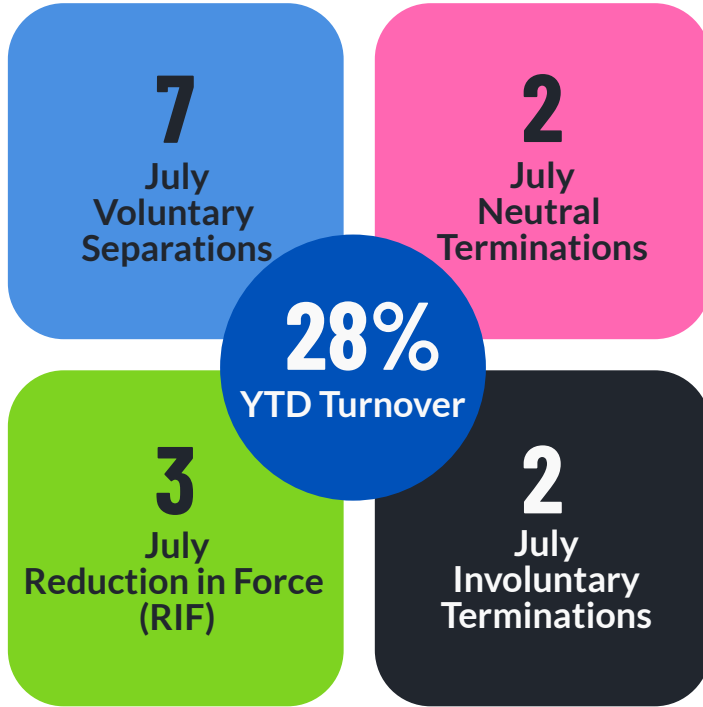
VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	21
Direct Care Provider	10
Psychiatric Nursing Assistant	3
LVN	3
Peer	2
Other	18

Exit Data

FY25 | July 2025

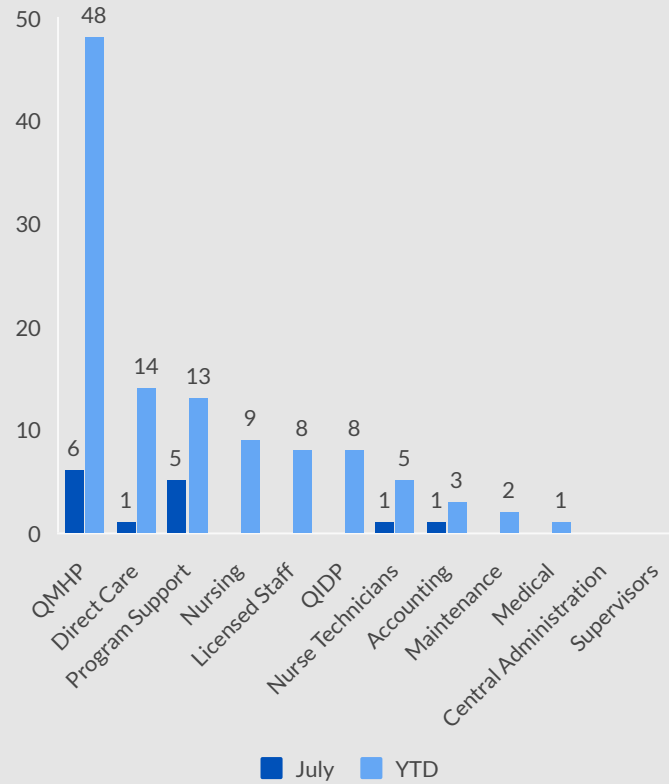
Exit Stats at a Glance



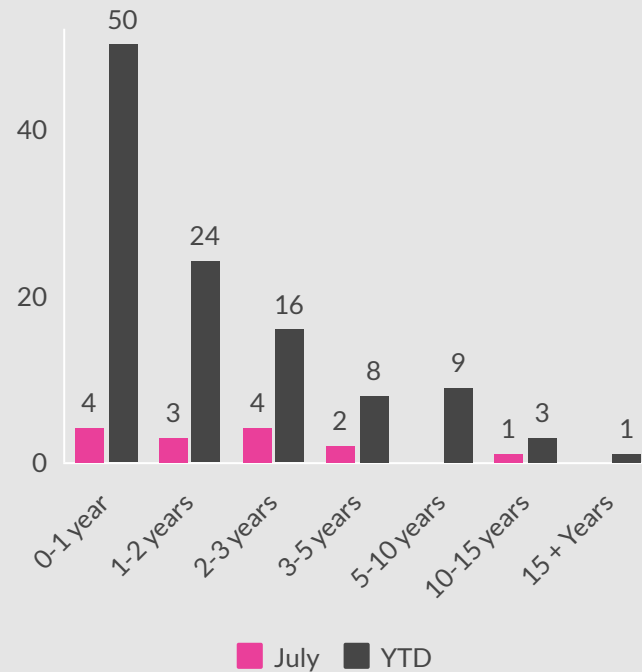
YTD Top Reasons for Separations

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

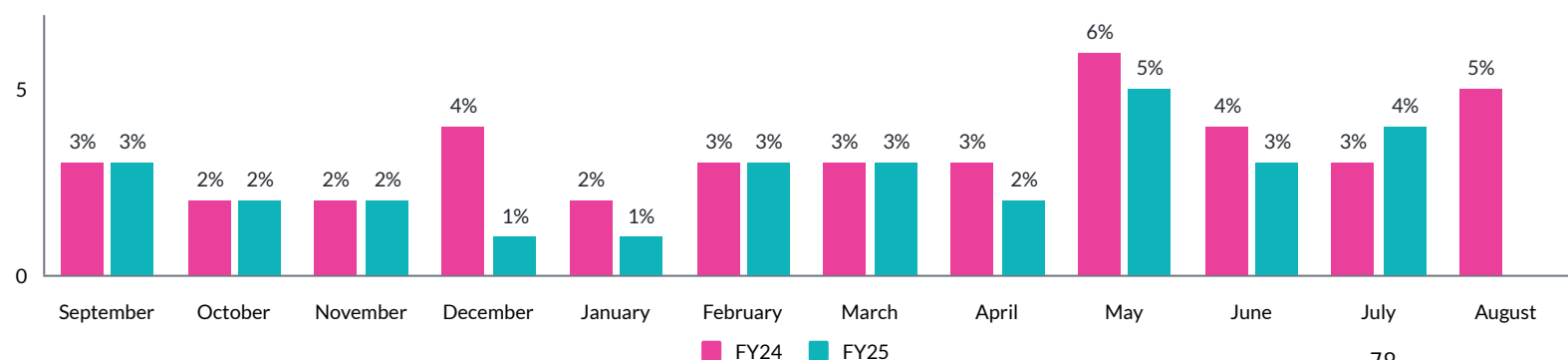
Separations by Category



Separations by Tenure

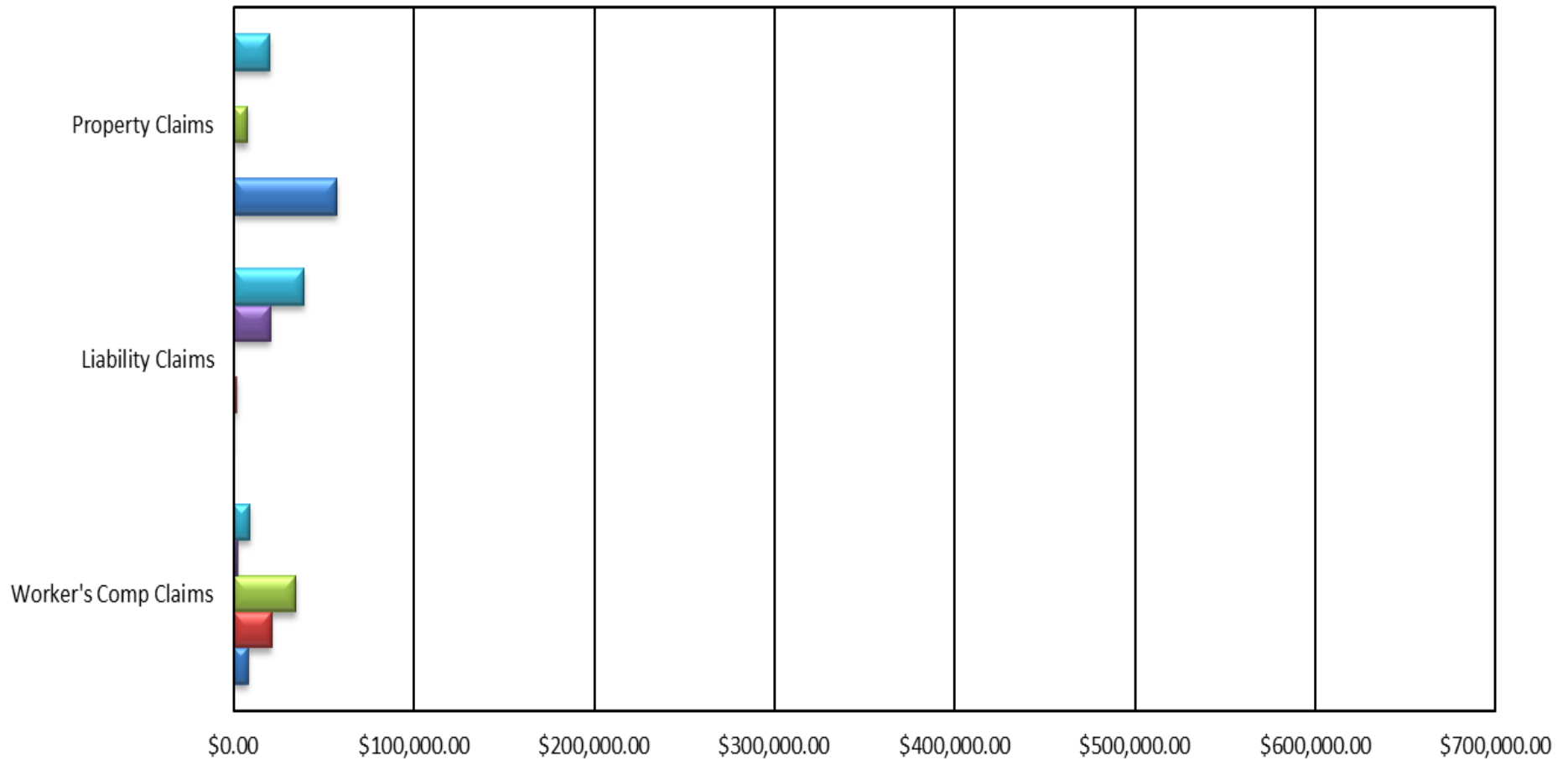


Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of July 2025 Committee: Executive	Board Meeting Date: August 28, 2025
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of July 2025	
Recommended Action: For Information Only	

TCRMF Claims Summary July 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	\$8,070.00	\$0.00	\$57,297.00

Agenda Item: Approve July 2025 Financial Statements	Board Meeting Date August 28, 2025
Committee: Business	
Background Information: None	
Supporting Documentation: July 2025 Financial Statements	
Recommended Action: Approve July 2025 Financial Statements	

July 2025 Financial Summary

Revenues for July 2025 were \$3,233,833 and operating expenses were \$3,224,955 resulting in a gain in operations of \$8,878. Capital Expenditures and Extraordinary Expenses for July were \$148,938 resulting in a loss of \$140,061. Total revenues were 96.09% of the monthly budgeted revenues and total expenses were 99.52% of the monthly budgeted expenses (difference of -3.43%).

Year to date revenues are \$40,482,553 and operating expenses are \$38,716,530 leaving excess operating revenues of \$1,766,023. YTD Capital Expenditures and Extraordinary Expenses are \$2,133,679 resulting in a loss YTD of \$367,656. Total revenues are 99.67% of the YTD budgeted revenues and total expenses are 100.56% of the YTD budgeted expenses (difference of -.89%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XVII Medicare – Regular	31,874	46,101	69.14%	14,226
Title XIX Case Management – MH	380,799	616,618	61.76%	235,818
Title XIX Case Management – IDD	1,357,739	1,374,020	98.81%	16,280
Directed Payment Program – DPP	1,857,685	2,048,048	90.70%	190,362
Title XIX – Medicaid Regular	309,047	539,006	57.34%	229,959
Title XIX – Rehab	1,718,648	1,827,552	94.04%	108,903
HHSC – OCE A01	446,388	592,257	75.37%	145,868
MCSO – Crisis Intervention Team	54,340	94,633	57.42%	40,293

Title XVII Medicare – Regular – Medicare is back after making the first appearance in May and falling off the report in June. 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. The swing from June to July was very high. June was \$7,874 for the month and July came in at \$177 for the month. We are researching to ensure all billing is being generated correctly.

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 37% higher in providing services compared to this same time period last fiscal year. Case Management MH is 19% 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 at 34% 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.

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 July we are up by 16%. 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 15th, 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 Intervention 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:

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	332,172	207,933	159.74%	124,239
Equipment Rental	154,383	140,491	109.89%	13,892
Fixed Assets – Computer	234,618	200,000	117.31%	34,618
Fixed Assets – Construction in Progress	80,015	0	0%	80,015
Fixed Assets – Furniture & Equipment	314,812	0	0%	314,812
Payroll Fringe – Health	1,663,410	1,582,106	105.14%	81,303
Travel – Local	387,516	352,796	109.84%	34,720
Vehicle – Repair & Maintenance	30,112	19,005	158.44%	11,107

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. This month we final had one of the preventive items completed on two A/C units at the Conroe facility. This should help prevent A/C issues in the future. 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.

Equipment Rental – This is the first time this line has appeared on the variance report. This line reflects the cost of our copier and printers throughout the agency. And also includes charges for overage fees of copies based on the contracted amount that are invoiced to us on a quarterly basis.

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 line reflects additional expense 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 July 2025

ASSETS	GENERAL FUND July 2025	GENERAL FUND June 2025	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,650	2,662	(12)
Cash on Deposit - General Fund	8,097,986	10,204,570	(2,106,584)
Accounts Receivable	4,000,794	4,023,430	(22,636)
Inventory	714	917	(203)
TOTAL CURRENT ASSETS	12,102,144	14,231,579	(2,129,435)
FIXED ASSETS	23,476,422	23,476,422	-
OTHER ASSETS	135,444	145,504	(10,060)
TOTAL ASSETS	\$ 35,714,010	\$ 37,853,505	\$ (2,139,495)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,936,584	1,246,873	689,711
NOTES PAYABLE	785,852	785,852	-
DEFERRED REVENUE	3,396,776	6,073,391	(2,676,615)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	8,630,173	8,677,455	(47,282)
Guaranty Bank & Trust Loan	1,595,775	1,601,956	(6,181)
First Financial Huntsville Land Loan	757,717	760,420	(2,703)
Lease Liability	252,329	252,329	-
SBITA Liability	916,487	916,487	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(367,656)	(227,594)	(140,062)
Debt Service Fund			
Capital Projects Fund			
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,152,481)	(12,208,648)	56,167
Reserved for Debt Retirement			-
COMMITTED			
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	2,028,348	2,047,044	(18,696)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	67,826	61,660	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
UNASSIGNED			
Unrestricted and Undesignated	2,184,911	2,184,911	-
TOTAL LIABILITIES/FUND BALANCE	\$ 35,714,010	\$ 37,853,505	\$ (2,139,495)

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

	General Operating Fund	Debt Fund	Service Fund	Capital Fund	Projects Fund	Government Wide 2025	Memorandum Only Final August 2024
ASSETS							
CURRENT ASSETS							
Imprest Cash Funds	2,650					2,650	2,500
Cash on Deposit - General Fund	8,097,986					8,097,986	8,570,838
Bond Reserve 2024			725,409			725,409	
Bond Fund 2024			259,207			259,207	-
Bank of New York - Capital Project Fund					1,145,141	1,145,141	
Accounts Receivable	4,000,794					4,000,794	4,740,544
Inventory	714					714	978
TOTAL CURRENT ASSETS	12,102,144		984,616		1,145,141	14,231,901	13,314,860
FIXED ASSETS	23,476,422					23,476,422	23,476,422
OTHER ASSETS	135,444					135,444	146,332
Bond 2024 - Amount to retire bond					11,535,925	11,535,925	
Bond Discount 2024					384,075	384,075	-
Total Assets	\$ 35,714,010	\$ 984,616		\$ 13,065,141		\$ 49,763,766	\$ 36,937,614
LIABILITIES, DEFERRED REVENUE, FUND BALANCES							
CURRENT LIABILITIES	1,936,584					1,936,584	1,358,914
BOND LIABILITIES					11,920,000	11,920,000	
NOTES PAYABLE	785,852					785,852	785,852
DEFERRED REVENUE	3,396,776					3,396,776	4,426,569
LONG-TERM LIABILITIES FOR							
First Financial Conroe Building Loan	8,630,173					8,630,173	9,140,481
Guaranty Bank & Trust Loan	1,595,775					1,595,775	1,662,317
First Financial Huntsville Land Loan	757,717					757,717	790,544
Lease Liability	252,329					252,329	252,329
SBITA Liability	916,487					916,487	916,487
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR							
General Fund	(367,656)					(367,656)	(2,350,420)
Debt Service Fund						-	
Capital Projects Fund						-	
FUND EQUITY							
RESTRICTED							
Net Assets Reserved for Debt Service - Restricted	(12,152,481)					(12,152,481)	(12,762,158)
Cleveland New Build - Bond	-	984,616		1,145,141		2,129,757	-
Reserved for Debt Retirement							-
COMMITTED							
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	2,028,348					2,028,348	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
ASSIGNED							
Reserved for Workers' Compensation - Assigned	274,409					274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	67,826					67,826	-
Reserved for Insurance Deductibles - Assigned	100,000					100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)					(785,852)	(785,852)
UNASSIGNED							
Unrestricted and Undesignated	2,184,911	-		-		2,184,911	4,535,331
TOTAL LIABILITIES/FUND BALANCE	\$ 35,714,010	\$ 984,616		\$ 13,065,141		\$ 49,763,766	\$ 36,937,614

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

INCOME:	MONTH OF July 2025	YTD July 2025
Local Revenue Sources	101,251	2,015,736
Earned Income	1,506,096	19,545,939
General Revenue - Contract	1,626,486	18,920,878
TOTAL INCOME	\$ 3,233,833	\$ 40,482,553
EXPENSES:		
Salaries	1,894,859	23,310,127
Employee Benefits	360,359	4,346,244
Medication Expense	42,667	486,843
Travel - Board/Staff	35,162	439,539
Building Rent/Maintenance	102,990	393,546
Consultants/Contracts	532,032	6,739,198
Other Operating Expenses	256,886	3,001,033
TOTAL EXPENSES	\$ 3,224,955	\$ 38,716,530
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 8,878	\$ 1,766,023
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	20,399	716,995
Capital Outlay - Debt Service	128,539	1,416,684
TOTAL CAPITAL EXPENDITURES	\$ 148,938	\$ 2,133,679
GRAND TOTAL EXPENDITURES	\$ 3,373,893	\$ 40,850,209
Excess (Deficiency) of Revenues and Expenses	\$ (140,061)	\$ (367,656)

Debt Service and Fixed Asset Fund:		
Debt Service	128,539	1,416,684
Excess (Deficiency) of Revenues over Expenses	128,539	1,416,684

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

	YTD July 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,015,736	1,176,399	839,337
Earned Income	19,545,939	20,510,084	(964,145)
General Revenue	18,920,878	18,928,482	(7,604)
TOTAL INCOME	\$ 40,482,553	\$ 40,614,965	\$ (132,412)
EXPENSES:			
Salaries	23,310,127	23,754,920	(444,793)
Employee Benefits	4,346,244	4,310,927	35,317
Medication Expense	486,843	508,046	(21,203)
Travel - Board/Staff	439,539	402,561	36,978
Building Rent/Maintenance	393,546	268,737	124,809
Consultants/Contracts	6,739,198	6,747,618	(8,420)
Other Operating Expenses	3,001,033	2,926,663	74,370
TOTAL EXPENSES	\$ 38,716,530	\$ 38,919,472	\$ (202,942)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 1,766,023	 \$ 1,695,493	 \$ 70,530
 CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	716,995	288,050	428,945
Capital Outlay - Debt Service	1,416,684	1,413,935	2,749
TOTAL CAPITAL EXPENDITURES	\$ 2,133,679	\$ 1,701,985	\$ 431,694
 GRAND TOTAL EXPENDITURES	 \$ 40,850,209	 \$ 40,621,457	 \$ 228,752
 Excess (Deficiency) of Revenues and Expenses	 \$ (367,656)	 \$ (6,492)	 \$ (361,163)

Debt Service and Fixed Asset Fund:			
Debt Service	1,416,684	1,413,935	2,749
Excess(Deficiency) of Revenues over Expenses	1,416,684	1,413,935	2,749

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

INCOME:	MONTH OF July 2025	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	101,251	50,327	50,924
Earned Income	1,506,096	1,694,674	(188,578)
General Revenue-Contract	1,626,486	1,620,293	6,193
TOTAL INCOME	\$ 3,233,833	\$ 3,365,294	\$ (131,461)
EXPENSES:			
Salaries	1,894,859	2,002,334	(107,475)
Employee Benefits	360,359	360,819	(460)
Medication Expense	42,667	40,186	2,481
Travel - Board/Staff	35,162	33,070	2,092
Building Rent/Maintenance	102,990	23,067	79,923
Consultants/Contracts	532,032	538,047	(6,015)
Other Operating Expenses	256,886	264,137	(7,251)
TOTAL EXPENSES	\$ 3,224,955	\$ 3,261,660	\$ (36,705)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 8,878	\$ 103,634	\$ (94,756)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	20,399	-	20,398
Capital Outlay - Debt Service	128,539	128,539	-
TOTAL CAPITAL EXPENDITURES	\$ 148,938	\$ 128,539	\$ 20,398
GRAND TOTAL EXPENDITURES	\$ 3,373,893	\$ 3,390,200	\$ (16,307)
Excess (Deficiency) of Revenues and Expenses	\$ (140,061)	\$ (24,906)	\$ (115,154)

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

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

INCOME:	YTD July 2025	YTD July 2024	Increase (Decrease)
Local Revenue Sources	2,015,736	1,757,773	257,963
Earned Income	19,545,939	22,525,222	(2,979,283)
General Revenue-Contract	18,920,878	19,965,784	(1,044,906)
TOTAL INCOME	\$ 40,482,553	\$ 44,248,779	\$ (3,766,226)
EXPENSES:			
Salaries	23,310,127	24,672,274	(1,362,147)
Employee Benefits	4,346,244	4,447,025	(100,781)
Medication Expense	486,843	560,349	(73,506)
Travel - Board/Staff	439,539	395,389	44,150
Building Rent/Maintenance	393,546	388,327	5,219
Consultants/Contracts	6,739,198	9,965,112	(3,225,914)
Other Operating Expenses	3,001,033	3,029,846	(28,813)
TOTAL EXPENSES	\$ 38,716,530	\$ 43,458,322	\$ (4,741,792)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,766,023	\$ 790,458	\$ 975,566
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	716,995	684,762	32,233
Capital Outlay - Debt Service	1,416,684	1,205,241	211,443
TOTAL CAPITAL EXPENDITURES	\$ 2,133,679	\$ 1,890,003	\$ 243,676
GRAND TOTAL EXPENDITURES	\$ 40,850,209	\$ 45,348,325	\$ (4,498,116)
Excess (Deficiency) of Revenues and Expenses	\$ (367,656)	\$ (1,099,546)	\$ 731,890

Debt Service and Fixed Asset Fund:			
Debt Service	1,416,684	1,205,241	2,516,230
Excess (Deficiency) of Revenues over Expenses	1,416,684	1,205,241	2,516,230

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

INCOME:	MONTH OF July 2025	MONTH OF July 2024	Increase (Decrease)
Local Revenue Sources	101,251	76,982	24,269
Earned Income	1,506,096	2,122,316	(616,220)
General Revenue-Contract	1,626,486	1,507,022	119,464
TOTAL INCOME	\$ 3,233,833	\$ 3,706,320	\$ (472,487)
Salaries	1,894,859	1,965,716	(70,857)
Employee Benefits	360,359	364,110	(3,751)
Medication Expense	42,667	46,412	(3,745)
Travel - Board/Staff	35,162	26,994	8,168
Building Rent/Maintenance	102,990	21,228	81,762
Consultants/Contracts	532,032	1,015,787	(483,755)
Other Operating Expenses	256,886	247,628	9,258
TOTAL EXPENSES	\$ 3,224,955	\$ 3,687,875	\$ (462,920)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 8,878	\$ 18,446	\$ (9,567)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	20,399	21,465	(1,066)
Capital Outlay - Debt Service	128,539	136,610	(8,071)
TOTAL CAPITAL EXPENDITURES	\$ 148,938	\$ 158,075	\$ (9,137)
GRAND TOTAL EXPENDITURES	\$ 3,373,893	\$ 3,845,950	\$ (472,057)
Excess (Deficiency) of Revenues and Expenses	\$ (140,061)	\$ (139,629)	\$ (430)

Debt Service and Fixed Asset Fund:

Debt Service	128,539	136,610	268,168
Excess (Deficiency) of Revenues over Expenses	128,539	136,610	268,168

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

INCOME:	MONTH OF July 2025	MONTH OF June 2025	Increase (Decrease)
Local Revenue Sources	101,251	528,105	(426,854)
Earned Income	1,506,096	1,520,201	(14,105)
General Revenue-Contract	1,626,486	1,650,650	(24,164)
TOTAL INCOME	\$ 3,233,833	\$ 3,698,956	\$ (465,123)
EXPENSES:			
Salaries	1,894,859	2,058,823	(163,964)
Employee Benefits	360,359	385,476	(25,117)
Medication Expense	42,667	41,735	932
Travel - Board/Staff	35,162	47,035	(11,873)
Building Rent/Maintenance	102,990	32,523	70,467
Consultants/Contracts	532,032	542,081	(10,049)
Other Operating Expenses	256,886	353,261	(96,375)
TOTAL EXPENSES	\$ 3,224,955	\$ 3,460,934	\$ (235,979)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 8,878	\$ 238,022	\$ (229,144)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	20,399	149,857	(129,458)
Capital Outlay - Debt Service	128,539	128,539	-
TOTAL CAPITAL EXPENDITURES	\$ 148,938	\$ 278,396	\$ (129,458)
GRAND TOTAL EXPENDITURES	\$ 3,373,893	\$ 3,739,330	\$ (365,437)
Excess (Deficiency) of Revenues and Expenses	\$ (140,061)	\$ (40,374)	\$ (99,686)

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

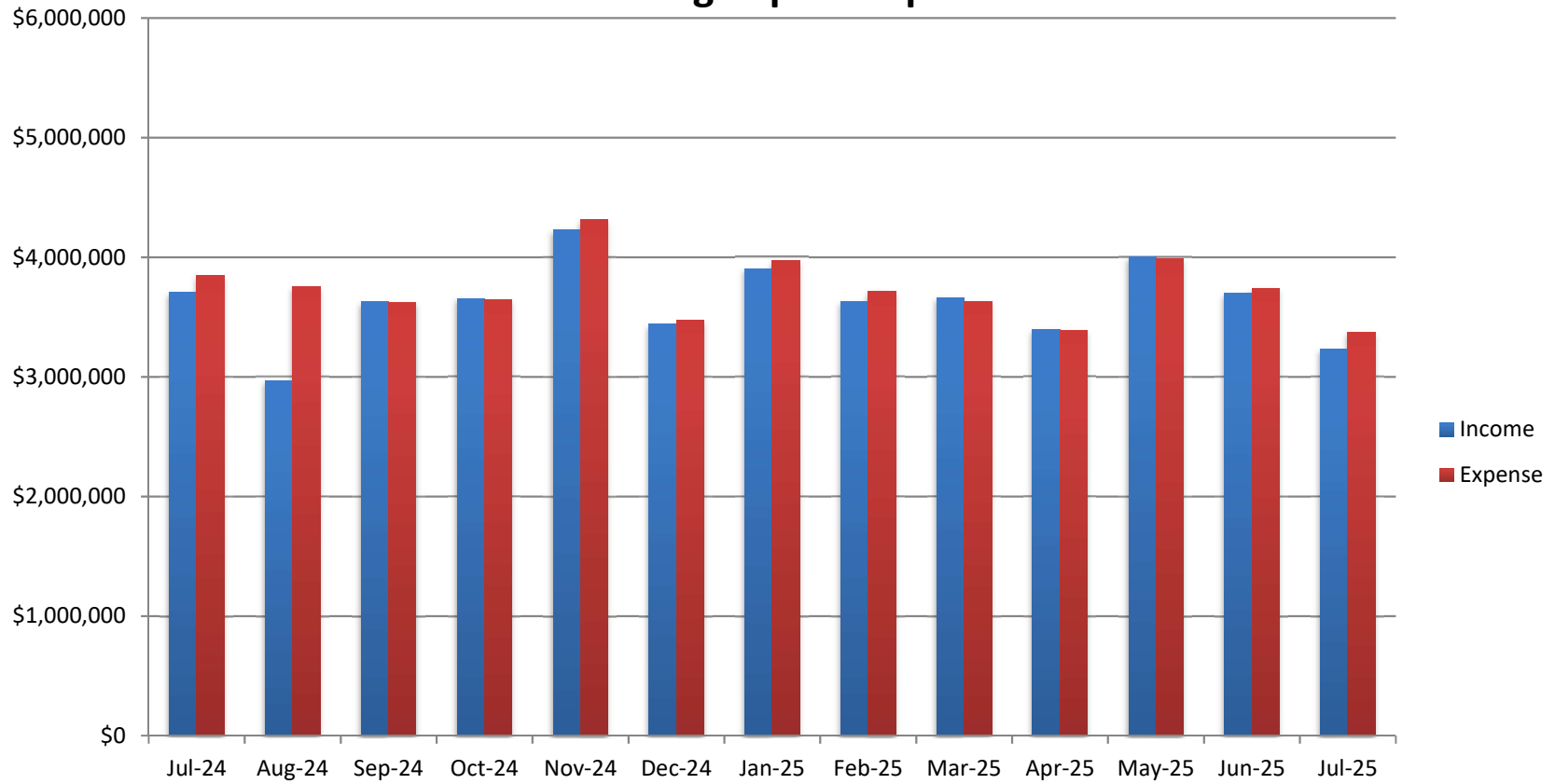
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of June 2025

	YTD Mental Health July 2025	YTD IDD July 2025	YTD Other Services July 2025	YTD Agency Total July 2025	YTD Approved Budget July 2025	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,320,636	(11,455)	706,556	2,015,736	1,176,399	(839,337)
Earned Income	8,721,142	4,501,866	6,322,930	19,545,939	20,510,084	964,144
General Revenue-Contract	17,026,632	1,316,689	577,556	18,920,878	18,928,482	7,604
TOTAL INCOME	27,068,410	5,807,100	7,607,042	\$ 40,482,553	40,614,965	\$ 132,411
EXPENSES:						
Salaries	15,786,330	3,412,741	4,111,057	23,310,128	23,754,920	(444,792)
Employee Benefits	2,945,196	700,909	700,139	4,346,244	4,310,927	35,317
Medication Expense	411,265		75,578	486,843	508,046	(21,203)
Travel - Board/Staff	264,642	125,212	49,685	439,540	402,561	36,979
Building Rent/Maintenance	381,308	8,405	3,834	393,546	268,737	124,809
Consultants/Contracts	3,809,706	1,171,394	1,758,097	6,739,197	6,747,618	(8,421)
Other Operating Expenses	1,937,288	563,648	500,096	3,001,032	2,926,663	74,369
TOTAL EXPENSES	25,535,736	5,982,309	7,198,486	\$ 38,716,530	38,919,472	\$ (202,942)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,532,674	\$ (175,209)	\$ 408,556	\$ 1,766,023	\$ 1,695,493	\$ (70,531)
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	220,965	38,648	457,381	716,995	288,050	428,945
Capital Outlay - Debt Service	622,276	143,602	650,806	1,416,684	1,413,935	2,749
TOTAL CAPITAL EXPENDITURES	\$ 843,241	\$ 182,250	\$ 1,108,187	\$ 2,133,679	\$ 1,701,985	\$ 431,694
GRAND TOTAL EXPENDITURES	\$ 26,378,977	\$ 6,164,559	\$ 8,306,673	\$ 40,850,209	\$ 40,621,457	\$ 228,752
Excess (Deficiency) of Revenues and Expenses	\$ 689,433	\$ (357,459)	\$ (699,631)	\$ (367,656)	\$ (6,493)	\$ 361,163
Debt Service and Fixed Asset Fund:						
Debt Service	622,276	143,602	650,806	1,416,684	1,413,935	2,749
Excess (Deficiency) of Revenues over Expenses	\$ 622,276	\$ 143,602	\$ 650,806	\$ 1,416,684	\$ 1,413,935	\$ 2,749

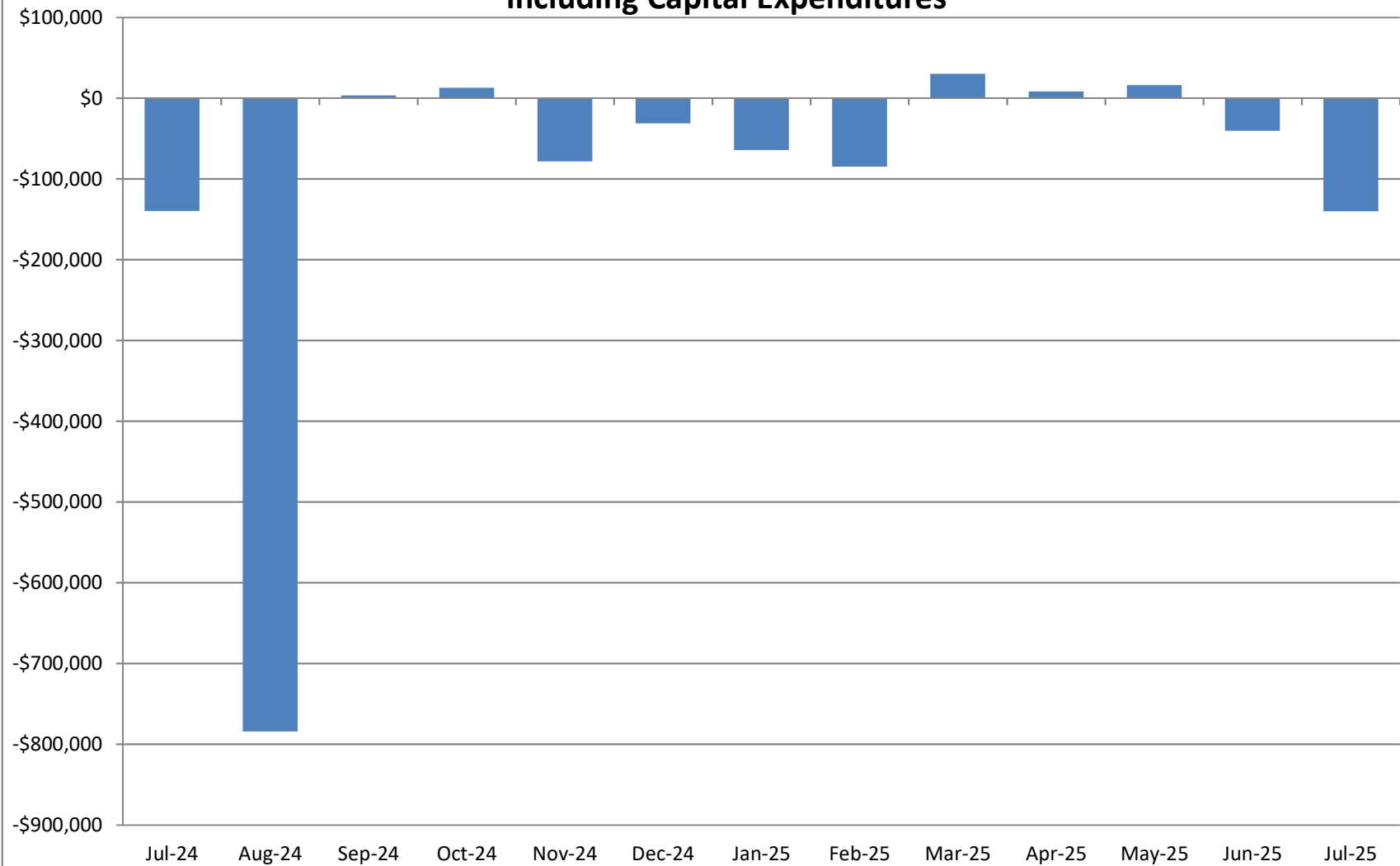
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2025 Year End Budget Revision Committee: Business	Board Meeting Date August 28, 2025
Background Information: None	
Supporting Documentation: Summary FY 2025 Year End Budget Revision	
Recommended Action: Approve FY 2025 Year End Budget Revision	

**Tri-County Behavioral Healthcare
Proposed FY 2025 REVISED YEAR-END BUDGET Compared to
Current Approved FY 2025 Budget**

Explanation of line items that have material changes over \$10,000 from Proposed FY 2025 REVISED YEAR-END BUDGET compared to the Current Approved FY 2025 Budget.

REVENUES:

Local Revenue – This line item reflects an overall increase. The majority of this increase is from a transfer from reserves to pay for items that have been reported on the monthly financial statements for the Cleveland project. These items include costs associated with the setup of the computer system structure for the new building, the purchase of furniture and work stations, and then also items that were not reimbursed through the bond financing. Some of this amount is also for the moving and storage of the generator, the purchase of the appliances, and some of the permits required for the building.

This line also has an increase of revenue that we recognized that was from various amounts sitting in deferred revenue for many years. Being accountants, we tend to be overly conservative, and we want to ensure that the funds are free to be ours. So, it took the independent auditor to tell one of my staff that it is past time and another year for us to finally get it moved. Some of the other lines that had slight increases were donations, sale of assets (vehicle totaled), and Walker County Hospital District.

Earned Income – This line item reflects an overall decrease. These programs are lower than budgeted for various reasons. We had the HHSC OCE A01 Grant and the small OCE for crisis grant pulled last spring. These totaled approximately \$232,000 that were to pay for staff through the balance of the fiscal year. Other programs that had vacancies during the year and did not spend all their grant funds were the Path Grant and Outpatient Competency. Both the MST and the YCOT programs have not been fully staffed since these programs started late last fiscal year.

Then we have the earned revenue that you see in the Board report each month, these are under budget based on a decrease in our Medicaid percentage in the MH programs for both the adult and children areas and revenue is down in Case Management MH, Medicaid Regular, and Rehab services. Also, in this line we have the statewide MAC reduction that has affected all centers for one quarter. The DPP calculation at the beginning of the year was also affected by the Medicaid percentage decrease. On the positive side, we have a couple increases. We added the RSP FEMA Crisis Counseling Program for the 2024 Flooding and Severe Storms, an increase in the TCOOMMI program, and HCS program continues to increase slightly each year.

General Revenue – This line has a large decrease. The bulk of this decrease is approximately \$855,000 that was lapsed for Private Bed Days. We have talked this fiscal year about the decrease in our usage for a number of reasons, some of which we haven't completely figured out yet. But it is a trend that other community centers are also experiencing. This line has some cost reimbursement programs with lapsed funds. IDD Crisis Respite, First Episode Psychosis, and Supported Housing are all under projected revenue.

EXPENSES:

Salaries – This line item reflects an overall decrease from the original budget due to vacancies throughout the fiscal year, though it also includes added expenses for the RSP FEMA Crisis Counseling Program for the 2024 Flooding and Severe Storms, which was added at the end of FY 24 and we just closed out on July 31st.

Employee Benefits – This line item is under the \$10,000 variance but would have come in much lower without the added program after the budget year started. We have had health insurance on the budget narrative report almost every month as an outlier this year and we hope to not repeat that trend. This line also has a retirement forfeiture balance that gets 50% credited back to reduce the retirement expense line. The other 50% gets distributed back to vested employees retirement accounts after the close of the fiscal year reports by ISC.

Travel – Staff – The travel line is coming in over the original budget. The majority of the increase is due to the mileage reimbursement rate continuing to go up, and that we have started to hire and keep staff a bit longer.

Medication Expense – This line item reflects a decrease, which is mainly due to ETBHN sending us monthly rebate checks that are credited to the expense line. They are under a new manager who adheres to the schedule, whereas before we rarely received these rebate checks.

Building Rent/Maintenance – This line item has an increase for the fiscal year due to ongoing issues with air conditioner units and roof leaks. In general, the cost of building repairs continues to increase. We did do a large preventive maintenance item this fiscal year that hopefully will keep the units running here at the Conroe building.

Consultants/Contracts – This line item reflects a decrease, the largest portion of which is attributed to the lapsed cost of the hospital bed days. Several other lines also came in slightly over budget, specifically, HCS, Foster Care, and the ARPA Mosaics for the database contract.

Other Operating Expenses – This line item reflects an increase due to the rising prices that we have seen across the board on most items. I could list most all lines.

Capital Outlay-FF&E, Automobiles – This line item reflects an increase based on the transfer of reserves for Cleveland items as listed above. Also, we used YCOT funds to purchase three vehicles for the program.

Capital Outlay - Debt Service Bonds – This line item is under the \$10,000 variance.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2025 REVISED YEAR END BUDGET COMPARED TO
CURRENT APPROVED FY 2025 BUDGET**

	PROPOSED FY 2025 REVISED YEAR END BUDGET	CURRENT APPROVED FY 2025 BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,975,708	\$ 1,097,297	\$ 878,411
Earned Income	\$ 21,043,527	\$ 22,274,743	\$ (1,231,216)
General Revenue	\$ 21,228,427	\$ 22,451,530	\$ (1,223,103)
TOTAL INCOME	\$ 44,247,662	\$ 45,823,570	\$ (1,575,908)
EXPENSES:			
Salaries	\$ 25,637,265	\$ 26,088,698	\$ (451,433)
Employee Benefits	\$ 4,597,716	\$ 4,604,817	\$ (7,101)
Travel-Board/Staff	\$ 478,036	\$ 396,620	\$ 81,416
Medication Expense	\$ 529,300	\$ 578,238	\$ (48,938)
Building Rent/Maintenance	\$ 432,300	\$ 291,802	\$ 140,498
Consultants/Contracts	\$ 7,809,895	\$ 9,016,143	\$ (1,206,248)
Other Operating Expenses	\$ 3,262,686	\$ 3,104,777	\$ 157,909
TOTAL EXPENSES	\$ 42,747,198	\$ 44,081,095	\$ (1,333,897)
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,500,464	\$ 1,742,475	\$ (242,011)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 724,050	\$ 200,000	\$ 524,050
Capital Outlay - Debt Services Bonds	\$ 1,545,225	\$ 1,542,475	\$ 2,750
TOTAL CAPITAL EXPENDITURES	\$ 2,269,275	\$ 1,742,475	\$ 526,800
GRAND TOTAL EXPENDITURES	\$ 45,016,473	\$ 45,823,570	\$ (807,097)
Excess (Deficiency) of Revenues and Expenses	\$ (768,811)	\$ -	\$ (768,811)

Agenda Item: Approve Proposed FY 2026 Operating Budget Committee: Business	Board Meeting Date August 28, 2025
Background Information: None	
Supporting Documentation: Copy of Proposed FY 2026 Operating Budget with Narrative of Increases or Decreases of More than \$10,000	
Recommended Action: Approve Proposed FY 2026 Operating Budget	

Tri-County Behavioral Healthcare
Proposed FY 2026 BEGINNING BUDGET Compared to
Current Approved FY 2025 Budget

Explanation of line items that have material changes over \$10,000 from Proposed FY 2026 BEGINNING BUDGET compared to the Current Approved FY 2025 Budget.

REVENUES:

Local Revenue – This line item reflects a decrease from the FY 2025 year-end budget. This is mostly from the amount that we transferred from reserves for Cleveland project in FY 2026. This is also due to the recognizing of the old deferred revenue accounts. The beginning of a new year we start fresh with normal categories based on prior years actual trends.

Earned Income – This line item reflects an overall decrease. The beginning of FY 2026 is the last four months of the ARPA funding that we have received from Montgomery County from the American Rescue Funds. We also received ARPA funding from Liberty and Walker County, Liberty county will be all spent by 12-31-2025. We also finished up the Crisis Counseling Program in FY 25.

General Revenue – This line item for General Revenue funding shows an increase from the year end revision. This is due to the full annual amount of the HHSC Private Bed Day funds being in the budget for FY 2026.

EXPENSES:

Salaries – This line item shows an over all decrease. The decrease is due to the ending of the programs mentioned above, the ARPA programs phasing out over the first four mounts of the fiscal year, and the Crisis Counseling programs. The ARPA programs include the Expanded Therapy, the After-Hours Therapy, the Mosaic Database contract, the restructuring of the Porter Clinic, and the ARPA MCOT.

Employee Benefits – This line has a decrease based on all the program changes above which had decreases in staffing.

Travel – Board/Staff – This line item reflects a decrease based on program changes above that used mileage. Also, out of town travel decreases.

Medication Expense – This line item reflects an estimated decrease based the medication used by Integrated program which was discontinued due to lack of funding in August.

Building Rent/Maintenance – This line item is down for the start of this fiscal year. Last fiscal year we had fairly large amount of A/C repairs and a large preventative A/C charge. We also will no longer be paying for the portable building that was located outside of the Truman Street facility.

Consultants/Contracts – This line item reflects a decrease. The bulk of this change is due to the Contract for ARPA Mosaic Database ending by 12-31. Other changes are an increase for the inpatient private bed days that renew each year.

Other Operating Expenses – This line item reflects an overall decrease. This is based on all the changes in programing with the ending of the ARPA services by 12-31.

Capital Outlay-FF&E, Automobiles – This line item reflects an overall decrease. We are back to the normal annual purchases for computers.

Capital Outlay - Debt Service Bonds – This line has an increase based on the scheduled increase in the Bond Payments.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
PROPOSED FY 2026 BEGINNING BUDGET COMPARED TO
CURRENT APPROVED FY 2025 BUDGET**

	PROPOSED FY 2026 BEGINNING BUDGET	CURRENT APPROVED FY 2025 BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	\$ 1,393,695	\$ 1,975,708	\$ (582,013)
Earned Income	\$ 16,500,368	\$ 21,043,527	\$ (4,543,159)
General Revenue	\$ 21,890,338	\$ 21,228,427	\$ 661,911
TOTAL INCOME	\$ 39,784,401	\$ 44,247,662	\$ (4,463,261)
EXPENSES:			
Salaries	\$ 22,212,414	\$ 25,637,265	\$ (3,424,851)
Employee Benefits	\$ 4,417,502	\$ 4,597,716	\$ (180,214)
Travel-Board/Staff	\$ 441,258	\$ 478,036	\$ (36,778)
Medication Expense	\$ 450,838	\$ 529,300	\$ (78,462)
Building Rent/Maintenance	\$ 283,807	\$ 432,300	\$ (148,493)
Consultants/Contracts	\$ 6,872,677	\$ 7,809,895	\$ (937,218)
Other Operating Expenses	\$ 3,150,931	\$ 3,262,686	\$ (111,755)
TOTAL EXPENSES	\$ 37,829,427	\$ 42,747,198	\$ (4,917,771)
Excess (Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,954,974	\$ 1,500,464	\$ 454,510
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles	\$ 202,500	\$ 724,050	\$ (521,550)
Capital Outlay - Debt Services Bonds	\$ 1,752,474	\$ 1,545,225	\$ 207,249
TOTAL CAPITAL EXPENDITURES	\$ 1,954,974	\$ 2,269,275	\$ (314,301)
GRAND TOTAL EXPENDITURES	\$ 39,784,401	\$ 45,016,473	\$ (5,232,072)
Excess (Deficiency) of Revenues and Expenses	\$ -	\$ (768,811)	\$ 768,811

<p>Agenda Item: Approve Banking Services with JPMorgan Chase for Tri-County Behavioral Healthcare for an Additional two-year term</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>In 2022 Tri-County issued a Request for Proposal (RFP) for banking services and from this solicitation, the Board chose JPMorgan Chase to provide these services for a term of three years with a Center option to extend the agreement for an additional two-year term.</p> <p>The Business Office recommends to the Board that we stay with JPMorgan Chase for our banking services for the additional two-year term.</p> <p>Tri-County will review banking services again in 2027.</p>	
<p>Supporting Documentation:</p> <p>Extension letter to JPMorgan Chase</p>	
<p>Recommended Action:</p> <p>Approve Banking Services with JPMorgan Chase for Tri-County Behavioral Healthcare for an Additional two-year term</p>	



August 13, 2025

Nanette Sigala
Vice President
Healthcare, Higher Education, and Nonprofit
JPMorgan Chase Bank N.A.
221 W. 6th Street
Austin, Texas 78701

Re: Depository Contract

Dear Ms. Sigala:

Pursuant to the depository contract between Tri-County Behavioral Healthcare beginning September 1, 2022 and ending August 31, 2025, please be advised that Tri-County Behavioral Healthcare hereby wishes to exercise the option to extend the contract for an additional two years. All other contract terms remain unchanged.

Please return a signed copy of this letter as a representation of your agreement to extend.

Sincerely,

Evan Roberson
Executive Director

Printed Name
JPMorgan Chase Bank N.A.

Title

Signature
JPMorgan Chase Bank N.A.

Title

Agenda Item: Ratify Recommendation for FY 2026 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans

Board Meeting Date

August 28, 2025

Committee: Business

Background Information:

TCBHC currently has employee health insurance coverage through Blue Cross Blue Shield (BCBS). In FY25, we offered a structure of four (4) plan types: one (1) Health Maintenance Organization (HMO) plan, one (1) Health Savings Account (HSA) plan and two (2) Preferred Provider Organization (PPO) plans. Our current plans will expire on September 30, 2025. In April 2025, Benefit Solutions (per our request) gathered and presented quotes for FY 2026 employee health and supplemental insurance coverage. Our request was to find coverage options that would be similar to our current plan designs, while helping us curb rising insurance costs.

Aetna, BCBS, and Cigna each responded with quotes. Aetna's quote was a 31.2% increase over our current FY 2025 rates, while Angle Health and United Healthcare did not respond with a quote.

Based on the received quotes from BCBS and Cigna, it is recommended that TCBHC stay with BCBS and go with the option presented on **Page 2** (as attached – the 'Triple Option Renewal'). This option removes the PPO Buy Up plan (PPO 1000) and comes with a 7.2% increase, but allows employees to stay within the BCBS network.

In FY 2025, TCBHC's contribution toward each enrolled employee's premium was \$568.22 per month. Based on the increase in quoted premium cost for FY 2026, TCBHC is proposing to maintain the current contribution amount of \$568.22 per month for employees enrolled in either the HSA or PPO "buy up" plans. For employees enrolled in the "base" HMO plan, TCBHC is proposing to increase the Center's contribution to \$718.38 a month. The increased Center contribution toward the HMO plan's premium will allow for employees enrolled in this plan to experience a \$0 increase in employee contribution from what was paid during FY25.

The over-all cost of Center contributions for FY 2026 is projected to be \$1.9 million, less a \$40,000 billing credit from BCBS. This is a projected increase of \$92,000 from FY 2025 and is based on the current enrollment of 238 employees.

Recommended FY 2026 plan options are described below:

BCBS HMO 3000:

The HMO 3000 Plan has a \$3,000/\$6000 deductible structure (\$3000 deductible for Employee Only and a \$6000 deductible for Family Coverage). This plan pays at 80% once deductible is met. Office visits are \$30 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$150/\$300. The cost of this plan is \$915.01 per month for employee-only coverage. The cost to the employee for employee-only coverage will be \$196.63 per month. The cost to the employee for employee and spouse will be \$1,299.33, employee and children will be \$1,023.65, and employee and family will be \$2,126.36.

BCBS HSA 2500:

The HSA 2500 has a \$2,500/\$5,000 deductible structure. Employees will pay 100% for medical services and prescriptions until their deductible is met. Once deductible is met, the plan pays medical at 80% and allows for prescription co-pays until max out-of-pocket is reached. This plan includes a rider for bariatric surgery. The cost for this plan is \$968.27 for employee-only coverage. With Tri-County contributions, the cost to the employee for employee-only coverage is \$400.05 per month. The cost to the employee for employee and spouse is \$1,566.94, employee and children is \$1,275.21, and employee and family is \$2,442.13.

BCBS PPO 2500:

The PPO 2500 has a \$2,500/\$5,000 deductible structure. This plan pays at 80% once deductible is met. Office visits are \$30 and Specialty Doctor office visits are \$50. Prescription co-pays are \$15/\$50/\$90/\$150/\$300. The cost of this plan is \$1,049.36 for employee-only coverage. With Tri-County contributions, the cost to the employee for employee-only coverage is \$404.71 per month. The cost to the employee for employee and spouse is \$1,577.21, employee and children is \$1,284.08, and employee and family is \$2,456.60.

Ancillary Plans:

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

Based on the above quotes, it is recommended that we keep our Ancillary Plans with The Hartford for FY 2026, in order to provide a cohesive benefit package.

Health insurance options presented by our broker for the July Board meeting were not acceptable to staff, and were not presented to the Board. However, our Human Resources Software, DATIS, needed a health insurance decision by mid-August in order to load the staff benefits into the system. After receiving some additional Health Insurance quotes, Evan Roberson spoke with Board Chair Patti Atkins about approval of these recommendations.

Supporting Documentation:

Tri-County Employee Health Insurance and Ancillary Plan Spreadsheets

Recommended Action:

Ratify Recommendation for FY 2026 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans

Tri County Behavioral Healthcare
2025 Employee Benefit Comparison - **Current** vs **Renewal**

					CURRENT 2024 - 2025				FINAL RENEWAL 2025 - 2026			
Carrier Name					BCBS				BCBS			
Plan Name					HMO 3000 80 (In Network)	HSA 2500 80/60 (In Network)	PPO 2500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HMO 3000 80 (In Network)	HSA 2500 80/60 (In Network)	PPO 2500 80/50 (In Network)	PPO 1000 100/70 (In Network)
Plan Network					BLUE ESSENTIALS	BLUE CHOICE NETWORK			BLUE ESSENTIALS	BLUE CHOICE NETWORK		
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit	HMO 3000	HSA 2500	PPO 2500	PPO 1000	\$30 Copay	Ded. & Coins.	\$30 Copay	\$25 Copay	\$30 Copay	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					\$50 Copay	Ded. & Coins.	\$50 Copay	\$50 Copay	\$50 Copay	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$2,500	\$2,500	\$1,000	\$3,000	\$2,500	\$2,500	\$1,000
Family Deductible-In Network					\$6,000	\$5,000	\$5,000	\$2,000	\$6,000	\$5,000	\$5,000	\$2,000
Coinsurance					80%	80%	80%	100%	80%	80%	80%	100%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP
Individual OOP - In-Network (includes deductible)					\$6,000	\$5,000	\$5,000	\$2,500	\$6,000	\$5,000	\$5,000	\$2,500
Family OOP - In-Network (includes deductible)					\$12,000	\$9,450	\$10,000	\$5,000	\$12,000	\$9,450	\$10,000	\$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					100% after \$30/\$50 Copay	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	100% after \$30/\$50 Copay	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician
Complex Imaging					Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
In/Out Patient Hospital Services					Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					\$75 copay	Ded. & Coins.	\$75 Copay	\$75 Copay	\$75 copay	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					\$300 Copay + Ded. & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay	\$300 Copay + Ded. & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Included	Not Covered	Not Covered
Monthly Total Rate					HMO 3000	HSA 2500	PPO 2500	PPO 1000	HMO 3000 Illustrative Rates	HSA 2500 Illustrative Rates	PPO 2500 Illustrative Rates	PPO 1000 Illustrative Rates
Employee Only	45	38	88	50	\$764.85	\$809.37	\$889.25	\$1,018.85	\$915.01	\$968.27	\$1,063.83	\$1,218.87
Employee/Spouse	1	0	0	1	\$1,686.59	\$1,784.77	\$1,960.91	\$2,246.69	\$2,017.71	\$2,135.16	\$2,345.88	\$2,687.77
Employee/Children	5	1	1	4	\$1,456.15	\$1,540.91	\$1,692.99	\$1,939.72	\$1,742.03	\$1,843.43	\$2,025.36	\$2,320.53
Employee/Family	0	0	2	2	\$2,377.90	\$2,516.33	\$2,764.66	\$3,167.58	\$2,844.74	\$3,010.35	\$3,307.43	\$3,789.46
Monthly Total / Plan	51	39	91	57	\$43,386	\$32,297	\$85,476	\$67,283	\$51,903	\$38,638	\$102,257	\$80,492
Annual Total/Plan					\$520,627	\$387,564	\$1,025,716	\$807,399	\$622,839	\$463,652	\$1,227,089	\$965,909
% Change/Plan from Current					N/A				19.6%	19.6%	19.6%	19.6%
Combined Annual Total	238				\$2,741,305				\$3,279,489			
\$ Change from Current					N/A				\$538,184			
% Change from Current					N/A				19.6%			
One time billing credit									\$40,000			
Total % Change from Current with Credit									18.2%			

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

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

Tri County Behavioral Healthcare
2025 Employee Benefit Comparison - Current vs Triple Option

					CURRENT 2024 - 2025				TRIPLE OPTION RENEWAL 2025 - 2026			
Carrier Name					BCBS				BCBS			
Plan Name					HMO 3000 80 (In Network)	HSA 2500 80/60 (In Network)	PPO 2500 80/50 (In Network)	PPO 1000 100/70 (In Network)	HMO 3000 80 (In Network)	HSA 2500 80/60 (In Network)	PPO 2500 80/50 (In Network)	PPO 1000 100/70 (In Network)
Plan Network					BLUE ESSENTIALS	BLUE CHOICE NETWORK			BLUE ESSENTIALS	BLUE CHOICE NETWORK		
Benefit Details					Embedded	Aggregate	PPO	PPO	Embedded	Aggregate	PPO	PPO
Office Visit	HMO 3000	HSA 2500	PPO 2500	PPO 1000	\$30 Copay	Ded. & Coins.	\$30 Copay	\$25 Copay	\$30 Copay	Ded. & Coins.	\$30 Copay	\$25 Copay
Specialty Doctor Office Visit					\$50 Copay	Ded. & Coins.	\$50 Copay	\$50 Copay	\$50 Copay	Ded. & Coins.	\$50 Copay	\$50 Copay
Preventive Care					Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Individual Deductible-In Network					\$3,000	\$2,500	\$2,500	\$1,000	\$3,000	\$2,500	\$2,500	\$1,000
Family Deductible-In Network					\$6,000	\$5,000	\$5,000	\$2,000	\$6,000	\$5,000	\$5,000	\$2,000
Coinsurance					80%	80%	80%	100%	80%	80%	80%	100%
Calendar Year Maximums					Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP	Medical & Rx apply to the OOP	Medical & Rx apply to the OOP	Copays and RX apply to the OOP	copays and RX apply to the OOP
Individual OOP - In-Network (includes deductible)					\$6,000	\$5,000	\$5,000	\$2,500	\$6,000	\$5,000	\$5,000	\$2,500
Family OOP - In-Network (includes deductible)					\$12,000	\$9,450	\$10,000	\$5,000	\$12,000	\$9,450	\$10,000	\$5,000
Lifetime Maximum					Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diagnostic Lab & X-rays					100% after \$30/\$50 Copay	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician	100% after \$30/\$50 Copay	Ded. & Coins.	100% covered OV copay may apply if part of OV and billed by physician	100% covered OV copay may apply if part of OV and billed by physician
Complex Imaging					Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
In/Out Patient Hospital Services					Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Deductible
Urgent Care					\$75 copay	Ded. & Coins.	\$75 Copay	\$75 Copay	\$75 copay	Ded. & Coins.	\$75 Copay	\$75 Copay
Emergency Room					\$300 Copay + Ded. & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay	\$300 Copay + Ded. & Coins.	Ded. & Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay
Prescription Calendar Year Maximum					Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical	Integrated w/Medical
Prescription Drugs Gen/Pref-NB / NP-NB/ Spc /NP Spc					\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300	After Deductible \$15/\$35/\$50	\$15/\$50/\$90/\$150/\$300	\$15/\$50/\$90/\$150/\$300
Bariatric Rider					Not Covered	Included	Not Covered	Not Covered	Not Covered	Included	Not Covered	Not Covered
Monthly Total Rate					HMO 3000	HSA 2500	PPO 2500	PPO 1000	HMO 3000 <i>Illustrative Rates</i>	HSA 2500 <i>Illustrative Rates</i>	PPO 2500 <i>Illustrative Rates</i>	
Employee Only	45	38	88	50	\$764.85	\$809.37	\$889.25	\$1,018.85	\$915.01	\$968.27	\$972.93	Removed
Employee/Spouse	1	0	0	1	\$1,686.59	\$1,784.77	\$1,960.91	\$2,246.69	\$2,017.71	\$2,135.16	\$2,145.43	
Employee/Children	5	1	1	4	\$1,456.15	\$1,540.91	\$1,692.99	\$1,939.72	\$1,742.03	\$1,843.43	\$1,852.30	
Employee/Family	0	0	2	2	\$2,377.90	\$2,516.33	\$2,764.66	\$3,167.58	\$2,844.74	\$3,010.35	\$3,024.82	
Monthly Total / Plan	51	39	91	57	\$43,386	\$32,297	\$85,476	\$67,283	\$51,903	\$38,638	\$157,771	
Annual Total/Plan					\$520,627	\$387,564	\$1,025,716	\$807,399	\$622,839	\$463,652	\$1,893,247	
% Change/Plan from Current					N/A				19.6%	19.6%	84.6%	
Combined Annual Total	238				\$2,741,305				\$2,979,738			
\$ Change from Current					N/A				\$238,433			
% Change from Current					N/A				8.7%			
One time billing credit									\$40,000			
Total % Change from Current with Credit									7.2%			

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

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

Tri County Behavioral Healthcare

2025 Employee Benefit Comparison - Life and AD&D

The Hartford			Equitable		Guardian	
CURRENT / RENEWAL			Quote		Quote	
PLAN DESIGN - Employee Benefit			CURRENT		RENEWAL	
Basic Life/\$1,000 (EMPLOYER PAID)			\$0.095		\$0.095	
Basic AD&D/\$1,000			\$0.020		\$0.020	
Benefit			2 x Annual Salary to a Maximum of \$300,000, plus \$5,000		2 x Annual Salary to a Maximum of \$300,000	
Rate Guarantee			# Enrolled		12 months	
Average Covered Volume			368		\$44,188,500	
Average Annual Premium			\$60,980		\$60,980	
\$ Annual/% Difference					0.0%	
Voluntary Life			Voluntary Life		Voluntary Life	
Maximum Benefit - Employee			\$10,000 increments up to \$500,000 not to exceed 5x salary		\$10,000 increments up to \$500,000 not to exceed 5x salary	
Maximum Benefit - Spouse			\$5,000 increments up to \$100,000 not to exceed 50% of ee		\$5,000 increments up to \$100,000 not to exceed 50% of ee	
Maximum Benefit - Child/ren			\$20,000 (No AD&D)		\$20,000 (No AD&D)	
Guaranteed Issue Amount - Employee			\$120,000		\$200,000	
Guaranteed Issue Amount - Spouse			\$50,000		\$50,000	
Guaranteed Issue Amount - Child/ren			N/A		N/A	
Employee Voluntary Life Cost / \$1,000			Current & Renewal		Equitable	
Age of Employee			Employee		Spouse	
< 29			0.077		0.077	
30-34			0.097		0.097	
35-39			0.107		0.107	
40-44			0.128		0.128	
45-49			0.184		0.184	
50-54			0.280		0.280	
55-59			0.447		0.447	
60-64			0.677		0.677	
65-69			1.287		1.287	
70-74			2.261		N/A	
75-79			2.261		N/A	
80+			2.261		N/A	
Child Life			0.120		0.060	
Voluntary AD&D/\$1,000			EE & SP \$.020 included in Vol Life rate No Child AD&D		EE & SP \$.020 included in Vol Life rate No Child AD&D	

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

Tri County Behavioral Healthcare
2025 Employee Benefit Comparison - Long & Short Term Disability

	The Hartford CURRENT / RENEWAL	Equitable Quote
Long Term Disability		
Long Term Disability/\$100 (EMPLOYER PAID)	\$0.385	\$0.310
Elimination Period	90 days	90 days
Benefit % of Monthly Earnings	66.67%	66.67%
Maximum Monthly Benefit	\$10,000	\$10,000
Benefit Duration	ADEA 1 with SSNRA	ADEA 1 with SSNRA
Pre-existing Condition	3/12 (Lookback/Insured)	3/12 (Lookback/Insured)
Average Monthly Covered Payroll # Enrolled	\$1,918,838	\$1,918,838
Estimated Annual Premium 368	\$55,227	\$71,381
Estimated \$ Annual/% Difference	\$0 / 0%	\$16,154 / 29.2%
NOTES:	FICA Services Included	FICA Services Included
Short Term Disability (VOLUNTARY)		
Elimination Period: Accident / Illness	14 / 14	15 / 15
Benefit % of Weekly Earnings	up to 60%	up to 60%
Maximum Weekly Benefit	\$1,000	\$1,000
Benefit Duration	13 weeks	11 weeks
Pre-existing Condition	3/3/12	3/3/12
Short Term Disability Cost/\$10 of weekly benefit	Age Rate	Age Rate
Age of Employee		
≤ 24	\$0.440	\$0.440
25-29	\$0.440	\$0.440
30-34	\$0.440	\$0.440
35-39	\$0.580	\$0.580
40-44	\$0.580	\$0.580
45-49	\$0.580	\$0.580
50-54	\$0.650	\$0.650
55-59	\$0.650	\$0.650
60-64	\$0.650	\$0.650
65-69	\$0.650	\$0.650
70-99	\$0.650	\$0.650

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

<p>Agenda Item: Ratify HHSC Grant Agreement, Contract No. HHS001285300016, Amendment No. 1, Multisystemic Therapy Grant Program</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Committee: Business</p> <p>Background Information:</p> <p>Multisystemic Therapy (MST) is an evidence-based intensive family and community-based treatment program for at-risk youth with intensive needs and their families. MST is a short-term (three to five months), intensive (services are available 24 hours a day), and community-based clinical intervention aimed at promoting pro-social behavior and interrupting the youth's involvement with the juvenile justice system. MST is non-traditional as services are delivered in the youth's community and home instead of in an office setting. MST addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through ecological assessment of the youth.</p> <p>Tri-County began this program in Fiscal Year 2025 and this amendment continues the program through August 31, 2027 (FY 2027).</p> <p>This grant requires that Tri-County contract with MST Services, the owner of the MST Evidence-Based Program, to oversee the MST program.</p> <p>Funding for the grant is unchanged from FY 25 at \$692,045 per year which includes \$100,000 per year for MST Services' oversight.</p> <p>HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review</p>	
<p>Recommended Action:</p> <p>Ratify HHSC Grant Agreement, Contract No. HHS001285300016, Amendment No. 1, Multisystemic Therapy Grant Program</p>	

<p>Agenda Item: Ratify Health and Human Service Commission Contract No. HHS000231500002, Amendment No. 3 Projects for Assistance in Transition from Homelessness Grant Program (PATH)</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>The PATH program is our outreach program to homeless populations with Severe Mental Illness who are not currently connected to mainstream mental health services, primary healthcare and substance abuse service systems. We have two staff in Montgomery County that work with these individuals in the community.</p> <p>This is a contract amendment for FY 2025. This contract amendment adds \$615 dollars in unspent FY 2024 funding into the budget for FY 2025.</p> <p>HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.</p>	
<p>Supporting Documentation:</p> <p>The contract will be available for review at the Board meeting.</p>	
<p>Recommended Action:</p> <p>Ratify Health and Human Service Commission Contract No. HHS000231500002, Amendment No. 3, Projects for Assistance in Transition from Homelessness Grant Program (PATH)</p>	

Agenda Item: Ratify Health and Human Services Commission Grant Agreement, Contract No. HHS00144200006, Amendment No. 1, Youth Crisis Outreach Team Grant Program

Board Meeting Date

August 28, 2025

Committee: Business

Background Information:

In FY 2024, HHSC awarded Tri-County one of three the Youth Crisis Outreach Team Plus (YCOT+) pilot programs to deliver crisis response and stabilization services for youth under age 17. Unlike standard Youth Crisis Outreach Teams (YCOT), the YCOT+ program specifically targets children and adolescents who are actively involved with the Department of Family and Protective Services (DFPS)—including those in DFPS conservatorship—or those at risk of DFPS involvement, rather than serving the general youth population.

Our staff did a good job implementing YCOT +, but the state has determined that the model was not working as they had hoped and, frankly, that the needs of the DFPS system outweigh the ability of even YCOT + to assist. So, we are now being asked to implement a more traditional Youth Crisis Outreach Team (YCOT) program.

YCOT teams use trauma-informed interventions and strategies to de-escalate a child in crisis, aid in relapse prevention and safety planning, and be available to the child's family, or other caregiver, for up to 90 days (or no less than 4-6 weeks) after the crisis. Tri-County staff provide ongoing crisis stabilization support and ensure connection to community mental health resources.

Our budget for the YCOT program will increase, but this contract is funding the Center at the same rate as it was for YCOT +, \$875,000 a year. The contract is for FY 2026 and 2027. Our program must be available 8 hours a day, 5 days a week, but we will be operating a program that is available 10 hours a day, 7 days a week initially.

There are several other changes associated with this contract, but none of them will create any significant operational challenges.

HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract available for review

Recommended Action:

Ratify Health and Human Services Commission Grant Agreement, Contract No. HHS00144200006, Amendment No. 1, Youth Crisis Outreach Team Grant Program

Agenda Item: Ratify FY 2026 Texas Veterans Commission Grant No. VMH25-C-026 Committee: Business	Board Meeting Date August 28, 2025
Background Information: This year, Tri-County applied for and was awarded a grant for Clinical Counseling and Peer services from the Texas Veteran’s Commission. The grant total for these services is \$190,000. Tri-County will use these funds to deliver clinical counseling and peer support services for veterans in Walker and Liberty Counties. The grant period began on July 1, 2025, and will run through August 31, 2026. A Licensed Professional Counselor has already been hired to provide therapy, though the official grant award was only recently received by Tri-County. TVC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.	
Supporting Documentation: Notice of Grant Award (NOGA) Available for Review	
Recommended Action: Ratify FY 2026 Texas Veterans Commission Grant No. VMH25-C-026	

Agenda Item: Approve Services Contract with the East Texas Behavioral Health Network (ETBHN)

Board Meeting Date

August 28, 2025

Committee: Business

Background Information:

The East Texas Behavioral Health Network (ETBHN) is a network of eleven Community Mental Health and Developmental Disability Centers. Tri-County was one of five Centers that established ETBHN in 1998 as a response to challenges of these organizations in achieving administrative efficiency and cost effectiveness. Each Community Center Executive Director/Chief Operating Officer sits as a member of the Regional Oversight Committee (ROC) or Board.

Tri-County has participated in a variety of other service offerings in these last 27 years. For Fiscal Year 2026, Tri-County plans to participate in the following ETBHN service offerings:

- Mental Health Service Authorizations;
- Closed Door Pharmacy services include pharmaceutical company Patient Assistance Program (PAP) application completion;
- IT Purchasing (limited); and
- Medical Director Consultation.

Fiscal Year 2026 Estimated

Tri-County ETBHN Purchased Services

	Monthly	Annually
Membership due	\$ 966	\$ 11,592
Authorizations	\$ 2,427	\$ 29,124
PAP services	\$ 2,500	\$ 30,000
Open Minds (one time only)	\$ 3,512	\$ 3,512
Fixed Total	\$ 9,405	\$ 74,228
 *Medical Director (2 hour min only)	 \$ 472	 \$ 5,664
**Pharmacy	\$ 43,626	\$ 523,512
**Rebate per script (monthly average)	\$ -3,200	\$ -38,400
Fixed + Variable Total	\$ 50,303	\$ 565,004

The Closed-door Pharmacy use (including PAP) is our largest expense with ETBHN each year and varies based on number of individuals served. For this reason, staff requests a not-to-exceed budget of \$600,000 for FY 2026.

Supporting Documentation:

ETBHN Contract available for review.

Recommended Action:

Approve ETBHN Services Contract for Fiscal Year 2026 in a Not to Exceed Amount of \$600,000

Agenda Item: Ratify FY 2026 HHSC Contract No.
HHS001530200001 Children's Autism Grant Program

Board Meeting Date:

August 28, 2025

Committee: Business

Background Information:

The Center began providing Board Certified Behavioral Analyst (BCBA) services to Children diagnosed with Autism in FY 2019 under contract with the Health and Human Services Commission.

This contract allows the Center's BCBA to provide ABA, or Applied Behavior Analysis therapy services to children diagnosed with autism, and to also contract for these services in the community. ABA is an evidence-based approach that utilizes principles of learning and behavior to teach new skills or improve specific skills while reducing challenging behaviors.

The Children's Autism Program is located on the second floor of the Sgt. Ed Holcomb building, and our contractor is based in Spring/Woodlands area.

For FY 2026 we had to reapply for this grant to continue the program. The Center has been awarded \$221,765 in funding to serve 26 children in FY 2026.

HHSC needed to process this contract before the Board meeting so Evan Roberson signed the contract for ratification by the Board.

Supporting Documentation:

Contract Available for Review

Recommended Action:

Ratify FY 2026 HHSC Contract No. HHS001530200001 Children's Autism Grant Program

Agenda Item: Approve the FY 2026 Avail Solutions, Inc. Contract Committee: Business	Board Meeting Date August 28, 2025
Background Information: <p>Avail Solutions, Inc. has provided crisis hotline assessment services to Tri-County Behavioral Healthcare for many years. As the primary contracted provider of crisis hotline services for community centers across Texas, they operate 24 hours a day, seven days a week, with bilingual Spanish-speaking staff available at all times. When a face-to-face crisis assessment is needed, Avail contacts our Center staff to complete the evaluation.</p> <p>The total contract amount for FY 2026 is \$80,400, an increase from \$6,300 to \$6,700 per month.</p>	
Supporting Documentation: Letter from Avail Solutions	
Recommended Action: Approve the FY 2026 Avail Solutions, Inc. Contract for Crisis Hotline Assessment Services	



June 20, 2025

Mr. Evan Roberson
Tri-County Behavioral Healthcare
233 Sgt. Ed Holcomb Blvd. S
Conroe, TX 77304

Greetings Mr. Evan Roberson:

Avail Solutions respectfully requests a \$400 payment increase beginning September 1, 2025. We need to increase the current monthly amount of \$6,300 to a new amount of \$6,700. This figure was determined by assigning a cost of \$4.50 per handled call and \$9.00 per documented log.

Please contact us if you have any questions or would like to discuss how this new monthly rate was determined. We appreciate the opportunity to continue providing your agency with crisis services.

Respectfully,

A handwritten signature in blue ink that reads 'Gary Harwood'.

Gary Harwood, CEO
Avail Solutions, Inc.
800-510-7730

<p>Agenda Item: Approve the FY 2026 Kingwood Pines Inpatient Hospital Contract</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes Kingwood Pines Hospital for inpatient psychiatric services when clients need a higher level of care.</p> <p>Kingwood Pines Hospital is unique in that it not only serves adults and youth but children under the age of 12. In the last few years, hospital level of care need for children under 12 in our catchment area has continued to increase.</p> <p>The Kingwood Pines contract for FY 2026 inpatient hospital beds has a contract maximum of \$1,750,000. This figure is consistent with utilization trends observed in FY 2025.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Approve the FY 2026 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to \$1,750,000</p>	

Agenda Item: Approve the FY 2026 Woodland Springs Inpatient Hospital Contract Committee: Business	Board Meeting Date August 28, 2025
Background Information: Tri-County Behavioral Healthcare utilizes Woodland Springs Hospital for inpatient psychiatric services when clients need a higher level of care. Woodland Springs Hospital, which is located in South Montgomery County, provides inpatient psychiatric care for both adult and youth populations. The Woodland Springs contract for FY 2026 inpatient hospital beds is \$1,750,000. Utilization was down at Woodland Springs Hospital in FY 2025 as it was for several other contract hospitals, but we expect utilization to pick back up in FY 2026 and this contract total is in line with previous years.	
Supporting Documentation: Contract Available for Review.	
Recommended Action: Approve the FY 2026 Woodland Springs Inpatient Hospital Contract for up to \$1,750,000	

<p>Agenda Item: Approve the FY 2026 Cypress Creek Inpatient Hospital Contract</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare utilizes Cypress Creek Hospital for inpatient psychiatric services when clients need a higher level of care. Cypress Creek Hospital, which is located in North Houston, provides inpatient psychiatric care for both adult and youth populations.</p> <p>The Cypress Creek contract for FY 2026 inpatient hospital beds is \$1,250,000. Utilization was down at Cypress Creek Hospital in FY 2025 as it was for several other contract hospitals, but we expect utilization to pick back up in FY 2026 and this contract total is in line with previous years.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Approve the FY 2026 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to \$1,250,000</p>	

<p>Agenda Item: Approve FY 2026 Sun Behavioral Inpatient Psychiatric Hospital Contract</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare established a contract with Sun Behavioral Hospital in Houston for inpatient psychiatric services, primarily for children (specifically children 11 and under), when the hospitals in our service area do not have capacity. This hospital also serves youth (12-17) and adults.</p> <p>The Sun Behavioral Hospital contract for FY 2026 inpatient hospital beds is \$100,000. Utilization was down at Sun Behavioral Hospital in FY 2025 as it was for several other contract hospitals, but we expect utilization to pick back up in FY 2026 and this contract total is in line with previous years.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review at the Board Meeting.</p>	
<p>Recommended Action:</p> <p>Approve FY 2026 Sun Behavioral Inpatient Psychiatric Hospital Services Contract in the amount of \$100,000</p>	

Agenda Item: Approve the FY 2026 Voyages Behavioral Health Inpatient Psychiatric Hospital Contract

Board Meeting Date

August 28, 2025

Committee: Business

Background Information:

Voyages Behavioral Health Hospital of Conroe is a psychiatric hospital located on South Loop 336, west of I-45 in Conroe. It is approximately two miles from the Psychiatric Emergency Treatment Facility.

Voyages is a “full-service behavioral health hospital” with a primary focus on persons who are 50 years old or older who have “complex medical challenges.” In addition to this primary focus on seniors, Voyages has opened a unit that will serve Adults with Severe and Persistent Mental Illness.

The Voyages contract for FY 2026 inpatient hospital beds is \$750,000. Utilization was down at Voyages in FY 2025 as it was for several other contract hospitals, but we expect utilization to pick back up in FY 2026 and this contract total is in line with previous years. This hospital has become popular with law enforcement because its proximity to Conroe results in a shorter transport time of persons needing a psychiatric bed.

Contract Available for Review

Recommended Action:

Approve the FY 2026 Voyages Behavioral Health Inpatient Psychiatric Hospital Contract for up to \$750,000

<p>Agenda Item: Approve the FY 2026 Contract for James D. Phillips – Peace Officer</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare contracts with licensed Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders/Warrants from other law enforcement entities and to provide onsite security. These officers are scheduled to be on site 24/7.</p> <p>James D. Phillips has historically worked a significant number of hours at the PETC. His contract maximum allowance for Peace Officer services in FY 2026 is \$55,000.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Approve contract maximum for James D. Phillips in FY 2026 for \$55,000 for on-site Peace Officer services at the PETC</p>	

<p>Agenda Item: Approve the FY 2026 Contract for Ralph Horne – Peace Officer</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County Behavioral Healthcare contracts with licensed Peace Officers at the PETC to ensure that we can receive Emergency Detention Orders/Warrants from other law enforcement entities and to provide on-site security. These officers are scheduled to be on site 24/7.</p> <p>Ralph Horne has historically worked a significant number of hours at the PETC. His contract allowance for Peace Officer services for FY 2026 is \$65,000.</p>	
<p>Supporting Documentation:</p> <p>Contract Available for Review.</p>	
<p>Recommended Action:</p> <p>Approve FY 2026 Contract for Ralph Horne for \$65,000 for on-site Peace Officer services at the PETC</p>	

Agenda Item: Approve the FY 2026 Sergio's Landscaping Service Contract Committee: Business	Board Meeting Date August 28, 2025
Background Information: Sergio's Landscaping Service provides lawn and irrigation services at all locations, with the exception of Liberty. In addition to regularly scheduled services, he also bids on other landscape related projects as needed. The FY 2026 contract reflects one change from the prior year: an updated cost for lawn services at the 402 Liberty Street facility in Cleveland. Lawn services at the Truman Street facility will be discontinued once the property is sold. The total annual FY 2026 lawn and irrigation contract is \$79,140.	
Supporting Documentation: Contract Available for Review at the Board Meeting	
Recommended Action: Approve the FY 2026 Sergio's Landscaping Service Contract in the amount of \$79,140.	

Agenda Item: Approve the FY 2026 Crown Cleaning Services Contract Committee: Business	Board Meeting Date August 28, 2025
Background Information: Crown Cleaning Services provides janitorial services for the Sgt. Ed Holcomb facility in Conroe, the Truman facility in Cleveland, Porter and the Huntsville service facility. The FY 2026 contract will have a reduction in cost once the Truman facility in Cleveland is sold but we plan to retain them on a limited contract for Truman to keep the facility clean for potential buyers. The total FY 2026 contract with Crown is \$250,140.	
Supporting Documentation: Contract Available for Review at the Board Meeting	
Recommended Action: Approve the FY 2026 Crown Cleaning Services Contract in the amount of \$250,140	

<p>Agenda Item: Approve Staff to Solicit Quotes for the Demolition of 612 Hwy 90, Liberty Texas</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>August 28, 2025</p>
<p>Background Information:</p> <p>Tri-County owns a building on Highway 90 in Liberty that previously housed mental health services prior to consolidation at the 2000 Panther Lane location in 2015. The facility was already in poor condition at the time of relocation and has continued to deteriorate since.</p> <p>Liability insurance costs for vacant properties have risen significantly, with the current annual premium quoted at \$22,288.79 for this building. Despite being listed for sale for several years, there has been no buyer interest, and staff believe the property would be difficult to sell in its current state.</p> <p>Staff are requesting Board approval to solicit quotes for demolishing the structure, which would leave a vacant lot at the site. Along with obtaining demolition estimates, staff will reassess the building's condition and potential for rehabilitation to confirm whether demolition is the most appropriate option. Findings will be presented to the Board before any next steps are taken.</p> <p>While the building is old enough to potentially require remediation, no specific issues have been identified at this time.</p>	
<p>Supporting Documentation:</p> <p>Picture of 612 Hwy 90, Liberty</p>	
<p>Recommended Action:</p> <p>Approve Staff to Solicit Quotes for the Demolition of 610 Hwy 90, Liberty Texas</p>	



612 Hwy 90, Liberty, Texas

Agenda Item: Approve Fund Balance Transfers

Board Meeting Date

August 28, 2025

Committee: Business

Background Information:

Historically, the Texas Health and Human Services Commission (HHSC) has encouraged Texas Community Centers to have their fund balance 'reserved' into Reserve funds. Tri County currently has six (6) Committed Reserve accounts.

Reserve Account	Current Amount Reserved
Net Asset Property & Equipment	\$ 23,476,422
Reserve for Vehicle and Equipment Replacement	\$ 613,712
Reserve for Facility Improvements & Acquisitions	\$ 2,028,348
Reserve for Future Board Initiatives	\$ 1,500,000
Reserve for 1115 Waiver Programs	\$ 502,677
Reserve for Designated Donations	\$ 16,211

To follow HHSC instructions, Staff are recommending that we move 1 million from Board Initiatives and \$502,677 from the 1115 Wavier account to the Unrestricted and Undesignated fund.

Supporting Documentation:

Board Policy E.24.6

Recommended Action:

Approve Fund Balance Transfer of \$1,502,677 from Board Initiatives and 1115 Waiver Reserve Accounts to the Unrestricted and Undesignated Fund

TRI-COUNTY BEHAVIORAL HEALTHCARE

STATEMENT OF POLICY



Patti Atkins, Chair

July 23, 2020

Date

ORIGINAL EFFECTIVE DATE: February 26, 1992

REVISION DATE(S): March 22, 2007; December 9, 2010; August 25, 2011; May 22, 2014;
July 28, 2016, July 23, 2020

SUBJECT: Retention of Fund Balance

It is the policy of the Board of Trustees of Tri-County Behavioral Healthcare ("Tri-County" or Center") that the Center establish adequate reserve funds as a prudent business practice. The expectation is that the Center has a goal of 120 days in designated reserves for operations. These funds are for major business changes, sufficient funds to handle fiscal emergencies such as short term cash flow problems, unanticipated reductions or loss of funding, or unanticipated losses and/or deterioration of physical assets.

- I. In order to comply with Government Accounting Standards Board, fund balances shall be classified in accordance with GASB Statement 54 – "Fund Balance Reporting and Governmental Fund Type Definitions" as follows:
 - A. Non-Spendable Fund Balance includes amounts not in spendable form, such as inventory, prepaids, or amounts required to be maintained intact legally or contractually (Fixed Assets, Inventory)
 - B. Restricted Fund Balance includes amounts constrained for a specific purpose by external parties (Debt Requirements, Debt Services)
 - C. Committed Fund Balance includes amounts constrained for a specific purpose by a government using its highest level of decision making authority (Vehicle and Equipment Replacements, Facility Improvements and Acquisitions, Board Initiatives and 1115 Waiver Programs)
 - D. Assigned Fund Balance includes funds other than the general fund constrained for a specific purpose by a governing board or by an official that has been delegated authority

to assign amounts (Current Year Budget Reserve, Worker's Compensation, Insurance Deductibles)

E. Unassigned Fund Balance is the residual classification for the general fund

- II. The Board of Trustees is the Center's highest level of decision making authority and the formal action that is required to be taken to establish, modify, or rescind a Restricted, Committed or Assigned fund balance is a resolution approved by the Board at a Board meeting. The resolution must either be approved or rescinded prior to the last day of the fiscal year for which the commitment or assignment is made.

When multiple categories of fund balance are available for expenditure, the Center will spend funds from the least restricted category first and then from the next category in the hierarchy with available funds.

- III. The Board of Trustees can designate money to the following reserve funds:

A. Committed

1. Net Asset Property
2. Net Asset Vehicles & Equipment
3. Reserve for Vehicle & Equipment Replacement
4. (20% of Approximate Replacement Cost)
5. Reserve for Facility Improvement & Acquisitions
6. Reserve for Future Board Initiatives
7. Reserve for 1115 Waiver Programs
8. Reserve for Designated Donations

B. Assigned

1. Reserve for Current Year Budgeted Reserve
2. (Set by the Budget each Year)
3. Reserve for Workers Compensation
4. Reserve for Insurance Deductibles
5. Reserve for Accrued Paid Time Off

The Committed and Assigned designated funds may periodically be adjusted by Board Resolution when necessary and/or when excess funds are available in a fiscal year.

The designated funds shall be semi-permanent in nature and the money so designated shall be invested in U.S. Government backed securities (at least one year maturities). In order to meet the Texas Health and Human Services Commission (HHSC) matching funds requirements, interest earned on the investment of designated funds shall continue to be recognized as local revenues rather than compounding as designated fund.

Agenda Item: Board of Trustees Unit Financial Statements as of July 2025 Committee: Business	Board Meeting Date August 28, 2025
Background Information: None	
Supporting Documentation: July 2025 Board of Trustees Unit Financial Statements	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2025
July 31, 2025

	July 2025 Budget	July 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 21,362	\$ 21,362	\$ -	100%	\$ 23,315
Total Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 21,362	\$ 21,362	\$ -	100%	\$ 23,315
Expenses								
Insurance-Worker Compensation	\$ 4	\$ 2	\$ 2	\$ 44	\$ 18	\$ 26	41%	\$ 55
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 16,500	\$ 16,500	\$ -	100%	\$ 18,000
Training	\$ 76	\$ -	\$ 76	\$ 836	\$ 2,245	\$ (1,409)	269%	\$ 910
Travel - Non-local mileage	\$ 58	\$ -	\$ 58	\$ 638	\$ 1,665	\$ (1,027)	261%	\$ 700
Travel - Non-local Hotel	\$ 258	\$ -	\$ 258	\$ 2,838	\$ 4,571	\$ (1,733)	161%	\$ 3,100
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 506	\$ 195	\$ 311	39%	\$ 550
Total Expenses	\$ 1,942	\$ 1,502	\$ 440	\$ 21,362	\$ 25,194	\$ (3,832)	118%	\$ 23,315
Total Revenue minus Expenses	\$ 0	\$ 440	\$ (440)	\$ -	\$ (3,832)	\$ 3,832	-18%	\$ -

Agenda Item: Tri-County's Consumer Foundation Board Update Committee: Business	Board Meeting Date August 28, 2025
Background Information: The Tri-County Consumer Foundation Board of Directors met on July 25, 2025. The Board accepted the financial statements through June of 2025, reviewed their Calendar 2024 audit, reviewed their annual IRS Form 900, and approved a spending limit for the 3 rd quarter of calendar year 2025 in the amount of \$5,000. 2 nd Quarter Updates: <ul style="list-style-type: none"> • Update to the Foundation website tccf.us (architecture) to ensure security of the website. • Review of Fundraising activities in the 2nd quarter including parking space auctions and themed basket sales. • Review of fundraising ideas for the upcoming year. • Total expenditures for the 2nd quarter were \$2,216.09 with one additional application approved in the 2nd quarter but not paid until July. • The Board continues to seek a new President and additional Board Directors. The Foundation currently has \$40,738 in the bank. The next meeting of the Foundation Board is scheduled for Friday, October 10 th .	
Supporting Documentation: None	
Recommended Action: For Information Only	

Agenda Item: Cleveland Facility Transition Updates Committee: Business	Board Meeting Date: August 28, 2025
<p>Background Information:</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"> • 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. • Technology – to develop and implement a technology plan, including working with vendors on equipment procurement and providing oversight for installation and set-up. • 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. • 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. • Clinic Flow – focused on clinic flows for individuals receiving services, considering staffing patterns, safety, crisis response, and use of conference rooms. • Art – to develop a plan for selecting, purchasing, and installing art to create a professional, healing environment in the new building. • Move – responsible for selecting a move company, coordinating the logistics of the move, and coordinating the staff transition. • Surplus Sale – to coordinate and host a surplus sale, which likely would occur following the move. <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>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>For Information Only</p>	

UPCOMING MEETINGS

September 25, 2025 – Board Meeting

- Approve Minutes from August 28, 2025 Board Meeting
- Approve FY 2026 Goals and Objectives
- Community Resources Report
- Consumer Services Report for August 2025
- Program Updates
- Annual PNAC Reports
- FY 2025 Goals & Objectives Progress Report 4th Quarter
- 4th Quarter FY 2025 Corporate Compliance and Quality Management Report
- Annual Corporate Compliance Report and 1st Quarter FY 2026 Corporate Compliance Training
- Appoint Texas Council Representative and Alternate for FY 2026
- Board of Trustees Reappointments and Oaths of Office
- 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
- Approve FY 2026 Dues Commitment and Payment Schedule for Texas Council
- Texas Council Risk Management Fund Board of Trustees Election
- Review Preliminary August 2025 Financial Statements
- 4th Quarter FY 2025 Investment Report
- Board of Trustees Unit Financial Statement for August 2025
- Reappoint Foundation Board Members

October 23, 2025 – Board Meeting

- Approve Minutes from September 25, 2025 Board Meeting
- Longevity Recognitions
- Community Resources Report
- Consumer Services Report for September 2025
- Program Updates
- Board of Trustees Oaths of Office (any not present in September)
- Personnel Report for September 2025
- Texas Council Risk Management Fund Claims Summary for September 2025
- Approve September 2025 Financial Statements
- Approve Check Signers
- Board of Trustees Unit Financial Statement for September 2025
- HUD 811 Updates – Montgomery, Cleveland and Huntsville
- Consumer Foundation Board Meeting Update

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
YMHFA	Youth Mental Health First Aid

Updated 5/23/25