

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

September 25, 2025



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 25, 2025. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

I. Organizational Items

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

II. Approve Minutes - August 28, 2025

III. Executive Director's Report - Evan Roberson

- A. One Big Beautiful Bill Act - Rural Initiatives
- B. ARPA Expanded Therapy

IV. Chief Financial Officer's Report - Millie McDuffey

- A. FY 2025 Audit Update
- B. CFO Consortium Update
- C. HHSC MH Fiscal Monitoring Review Update
- D. HHSC IDD Fiscal Monitoring Review Update

V. Program Committee

Action Items

- A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members 12
- B. Reappoint Mental Health Planning Network Advisory Committee Members 13
- C. Approve FY 2026 Goals and Objectives 14-25

Information Items

- D. Community Resources Report 26-29
- E. Consumer Services Report for August 2025 30-32
- F. Program Updates 33-38
- G. Annual PNAC Reports 39-42
- H. FY 2025 Goals & Objectives Progress Report 4th Quarter 43-51
- I. 4th Quarter FY 2025 Corporate Compliance & Quality Management Report 52-55
- J. 1st Quarter FY 2026 Corporate Compliance Training 56-57

VI. Executive Committee

Action Items

- A. Annual Election of FY 2026 Board Officers.....58
- B. Appoint Texas Council Representative & Alternate for FY 2026.....59
- C. Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees.....60-65

Information Items

- D. Personnel Report for August 2025.....66-68
- E. Texas Council Risk Management Fund Claims Summary as of August 2025.....69-70
- F. Board of Trustees Reappointments & Oaths of Office.....71-81
- G. Analysis of Board Members Attendance for FY 2025 Regular & Special Called
Board Meetings.....82-83

VII. Business Committee

Action Items

- A. Approve FY 2026 Dues Commitment & Payment Schedule for Texas Council.....84-86
- B. Ratify HHSC Local Mental Health Authority Performance Grant Agreement,
Contract No. HHS001598600037.....87
- C. Ratify HHSC Grant Agreement, Treatment Services Grant Program, Contract No.
HHS001535500092.....88

Information Items

- D. Review Preliminary August 2025 Financial Statements.....89-102
- E. 4th Quarter FY 2025 Investment Report.....103-107
- F. Board of Trustees Unit Financial Statement for August 2025.....108-109

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

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

P.O. Box 3067
Conroe, TX 77305

BOARD OF TRUSTEES MEETING

August 28, 2025

Board Members Present:

Gail Page
Morris Johnson
Richard Duren
Tim Cannon
Carl Williamson

Board Members Absent:

Patti Atkins
Jacob Paschal
Tracy Sorensen
Sharon Walker

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
Yolanda Gude, Director of IDD Authority Services
Beth Dalman, Director of Crisis Access
Ashley Bare, HR Manager
Darius Tuminas, Controller
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: Chief Deputy Joe Sclider

Guest(s): None present

Call to Order: Board Vice-Chair, Gail Page, called the meeting to order at 10:06 a.m.

Public Comment: No public comment

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

Resolution #08-28-01

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the absence of Patti Atkins, Jacob Paschal, Tracy Sorensen and Sharon Walker.

Resolution #08-28-02

Motion Made By: Morris Johnson

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

Resolved:

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

Executive Director's Report:

The Executive Director's report is on file.

- Legislative Updates
- OIG Updates

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2025 Audit
- HHSC MH Fiscal Monitoring Review Update
- HHSC IDD Fiscal Monitoring Review Update
- Worker's Compensation Audit
- CFO Consortium Meeting

PROGRAM COMMITTEE:

Resolution #08-28-03

Motion Made By: Carl Williamson

Seconded By: Tim Cannon, with affirmative votes by Morris Johnson and Richard Duren that it be...

Resolved:

That the Board approves the IDD Local Plan for FY 2026-2027.

Resolution #08-28-04

Motion Made By: Carl Williamson

Seconded By: Tim Cannon, with affirmative votes by Morris Johnson and Richard Duren that it be...

Resolved:

That the Board approves the IDD Quality Management Plan for FY 2026-2027.

The Board Goal Update – Consumer Satisfaction Survey – was reviewed for information purposes only.

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

Agenda Item VI-A, Annual Election of FY 2026 Board Officers was moved to the September 25, 2025 Board Meeting agenda.

Agenda Item VI-B – Executive Director’s Evaluation, Compensation & Contract for FY 2026 was moved to Executive Session.

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

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

BUSINESS COMMITTEE:

Resolution #08-28-05

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the June 2025 Financial Statements.

Resolution #08-28-06

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2025 Year End Budget Revision.

Resolution #08-28-07

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the Proposed FY 2026 Operating Budget.

Resolution #08-28-08

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve Banking Services with JPMorgan Chase for Tri-County Behavioral Healthcare for an additional two year term.

Resolution #08-28-09

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify recommendation for FY 2026 Employee Health Insurance, Basic Life/Accidental Death & Dismemberment, and Long-Term Disability Plans.

Resolution #08-28-10

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify HHSC Grant Agreement, Contract No. HHS001285300016, Amendment No. 1, Multisystemic Therapy Grant Program.

Resolution #08-28-11

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify Health and Human Services Commission Contract No. HHS000231500002, Amendment No. 3, Projects for Assistance in Transition from Homelessness Grant Program (PATH).

Resolution #08-28-12

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify Health and Human Services Commission Grant Agreement, Contract No. HHS001442900006, Amendment No. 1, Youth Crisis Outreach Team Grant Program.

Resolution #08-28-13

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify FY 2026 Texas Veterans Commission Grant No. VMH25-C-026.

Resolution #08-28-14

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve ETBHN Services Contract for Fiscal Year 2026 in a Not to Exceed Amount of \$600,000.

Resolution #08-28-15

Motion Made By: Morris Johnson

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

Resolved:

That the Board ratify HHSC Contract No. HHS001530200001 Children's Autism Grant Program.

Resolution #08-28-16

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Avail Solutions, Inc. contract for Crisis Hotline Assessment Services.

Resolution #08-28-17

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to \$1,750,000.

Resolution #08-28-18

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Woodland Springs Inpatient Hospital Contract for up to \$1,750,000.

Resolution #08-28-19

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to \$1,250,000.

Resolution #08-28-20

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve FY 2026 Sun Behavioral Inpatient Psychiatric Hospital Services Contract in the amount of \$100,000.

Resolution #08-28-21

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Voyages Behavioral Health Inpatient Psychiatric Hospital Contract for up to \$750,000.

Resolution #08-28-22

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve contract maximum for James D. Phillips in FY 2026 for \$55,000 for on-site Peace Officer services at the PETC.

Resolution #08-28-23

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve FY 2026 Contract for Ralph Horne for \$65,000 for on-site Peace Officer services at the PETC.

Resolution #08-28-24

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Sergio's Landscaping Service Contract in the amount of \$79,140.

Resolution #08-28-25

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve the FY 2026 Crown Cleaning Services Contract in the amount of \$250,140.

Resolution #08-28-26

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve staff to solicit quotes for the demolition of 612 Hwy 90, Liberty, Texas.

Resolution #08-28-27

Motion Made By: Morris Johnson

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

Resolved:

That the Board approve Fund Balance Transfer of \$1,502,677 from Board Initiatives and 1115 Waiver Reserve Account to the Unrestricted and Undesignated Fund.

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

The Tri-County Consumer Foundation Board Meeting Update 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 11:30 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.074, Executive Director Evaluation.

The Executive Session of the Board of Trustees adjourned at 11:59 a.m. to go into the regular meeting.

Resolution #08-28-28

Motion Made By: Tim Cannon

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

Resolved:

That the Board of Trustees approve to extend the Executive Director's contract for one year at the current salary. In addition, the Board authorizes Tri-County Behavioral Healthcare to purchase a vehicle for the Executive Director's use in the amount no greater than \$65,000.

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

Adjournment:

Patti Atkins
Chair

Date

Attest:

Jacob Paschal
Secretary

Date

<p>Agenda Item: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 25, 2025</p>
<p>Background Information:</p> <p>According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.</p> <p>Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire on August 31, 2027.</p> <ul style="list-style-type: none"> • Pat Shaw – Parent • Madeline Brogan – Parent • Carol Sloan – Parent • Ladana Igler-Parent <p>We currently have eight IDDPNAC members, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Pat Shaw, Madeline Brogan, Carol Sloan, and Ladana Igler to Two-Year Terms Expiring on August 31, 2027</p>	

<p>Agenda Item: Reappoint Mental Health Planning Network Advisory Committee Member</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>September 25, 2025</p>
<p>Background Information:</p> <p>According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.</p> <p>The following member has an expiring term and has been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2027.</p> <ul style="list-style-type: none"> • Richard Duren - Family Member <p>We currently have five MHPNAC members, with one new member recently appointed to the upcoming term, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.</p>	
<p>Supporting Documentation:</p> <p>None</p>	
<p>Recommended Action:</p> <p>Reappoint Mental Health Planning Network Advisory Committee Member Richard Duren to a Two-Year Term Expiring on August 31, 2027</p>	

Agenda Item: Review and Approve Goals and Objectives for FY 2026 Committee: Program	Board Meeting Date September 25, 2025
Background Information: The Extended Management Team met on September 12, 2025 for our annual Strategic Planning meeting. The goal of this meeting was to review last year's plan, talk about emerging dynamics in Community Center operations and to set goals for FY 2026. Subsequently, we have created a Strategic Plan Review Summary which includes proposed Goals and Objectives for FY 2026.	
Supporting Documentation: Strategic Plan Summary, Fiscal Year 2026	
Recommended Action: Approve the Goals and Objectives for FY 2026	

Introduction

The Management Team of Tri-County Behavioral Healthcare met on September 12, 2025 to review and update the five-year strategic plan for the Center. For the FY 2026 planning process, the Management Team invited staff development trainer and current Montgomery County Treasurer, Melanie Bush, to facilitate a discussion about Center direction. The plan will be reviewed and modified annually by the Management Team with the goal of continued improvement and refinement of the Center mission and direction.

Executive Summary

Serving Liberty, Montgomery and Walker counties, Tri-County Behavioral Healthcare ('Tri-County' or the 'Center') continues to serve more and more people each year. This growth, along with continued changes at both the state and local level, has highlighted the need for Center structures which need to be developed or further refined. The Management Team of Tri-County is made up of highly dedicated professionals that work tirelessly to improve the Center, and because of their work much positive change has occurred at the Center in the last five years. Members have been and continue to be, committed to transform Tri-County into a system of care that will effectively and efficiently meet the needs of our community.

Management Team staff have identified long term goals in five areas of emphasis and have developed a corresponding list of Objectives for FY 2026.

Center Mission and Vision Statement

The Mission of Tri-County is to enhance the quality of life for those we serve and our communities by ensuring the provision of quality services for individuals with mental illness, substance abuse disorders and intellectual/developmental disabilities.

The Vision of Tri-County is to develop a mental health and developmental disability care system with adequate resources that ensures the provision of effective and efficient services to meet the needs of our community. To achieve this vision, we will partner with the community to: 1) expand the availability of new and existing resources; and, 2) assure the availability of technically and culturally competent staff.

The Management Team has identified the need to revise both the Mission and Vision statements in Fiscal Year 2026 so that they are more easily communicated to the community and staff.

Center Background

In response to legislation signed by President John F. Kennedy in 1963, Texas established Community Centers in 1965 to move persons from mental health and/or Intellectual/Developmental Disabilities from institutions to the community. Formed in 1983 by an interlocal agreement between Liberty, Montgomery and Walker counties, Tri-County is one of 39 Community Centers which provide mental health and IDD services to all 254 counties in the State of Texas. Tri-County is a 'Unit of Government' as established by section 534 of the Texas Health and Safety Code and has also been designated as a non-profit organization by the Internal Revenue Service. Services provided to adults and children with mental illness and to individuals with intellectual and/or developmental disabilities are provided under contract with the Texas Health and Human Services Commission (HHSC) in the form of contracts as a Local Mental Health Authority (LMHA) and as a Local Intellectual and Developmental Disability Authority (LIDDA) or in the form of fee-for-service reimbursement from insurance companies. Under separate contract with the Health and Human Services Commission, Tri-County also provides services to Adults and Youth with Substance Use Disorders.

The responsibilities of Texas' 39 Community Centers, as established in state law, are twofold: planning and coordinating mental health policy and resources; and serving as a provider of last resort for community mental health services in their region. Individuals may come in contact with a Center through a crisis hotline, walk-in visits or through a referral from a community partner, such as a local jail or school. Based primarily on rules established by the Texas Health and Human Services Commission (HHSC), LMHAs serve the highest-need individuals suffering from serious mental illness. In addition to crisis services, LMHAs provide adults and children with medication, counseling, case management, treatment and supports.

Texas Health and Safety Code, chapter 534, has the following policy statement regarding the role of Community Centers in Texas:

"It is the policy of [Texas] that community centers strive to develop services for persons with mental illness or an intellectual disability...or with chemical dependencies, that are effective alternatives to treatment in a large residential facility."

This Texas policy is in place, at least in part, because community care is fundamentally less expensive for the State than institutional care. In fact, serving 150 persons for 365 days a year at the designated state hospital for Tri-County (Rusk State Hospital, Rusk, Texas) is more money than the entire Tri-County budget. It should be noted that the cost for one person (\$756) for 365 days is \$275,940. The cost for State Supported Living Center (SSLC) care is more (\$994.17) at the designated SSLC for Tri-County (Brenham).

Tri-County is still considered a large, mid-sized Community Center in the state of Texas, but the overall budget of the Center shrunk by approximately 20% due to state, federal and local funding cuts between FY's 2023 and 2025.

It is important to note that while management and staff have developed a system which is seeing more and more persons for care, there continues to be more persons in the community with qualifying diagnoses who are unserved than at any time in our history. In short, although staff have worked hard to remove barriers to care and while staff are stretched to provide this care, the community often sees deficiencies.

Population Growth and Demographic Trends

Population Growth in our communities remains strong with the three-county area approaching one million residents. Montgomery County remains one of the fifty fastest growing counties in the United States and the fourth fastest growing county in Texas.

North Liberty County has a large and growing Hispanic population which is settling in unincorporated 'subdivisions' in the county. These 'subdivisions' resemble the colonias that are found on the Texas/Mexico border with many families living in substandard housing. Liberty County, by percent of population growth, was the fourth fastest growing county in the United States in calendar 2024 (5.4% growth in one year). Tri-County constructed a new facility in Cleveland, Texas which opened on September 15, 2025, in part, to reach out to this underserved portion of our service area.

The three-county service area has over 43,000 Veterans, with 81.5% of those living in Montgomery County. There is a Veterans Administration hospital in Houston and a VA Outreach Clinic in Conroe.

Finally, it should be noted that the census number for Hispanic persons is considered to be significantly underreported due to concerns about governmental survey processes.

Funding

While it is true that the state of Texas has been investing a significant amount of money into the larger Behavioral Health system, most of this investment since 2019 has been made to the State's Mental Health State Hospitals and Mental Health Community Hospitals, with most of the money available for Community Centers like Tri-County coming from American Rescue Plan Act (ARPA) funding, targeted 'fee for service' grant programs (e.g. Youth Crisis Outreach Team or YCOT) or via grants with significant local match required. Studies by Mental Health America have consistently ranked Texas last or near last for access to mental health care and Texas' mental health funding has consistently been significantly below the national average. Complicating service provision for persons with Mental Illness is that Texas has one of the highest rates of uninsured adults with mental illness in the nation. Even though the Texas Legislature has invested

new funding for behavioral health services, it is challenging to keep funding in step with population growth. Texas is among a minority of states that restricts access to public mental health services to adults with serious mental illness and children with serious emotional disturbance.¹

Complicating the funding picture, Tri-County was formed at a time where 'base funding' was less than it was for early Centers that were formed in the 1960s and 1970s and for centers formed in the late 1990s. The base funding that each LMHA receives is a result of historical allocations, including funds appropriated during the past decade for crisis program redesign and outpatient services.² In addition to this lower base funding; Tri-County's service area has a rapidly growing population, especially in Montgomery County, with more persons who need access to services. While the service area experiences a large amount of upper income growth, the growth of persons that are below the poverty line and who are medically indigent is also high. As a result, Tri-County remains near the bottom of Texas Centers in per capita funding for both mental illness and intellectual disabilities and is one of several LMHAs where General Revenue funds, on a per capita served basis, continues to decrease.

In March 2023, at the end of COVID-19 Pandemic, each state was required to requalify individuals for Medicaid Coverage. Texas led the United States in the absolute number of individuals that were removed from Medicaid roles. This process, commonly referred to as the Medicaid Unwinding, resulted in many adults and children with mental illnesses losing their Medicaid coverage and even persons with life-long intellectual disability were removed from the rolls somewhat clumsily. Overall, Tri-County has 10% less adults, 20% less children and youth and about 5% of persons with Intellectual and Developmental Disabilities that were removed from the Medicaid Roles.

Directed Payment Program and Charity Care Pool

Texas applied for and was awarded funding from the Centers for Medicaid and Medicare Services for the Directed Payment Program for Behavioral Health Services. The Directed Payment Program is a Medicaid managed care arrangement that allows states, with approval from the Centers for Medicare & Medicaid Services (CMS), to direct Managed Care Organizations to make specific, higher payments to providers for services related to state-defined goals, such as improving access to care, increasing reimbursement for providers, or improving quality. These payments help close the gap between lower Medicaid rates and the costs of care, which supports providers serving Medicaid beneficiaries and helps address disparities in access to care. These enhanced rates are available for specific Current Procedural Terminology (CPT) codes provided by Community Centers to behavioral health services. With the reduction in Medicaid covered lives, the Center is also seeing a reduction in enhanced DPP payments.

¹ Funding Trends and Challenges in Community Mental Health Services, Texas Legislative Budget Board, January 2019, ID: 4830

² Funding Trends and Challenges in Community Mental Health Services, Texas Legislative Budget Board, January 2019, ID: 4830

Private Insurance

A funding challenge facing Tri-County is the increasing number of individuals with private insurance. While some of these plans are associated with the Affordable Care Act and include high, up-front, payments that the individual seeking care cannot afford, even traditional insurance is a challenge for the agency as nearly 30% (approximately 1300 adults/children) of the persons seeking psychiatric care have insurance products which will only pay for a portion of the most expensive services (psychiatry and therapy) and which will not pay for other services that the individual needs to reach a state of wellness. Just prior to the Pandemic, HHSC increased the number of individuals that Tri-County is required to serve substantially, and while meeting these targets, much of the growth that has occurred to meet these targets has been by individuals with private insurance.

As a provider of services, it is often difficult to get paid for private insurance claims and, in many cases; cost sharing by persons with insurance goes unpaid. In addition, because it is so difficult to get paid by these insurance plans, many providers of psychiatric and counseling services in the community have gone to providing services for cash payments only. As a percentage of billed claims in FY 2024, these private insurance companies paid 14.2%.

Certified Community Behavioral Health Clinic (CCBHC)

The Excellence in Mental Health Act established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs may be able to receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding to meet the needs of these complex populations. These Alternate Payment Mechanisms (APMs) may make it possible for the Center to continue some of the 1115-funded programs into the future.

CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care.

The State of Texas has identified CCBHC as a best practice for clinic design and will be working to leverage Medicaid funds for persons who are currently unfunded in the Community Center system. Tri-County has been Certified as a CCBHC since March of 2021 and will recertify in 2027.

Intellectual and Developmental Disabilities

There are limited services provided to persons or their families with Intellectual and Developmental Disabilities and many families are struggling to support their family member with the disability. This is complicated by the fact that many of these family members are aging and even though they are willing to take care of their loved one, are physically unable to do so. Services provided in the family home are, generally speaking, some of the best quality services which are available. They are also the least expensive for the tax payer. The Center needs to advocate for funding to develop or enhance systems which can support these natural systems of care.

Future Visioning:

As a part of our planning process, the Management Team spent considerable time over the last few years 'visioning' the ideal future for the Center. These visions are the ideal goals for the future of the work we do, short of a cure for the disorders; and, as such, these goals represent the long term goals for Center operations.

The following ideals have been endorsed by the Management Team:

Intellectual and Developmental Disability Services:

- Modernization of IDD processes to make them more efficient;
- Continue to advocate for full funding of all services that are needed by families;
- Creation of system navigators which guide families after contact with the Center;
- Changing terminology so that the community is clear about the terminology 'intellectual and developmental disabilities,' which includes use of stories to communicate about how these disorders affect families;
- Service offerings that have moved from what the state funds to services that truly meet the needs of those that contact us for services;
- Standardized person-centered, whole person care;
- Proactive services are in place to prevent preventable conditions;
- Appropriate preparation for and response to the Centers for Medicare and Medicaid Services' 'Final Rule'.

Behavioral Health Services:

- Programming and interventions which are driven by emerging science;
- We are a Certified Community Behavioral Health Clinic;
- We have achieved accreditation from one of the accrediting bodies, Joint Commission or CARF;
- Patient care is fully patient and family-centered, trauma informed and recovery based;
- Clinical protocols and evidence-based practices have been implemented which have led to a stable, predictable clinical system;

- Counseling available for everyone that wants or needs it;
- Program staff are trained in and are operating from evidence-based practices which have been clearly proceduralized;
- Fully integrated mental health and substance abuse treatment for those we serve;
- A children's service system has been developed that can expand as needed to meet community demand for services;
- Crisis programs and tools are continually enhanced to meet community needs;
- The Center has developed partnerships with universities which maximize the use of interns for mental health treatment; and,
- The Center is a leader in the development of community focus groups that would address system needs for adults and children, outpatient and inpatient.
- Enhanced partnerships with law enforcement entities and services designed to meet their needs.

Development:

- Greater community collaboration in multiple spheres of influence which include joint service offerings when possible;
- Programs are developed that financial partners want to 'buy into';
- Community Partners ensure that we are always 'at the table' for important conversations about needed services;
- The Centers' Mission and Vision are understood by the community; and,
- Our actions have helped 'normalize' persons with mental illnesses, substance use disorders and or intellectual disabilities.

Support Services:

- Software functionality which is focused on making client visits easier and faster.
- Proactive training is in place to ensure staff are better trained and have a better understanding of required tasks;
- Technology is implemented which is cutting edge and customer endorsed;
- Consistent validation of Center processes via Accreditation;
- Leadership is developed to continue Component Unit Boards and advisory groups;
- Maximizing grant activities;
- A fund balance exists that supports flexibility and creativity;
- At least 90 days of operations is in reserves at all times; and,
- Revenue has been diversified to ensure Center viability.
- Consistent ability to write grants as they become available for services.

Center Structure:

- The Center has professional facilities;
- There is a plan in place for debt retirement;
- Succession Plans have been identified and training is offered for those identified;

- The Center is more diverse;
- A budget structure is in place which supports a more complex and refined Center operations.

How to Become Indispensable

As we evaluate the need of our communities and what stakeholders will want/need the Center to be in coming years, it is clear that, increasingly, our communities expect us to be the expert on working with the most complex individuals. To meet the needs of these individuals, the Center is going to need to expand its Social Services footprint so that there are programs and services available to meet complex needs (e.g. housing for persons with criminal justice entanglements, complex behavioral/medical issues for persons with intellectual disabilities, respite for kids in crisis, transitional housing, etc.). Most of these services are not currently funded in any way by the state of Texas, but those that are often have match requirements which have been nearly impossible to secure in our three-county area. In addition, of course, these are difficult times to find grant funding in general due to federal and state funding cuts. However, if the Center is to become indispensable, we are going to need to begin shifting the direction of our services in this way.

Fiscal Year 2026 Goal areas

The 'Future Visioning' section above represents the ideal five year goals for Tri-County as envisioned by the Management Team. Goal areas identified will serve as the overall goals for FY 2026.

Administrative Enhancements
Clinical Excellence
Community Connectedness
Fiscal Responsibility
Professional Development

Fiscal Year 2026 Objectives

Administrative Enhancements

- Objective 1: Identify children and youth who are eligible for Medicaid (income-tested) and assist at least 25% of these families with applying for Medicaid benefits.

Clinical Excellence

- Objective 1: Implement a pilot program, operating under HHSC approved guidelines, to test the effectiveness of telehealth and telephone service delivery, both in terms of services provided and client feedback, by February 28, 2026, with a report on the effectiveness of the pilot due to the Board of Trustees by the July Board of Trustees meeting.
- Objective 2: Establish a team of Intellectual and Developmental Disability, Quality Management and Information Technology managers to implement existing SmartCare forms and assessments. Further, to make a roadmap for future enhancements of IDD electronic records with dates for delivery. Ensure staff have been trained in these new processes and have implemented them by August 31, 2026.
- Objective 3: Begin a program to develop mental health peers with the goal of identifying and hiring five peers, family partners or recovery coaches by May 31, 2026.
- Objective 4: Evaluate current productivity standards for all clinical programs and make recommendations to the Executive Director regarding these standards and how they are measured by March 31, 2026.

Community Connectedness

- Objective 1: Establish an Intellectual and Developmental Disability Parent Support group by April 30, 2026.
- Objective 2: Develop a social media campaign that will be implemented no later than March 1, 2026 that will communicate important Center service data, Center success stories and educational items.
- Objective 3: Foster community partnerships that enhance services for the individuals we support and strengthen the long-term sustainability of programs, as demonstrated through formal written collaboration agreements.

Fiscal Responsibility

Objective 1: Staff will apply for at least 4 new or renewal grants in FY 2026 with a focus on grants for services to fill complex care needs.

Objective 2: Make necessary adjustments to ensure that the Center has at least a 1% positive bottom line as reported at the August 2026 Board meeting.

Professional Development

Objective 1: Implement an employee evaluation system by January 1, 2026 with the expectation that all staff who have been with the Center more than 6 months have received an evaluation by November 30, 2026. If 95% of eligible employees receiving an evaluation, an additional incentive holiday will be awarded to staff to be taken during the 2026 holiday season.

Objective 2: Create a centralized management training program by March 1, 2026 that establishes consistent hiring practices and supports staff development, including performance evaluation and productivity management.

Closing Summary

Management Team staff have identified long term goals in five areas of emphasis and have developed a corresponding list of Objectives for FY 2026. These Goals and Objectives will be submitted for approval by the Board of Trustees at the September 25, 2025 Board meeting.



GOALS AND STRATEGIES

FY 2026 STRATEGIC PLAN STRATEGIES & METRICS

Working to make our Center Indispensable to the Community.

What your Executive Team is working on in Fiscal Year 2026.

01

Process Improvements

- Identify families of children/youth that might be eligible for Medicaid and help 25% of them apply for Medicaid.

02

Clinical Improvements

- Use a pilot program to test the effectiveness of clinically appropriate telehealth and telephone service delivery which includes data measurement and evaluation of client satisfaction.
- Begin conversion of remaining Intellectual and Developmental Disability Services processes into the Electronic Health Record.
- Look at productivity standards by program type and make recommendations for standards.
- Identify and develop additional Mental Health and Substance Use Disorder Peers.

03

Being Connected to the Community

- Establish an IDD Parental Support Group.
- Create a social media campaign to help with communication with our stakeholders.
- Leverage Community Partnerships to benefit individuals served.

04

Financial Adjustments

- Apply for four new or renewal grants, with focus on services to fill complex care needs.
- Make budgetary adjustments to ensure that a positive bottom line for Fiscal Year 2026.

05

Staff Improvements

- Development of an employee evaluation system which, if completed for 95% of eligible staff by the end of November 2026, results in an extra holiday.
- Focus on centralized management training related to hiring and development of staff.

Agenda Item: Community Resources Report Committee: Program	Board Meeting Date: September 25, 2025
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: For Information Only	

Community Resources Report

August 29, 2025 – September 25, 2025

Volunteer Hours:

Location	August
Conroe	143
Cleveland	5
Liberty	19.75
Huntsville	4.5
Total	172.25

COMMUNITY ACTIVITIES

8/29/25	Fourth Quarter Military Veteran Peer Network Meeting - Virtual	Conroe
8/29/25	Walker County Juvenile Services Staffing	Huntsville
9/3/25	Montgomery County Child Crisis Collaborative	Conroe
9/3/25	Greater East Montgomery County Chamber Luncheon	New Caney
9/3/25	Regional Outreach, Screening, Assessment & Referral (OSAR) Meeting - Virtual	Conroe
9/5/25	Tri-County Cleveland Facility Grand Opening	Cleveland
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
9/9/25	Community in Schools Community Connection Fair	Conroe
9/10/25	Break the Silence Suicide Prevention Event	The Woodlands
9/10/25	AS+K Suicide Prevention Training - Lone Star College	Tomball
9/11/25	Reeves Elementary Open House	Conroe
9/12/25	Huntsville Chamber - Networking Breakfast	Huntsville
9/12/25	Empowered Families Symposium - Region 6 Education Service Center	Huntsville
9/15/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
9/15/25	AS+K Suicide Prevention Training - Angel Reach	Conroe
9/15/25	Walker County Food Coalition	Huntsville
9/16/25	Santa Fe Elementary School Open House	Cleveland
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
9/18/25	Behavioral Health Suicide Prevention Task Force Meeting – Addictions Workgroup	Conroe
9/18/25	Homeless Management Information System Forum	Houston
9/18/25	Resource Fair at Travis Intermediate School	Conroe
9/19/25	Blended Youth MHFA for Southeast Texas Cooperative for Special Services	Liberty
9/19/25	Military Veteran Peer Network Meeting	Conroe
9/20/25	Muster Festival - HEARTS Museum	Huntsville
9/22 – 9/26/25	Basic Hostage Negotiations - Texas Association of Hostage Negotiators	Conroe
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
9/23/25	Walker County Child Fatality Review Team Meeting	Huntsville
9/23/25	Greater Houston Health Equity Collective	Houston
9/24/25	Montgomery County Crisis Collaborative & Diversion Task Force	Conroe
9/25/25	Youth MHFA for Community in Schools	Conroe
9/25/25	Tri-County Presentation to the Montgomery County Memorial Library System - Texas State Library & Archives Workshop	The Woodlands

UPCOMING ACTIVITIES

9/26/25	Youth MHFA for New Waverly ISD	New Waverly
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
9/30/25	Splendora ISD Transition Fair	Splendora
10/1/25	Montgomery County Child Crisis Collaborative	Conroe
10/2/25	Cleveland Chamber of Commerce Meeting	Cleveland
10/4/25	R. F. Meador Library Fall Festival	Willis
10/7/25	Judicial Summit on Mental Health - Virtual	Conroe
10/8/25	Adult MHFA for Community	Conroe
10/8/25	Conroe Library Local Resource Meeting	Conroe
10/10/25	Adult MHFA for Volunteers of America	Conroe
10/10/25	Youth MHFA for Liberty ISD	Liberty
10/13/25	Conroe Homeless Coalition Meeting	Conroe
10/14/25	Family & Community Coalition of East Texas	Conroe
10/15/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
10/15/25	Dunkin for Domestic Violence Awareness - Montgomery County Women's Center Resource Event	Conroe
10/16/25	Youth MHFA for Conroe ISD	Conroe

10/17/25	Health and Wellness Senior Resource Fair	Conroe
10/18/25	Interfaith Healthy Kids Festival	Conroe
10/20/25	Adult MHFA for Lone Star College	Tomball
10/20/25	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
10/21/25	Youth MHFA for Community	Conroe
10/21/25	Montgomery County Community Resource Coordination Group	Conroe
10/22/25	Magnolia ISD Transition Fair	Magnolia
10/23/25	Suicide Prevention Coordinators Meeting - Virtual	Conroe
10/23/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
10/24/25	Adult MHFA for Lone Star College	Tomball
10/25/25	Cleveland ISD Community Resource Fair	Cleveland
10/25/25	HEARTS Museum Trunk or Treat	Huntsville
10/28/25	Walker County Community Resource Coordination Group & Crisis Collaborative Meeting	Huntsville
10/29/25	Crisis Collaborative & Diversion Task Force Meeting	Conroe
10/30/25	ESC 4 School Safety Expo	Houston
10/31/25	Walker County Juvenile Services Staffing	Huntsville

Agenda Item: Consumer Services Report for August 2025 Committee: Program	Board Meeting Date: September 5, 2025
Background Information: None	
Supporting Documentation: Consumer Services Report for August 2025	
Recommended Action: For Information Only	

CONSUMER SERVICES REPORT

August 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	315	22	30	-	-	-	-	367
Youth Crisis Outreach Team (YCOT)	63	3	2	-	-	-	-	68
Crisis Hotline Served	377	32	28	-	-	-	-	437
Crisis Stabilization Unit	58	4	7	58	-	2	2	69
Crisis Stabilization Unit Bed Days	221	8	17	221	-	4	4	246
Adult Contract Hospital Admissions	24	3	0	24	-	1	2	27
Child and Youth Contract Hospital Admissions	6	1	0	5	1	1	0	7
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	0
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1124	203	212	1124	-	127	76	1539
Adult Medication	789	132	169	783	-	82	56	1090
TCOOMMI (Adult Only)	85	23	4	85	-	7	16	112
Adult Jail Diversions	2	0	0	2	-	0	0	2
Child Levels of Care (LOC 1-5, EO, YC, YES)	688	92	104	466	222	59	33	884
Child Medication	220	26	25	148	83	15	0	271
Multisystemic Therapy (MST)	17	0	3	-	-	-	-	20
School Based Clinics	69	22	1	-	-	-	-	92
Veterans Served								
Veterans Served - Therapy	21	2	1	-	-	-	-	24
Veterans Served - Case Management	24	4	0	-	-	-	-	28
Persons Served by Program, IDD								
Number of New Enrollments for IDD	39	1	2	39	-	1	0	42
Service Coordination	851	99	92	851	-	52	47	1042
Individualized Skills and Socialization (ISS)	7	20	18	-	-	4	16	45
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	32	17	19	32	-	4	13	68
Substance Use Services, Adults and Youth Served								
Youth Substance Use Disorder Treatment/COPSD	9	0	0	9	-	0	0	9
Adult Substance Use Disorder Treatment/COPSD	29	0	0	29	-	0	0	29

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	2161	360	250	-	-	-	-	2771
American Rescue Plan Act (ARPA) Funded Therapy								
Expanded Therapy	98	7	0	97	1	3	4	105
After Hours Therapy	52	0	0	50	2	0	0	52
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
August Served								
Adult Mental Health	1644	289	257	1644	-	177	112	2190
Child Mental Health	882	123	116	604	278	88	35	1121
Intellectual and Developmental Disabilities	1017	126	110	1017	-	64	62	1253
Total Served	3543	538	483	3265	278	329	209	4564

Agenda Item: Program Updates	Board Meeting Date: September 25, 2025
Committee: Program	
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: For Information Only	

Program Updates

August 29, 2025 – September 25, 2025

Crisis Services

1. Tri-County Crisis staff provided 3,643 crisis intervention services to individuals during the Fiscal Year 2025 (FY25). In years past, the majority of voluntary and involuntary crisis intervention services were provided at the PETC, however, in February of 2025, changes to the interpretation of the Texas Health & Safety Code by Montgomery County officials prevented the PETC from continuing to operate as a diversion center for local jails and emergency departments. Since that time, we have experienced a 9.8% *decrease* in the number of crisis interventions provided at the PETC. We have also experienced a 7.3% *increase* in crisis intervention services requested by emergency departments and medical hospital facilities, as well as a less than 2% increase in those services provided in private homes.
2. During FY25, the Crisis Intervention Teams with Conroe Police Department (CPD), Precinct 1 MH Constables, and the Montgomery County Sheriff's Office (MCSO) provided a total of 1,561 crisis services to 918 individuals. Many of these individuals are diverted from emergency rooms and jails by having the co-response model with mental health and law enforcement to calls received through law enforcement dispatch. In addition, when an individual needs inpatient admission and has no need for a medical evaluation, the clinicians can arrange for a direct admit from the call site in the community, avoiding long delays in emergency rooms and instead, allowing the individual to begin treatment within just a few hours from call requesting law enforcement assistance. The CIT programs are very popular in our communities and have each been funded through grants, secured by either Tri-County or by MCSO. Unfortunately, the COVID Supplemental grant that funded the clinician for Precinct 1 MH Constables ended this fiscal year, and subsequently, so did that position.
3. With the increase in CSU admissions, our use of Private Psychiatric Beds (PPBs) drastically decreased, dropping by almost 50% from FY 24 to FY25. During FY25, Tri-County utilized 4,919 PPBs for the inpatient admission of 514 individuals, with 20.1% of those utilized for youth. Of the PPBs purchased during FY 25, Kingwood Pines had the highest utilization rate of admissions (38.9%) and for number of bed days used (41.3%). Woodland Springs was next most purchased admissions at 29.8% but only utilized 28.3% for the number of bed days. Cypress Creek had 25.1% of the admissions but also utilized a lower percentage of total bed days at 23.9%. Finally, Voyages admitted 5.6% of the total admissions with 6% of total bed days. Sun Behavioral Health, which serves youth, was only utilized for 3 youth admissions during the fiscal year.
4. Despite some challenges, YCOT Response and Stabilization programs provided a combined 1,258 in-person services (95.5% were provided face-to-face) to 219 youth. Youth were served from all 3 of our counties and 72.9% of the 1,258 services were provided in the youth's home. We look forward to this program continuing to grow.

MH Adult Services

1. The Cleveland Team is excited to have moved into the new facility and are looking forward to providing high quality clinical care there.

2. The adult mental health teams have posted two therapy positions for fully licensed staff. These positions will provide therapy for Level of Care 2 adults in the rural clinics and Conroe and will replace some of the capacity lost by the closure of the Expanded Therapy program. This is a greatly valued, highly recommended intervention and is always well-received by our clients.
3. Intakes for Fiscal Year 2025 in the rural clinic sites:
 - Cleveland: 133 intakes and 59 crisis services
 - Huntsville: 131 intakes and 175 crisis services
 - Liberty: 163 intakes and 84 crisis services
4. The adult programs have experienced some turnover at the Coordinator level for various reasons. We are looking forward to hiring up new mid-level management to support the direct care staff and grow a new group of future leaders.
5. There have been twenty seven individuals that have received assistance from Supported Housing in fiscal year 2025.

MH Child and Youth Services

1. C&Y Intakes are picking up now that school is in session. We have also experienced a significant increase in intakes for Cleveland and Liberty in FY25 in comparison to FY24. In Cleveland, intakes increased by 33% and in Liberty by 50%.
2. The C&Y Cleveland team is enjoying the new building. Due to growth in Liberty County, we moved a position to Cleveland and have already filled it. We are now fully staffed in Cleveland with five Mental Health Specialists, including one school-based position at Santa Fe Elementary in Cleveland ISD.
3. A new rule in Texas has been passed that prevents us from seeing kids during their P.E. time. This limits us to seeing kids during other Specials, such as Art and Music. We continue to diligently work around school schedules to ensure our clients receive services regularly.

Criminal Justice Services

1. The new TCOOMMI Program contract has included a Licensed Juvenile position to work with youth on probation. We are coordinating with the Director of Juvenile Probation in Montgomery County to determine how we can collaborate with this new opportunity.
2. TCOOMMI has reimbursed the county jails a total of \$1350 in 46B medication costs to keep people on the medications they were restored to competency on while in the hospital. This requires quite a bit of coordination, communication, and tracking for our program, and provides great benefit to the clients to provide a continuity of care and prevent decompensation.
3. As of November 1st, Texas Tech University will be taking over as the Mental Health and Medical provider for the Montgomery County Jail. We are looking forward to working with them to ensure our individuals who are incarcerated get the interventions they need. The jail remains under contract with Waller County for overflow of inmates as the jail has been at capacity for a while.

Substance Use Disorder Services

1. The SUD program has ended its COPSD component and is now providing Adult Outpatient and Youth Outpatient treatment in the Conroe building. We are making plans and preparations to expand to the Cleveland building once it is ready to be licensed as a satellite facility.
2. We finally have a dedicated Youth Counselor to focus on the full array of the intensive outpatient program. We are looking forward to starting up a second weekly group, and a parent support group available in both English and Spanish to support our families.

IDD Services

1. Individuals are eager to begin receiving services at the new Cleveland facility. While some have expressed a bit of nervousness about the change, we believe that once they settle into the new location, they will feel comfortable and enjoy the experience. The space is coming together beautifully.
2. Last month, IDD Provider Services reported that both House Manager vacancies had been filled. Unfortunately, one of the new hires resigned without notice for personal reasons, shortly after completing her independent work training. We are now actively recruiting for a new House Manager as well as a Weekend Relief employee for our group home.
3. We have vacant positions at each of our Individualized Skills and Socialization sites and for our Conroe field employees. We are actively interviewing and hope to get these positions filled quickly.
4. On August 31, 2025, IDD Authority successfully concluded utilization of ARPA Workforce Project funding set aside for LIDDAs via the American Rescue Plan Act of 2021, to address the high number of individuals waiting for a Determination of Intellectual Disability (DID) assessment and, therefore, awaiting access to Home and Community Based Services (HCBS). This funding allowed LIDDAs to offer additional payments for DID assessments or endorsements, and to hire temporary or contracted authorized providers to conduct these assessments or endorsements. Tri-County was able to hire three (3) Licensed Specialists in School Psychology (LSSPs), and contract with a private Psychologist over the course of this two-year funding. In FY25, this group completed 58 full DID assessments, and at the conclusion of the full 2-year utilization of the funding, 118 DID assessments were completed for our clients and their families.
5. At the end of August 2025, LIDDAs received notification from Texas Council that HHSC was granted approval from CMS for the waiver amendments allowing for adopting increased rates for personal attendant services in the HCS and TxHmL Waiver programs. Because of this approval, action is required to update individual plans of care (IPCs) that include certain services in the CDS (Consumer Directed Services) option. These IPCs will require manual revisions reflecting the increased attendant payment rates, and must be prioritized. All revised IPCs related to increased rates must be submitted by January 31, 2026. LIDDA Case Managers have begun working with providers to complete this process.

Support Services

1. Quality Management (QM):

- a. The Administrator of Quality Management completed the Crisis Stabilization Unit (CSU) Program Survey and provided feedback to program managers for quality improvement.
- b. Staff attended the Quality and Utilization Management Consortia on September 4-5th where the Administrator of Utilization Management is currently serving as a co-chair.
- c. The Youth Empowerment Services (YES) Corrective Action Plan due on September 8, 2025 was submitted to HHSC on August 29, 2025.
- d. In addition to routine and ongoing quality assurance of documentation, staff reviewed 24 progress notes prior to billing to ensure compliance. Additional training and follow-up were provided to staff and supervisors as needed.
- e. Following receipt of the FY 2026 performance contracts, the QM Department, along with various other department staff (i.e. financial, billing, information technology) met to review and update the Center's Service Code Master.
- f. Staff prepared and submitted four record requests to four insurance companies totaling 10 charts, for records dating back to January 1, 2024.

2. Utilization Management (UM):

- a. Staff have reviewed and provided feedback to the State on the recently released preliminary SB 26 data measures. Included in this feedback was information on a correction made on the measure looking at crisis response timeframes as well as an identified error on the report which is currently being corrected by HHSC.
- b. Staff continue to review and develop programmed report data in preparation for submission of the CCBHC data measures due to HHSC on September 30, 2025. Feedback is provided to program staff for quality improvement following the review of each measure.
- c. UM staff reviewed 10% of all discharges for the months of August and provided feedback to staff and supervisors as needed for quality improvement.
- d. Staff reviewed all progress notes that utilized the COPSD Modifier for August and offered feedback to program staff as needed.
- e. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in August to support continuous quality improvement.

3. Training:

- a. Staff has completed the contract required biannual Super User training. Centers are required to train 40% of staff who conduct the Adult Needs and Strengths Assessment (ANSA) and Child and Youth Needs and Strengths Assessment (CANS) annually, in compliance with the HHSC performance contract.
- b. The Mental Health First Aid Outreach Coordinator continues to provide AS+K training to new hires and is actively coordinating additional trainings for several surrounding Independent School Districts.

4. Veteran Services and Veterans Counseling/Crisis:

- a. The Veterans Team participated in an event with TVC to accept a “Big Check” for our FY 2025 grant award. The program is up and running and providing counseling services to Veterans diagnosed with Post-Traumatic Stress Disorder.
- b. In 2025, the Veterans counselors provided 883 sessions to 100 military service members and their families.
- c. Camp Valor presented the Veterans Department Team with a plaque to show appreciation for the time that is dedicated each week assisting veterans that are currently residing at Camp Hope.

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

- a. The IDD PNAC met on September 17, 2025 where they reviewed Center and program updates, performance measures, financial information and received their Annual Training. A copy of the final Board Approved IDD Local Plan and QM Plan were made available for review.
- b. The MH and IDD Annual PNAC Reports have been provided to the Tri-County Board of Trustees for review.

Agenda Item: Planning Network Advisory Committee Annual Reports Committee: Program	Board Meeting Date September 25, 2025
Background Information: According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees' activities for the year and committee attendance. Some of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group's focus. The attached reports on the two committees' activities are provided for your information.	
Supporting Documentation: Mental Health PNAC Annual Report Intellectual and Developmental Disabilities PNAC Annual Report	
Recommended Action: For Information Only	

Mental Health Planning Network Advisory Committee FY 2025 Annual Report

In FY 2025, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with the following regular Center Updates:

- Program updates
- MH performance measures and data monitoring reports
- Consumer services reports
- Community resources reports
- Budget and financial summary reports with explanation of variance
- Membership updates, recruitment and referrals

Special presentations and topics are presented to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers as well as to receive feedback on areas of quality improvement. This year, the Committee reviewed and discussed the following key areas:

- Plans and progress of the new Liberty County facility
- Updates of Center media brochures
- Key legislative updates affecting the Center
- Audit updates
- Continuous Quality Improvement (CQI) updates
- Client satisfaction survey goals and results
- Ideas on how to expand membership

In FY 25 the MH PNAC received annual training, regular Center updates and reviewed Center goals to include a review of feedback received through client satisfaction surveys related to improving services for individuals and families. The Committee reviewed client feedback on various aspect of services to include, but not limited to: customer service, competency of staff, cost of services, convenience of hours, location of services, service environment, helpfulness and satisfaction of services, and meeting community needs. Additionally, the Committee reviewed the final draft of the Consolidated Local Service Plan and Local Provider Network Development Plans prior to Board approval and submission to HHSC. The Committee continues to highlight the importance of the various community collaboration efforts of the Center and continued education for stakeholders with a specific recommendation to focus on offering additional trainings, such as Mental Health First Aid, to first responders and continued advocacy for a voluntary standardized way to allow clients to notify first responders of an individual's disability related to MH or IDD. Additionally, the MHPNAC recommended exploring allowable artificial Intelligence that may help the Center analyze the many additional performance and data measures that have been added in recent years.

The MHPNAC met six times for regularly scheduled meetings. The MHPNAC is required to have nine members and as of the end of FY 25, the Committee membership was at five members with four vacancies and one potential member under review. A member from the local MHPNAC

Committee, along with the Center liaisons, continue to participate in the Regional Planning Network Advisory Committee (RPNAC). In FY 25 the RPNAC met contract membership criteria and participated in special presentations and discussions related to suicide prevention efforts and disaster response.

Intellectual and Developmental Disabilities Planning Network Advisory Committee

FY 2025 Annual Report

In FY 2025, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with the following regular Center Updates:

- IDD Performance Measures Status Reports
- Financial Summary Reports with Explanation of Variance
- Consumer Services Reports
- Community Resources Reports
- Program Updates
- Membership Updates

Special program presentations and topics are presented to the Committee as needed to increase their knowledge and understanding of Center operations, needs and barriers and to obtain informed feedback from the Committee. This year the Committee reviewed and discussed the following areas:

- Annual Training
- Legislative Updates
- Stakeholder Feedback and quality improvement efforts
- Local and Strategic Planning
- IDD Awareness Day Events
- Plans for new facilities in Liberty and Walker Counties
- Medicaid Unwinding

The IDDPNAC participated in the FY 2026 – 2027 Local Planning process and provided input in the planned direction for services provided. Stakeholder feedback reviewed with the PNAC as a part of the planning process included, but was not limited to: ongoing surveys, meetings, and regular communications with individuals served, their families, and community partners; feedback gathered from public IDD specific planning meetings; Local planning stakeholder surveys provided across the three-county service area; and feedback from outreach with State Supported Living Center staff. Feedback from stakeholders was incorporated into the planning process and the IDD PNAC reviewed and approved the draft plan with minor revisions on August 6, 2025 prior to Tri-County Board approval. Stakeholders, to include the IDDPNAC continue to express interest and concern in the areas of community engagement, awareness, and education; State and local funding; timely access to services; uninterrupted benefits for those with IDD; navigating the complex requirements of the IDD system of care while maintaining quality.

In FY 2025, the IDDPNAC met six times and maintained a membership of nine into the fourth quarter, with one member resigning at the end of FY 2025, leaving one vacancy. Tri-County Continues to participate in the Regional PNAC which has a combined MH and IDD membership with 50% representation from individuals and families with IDD.

Agenda Item: FY 2025 Goals and Objectives Progress Report Committee: Program	Board Meeting Date September 25, 2025
Background Information: Attached is the final report of the Board Goals and Objectives for FY 2025.	
Supporting Documentation: FY 2025 Goals and Objectives Progress Report	
Recommended Action: For Information Only	

Year-to-Date Progress Report

September 1, 2024 – August 31, 2025

Goal #1 – Clinical Excellence

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

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

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

- The Quality Management Department has developed and implemented three surveys to collect information related to client satisfaction and areas of quality improvement. These surveys solicit feedback through a variety of methods (i.e. phone calls, face to face interviews, and through the use of a QR code) in order to capture a larger subset of our population and gain more insight into areas we may be able to make improvements.
- An update was provided to the Board at the February and August Board Meetings that outlined efforts and progress on client satisfaction surveys related to the 'Clinical Excellence' board goal. During the process, minor changes were made to facilitate additional feedback, such as the addition of a paper version of the QR code survey made available in medication clinics for those who were unable to access the survey through their phones.
- Positive feedback has been received in the majority of the QM led surveys, which includes over 280 responses to date. Most clients report being happy with services provided, feel that they are treated with dignity and respect and we received several comments about the improvements made by both adult and youth clients. Additionally, several parents noted that they are thankful for the services provided in the schools and the flexibility of staff working around youth and parent schedules.
- Feedback related to potential areas of improvement include wait times, appointment rescheduling, expanded hours of operation. A few respondents shared concerns over discontinuation of programs such as the integrated clinic, along with requests for more of the services we provide, such as therapy. While there were some respondents that had feedback on customer service, these concerns have not presented a trend over any specific area to date.

Goal #2 – Community Connectedness

Objective 1: Staff will work with community members to develop a plan for a Mental Health and Substance Use Disorder Diversion Center which meets community needs and can be endorsed by a majority of stakeholder members who participate in planning by May 31, 2025. The Diversion Center will aim to reduce reliance on

the criminal justice system, offer an alternative to incarceration, and address the root causes of mental health and substance use challenges.

- In response to the Sequential Intercept Model (SIM) mapping event, where the need for a Diversion Center in the community was identified, several planning meetings have been held, bringing together key community stakeholders and partners to further discuss the need, develop a plan for the community, and understand cost.
- The Collaborative welcomed Wayne Young, CEO of Harris Center, to speak on the Diversion Center model implemented in Harris County. This opportunity will allow for further understanding of what is required of the model, including staffing, cost, building and program design, as well as what will be needed to move this project forward.
- A proposed plan for a building to house a Diversion Center was presented to the group, which included cost of building, information on space needs, and consideration for proximity to community partners. In an effort to understand the potential impact of this model on the criminal justice system, partners further presented data to the group reflecting the number of individuals in jail with mental health need, as well as the number of individuals diverted through the Psychiatric Emergency Treatment Center.
- After participating in a tour of the Harris Center's Diversion Center program and Harris County's Sobering Center, the Tri-County Team developed a diversion design that was presented to the Collaborative for feedback. The plan included cost, programming, and staffing models in addition to offering options for various types of jail diversion including mental health stabilization and sobering opportunities.
- The Collaborative meets regularly to actively discuss plans for implementing the model. While there is clear consensus on the need for such a program, funding is currently unavailable. In the interim, the group remains committed to exploring potential funding opportunities, sharing relevant information, and assessing the ongoing need for the program within the community.

Goal #3 – Information Technology

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

- Shortly after adding this goal to our Board Goals for fiscal year 2025, Streamline announced that they would be changing the partner that supplies their third-party portal software.
- Streamline selected a few established sites to serve as pilots for the new software, but we were not one of the sites that they selected; however, after conversation with SmartCare, they did agree to allow Tri-County to be among the first ten to receive access to new portal software.
- SmartCare expects to roll out the portal in phases, with the first of these starting in December to include scheduling, call reminders, and assessment availability through the portal. While this does not meet full required functionality for our next CCBHC recertification in 2027, it does demonstrate effort to move toward meeting this standard.

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

- Tri-County currently uses Microsoft Windows 10 as our computer operating system, but support for Windows 10 will be discontinued by Microsoft in September of 2025 and all users will be required to migrate to Windows 11 before support is discontinued.
- Some of our existing computers did not have the processor power to operate Windows 11 and needed to be replaced. Other computers may be able to download the update, but may be too slow to use the operating system effectively. Consequently, a large number of computers had to be purchased, formatted and installed.
- In addition to new equipment deployed with Windows 11, our IT staff have started updating the existing equipment to Windows 11. As of this update, 97.4% of all computers are updated to the new operating system. Remaining devices are off network and used primarily as secondary “On Call” devices.

Goal #4 – Staff Development

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

- Our FY25 goal was to decrease employee turnover to 26% year-to-date (YTD). While we did not meet the 10% reduction target, YTD turnover

decreased from 36% to 28%, which is an 8% improvement and 31 fewer separations compared to the same period in FY24 (September 1 to July 31). This is meaningful progress toward long term retention.

- The variance was driven primarily by budget constraints, grant-funded program closures, and restructuring aligned with FY26 planning. Excluding these factors, we likely would have achieved the goal.
- FY25 exit interview data reflects a shift, less employees are resigning for others jobs or better pay. Instead, more are leaving for personal, family, or school reasons, factors outside of TCBHC's control. We saw a slight increase in resignations due to dissatisfaction with the job/work environment, primarily among case managers with less than one year of tenure. This highlights the need to strengthen recruitment fit and new hire engagement.
- On the positive side, as of August 31, 2025, five (5) employees have been approved for student loan forgiveness or repayment assistance through the Texas Higher Education Coordinating Board (Mental Health Professionals) and Public Student Loan Forgiveness programs. At least twelve (12) additional employees are currently in the approval process in the following loan repayment programs:
 - Texas Higher Education Coordinating Board – Mental Health Professionals
 - Texas Higher Education Coordinating Board – Nurse Loan Repayment Program
 - State Loan Repayment Program (Nurses, LCSWs, LPCs, SUD counselors)
 - SUD Treatment & Recovery Loan Repayment Program
- These programs will provide significant financial relief for staff and support retention efforts. Job postings are being updated to highlight loan repayment opportunities as part of our recruitment strategy.
- In summary, the reduction from 36% to 28% YTD turnover is a strong step in the right direction. Combined with the expansion of loan repayment opportunities and engagement efforts, we are building a stronger, more sustainable foundation for staff retention heading into FY26.

Goal #5 – Fiscal Responsibility

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

- The Texas Veterans Commission (TVC) grant was submitted in November with a proposal that will support the addition of a licensed clinician to provide therapy, as well as a Veteran Peer allowing for expansion of current services in Montgomery and Liberty counties and to begin providing services in Walker County.
- In January, a grant application was submitted to support ongoing outpatient Substance Use Disorder Treatment programming. The grant, which is a federal grant passed through the State, will allow continued funding for an additional five years for the existing adult and youth programs.
- The Center has applied in collaboration with Sam Houston State University and were awarded a Psychiatric Residency grant through the Health Resources and Services Administration (HRSA).
- The Center had considered applying for criminal justice grant through HHSC that would be able to provide for a clinician in the Walker County jail, however was unable to secure match necessary to move forward.
- In this FY, several grants were applied for and received, including the TVC Veterans Grant, which will allow for the expansion of the therapy and Peer Veteran programs; a substance use disorder grant submitted to HHSC allowing an extension of existing outpatient substance use treatment programming as well as the expansion of services to Liberty County; and a renewal grant for the Autism program through HHSC was also awarded. It is anticipated that contracts for all three of these grants will be available for review in the coming months. In addition to these awards, the SHSU Psychiatric Residency accreditation appeal was approved by the Accreditation Council for Graduate Medical Education (AGME), allowing this collaborative effort to resume. It is anticipated that medical residents will be able to begin providing services in July, 2026.

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

- The Chief Financial Officer and the Controller have been meeting monthly with the Executive Team to provide detailed updates on the budget and to provide guidance on how to improve revenue and decrease costs.
- Included in the training is a comparison of current years revenue earned, as compared to each year going back to 2018. Variances in the numbers were identified and reasons for the differences explained by year, such as COVID years, low number of staffs, Medicaid unwinding, etc.

- The team has further started taking a comprehensive look at billing set up in the electronic health records and making changes to correct identified concerns. It is anticipated that as we grow into this new EHR that many of these issues will continue to be successfully addressed, allowing for optimization of billing processes.
- We missed this goal this year and will have to continue our efforts next year. However, because of changes made, our loss for the year was reduced substantially and is expected to come in around \$650,000 negative. Productivity is increasing, but with the loss of Medicaid reimbursement, productivity hasn't translated into revenue.

Goal # 6 – Professional Facilities

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

- To ensure the timely completion of the building project, a transition team, comprised of key Management Team members and other personnel, was formed and met regularly during construction to make decisions, develop strategies, processes, and procedures, and implement plans to ensure a smooth transition to the new Cleveland Service Facility.
- Staff impacted by the move were invited to participate in monthly transition meetings, held in the Truman St. building location to provide information, guidance, set expectations, and share updates with the staff. The goal of these meetings was to ensure that staff understand what to expect from the move, including their roles in making this transition successful. These meetings also served as opportunity to set the tone for the change in culture that this new site affords.
- Several committees were formed to address several significant tasks, such as ensuring appropriate furniture is ordered, technology is in place, and that the clinic flow is optimal, among others. These committees met regularly to make decisions impacting specific areas and ensure that all necessary steps are completed to allow for the building to open on time and on budget.
- Designated committees took steps toward completion of assigned goals, including development of a comprehensive furniture plan, identification of technology needs based on programming and staffing in the new facility, and creation of a new position to provide oversight of the facility operations.

- Despite challenges experienced by the contractors related to the acquisition of sub-contractors causing delays to the timeline for opening, a Grand Opening celebration was conducted on September 5th, with staff successfully transitioning to the new facility on September 8th and on September 15th, the first clients were welcomed to the new space. The response from staff and the community to the new space has been positive and we are looking forward to providing high quality client care in this safe, healing environment.

Agenda Item: 4 th Quarter FY 2025 Corporate Compliance and Quality Management Report Committee: Program	Board Meeting Date September 25, 2025
Background Information: <p>The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."</p> <p>Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.</p> <p>Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4th quarter of FY 2025 are included in this Board packet.</p>	
Supporting Documentation: 4 th Quarter FY 2025 Corporate Compliance and Quality Management Report	
Recommended Action: For Information Only	

Corporate Compliance and Quality Management Report

4th Quarter, FY 2025

Corporate Compliance Activities

A. Key Statistics:

There were six compliance concerns reported in the 4th Quarter of FY25.

1. Two of these issues have been reviewed to completion.
 - a. The first was reported after a review of poor staff performance seemed to indicate additional circumstances might need to be reviewed. This situation resulted in \$765.43 payback and staff termination.
 - b. The second concern was reported due to poor documentation and timekeeping. The identified and confirmed issues resulted in payback and staff termination. The payback is still being calculated.
2. The other four concerns remain under investigation at this time.

B. Committee Activities:

The Corporate Compliance Committee convened on August 26, 2025, to review and discuss several key topics, including:

1. Current trends in Corporate Compliance;
2. A final summary of 3rd Quarter reviews; and
3. HIPAA Updates.

Quality Management (QM) Initiatives

A. Key Statistics:

1. The QM Department, in collaboration with program staff participated in four external audits during the fourth quarter.
2. Staff reviewed and submitted 14 record requests, totaling 87 charts.
3. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the Co-Occurring Psychiatric and Substance Use Modifier as well as the Mobile Crisis Outreach Team Modifier.
4. In addition to ongoing satisfaction surveys, the QM Department conducted surveys to collect feedback from individuals served throughout the service area in an attempt to gain insight which could be utilized for future planning and quality improvement initiatives.
5. The Continuous Quality Improvement (CQI) Committee met on July 11th and August 29th to review status and progress on 2025 goals, discuss next steps and identify preliminary 2026 goals.

B. Reviews/Audits:

1. Staff participated in the HHSC Comprehensive QM Audit, the Youth Empowerment Services (YES) Waiver Audit, the Community Health Choice Re-credentialing Audit and the annual Single Financial Audit.
2. The Administrator of Quality Management completed a Program Survey of the Substance Use Treatment Program. Results were shared with the Program Manager for quality improvement purposes.
3. Staff prepared and submitted one record request totaling 6 charts to Aetna dating back to January 2024.
4. Staff prepared and submitted two record requests totaling two charts to Anthem dating back to January 2024.
5. Staff prepared and submitted one record request totaling one chart to BCBS of Texas dating back to January 2024.
6. Staff prepared and submitted one record request totaling four charts to Cigna dating back to January 2024.
7. Staff prepared and submitted one record request totaling 8 charts to Humana dating back to January 2024.
8. Staff prepared and submitted one record request totaling 6 charts to TCHP dating back to January 2024.
9. Staff prepared and submitted one record request totaling 47 charts to WellCare dating back to January 2024.
10. Staff prepared and submitted 6 record requests totaling 13 charts to WellPoint dating back to January 2024.
11. Staff reviewed 152 notes that used the Co-Occurring Psychiatric and Substance Use Disorder Modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly.
12. Staff reviewed 51 notes that used the MCOT Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
13. Staff reviewed 81 discharges that occurred in Q4 and communicated areas that were needing improvement to supervisory staff.
14. Staff reviewed 66 MH Adult and Child and Youth progress notes, along with 24 IDD progress notes, as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.
15. The QM Department continues to collect monthly quality assurance from supervisors and provides feedback on needed changes to audit tools as changes are indicated.
16. As a part of the Center's strategic planning goals and objectives for FY 2025, the QM Department conducted in-person, phone, and QR code surveys throughout the fourth quarter to identify areas of needed improvement. The majority of the feedback was positive with several respondents citing the improvement they have seen in their loved ones or in their own lives. A

formal report was provided to the Board at the August Board of Trustees meeting outlining the results.

17. The CQI Committee reviewed all nine of the FY 2025 goals at the August 29th meeting. Six out of the nine goals met the established measurable outcomes for FY 2025 and all three of the goals that were not met have been identified to be included in the 2026 PDSA cycle. Among the goals that were met for FY 2025, was the CCBHC I-SERVE Time to Initial Clinical Services which was improved (reduced) by 7.91 days from the 2023 reported timeframe of 16.61 days to 8.69 days for 2025.

Agenda Item: 1st Quarter FY 2026 Corporate Compliance Training Committee: Program	Board Meeting Date September 25, 2025
Background Information: As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors. This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.	
Supporting Documentation: 1st Quarter FY 2026 Corporate Compliance Training	
Recommended Action: For Information Only	

COMPLIANCE NEWSLETTER

FY26, Quarter 1

NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns



Why Timeliness is Important

When we are on time, our clients, teams and agency win!

1. **Quality Client Care:** Arriving on time and honoring scheduled appointments shows clients that we value their time, helps to build the therapeutic relationship and models positive social behavior.
2. **Real Time Feedback:** Submitting documentation on time ensures accurate, up to date information that is available for ongoing continuity of care, quality monitoring and data management.
3. **Stress Reduction:** Establishing skill in collaborative documentation and scheduling time for documentation improves organization, productivity and reduces stress and burnout.

Timeliness is one of the simplest ways we can support each other and the people we serve.



Reminder: Every timely note, form, and appointment helps us serve our clients better, reduce risk and stay ready for audits.

YOUR CORPORATE COMPLIANCE TEAM:



Lisa Drake
Administrator of Compliance
annalisad@tcbhc.org



Amy Foerster
Chief Compliance Officer
amyf@tcbhc.org



Ashley Bare
HR Manager
ashleyba@tcbhc.org

If you have questions or concerns, you can also contact the Corporate Compliance team at CorporateCompliance@tcbhc.org

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

Compliance Concerns Hotline:
866-243-9252

Agenda Item: Annual Election of FY 2026 Board Officers	Board Meeting Date September 25, 2025
Committee: Executive	
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: Appoint Texas Council Representative and Alternate for FY 2026 Committee: Executive	Board Meeting Date September 25, 2025
Background Information: The representative attends the Texas Council of Community Centers Inc., Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.	
Supporting Documentation: None	
Recommended Action: Appoint Texas Council Representative and Alternate for FY 2026	

<p>Agenda Item: Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees</p> <p>Committee: Executive</p>	<p>Board Meeting Date</p> <p>September 25, 2025</p>
<p>Background Information:</p> <p>The election process to fill the positions of the Board of Trustees in Places 1, 2 and 3 will be completed during the Texas Council Risk Management Fund Board Meeting on November 14th. Election ballots are due by Thursday, October 31st.</p> <p>Only one (1) candidate can be selected for each of the three (3) places:</p> <ul style="list-style-type: none"> • Mary Flynn-Dupart (Incumbent) • Steve Hipes (Incumbent) • Sheriff Gerald Yezak 	
<p>Supporting Documentation:</p> <p>Memorandum from the Texas Council Risk Management Fund Nominating Committee</p> <p>Election Ballot</p>	
<p>Recommended Action:</p> <p>Cast Election Ballot for the Current Incumbents for the Texas Council Risk Management Fund Board of Trustees to Fill Places 1, 2 and 3</p>	

September 8, 2025

MEMORANDUM

To: Executive Directors
Member Centers, Texas Council Risk Management Fund

From: TCRMF Nominating Committee

Subject: **Board of Trustees Election Ballot
Places 1, 2 and 3**

The election process for Places 1, 2 and 3 will be finalized at the November 14, 2025, Annual Member Meeting of the Texas Council Risk Management Fund. Attached is the election ballot indicating the eligible candidates for this year's election.

The Nominating Committee has prepared the ballot for the upcoming election. Incumbents Mary Lou Flynn-DuPart (Place 1), Steve Hipes (Place 2) are seeking re-election and Sheriff Gerald Yezak has been nominated for the vacancy in Place 3 currently held by Judge Dorothy Morgan but not seeking re-election.

Please return the election ballot by email or mail so that it is received in the Fund's office **no later than October 31, 2025**. You may also vote in person at the Annual Member Meeting on November 14th.

If you have any questions, please call Jacey Garza- Raines at the Fund, either 512-970-8398 or email her at Jacey.garzaraines@sedgwick.com.

cc: TCRMF Board of Trustees
Advisory Committee
Pam Beach



BOARD OF TRUSTEES ELECTION BALLOT

At the November 14th Annual Member Meeting of the Texas Council Risk Management Fund, elections will be finalized to fill the positions of Trustees in Places 1, 2, and 3. Incumbents **Mary Lou Flynn DuPart** (Place 1) and **Steve Hipes** (Place 2) are seeking re-election and are listed on the ballot, as well as **Sheriff Gerald Yezak** nominated for the vacancy in Place 3 currently held by Judge Dorothy Morgan but not seeking re-election. Each Center may cast its votes by email (preferred), mail, in advance or in person at the Annual Member Meeting.

Please vote for one candidate for each of the three places.

Mark Vote ("X") In box below (for THREE)	
Place 1	
Mary Lou Flynn-DuPart	[]
Place 2	
Steve Hipes	[]
Place 3	
Sheriff Gerald Yezak	[]

I certify that the above represents the Board of Trustees Election Ballot of the below named Texas Council Risk Management Fund member and that I am duly authorized to execute and deliver this ballot on behalf of the Center.

Tri-County Behavioral Healthcare

Name of Community Center

Signature of Authorized Representative

September 25, 2025

Date

Gerald Yezak

Sheriff, Robertson County Texas, (Ret.)

Bremond, TX | 979.220.7455 | GTYezak55@gmail.com

Profile

A seasoned law enforcement officer with four decades of experience in law enforcement and seven terms as a Texas county Sheriff. Dedicated to advancing law enforcement through effective adoption of technology and addressing societal issues with a focus on mental health. A committed family man, Gerald has three children and two grandchildren, emphasizing integrity and hard work in his personal and professional life. Outside of his law enforcement duties, he is a commercial beef and hay producer who actively volunteers with multiple community social groups. With an objective of bringing a lifetime of law enforcement expertise to a larger audience.

Experience

Sheriff | Robertson County

1997 - 2025

Restructured and reorganized the sheriff's office, establishing the first Criminal Investigation Division to enhance operational efficiency, clarify responsibilities, and offer career advancement for deputies.

- Board of Directors Robertson County Farm Bureau
- Over seven terms, grew the Sheriff's office by 255%
 - Deputies 6 to 14
 - Jailers from 10 to 17
 - Dispatchers from 1 to 11
 - Support staff from 1 to 4
- Member and Stockholder w/Producers Co-Op in Bryan Texas
- Effectively managed all operations within budgetary constraints throughout seven consecutive terms
- Twenty consecutive years of passing jail inspections
- First agency to comply with a P25 radio system across the Brazos Valley
- First Sheriff's Office in Texas with a Smart Phone App
- Court recognized firearms expert witness in a Capital Murder trial
- Implemented Active Computer Aided Dispatch 911
- First agency to implement Text to 911
- Coordinated with County officials to build a new Jail and Sheriff's office
- Member of Sheriff's Association of Texas since 1986
- Served as a Director on the Board 2000-2001
- Elected Sgt-at-Arms in 2014
- President of Sheriff's Association of Texas 2018-2019
- Chairman of the Advisory Board of Central Texas Police Academy Rellis Campus Texas A&M

- Served on the Robertson County Employee Insurance Procurement Committee for multiple years (for approximately 200 employees)
- Board of Directors Brazos Valley Council of Governments for 16 years
- Board of Trustees MHMR Authority of Brazos Valley for past 26 years
- Board member of the Texas Council of Community Centers for past 12 years
- Chairman of the Board Texas Council of Community Centers for past 2 years
- Board of Directors Texas Jail Association 2021-2022
- Advisory Board Member Scotty's House 2013-2024
- Law Enforcement Coordinator Robertson County Crime Stoppers 1989 to 2024
- Past President New Baden Camp Creek Lions Club
- Republican Party Delegate to the State Convention 2020 and 2022
- 2022 Republican Party Committee Assignment
- Delegation Member of Law Enforcement Exchange Program with Poland 2019
- Texas State Representative - Western States Sheriff's Association 2020-2024

Deputy Sheriff | Robertson County

1985 - 1996

Lead case agent in charge of investigations assuming authority and responsibility for capital offenses and complex crimes within the jurisdiction of the sheriff's office.

- Responsible for media relations for capital crimes within Robertson County
- Apprehended two suspects of the Normangee Bank Robbery after the suspects engaged in a lethal force encounter, detaining the suspects without life loss or further incident
- Investigated multiple murder covered by arson identifying the perpetrator and ensured conviction with subsequent review upon appeal
- Solved, and apprehended multiple perpetrators of an abduction for ransom, and capital murder crossing multiple jurisdictions while coordinating multiple agencies
- Investigated, solved, and ensured the conviction of a capital murderer solely in the Robertson County Sheriff's Office jurisdiction

Yezak Family Farm

1999 - Present

- 2005 San Antonio Stock Show Grand Champion Brangus Heifer
 - Miss Brinks Bright Side 99M29
- 2005 Austin/Travis County Stock Show Grand Champion Brangus Heifer
 - Miss Brinks Top Side 302P7
- 2005 International Junior Brangus Association Grand Champion Heifer
 - Miss Brinks Top Side 302P7

State Licenses Held

Private Applicator with Texas Department of Agriculture

License to Carry - Texas Department of Public Safety

Master Peace Officer - Texas Commission on Law Enforcement

Awards and Memberships

- **Awards**
 - One of Six all time recipients of the Texas Crime Stoppers Judge Richard Carter Lifetime Achievement Award and the only peace officer recipient.
 - Jack Wiech Fellow Award
 - Sheriff's Association of Texas Appreciation Award for Outstanding Support Provided for the 138th Annual Training Conference.
 - Voted "Best Government Official" in 2017 by readers of the Robertson County News.
- **Memberships**
 - Member and Director of Robertson County Farm Bureau
 - Texas & Southwestern Cattle Raiser's Association
 - National Sheriff's Association
 - Sheriff's Association of Texas Lifetime Member
 - National Rifle Association Lifetime Member
 - Robertson County Fair Association Lifetime Member
 - St. Mary's Catholic Church Lifetime Member
 - Bremond, Hearne and Franklin Chambers of Commerce
 - American Jail Association
 - Central Texas Area Police Chiefs and Sheriff's Association
 - Honorary member Son's of the Republic of Texas chapter 14
 - Committee Memberships
 - State Policy Committee Texas Farm Bureau Region 8
 - Legislative and Conference Robertson County Farm Bureau
 - Senior Level Ag Fund Member
 - Policy & Legislative Brazos Valley Council of Governments
 - Jail Advisory, Museum/History & Legislative
 - IDD Advisory Subcommittee Texas Commission on Jail Standards

Agenda Item: Personnel Report for August 2025	Board Meeting Date: September 25, 2025
Committee: Executive	
Background Information: None	
Supporting Documentation: Personnel Report for August 2025	
Recommended Action: For Information Only	

Personnel Report

FY25 | August 2025

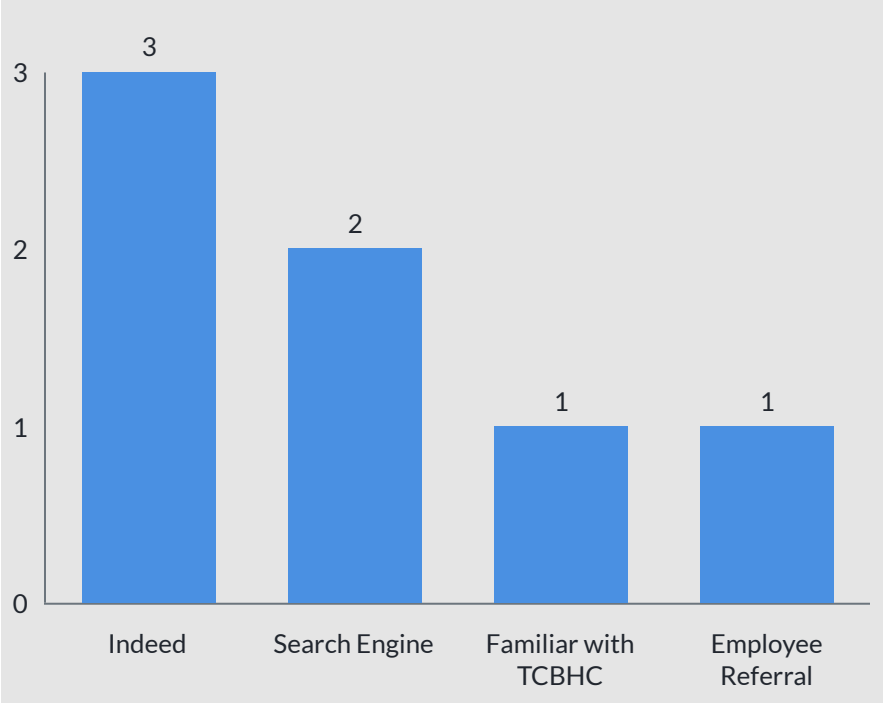


OVERVIEW

NEW HIRES August 7 POSITIONS YTD 102 POSITIONS	SEPARATIONS August 25 POSITIONS YTD 136 POSITIONS	Vacant Positions 68 Frozen Positions 28	Newly Created Positions 0 Total Budgeted Positions 449
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RECRUITING

How did August new hires hear about TCBHC?



RECRUITING EVENTS

N/A

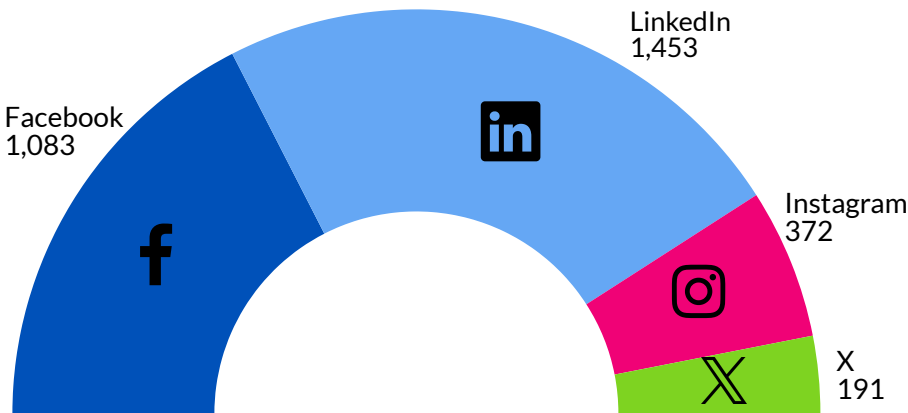
APPLICANTS

August Total Applicants	237
YTD Applicants	3,679

CURRENT OPENINGS

VACANCIES BY LOCATION	
CONROE	44
PETC	7
CLEVELAND	6
HUNTSVILLE	6
PORTER	3
LIBERTY	2

SOCIAL MEDIA FOLLOWERS



VACANCIES	
Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	26
Direct Care Provider	10
Licensed Clinician	4
LVN	2
Psychiatric Nursing Assistant	2
Other	24

Exit Data

FY25 | August 2025

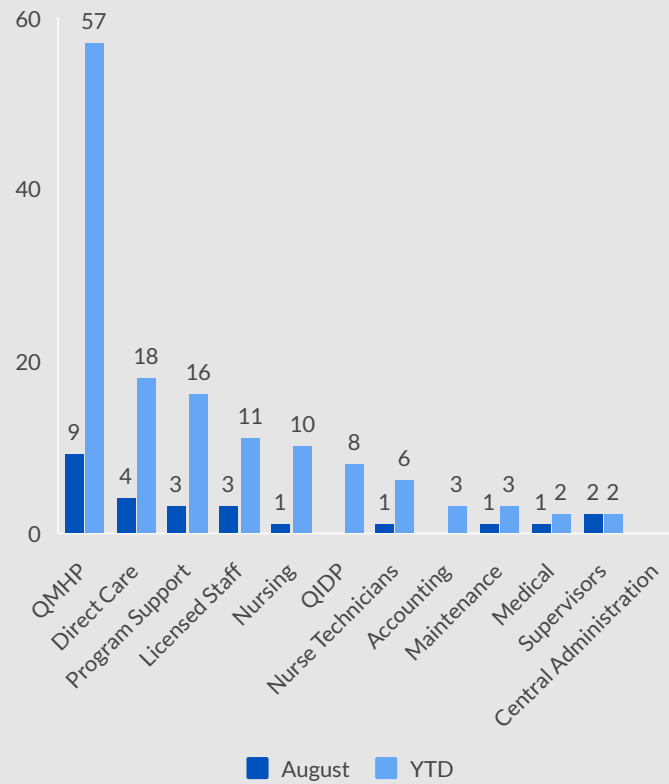
Exit Stats at a Glance



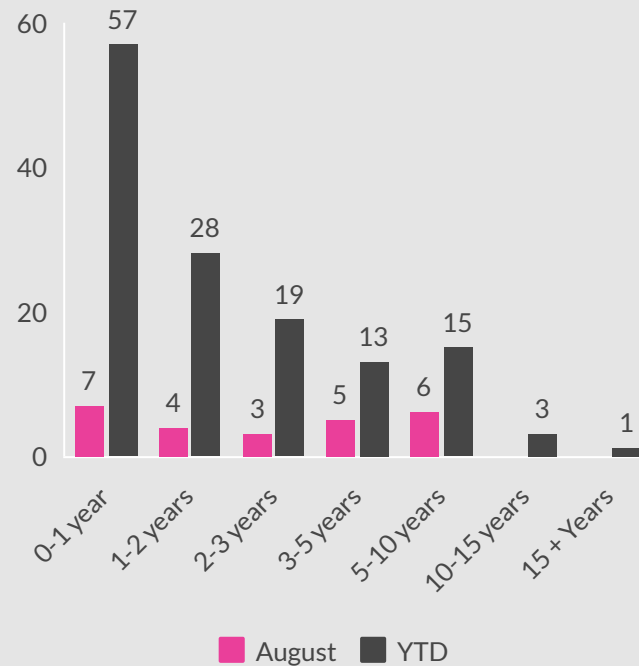
YTD Top Reasons for Separations

- 1 Personal/Family, includes Relocating
- 2 Another Job
- 3 Policy Violation
- 4 Reduction in Workforce
- 5 Health

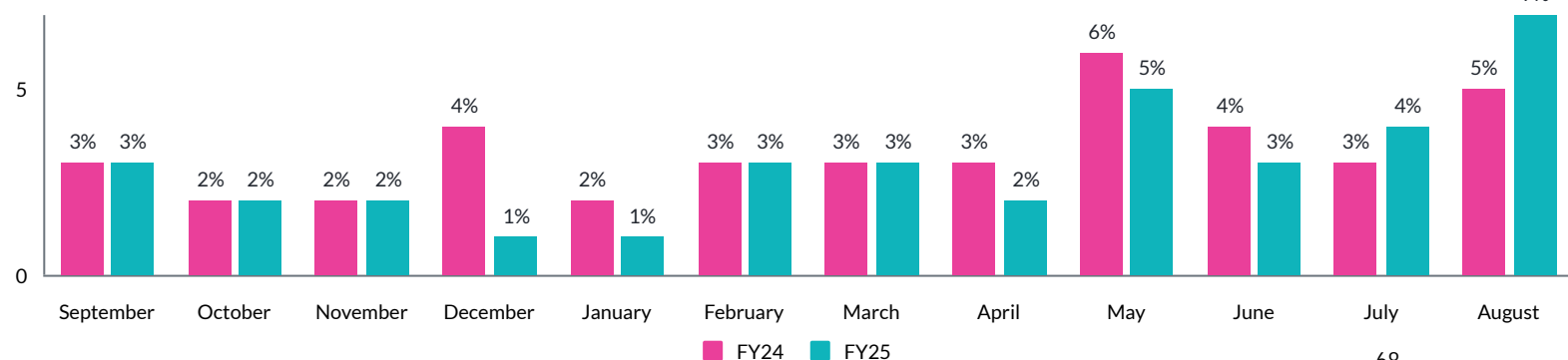
Separations by Category



Separations by Tenure

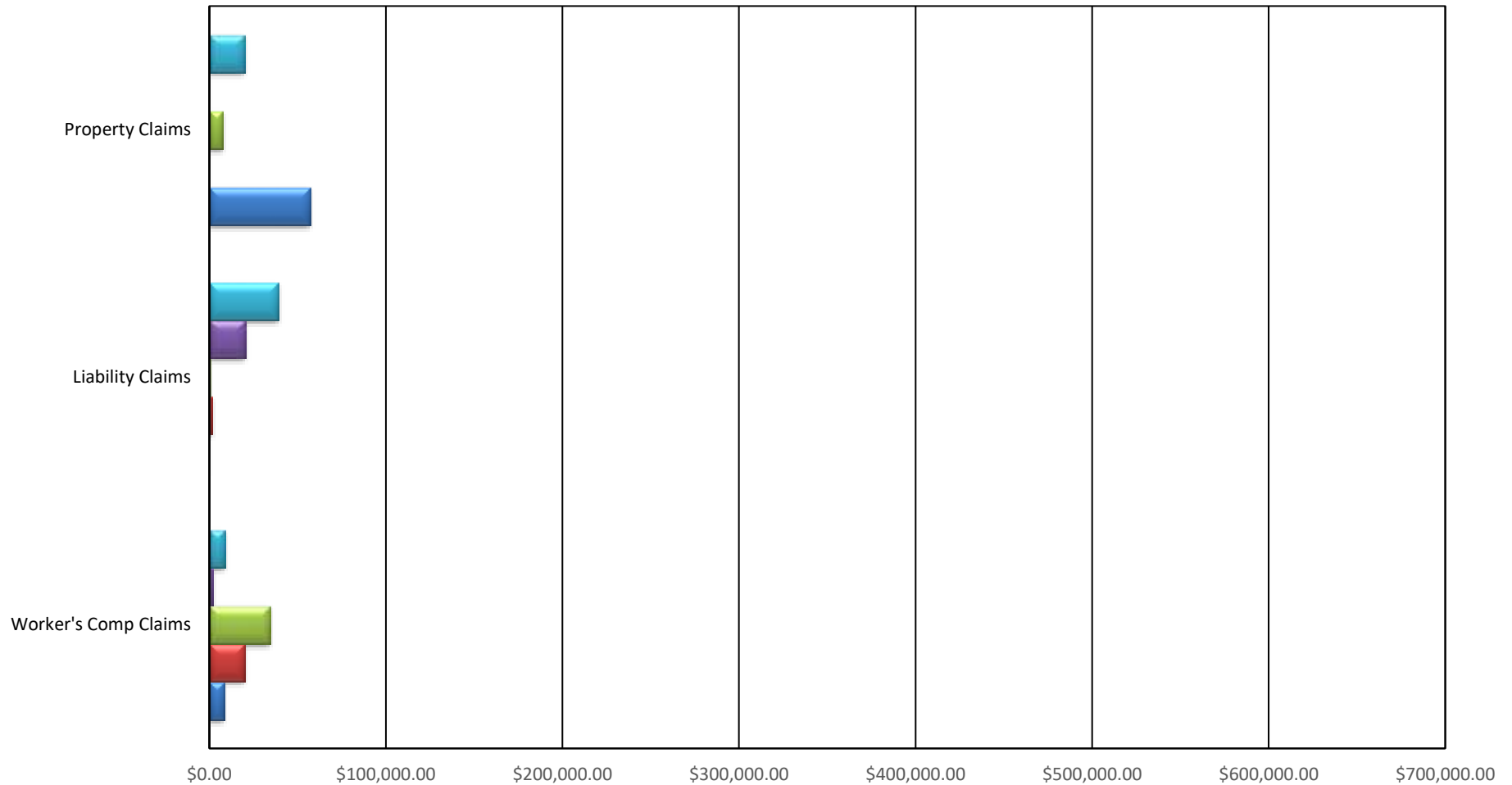


Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of August 2025 Committee: Executive	Board Meeting Date: September 25, 2025
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of August 2025	
Recommended Action: For Information Only	

TCRMF Claims Summary August 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	\$20,062.00	\$1,820.00	\$0.00
2025	\$8,461.00	\$0.00	\$57,297.00

Agenda Item: Board of Trustees Reappointments and Oaths of Office Committee: Executive	Board Meeting Date September 25, 2025
Background Information: Listed below are the Board members who were reappointed by the Commissioner's Court of their respective counties for an additional two-year term expiring August 31, 2027. Reappointments: <ul style="list-style-type: none"> • Gail Page, Liberty County • Tracy Sorensen, Walker County • Morris Johnson, Walker County • Sharon Walker, Montgomery County Oaths of Office will be recited at the Board meeting.	
Supporting Documentation: Oath of Office Recitation Liberty County Trustee – Copy of Minutes from Liberty County Commissioner's Court Meeting dated June 24, 2025. Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated June 30, 2025. Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated June 24, 2025.	
Recommended Action: Recite Oaths of Office	



LIBERTY COUNTY COMMISSIONERS COURT

Regular Meeting of Commissioners Court

June 24, 2025

9:00 a.m.

1923 Sam Houston St., Room 203 - Liberty, Texas 77575

1. CALL TO ORDER-848 :

BE IT REMEMBERED that on TUESDAY, JUNE 24, 2025, at 9:04 A.M., Judge Jay Knight called to order a REGULAR SESSION meeting of the Commissioners Court of Liberty County, Texas, with the following members present, to-wit:

Hon. Jay Knight, County Judge
Hon. Bruce Karbowski, Commissioner, Precinct 1
Hon. Greg Arthur, Commissioner, Precinct 2
Hon. David Whitmire, Commissioner, Precinct 3
Hon. Gerald Kolarik, Commissioner, Precinct 4
Hon. Lee Haidusek Chambers, County Clerk (*Ex-officio*)

Other elected officials and county department executives present:

Hon. Bobby Rader, Sheriff
Hon. Matthew Poston, County Attorney
Hon. Kim Harris, Treasurer
Hon. Richard Brown, Tax Assessor-Collector
Dwayne Gott, County Auditor
Melinda Soliday, Permits and Engineering (Jessie Huckabee representing)
Harold Seay, County Purchaser (Stephanie Keeton representing)
Nathan Green, Fire Marshal
A.J. Johnson, Office of Emergency Management Director

Having a quorum established, the Liberty County Commissioners Court considered the following matters:

2. PLEDGE TO THE U.S. FLAG AND TEXAS FLAG-849 :

Pledges to the U.S. and Texas flags led by Lee Chambers.

3. INVOCATION-847 :

Prayer led by Bobby Rader.

4. NOTICES AND PROCLAMATIONS-850 :

None.

5. PUBLIC COMMENT-851 :

None.

ENERGY AS A PART OF THE COMPANY'S COMMUNITY GENERATOR PROGRAM, THAT INCLUDES TWELVE (12) COUNTIES IN THE GREATER HOUSTON REGION.

MOTION BY: David Whitmire
SECONDED BY: Greg Arthur
VOTED AYE: Bruce Karbowski, Greg Arthur, David Whitmire, Gerald Kolarik
VOTED NO: None
ABSTAINED FROM VOTE: Jay Knight
ABSENT FOR VOTE: None
THE MOTION PASSED.

3. COUNTY JUDGE JAY KNIGHT / TRI-COUNTY EVAN ROBERSON-4089

CONSIDER AND APPROVE THE RE- APPOINTMENT OF GAIL PAGE TO THE TRI- COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES. MRS. PAGE HAS BEEN ON THE BOARD SINCE 2016 AND CURRENTLY SERVES AS VICE-CHAIR OF THE BOARD AND SERVES ON THE PROGRAM COMMITTEE. SHE IS A VITAL MEMBER OF THE TRI-COUNTY BOARD OF TRUSTEES.



Agenda Attachments

1. item 8.3 tri.co.pdf

MOTION TO APPROVE THE RE-APPOINTMENT OF GAIL PAGE TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES.

MOTION BY: Greg Arthur
SECONDED BY: David Whitmire
VOTED AYE: Bruce Karbowski, Greg Arthur, David Whitmire, Gerald Kolarik
VOTED NO: None
ABSTAINED FROM VOTE: Jay Knight
ABSENT FOR VOTE: None
THE MOTION PASSED.

4. TAX ASSESSOR / COLLECTOR - RICHARD BROWN-4090

CONSIDER AND APPROVE REIMBURSEMENT OF TIRZ 1 (GULF INLAND) AT AN AMOUNT OF \$154,019.

Agenda Attachments

1. item 8.4 tac.tirz.pdf

MOTION TO APPROVE REIMBURSEMENT OF TAX INCREMENT REINVESTMENT ZONE 1 (TIRZ 1) AT GULF INLAND NEAR DAYTON AT AN AMOUNT OF \$154,019.00.

MOTION BY: Bruce Karbowski
SECONDED BY: Gerald Kolarik
VOTED AYE: Bruce Karbowski, Greg Arthur, David Whitmire, Gerald Kolarik
VOTED NO: None
ABSTAINED FROM VOTE: Jay Knight
ABSENT FOR VOTE: None
THE MOTION PASSED.

5. PERMITS & INSPECTIONS - MELINDA SOLIDAY-4091

CONSIDER AND APPROVE THE REQUEST FROM COLONY RIDGE TO ACCEPT ROADS FOR SANTA

OF A NEW JAIL IN LIBERTY COUNTY, TEXAS.

MOTION BY: Bruce Karbowski
SECONDED BY: David Whitmire
VOTED AYE: Bruce Karbowski, Greg Arthur, David Whitmire, Gerald Kolarik
VOTED NO: None
ABSTAINED FROM VOTE: Jay Knight
ABSENT FOR VOTE: None
THE MOTION PASSED.

THE LIBERTY COUNTY COMMISSIONERS COURT ADJOURNED FOR AN EXECUTIVE SESSION AT 10:46 A.M.

GREGORY MILLER OF BICKERSTAFF HEATH DELGADO ACOSTA LAW FIRM ADDRESSED THE COURT IN AN EXECUTIVE SESSION REGARDING POSSIBLE FUNDING ISSUES RELATED TO THE NEW JAIL CONSTRUCTION FINANCING.

THE LIBERTY COUNTY COMMISSIONERS COURT RECONVENED AFTER AN EXECUTIVE SESSION AT 11:55 A.M.

10. PUBLIC ATTENDANCE INFORMATION-856 :

- Please remember the Liberty County Commissioners Courtroom is tobacco free
- Please turn off all cell phones during the Liberty County Regular Meeting of Commissioners Court
- Members of the public may speak before the Liberty County Commissioners Court. The person speaking must complete the form required and limit comments to three minutes or less.

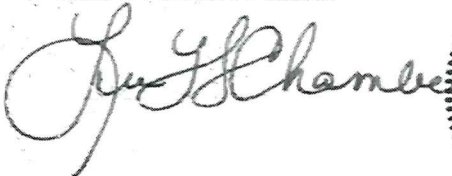
11. ADJOURNMENT-857 :

MOTION TO ADJOURN.
MOTION BY: Bruce Karbowski
SECOND BY: David Whitmire
VOTED AYE: 5
VOTED NO: 0
ABSENT FOR VOTE: 0
THE MOTION PASSED.

HAVING NO FURTHER BUSINESS, THE MEETING ADJOURNED AT 11:57 A.M.

THESE DULY RECORDED MINUTES OF THE REGULAR SESSION MEETING OF THE COMMISSIONERS COURT OF LIBERTY COUNTY, TEXAS, ARE RESPECTFULLY SUBMITTED BY:

LEE HAIDUSEK CHAMBERS
LIBERTY COUNTY CLERK





MINUTES for Walker County Commissioners Court
REGULAR SESSION
Monday, June 30, 2025, 9:00 a.m.



CALL TO ORDER

Be it remembered, Commissioners Court of Walker County was called to order by County Judge, Colt Christian at 9:00 a.m. in Commissioners Courtroom, 1st Floor, 1100 University Avenue, Huntsville Texas.

County Judge	Colt Christian	Present
Precinct 1, Commissioner	Danny Kuykendall	Present
Precinct 2, Commissioner	Ronnie White	Present
Precinct 3, Commissioner	Bill Daugeette	Present
Precinct 4, Commissioner	Brandon Decker	Present

County Judge, Colt Christian stated a quorum was present. County Clerk, Kari French, certified the notice of the meeting was given in accordance with Section 551.001 of the Texas Government Code.

GENERAL ITEMS

Pledge of Allegiance and Texas Pledge were performed.
Prayer was led by Pastor, James Ray Necker.

CITIZENS INPUT

None

CONSENT AGENDA

1. Approve minutes from Commissioners Court Regular Session held on June 16, 2025.
2. Approve Disbursement Report for the period of 06/16/2025 – 06/30/2025.
3. Receive financial information as of June 24, 2025 for the fiscal year ending September 30, 2025.
4. Approve payment of claims and invoices submitted for payment.
5. Receive Walker County Appraisal District monthly tax collection report for May 2025.
6. Receive Huntsville Fire Department Report for May 2025.
7. Receive District Clerk Monthly Report for May 2025.
- + 8. Approve re-appointment of Judge Tracy Sorensen and Morris Johnson to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term.
9. Approve Facility Request 2025-76 allowing Huntsville Hornet Football Booster Club to place Hornet Flags around the courthouse on home football games for the 2025 season.
10. Approve the transfer and disposal of FAS# 10841 and 12378, Dell Laptops from WC CSCD, for auction or disposal.

MOTION: Made by Commissioner Decker to APPROVE Consent Agenda as presented.

SECOND: Made by Commissioner Daugeette.

VOTE: Motion carried unanimously.

STATUTORY AGENDA

Jail

Captain Davila presented information.

11. Discuss and take action on approval of Govolutions as the payment vender for E-Bonds.

MOTION: Made by Commissioner White to APPROVE Govolutions as the payment vender for E-Bonds.

SECOND: Made by Commissioner Kuykendall.

VOTE: Motion carried unanimously.

Dan Early, IT – Continued - requesting:

- Operations, Solar Winds network and monitoring
- Configuring Manager
- Create Network Administrator Position
- Add IT Help Desk Supervisor
- Add IT Technician 1 Position
- Add IT Help Desk Position

Rachel Parker, EMS Director – requesting:

- Employees – Change Office Administrator to Division Chief of Clinical Services
- Capital, two (2) Frazier's Remounts
- 10% pay increase to EMS Department Employees
- IV Pumps
- Replacement Laryngoscopes
- Reclass three (3) EMS positions to Paramedics
- Operations – Vehicle Insurance Increase
- Operations – Communications Budget
- Operations – four (4) Toughbooks
- EMS Logik, Narc Boxes, two (2)
- Zoll Cardiac Monitors, two (2)
- Zoll Zvent portable Ventilators, four (4)
- Add two (2) Lucas Chest Compression
- Add three (3) Stair Chairs of incoming Ambulances
- Operations increase – Stryker Contract
- Operations increase – ESO subscription
- Operations increase – Hand Tevy
- Operations increase – SimMan Contract
- Operations increase – Purchased Services
- Operations increase – Employee Physicals and Testing
- Operation increase – Travel and Lodging
- Operations increase – Uniform Contingency Budget

Kari French, County Clerk - requesting:

- Budget Summary Report
- Replacement Copier (Copier Fund)
- Operations – Adobe License
- Operations – Court, Agenda, Minutes (Withdrew)
- Operations – Jury supplies
- Reclassification of Deputy Clerk II to Civil Clerk

ACTION: Workshop closed at 12:56 p.m.

Auditor, Patricia Allen gave an overview of the Budget.

ACTION: County Judge, Colt Christian adjourned the meeting at 12:58 p.m.

I, Kari A. French, County Clerk of Walker County, Texas, do hereby certify that these Commissioners Court Minutes are a true and correct record of the proceedings from the Meeting on June 30, 2025.

Kari French

Walker County Clerk, Kari A. French



Colt Christian 7/25/25

Walker County Judge, Colt Christian

Date Minutes Approved by Commissioners



#2 9A1

JUL 15 2025

COMMISSIONERS COURT DOCKET
JUNE 24, 2025
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 24th day of June 2025, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 1	Robert Walker
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	M. Ritchey Wheeler
Commissioner, Precinct 4	Matt Gray
County Clerk	L. Brandon Steinmann

INVOCATION GIVEN BY Jason Smith.

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

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

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

CITIZENS – AGENDA ITEM 7

Rayborn C. Johnson, Jr. – Agenda Item 14A – a retired employee of Montgomery County spoke on the Retiree Health Insurance over 65 plan. He expressed that in January 2025, the retirees were placed on a United Healthcare Medicare Advantage plan costing the retirees in the form of higher deductibles and in some retirees higher premiums from their Social Security Benefits to IRMAA that they were not subject to in the old plan.

PROCLAMATIONS/ RESOLUTIONS/ PRESENTATIONS

Employee of the Month of June 2025 was awarded to Melinda Chisholm and presented by Margaret Franks both from Adult Probation – The Woodlands.



- I2. RE-APPOINTMENT APPROVED of Sharon Walker to the Tri County Behavioral Healthcare Board of Trustees for a 2-year term expiring August 31, 2027.

JUSTICE OF THE PEACE PRECINCT 1 – AGENDA ITEM 9J1

- J1. MONTHLY COLLECTIONS REPORT ACCEPTED for May 2025.

JUSTICE OF THE PEACE PRECINCT 3 – AGENDA ITEM 9K1

- K1. MONTHLY COLLECTIONS REPORT ACCEPTED for May 2025.

ELECTIONS – AGENDA ITEM 9L1

- L1. RESOLUTION AND ORDER APPROVED regarding First Addendum to Order for Changes to County Election Precinct Boundaries and Creation of New County Election Precincts adopted on May 13, 2025, memorializing and ratifying boundary descriptions previously approved.

COUNTY ATTORNEY – AGENDA ITEMS 9M1-4

M1. PRECINCT 1

- a. AGENDA ITEM 9M1a – Consider and approve consent to assignment of Tax Abatement Agreement between Conroe Owner, LLC and Tenet Equity Funding SPE Conroe, LLC, and further approve Estoppel Certificate at the request of Tenet Equity Funding SPE Conroe, LLC, in relation to Tax Abatement Agreement between Montgomery County, Texas Tissue Converting LLC, and Conroe BTS, LLC, predecessor in interest to Conroe Owner, LLC, previously approved on November 12, 2019. – MOVED TO OPEN. SEE MOTION #3 FOR COURT ACTION.

M2. PRECINCT 2

- a. BYLAWS APPROVED of Reinvestment Zone Number One, Montgomery County, Texas (TIRZ) approved by TIRZ board on June 10, 2025.
- b. PROJECT PLAN APPROVED of Reinvestment Zone Number One, Montgomery County, Texas (TIRZ) approved by TIRZ board on June 10, 2025.
- c. FINANCING PLAN APPROVED of Reinvestment Zone Number One, Montgomery County, Texas (TIRZ) approved by TIRZ board on June 10, 2025.
- d. REIMBURSEMENT AGREEMENT APPROVED between Reinvestment Zone Number One, Montgomery County, Texas (TIRZ); Montgomery-

COMMISSIONERS COURT RECONVENED WITH ALL MEMBERS PRESENT.

No action taken for item(s) under Executive Session. Commissioner Gray added a comment that the court will review the insurance plan further. Executive session does not provide adequate time to seriously consider and make a decision in regards to the insurance plan set for the retirees of Montgomery County.

MISCELLANEOUS – AGENDA ITEM 16 – No items listed.

17. COURT ADJOURNS

Motion by Commissioner Gray, seconded by Commissioner Wheeler to adjourn this session of court. Motion carried.

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

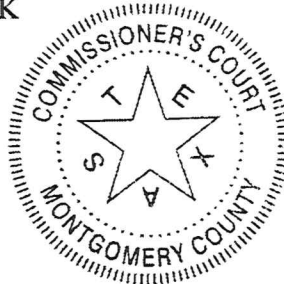
ATTEST:

L. Brandon Steinmann
Montgomery County Clerk
Clerk of Commissioners Court
Montgomery County, Texas

BY:


COUNTY CLERK


COUNTY JUDGE



ADMINISTERING THE OATH OF OFFICE

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

I, STATE YOUR NAME,

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

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

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

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

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

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

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

so help me God.

ADMINISTERING THE OATH OF OFFICE

I, _____,

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

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

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

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

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

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

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

so help me God.

Agenda Item: Board of Trustees Attendance Analysis for FY 2025 Regular and Special Called Board Meetings Committee: Executive	Board Meeting Date September 25, 2025
Background Information: None	
Supporting Documentation: Board of Trustees Attendance Analysis for FY 2025	
Recommended Action: For Information Only	

Board of Trustees Attendance Analysis | FY 2025

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	7/10	70%	-	-	70%
Tracy Sorensen	0/10	0%	-	-	0%
Sharon Walker	9/10	90%	-	-	90%
Richard Duren	10/10	100%	-	-	100%
Morris Johnson	9/10	90%	-	-	90%
Gail Page	8/10	80%	-	-	80%
Jacob Paschal	2/10	20%	-	-	20%
Carl Williamson	9/10	90%	-	-	90%
Tim Cannon	9/10	90%	-	-	90%

<u>Summary of Attendance</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Total Regular Meetings Held:	10	9	10
Average Attendance:	79%	80%	70%
Total Special Called Meetings Held:	0	1	n/a
Average Attendance:	N/A	89%	n/a
Total Number of Meetings Held:	10	10	10
Average Attendance:	79%	85%	70%
Average Number of Members Present:	7.50	7.61	6.22


NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.

<p>Agenda Item: Approve FY 2026 Dues Commitment and Payment Schedule for the Texas Council</p> <p>Committee: Business</p>	<p>Board Meeting Date</p> <p>September 25, 2025</p>
<p>Background Information:</p> <p>The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.</p> <p>The Texas Council Operating Budget for FY 2026 was approved at the Texas Council Board meeting on August 16, 2026.</p> <p>Total dues for Tri-County in FY 2026 were increased by \$2,635 from \$46,429 to \$49,064. The Center will pay this fee in one installment.</p>	
<p>Supporting Documentation:</p> <p>Cover Memorandum from Lee Johnson, CEO</p> <p>FY 2026 Dues Commitment and Payment Schedule</p>	
<p>Recommended Action:</p> <p>Approve FY 2026 Dues Commitment and Payment Schedule for the Texas Council</p>	



MEMO
September 1, 2025

TO: Evan Roberson
Executive Director, Tri-County Behavioral Healthcare

FROM: Lee Johnson 
Chief Executive Officer

SUBJECT: FY 2026 Commitment of Dues for
Texas Council of Community Centers

Please find attached the FY 2026 (September 1, 2025 – August 31, 2026) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 16, 2025 annual board meeting. To assist with local discussions, we include the following information:

- Budget Overview
- FY 2026 Budget (with side-by-side comparison to FY 2025)
- FY 2026 Dues Comparison to FY 2025 Dues
- FY 2026 Commitment of Dues Payment Form

If you have any questions, please contact Rae Horne at rhorne@txcouncil.com or Tara Brown at tbrown@txcouncil.com.

cc: Texas Council Board Delegate

FY 2026 Commitment of Dues Payment for Texas Council of Community Centers

CENTER: Tri-County Behavioral Healthcare

The dues for FY 2026 have been calculated as follows:

Total Dues	\$51,148.00
LESS: Credit for Texas Council Risk Management Fund Members...	(\$2,083.00)
Net Dues	\$49,064.00

The dues payment may be paid in one payment or in monthly or quarterly installments. Please identify the dues payment methodology you plan to use:

	<u>Monthly</u>	<u>Quarterly</u>	<u>Lump Sum</u>
September 2025	_____	_____	<u>\$ 49,064.00</u>
October	_____		
November	_____		
December	_____		
January 2026	_____	_____	
February	_____		
March	_____	_____	
April	_____		
May	_____		
June	_____	_____	
July	_____		
August	_____		
TOTALS	\$ _____	\$ _____	<u>\$ 49,064.00</u>

Invoice for each payment required? X Yes No

We appreciate your prompt and timely payment!

APPROVED:

Date: 9-25-25

(Authorized Signature)

Agenda Item: Ratify Health and Human Services Commission Local Mental Health Authority Performance Grant Agreement, Contract No. HHS001598600037

Board Meeting Date

September 25, 2025

Committee: Business

The Health and Human Services Local Mental Health Authority Performance Contract Grant Agreement is the contract for all mental health outpatient services and includes the following programs:

- Outpatient Competency Restoration;
- Community Mental Health Hospitals (CSU)
- Psychiatric Emergency Service Centers (CSU, CIRT, Rapid Crisis);
- Private Psychiatric Bedday funding (Contract Hospitals);
- Mental Health Supported Housing;
- Veterans Services;
- Mental Health PreAdmission, Screening and Resident Review (MI-PASRR),
- Education Service Center Liaison; and,
- Medications for Civil Commitments.

There is a new requirement for our Continuity of Care staff (currently one position) to manage interactions for persons committed through the forensic hospitalization process (jails) that we are still trying to understand how to comply with. While the number of forensic commitments has typically been fairly small, this number is increasing with additional State Hospital capacity authorized by the Legislature in the last few years and this new responsibility could be significant. Complying with these expectations is complicated by the fact that we are often unaware when someone with discharge from a State Hospital and often these individuals are often discharged back to the jail awaiting trial instead of being released to the community. This is an unfunded expectation in the contract that may require us to hire additional staff.

While there are a series of other changes to the contract, none of them will have a significant impact on operations.

The total not-to-exceed amount of the Contract for Fiscal Years 2026 and 2027 is \$38,490,882 with local match requirements of \$3,448,474.

The contract was received shortly after the August Board meeting, with HHSC requiring its return prior to the September meeting. Accordingly, Evan Roberson submitted the contract on behalf of the Center, and Board ratification is required at today's meeting.

Supporting Documentation:

Contract will be available for review at the Board meeting.

Recommended Action:

Ratify Health and Human Services Commission Local Mental Health Authority Performance Grant Agreement, Contract No. HHS001598600037

Agenda Item: Ratify Health and Human Services Commission Grant Agreement, Treatment Services Grant Program, Contract No. HHS001535500092 Committee: Business	Board Meeting Date September 25, 2025
Background Information: <p>Tri-County has provided Substance Use Disorder services for 17 years. The full grant is applied for every 5 years and the Center is awarded annual renewal grants to continue funding and/or make contract changes.</p> <p>Tri-County has previously provided Treatment Adult (TRA), Treatment Youth (TRY) and Cooccurring Psychiatric and Substance Use Disorder (TCO) services under contract with HHSC, but this year the state decided to end TCO service provision.</p> <p>HHSC awarded Tri-County \$233,841 a year for Adult Treatment with a required match of five percent for a total of \$245,533 in contract value. HHSC awarded \$91,903 a year for Youth Treatment with a required match of five percent for a total of \$96,498. The grand total of these funds, including match, is \$342,031 per year.</p> <p>This represents a small increase in overall funding but will allow staff to open Substance Use Disorder treatment in Cleveland, Texas as soon as the building is fully licensed.</p> <p>While these contracts are always challenging to administer, we did not feel that there were any contract clauses that impact service provision negatively.</p> <p>HHSC needed this contract back quickly after sending it, so Evan Roberson has signed the agreement for ratification by the Board.</p>	
Supporting Documentation: Contract Available for Review	
Recommended Action: Ratify Health and Human Services Commission Grant Agreement, Treatment Services Grant Program, Contract No. HHS001535500092	

Agenda Item: Review August 2025 Preliminary Financial Statements Committee: Business	Board Meeting Date September 25, 2025
Background Information: None	
Supporting Documentation: August 2025 Preliminary Financial Statements	
Recommended Action: For Information Only	

August 2025 Financial Summary

Revenues for August 2025 were \$3,533,739 and operating expenses were \$3,623,823 resulting in a loss in operations of \$90,084. Capital Expenditures and Extraordinary Expenses for August were \$209,111 resulting in a loss of \$299,196. Total revenues were 97.30% of the monthly budgeted revenues and total expenses were 87.22% of the monthly budgeted expenses (difference of 10.08%).

Year to date revenues are \$44,016,292 and operating expenses are \$42,340,354 leaving excess operating revenues of \$1,675,938. YTD Capital Expenditures and Extraordinary Expenses are \$2,342,790 resulting in a loss YTD of \$666,852. Total revenues are 99.48% of the YTD budgeted revenues and total expenses are 99.26% of the YTD budgeted expenses (difference of .22%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
ARPA – After Hours Therapy	551,873	566,000	97.50%	14,126
Title XIX Rehab	1,862,973	1,875,000	99.35%	12,027
HHSC – Private Bed Days	2,732,525	3,020,500	90.46%	287,974

ARPA – After Hours Therapy – This line item is for the ARPA After Hours Therapy that will be phased out in October. We will continue to see this number going down between now and the end of the program depending on when clients entered the program and when they finish their allotted number of therapy sessions.

Title XIX Rehab – This line item has been on the variance list all year. Our year end estimate was based on the average monthly earned revenue this fiscal year, which the annual is up from FY 2024 by \$213,512, or 12.94%, and also factoring in the amount earned in August 2024. We missed the amount mainly due to access to kids for appointments while school was starting up in August.

HHSC – Private Bed Days - This line item is for our Contract Hospital Private Bed Days. As we have explained last month, it has been a very unusual year where we did not have as many admissions to the contract hospitals and therefore have lapsed funding that will be returned to HHSC. We were able to enter into two interlocal agreements with other centers to spend a small amount, but other centers were also experiencing some of the same issues with these funds as we were this year.

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
Contract Services – Respite	230,579	201,595	114.37%	28,984
Contract – Clinical	669,403	655,000	102.19%	14,403
Fixed Assets – Construction in Progress	94,432	81,000	116.58%	13,432
Fixed Assets – Furniture & Equipment	372,847	315,000	118.36%	57,547

Contract Services – Respite – This line item reflects funding used for Routine IDD Respite requests. Service Coordination caseloads have grown significantly, and one of the primary services provided is funding for respite. Tri-County allots funds for families to hire their own respite staff, and requests for this support are frequent—particularly during the summer months. Demand for these funds is expected to continue increasing.

Contract Clinical – This line item is for contract clinical services. The one contract that went over the amount budgeted was in the Autism program which is budgeted like a cost reimbursement program, but reimbursed on a per unit basis. This line will have to be watched in the next fiscal year to ensure we are within the reimbursed amounts.

Fixed Assets – Construction in Progress – This line item has invoices that were not covered in the construction process of the Cleveland building and were not known during the final year end revisions. These expenses were as follows: deposit for building and monument sign; manufactured vent hood trim; replacement ATS for generator; Hot Shot fee to Colorado; and consulting fee.

Fixed Assets – Furniture & Equipment – This line item has the final 10% remaining for all the furniture purchases that was held back on the Cleveland facility and not included in year end revision. Also, additional purchases of Big/Tall desk chairs that were purchased before the building opened.

TRI-COUNTY BEHAVIORAL HEALTHCARE
GENERAL FUND BALANCE SHEET
For the Month Ended August 2025
Preliminary

ASSETS	GENERAL FUND August 2025	GENERAL FUND July 2025	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,550	2,650	(100)
Cash on Deposit - General Fund	5,584,916	8,097,986	(2,513,070)
Accounts Receivable	3,895,986	4,000,794	(104,808)
Inventory	511	714	(203)
TOTAL CURRENT ASSETS	9,483,963	12,102,144	(2,618,181)
FIXED ASSETS	23,476,422	23,476,422	-
OTHER ASSETS	104,890	135,444	(30,554)
TOTAL ASSETS	\$ 33,065,275	\$ 35,714,010	\$ (2,648,735)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,557,565	1,936,584	(379,019)
NOTES PAYABLE	785,852	785,852	-
DEFERRED REVENUE	1,500,655	3,396,776	(1,896,121)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	8,583,527	8,630,173	(46,646)
Guaranty Bank & Trust Loan	1,589,716	1,595,775	(6,059)
First Financial Huntsville Land Loan	754,651	757,717	(3,066)
Lease Liability	252,329	252,329	-
SBITA Liability	916,487	916,487	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(666,852)	(367,656)	(299,196)
Debt Service Fund			
Capital Projects Fund			
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,096,711)	(12,152,481)	55,770
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	1,947,776	2,028,348	(80,572)
Reserved for Board Initiatives	500,000	1,500,000	(1,000,000)
Reserved for 1115 Waiver Programs	-	502,677	(502,677)
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	74,000	67,826	6,174
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
UNASSIGNED			
Unrestricted and Undesignated	3,687,588	2,184,911	1,502,677
TOTAL LIABILITIES/FUND BALANCE	\$ 33,065,275	\$ 35,714,010	\$ (2,648,735)

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

	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	2,550					2,550	2,500
Cash on Deposit - General Fund	5,584,916					5,584,916	8,570,838
Bond Reserve 2024			734,109			734,109	
Bond Fund 2024			259,207			259,207	-
Bank of New York - Capital Project Fund					1,145,141	1,145,141	
Accounts Receivable	3,895,986					3,895,986	4,740,544
Inventory	511					511	978
TOTAL CURRENT ASSETS	9,483,963		993,316		1,145,141	11,622,420	13,314,860
FIXED ASSETS	23,476,422					23,476,422	23,476,422
OTHER ASSETS	104,890					104,890	146,332
Bond 2024 - Amount to retire bond					11,535,925	11,535,925	
Bond Discount 2024					384,075	384,075	-
Total Assets	\$ 33,065,275	\$ 993,316		\$ 13,065,141		\$ 47,123,731	\$ 36,937,614
LIABILITIES, DEFERRED REVENUE, FUND BALANCES							
CURRENT LIABILITIES	1,557,565					1,557,565	1,358,914
BOND LIABILITIES					11,920,000	11,920,000	
NOTES PAYABLE	785,852					785,852	785,852
DEFERRED REVENUE	1,500,655					1,500,655	4,426,569
LONG-TERM LIABILITIES FOR							
First Financial Conroe Building Loan	8,583,527					8,583,527	9,140,481
Guaranty Bank & Trust Loan	1,589,716					1,589,716	1,662,317
First Financial Huntsville Land Loan	754,651					754,651	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	(666,852)					(666,852)	(2,350,420)
Debt Service Fund						-	
Capital Projects Fund						-	
FUND EQUITY							
RESTRICTED							
Net Assets Reserved for Debt Service - Restricted	(12,096,711)					(12,096,711)	(12,762,158)
Cleveland New Build - Bond	-	993,316		1,145,141		2,138,457	-
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	1,947,776					1,947,776	2,500,000
Reserved for Board Initiatives	500,000					500,000	1,500,000
Reserved for 1115 Waiver Programs	-					-	502,677
ASSIGNED							
Reserved for Workers' Compensation - Assigned	274,409					274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	74,000					74,000	-
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	3,687,588	-		-		3,687,588	4,535,331
TOTAL LIABILITIES/FUND BALANCE	\$ 33,065,275	\$ 993,316		\$ 13,065,141		\$ 47,123,731	\$ 36,937,614

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

INCOME:	MONTH OF August 2025	YTD August 2025
Local Revenue Sources	27,046	2,042,782
Earned Income	1,460,547	21,006,486
General Revenue - Contract	2,046,146	20,967,024
TOTAL INCOME	\$ 3,533,739	\$ 44,016,292
EXPENSES:		
Salaries	2,305,659	25,615,786
Employee Benefits	250,281	4,596,525
Medication Expense	36,360	523,203
Travel - Board/Staff	45,916	485,456
Building Rent/Maintenance	15,954	409,500
Consultants/Contracts	709,214	7,448,412
Other Operating Expenses	260,439	3,261,472
TOTAL EXPENSES	\$ 3,623,823	\$ 42,340,354
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (90,084)	\$ 1,675,938
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	80,572	797,567
Capital Outlay - Debt Service	128,539	1,545,223
TOTAL CAPITAL EXPENDITURES	\$ 209,111	\$ 2,342,790
GRAND TOTAL EXPENDITURES	\$ 3,832,934	\$ 44,683,144
Excess (Deficiency) of Revenues and Expenses	\$ (299,196)	\$ (666,852)

Debt Service and Fixed Asset Fund:		
Debt Service	128,539	1,545,223
Excess (Deficiency) of Revenues over Expenses	128,539	1,545,223

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

	YTD August 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	2,042,782	1,972,273	70,509
Earned Income	21,006,486	21,046,962	(40,476)
General Revenue	20,967,024	21,228,427	(261,403)
TOTAL INCOME	\$ 44,016,292	\$ 44,247,662	\$ (231,370)
EXPENSES:			
Salaries	25,615,786	25,637,265	(21,479)
Employee Benefits	4,596,525	4,597,716	(1,191)
Medication Expense	523,203	529,300	(6,097)
Travel - Board/Staff	485,456	478,036	7,420
Building Rent/Maintenance	409,500	432,300	(22,800)
Consultants/Contracts	7,448,412	7,809,895	(361,483)
Other Operating Expenses	3,261,472	3,262,686	(1,214)
TOTAL EXPENSES	\$ 42,340,354	\$ 42,747,198	\$ (406,844)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,675,938	\$ 1,500,464	\$ 175,474
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	797,567	724,050	73,517
Capital Outlay - Debt Service	1,545,223	1,545,225	(2)
TOTAL CAPITAL EXPENDITURES	\$ 2,342,790	\$ 2,269,275	\$ 73,515
GRAND TOTAL EXPENDITURES	\$ 44,683,144	\$ 45,016,473	\$ (333,329)
Excess (Deficiency) of Revenues and Expenses	\$ (666,852)	\$ (768,811)	\$ 101,960

Debt Service and Fixed Asset Fund:

Debt Service	1,545,223	1,545,225	(2)
Excess(Deficiency) of Revenues over Expenses	1,545,223	1,545,225	(2)

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

INCOME:	MONTH OF August 2025	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	27,046	790,852	(763,806)
Earned Income	1,460,547	540,878	919,669
General Revenue-Contract	2,046,146	2,299,945	(253,799)
TOTAL INCOME	\$ 3,533,739	\$ 3,631,675	\$ (97,936)
EXPENSES:			
Salaries	2,305,659	1,882,344	423,315
Employee Benefits	250,281	286,789	(36,508)
Medication Expense	36,360	21,254	15,106
Travel - Board/Staff	45,916	75,475	(29,559)
Building Rent/Maintenance	15,954	163,563	(147,609)
Consultants/Contracts	709,214	1,061,827	(352,613)
Other Operating Expenses	260,439	336,023	(75,584)
TOTAL EXPENSES	\$ 3,623,823	\$ 3,827,275	\$ (203,452)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (90,084)	\$ (195,600)	\$ 105,516
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	80,572	436,000	(355,429)
Capital Outlay - Debt Service	128,539	131,290	(2,751)
TOTAL CAPITAL EXPENDITURES	\$ 209,111	\$ 567,290	\$ (358,180)
GRAND TOTAL EXPENDITURES	\$ 3,832,934	\$ 4,394,566	\$ (561,632)
Excess (Deficiency) of Revenues and Expenses	\$ (299,196)	\$ (762,891)	\$ 463,696

Debt Service and Fixed Asset Fund:			
Debt Service	128,539	131,290	(2,751)
Excess (Deficiency) of Revenues over Expenses	128,539	131,290	(2,751)

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

INCOME:	YTD August 2025	YTD August 2024	Increase (Decrease)
Local Revenue Sources	2,042,782	1,852,493	190,289
Earned Income	21,006,486	24,049,485	(3,042,999)
General Revenue-Contract	20,967,024	21,317,296	(350,272)
TOTAL INCOME	\$ 44,016,292	\$ 47,219,274	\$ (3,202,982)
EXPENSES:			
Salaries	25,615,786	26,871,297	(1,255,511)
Employee Benefits	4,596,525	4,771,073	(174,548)
Medication Expense	523,203	609,756	(86,553)
Travel - Board/Staff	485,456	426,545	58,911
Building Rent/Maintenance	409,500	437,791	(28,291)
Consultants/Contracts	7,448,412	10,679,226	(3,230,814)
Other Operating Expenses	3,261,472	3,259,717	1,755
TOTAL EXPENSES	\$ 42,340,354	\$ 47,055,405	\$ (4,715,051)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,675,938	\$ 163,869	\$ 1,512,069
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	797,567	705,622	91,945
Capital Outlay - Debt Service	1,545,223	1,341,852	203,371
TOTAL CAPITAL EXPENDITURES	\$ 2,342,790	\$ 2,047,474	\$ 295,316
GRAND TOTAL EXPENDITURES	\$ 44,683,144	\$ 49,102,879	\$ (4,419,735)
Excess (Deficiency) of Revenues and Expenses	\$ (666,852)	\$ (1,883,605)	\$ 1,216,753

Debt Service and Fixed Asset Fund:			
Debt Service	1,545,223	1,341,852	203,371
Excess (Deficiency) of Revenues over Expenses	1,545,223	1,341,852	203,371

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

INCOME:	MONTH OF August 2025	MONTH OF August 2024	Increase (Decrease)
Local Revenue Sources	27,046	94,720	(67,674)
Earned Income	1,460,547	1,524,263	(63,716)
General Revenue-Contract	2,046,146	1,351,513	694,633
TOTAL INCOME	\$ 3,533,739	\$ 2,970,496	\$ 563,243
Salaries	2,305,659	2,199,024	106,635
Employee Benefits	250,281	324,048	(73,767)
Medication Expense	36,360	49,407	(13,047)
Travel - Board/Staff	45,916	31,155	14,761
Building Rent/Maintenance	15,954	49,464	(33,510)
Consultants/Contracts	709,214	714,114	(4,900)
Other Operating Expenses	260,439	229,871	30,568
TOTAL EXPENSES	\$ 3,623,823	\$ 3,597,083	\$ 26,740
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (90,084)	\$ (626,587)	\$ 536,503
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	80,572	20,861	59,711
Capital Outlay - Debt Service	128,539	136,610	(8,071)
TOTAL CAPITAL EXPENDITURES	\$ 209,111	\$ 157,471	\$ 51,640
GRAND TOTAL EXPENDITURES	\$ 3,832,934	\$ 3,754,554	\$ 78,380
Excess (Deficiency) of Revenues and Expenses	\$ (299,196)	\$ (784,058)	\$ 484,863

Debt Service and Fixed Asset Fund:

Debt Service	128,539	136,610	(8,071)
Excess (Deficiency) of Revenues over Expenses	128,539	136,610	(8,071)

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

INCOME:	MONTH OF August 2025	MONTH OF July 2025	Increase (Decrease)
Local Revenue Sources	27,046	101,251	(74,205)
Earned Income	1,460,547	1,506,096	(45,549)
General Revenue-Contract	2,046,146	1,626,486	419,660
TOTAL INCOME	\$ 3,533,739	\$ 3,233,833	\$ 299,906
EXPENSES:			
Salaries	2,305,659	1,894,859	410,800
Employee Benefits	250,281	360,359	(110,078)
Medication Expense	36,360	42,667	(6,307)
Travel - Board/Staff	45,916	35,162	10,754
Building Rent/Maintenance	15,954	102,990	(87,036)
Consultants/Contracts	709,214	532,032	177,182
Other Operating Expenses	260,439	256,886	3,553
TOTAL EXPENSES	\$ 3,623,823	\$ 3,224,955	\$ 398,868
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ (90,084)	\$ 8,878	\$ (98,962)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	80,572	20,399	60,173
Capital Outlay - Debt Service	128,539	128,539	-
TOTAL CAPITAL EXPENDITURES	\$ 209,111	\$ 148,938	\$ 60,173
GRAND TOTAL EXPENDITURES	\$ 3,832,934	\$ 3,373,893	\$ 459,041
Excess (Deficiency) of Revenues and Expenses	\$ (299,196)	\$ (140,061)	\$ (159,135)

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

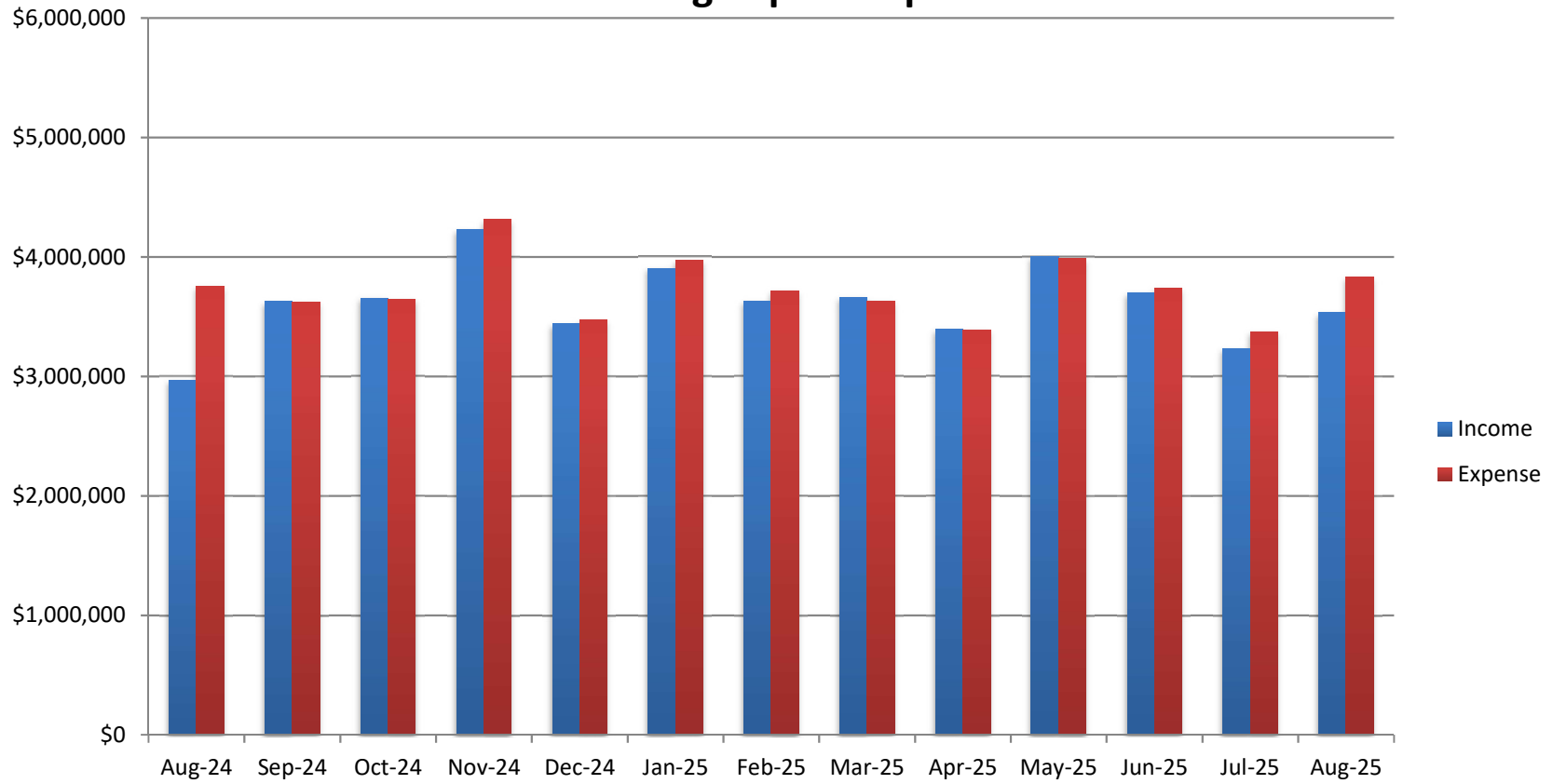
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of August 2025
Preliminary

	YTD Mental Health August 2025	YTD IDD August 2025	YTD Other Services August 2025	YTD Agency Total August 2025	YTD Approved Budget August 2025	Increase (Decrease)
INCOME:						
Local Revenue Sources	1,225,740	4,868	812,174	2,042,783	1,972,273	(70,510)
Earned Income	9,372,997	4,901,833	6,731,656	21,006,486	21,046,962	40,475
General Revenue-Contract	18,871,158	1,476,524	619,342	20,967,024	21,228,427	261,403
TOTAL INCOME	29,469,895	6,383,225	8,163,172	\$ 44,016,293	44,247,662	\$ 231,368
EXPENSES:						
Salaries	17,360,369	3,780,045	4,475,371	25,615,786	25,637,265	(21,479)
Employee Benefits	3,121,308	747,184	728,033	4,596,525	4,597,716	(1,191)
Medication Expense	442,509		80,693	523,202	529,300	(6,098)
Travel - Board/Staff	293,812	139,476	52,168	485,456	478,036	7,420
Building Rent/Maintenance	396,471	8,558	4,470	409,500	432,300	(22,800)
Consultants/Contracts	4,284,682	1,332,463	1,831,267	7,448,412	7,809,895	(361,483)
Other Operating Expenses	2,093,393	610,491	557,587	3,261,472	3,262,686	(1,214)
TOTAL EXPENSES	27,992,545	6,618,217	7,729,589	\$ 42,340,354	42,747,198	\$ (406,845)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 1,477,350	\$ (234,992)	\$ 433,583	\$ 1,675,939	\$ 1,500,464	\$ (175,477)
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	220,965	38,648	537,953	797,567	724,050	73,517
Capital Outlay - Debt Service	678,846	156,657	709,721	1,545,224	1,545,225	(1)
TOTAL CAPITAL EXPENDITURES	\$ 899,811	\$ 195,305	\$ 1,247,674	\$ 2,342,791	\$ 2,269,275	\$ 73,516
GRAND TOTAL EXPENDITURES	\$ 28,892,356	\$ 6,813,522	\$ 8,977,263	\$ 44,683,145	\$ 45,016,473	\$ (333,329)
Excess (Deficiency) of Revenues and Expenses	\$ 577,539	\$ (430,297)	\$ (814,091)	\$ (666,852)	\$ (768,811)	\$ (101,961)
Debt Service and Fixed Asset Fund:						
Debt Service	678,846	156,657	709,721	1,545,224	1,545,225	(1)
Excess (Deficiency) of Revenues over Expenses	\$ 678,846	\$ 156,657	\$ 709,721	\$ 1,545,224	\$ 1,545,225	\$ (1)

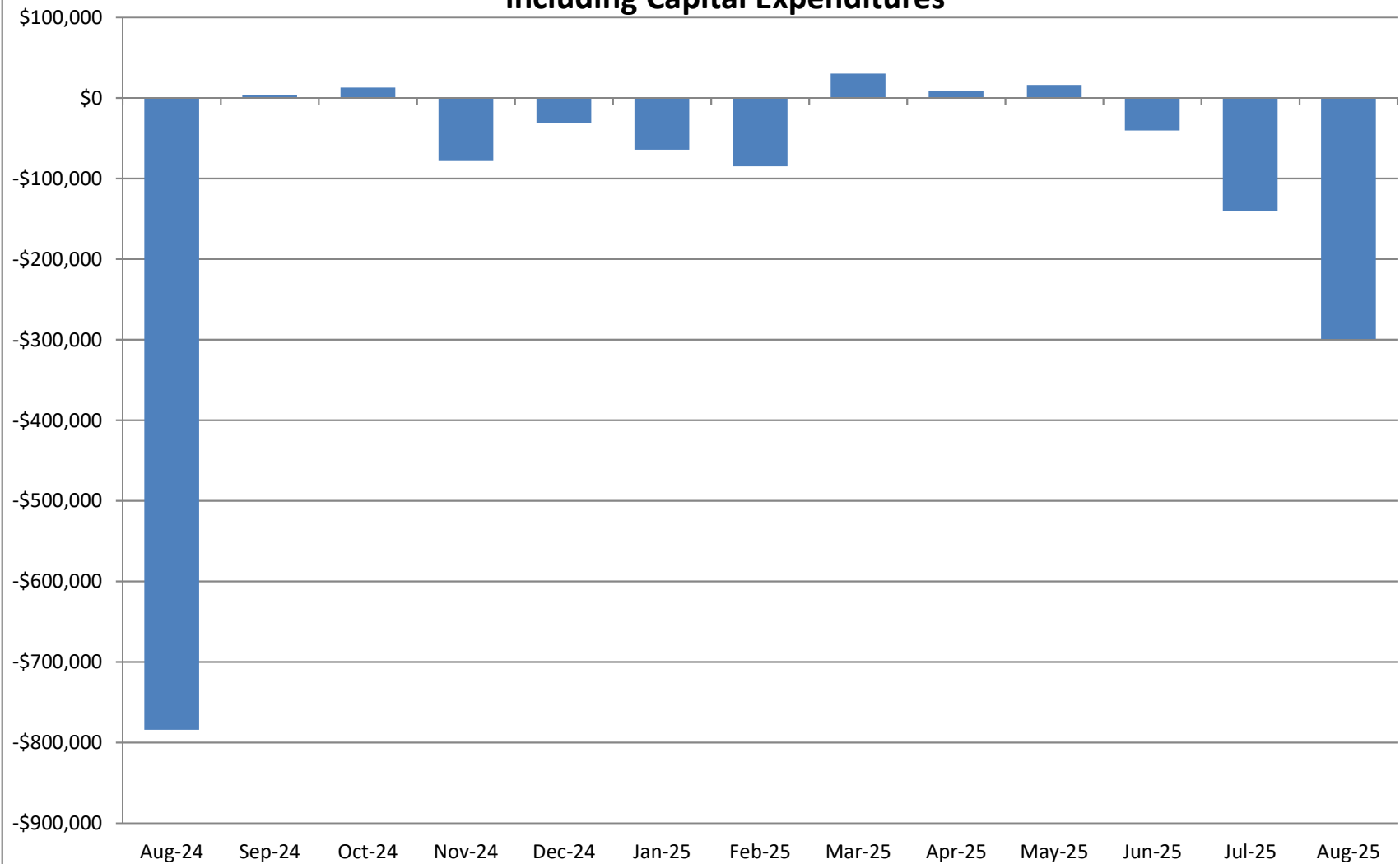
TRI-COUNTY BEHAVIORAL HEALTHCARE

Income and Expense

Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: 4 th Quarter FY 2025 Quarterly Investment Report Committee: Business	Board Meeting Date September 25, 2025
Background Information: This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: For Information Only	

QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending August 31st, 2025

GENERAL INFORMATION

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	June	July	August
Uninvested Balance	412.66	(-\$578.22)	\$337.15
Accrual of Interest Income	\$92,511,845.39	\$70,894,317.06	\$78,974,618.83
Interest and Management Fees Payable	(-\$123,146,685.82)	(-\$125,156,585.91)	(-\$121,862,387.78)
Payable for Investments Purchased	(-\$568,203,325.32)	(-\$152,061,541.28)	(-\$763,282,683.86)
Accrued Expense & Taxes	(-\$40,380.64)	(-\$40,034.37)	(-\$115,842.21)
Repurchase Agreements	\$13,774,968,000.00	\$15,208,461,000.00	\$12,767,447,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$11,107,538,393.01	\$9,503,132,333.99	\$8,381,663,910.12
U.S. Treasury Bills	\$7,252,534,636.30	\$6,862,576,011.30	\$9,970,213,571.60
U.S. Treasury Notes	\$1,786,623,018.53	\$1,516,996,680.90	\$1,614,984,433.25
TOTAL	\$34,339,871,114.11	\$33,901,886,803.47	\$32,945,108,157.10

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	-\$247.03	\$337.15
Accrual of Interest Income	\$91,236,256.18	\$78,974,618.83
Interest and Management Fees Payable	(-\$132,547,691.45)	(-\$121,862,387.78)
Payable for Investments Purchased	0.00	(-\$763,282,683.86)
Accrued Expenses & Taxes	(-\$43,376.31)	(-\$115,842.21)
Repurchase Agreements	\$12,930,363,000.00	\$12,767,447,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$12,272,731,261.76	\$8,381,304,044.66
U.S. Treasury Bills	\$7,949,521,179.46	\$9,965,445,159.70
U.S. Treasury Notes	\$1,545,946,981.20	\$1,614,670,038.50
TOTAL	\$35,674,292,563.81	\$32,939,665,484.99

Portfolio by Maturity as of August 31st, 2025

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
66.7 %	16.0 %	10.6 %	6.8 %

Portfolio by Type of Investments as of August 31st, 2025

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
34.3 %	37.8 %	24.8 %	3.0 %

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 4.30% for June, 4.31% for July, and 4.31% for August.

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

The weighted average maturity of the fund as of August 31st, 2025 was 43 days.

The net asset value as of August 31st, 2025 was 1.00017.

The total amount of interest distributed to participants during the period was \$121,862,419.16.

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

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

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

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

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

Submitted by:

Evan Roberson
Executive Director / Investment Officer

Date

Millie McDuffey
Chief Financial Officer / Investment Officer

Date

Darius Tuminas
Controller / Investment Officer

Date

Tabatha Abbott
Manager of Accounting / Investment Officer

Date

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

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ -	\$ -	\$ -		\$ -
First Liberty National Bank	\$ 1.87	\$ 1.85	\$ 1.90	\$ 1.90	\$ 7.52
JP Morgan Chase (HBS)	\$ 27,437.62	\$ 25,859.78	\$ 18,965.33	\$ 10,823.55	\$ 83,086.28
Prosperity Bank	\$ 25.10	\$ 24.76	\$ 25.40	\$ 25.49	\$ 100.75
Prosperity Bank CD (formerly Tradition)	\$ 26.83	\$ 2.73	\$ 2.84	\$ 2.95	\$ 35.35
TexPool Participants	\$ 14,896.30	\$ 13,407.12	\$ 31,748.24	\$ 37,476.39	\$ 97,528.05
First Financial Bank	\$ 537.33	\$ 649.60	\$ 654.23	\$ 665.58	\$ 2,506.74
Total Earned	\$ 42,925.05	\$ 39,945.84	\$ 51,397.94	\$ 48,995.86	\$ 183,264.69

Agenda Item: Board of Trustees Unit Financial Statement as of August 2025 Committee: Business	Board Meeting Date September 25, 2025
Background Information: None	
Supporting Documentation: August 2025 Board of Trustees Unit Financial Statement	
Recommended Action: For Information Only	

Unit Financial Statement

FY 2025
August 31, 2025

	August 2025 Budget	August 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,953	\$ 1,953	\$ -	\$ 23,315	\$ 23,315	\$ -	100%	\$ 23,315
Total Revenue	\$ 1,953	\$ 1,953	\$ -	\$ 23,315	\$ 23,315	\$ -	100%	\$ 23,315
Expenses								
Insurance-Worker Compensation	\$ 11	\$ 1	\$ 10	\$ 55	\$ 19	\$ 36	35%	\$ 55
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 18,000	\$ 18,000	\$ -	100%	\$ 18,000
Training	\$ 74	\$ -	\$ 74	\$ 910	\$ 2,245	\$ (1,335)	247%	\$ 910
Travel - Non-local mileage	\$ 62	\$ -	\$ 62	\$ 700	\$ 1,665	\$ (965)	238%	\$ 700
Travel - Non-local Hotel	\$ 262	\$ -	\$ 262	\$ 3,100	\$ 4,571	\$ (1,471)	147%	\$ 3,100
Travel - Meals	\$ 44	\$ -	\$ 44	\$ 550	\$ 195	\$ 355	35%	\$ 550
Total Expenses	\$ 1,953	\$ 1,501	\$ 452	\$ 23,315	\$ 26,695	\$ (3,380)	114%	\$ 23,315
Total Revenue minus Expenses	\$ -	\$ 452	\$ (452)	\$ -	\$ (3,380)	\$ 3,380	-14%	\$ -

UPCOMING MEETINGS

October 23, 2025 – Board Meeting

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

December 4, 2025 – Board Meeting

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Approve Minutes from October 23, 2025 Board Meeting
- Community Resources Report
- Consumer Services Report October 2025
- Program Updates
- Personnel Report October 2025
- Texas Council Quarterly Board Meeting Update
- Texas Council Risk Management Fund Claims Summary for October 2025
- Approve Financial Statements for October 2025
- Reappoint ICI, MSHI and CSHI Board of Directors
- Board of Trustees Unit Financial Statement October 2025

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASD	Autism Spectrum Disorder
ASH	Austin State Hospital
ATC	Attempt to Contact
BCBA	Board Certified Behavior Analyst
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Behavioral Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services Requirements
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DID	Determination of Intellectual Disability

DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
EHR	Electronic Health Record
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FT	Family Therapy
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth

LON	Level Of Need (IDD)
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MST	Multisystemic Therapy
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OPC	Order for Protective Custody
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCB	Private Contract Bed
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal
RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RP	Recovery Plan

RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Access Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TMHP	Texas Medicaid & Healthcare Partnership
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YCOT	Youth Crisis Outreach Team
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid

Updated 5/23/25