

Tri-County
Behavioral Healthcare
Board of Trustees
Meeting

January 29, 2026

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Wednesday, January 29, 2026. The Business Committee will convene at 9:00 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

- I. Organizational Items**
 - A. Chair Calls Meeting to Order
 - B. Public Comment
 - C. Quorum
 - D. Review & Act on Requests for Excused Absence
- II. Approve Minutes - December 4, 2025**
- III. Executive Director's Report**
 - A. SAMHSA Funding Disturbance/Forecast
 - B. Abbott Directs Additional Medicaid Audits
 - C. Consumer Services Report Changes
- IV. Chief Financial Officer's Report - Millie McDuffey**
 - A. Cost Accounting Methodology (CAM) for FY 2025
 - B. HCS and MEI Cost Reports for FY 2025
 - C. CCBHC Cost Report for FY 2025
 - D. Update on Workers' Compensation Annual Audit
- V. Program Committee**

Information Items

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C. Program Updates	17-22
D. FY 2026 Goals and Objectives Progress Report	23-29
E. 1st Quarter FY 2026 Corporate Compliance and Quality Management Report	30-33
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- VI. Executive Committee**

Information Items

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B. Texas Council Risk Management Fund Claims Summary as of December 2025	39-40
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VII. Business Committee

Action Items

A. Approve November 2025 Financial Statements.....	42-56
B. Approve December 2025 Financial Statements.....	57-71
C. Approve FY 2025 Independent Financial Audit.....	72
D. Approve Local Intellectual & Developmental Disability Authority (LIDDA) Grant Program, HHSC Contract No. HHS001586900037, Amendment No. 1.....	73
E. Reappoint Montgomery Supported Housing, Inc. Board of Directors.....	74
F. Approve Listing of 23750 FM 1314, Porter, TX 77365.....	75-81
G. Approve Listing of 2004 Truman Street, Cleveland, TX 77327.....	82-88

Information Items

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J. HUD 811 Updates (Cleveland, Montgomery and Huntsville).....	97-99
K. Project Update for 402 Liberty Street, Cleveland, TX 77327	100

**VIII. Executive Session in compliance with Texas Government Code Section 551.071 - Consultation with Attorney
and Section 551-072 - Real Property consisting of 23750 FM 1314, Porter, TX 77365, 2004 Truman Street,
Cleveland, TX 77327 and 402 Liberty Street, Cleveland, TX 77327.**

Posted By:

Ava Green
Executive Assistant

Tri-County Behavioral Healthcare

**P.O. Box 3067
Conroe, TX 77305**

BOARD OF TRUSTEES MEETING December 4, 2025

Board Members Present:

Patti Atkins
Gail Page
Richard Duren
Tim Cannon
Carl Williamson
Sharon Walker

Board Members Absent:

Morris Johnson
Jacob Paschal
Tracy Sorensen

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Tanya Bryant, Director of Quality Management and Support
Kenneth Barfield, Director of Management Information Systems
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Kathy Foster, Director of IDD Provider Services
Yolanda Gude, Director of IDD Authority Services
Beth Dalman, Director of Crisis Access
Andrea Scott, Director of Medical Operations
Ashley Bare, HR Manager
Ava Green, Executive Assistant

Legal Counsel Present: Jamila Brinson, Jackson Walker LLP

Sheriff Representatives Present: Chief Deputy Joe Sclider Montgomery County Precinct 1 Constables Office

Guest(s): None.

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:03 a.m., 402 Liberty Street, Cleveland, TX 77327.

Public Comment: No public comment.

Quorum: There being six (6) Board Members present, a quorum was established.

Resolution #12-04-01

Motion Made By: Gail Page

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

Resolved:

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

Resolution #12-04-02

Motion Made By: Gail Page

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

Resolved:

That the Board approve the minutes of the October 23, 2025 meeting of the Board of Trustees.

Program Presentation: Life Skills Christmas Carolers: Cleveland and Liberty Life Skills Groups.

Program Presentation: Presentation of Awards to Christmas Card Contest Winners.

Executive Director's Report:

The Executive Director's report is on file.

- OBBBA Rural Healthcare Initiative
- Montgomery County ARPA Program Closures
- Texas Council PAC Discussions

Program Presentation: Life Skills Christmas Carolers: Huntsville Life Skills Group.

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- FY 2025 Audit Update
- FY 2025 Public Health Provider – Charity Care Program – (PHP-CCP) Cost Report
- FY 2025 Cost Accounting Methodology (CAM) Report
- FY 2025 HCS and MEI Cost Reports

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

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

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

BUSINESS COMMITTEE:

Resolution #12-04-03

Motion Made By: Richard Duren

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

Resolved:

That the Board approve the October 2025 Financial Statements.

Resolution #12-04-04

Motion Made By: Richard Duren

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

Resolved:

That the Board reappoint Mr. Morris Johnson, Ms. Cynthia Cunningham, and Ms. Diane Balderas to serve on the Independent Communities, Inc. Board of Directors for an additional two year term expiring January 2028.

Resolution #12-04-05

Motion Made By: Richard Duren

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

Resolved:

That the Board reappoint Ms. Christine Shippey and Ms. Susan Bergman to serve on the Cleveland Supported Housing, Inc. Board of Directors for an additional two year term expiring in January 2028.

Resolution #12-04-06

Motion Made By: Richard Duren

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

Resolved:

That the Board reappoint Richard Duren, Matthew Blake and Lynn Carr to Tri-County's Consumer Foundation Board of Directors for an additional two year term expiring in January 2028.

Resolution #12-04-07

Motion Made By: Richard Duren

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

Resolved:

That the Board approve the demolition of 612 Hwy 90, Liberty, Texas at a not-to-exceed cost of \$35,000.

Resolution #12-04-08

Motion Made By: Richard Duren

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

Resolved:

That the Board approve listing the 507 Bryant Road building for sale and authorize the Executive Director to execute any necessary documents.

Resolution #12-04-09

Motion Made By: Richard Duren

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

Resolved:

That the Board approve changes to the Texas Council Risk Management Fund Interlocal Agreement.

The Board Unit Financial for October 2025 was reviewed for information purposes only.

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

The regular meeting of the Board of Trustees adjourned at 11:25 a.m.

Adjournment:

Attest:

Patti Atkins
Chair

Date

Jacob Paschal
Secretary

Date

Agenda Item: Community Resources Report	Board Meeting Date:
	January 29, 2026
Committee: Program	
Background Information:	
None	
Supporting Documentation:	
Community Resources Report	
Recommended Action:	
For Information Only	

Community Resources Report

December 5, 2025 – January 29, 2026

Volunteer Hours:

Location	November	December
Conroe	106.39	120.5
Cleveland	0	7
Liberty	2	16
Huntsville	0	6
Total	108.39	149.5

COMMUNITY ACTIVITIES

12/5/25	Liberty Holiday Health Fair - Liberty Dayton Regional Medical Center	Liberty
12/6/25	Huntsville ISD Special Education Resource Fair	Huntsville
12/6/25	HEARTS Museum Veterans Breakfast	Huntsville
12/8/25	Conroe Homeless Coalition	Conroe
12/9/25	Youth MHFA for ESC 4 - Virtual	Conroe
12/9/25	Huntsville ISD School Health Advisory Council	Huntsville
12/9/25	American Legion Post 411 Meeting	Conroe
12/9/25	Walker County Community Resource Collaboration Group - Virtual	Conroe
12/10/25	Liberty County Community Coalition Meeting	Cleveland
12/12/25	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup - Virtual	Conroe
12/12/25	Booker T. Washington High School - Aspiring Medical Club Presentation	Conroe
12/12/25	Crisis Services Presentation at Safe Harbor's Children's Advocacy Center	Conroe
12/13/25	Caney Creek Feeder Zone Health/Resource Fair	Conroe
12/15/25	Regional 6 Outreach, Screening, Assessment and Referral Substance Use Meeting - Virtual	Conroe
12/16/25	Montgomery County Community Resource Collaboration Group	Conroe
12/17/25	Zero Suicide Joint Regional Community Meeting - Virtual	Conroe
12/17/25	Greater East Montgomery County Chamber Networking Breakfast	Porter
12/17/25	Montgomery County Veterans Treatment Court	Conroe
12/19/25	Walker County Juvenile Services Staffing	Huntsville
12/23/25	Texas Children's & Tri-County Behavioral Healthcare Crisis Meeting - Virtual	Conroe
12/31/25	Crisis Collaborate & Diversion Task Force Meeting	Conroe
1/5 – 1/6/26	Youth MHFA - Sheldon ISD	Houston

1/6/26	ADAPT (Alcohol, Drug and Psychological Treatment) Coalition Meeting	Cleveland
1/6/26	Huntsville ISD Student Health Advisory Committee	Huntsville
1/7/26	Montgomery County Child Crisis Collaborative	Conroe
1/8/26	Conroe/Lake Conroe Chamber Morning Mingle	Conroe
1/9/26	Behavioral Health Suicide Prevention Task Force - Addictions Workgroup - Virtual	Conroe
1/9/26	Child & Youth Presentation to Montgomery County Department of Family & Protective Services	Conroe
1/12/26	Behavioral Health Suicide Prevention Task Force - Major Mental Health Workgroup - Virtual	Conroe
1/12/26	Behavioral Health Suicide Prevention Task Force - Neurodiversity & Special Needs Workgroup	Conroe
1/12/26	Conroe Homeless Coalition	Conroe
1/13/26	An Evening of Hope – National Alliance on Mental Illness	Conroe
1/13/26	Southwest Montgomery County Chamber Networking Breakfast	Magnolia
1/13/26	Family & Community Coalition of East Texas	Conroe
1/14/26	Central Library Resource Group	Conroe
1/15/26	Youth MHFA for ESC 6	Huntsville
1/15/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
1/16/26	Youth MHFA for Liberty ISD	Liberty
1/20/26	Liberty County Community Coalition	Cleveland
1/20/26	Montgomery County Community Resource Collaboration Group	Conroe
1/21/26	Liberty County ISD Student Health Advisory Council	Liberty
1/21/26	Woodlands Chamber Networking Breakfast	The Woodlands
1/21/26	Adult MHFA for Community - Virtual	Conroe
1/22/26	AS+K Suicide Prevention Training for Montgomery County Women's Center	Conroe
1/23/26	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup - Virtual	Conroe
1/23/26	Community in Schools of East Texas Parents Resource Fair	Conroe
1/27/26	Youth MHFA for Community - Virtual	Conroe
1/27/26	Walker County Community Resource Collaboration Group and Child Crisis Collaborative	Huntsville
1/27/26	A Night with The Counselor	Cleveland
1/28/26	Crisis Collaborative & Diversion Task Force Meeting	Conroe
1/28/26	ESC 4 Joint Leadership Network Meeting for Behavioral & Mental Wellness Leaders, Counseling Leaders and Community Resources	Houston

UPCOMING ACTIVITIES

1/30/26	Walker County Juvenile Services Staffing	Huntsville
2/3/26	Conroe/Lake Conroe Chamber Welcome Workshop	Conroe

2/4/26	Montgomery County Child Crisis Collaborative	Conroe
2/5/26	Cleveland Chamber of Commerce Luncheon	Cleveland
2/5/26	Youth MHFA for Conroe ISD	The Woodlands
2/9/26	Behavioral Health Suicide Prevention Task Force - Neurodiversity & Special Needs Workgroup	Conroe
2/10/26	Family & Community of East Texas Coalition Meeting	Conroe
2/10/26	Huntsville ISD Student Health Advisory Committee	Huntsville
2/16/26	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual	Conroe
2/17/26	Adult MHFA for Lone Star College Montgomery	The Woodlands
2/17/26	Montgomery County Community Resource Collaboration Group	Conroe
2/18/26	Adult MHFA for Veterans and Families	Conroe
2/18/26	Greater East Montgomery County Chamber Networking Breakfast	Porter
2/19/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
2/20/26	Adult MHFA for Lone Star College Montgomery	The Woodlands
2/21/26	Cleveland ISD Community Health & Resource Fair	Cleveland
2/24/26	Walker County Community Resource Collaboration Group and Child Crisis Collaborative	Huntsville
2/25/26	New Waverly ISD Student Health Advisory Council	New Waverly
2/25/26	Crisis Collaborative & Diversion Task Force Meeting	Conroe
2/26/26	Youth MHFA for ECS 6 - Virtual	Conroe
2/27/26	Hope Rising Conference	The Woodlands
2/27/26	Walker County Juvenile Services Staffing	Huntsville

Agenda Item: Consumer Services Report for November and December 2025	Board Meeting Date: January 29, 2026
Committee: Program	
Background Information:	
None	
Supporting Documentation:	
Consumer Services Report for November and December 2025	
Recommended Action:	
For Information Only	

CONSUMER SERVICES REPORT

November 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	309	23	12	-	-	-	-	344
Youth Crisis Outreach Team (YCOT)	106	9	4	-	-	-	-	119
Crisis Hotline Served	345	32	21	-	-	-	-	398
Crisis Stabilization Unit	48	1	4	48	-	0	1	53
Crisis Stabilization Unit Bed Days	216	1	19	216	-	0	1	236
Adult Contract Hospital Admissions	29	3	0	29	-	1	2	32
Child and Youth Contract Hospital Admissions	15	1	0	10	5	1	0	16
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)	975	220	167	975	-	119	101	1362
Adult Medication	687	136	106	675	-	83	65	929
TCOOMMI (Adult Only)	78	26	6	78	-	8	18	110
Adult Jail Diversions	3	0	0	3	-	0	0	3
Child Levels of Care (LOC 1-5, EO, YC, YES)	773	102	90	519	254	64	38	965
Child Medication	228	19	27	158	78	11	0	274
Multisystemic Therapy (MST)	14	0	1	-	-	-	-	15
School Based Clinics	79	18	31	-	-	-	-	128
Veterans Served								
Veterans Served - Therapy	11	0	0	-	-	-	-	11
Veterans Served - Case Management	5	7	0	-	-	-	-	12
Persons Served by Program, IDD								
Number of New Enrollments for IDD	26	3	0	26	-	1	2	29
Service Coordination	819	104	91	819	-	56	48	1014
Individualized Skills and Socialization (ISS)	7	18	16	-	-	4	14	41
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	31	16	19	31	-	4	12	66
Substance Use Services, Adults and Youth Served								
Youth Substance Use Disorder Treatment/COPSD	17	0	0	17	-	0	0	17
Adult Substance Use Disorder Treatment/COPSD	22	0	1	22	-	0	0	23

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	2231	372	257	-	-	-	-	2860
American Rescue Plan Act (ARPA) Funded Therapy								
Expanded Therapy	26	0	0	26	0	0	0	26
After Hours Therapy	0	0	0	0	0	0	0	0
October Served								
Adult Mental Health	1616	324	266	1616	-	178	146	2206
Child Mental Health	990	134	130	675	315	90	44	1254
Intellectual and Developmental Disabilities	1063	134	110	1063	-	72	62	1307
Total Served	3669	592	506	3354	315	340	252	4767
November Served								
Adult Mental Health	1319	265	206	1319	-	146	119	1790
Child Mental Health	994	127	118	674	320	81	46	1239
Intellectual and Developmental Disabilities	973	126	108	973	-	68	58	1207
Total Served	3286	518	432	2966	320	295	223	4236

CONSUMER SERVICES REPORT

December 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	291	26	17	-	-	-	-	334
Youth Crisis Outreach Team (YCOT)	85	7	3	-	-	-	-	95
Crisis Hotline Served	280	26	27	-	-	-	-	333
Crisis Stabilization Unit	43	6	2	43	-	3	3	51
Crisis Stabilization Unit Bed Days	167	25	9	167	-	8	17	201
Adult Contract Hospital Admissions	24	3	1	24	-	2	1	28
Child and Youth Contract Hospital Admissions	8	2	0	8	0	2	0	10
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)	1047	228	222	1047	-	125	103	1497
Adult Medication	723	124	158	723	-	65	59	1005
TCOOMMI (Adult Only)	91	21	6	90	-	7	15	118
Adult Jail Diversions	1	0	0	1	-	0	0	1
Child Levels of Care (LOC 1-5, EO, YC, YES)	744	97	90	519	220	73	29	931
Child Medication	190	25	19	156	41	18	0	234
Multisystemic Therapy (MST)	14	1	2	-	-	-	-	17
School Based Clinics	85	20	34	-	-	-	-	139
Veterans Served								
Veterans Served - Therapy	12	0	0	-	-	-	-	12
Veterans Served - Case Management	8	3	0	-	-	-	-	11
Persons Served by Program, IDD								
Number of New Enrollments for IDD	15	4	4	16	-	2	1	23
Service Coordination	807	98	80	807	-	54	44	985
Individualized Skills and Socialization (ISS)	8	18	15	-	-	1	8	41
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	31	16	19	31	-	6	10	66
Substance Use Services, Adults and Youth Served								
Youth Substance Use Disorder Treatment/COPSD	17	0	0	17	-	0	0	17
Adult Substance Use Disorder Treatment/COPSD	26	0	2	26	-	0	0	28

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	3595	538	291	-	-	-	-	4424
American Rescue Plan Act (ARPA) Funded Therapy								
Expanded Therapy	10	0	0	10	0	0	0	10
After Hours Therapy	0	0	0	0	0	0	0	0
November Served								
Adult Mental Health	1319	265	206	1319	-	146	119	1790
Child Mental Health	994	127	118	674	320	81	46	1239
Intellectual and Developmental Disabilities	973	126	108	973	-	68	58	1207
Total Served	3286	518	432	2966	320	295	223	4236
December Served								
Adult Mental Health	1348	262	241	1348	-	144	118	1851
Child Mental Health	917	125	117	643	274	84	41	1159
Intellectual and Developmental Disabilities	962	134	92	962	-	73	61	1188
Total Served	3227	521	450	2953	274	301	220	4198

Agenda Item: Program Updates	Board Meeting Date:
	January 29, 2026
Committee: Program	
Background Information:	
None	
Supporting Documentation:	
Program Updates	
Recommended Action:	
For Information Only	

Program Updates

December 5, 2025 – January 29, 2026

Crisis Services

1. During the months of November and December, a total of 77 individual were provided with inpatient hospital admission using Tri-County's private contract funding. Of the 77 admissions, 53 were adults and 24 were youth. Kingwood Pines experienced 37.7% of the admissions; 29.9% were to Cypress Creek, 23.4% were to Woodland Springs, 8% to Voyages, and 1% to Sun Behavioral. Over these past two months, we utilized 698 bed days, equaling \$488,600 of the agency's Diversion and Rapid Crisis funding.
2. Since initiating YCOT at Tri-County, we are seeing an increasing number of services being provided to youth in order to stabilize each crisis event. For November we provided 458 services were provided to 134 youth. In other words, 49% of all crisis services were provided to youth in the month. The same pattern is followed in December with 419 of crisis services (45.1%) were provided to 105 youth (26.1%).
3. Our CIT/CIRT programs provided 194 services to 164 individuals in the months of November and December. The outcome for 59.8% of these services was to provide the individual with community resources or for the individual to continue with ongoing outpatient care; 17.5% of the services resulted in the individual going to an emergency department for medical care; and only 6.2% of the 194 services resulted in the individual being arrested and taken to jail.
4. Over the months of November and December, we had 53 adults and 5 youth from our catchment area who were admitted to State Hospital facilities after being identified by the criminal justice system, not the local mental health authority, as needing inpatient care. The overwhelming majority (47) were forensic admissions for competency restoration (CR). Following discharge from the hospital, the individual will return to that county jail until the criminal court case is resolved. The goal of the forensic admissions is to restore the individual to competency in order to proceed with the pending criminal trial. In contrast, civil commitments have established goals for the individual to obtain psychiatric stability then discharge directly into the community for ongoing outpatient care.
5. Staffing shortages have improved with no vacant MCOT or CIT/CIRT positions. We are continuing to hire for the YCOT program and are actively engaged in screening applicants and conducting interviews for three positions.

MH Adult Services

1. Adult therapy has transitioned from the After-Hours and Expanded Therapy programs back to the routine Level of Care 2 services. Our two outpatient therapists have full caseloads and are actively providing Cognitive Based Therapy to our adult population.
2. The Rural Clinic Administrator provided a Quarterly all- clinic team meeting in Cleveland as a way to gather the whole team together for training and supervision. Staff completed

a clinical problem-solving training that focused on identifying the role of the Case Manager, and emphasized the importance of ethics, documentation, boundaries, organization, and self-care. The training also addressed how to implement strategies while problem-solving clinical tasks and challenges.

3. The First Episode Psychosis program received a referral from HHSC and DFPS for a complex youth who needs intensive wraparound services. The Team screened and verified eligibility for the program and is working to provide high quality intensive services to help stabilize this youth. The Team has participated in a collaborative staffing with DFPS and HHSC to ensure all supports are in place to set this youth up for success.
4. The Conroe field-based team is experiencing a severe staff shortage and is working to hire quality staff to rebuild this team. Program Coordinators and office based staff have stepped up to help ensure client needs are still met and basic services are available.
5. ACT Success Story: The Team recently graduated an individual after she has successfully maintained community tenure for over two years. When she came to ACT she was homeless, had lost her benefits, had no resources and no community around her. She did not know her diagnosis, struggled with frequent crisis symptoms, including inpatient hospitalizations, and was not taking medications as prescribed. Today, she is living independently in an apartment that she is responsible for, engages in community activities at a local church, got her SSI reinstated, and became connected to a primary care doctor for medical care. She no longer struggles with suicidal thoughts, and takes her medication as prescribed. She has achieved her identified goals while on the ACT Team and we are so proud of her accomplishments!

MH Child and Youth Services

1. The Porter office has closed, effective December 31, 2025 with all families receiving prescriber services transitioned to other providers. With this change and to ensure appropriate access to care, families are being offered translation services in addition to psychiatry services two days per week in Cleveland, which reduces travel barriers for families from the Splendora and New Caney areas.
2. The Multisystemic Therapy (MST) team is fully staffed and has the capacity to serve up to 22 youth with intensive delinquency-related needs. Currently, 17 youth are enrolled. Engagement efforts are ongoing for several hesitant families, as referrals from juvenile probation often involve families who are less likely to independently seek behavioral health services. Since the program's launch just over a year ago, MST has demonstrated strong positive outcomes for participating youth and families.
3. Community Resource Coordination Groups (CRCGs) are county-based, interagency partnerships that coordinate services for individuals with complex needs—particularly those whose needs cannot be met by a single agency and who benefit from collaborative planning. Tri-County currently provides leadership for two CRCGs: the Director of Child and Youth Behavioral Health serves as Chair for the Montgomery County CRCG, and the Administrator of Child and Youth Intensive Services serves as Chair for the Walker County CRCG. Due to the size of Montgomery County, a high volume of referrals must be staffed each month, making CRCG coordination a critical yet highly time-intensive community effort. As Tri-County chairs CRCGs in two of the three counties we serve, we are actively seeking to delegate coordination tasks to CRCG members from partnering agencies. By

comparison, larger counties—such as Harris County—receive dedicated funding to support full-time CRCG coordination.

Criminal Justice Services

1. Outpatient Competency Restoration (OCR) has admitted two new clients, diverting them from inpatient competency restoration to receive the intervention in the community. The team has one more working through intake for January.
2. The Montgomery County jail roster is no longer available online, which has impacted some of the tracking and coordination services provided by TCOOMMI, Veterans services, and OCR. The Jail Liaison is working with the jail staff to make available a weekly report that will be sent out in order to track that information and provide adequate follow up and supports for certain individuals involved with the justice system.

Substance Use Disorder Services

1. Program Director and Administrator were interviewed by the Houston High Intensity Drug Trafficking Area (HIDTA) to discuss current substance use trends in our service area. This communication allows for us to relay important insights into what we are seeing to this agency so they can get an accurate picture of the needs of our service area, and to utilize their investigative tools in our community's best interest.
2. One of our youth clients has achieved a significant milestone this Quarter. She entered services struggling academically and working to stabilize in early recovery. Through consistent engagement, support, and her own determination, she has now reached three months of sobriety and has been accepted into a local sober high school. Since beginning services, she has demonstrated remarkable growth, showing renewed motivation not only to complete her education but also to pursue leadership training within the recovery community. Her progress reflects both her personal resilience and the effectiveness of coordinated support between her family, school, and treatment team.
3. The team participated in a brief review with the Substance Use Quality Management Division of HHSC to ensure we are still following the Corrective Action Plan from the most recent audit. We received positive feedback to continue with the processes we have in place to ensure compliance with the contract.

IDD Services

1. IDD Provider Services annual audit did not occur in November as expected. It has not yet been determined when this audit will take place.
2. The IDD LVN position has been filled as of December and the staff are completing training.
3. Applications are being reviewed for a vacant Cleveland ISS Site position. Due to staff shortages, the program has had to pause admissions despite a number of people waiting for services for safety reasons.
4. The IDD Authority Crisis Collaborative Team participated virtually in an IDD Case Review Panel convened by HHSC staff in the Money Follows the Person (MFP) Unit in December

for a youth in services with involvement in the Juvenile Justice system, who was denied State Supported Living Center placement based on IQ requirements. The IDD Case Review Panel is comprised of a multidisciplinary workgroup that includes clinical and technical experts across a variety of community and state agencies who offer insight, and recommend actions with the goal of improving outcomes for complex clients receiving IDD services.

5. On December 18, 2025, Money Follows the Person Demonstration (MFPD) which is used to assist Medicaid recipients with moving out of nursing facilities (NFs), State Supported Living Centers (SSLCs), and Intermediate Care Facilities for people with an Intellectual Disability or Related Conditions (ICF/IIDs) announced new compliance measures for LIDDAs - LIDDAs will be held harmless for all the new performance measures for one year.

Support Services

1. Quality Management (QM):

- a. The QM and IDD Departments are currently preparing for the IDD Authority Quality Assurance Review which will take place on February 9 – 12th with pre-site documentation due on January 26, 2026.
- b. Staff prepared and submitted five record requests to four insurance companies totaling 21 charts, for records dating back to January 1, 2025.
- c. Staff successfully completed the record request on behalf of United Healthcare as part of a Medicare Risk Adjustment review for 179 charts.
- 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.

2. Utilization Management (UM):

- a. The Administrator of Utilization Management position experienced turnover in early January and was filled on January 26, 2026.
- b. UM staff reviewed 10% of all discharges for the month of December and provided feedback to staff and supervisors as needed for quality improvement.
- c. Staff reviewed all progress notes that utilized the COPSD Modifier for December and offered feedback to program staff as needed.
- d. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in December to support continuous quality improvement.
- e. UM staff continue to monitor new contract performance measures which includes both identifying strategies for improvement and continued discussion around measure specifications where needed.

3. Training:

- a. The Training Department filled the vacant Training Coordinator position in January and is currently in the process of onboarding and certifying this position in various instructor courses.
- b. The new Clinical Trainer and the Administrator of Quality Management have completed the Train-the-Trainer certifications in Cardiopulmonary Resuscitation

(CPR) and Satori Alternatives in Managing Aggression (SAMA) to ensure adequate backup training support at the Center as needed.

- c. The Clinical Trainer attended the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) Superuser training on January 27–28th to ensure continued compliance with the HHSC contract expectation to train 40% of the workforce using these State assessments biannually.
- d. The MHFA Coordinator attended the Third Annual Lone Star Mental Health First Aid Summit in Austin on January 7-8th.
- e. The MHFA Coordinator continued to support community outreach through a variety of suicide prevention and Mental Health First Aid trainings delivered in person, blended, and virtually to schools, colleges, community members, veterans, and partner organizations throughout the region. These efforts focused on increasing awareness, building skills, and strengthening community capacity to address mental health and suicide prevention needs.

4. Veteran Services and Veterans Counseling/Crisis:

- a. The Military Veteran Peer network continues to exceed quarterly engagement and services goals. This is due to the efforts put forth between the Peer Service Coordinators and Military Mentors that continue to engage the veteran community in all three counties.
- b. The Peer Service Coordinator has received over 186 jail verifications in Montgomery, Walker and Liberty Counties since September 2025.
- c. The Veterans Department was able to assist 11 families during the 2025 Thanksgiving and Christmas season. The Veterans Department is very grateful to members of the community that continue to support the Veterans in our community.
- d. The Texas Veteran's Commission (TVC) grant program enrolled 39 Veterans in counseling services since the start of the Fiscal Year. Many Veterans are connecting with therapy services short-term while they are residing in the area due to incarceration, behavioral health treatment, or transitional housing.

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

- a. The MH PNAC met on January 7th to discuss program services, financial status, review membership and discussed upcoming CCBHC re-certification process and the role of the Needs Assessment and stakeholder feedback. The PNAC recommended looking into collaboration with educational institutions with degree tracks focusing on non-profit management and grant writing related to internship opportunities.

Agenda Item: Year to Date FY 2026 Goals and Objectives Progress Report	Board Meeting Date January 29, 2026
Committee: Program	
Background Information:	
<p>The Management Team met on September 12, 2025 to update the five-year strategic plan and to develop the goals for FY 2026. The strategic plan and related goals were approved by the Board of Trustees at the September 2025 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.</p> <p>These goals are in addition to the contractual requirements of the Center's contracts with the Health and Human Services Commission or other contractors.</p> <p>This report shows progress year to date for Fiscal Year 2026.</p>	
Supporting Documentation:	
FY 2026 Year to Date Goals and Objectives Progress Report	
Recommended Action:	
For Information Only	

Year-to-Date Progress Report

September 1, 2025 – January 29, 2026

Goal #1 – 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.

- The team has selected and trained a high-performing Child and Youth caseworker to assist families on the caseload who may be eligible for Medicaid. Lessons learned from this pilot effort will be used to train the remainder of the Child and Youth Team. In addition, the group is collaborating with IT to develop a report that will efficiently identify clients who may be Medicaid-eligible based on reported income and family size. Training for the full Child and Youth Team is planned for February, with the goal of meeting the 25% application assistance target by August 31, 2026.

Goal #2 – 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.

- The team has selected the client population, services, and staff to pilot this program. Relevant metrics and data have been identified to track and measure the success of the program. The team has created satisfaction surveys for clients and staff to provide at the end of the program in order to get direct feedback from those that participated. The team has finalized documents such as consent forms and training documents. The next step is to create a desk procedure, and to train the identified staff and begin providing the service modality by the end of February to meet the target.

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.

- Following an initial meeting in early December, an expanded interdisciplinary team consisting of administrative, Intellectual and Developmental Disability, Quality Management, and Information Technology staff has been established. The team developed an initial implementation plan and is actively working through four key IDD documents, with the goal of full electronic use of these forms by August 31, 2026.
- To date, all four forms have undergone initial review within the electronic health record. One form—the Service Coordination Assessment—is nearing readiness for final testing prior to implementation, while several other forms are currently in the initial testing phase. The team has also identified interdependencies among the forms, requiring implementation to occur in a specific, sequenced order to ensure successful rollout and staff adoption.

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.

- The team is working on creating a manual to combine all procedures for peer and family partner services across the Center. This team is also working on identifying ways to create a unified Peer/Family Partner culture at the center, and to help the different positions feel more cohesive and supported. The Center has hired four new positions this fiscal year, and has created a new position under the Projects for Assistance in Transition from Homelessness (PATH) program.

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.

- A workgroup has been formed which is reviewing how departments are currently measuring productivity. Each department is unique in terms of persons served and contract requirements, but the team is looking for ways to make the processes used to manage productivity more uniform and consistent across the Center.
- During the next scheduled meeting, the team will be reviewing agency procedures to determine if revision is needed to ensure consistent application. Finally, in an effort to identify potential barriers to productivity, the team will discuss implementing a time study to determine where clinical staff are spending the majority of their time.

Goal #3 – Community Connectedness

Objective 1: Establish an Intellectual and Developmental Disability Parent Support group by April 30, 2026.

- Team met in November with the Founder of the Neurodiversity Workgroup. The purpose was fact-finding based on experience establishing IDD support groups that continue to thrive.
- The parent support group will formally be called the TCBHC IDD PSG – Tri-County Behavioral Healthcare, IDD Parent Support Group (IDD PSG), with the tagline “Parents Helping Parents.”
- Team has created a draft form, “IDD Parent Support Group Participant Agreement Guidelines and Waiver,” which explains in writing, the vision and core principles of the parent support group.
- Vision of the IDD PSG: to provide a compassionate, confidential, safe space for families of those diagnosed with Intellectual and Developmental Disabilities to connect, share experiences, and find strength, empowering them to navigate challenges and celebrate successes, by building a collaborative network of peer-to-peer support.
- Core Principles of the IDD PSG: confidentiality, respect and empathy, with support through shared experiences, validation, and active listening, in efforts to create a safe, empathetic space where everyone feels heard.
- The team has created a draft flyer with a QR code and landing page for participant registration for the first meeting, which has been tentatively set for April 28, 2026, from 11am to 1pm at TCBHC’s main office location, with subsequent meetings being planned for Liberty, Cleveland, and Huntsville.

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.

- The team started this initiative by reviewing existing data points and metrics to understand social media engagement and reach on current platforms and is in the process of developing key performance indicators that will reflect how changes made as part of this campaign impact these efforts.
- To promote consistency across posts, the team has developed a ‘Brand Guide’ that will serve as the standard for all social media posts. This guide includes information on Center voice, purpose, and goals, as well as colors, fonts, styles, and formatting. Further, this manual will provide guidance for how to respond to posts, including those that may be flagged for

inappropriate content or to identify someone who may need immediate assistance.

- To ensure volume of posts to promote a consistent social media presence, the team is in process of completing a content calendar that will guide themes for each month around which posts will be developed and published. Content will focus on providing education, raising awareness, or promoting recruitment and retention of staff.
- Understanding the confidential nature of this work, the team has developed a series of consent forms that will allow individuals served, families, and staff to opt into or out of inclusion in social media posts, including images, testimonials, or other information.

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.

- The team has identified a comprehensive list of providers across the service area and has started compiling contact information for each of these partners in preparation for initiating communication regarding the completion of formal written collaborative agreements.
- Agreement templates are under review and are being modified to ensure language is consistent with all contract, grant, and certification requirements for each agreement type.
- The team is further reviewing existing agreements, identifying those with evergreen clauses that will need follow-up to ensure that agreements continue to be correct, applicable, and signed by the appropriate authorizing party for the partner.

Goal #4 – Fiscal Responsibility

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

- In Fiscal Year 2026, the Center has applied for three grant opportunities, the first two from Texas Veterans Commission (TVC), which are renewal grants to continue existing Veterans' services and the second a grant from Texas Health and Human Services Commission to extend the existing Projects for Assistance in Transition from Homelessness (PATH) program for an additional five years.
- The TVC grants were submitted in December with a proposal that will support the continuation of a licensed clinician position to provide therapy to veterans and families. The second TVC renewal grant proposes the

continuation of a Veteran Peer that has permitted the expansion of services in Montgomery and Liberty counties and the advent of service provision in Walker County. If awarded, funding would be available through August 31st, 2027. Opportunities to extend funding will be offered for an additional one year, if program goals are met.

- In December, a grant application was submitted to support ongoing Projects for Assistance in Transition from Homelessness (PATH) program. The grant, which is a federal grant passed through the State, will allow continued funding for an additional five years for the existing PATH program, which supports the homeless population in connecting to needed mental health and substance use treatment. If awarded, funding would be active starting September 2026.
- Monitoring continues to identify additional federal, state, and private grant opportunities. SAMHSA has released the 2026 forecast with several grants projected for release that will be considered for application.

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

- The Management Team continues to review trends of both expenses and revenue at the Center with the goal of identifying efficiencies. While the Center has reduced many positions and cut expenses in multiple categories; thus far, the Center is tracking very close to last year's performance so additional improvement is needed to meet this goal.

Goal #5 – 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 six 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.

- The workgroup is reviewing tools that can be used to measure performance. We had hoped that the product in our Human Resources/Payroll software, Datis, would be able to automate the review process, but the available functionality does not meet our current requirements.

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

- As a part of this goal, we have determined that we will need to hire a new staff to manage the training program. This position has been created and it has been determined that this position would be a part of the Human Resources department.
- The management training, qualitatively different from leadership development, will be used to teach consistent managerial practices to all supervisors with a special emphasis on new or newer managers.

Agenda Item: 1 st Quarter FY 2026 Corporate Compliance and Quality Management Report	Board Meeting Date
Committee: Program	January 29, 2026

Background Information:

The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide routine reports to the Board of Trustees about Quality Management Program activities.

Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 1st Quarter of FY 2026 are included in this Board packet.

Supporting Documentation:

1st Quarter FY 2026 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report

1st Quarter, FY 2026

Corporate Compliance Activities

A. Key Statistics:

There were five compliance concerns reported in the 1st Quarter of FY 2026. Four of these concerns have been reviewed to completion.

1. The first review was initiated in response to a complaint regarding professional boundaries and resulted in a payback of \$1,160.61. The staff member resigned prior to the completion of the review.
2. The second review was initiated due to performance and documentation concerns and resulted in a payback of \$775.62. The staff member resigned prior to the completion of the review.
3. The third review was initiated due to timekeeping and documentation concerns and resulted in a payback of \$540.43. The staff member resigned prior to the completion of the review.
4. The fourth review was initiated due to timekeeping concerns and resulted in a payback of \$403.95. The staff member resigned prior to the completion of the review.

B. Committee Activities:

The Corporate Compliance Committee convened on November 4, 2025, to review and discuss several key topics, including:

1. Current trends in Corporate Compliance;
2. A final summary of 3rd and 4th Quarter reviews;
3. HIPAA updates.

Quality Management Initiatives

A. Key Statistics:

1. Staff participated in two external audits.
2. Staff completed two internal Program Surveys.
3. Staff reported required CCBHC and DPP Quality Metrics to HHSC.
4. Staff reviewed and submitted 15 record requests, totaling 268 charts.
5. 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.

6. The Continuous Quality Improvement (CQI) Committee met two times in Quarter 1.

B. Reviews/Audits:

1. Texas Children's conducted a recredentialing Site Visit for our rural clinics with zero deficiencies identified.
2. HHSC Substance Use Quality Management Unit conducted a desk review to ensure corrective action plan compliance from the 2023 audit. The Center was found to have met the CAP with no deficiencies noted.
3. Staff completed a Program Surveys of the Crisis Stabilization Unit and Adult Outpatient Level of Care 3. Results were reviewed and shared with supervisory staff. Evidence of Corrective action was requested as needed.
4. The UM Department in collaboration with Quality Management, Information Technology and financial staff, reviewed and submitted the Certified Community Behavioral Health (CCBHC) Data Workbook and Directed Payment Program (DPP) quality metrics to HHSC on September 30, 2025 and October 27, 2025 consecutively. In preparation for these submissions, a series of reports have been programmed and data continues to be analyzed through the continuous quality improvement process.
5. Staff prepared and submitted one record request totaling one chart to Aetna dating back to January 2024.
6. Staff prepared and submitted two record requests totaling 40 charts to Ambetter from Superior dating back to January 2025.
7. Staff prepared and submitted one record request totaling four charts to Amerigroup dating back to January 2025.
8. Staff prepared and submitted one record request totaling seven charts to Anthem dating back to January 2025.
9. Staff prepared and submitted one record request totaling three charts to Devoted Health dating back to January 2024.
10. Staff prepared and submitted one record request totaling one chart to Molina dating back to January 2024.
11. Staff prepared and submitted two record requests totaling 13 charts to Oscar-United dating back to January 2025.
12. Staff prepared and submitted two record requests totaling two charts to TCHP dating back to January 2025.
13. Staff prepared and submitted two record requests totaling 193 charts to United Healthcare dating back to January 2024.
14. Staff prepared and submitted two record requests totaling four charts to WellPoint dating back to January 2024.
15. Staff reviewed 153 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.

16. Staff reviewed 38 notes that used the MCOT Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
17. Staff reviewed 64 discharges and communicated areas that were needing improvement to supervisory staff.
18. Staff reviewed 60 MH Adult and Child and Youth progress notes as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.
19. The QM Department continues to collect monthly quality assurance from supervisors and provides feedback on needed changes to audit tools as changes are indicated.
20. The Continuous Quality Improvement Committee met two times during the quarter to identify a communication plan to distribute key FY 25 CQI results and Center goals to all staff and to formalize FY 26 goals.

Agenda Item: 2 nd Quarter FY 2026 Corporate Compliance Training	Board Meeting Date January 29, 2026
Committee: Program	
Background Information:	
<p>As part of the Center's Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.</p> <p>This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.</p>	
Supporting Documentation:	
2 nd Quarter FY 2026 Corporate Compliance Training	
Recommended Action:	
For Information Only	

COMPLIANCE NEWSLETTER

FY26, Quarter 2



NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns



Policy Reminder: Data Privacy

Protecting employee and client information is essential. Please remember:

1. Only access data required for your role;
2. Never share passwords or leave devices unlocked;
3. Report suspicious emails or unauthorized access attempts immediately;
4. Follow clean-desk practices and secure records; and
5. Avoid documenting for one individual while serving another.

Tip:

When in doubt about sharing information, consult with your supervisor, QM, or the Compliance Team first.

In addition to reporting incidents in line with Center procedure, staff are encouraged to consult as needed with respect to matters of privacy and security:

The Privacy Officer - Tanya Bryant

The Security Officer - Kenneth Barfield

For more information, staff may review these roles in Procedure 7.02, Protected Health Information.

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: Personnel Report through December 2025	Board Meeting Date: January 29, 2026
Committee: Executive	
Background Information:	
None	
Supporting Documentation:	
Personnel Report through December 2025	
Recommended Action:	
For Information Only	

Personnel Report

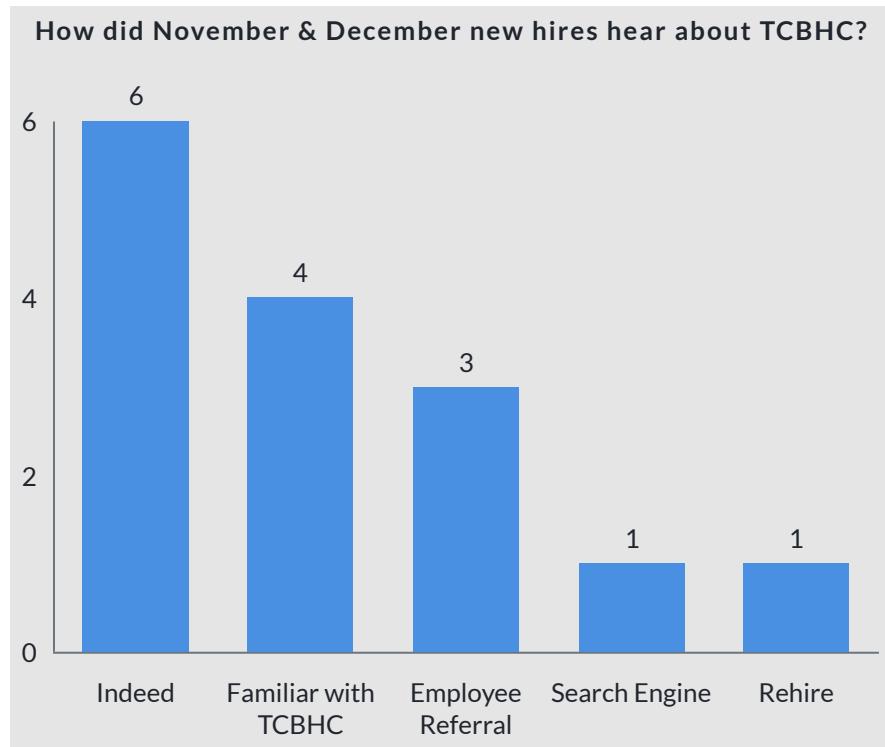
FY26 | November & December 2025



OVERVIEW



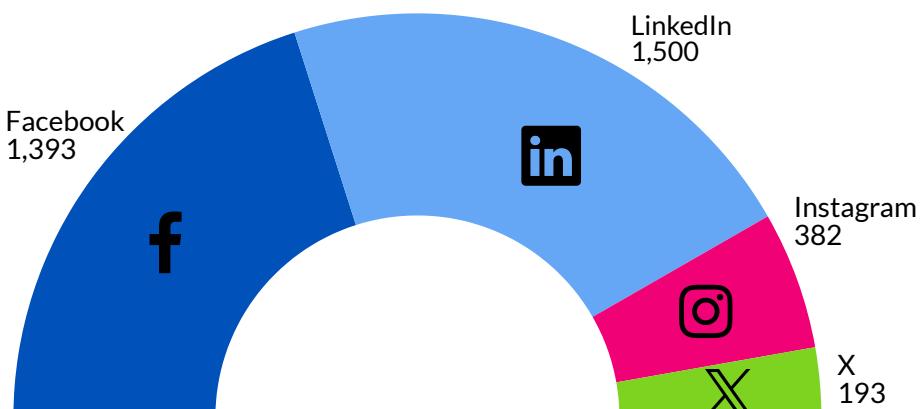
RECRUITING



RECRUITING EVENTS

N/A

SOCIAL MEDIA FOLLOWERS



APPLICANTS

Nov - Dec Total Applicants	334
<hr/>	
YTD Applicants	804

CURRENT OPENINGS

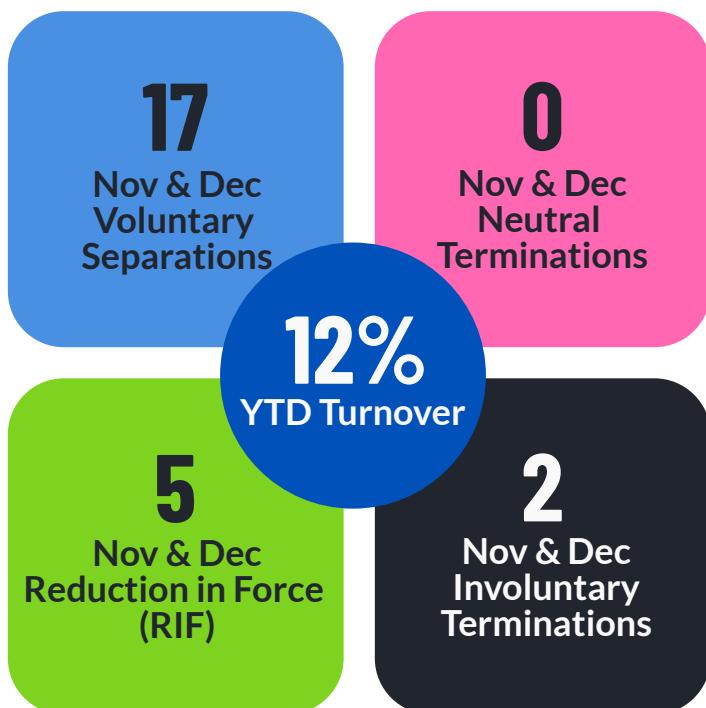
<u>VACANCIES BY LOCATION</u>	
CONROE	43
PETC	4
CLEVELAND	3
HUNTSVILLE	2
LIBERTY	0

<u>VACANCIES</u>	
Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	32
Direct Care Provider	4
Peer Provider	2
Financial Specialist	2
Support Staff - Medication Room	1
Receptionist	1
Other	10

Exit Data

FY26 | November & December 2025

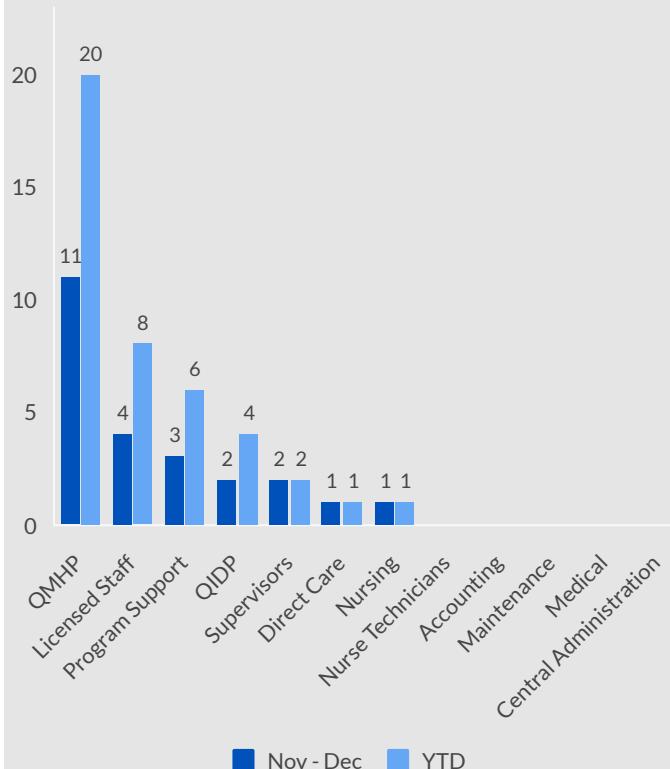
Exit Stats at a Glance



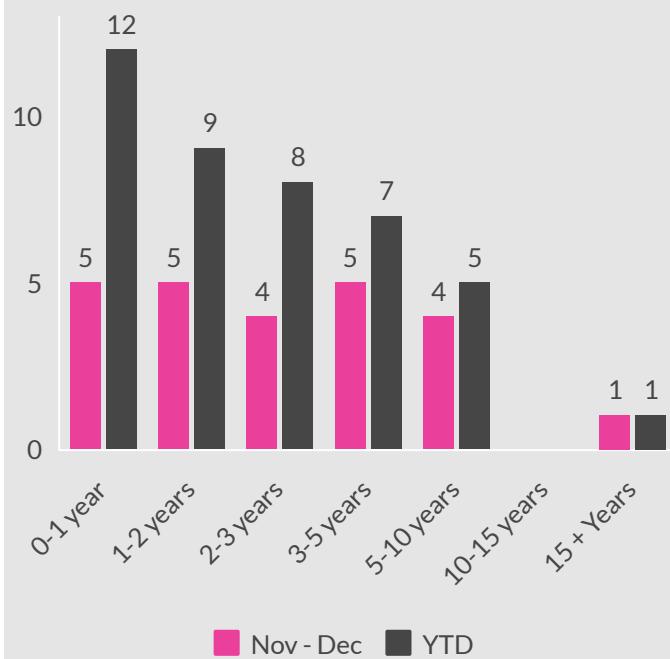
YTD Top Reasons for Separations

- 1 Another Job
- 2 Personal/Family, includes Relocating
- 3 Dissatisfaction with Job/Work Environment
- 4 Reduction in Workforce
- 5 Immediate Resignation

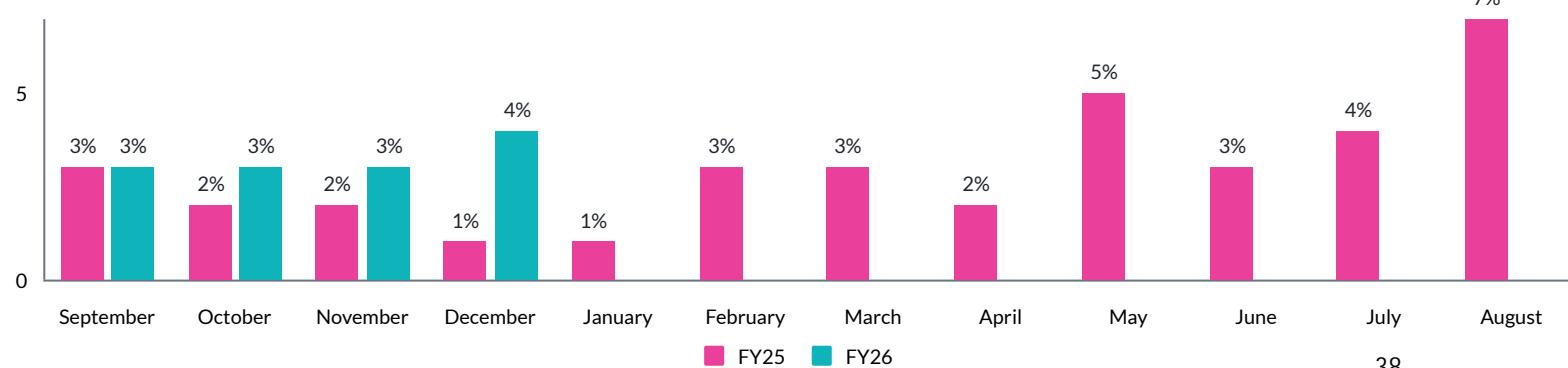
Separations by Category



Separations by Tenure

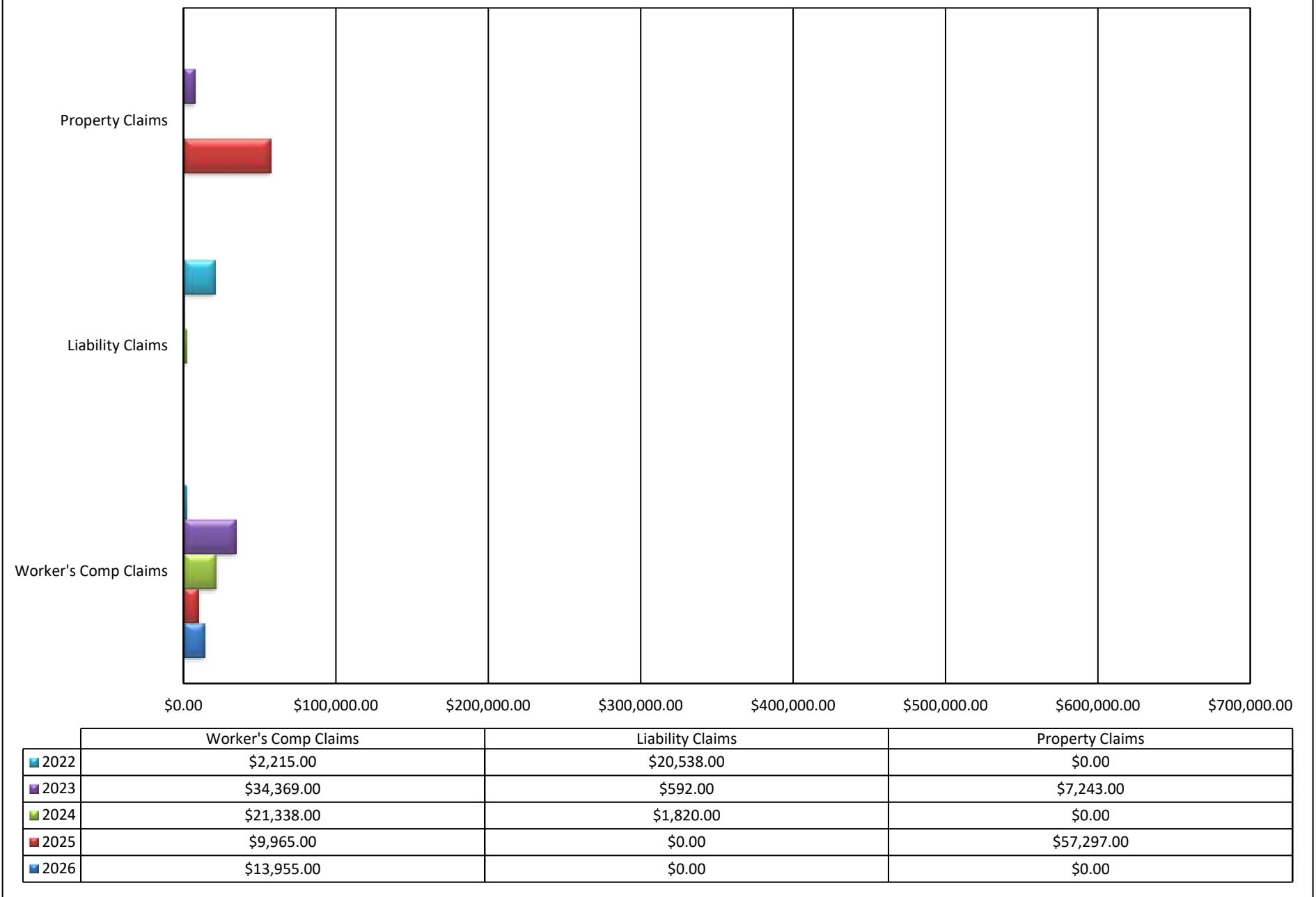


Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of December 2025	Board Meeting Date: January 29, 2026
Committee: Executive	
Background Information:	
None	
Supporting Documentation:	
Texas Council Risk Management Fund Claims Summary as of December 2025	
Recommended Action:	
For Information Only	

TCRMF Claims Summary December 2025



Agenda Item: Texas Council Quarterly Board Meeting Update	Board Meeting Date
	January 29, 2026
Committee: Executive	
Background Information:	
The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.	
Supporting Documentation:	
Texas Council Staff Report	
Recommended Action:	
For Information Only	

Agenda Item: Approve November 2025 Financial Statements	Board Meeting Date
	January 29, 2026
Committee: Business	
Background Information:	
None	
Supporting Documentation:	
November 2025 Financial Statements	
Recommended Action:	
Approve November 2025 Financial Statements	

November 2025 Financial Summary

Revenues for November 2025 were \$3,021,379 and operating expenses were \$2,974,374 resulting in a gain in operations of \$47,005. Capital Expenditures and Extraordinary Expenses for November were \$146,039 resulting in a loss of \$99,034. Total revenues were 95.51% of the monthly budgeted revenues and total expenses were 99.94% of the monthly budgeted expenses (difference of -4.43%).

Year to date revenues are \$10,213,514 and operating expenses are \$9,678,015 leaving excess operating revenues of \$535,499. YTD Capital Expenditures and Extraordinary Expenses are \$614,861 resulting in a loss YTD of \$79,362. Total revenues are 98.13% of the YTD budgeted revenues and total expenses are 99.82% of the YTD budgeted expenses (difference of -1.69%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
TCOOOMMI	162,431	177,500	91.51%	15,068
Title XIX Case Management MH	86,906	134,543	64.59%	47,637
Medicaid-Regular-Title XIX	89,230	119,967	74.38%	30,737
Title XIX Rehab	416,334	541,998	76.81%	125,663
DPP Component 1	367,239	437,841	83.87%	70,601

TCCOOMMI – This line item is for the Texas Correctional Office on Offenders with Medical & Mental Impairments. This is probably the first time this program has ever been on the narrative. We have had a licensed staff position open for the first three months of this fiscal year. A new staff started on December 1st, so this program should get back on track after training is complete and they are settled into their new position.

Title XIX Case Management MH - This line item continues to be a struggle to make revenue. Again, the majority of the variance is from the Child and Youth cost centers for the year to date. We have numerous vacancies in the Child and Youth cost centers and revenue will continue to be lower than budgeted until we can get staff in those positions and trained.

Medicaid – Regular – Title XIX – This line item is Medicaid Card Services. There has been a lot of movement in Medicaid lines since the Medicaid unwinding. November reflects lower revenue due to it being a holiday month and historically less services are provided due these months.

Title XIX Rehab - This line item continues to be on our variance listing. November is historically a lower month due to the holidays, but we also have some staff vacancies in various programs. For example, we currently only have one ACT QMHP, and in the C&Y program we have had a large number of vacancies, that have just been filled that is causing the revenue line to be down. These trends will continue until we can recruit quality staff and the staff that we have hired are fully trained.

DPP Component 1 - This line was budgeted based on the Texas Council model given to centers for calculating our projected revenue. At the CFO conference it was discussed that the Scorecard numbers are coming out for the months and they are coming in lower than the model had anticipated. The explanation received was still being attributed to the Medicaid unwinding. We don't think we have seen a settling down as of this time for the Medicaid programs, we could continue to have variances in these programs that were not anticipated.

On a positive note, we have received communication from Texas Council that HHSC has completed their reconciliations for Component 1 for DPP-BHS Year 2 (FY23) and Year 3 (FY24), and a rebalancing of the IGT for these periods is complete. Tri-County is expected to receive additional funds based on this reconciliation. So that will be reflected in the financials when funds are received.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Fixed Assets – Construction in Progress	97,152	0	0	97,152
Travel – Local	99,649	89,007	111.95%	10,641

Fixed Assets – Construction in Progress – This line item is for things that are not paid for by the Bond financing. This month we have invoices that were submitted for the signage, flooring change order, elevator start-up payment, and outside cameras. We should be nearing the end of invoices on the Cleveland project.

Travel – Local – This line is for staff local travel. We are reviewing and monitoring this line to ensure the accuracy of all travel logs turned in for reimbursement. We have seen this line have swings over the last couple of years depending upon the makeup of staff caseloads, and coverage of vacant positions.

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

ASSETS	GENERAL FUND November 2025	GENERAL FUND October 2025	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,555	2,555	-
Cash on Deposit - General Fund	5,509,725	2,631,952	2,877,773
Accounts Receivable	4,458,748	4,277,111	181,637
Inventory	1,416	1,416	-
TOTAL CURRENT ASSETS	9,972,444	6,913,034	3,059,410
FIXED ASSETS			
	22,469,928	22,469,928	-
OTHER ASSETS			
	300,422	342,378	(41,956)
TOTAL ASSETS	\$ 32,742,794	\$ 29,725,340	\$ 3,017,454
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES			
	1,260,667	2,283,104	(1,022,437)
NOTES PAYABLE			
	839,402	770,448	68,954
DEFERRED REVENUE			
	2,879,974	(1,228,181)	4,108,155
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	8,442,080	8,489,098	(47,018)
Guaranty Bank & Trust Loan	1,571,303	1,577,412	(6,109)
First Financial Huntsville Land Loan	740,648	743,768	(3,120)
Lease Liability	148,006	356,652	(208,646)
SBITA Liability	608,536	608,536	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(79,362)	19,673	(99,035)
Debt Service Fund			
Capital Projects Fund			
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,510,573)	(11,775,466)	264,893
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	22,469,927	22,469,927	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,348,448	2,348,448	-
Reserved for Board Initiatives	500,000	500,000	-
Reserved for 1115 Waiver Programs	-	-	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	18,500	12,333	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(839,402)	(770,447)	(68,955)
UNASSIGNED			
Unrestricted and Undesignated	2,356,518	2,331,913	24,605
TOTAL LIABILITIES/FUND BALANCE	\$ 32,742,794	\$ 29,725,340	\$ 3,017,454

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

ASSETS	General Operating Fund	Debt Fund	Service Fund	Capital Fund	Projects Fund	Government Wide 2025	Memorandum Only
							Final August 2024
CURRENT ASSETS							
Imprest Cash Funds	2,555					2,555	2,500
Cash on Deposit - General Fund	5,509,725					5,509,725	8,570,838
Bond Reserve 2024		753,770				753,770	
Bond Fund 2024		187,183				187,183	-
Bank of New York - Capital Project Fund				903,180		903,180	
Accounts Receivable	4,458,748					4,458,748	4,740,544
Inventory	1,416					1,416	978
TOTAL CURRENT ASSETS	9,972,444	940,953	903,180	11,816,577			13,314,860
FIXED ASSETS	22,469,928					22,469,928	23,476,422
OTHER ASSETS	300,422					300,422	146,332
Bond 2024 - Amount to retire bond				11,535,925		11,535,925	
Bond Discount 2024				371,272		371,272	-
Total Assets	\$ 32,742,794	\$ 940,953	\$ 12,810,377	\$ 46,494,123			\$ 36,937,614
LIABILITIES, DEFERRED REVENUE, FUND BALANCES							
CURRENT LIABILITIES	1,260,667					1,260,667	1,358,914
BOND LIABILITIES				11,907,197		11,907,197	
NOTES PAYABLE	839,402					839,402	785,852
DEFERRED REVENUE	2,879,974					2,879,974	4,426,569
LONG-TERM LIABILITIES FOR							
First Financial Conroe Building Loan	8,442,080					8,442,080	9,140,481
Guaranty Bank & Trust Loan	1,571,303					1,571,303	1,662,317
First Financial Huntsville Land Loan	740,648					740,648	790,544
Lease Liability	148,006					148,006	252,329
SBITA Liability	608,536					608,536	916,487
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR	(79,362)					(79,362)	(2,350,420)
FUND EQUITY							
RESTRICTED							
Net Assets Reserved for Debt Service - Restricted	(11,510,573)					(11,510,573)	(12,762,158)
Cleveland New Build - Bond	-	940,953		903,180		1,844,133	-
Reserved for Debt Retirement							
COMMITTED							
Net Assets - Property and Equipment - Committed	22,469,927					22,469,927	23,476,422
Reserved for Vehicles & Equipment Replacement	613,712					613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,348,448					2,348,448	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	18,500					18,500	-
Reserved for Insurance Deductibles - Assigned	100,000					100,000	100,000
Reserved for Accrued Paid Time Off	(839,402)					(839,402)	(785,852)
UNASSIGNED							
Unrestricted and Undesignated	2,356,518					2,356,518	4,535,331
TOTAL LIABILITIES/FUND BALANCE	\$ 32,742,794	\$ 940,953	\$ 12,810,377	\$ 46,494,123			\$ 36,937,614

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

	MONTH OF November 2025	YTD November 2025
INCOME:		
Local Revenue Sources	93,493	531,094
Earned Income	1,197,105	4,181,292
General Revenue - Contract	1,730,781	5,501,128
TOTAL INCOME	\$ 3,021,379	\$ 10,213,514
EXPENSES:		
Salaries	1,758,365	5,771,854
Employee Benefits	345,720	1,054,246
Medication Expense	31,104	110,563
Travel - Board/Staff	42,634	108,637
Building Rent/Maintenance	11,607	38,315
Consultants/Contracts	545,795	1,788,618
Other Operating Expenses	239,149	805,782
TOTAL EXPENSES	\$ 2,974,374	\$ 9,678,015
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 47,005	\$ 535,499
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	-	176,743
Capital Outlay - Debt Service	146,039	438,118
TOTAL CAPITAL EXPENDITURES	\$ 146,039	\$ 614,861
GRAND TOTAL EXPENDITURES	\$ 3,120,413	\$ 10,292,876
Excess (Deficiency) of Revenues and Expenses	\$ (99,034)	\$ (79,362)

Debt Service and Fixed Asset Fund:		
Debt Service	146,039	438,118
Excess (Deficiency) of Revenues over Expenses	146,039	438,118

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

	YTD November 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	531,094	363,137	167,957
Earned Income	4,181,292	4,523,255	(341,963)
General Revenue	5,501,128	5,522,058	(20,930)
TOTAL INCOME	\$ 10,213,514	\$ 10,408,450	\$ (194,936)
EXPENSES:			
Salaries	5,771,854	5,775,182	(3,328)
Employee Benefits	1,054,246	1,158,034	(103,788)
Medication Expense	110,563	112,678	(2,115)
Travel - Board/Staff	108,637	101,097	7,540
Building Rent/Maintenance	38,315	56,242	(17,927)
Consultants/Contracts	1,788,618	1,797,632	(9,014)
Other Operating Expenses	805,782	792,811	12,971
TOTAL EXPENSES	\$ 9,678,015	\$ 9,793,676	\$ (115,661)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 535,499	\$ 614,774	\$ (79,275)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	176,743	79,691	97,052
Capital Outlay - Debt Service	438,118	438,118	-
TOTAL CAPITAL EXPENDITURES	\$ 614,861	\$ 517,809	\$ 97,052
GRAND TOTAL EXPENDITURES	\$ 10,292,876	\$ 10,311,485	\$ (18,609)
Excess (Deficiency) of Revenues and Expenses	\$ (79,362)	\$ 96,964	\$ (176,326)

Debt Service and Fixed Asset Fund:

Debt Service	438,118	438,118	-
Excess(Deficiency) of Revenues over Expenses	438,118	438,118	-

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

	MONTH OF November 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	93,493	28,864	64,629
Earned Income	1,197,105	1,331,336	(134,231)
General Revenue-Contract	1,730,781	1,803,282	(72,501)
TOTAL INCOME	\$ 3,021,379	\$ 3,163,482	\$ (142,103)
EXPENSES:			
Salaries	1,758,365	1,751,914	6,451
Employee Benefits	345,720	366,905	(21,185)
Medication Expense	31,104	37,559	(6,455)
Travel - Board/Staff	42,634	33,682	8,952
Building Rent/Maintenance	11,607	17,219	(5,612)
Consultants/Contracts	545,795	537,852	7,943
Other Operating Expenses	239,149	230,915	8,234
TOTAL EXPENSES	\$ 2,974,374	\$ 2,976,047	\$ (1,672)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 47,005	\$ 187,435	\$ (140,431)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	-	208	(209)
Capital Outlay - Debt Service	146,039	146,039	-
TOTAL CAPITAL EXPENDITURES	\$ 146,039	\$ 146,247	\$ (209)
GRAND TOTAL EXPENDITURES	\$ 3,120,413	\$ 3,122,294	\$ (1,881)
Excess (Deficiency) of Revenues and Expenses	\$ (99,034)	\$ 41,187	\$ (140,222)

Debt Service and Fixed Asset Fund:			
Debt Service	146,039	146,039	-
Excess (Deficiency) of Revenues over Expenses	146,039	146,039	-

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

	YTD November 2025	YTD November 2024	Increase (Decrease)
INCOME:			
Local Revenue Sources	531,094	305,829	225,265
Earned Income	4,181,292	6,185,690	(2,004,398)
General Revenue-Contract	5,501,128	5,025,421	475,707
TOTAL INCOME	\$ 10,213,514	\$ 11,516,940	\$ (1,303,426)
EXPENSES:			
Salaries	5,771,854	6,553,351	(781,497)
Employee Benefits	1,054,246	1,208,243	(153,997)
Medication Expense	110,563	136,548	(25,985)
Travel - Board/Staff	108,637	112,257	(3,620)
Building Rent/Maintenance	38,315	103,183	(64,868)
Consultants/Contracts	1,788,618	2,293,532	(504,914)
Other Operating Expenses	805,782	728,211	77,571
TOTAL EXPENSES	\$ 9,678,015	\$ 11,135,325	\$ (1,457,310)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 535,499	\$ 381,615	\$ 153,884
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	176,743	58,073	118,670
Capital Outlay - Debt Service	438,118	385,618	52,500
TOTAL CAPITAL EXPENDITURES	\$ 614,861	\$ 443,691	\$ 171,170
GRAND TOTAL EXPENDITURES	\$ 10,292,876	\$ 11,579,016	\$ (1,286,140)
Excess (Deficiency) of Revenues and Expenses	\$ (79,362)	\$ (62,076)	\$ (17,286)

Debt Service and Fixed Asset Fund:			
Debt Service	438,118	385,618	438,118
Excess (Deficiency) of Revenues over Expenses	438,118	385,618	438,118

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

	MONTH OF November 2025	MONTH OF November 2024	Increase (Decrease)
INCOME:			
Local Revenue Sources	93,493	110,875	(17,382)
Earned Income	1,197,105	2,199,177	(1,002,072)
General Revenue-Contract	1,730,781	1,923,337	(192,556)
TOTAL INCOME	\$ 3,021,379	\$ 4,233,389	\$ (1,212,010)
Salaries	1,758,365	2,518,196	(759,831)
Employee Benefits	345,720	437,649	(91,929)
Medication Expense	31,104	44,194	(13,090)
Travel - Board/Staff	42,634	37,034	5,600
Building Rent/Maintenance	11,607	28,456	(16,849)
Consultants/Contracts	545,795	857,380	(311,585)
Other Operating Expenses	239,149	238,624	525
TOTAL EXPENSES	\$ 2,974,374	\$ 4,161,533	\$ (1,187,159)
 Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	 \$ 47,005	 \$ 71,856	 \$ (24,851)
 CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	-	21,724	(21,724)
Capital Outlay - Debt Service	146,039	128,539	17,500
TOTAL CAPITAL EXPENDITURES	\$ 146,039	\$ 150,263	\$ (4,224)
 GRAND TOTAL EXPENDITURES	 \$ 3,120,413	 \$ 4,311,796	 \$ (1,191,383)
 Excess (Deficiency) of Revenues and Expenses	 \$ (99,034)	 \$ (78,406)	 \$ (20,627)

Debt Service and Fixed Asset Fund:

Debt Service	146,039	128,539	146,039
Excess (Deficiency) of Revenues over Expenses	146,039	128,539	146,039

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

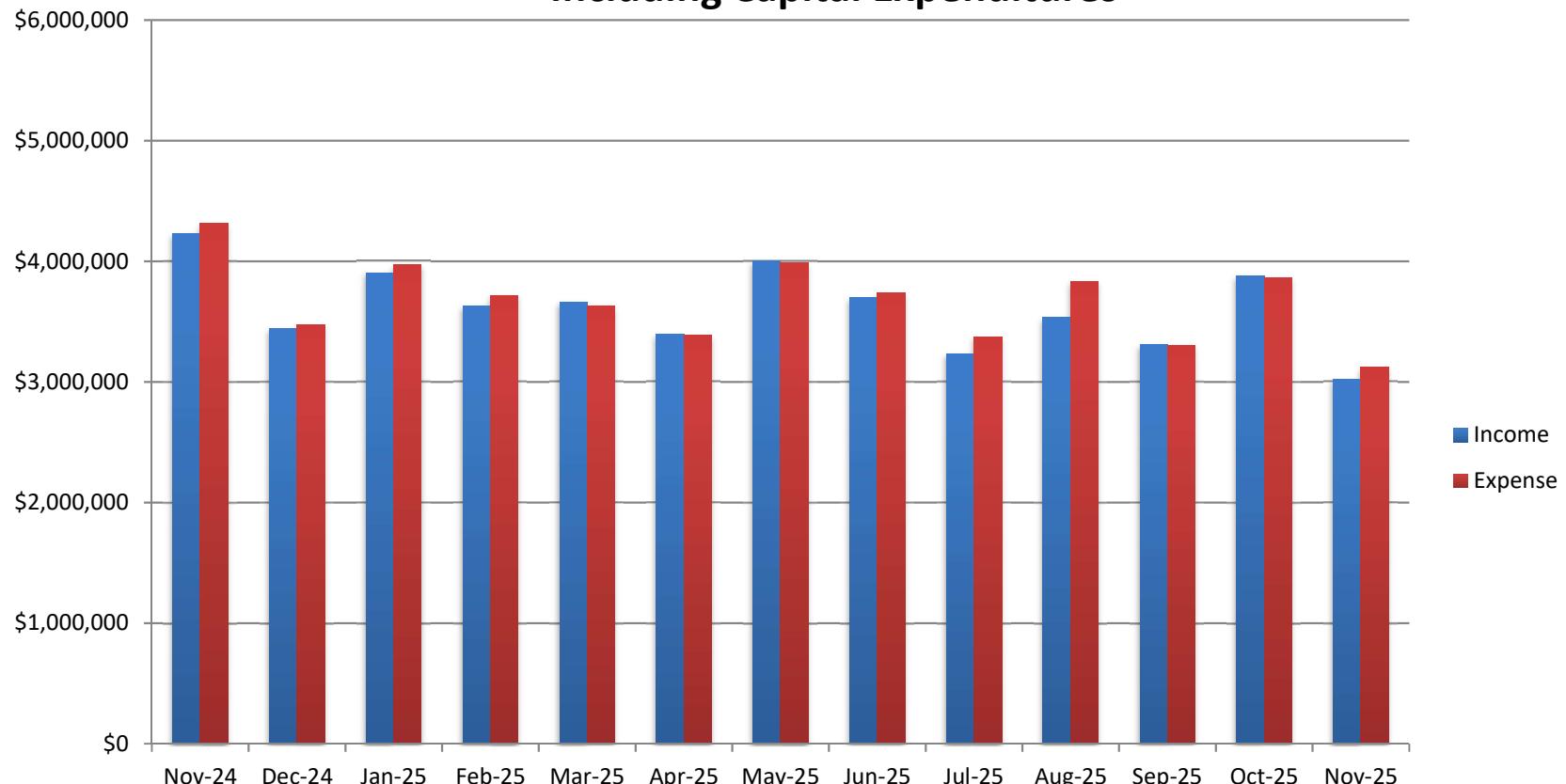
	MONTH OF November 2025	MONTH OF October 2025	Increase (Decrease)
INCOME:			
Local Revenue Sources	93,493	406,664	(313,171)
Earned Income	1,197,105	1,444,098	(246,993)
General Revenue-Contract	1,730,781	2,031,117	(300,336)
TOTAL INCOME	\$ 3,021,379	\$ 3,881,879	\$ (860,500)
EXPENSES:			
Salaries	1,758,365	2,219,910	(461,545)
Employee Benefits	345,720	357,016	(11,296)
Medication Expense	31,104	40,104	(9,000)
Travel - Board/Staff	42,634	34,721	7,913
Building Rent/Maintenance	11,607	18,901	(7,294)
Consultants/Contracts	545,795	575,966	(30,171)
Other Operating Expenses	239,149	347,359	(108,210)
TOTAL EXPENSES	\$ 2,974,374	\$ 3,593,977	\$ (619,603)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 47,005	\$ 287,902	\$ (240,897)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	-	127,636	(127,636)
Capital Outlay - Debt Service	146,039	146,039	-
TOTAL CAPITAL EXPENDITURES	\$ 146,039	\$ 273,675	\$ (127,636)
GRAND TOTAL EXPENDITURES	\$ 3,120,413	\$ 3,867,652	\$ (747,239)
Excess (Deficiency) of Revenues and Expenses	\$ (99,034)	\$ 14,227	\$ (113,261)

Debt Service and Fixed Asset Fund:			
Debt Service	146,039	146,039	-
Excess (Deficiency) of Revenues over Expenses	146,039	146,039	-

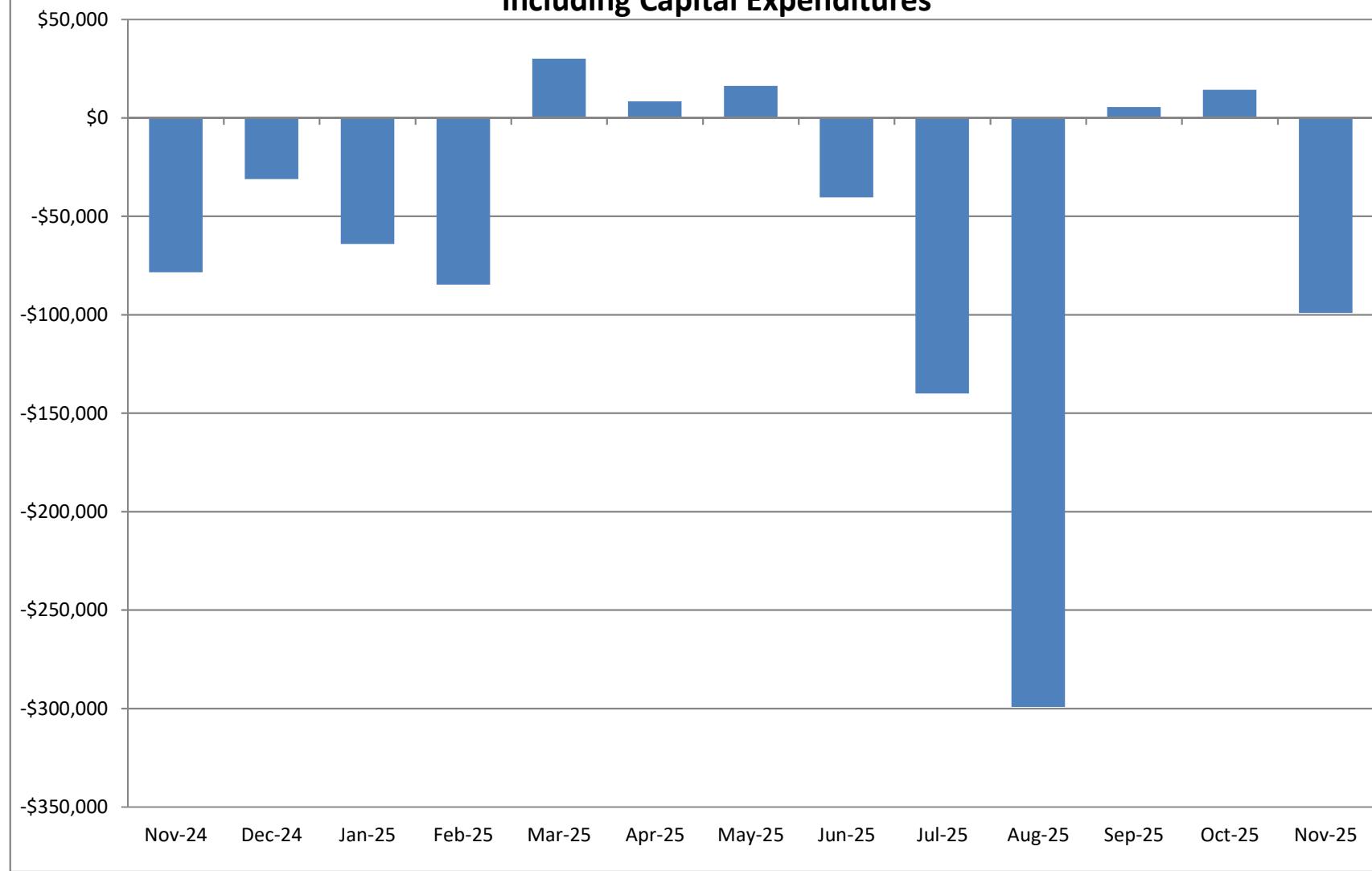
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of November 2025

	YTD Mental Health November 2025	YTD IDD November 2025	YTD Other Services November 2025	YTD Agency Total November 2025	YTD Approved Budget November 2025	Increase (Decrease)
INCOME:						
Local Revenue Sources	150,599	150,841	229,653	531,093	363,137	(167,956)
Earned Income	2,154,488	1,196,447	830,357	4,181,292	4,523,255	341,962
General Revenue-Contract	4,910,051	430,989	160,089	5,501,130	5,522,058	20,928
TOTAL INCOME	7,215,138	1,778,277	1,220,099	\$ 10,213,516	10,408,450	\$ 194,935
EXPENSES:						
Salaries	4,141,774	991,529	638,551	5,771,855	5,775,182	(3,327)
Employee Benefits	738,252	200,677	115,316	1,054,245	1,158,034	(103,789)
Medication Expense	104,890		5,673	110,563	112,678	(2,115)
Travel - Board/Staff	65,647	37,145	5,845	108,637	101,097	7,540
Building Rent/Maintenance	33,332	1,767	3,216	38,316	56,242	(17,926)
Consultants/Contracts	1,314,946	350,876	122,796	1,788,618	1,797,632	(9,014)
Other Operating Expenses	549,387	157,073	99,322	805,783	792,811	12,972
TOTAL EXPENSES	6,948,229	1,739,067	990,719	\$ 9,678,017	9,793,677	\$ (115,662)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 266,909	\$ 39,210	\$ 229,380	\$ 535,499	\$ 614,773	\$ 79,273
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	52,849	13,333	110,562	176,745	79,691	97,052
Capital Outlay - Debt Service	182,767	44,386	210,966	438,118	438,118	-
TOTAL CAPITAL EXPENDITURES	235,616	57,719	321,528	\$ 614,863	517,809	\$ 97,052
GRAND TOTAL EXPENDITURES	\$ 7,183,845	\$ 1,796,786	\$ 1,312,247	\$ 10,292,880	\$ 10,311,486	\$ (18,610)
Excess (Deficiency) of Revenues and Expenses	\$ 31,293	\$ (18,509)	\$ (92,148)	\$ (79,362)	\$ 96,964	\$ 176,325
Debt Service and Fixed Asset Fund:						
Debt Service	182,767	44,386	210,966	438,118	438,118	-
Excess (Deficiency) of Revenues over Expenses	\$ 182,767	\$ 44,386	\$ 210,966	\$ 438,118	\$ 438,118	\$ -

TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve December 2025 Financial Statements	Board Meeting Date
	January 29, 2026
Committee: Business	
Background Information:	
None	
Supporting Documentation:	
December 2025 Financial Statements	
Recommended Action:	
Approve December 2025 Financial Statements	

December 2025 Financial Summary

Revenues for December 2025 were \$3,247,719 and operating expenses were \$3,095,637 resulting in a gain in operations of \$152,081. Capital Expenditures and Extraordinary Expenses for December were \$146,844 resulting in a gain of \$5,237. Total revenues were 98.09% of the monthly budgeted revenues and total expenses were 99.20% of the monthly budgeted expenses (difference of -1.11%).

Year to date revenues are \$13,461,233 and operating expenses are \$12,773,652 leaving excess operating revenues of \$687,581. YTD Capital Expenditures and Extraordinary Expenses are \$761,706 resulting in a loss YTD of \$74,125. Total revenues are 98.12% of the YTD budgeted revenues and total expenses are 99.67% of the YTD budgeted expenses (difference of -1.55%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
TCOOMMI	216,284	236,000	91.64%	19,715
Title XIX Case Management MH	117,249	178,505	65.68%	61,256
Medicaid-Regular - Title XIX	132,543	160,320	82.67%	27,777
Title XIX Rehab	556,583	712,385	78.12%	155,802
DPP Component 1	555,795	583,788	95.20%	27,992

TCOOMMI – This line item is for the Texas Correctional Office on Offenders with Medical & Mental Impairments. This program has had a position vacant since the beginning of this fiscal year. The position was filled on December 1st as I just reported in the November narrative, and the employees' last day of employment was January 23rd. So, we are back to recruiting. We also have a new position in this program that was created on December 3rd for a Juvenile Justice COC Clinician. Both of these positions are licensed LPC's which have gotten harder to recruit.

Title XIX Case Management MH - This line item continues to be a struggle to make revenue. Again, the majority of the variance is from vacancies in the C & Y cost centers for this fiscal year. We have also talked about the decrease in the Medicaid percentage for both the adult and the children's programs having a negative impact on our revenue earned. We will continue to see these revenue lines coming in under

budget until we can get these positions filled with qualified staff, who are committed to staying longer than we have seen in the past couple of years.

Medicaid – Regular – Title XIX – This line item is Medicaid Card Services. There has been a lot of movement in all the Medicaid lines since the Medicaid unwinding. This line has had up and down swings in the past couple of fiscal years, with this month being the highest revenue month in the past 16 months. This is not the normal trend for a December. Some of this pattern is due to the timing of payments and adjustments to client balances based on the amounts Medicaid will actually pay. After all of that, we are still coming in under projected budget due to vacant positions and the reduction of Medicaid covered clients.

Title XIX Rehab - This line item continues to be on our variance listing. Holiday months are historically low revenue months due to the availability of clients and staff vacation time off being added to the holiday time. We also have staff vacancies in various programs. The largest number of vacancies are in the C & Y program area, and we still have a couple of ACT QMHP's open, and a couple of Crisis positions. These trends will continue until we can recruit quality staff and the staff that we have hired are fully trained.

DPP Component 1 - This line was budgeted based on the Texas Council model given to centers for calculating our projected revenue. At the CFO conference it was discussed that the Scorecard numbers are coming out for the months and they are coming in lower than the model had anticipated. The explanation received was still being attributed to the Medicaid unwinding. We don't think we have seen a settling down as of this time for the Medicaid programs, we could continue to have variances in these programs that were not anticipated.

We did receive the prior year rebalancing of the IGT in December so the variance number decreased from the November financials.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Fixed Assets – Construction in Progress	97,152	0	0	97,152
Advertising – Recruitment	34,642	9,197	376.66%	25,444

Fixed Assets – Construction in Progress – This line item is for things that are not paid for by the Bond financing. This number has not changed from last month's financials. We will hear more about the Cleveland project during the board meeting.

Advertising – Recruitment – This line is used for recruiting expenses, such as advertising and in this case recruiting fees for hard to fill positions. We are over budget on this line since we paid a recruiting fee for a new Psychiatrist that will be starting later this fiscal year. We will have an additional fee associated with this hire when it gets closer for her start date.

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

ASSETS	GENERAL FUND December 2025	GENERAL FUND November 2025	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,505	2,555	(50)
Cash on Deposit - General Fund	9,596,178	5,509,725	4,086,453
Accounts Receivable	4,489,807	4,458,748	31,059
Inventory	1,260	1,416	(156)
TOTAL CURRENT ASSETS	14,089,750	9,972,444	4,117,306
FIXED ASSETS			
	22,469,928	22,469,928	-
OTHER ASSETS			
	263,177	300,422	(37,245)
TOTAL ASSETS	\$ 36,822,855	\$ 32,742,794	\$ 4,080,061
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES			
	946,336	1,260,667	(314,331)
NOTES PAYABLE			
	839,402	839,402	-
DEFERRED REVENUE			
	7,381,588	2,879,974	4,501,614
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	8,394,209	8,442,080	(47,871)
Guaranty Bank & Trust Loan	1,565,042	1,571,303	(6,261)
First Financial Huntsville Land Loan	737,734	740,648	(2,914)
Lease Liability	148,006	148,006	-
SBITA Liability	608,536	608,536	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(74,125)	(79,362)	5,237
Debt Service Fund			
Capital Projects Fund			
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,453,528)	(11,510,573)	57,045
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	22,469,927	22,469,927	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,348,448	2,348,448	-
Reserved for Board Initiatives	500,000	500,000	-
Reserved for 1115 Waiver Programs	-	-	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	24,667	18,500	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(839,402)	(839,402)	-
UNASSIGNED			
Unrestricted and Undesignated	2,237,893	2,356,518	(118,625)
TOTAL LIABILITIES/FUND BALANCE	\$ 36,822,855	\$ 32,742,794	\$ 4,080,061

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

ASSETS	General Operating Fund	Debt Service Fund	Capital Projects Fund	Government Wide 2025	Memorandum Only
					Final August 2024
CURRENT ASSETS					
Imprest Cash Funds	2,505			2,505	2,500
Cash on Deposit - General Fund	9,596,178			9,596,178	8,570,838
Bond Reserve 2024		759,103		759,103	
Bond Fund 2024		246,191		246,191	-
Bank of New York - Capital Project Fund			903,180	903,180	
Accounts Receivable	4,489,807			4,489,807	4,740,544
Inventory	1,260			1,260	978
TOTAL CURRENT ASSETS	14,089,750	1,005,294	903,180	15,998,224	13,314,860
FIXED ASSETS					
	22,469,928			22,469,928	23,476,422
OTHER ASSETS					
	263,177			263,177	146,332
Bond 2024 - Amount to retire bond			11,535,925	11,535,925	
Bond Discount 2024			371,272	371,272	-
Total Assets	\$ 36,822,855	\$ 1,005,294	\$ 12,810,377	\$ 50,638,525	\$ 36,937,614
LIABILITIES, DEFERRED REVENUE, FUND BALANCES					
CURRENT LIABILITIES					
	946,336			946,336	1,358,914
BOND LIABILITIES					
		11,907,197		11,907,197	
NOTES PAYABLE					
	839,402			839,402	785,852
DEFERRED REVENUE					
	7,381,588			7,381,588	4,426,569
LONG-TERM LIABILITIES FOR					
First Financial Conroe Building Loan	8,394,209			8,394,209	9,140,481
Guaranty Bank & Trust Loan	1,565,042			1,565,042	1,662,317
First Financial Huntsville Land Loan	737,734			737,734	790,544
Lease Liability	148,006			148,006	252,329
SBITA Liability	608,536			608,536	916,487
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR					
General Fund	(74,125)			(74,125)	(2,350,420)
Debt Service Fund				-	
Capital Projects Fund				-	
FUND EQUITY					
RESTRICTED					
Net Assets Reserved for Debt Service - Restricted	(11,453,528)			(11,453,528)	(12,762,158)
Cleveland New Build - Bond	-	1,005,294	903,180	1,908,474	-
Reserved for Debt Retirement					
COMMITTED					
Net Assets - Property and Equipment - Committed	22,469,927			22,469,927	23,476,422
Reserved for Vehicles & Equipment Replacement	613,712			613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,348,448			2,348,448	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	24,667			24,667	-
Reserved for Insurance Deductibles - Assigned	100,000			100,000	100,000
Reserved for Accrued Paid Time Off	(839,402)			(839,402)	(785,852)
UNASSIGNED					
Unrestricted and Undesignated	2,237,893	-	-	2,237,893	4,535,331
TOTAL LIABILITIES/FUND BALANCE	\$ 36,822,855	\$ 1,005,294	\$ 12,810,377	\$ 50,638,525	\$ 36,937,614

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

	MONTH OF December 2025	YTD December 2025
INCOME:		
Local Revenue Sources	154,137	685,231
Earned Income	1,368,471	5,549,763
General Revenue - Contract	1,725,111	7,226,239
TOTAL INCOME	\$ 3,247,719	\$ 13,461,233
EXPENSES:		
Salaries	1,836,210	7,608,065
Employee Benefits	359,641	1,413,887
Medication Expense	32,842	143,406
Travel - Board/Staff	25,483	134,119
Building Rent/Maintenance	52,140	90,454
Consultants/Contracts	432,655	2,221,273
Other Operating Expenses	356,666	1,162,448
TOTAL EXPENSES	\$ 3,095,637	\$ 12,773,652
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,081	\$ 687,581
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	805	177,548
Capital Outlay - Debt Service	146,039	584,158
TOTAL CAPITAL EXPENDITURES	\$ 146,844	\$ 761,706
GRAND TOTAL EXPENDITURES	\$ 3,242,481	\$ 13,535,358
Excess (Deficiency) of Revenues and Expenses	\$ 5,237	\$ (74,125)

Debt Service and Fixed Asset Fund:		
Debt Service	146,039	584,158
Excess (Deficiency) of Revenues over Expenses	146,039	584,158

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

	YTD December 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	685,231	589,709	95,522
Earned Income	5,549,763	5,875,118	(325,355)
General Revenue	7,226,239	7,254,712	(28,473)
TOTAL INCOME	\$ 13,461,233	\$ 13,719,539	\$ (258,306)
EXPENSES:			
Salaries	7,608,065	7,569,408	38,657
Employee Benefits	1,413,887	1,534,005	(120,118)
Medication Expense	143,406	150,238	(6,832)
Travel - Board/Staff	134,119	134,779	(660)
Building Rent/Maintenance	90,454	99,461	(9,007)
Consultants/Contracts	2,221,273	2,263,784	(42,511)
Other Operating Expenses	1,162,448	1,147,680	14,768
TOTAL EXPENSES	\$ 12,773,652	\$ 12,899,355	\$ (125,703)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 687,581	\$ 820,184	\$ (132,603)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	177,548	96,566	80,982
Capital Outlay - Debt Service	584,158	584,158	-
TOTAL CAPITAL EXPENDITURES	\$ 761,706	\$ 680,724	\$ 80,982
GRAND TOTAL EXPENDITURES	\$ 13,535,358	\$ 13,580,079	\$ (44,721)
Excess (Deficiency) of Revenues and Expenses	\$ (74,125)	\$ 139,459	\$ (213,584)

Debt Service and Fixed Asset Fund:

Debt Service	584,158	584,158	-
Excess(Deficiency) of Revenues over Expenses	584,158	584,158	-

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

	MONTH OF December 2025	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	154,137	226,572	(72,435)
Earned Income	1,368,471	1,351,863	16,608
General Revenue-Contract	1,725,111	1,732,654	(7,543)
TOTAL INCOME	\$ 3,247,719	\$ 3,311,089	\$ (63,370)
EXPENSES:			
Salaries	1,836,210	1,794,226	41,984
Employee Benefits	359,641	375,971	(16,330)
Medication Expense	32,842	37,559	(4,717)
Travel - Board/Staff	25,483	33,682	(8,199)
Building Rent/Maintenance	52,140	43,219	8,921
Consultants/Contracts	432,655	466,152	(33,497)
Other Operating Expenses	356,666	354,869	1,797
TOTAL EXPENSES	\$ 3,095,637	\$ 3,105,679	\$ (10,041)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,081	\$ 205,410	\$ (53,329)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	805	16,875	(16,071)
Capital Outlay - Debt Service	146,039	146,039	-
TOTAL CAPITAL EXPENDITURES	\$ 146,844	\$ 162,914	\$ (16,071)
GRAND TOTAL EXPENDITURES	\$ 3,242,481	\$ 3,268,593	\$ (26,112)
Excess (Deficiency) of Revenues and Expenses	\$ 5,237	\$ 42,495	\$ (37,258)

Debt Service and Fixed Asset Fund:			
Debt Service	146,039	146,039	-
Excess (Deficiency) of Revenues over Expenses	146,039	146,039	-

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

	YTD December 2025	YTD December 2024	Increase (Decrease)
INCOME:			
Local Revenue Sources	685,231	494,899	190,332
Earned Income	5,549,763	7,827,428	(2,277,665)
General Revenue-Contract	7,226,239	6,635,593	590,646
TOTAL INCOME	\$ 13,461,233	\$ 14,957,920	\$ (1,496,687)
EXPENSES:			
Salaries	7,608,065	8,602,420	(994,355)
Employee Benefits	1,413,887	1,598,292	(184,405)
Medication Expense	143,406	178,303	(34,897)
Travel - Board/Staff	134,119	147,736	(13,617)
Building Rent/Maintenance	90,454	110,328	(19,874)
Consultants/Contracts	2,221,273	2,892,165	(670,892)
Other Operating Expenses	1,162,448	949,655	212,793
TOTAL EXPENSES	\$ 12,773,652	\$ 14,478,899	\$ (1,705,247)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 687,581	\$ 479,021	\$ 208,560
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	177,548	58,073	119,475
Capital Outlay - Debt Service	584,158	514,158	70,000
TOTAL CAPITAL EXPENDITURES	\$ 761,706	\$ 572,231	\$ 189,475
GRAND TOTAL EXPENDITURES	\$ 13,535,358	\$ 15,051,130	\$ (1,515,772)
Excess (Deficiency) of Revenues and Expenses	\$ (74,125)	\$ (93,210)	\$ 19,085

Debt Service and Fixed Asset Fund:			
Debt Service	584,158	514,158	584,158
Excess (Deficiency) of Revenues over Expenses	584,158	514,158	584,158

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

	MONTH OF December 2025	MONTH OF December 2024	Increase (Decrease)
INCOME:			
Local Revenue Sources	154,137	189,070	(34,933)
Earned Income	1,368,471	1,641,738	(273,267)
General Revenue-Contract	1,725,111	1,610,172	114,939
TOTAL INCOME	\$ 3,247,719	\$ 3,440,980	\$ (193,261)
Salaries	1,836,210	2,049,069	(212,859)
Employee Benefits	359,641	390,049	(30,408)
Medication Expense	32,842	41,754	(8,912)
Travel - Board/Staff	25,483	35,479	(9,996)
Building Rent/Maintenance	52,140	7,145	44,995
Consultants/Contracts	432,655	598,633	(165,978)
Other Operating Expenses	356,666	221,445	135,221
TOTAL EXPENSES	\$ 3,095,637	\$ 3,343,574	\$ (247,937)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,081	\$ 97,406	\$ 54,676
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	805	-	805
Capital Outlay - Debt Service	146,039	128,539	17,500
TOTAL CAPITAL EXPENDITURES	\$ 146,844	\$ 128,539	\$ 18,305
GRAND TOTAL EXPENDITURES	\$ 3,242,481	\$ 3,472,113	\$ (229,632)
Excess (Deficiency) of Revenues and Expenses	\$ 5,237	\$ (31,134)	\$ 36,371

Debt Service and Fixed Asset Fund:

Debt Service	146,039	128,539	146,039
Excess (Deficiency) of Revenues over Expenses	146,039	128,539	146,039

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

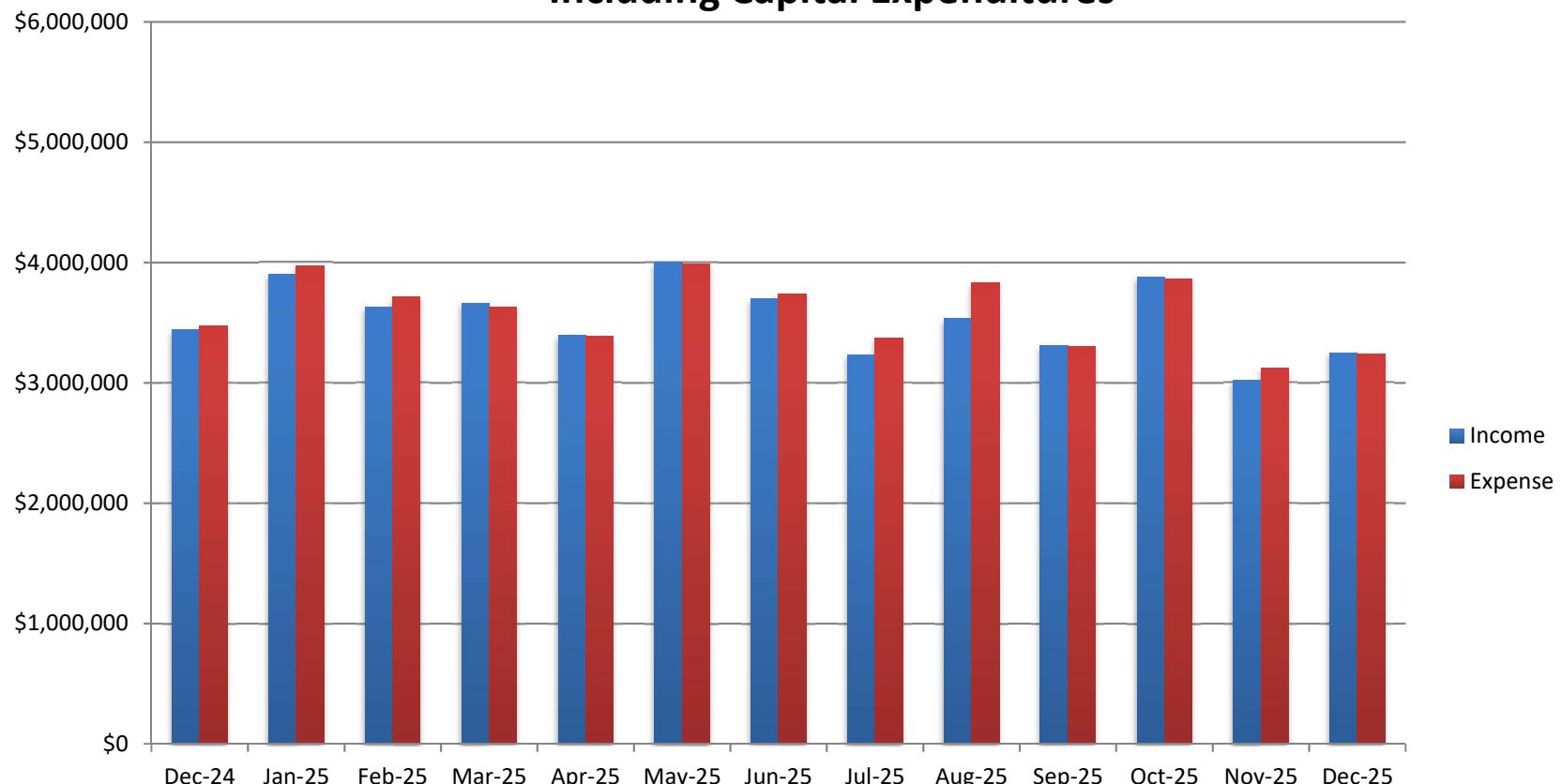
	MONTH OF December 2025	MONTH OF November 2025	Increase (Decrease)
INCOME:			
Local Revenue Sources	154,137	93,493	60,644
Earned Income	1,368,471	1,197,105	171,366
General Revenue-Contract	1,725,111	1,730,781	(5,670)
TOTAL INCOME	\$ 3,247,719	\$ 3,021,379	\$ 226,340
EXPENSES:			
Salaries	1,836,210	1,758,365	77,845
Employee Benefits	359,641	345,720	13,921
Medication Expense	32,842	31,104	1,738
Travel - Board/Staff	25,483	42,634	(17,151)
Building Rent/Maintenance	52,140	11,607	40,533
Consultants/Contracts	432,655	545,795	(113,140)
Other Operating Expenses	356,666	239,149	117,517
TOTAL EXPENSES	\$ 3,095,637	\$ 2,974,374	\$ 121,263
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,081	\$ 47,005	\$ 105,077
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	805	-	805
Capital Outlay - Debt Service	146,039	146,039	-
TOTAL CAPITAL EXPENDITURES	\$ 146,844	\$ 146,039	\$ 805
GRAND TOTAL EXPENDITURES	\$ 3,242,481	\$ 3,120,413	\$ 122,068
Excess (Deficiency) of Revenues and Expenses	\$ 5,237	\$ (99,034)	\$ 104,272

Debt Service and Fixed Asset Fund:			
Debt Service	146,039	146,039	-
Excess (Deficiency) of Revenues over Expenses	146,039	146,039	-

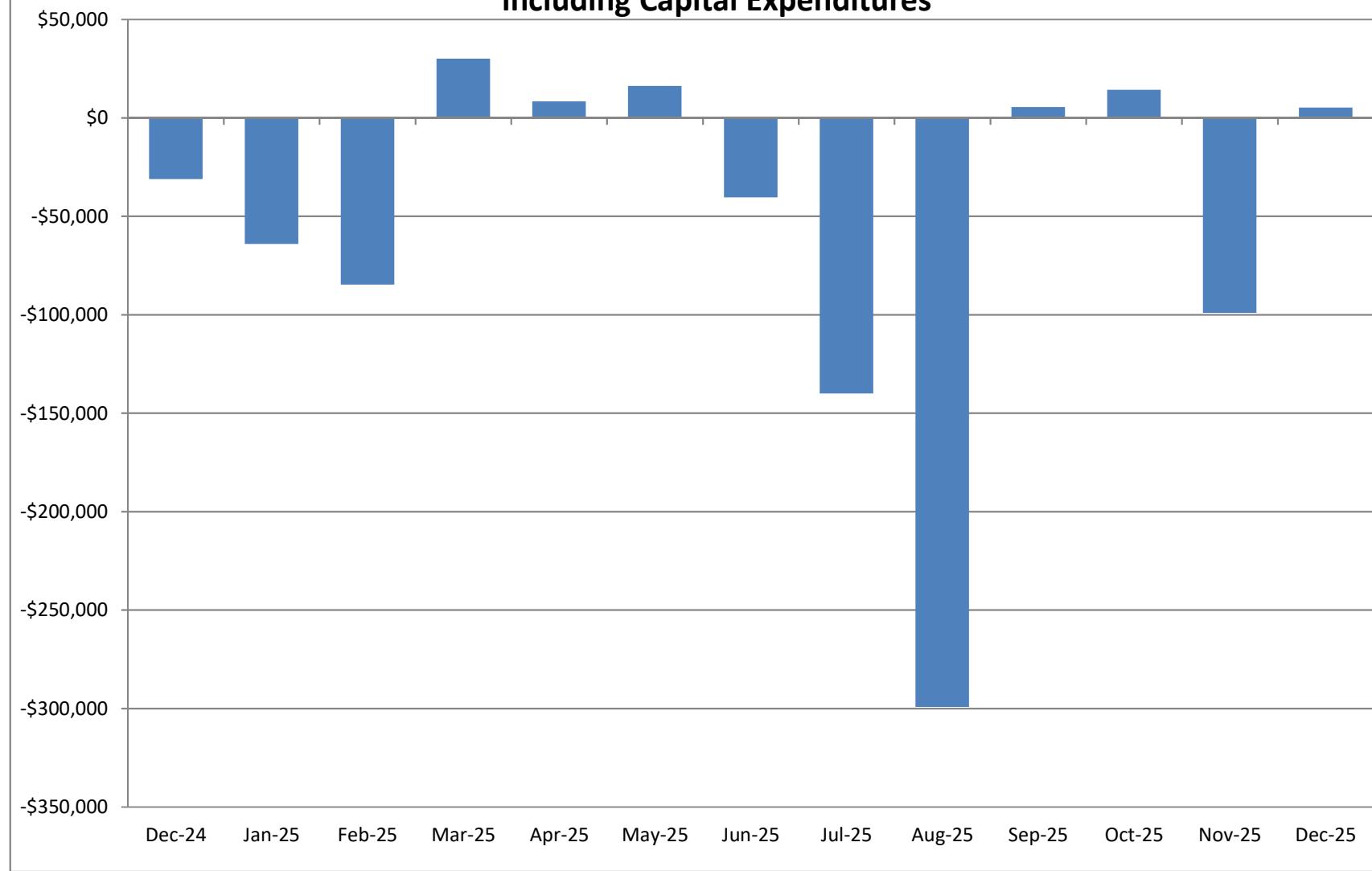
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of December 2025

	YTD Mental Health December 2025	YTD IDD December 2025	YTD Other Services December 2025	YTD Agency Total December 2025	YTD Approved Budget December 2025	Increase (Decrease)
INCOME:						
Local Revenue Sources	192,169	204,189	288,873	685,231	589,709	(95,522)
Earned Income	2,908,322	1,615,411	1,026,030	5,549,763	5,875,118	325,354
General Revenue-Contract	6,463,846	572,467	189,926	7,226,240	7,254,712	28,472
TOTAL INCOME	9,564,337	2,392,067	1,504,829	\$ 13,461,235	13,719,539	\$ 258,305
EXPENSES:						
Salaries	5,489,349	1,312,692	806,023	7,608,065	7,569,408	38,657
Employee Benefits	995,293	269,356	149,238	1,413,887	1,534,005	(120,118)
Medication Expense	136,862		6,544	143,406	150,237	(6,831)
Travel - Board/Staff	80,840	46,112	7,167	134,119	134,779	(660)
Building Rent/Maintenance	85,390	1,747	3,318	90,456	99,461	(9,005)
Consultants/Contracts	1,621,962	469,589	129,721	2,221,272	2,263,784	(42,512)
Other Operating Expenses	806,589	228,636	127,224	1,162,450	1,147,680	14,770
TOTAL EXPENSES	9,216,286	2,328,132	1,229,235	\$ 12,773,655	12,899,355	\$ (125,702)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 348,051	\$ 63,935	\$ 275,594	\$ 687,580	\$ 820,184	\$ 132,603
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	53,654	14,088	109,807	177,549	96,566	80,981
Capital Outlay - Debt Service	243,688	62,663	277,807	584,158	584,158	-
TOTAL CAPITAL EXPENDITURES	297,342	76,751	387,614	\$ 761,707	680,724	\$ 80,981
GRAND TOTAL EXPENDITURES	\$ 9,513,628	\$ 2,404,883	\$ 1,616,849	\$ 13,535,362	\$ 13,580,079	\$ (44,721)
Excess (Deficiency) of Revenues and Expenses	\$ 50,709	\$ (12,816)	\$ (112,020)	\$ (74,125)	\$ 139,460	\$ 213,584
Debt Service and Fixed Asset Fund:						
Debt Service	243,688	62,663	277,807	584,158	584,158	-
Excess (Deficiency) of Revenues over Expenses	\$ 243,688	\$ 62,663	\$ 277,807	\$ 584,158	\$ 584,158	\$ -

TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Approve FY 2025 Independent Financial Audit Committee: Business	Board Meeting Date January 29, 2026
Background Information:	
<p>As stated in Board Policy E.7.2 – Annual Fiscal Audit, Tri-County Behavioral Healthcare (“Tri-County”) will engage an independent audit firm on an annual basis for the purpose of a comprehensive financial and compliance audit for the previous state fiscal year prepared in accordance with THSC §534.068, Title 25 TAC Chapter 411, Subchapter G, HHSC’s <i>Guidelines for Annual Financial and Compliance Audits of Community MHMR Centers</i> (21st Revision - February 2005) (the ‘Audit Guidelines’), and the Department of State Health Services Contractor’s Financial Procedures Manual.</p>	
<p>HHSC contracts states that we are required to follow all applicable federal and state laws and regulations which may include, but are not limited to: 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; requirements of the entity that awarded the funds to HHS; Chapter 783 of the Texas Government Code; Texas Comptroller of Public Accounts’ agency rules (including Uniform Grant and Contract Standards set forth in Title 34, Part 1, Chapter 20, Subchapter E, Division 4 of the Texas Administrative Code); Texas Grant Management Standards (TxGMS) developed by the Texas Comptroller of Public Accounts; and the Funding Announcement, Solicitation, or other instrument/documentation under which HHS was awarded funds.</p>	
<p>Eide Bailly LLP audited Tri-County’s Financial Statements for the fiscal year ending August 31, 2025.</p> <ul style="list-style-type: none"> • There were no material findings related to the financial statements. 	
Supporting Documentation:	
<p>Copy of Preliminary Audited Financial Statements – Mailed to Board Members</p>	
Recommended Action:	
<p>Approve FY 2025 Independent Financial Audit</p>	

Agenda Item: Approve Local Intellectual and Developmental Disability Authority (LIDDA) Grant Program, HHSC Contract No. HHS001586900037, Amendment No. 1	Board Meeting Date January 29, 2026
Committee: Business	

Background Information:

This is the first amendment to the Health and Human Services Local Intellectual and Developmental Disability Performance Contract. This contract for all IDD Authority (LIDDA) services, including:

- Eligibility Determination;
- State Supported Living Center Admission and Continuity of Care services;
- Service Coordination;
- Maintenance of the TxHmL and HCS Interest lists;
- Permanency Planning;
- IDD Crisis Intervention and Crisis Respite;
- Enhanced Community Coordination;
- PreAdmission and Resident Review (PASRR); and
- Habilitation Coordination.

Total funding for the contract is unchanged.

Changes in this amendment are all related to general terms and conditions, including:

- A new clause that requires the Center to notify and receive approval from HHSC to receive any use of Artificial Intelligence.
 - This concern is thought to be mostly about clinical use (Protected Health Information) to be in AI products, but the clause is actually much broader.
- There is a requirement for Tri-County to notify HHSC if there are any Interlocal Agreements executed by the Board related to this IDD contract.
- The introduction of a new contract requirement establishing a formal process for reporting complaints and inquiries to HHSC.
- The establishment of a new mechanism allowing HHSC's Contract Accountability and Oversight staff to initiate investigations if multiple complaints involving similar issues are received.

Supporting Documentation:

The contract is available for review.

Recommended Action:

Approve Local Intellectual and Developmental Disability Authority (LIDDA) Grant Program, HHSC Contract No. HHS001586900037, Amendment No. 1

Agenda Item: Reappoint Montgomery Supported Housing, Inc. Board of Directors	Board Meeting Date: January 29, 2026
Committee: Business	
Background Information:	
Ms. Patricia Freeman serves on the Montgomery Supported Housing, Inc. Board and has a term expiring in January 2026.	
Ms. Freeman has been contacted and is willing to serve an additional two-year term, which would expire in January 2028.	
Supporting Documentation:	
None	
Recommended Action:	
Reappoint Ms. Freeman to Serve on the Montgomery Supported Housing, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2028	

Agenda Item: Approve Listing of 23750 FM 1314, Porter, TX 77365

Board Meeting Date:

January 29, 2026

Committee: Business

Background Information:

The Porter Clinic is a 15,000 square foot facility on 2.234 acres that was purchased in January of 2022 to provide Child and Youth services. For two years after it was purchased, a local company that provided physical and occupational therapy to children rented approximately 8,000 square foot of the space and has not been renovated since the renter left. The remaining portion of the space was remodeled for our clinic needs after we purchased it.

In December we announced the closure of the Porter C&Y clinic after it was determined that there were no funds to continue the programming at the building.

Staff are proposing that we put the Porter facility up for sale. The purchase price for the building in 2022 was 2.3 million and we currently owe less than 1.6 million on the facility.

We have not had the facility appraised, but we have requested realtor opinions on the value of the property, which will be provided at the Board meeting.

The listing price would be +/- \$3,150,000 subject to market activity according to Cushman and Wakefield.

This agenda item is to approve listing the building for sale. Actual offers on the property would come to the Board for approval.

Supporting Documentation:

Property Assessment – Cushman and Wakefield

Additional property assessments may be provided at the Board meeting.

Recommended Action:

Approve Listing the 23750 FM 1314 Building for Sale and Authorize the Executive Director to Execute any Necessary Documents



B. Kelley Parker III, SIOR
Vice Chairman
Cushman & Wakefield US, Inc.
1330 Post Oak Blvd., Suite 2600
Houston, Texas 77056

713.963.2896 – Direct
713.877.1700 – Office
713.825.2222 – Mobile

Via Email

January 21, 2026

kelley.parker@cushwake.com

Mike Duncan
WhiteStone Realty Consulting
2480 Times Blvd Ste 203-B
Houston, TX 77005

RE: 23750 FM 1314, Porter, Texas

Dear Mike:

Thank you for the opportunity for Coe and I to tour and evaluate the Tri-County Behavioral Healthcare property at 23750 FM 1314 in Porter, Texas. This is a +/- 15,000 SF office building on +/- 2.3240 acres of land. It's a fully insulated metallic building with a masonry frontage and partially down the east side where there is a covered side entrance. Originally constructed in 2013 and renovated in 2021. The property is fully built out with numerous offices, large expansive rooms, six restrooms, and configured for two separate occupancies. The building is fully HVAC and is in very good condition. There is a grade level loading door on the south side of the building.

The site's main entrance and exposure is to FM 1314, but also on the south, fronts on Canterbury Ln. All parking and driveways are concrete paved with access to both streets. The site provides 76 parking spots which provides a 5 to 100 SF parking ratio. There is approximately 12,260 square feet of undeveloped property that can provide expansion room or additional parking. On site detention pond is in place for the site.

Adjacent uses are Lone Star College and Ace Hardware store. The site is only 1 mile west of I-69 and only three miles south of SH 99, thus, providing great access.

We have in this short time period been unable to obtain meaningful comparable sales information. The few that we were able to obtain in Humble area of smaller sized indicated values in the \$200-\$220 PSF range. The assessed value is currently at \$2,658,850 or \$177.26 PSF with land at \$404,932 or \$4.00 PSF and improvements at \$2,253,918 or \$150.26 PSF

It is difficult to know at this point what market demand will be for this type of property or what remodel dollars would be needed for another use. We would recommend putting an asking price of \$3,150,000 or \$210 PSF and see what type of activity and interest the market provides over, let's say, 90-120 days. If we determine there is weak demand, we can then advise on a price reduction.

We would list the property in all the electronic listing services as well as doing an email distribution regularly to our extensive broker database. We would sign the property and generate a professional marketing flyer all at no charge. We would require a listing agreement of at least 9 months with a commission structure of five percent (5%) if sold by our team of B. Kelley Parker III, SIOR, Coe Parker, SIOR, and John Littman, SIOR and six percent (6%) if sold with a cooperating broker. We have enclosed our standard Listing Agreement.

We look forward to work on this assignment and ready to answer any questions or concerns.

Sincerely,



B. Kelley Parker III, SIOR



Coe Parker, SIOR

THIS IS AN OPINION OF VALUE OR A COMPARATIVE MARKET ANALYSIS AND SHOULD NOT BE CONSIDERED AN APPRAISAL. *In making any decision that relies upon C&W's work you should know that C&W has not followed the guidelines for development of an appraisal or analysis contained in the Uniform Standards of Professional Appraisal Practice of the Appraisal Foundation. This opinion is based upon C&W's general knowledge of the marketplace as real estate brokers and should not be relied upon as a real estate appraisal prepared by professional appraisers. This opinion is intended solely for your internal use. It is understood that you will not disclose this letter or the source of this opinion to any other party without our prior written consent. This opinion cannot serve as the basis for providing financing or a mortgage loan.*

LISTING AGREEMENT
FOR SALE

TRI-County Behavioral Healthcare Services ("Owner") appoints **Cushman & Wakefield U.S., Inc.** ("C&W") as its sole agent and grants to C&W the exclusive right to sell the real property located at **23750 FM 1314, Porter, Texas 77365** (the "Property") as provided below.

1. Term. The term of this agreement will commence on **February 1, 2026**, and will expire on **October 31, 2026**.

2. Services. C&W will use its efforts to obtain a satisfactory purchaser for the Property at a sale price to be determined by Owner and on such other terms as are acceptable to Owner. C&W will negotiate the business terms of any purchase and sale agreement on behalf of Owner and in Owner's best interest, subject to Owner's review and final approval, except as otherwise directed by Owner. C&W will cooperate with other licensed real estate brokers.

3. Marketing. Owner authorizes C&W to market the Property, subject to Owner's prior written approval of any marketing expenses. To the extent the parties agree to place signage on the Property, C&W shall pay for the agreed standard signage expenses.

4. Referrals. During the term of this agreement, Owner will refer to C&W all inquiries and offers received by Owner with respect to the Property, regardless of the source of such inquiries or offers.

5. Commission. If, during the term hereof, Owner sells any interest in the Property, Owner will pay to C&W a commission in accordance with the attached Schedule of Commissions. Within 10 days after the end of the term, C&W will provide to Owner a list of prospective purchasers to whom the Property was submitted by any party during the term. If a prospective purchaser, appearing on the list, enters into a purchase and sale agreement within 180 days after the end of the term, and thereafter the sale is closed, Owner will pay a commission to C&W as provided above. Owner agrees that such 180-day period will be extended for so long as negotiations with a prospective purchaser are continuing.

6. Outside brokers. If C&W recognizes an outside broker authorized to represent the purchaser in a transaction for which a commission is payable hereunder, C&W will request such broker to agree to accept the outside broker portion of the commission computed and payable in accordance with the annexed Schedule, and if such other broker agrees, Owner will pay C&W the commission computed and payable in accordance with the annexed Schedule out of which C&W will pay to such other broker its agreed upon commission and retain the balance of the commission as C&W's compensation. If the other broker does not so agree, then negotiations will be suspended until such agreement is obtained. The term "outside broker" means a broker other than **B Kelley Parker, Coe Parker, and/or John Littman**.

7. Representation of Purchasers. Owner acknowledges and agrees that C&W may represent potential purchasers and consents to such dual representation, provided C&W timely discloses any such dual representation to Owner.

8. Fees and Expenses. If either party commences litigation against the other party to enforce its rights under this agreement, the prevailing party will be entitled to recover from the other party the costs and expenses (including reasonable attorneys' fees) incurred.

9. Authority. Owner represents that it is in fact the owner of the Property and has the right to sell the Property. The individuals signing below represent that they are authorized to sign this agreement on behalf of the entity indicated.

10. Professional Advice. C&W recommends that Owner obtain legal, tax or other professional advice relating to this agreement and the proposed sale of the Property as well as the condition and/or legality of the Property, including, but not limited to, the Property's improvements, equipment, soil, tenancies, title, environmental aspects and compliance with the Americans with Disabilities Act. C&W will have no obligation

to investigate any such matters unless expressly otherwise agreed to in writing by Owner and C&W. Owner further agrees that in determining the financial soundness of any prospective purchaser, Owner will rely solely upon Owner's own investigation and evaluation, notwithstanding C&W's assistance in gathering any financial information.

11. **Mutual Warranties.** Each party represent to the other that to the knowledge of the representing party neither the representing party nor any of its shareholders, owners, directors, officers, or employees is: (a) Blocked, debarred, designated, excluded, sanctioned, or denied import or export privileges under any applicable laws related to the import and export of goods/technology/services, economic or financial sanctions, trade embargoes, or other restrictions on trade ("**Sanctions & Trade Controls**"); (b) Located in, resident in or organized under the laws of a country or territory which is a subject of country-wide or territory-wide Sanctions and Trade Controls (e.g., Crimea, Cuba, Iran, Syria, or North Korea); or (c) Currently, or within the past five (5) years has been, engaged in any activity that could reasonably be expected to result in any violation of any applicable laws related to money laundering, terrorist financing, or related financial recordkeeping and reporting requirements ("**AML Laws**").

12. **Mutual Compliance with Law.** In connection with this Agreement, each party and its respective shareholders, owners, directors, officers, or employees comply with, will comply with, and will not violate any applicable laws ("**Applicable Laws**"), including, but not limited to: (a) Applicable Laws related to anti-bribery or anti-corruption ("**Anti-Corruption Laws**"), including, but not limited to, the U.S. Foreign Corrupt Practices Act and the UK Bribery Act of 2010; (b) Applicable Laws related to Sanctions & Trade Controls, including, but not limited to, those administered and enforced by the United States (e.g., U.S. Export Administration Regulations, the International Traffic in Arms Regulations, U.S. Antiboycott Regulations) and the United Kingdom (e.g., as administered and enforced by the Office of Financial Sanctions Implementation); and (c) Applicable AML Laws, including, but not limited to, the Bank Secrecy Act, Money Laundering Control Act of 1986, USA PATRIOT Act, EU Money Laundering Directives, UK Prevention of Terrorism Act 2005, UK Serious Organised Crime and Police Act 2005, UK Money Laundering Regulations 2003, UK Proceeds of Crime Act 2002, and UK Anti-Terrorism, Crime and Security Act 2001. If either party becomes aware of any suspected or actual violation of Applicable Laws, in connection with this Agreement, such party will immediately notify the other party, unless prohibited by law.

In the event of any violation of this section, the non-offending party shall be entitled to immediately terminate this agreement and take such other actions as are permitted or required to be taken under law or in equity.

13. **Miscellaneous.** This agreement shall be governed by the laws of the State of Texas, without giving effect to principles of conflicts of law. This agreement constitutes the entire agreement between the parties regarding the subject matter herein, and no amendments, changes or modifications may be made to this agreement without the express written consent of each of the parties. If any term or provision of this agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the terms and provisions of the Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidated. No failure or delay by a party in exercising any right hereunder or any partial exercise thereof shall operate as a waiver thereof or prohibit any other or further exercise of any right hereunder. This agreement shall benefit and be binding upon the parties and their respective successors and assigns. This agreement may be executed and delivered (including by facsimile, "pdf" or other electronic transmission) in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement.

TRI-COUNTY BEHAVIORAL HEALTHCARE SERVICES

By: _____
Name: _____
Title: _____
Date: _____

CUSHMAN & WAKEFIELD U.S., INC.

By: _____
Name: _____
Title: _____
Date: _____

[Schedule of Commissions Follows]

SCHEDULE OF COMMISSIONS FOR SALE

Rate: **Five (5)%** of the total sales price; provided, however, if an outside broker procures the purchaser, Owner shall pay C&W **Six (6)%** of the total sales price, out of which C&W will pay to such other broker an equitable portion (but not more than half) of the commission and retain the balance as its compensation.

Time of Payment: The commission shall be paid in full at the time of the closing or transfer of title to the Property, except in the case of an installment purchase contract, in which case the commission shall be paid in full at the time of full execution and delivery of the installment purchase contract between Owner and purchaser.

Computation of Total Sales Price: The commission shall be computed in accordance with the above rates based upon the gross sales price, which shall include any mortgages, loans or other obligations of Owner which may be assumed by purchaser or which purchaser takes title "subject to," and any purchase money loans or mortgages taken back by Owner.

Purchase Option: If Owner grants a purchase option, C&W will be paid a commission at the above rate on the option price as and when amounts are payable for the option (and for extensions thereof). Upon closing of the sale, C&W will be paid a commission at the above rate on the total sales price (excluding any amount paid for the option and applied to the sales price).

Miscellaneous: Owner hereby acknowledges that under Chapter 62, Texas Property Code, C&W is entitled to claim and levy a lien against the Property to secure payment of any earned but unpaid commission.

Broker Regulatory or Statutory Provisions: The following provision must be included in brokerage agreements in the State of Texas:

AGENCY RELATIONSHIP DISCLOSURE: OWNER ACKNOWLEDGES THAT C&W MAY REPRESENT POTENTIAL PURCHASERS AND OWNER HEREBY CONSENTS TO SUCH INTERMEDIARY REPRESENTATION. As a real estate broker who acts as an intermediary in a transaction, C&W (i) shall treat all parties honestly; (ii) may not disclose that the seller will accept a purchase price less than the asking price unless authorized in writing to do so by the seller; (iii) may not disclose that the purchaser will pay a purchase price greater than the purchase price submitted unless authorized in writing to do so by the purchaser; and (iv) may not disclose any confidential information or any information that a party specifically instructs C&W in writing not to disclose unless authorized in writing to disclose the information or required to do so by the Texas Real Estate License Act or by a court order or if the information materially relates to the condition of the Property.

Agenda Item: Approve Listing of 2004 Truman Street,
Cleveland, TX 77327

Board Meeting Date:

January 29, 2026

Committee: Business

Background Information:

The Truman Street Facility is an 8,740 square foot facility that was donated to the Center May 27, 1992. The property is on 3.56 acres located to the south of Cleveland High School.

After moving to the new Liberty Street facility in Cleveland, the facility has not been formally listed for sale, but at least one company has toured the facility and considered purchasing it, but did not make an offer.

Staff are proposing that we put the Truman Facility up for sale.

We have not had the facility appraised, but we have requested and received one realtor opinion on the value of the property, and others may be available at the Board meeting.

The listing price would be +/- \$975,000 subject to market activity according to McIntyre Real Properties.

This agenda item is to approve listing the building for sale. Actual offers on the property would come to the Board for approval.

Supporting Documentation:

Property Assessment – Barbara McIntyre

Additional property assessments may be provided at the Board meeting.

Recommended Action:

Approve Listing the 2004 Truman Street, Cleveland, Building for Sale and Authorize the Executive Director to Execute any Necessary Documents

Barbara McIntyre Real Properties
100 Plum Grove Rd, Cleveland, Texas 77327
realestatediva281@gmail.com
281-687-6947

Subject Property: 2004 Truman St, Cleveland, TX 77327

Property Type: Commercial / Institutional (Tri-County Behavioral Healthcare facility)

Current Status: *Not listed as residential property or active MLS listing; used as a healthcare facility*

- Because this is a **public service/healthcare use building, standard residential CMA methods don't directly apply**. There's no active MLS sale or price data; likely tax-exempt or special use.
- Comparable residential/land values in nearby Cleveland: Typical single-family homes in Cleveland 77327 range roughly \$170K-\$250K on Truman St (e.g., nearby 1102 Truman St ~ \$186K and 624 Truman St ~ \$173K)

Interpretation:

If you intend to **estimate market value**, you'd need an appraisal or broker value opinion — especially since its use is institutional rather than residential or standard commercial investment.

Comparable #1: 5145 Old Atascocita Rd, Dayton, TX 77535

Parcel ID: 0421590000126

Type: Land + 10,000 sq ft Multi-Use Flex Building

List Price (recent): \$995,000 (was reduced to ~ \$899,000)

Lot: ~5.03 acres

Building: 10,000 sq ft flex space (built 2023)

Assessed Value (tax): ~\$727,588 (2025)

Interpretation:

This property is a **commercial/industrial flex building on acreage — not a standard home**. The \$995K price reflects **land + building utility/value**, which is typically priced differently than raw land or residential properties.

Comparable #2: 2500 N Cleveland St, Dayton, TX 77535

Type: Commercial Retail Investment (Family Dollar)

Asking Price: \$1,650,000 (current ask)

Building: ~8,320 sq ft

Lot: ~1.25 acres

Tenant: Corporate lease with Family Dollar

Cap Rate: ~7.25% (investment-oriented)

Interpretation:

This is a *net-leased investment property* with income, so the valuation focuses on cap rate/NOI rather than raw land or residential metrics. Its *value is driven by lease terms and income stability*, which generally supports a higher price than undeveloped land or single-family homes.

Comparable #3: 623 & 617 N Main St, Liberty, TX 77575

List/Sale Price: ~\$949,000 – \$975,000 (various listings)

Type: Commercial building (~7,470 sq ft) + small residence

Use: Mixed investment property on high-traffic commercial street

Interpretation:

This property is a *mixed commercial/residential investment* on N Main St, positioned as an income-producing asset. The valuation near ~\$950K reflects *location and leased income potential*.

Comparative Summary (High-Level)

Property	Type	Approx. Price	Key Value Driver
2004 Truman St	Institutional (healthcare)	No standard sale data	Special-use / agency value
5145 Old Atascocita Rd	Flex building + land	\$899K–\$995K	Industrial/land value
2500 N Cleveland St	Retail investment	\$1,650,000	Corporate tenant / income
623 & 617 N Main St	Commercial & small residence	\$949K-\$975K	Mixed income property

What This Suggests for a CMA Comparison

Investment / Commercial Value Context

- 2500 N Cleveland is the *highest approximate market value* due to strong lease income and corporate tenant backing (~\$1.65M)

- 623 & 617 N Main and 5145 Old Atascocita are similar sub-million-to-million-range commercial assets, though one is mixed use and the other is industrial flex space or raw land + building.

Subject 2004 Truman St

- Not directly comparable to these because it's institutional and not currently marketed like an investment property; it likely has *different valuation drivers* (use value, not highest and best real estate market value).
- Nearby residential sales on Truman St indicate *typical single-family homes* sell mostly in \$170K-\$200K range, good for pure residential context but not relevant for institutional use valuation.

Conclusion: Relative Value Perspective

1. Highest market sale value (listed): 2500 N Cleveland St – ~\$1.65M (strong retail investment)
2. Comparable commercial investment: 623/617 N Main St – ~\$949K-\$975K
3. Flex building & land: 5145 Old Atascocita Rd – ~\$899K-\$995K
4. 2004 Truman St: Not directly sale comparable; *institutional valuation requires specialized appraisal*.

Next Steps (if you need deeper accuracy)

To produce a *formal CMA* with specific adjustments (sq ft, NOI, cap rates, recent sold comparables), I'd need:

- Property use intention (sell, refinance, invest, tax appeal?)
- Current income/expense details (if any)
- Building size / lot sizes for each property
- Sale date ranges you want compared (e.g., last 12 months)

Just let me know and I can refine this into pricing ranges with cap rate analysis for investment properties or market comparable adjustments.

CMA 2004 Truman St, Cleveland, TX 77327 Price 800,000 compare value of 5145 Old Atascocita Rd. Dayton TX 77535 ID 0421590000126 price 995.000 2500n N Cleveland, Dayton TX 77535 price 1,053.730 623-617 N Main St Liberty, TX 77575 949.00 what should the price be for 2004 Truman

Here's a practical Comparative Market Analysis (CMA) using the properties you gave — and a realistic suggested price for 2004 Truman St, Cleveland, TX 77327, based on *comparable commercial/land/investment values*.

Your Comparable Properties

Property	Type	List/Sale Price
----------	------	-----------------

2004 Truman St, Cleveland TX 77327	Institutional / commercial estimate	\$800,000 (your target)
5145 Old Atascocita Rd, Dayton TX 77535 (ID 0421590000126)	Commercial / industrial flex + land	\$995,000
2500 N Cleveland St, Dayton TX 77535	Retail investment (Family Dollar)	\$1,053,730
623-617 N Main St, Liberty TX 77575	Commercial mixed use	\$949,000

How These Comps Stack Up

Commercial / Investment Property Context

- 2500 N Cleveland (Dayton) is the *highest-priced* commercial investment — expected because it has a corporate-leased tenant and stable income stream.
- 5145 Old Atascocita Rd and 623-617 N Main are *mid-range commercial* properties with either land and industrial use or mixed income, with less predictable income than a corporate lease.

These range from ~\$949K → \$1,053K for solid commercial assets.

About 2004 Truman St, Cleveland, TX 77327

This property appears to be a public institutional / service facility, *not typical residential or pure commercial investment property*. Valuation for this type of property is usually done by:

- Highest & Best Use (if sold on the open market)
- Replacement cost or value-in-use for institutional use
- Land value + improvements/components if vacant or repurposed

There are no direct MLS sales comps for this exact address, but nearby residential properties on Truman St mostly sell in the \$170K–\$250K range because they are single-family homes — far below the scale here.

So to justify a commercial-scale value, we *price relative to nearby market commercial deals*.

Suggested Market Value for 2004 Truman St

Because:

- Nearby residential comps are *very low* relative to commercial values; typical homes sell around ~\$180K–\$210K in the same block area of Truman St, but that's residential use, not institutional/commercial.
- Your comparables are \$949K–\$1.05M and represent *active commercial market listings* rather than old appraisals.
- 2004 Truman St has *institutional facilities* that could convert to commercial / office / healthcare use, which adds value above raw land or residential.

Estimated Range

Value Approach	Estimated Market Value
Conservative Commercial Basis	\$880,000 – \$950,000
Mid-Range Commercial-Adjusted	\$950,000 – \$1,050,000
Aggressive / Highest Market Ceiling	\$1,050,000 – \$1,150,000

Suggested Listing / Valuation Price

➡ ~\$975,000 – \$1,025,000

Why?

- This positions 2004 Truman St *below or near mid-range commercial comps* (e.g., 623-617 N Main ~\$949K and 2500 N Cleveland ~\$1.05M), assuming Truman St property can be repurposed for *office / institutional / commercial use*.
- If you list much below this (like your \$800K) it may sell faster but could *underprice* the market by a significant amount compared to direct commercial comps.

Valuation Notes / Assumptions

- ☒ This analysis assumes the property could be marketed for commercial use (office, medical, retail) — which boosts its value compared to residential land.
- ❗ If the property is restricted to institutional use only, its realistic market value might be *lower* since the buyer pool is smaller.
- ⌚ True value could be *different* if there is income (rent roll) or a tenant in place — that would require an *income-based (cap rate) valuation*.
- 📄 A *professional appraisal* would refine this with specifics like building condition, rentable sqft, zoning, and highest-and-best-use.

Summary

Recommended Competitive Price for 2004 Truman St:
\$975,000 – \$1,025,000

This reflects relative strengths of the market commercial comparables (in \$949K – \$1.05M range) and positions the property as a *commercial/office/institutional opportunity* in the local market.

If you want, I can refine this *with estimated NOI and cap rates* to convert it into an income approach value — just let me know any rent or expense info you have for the property.

Is this conversation helpful so far?

Agenda Item: 1 st Quarter FY 2026 Quarterly Investment Report	Board Meeting Date
	January 29, 2026
Committee: Business	
Background Information:	
<p>This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.</p>	
Supporting Documentation:	
<p>Quarterly TexPool Investment Report</p> <p>Quarterly Interest Report</p>	
Recommended Action:	
For Information Only	

**QUARTERLY INVESTMENT REPORT
TEXPOOL FUNDS**

For the Period Ending November 30th, 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	September	October	November
Uninvested Balance	979.70	(-\$539.69)	\$2,164.13
Accrual of Interest Income	\$64,750,265.02	\$48,506,027.53	\$58,196,361.53
Interest and Management Fees Payable	(-\$113,655,728.80)	(-\$116,241,675.77)	(-\$107,814,339.87)
Payable for Investments Purchased	(-\$365,295,581.09)	(-\$335,835,993.08)	(-\$978,542,134.40)
Accrued Expense & Taxes	(\$-38,702.79)	(-\$38,841.86)	(-\$113,915.64)
Repurchase Agreements	\$13,086,527,000.00	\$14,682,842,000.00	\$15,187,337,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$7,184,679,889.45	\$6,647,475,854.82	\$6,418,434,526.56
U.S. Treasury Bills	\$10,250,193,284.03	\$9,530,091,031.07	\$9,151,132,607.60
U.S. Treasury Notes	\$1,895,852,319.87	\$1,656,475,500.79	\$1,657,301,866.80
TOTAL	\$34,339,871,114.11	\$33,130,358,563.81	\$32,403,019,336.71

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$337.15	\$2,164.13
Accrual of Interest Income	\$78,974,618.83	\$58,196,361.53
Interest and Management Fees Payable	(-\$121,862,387.78)	(-\$107,814,339.87)
Payable for Investments Purchased	(-\$763,282,683.86)	(-\$978,542,134.40)
Accrued Expenses & Taxes	(-\$115,842.21)	(-\$113,915.64)
Repurchase Agreements	\$12,767,447,000.00	\$15,187,337,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$8,381,304,044.66	\$6,418,434,526.56
U.S. Treasury Bills	\$9,965,445,159.70	\$9,151,132,607.60
U.S. Treasury Notes	\$1,614,670,038.50	\$1,657,301,866.80
TOTAL	\$32,939,665,484.99	\$32,403,019,336.71

Portfolio by Maturity as of November 30th, 2025

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
69.6 %	15.5 %	8.8 %	6.1 %

Portfolio by Type of Investments as of November 30th, 2025

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
32.3 %	45.4 %	19.2 %	3.0 %

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 4.25% for September, 4.14% for October, and 3.99% for November.

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 November 30th, 2025 was 38 days.

The net asset value as of November 30th, 2025 was 1.00013.

The total amount of interest distributed to participants during the period was \$107,814,386.29.

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 2,969.

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 2026
As Of November 30, 2025

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	\$ -				\$ -
First Liberty National Bank	\$ 1.88				\$ 1.88
JP Morgan Chase (HBS)	\$ 5,141.76				\$ 5,141.76
Prosperity Bank	\$ 24.56				\$ 24.56
Prosperity Bank CD (formerly Tradition)	\$ 3.10				\$ 3.10
TexPool Participants	\$ 9,987.45				\$ 9,987.45
First Financial Bank	\$ 579.89				\$ 579.89
Total Earned	\$ 15,738.64	\$ -	\$ -	\$ -	\$ 15,738.64

Agenda Item: Board of Trustees Unit Financial Statements as of November and December 2025	Board Meeting Date
	January 29, 2026
Committee: Business	
Background Information:	
None	
Supporting Documentation:	
November and December 2025 Board of Trustees Unit Financial Statements	
Recommended Action:	
For Information Only	

Unit Financial Statement

FY 2026
November 30, 2025

	November 2025		November 2025		Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
	Budget	Actual								
Revenues										
Allocated Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 6,711	\$ 6,711	\$ -	\$ 6,711	\$ -	100%	\$ 26,845
Total Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 6,711	\$ 6,711	\$ -	\$ 6,711	\$ -	100%	\$ 26,845
Expenses										
Advertising - Public Awareness	\$ -	\$ 12	\$ (12)	\$ -	\$ 12	\$ (12)	\$ -	\$ -	0%	\$ -
Fixed Assets - Vehicles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 54,400
Insurance-Worker Compensation	\$ -	\$ -	\$ -	\$ -	\$ 3	\$ (3)	\$ -	\$ -	0%	\$ -
Legal Fees	\$ 1,500	\$ -	\$ 1,500	\$ 4,500	\$ 3,000	\$ 1,500	\$ 3,000	\$ 67%	\$ 18,000	
Training	\$ 187	\$ -	\$ 187	\$ 561	\$ -	\$ 561	\$ -	0%	\$ 2,245	
Travel - Non-local mileage	\$ 146	\$ -	\$ 146	\$ 438	\$ -	\$ 438	\$ -	0%	\$ 1,750	
Travel - Non-local Hotel	\$ 375	\$ -	\$ 375	\$ 1,125	\$ -	\$ 1,125	\$ -	0%	\$ 4,500	
Travel - Meals	\$ 29	\$ -	\$ 29	\$ 88	\$ -	\$ 88	\$ -	0%	\$ 350	
Total Expenses	\$ 2,237	\$ 12	\$ 2,225	\$ 6,712	\$ 3,003	\$ 3,709	\$ 3,709	45%	\$ 26,845	
Total Revenue minus Expenses	\$ -	\$ 2,225	\$ (2,225)	\$ (1)	\$ 3,708	\$ (3,709)	\$ (3,709)	55%	\$ -	

Unit Financial Statement

FY 2026
December 31, 2025

	December 2025 Budget	December 2025 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 8,948	\$ 8,948	\$ -	100%	\$ 26,845
Total Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 8,948	\$ 8,948	\$ -	100%	\$ 26,845
Expenses								
Advertising - Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	0%	\$ -
Insurance-Worker Compensation	\$ -	\$ 2	\$ (2)	\$ -	\$ 5	\$ (5)	0%	\$ -
Legal Fees	\$ 1,500	\$ 1,500	\$ -	\$ 6,000	\$ 4,500	\$ 1,500	75%	\$ 18,000
Training	\$ 187	\$ -	\$ 187	\$ 748	\$ -	\$ 748	0%	\$ 2,245
Travel - Non-local mileage	\$ 146	\$ -	\$ 146	\$ 583	\$ -	\$ 583	0%	\$ 1,750
Travel - Non-local Hotel	\$ 375	\$ -	\$ 375	\$ 1,500	\$ -	\$ 1,500	0%	\$ 4,500
Travel - Meals	\$ 29	\$ -	\$ 29	\$ 117	\$ -	\$ 117	0%	\$ 350
Total Expenses	\$ 2,237	\$ 1,502	\$ 735	\$ 8,948	\$ 4,517	\$ 4,431	50%	\$ 26,845
Total Revenue minus Expenses	\$ -	\$ 735	\$ (735)	\$ -	\$ 4,431	\$ (4,431)	50%	\$ -

Agenda Item: HUD 811 Update	Board Meeting Date
	January 29, 2026
Committee: Business	
Background Information:	
<p>Each of the Housing Boards is appointed by the Board of Trustees and each organization is a component unit of Tri-County Behavioral Healthcare.</p> <p>Tri-County has established a quarterly reporting mechanism to keep the Board of Trustees updated on the status of these projects.</p>	
Supporting Documentation:	
First Quarter FY 2026 HUD 811 Report	
Recommended Action:	
For Information Only	

1st Quarter FY 2026 HUD 811 Report

The Cleveland Supported Housing, Inc. Board (CSHI)

The CSHI Board held a meeting virtually on December 12, 2025 where they reviewed financial statements, project status reports, and voted to accept the engagement letter from Pittsford Samuels, PLLC. The next meeting will serve as the annual meeting and is tentatively scheduled for March 20, 2026. At the March Board meeting the preliminary audit will be reviewed along with regular items and elections will take place for officer positions.

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

The Balance Sheet ending on October 31, 2025, reflects a current outstanding payable to Tri-County of \$21,861. As a reminder, these projects are not developed to make large profits. As such, MDP Management will review the financial status at the end of each year and if able, will make a payment toward the payable amount at that time.

Following consultation with the CSHI Board, MDP Management is currently exploring options for a new bank following concerns related to excess charges and customer service.

The CSHI Board currently has three members and are actively seeking recommendations for additional membership as they become available. Please contact Tanya Bryant with any leads.

The Montgomery Supported Housing, Inc. Board (MSHI)

The MSHI Board held a meeting on December 9, 2025 where they reviewed financial statements, project status reports, and voted to accept the annual audit engagement letter from Pittsford Samuels, PLLC. Our next meeting is tentatively scheduled for March 17, 2026. This meeting will serve as the annual Board Meeting where members will elect officers, review initial audit results and vote to file the audit with HUD.

Following the last update, there has been turnover in two units with no known maintenance issues outstanding at this time. We are sad to report that one resident passed away due to natural causes. Tri-County staff have been in contact with the MDP property management community director, and grief resources have been provided to the property management as they navigate this unexpected loss.

The current outstanding payable to Tri-County is \$32,099. As outlined in the CSHI update above, MDP Management will review the financial status at the end of each year and if able, will make a payment toward the payable amount at that time.

The MSHI Board currently has four board members with one resignation taking place since the last meeting. Please contact Tanya if you have any recommendations.

The Independence Communities, Inc. Board (ICI)

The ICI Board held a meeting on December 9, 2025, where they reviewed financial statements, project status reports, and voted to accept the engagement letter from Pittsford Samuels, PLLC. The next meeting is tentatively scheduled for March 17, 2025. This meeting will serve as the annual Board Meeting where members will elect officers, review initial audit results and vote to file the audit with HUD.

The property is currently 100% occupancy. There were two move outs since the last board meeting. Both units were pre-leased. The new residents are settling in nicely.

Following notification of a recent change in the Community Director (CD) for Independence Village (IVA), Quentella Brown, CD for Independence Place, provided resident support and coverage for IVA until a replacement was found. De'Nique Johnson has accepted the CD position for IVA and comes to the property with previous experience as the property manager at Cleveland's Independence Oaks Apartments.

The ICI Board currently has six members. Please contact Tanya if you have any additional recommendations.

Agenda Item: Project Update 402 Liberty Street, Cleveland, TX 77327

Board Meeting Date:

January 29, 2026

Committee: Business

Background Information:

There have been some delays by JLA getting payments to sub-contractors and upon further investigation, there have been some irregularities noted by JLA in their books which resulted in some of their staff being terminated.

Jackson Walker Attorney Randy Farber, Mike Duncum and Tri-County staff have been working with JLA to get these issues identified and resolved so that the final punch list can be completed and we can close out the project.

It should be noted here that that Tri-County has managed funds appropriately and was not made aware of the issues until after the Grand Opening.

Further updates will be provided in Executive Session.

Supporting Documentation:

None

Recommended Action:

Project Update 402 Liberty Street, Cleveland, TX 77327

UPCOMING MEETINGS

February 26, 2026 – Board Meeting

- ISC Group Retirement Plan Presentation
- Longevity Presentations
- Approve Minutes from January 29, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for January 2026
- Program Updates
- Personnel Report for January 2026
- Texas Council Risk Management Fund Claims Summary for January 2026
- Approve Financial Statements for January 2026
- Approve FY 2025 Independent Financial Audit
- FY 26 Budget Revision
- 401(a) Retirement Plan Account Review
- Board of Trustees Unit Financial Statement as of January 2026

March 26, 2026 – Board Meeting

- Approve Minutes from February 26, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for February 2026
- Program Updates
- FY 2026 Goals and Objectives Progress Report
- 2nd Quarter FY 2026 Investment Report
- 2nd Quarter FY 2026 Corporate Compliance and Quality Management Report
- 3rd Quarter FY 2026 Corporate Compliance Training
- Personnel Report for February 2026
- Texas Council Risk Management Fund Claims Summary as of February 2026
- Approve Financial Statements for February 2026
- Board of Trustees Unit Financial Statement as of February 2026

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
BHSP	Behavioral Health Suicide Prevention
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 11/17/25