

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

**March 26, 2026**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 26, 2026. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received within 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 - February 26, 2026**
- III. **Program Presentation - Performance Measures**
- IV. **Executive Director's Report - Evan Roberson**
  - A. SAMHSA Assisted Outpatient Treatment Grant
  - B. Revenue Meetings
  - C. HHSC Reorganization
  - D. IDD Awareness Day
- V. **Chief Financial Officer's Report - Millie McDuffey**
  - A. 2024 HCS Desk Review
  - B. 2025 HCS and MEI Cost Reports
  - C. Budget Revision for FY 2026

**VI. Program Committee**

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**VII. Executive Committee**

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**VIII. Business Committee**

Action Items

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D. Approve HHSC Contract No. HHS000231500002, Amendment No. 4 Projects for Assistance in Transition from Homelessness Grant Program (PATH).....	58
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F. 2 <sup>nd</sup> Quarter FY 2026 Investment Report.....	60-64
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**IX. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney; and Section 551.072 - Real Property; 402 Liberty Street, Cleveland, TX 77327.**

Posted By:

Ava Green  
Executive Assistant

**BOARD OF TRUSTEES MEETING  
February 26, 2026**

**Board Members Present:**

Patti Atkins  
Gail Page  
Richard Duren  
Morris Johnson  
Carl Williamson  
Sharon Walker

**Board Members Absent:**

Tim Cannon  
Jacob Paschal  
Tracy Sorensen

**Tri-County Staff Present:**

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Sara Bradfield, Chief Operating Officer  
Kenneth Barfield, Director of Management Information Systems  
Kathy Foster, Director of IDD Provider Services  
Yolanda Gude, Director of IDD Authority Services  
Beth Dalman, Director of Crisis Access  
Ashley Bare, HR Manager  
Darius Tuminas, Controller  
Tabatha Abbott, Manager of Accounting  
Ava Green, Executive Assistant

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

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

**Guest(s):** Mannix Smith and Corby Hankins with ISC Group, Inc. and Mike Duncum, WhiteStone Realty Consulting

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:07 a.m., 233 Sgt. Ed Holcomb Blvd S, Conroe, TX 77304.

**Public Comment:** Dr. Chase Walding with Sanapia Community spoke wanting to encourage Diversion Center planning.

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

**Resolution #02-26-01**

**Motion Made By:** Morris Johnson

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

**Resolved:**

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

**Resolution #02-26-02**

**Motion Made By:** Sharon Walker

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

**Resolved:**

That the Board approve the minutes of the January 29, 2026 meeting of the Board of Trustees.

**Program Presentations:** 401(a) Retirement Plan Account Review presented by Corby Hankins and Mannix Smith with ISC Group, Inc.

**Program Presentation:** Longevity Recognitions

**Board Training:** None presented at this meeting.

**Executive Director's Report:**

The Executive Director's report is on file.

- Waiver Slot Release
- ADA Accessibility Standards for Website/Social Media
- Children's Mental Health Improvement Measure

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2025 CCBHC Cost Report
- CFO Consortium Update
- FY 2025 Cost Accounting Methodology (CAM) Cost Report
- Texas Council Risk Management Fund - Insurance Renewal
- FY 2026 Mid-Year Budget Review Update

**Program Committee:**

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for January 2026 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

**Executive Committee:**

The Personnel Report through January 2026 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of January 2026 was reviewed for information purposes only.

**Business Committee:**

**Resolution #02-26-03**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the January 2026 Financial Statements.

**Resolution #02-26-04**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the FY 2026 Contract Amendment for Adaptive Aids, LLC for IDD Crisis Respite Services for up to \$100,000.

**Resolution #02-26-05**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board ratify Health and Human Services Commission Grant Agreement, Contract No. HHS001442900006, Amendment No. 2, Youth Crisis Outreach Team Grant Program Extension.

**Resolution #02-26-06**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve the sale of three vehicles at auction to the highest bidder.

**Resolution #02-26-07**

**Motion Made By:** Morris Johnson

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

**Resolved:**

That the Board approve FY 2026 Contract with Windsor Building Services, Inc. to provide cleaning services at the Psychiatric Emergency Treatment Center in the amount of \$82,000.

The Board Unit Financial for January 2026 was reviewed for information purposes only.

The Consumer Foundation Board Meeting update was reviewed for information purposes only.

The update on the demolition of 612 Hwy 90, Liberty, TX 77575 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 12:09 p.m. to go into Executive Session at 12:12 p.m. in compliance with Texas Government Code Section 551.071 - Consultation with Attorney and Section 551.072 - Real Property consisting of 612 Hwy 90, Liberty, TX 77575 and 402 Liberty Street, Cleveland, TX 77327 - Clark Roofing and Construction, Inc. vs. Tri-County Behavioral Hospital, and JLA Construction Solutions, LLC.

The Executive Session of the Board of Trustees adjourned at 12:29 p.m. to go into the regular meeting.

No action was taken.

The regular meeting of the Board of Trustees adjourned at 12:29 p.m.

Adjournment:

Attest:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Agenda Item:** Community Resources Report

**Board Meeting Date:**

**Committee:** Program

March 26, 2026

**Background Information:**

None

**Supporting Documentation:**

Community Resources Report

**Recommended Action:**

For Information Only

# Community Resources Report

## February 27, 2026 - March 26, 2026

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### Volunteer Hours:

Location	February
Conroe	105
Cleveland	5
Liberty	13.5
Huntsville	15
<b>Total</b>	<b>138.5</b>

### COMMUNITY ACTIVITIES

2/27/26	Hope Rising Conference	The Woodlands
2/27/26	Walker County Juvenile Services Staffing	Huntsville
2/27/26	First Episode Psychosis Presentation to Kingwood Pines	Kingwood
3/3/26	Dogwood Elementary School Community Partner Presentation	New Caney
3/3/26	Student Health Advisory Committee - Huntsville ISD	Huntsville
3/4/26	Regional Outreach, Screening, Assessment and Referral Meeting - Virtual	Conroe
3/4/26	Liberty County Ministerial Alliance	Cleveland
3/4/26	Montgomery County Child Crisis Collaborative	Conroe
3/5/26	Transition Fair - Conroe ISD	Conroe
3/5/26	Cleveland Chamber of Commerce Luncheon	Cleveland
3/7/26	Walker County Veterans Breakfast	Huntsville
3/9/26	Behavioral Health Suicide Prevention Task Force - Neurodiversity & Special Needs Workgroup	Conroe
3/9/26	Conroe Homeless Coalition	Conroe
3/10/26	Family & Community of East Texas Coalition Meeting	Conroe
3/10/26	American Legion Post 411 Meeting	Conroe
3/10/26	Texas Commission on Law Enforcement Class - Conroe Independent School District Police	Conroe
3/11/26	Lone Star College Montgomery Safety Fair	Conroe
3/11/26	Community Care Day - Community Assistance Center	Conroe
3/12/26	DePelchin Community Partners Meeting	Conroe
3/13/26	Behavioral Health Suicide Prevention Task Force Meeting - Addictions Workgroup - Virtual	Conroe
3/16/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
3/17/26	Montgomery County Community Resource Collaboration Group	Conroe
3/17/26	Adult Mental Health First Aid for the Community - Virtual	Conroe
3/19/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
3/19/26	Quarterly Military Veteran Peer Network Mentor Meeting	Conroe
3/19/26	Houser Elementary Academic Night and Resource Event	Conroe
3/20/26	Youth Mental Health First Aid for Liberty ISD	Liberty

3/21/26	Intellectual and Development Disabilities Awareness Day	Conroe
3/23/26	Walker County Food Coalition - Virtual	Conroe
3/24/26	Youth Mental Health First Aid for Education Service Center 4 - Virtual	Conroe
3/24/26	Adult Mental Health First Aid for Linde Engineering	The Woodlands
3/24/26	Transition Fair - Willis ISD	Willis
3/24/26	Walker County Community Resource Collaboration Group and Child Crisis Collaborative	Huntsville
3/25/26	Crisis Collaborative & Diversion Task Force Meeting	Conroe
3/25/26	Adult Mental Health First Aid for Linde Engineering	The Woodlands
3/25/26	Student Health Advisory Committee - New Waverly ISD	New Waverly
3/25/26	Community Crisis Collaborative	Conroe
3/26/26	Creighton Elementary Parent Night	Conroe

## UPCOMING ACTIVITIES

3/27/26	Walker County Juvenile Services Staffing	Huntsville
3/27/26	Montgomery Hispanic Chamber - Networking Coffee Event	The Woodlands
3/28/26	Interfaith of The Woodlands Health Kids Fest	The Woodlands
3/30/26	Adult Mental Health First Aid for the Community	Conroe
3/31/26	Youth Mental Health First Aid for the Community - Virtual	Conroe
4/1/26	Montgomery County Child Crisis Collaborative	Conroe
4/2/26	Youth Mental Health First Aid for Galena Park ISD - Virtual	Conroe
4/3/26	Demystifying State Agencies & Sexuality in Intellectual and Development Disabilities - Lone Star Leadership Education in Autism and Neurodevelopmental Disabilities	Conroe
4/7/26	Adult Mental Health First Aid for the Community	Conroe
4/7/26	Liberty County Coalition	Cleveland
4/9/26	Youth Mental Health First Aid for Education Service Center 6 - Virtual	Conroe
4/11/26	Early Childhood Registration Fair - Conroe ISD	Conroe
4/13/26	Behavioral Health Suicide Prevention Task Force - Neurodiversity & Special Needs Workgroup	Conroe
4/14/26	Family & Community Coalition of East Texas	Conroe
4/15/26	Breakfast Connections - The Woodlands Chamber	The Woodlands
4/16/26	Youth Mental Health First Aid for Conroe ISD	Conroe
4/16/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
4/21/26	Montgomery County Community Resource Collaboration Group	Conroe
4/22/26	Community Care Day - Community Assistance Center	Conroe
4/22/26	Youth Mental Health First Aid for the Community	Conroe
4/24/26	Walker County Juvenile Services Staffing	Huntsville
4/24/26	Behavioral Health Suicide Prevention Task Force Meeting - Military Workgroup	Conroe
4/28/26	Parent Support Group - IDD	Conroe

4/28/26	Walker County Community Resource Collaboration Group and Child Crisis Collaborative	Huntsville
4/29/26	Community Crisis Collaborative	Conroe

**Agenda Item:** Consumer Services Report for February 2026

**Board Meeting Date:**

**Committee:** Program

March 26, 2026

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Report for February 2026

**Recommended Action:**

For Information Only

Consumer Services Report - February 2026

<b>Crisis Services, Mental Health Adults/Children Served</b>	<b>Montgomery</b>	<b>Walker</b>	<b>Cleveland</b>	<b>Liberty</b>	<b>Total</b>
Crisis Assessments and Interventions	357	24	19	19	<b>419</b>
Youth Crisis Outreach Team (YCOT)	130	10	11	5	<b>156</b>
Crisis Stabilization Unit	61	3	4	4	<b>72</b>
Crisis Stabilization Unit Bed Days	182	10	17	15	<b>224</b>
Adult Contract Hospital Admissions	41	6	1	1	<b>49</b>
Child and Youth Contract Hospital Admissions	14	1	2	0	<b>17</b>
Total State Hospital Admissions (Civil only)	0	0	0	0	<b>0</b>
Crisis Hotline Served	343	61	49		<b>453</b>
<b>Routine Services, MH Adults/Children Served</b>					
Adult Levels of Care (LOC 1-5, Erly Onset, Transition Age Youth)	1221	241	147	130	<b>1739</b>
Adult Medication	952	172	89	82	<b>1295</b>
Texas Correctional Office Offenders with Mental & Med Impmnts	93	8	9	17	<b>127</b>
Adult Jail Diversions	0	0	0	0	<b>0</b>
Child Levels of Care (LOC 1-5, EO, Yng Chld, Yth Empwr Serv)	696	97	73	36	<b>902</b>
Child Medication	227	26	19	15	<b>287</b>
Multisystemic Therapy (MST)	16	1	1	1	<b>19</b>
School Based Clinics	85	33	19	0	<b>137</b>
<b>Peer Support</b>					
Child and Youth Family Partner	29	16	1	2	<b>48</b>
Adult Peer Support	6	0	0	0	<b>6</b>
First Episode Psychosis Peer/Family Partner	2	0	0	0	<b>2</b>
<b>Veterans Served</b>					
Veterans Served - Therapy	15	0	0	3	<b>18</b>
Veterans Served - Peer Support	5	0	0	0	<b>5</b>
<b>Persons Served by Program, Intellec &amp; Developmntl Disabil.</b>					
Number of New Enrollments for IDD	10	0	2	0	<b>12</b>
Service Coordination	863	85	57	41	<b>1046</b>
Individualized Skills and Socialization (ISS)	7	17	3	12	<b>39</b>

<b>Persons Enrolled in Programs, IDD</b>					
Center Waiver Services (Hm Cmnty Bsd Ser, Supervised Living)	31	19	4	13	<b>67</b>
<b>Substance Use Services, Adults and Youth Served</b>					
Youth Substance Use Disorder Treatment	19	0	0	0	<b>19</b>
Adult Substance Use Disorder Treatment	22	1	1	0	<b>24</b>
<b>Waiting/Interest Lists as of Month End</b>					
HCS/TxHmL Interest List (Active-Choice in Suprts for Ind Living)	2411	170	345		<b>2926</b>
<b>January Served</b>					
Adult Mental Health	1380	235	157	129	<b>1901</b>
Child Mental Health	858	123	92	41	<b>1114</b>
Intellectual and Developmental Disabilities	1023	108	71	55	<b>1257</b>
<b>Total Served</b>	<b>3261</b>	<b>466</b>	<b>320</b>	<b>225</b>	<b>4272</b>
<b>February Served</b>					
Adult Mental Health	1550	266	179	153	<b>2148</b>
Child Mental Health	916	119	99	41	<b>1175</b>
Intellectual and Developmental Disabilities	1055	105	73	61	<b>1294</b>
<b>Total Served</b>	<b>3521</b>	<b>490</b>	<b>351</b>	<b>255</b>	<b>4617</b>

**Agenda Item:** Program Updates

**Board Meeting Date:**

March 26, 2026

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Program Updates

**Recommended Action:**

**For Information Only**

# Program Updates

## February 27, 2026 - March 26, 2026

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### Crisis Services

1. Behavioral health hospital admissions remain high. During the month of February, Crisis staff facilitated 146 admissions: 66 adults were admitted to our Crisis Stabilization Unit, while 80 individuals (adults and youth) were referred to private psychiatric facilities. Of these 146 inpatient admissions in February, 24 adults and 14 youth were admitted under contract hospital funding.
2. The Crisis department served 512 individuals during the month of February, delivering 1,262 specialized crisis services to individuals. While adults comprised 66.6% of the patient volume, youth services accounted for the majority of clinical services provided, representing 50.9% of all crisis services.
3. State Hospital capacity remains stable and is primarily comprised of forensic admissions. Of the 60 individuals (56 adults, 4 youth) currently placed in a state hospital, 95% were admitted through a forensic commitment. February included 6 new admissions (5 forensic, 1 civil) and 8 forensic discharges.
4. Our Crisis Intervention Team/Crisis Intervention Response Team (CIT/CIRT) programs provided 130 services to 115 individuals in Montgomery county in the month of February. Activity focused largely on adults (96 individuals with 110 services), while 20 services were provided to 19 youth ages 12 to 17. Family members initiated 29.2% of calls for CIRT response via law enforcement dispatch although referrals were also received from Mobile Crisis Outreach Team (MCOT), law enforcement officers, community agencies, and other community members. Diversion efforts were successful with only seven calls for CIRT engagement resulting in incarceration and 21 that required transport to an emergency department. Direct field-to-inpatient admission were provided to seven individuals, expediting treatment and stabilization for those individuals.
5. The Crisis Program continues to be fully staffed at this time. Expansion is underway to our Youth Crisis Outreach Team (YCOT) program with plans to add two YCOT Response staff and one YCOT Stabilization Clinician, who will be based out of the Cleveland clinic location. This will improve our response times to Liberty County calls, with a goal of arriving on scene within one hour of the call.

### Mental Health Adult Services

1. The Conroe Outpatient team is slowly onboarding new field-based clinicians, providing skills for success, such as smart travel and outcomes-focused service provision.
2. The First Episode Psychosis Team has served a total of 25 individuals this fiscal year, and has successfully graduated four. The program is currently working on outreach and engagement to add new individuals to the program to fill vacant slots.
3. In February, the Conroe Intake Team noted an 88% show rate for all intakes. The team offers same-day intakes to bring individuals into services as quickly as possible, however some people decline the same-day slots for various reasons. February had the highest number of walk-ins to date in this fiscal year.

4. The Rural Clinics collectively have completed 189 intakes to date this fiscal year:  
Huntsville- 90  
Cleveland- 61  
Liberty- 38

### **Mental Health Child and Youth Services**

1. Child and Youth Supervisors have been meeting regularly with direct care staff to review client progress, strengths, and interventions prior to updating each client's Child and Adolescent Needs and Strengths (CANS) Assessment. This intentional collaboration is helping us better capture progress in the quarterly assessments and move toward meeting the challenging Health and Human Services Commission (HHSC) Child Improvement Measure, which is based on CANS ratings. As a result, we continue to move closer towards our target. The Training Department has also provided staff additional training on administering the CANS.
2. We continue to see strong, positive outcomes from our work at school-based sites. One recent example involves an elementary student who entered services failing every subject and struggling to make friends. By working closely with her and her parent, she has learned to follow multistep directions and build healthier peer relationships. She has also progressed from sharing very little at home to communicating her feelings appropriately and regularly. Her parent is also working on developing healthy boundaries, creating a more stable and supportive environment for the children.
3. Child and Youth Mental Health Specialists are experiencing increasing challenges in scheduling client sessions. They must coordinate with schools to ensure students do not miss core academic subjects or required physical education classes, and many schools restrict the amount of time available for sessions during the school day. These limitations make it difficult to complete full appointments. Child and Youth leadership continues to work closely with schools and districts to find solutions that support both educational priorities and behavioral health needs. To maintain consistent care, Child and Youth (C&Y) Mental Health Specialists frequently adjust their schedules to meet with clients before or after school.

### **Criminal Justice Services**

1. The Texas Correctional Office on Offenders with Mental and Medical Impairments (TCOOMMI) Program has successfully transitioned a client back into Mental Health Treatment Court and services upon release from Specialized Inpatient Treatment. This individual has gotten benefits reinstated and is doing well.
2. The Outpatient Competency Restoration team is prepared for a site visit on March 24<sup>th</sup> to review the program and its effectiveness and support in the community.

### **Substance Use Disorder Services**

1. After a slow holiday season, we have seen our intake numbers increase in February. In December and January combined, there were 11 youth walk-ins, whereas in February there were 17. For adults, December had 14 walk-ins and January had 13. In February we had 32 adults come in for screening.

2. Youth success story: Client began Youth Intensive Outpatient services as a Probation requirement. From the beginning, the client was able to identify motivators for change, and displayed insight into her situation. Over the course of the program, she began to develop a clear understanding the importance of aligning her actions with her goals and values, and was enthusiastic about her dedication to improve her grades so that she can graduate high school on time. The client took accountability for how her substance use not only impacted her, but how it impacted her loved ones. She began the program as a relatively quiet person, and by the end of the program she was able to use assertive communication and even shared her personal relapse prevention plan with her guardian present. The client successfully completed the program, and stated she is excited about her future and she knows that using substances will keep her from her meeting personal goals and living fully.

## **Intellectual and Developmental Disability Services (IDD)**

1. In February all Local Mental Health Authority (LMHAs), Local Behavioral Health Authority (LBHAs), and Local Intellectual and Developmental Disability Authority (LIDDAs) were provided clarification of existing policies on Medicaid billing for case management services to persons with mental health and intellectual or developmental disability dual diagnoses, in order to support behavioral health services integration and improve outcomes. Tri-County has started to have conversations about what this would look like in our system and is considering a pilot with dually diagnosed IDD & Child and Youth clients.
2. Local Intellectual and Developmental Disability Authority (LIDDAs) were notified in February that HHSC will initiate a statewide records request in April 2026 for required Home and Community-Based Services (HCBS) Quality Measure Set (QMS) reporting. The Centers for Medicare & Medicaid Services' (CMS) "Ensuring Access to Medicaid Services" final rule (CMS 2442-F) establishes standardized reporting on the HCBS QMS every other year beginning in 2028; however, Money Follows the Person (MFP) grant recipients are required to report on a subset of QMS measures in fall 2026. The people chosen for the records review will be selected at random from all 39 local service areas. The anticipated date of the records request is between mid-April and the beginning of May 2026. Some records HCS providers will have to assist in gathering.
3. Employees from the Provider and Authority Services along with consumers attended the reading of IDD Proclamation in Commissioners Court in Walker and Liberty counties. Walker County was held on March 9<sup>th</sup> and Liberty County was held on March 10<sup>th</sup>.
4. Positions have been filled in our two Huntsville group homes, which will allow for consistency in client care as it reduces rotation of employees going in and out of the home.

## **Support Services**

1. **Quality Management (QM):**
  - a. The Rights Protection Officer (RPO) is currently participating in a State Pilot, alongside the Director of IDD Authority Services, related to reporting of complaints and inquires made at the Center. This pilot is expected to run through April 2026.

- b. The Quality Management Department continues to follow up on data reviewed as a part of the Junior Utilization Management (JUM) Committee, aimed at ensuring continuity of care for those indicating a need for reengagement. Staff are working with department supervisors and directors to address client follow up needs.
- c. 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.
- d. Staff prepared and submitted six record requests to six insurance companies totaling 25 charts, for records dating back to January 1, 2025.
- e. Quality Management, in coordination with the Financial Department, have recently conducted a review of the Random Moment in Time (RMTS) participant list to ensure alignment with guidelines. Intermittent and ongoing reviews of this list are necessary to ensure the appropriate positions are included and relevant training is provided, as needed.
- f. The Continuous Quality Improvement Committee met on February 27, 2026 to review status updates, needed changes, and next steps related to identified goals.
- g. The Administrator of Medical Records retired on February 27, 2026. On March 1, 2026 the position was filled and the new Medical Records Administrator is currently undergoing training.

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

- a. The Director of QM & Support and the Administrator of Utilization Management are currently working with the Director of Management Information Systems and the Controller to quality assure data measures which are due to the State as a part of the Directed Payment Methodology (DPP) on March 31, 2026.
- b. Utilization Management staff reviewed 10% of all discharges for the month of February and provided feedback to staff and supervisors as needed for quality improvement.
- c. Staff reviewed all progress notes that utilized the Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Modifier for February and offered feedback to program staff as needed.
- d. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in February to support continuous quality improvement.
- e. Quality Management staff are in the beginning stages of reviewing the YCOT Modifier reports. A percentage of the February report will be reviewed, and the sample size for future reviews will be determined based on the results of this initial review.

## **3. Training:**

- a. The Clinical Trainer, in collaboration with the Quality and Utilization Management Department, provided Super User training to both Adult and Child and Youth staff who administer the Adult Needs and Strengths Assessment (ANSA) and the Child & Youth Needs and Strengths Assessment (CANS). This training was provided in compliance with training requirements set forth in the MH Performance Contract and in response to needs identified by the QM/UM Department during ongoing quality assurance activities. In addition to ensuring valid and consistent scoring of these assessments, clinicians were provided with

guidance on providing quality care and accurate documentation correlating with meaningful improvement.

- b. Following turnover in the Training Department, the Center now has four new staff trained as facilitators in Satori Alternatives to Managing Aggression (SAMA) and three staff trained as instructors in Cardiopulmonary Resuscitation (CPR).
- c. The Center was recently notified of a change in fees associated with SAMA, which will now require an administrative cost for each participant to be issued a certificate.
- d. The Mental Health First Aid Program (MHFA) has collaborated with Sam Houston State University to provide a series of eight planned MHFA classes for health sciences department and nursing students at the college for the Spring 2027 school year, potentially training up to 240 students and staff.

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

- a. There are 33 veterans currently engaged in counseling, peer support services, or both under the Texas Veteran Commission (TVC) Grant. The TVC team has exceeded their target for unduplicated individuals served throughout the fiscal year.
- b. There are currently 40 veteran participants in the Montgomery County Veteran Treatment Court. So far this fiscal year, 16 participants have successfully graduated the program.

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

- a. The MH PNAC met on March 25, 2026 to review Center updates, financial status, performance measures and discussed the initiation of the next MH Local Planning Process. As a part of this next planning process, the PNAC will be providing feedback on and reviewing stakeholder surveys that will inform future revisions to the Center Needs Assessment. The Committee continues to discuss needed membership and recruitment efforts to fill current vacancies.

<p><b>Agenda Item:</b> Year to Date FY 2026 Goals and Objectives Progress Report</p> <p><b>Committee:</b> Program</p>	<p><b>Board Meeting Date</b></p> <p>March 26, 2026</p>
<p><b>Background Information:</b></p> <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>	
<p><b>Supporting Documentation:</b></p> <p>FY 2026 Year to Date Goals and Objectives Progress Report</p>	
<p><b>Recommended Action:</b></p> <p>For Information Only</p>	

# Year-to-Date Progress Report

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*September 1, 2025 - March 26, 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 completed training for all Child and Youth caseworkers to support families who may qualify for Medicaid in submitting applications. We are using an Information Technology (IT)-developed report that efficiently identifies clients who are likely Medicaid-eligible based on reported income and family size. Caseworkers are now providing regular updates on their outreach and assistance efforts, with the goal of achieving the 25% application-assistance target by August 31, 2026.

## **Goal #2 - Clinical Excellence**

**Objective 1: Implement a pilot program, operating under Health and Human Services (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.
- Staff have been trained in the pilot program and are now actively working on getting individuals set up for televideo services. We are in the active phase of the pilot, providing the service, troubleshooting any barriers and navigating any questions that come up.

**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 Intellectual and Developmental Disabilities (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.
- The Center has successfully hired five new peer providers across multiple programs; First Episode Psychosis, Veterans, Youth Crisis Outreach Team (YCOT), and PATH. As an ongoing project, this team will continue to have ongoing discussions around supporting peers and family partners and writing a combined Center procedure manual.

**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.
- The Executive Director, along with the Chief Compliance Officer, Chief Financial Officer and Chief Operating Officer have begun a series of focused revenue meetings with Directors over our primary revenue producing areas. The group has reviewed a series of data elements and reports to focus in on management decisions which might lead to greater revenue. Thus far the team has identified new reports which need to be developed to manage staff productivity and have made a series of small adjustments.
- It should be noted that one area of concern is the difficulty of hiring Qualified Mental Health Professionals (QMHPs) in Conroe where we have 10 adult QMHP openings and 12 Child and Youth QMHP openings. Salaries are already stretched, but these salary levels do not appear to be competitive in Montgomery County.

**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 Tri-County Behavioral Healthcare 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 flyer with a Quick Response (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.
- The team decided to use a more inclusive name for the support group and settled on "IDD Caregiver Support Group," or IDD CSG.
- The team finalized the "IDD CSG Participant Agreement and Waiver," which has been added to the RSVP google landing page for the CSG along with the finalized flyer.
- The RSVP for the IDD PSG has been added to the IDD Awareness Day event google landing page, giving attendees an opportunity to RSVP and to provide feedback on topics of interest.
- The team is working on finalizing logistics for the first IDD CSG meeting, including outreach to the community and social media postings.

**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. The guide was further updated to ensure compliance with the Americans with Disabilities Act Web Content Accessibility Guidelines ADA WCAG 2.1 requirements for accessibility, which applies to social media. This manual will also 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.
- To guide social media efforts, a campaign document, which includes the Brand Guide, was completed and is available for review. Included in this document are strategies for continued social media presence and growth to positively promote the Center. Additionally, a content calendar has been developed to ensure consistent materials for posting, measurable goals created to ensure connection with community using social media is maintained, and establishment of roles and responsibilities for staff representing the Center through social media.

**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 have been reviewed and modified to ensure language is consistent with all contract, grant, and certification requirements for each agreement type as well as having language updated to ensure agreements are accessible for various industry providers.
- 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.
- Procedures are in development to guide this process moving forward to ensure partnerships and formal agreements are routinely reviewed and updated as well as having a process for the development of new collaborative relationships identified through the establishment of these agreements.

## **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 31, 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.
- A team has been formed to discuss opportunities related to a competitive SAMHSA grant that has been released. Given the nature of the program, the grant requires significant involvement from the judicial system. The team has been in contact with local judges and the District Attorney's Office to secure commitment and support for the program. The team has further engaged a consultant to assist with writing the grant as well as providing ongoing evaluative support for the program, which is required for funding.

**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 has completed development of a standardized employee performance evaluation form and the internal tracking process that will be used to monitor completion. The evaluation establishes consistent expectations across all positions while still allowing supervisors flexibility to provide meaningful feedback. It focuses on core competencies, employee accomplishments, areas for growth, and professional development planning.
- Supervisor training will begin in March to review the evaluation process and expectations prior to rollout. Completion rates will be monitored throughout the coming months to ensure completion by November 30, 2026.

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

- 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.
- This Objective has been delayed until we can get the financial status of the agency in order. In the interim, the Human Resources Department will provide some training to managers as a part of the staff evaluation training. It should be noted that revenue meetings indicate that the need for this training is high.

**Agenda Item:** 2<sup>nd</sup> Quarter FY 2026 Corporate Compliance and Quality Management Report

**Board Meeting Date**

March 26, 2026

**Committee:** Program

**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 2<sup>nd</sup> Quarter of FY 2026 are included in this Board packet.

**Supporting Documentation:**

2<sup>nd</sup> Quarter FY 2026 Corporate Compliance and Quality Management Report

**Recommended Action:**

For Information Only

# Corporate Compliance and Quality Management Report

## 2<sup>nd</sup> Quarter, FY 2026

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### Corporate Compliance Activities

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

There were four compliance concerns reported in the 2<sup>nd</sup> Quarter of FY 26.

1. The first concern was reported due to time keeping and documentation concerns. This issue is currently being reviewed.
2. The second concern was reported due to performance and documentation concerns. After review, it was determined that further investigation needed to occur. This is currently under investigation.
3. The third concern was reported due to time keeping and documentation concerns. After review, it was determined that further investigation needed to occur. This is currently under investigation.
4. The fourth concern was reported due to documentation concerns. This review has not yet been started.

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

The Corporate Compliance Committee convened on February 9, 2026, to review and discuss several key topics, including:

1. Current trends in Corporate Compliance;
2. A final summary of 1<sup>st</sup> Quarter reviews; and
3. Health Insurance Portability and Accountability Updates.

### Quality Management Initiatives

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

1. Staff participated in one external audit with Health and Human Services Commission.
2. Staff reviewed and submitted 16 record requests, totaling 51 charts.
3. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the Co-Occurring Psychiatric and Substance Use Modifier as well as the Mobile Crisis Outreach Team Modifier.
4. The Mental Health and Intellectual and Developmental Disabilities Quality Management and Utilization Management Committees met for a combined three times in Quarter 2.
5. The Continuous Quality Improvement Committee (CQI) met three times in Quarter 2.

## **B. Reviews/Audits:**

1. The Quality Management and Intellectual and Developmental Disabilities Departments participated in the Intellectual and Developmental Disabilities Authority Quality Assurance Audit held on February 9-12<sup>th</sup>, 2026. Pre-site documentation for this audit was prepared and submitted prior to the January 26, 2026 deadline. Preliminary results for the Quality Management portion of this audit scored 100%.
2. Staff prepared and submitted one record request totaling three charts to Amerigroup dating back to January 2025.
3. Staff prepared and submitted seven record requests totaling 29 charts to Ambetter from Superior Healthplan dating back to January 2025.
4. Staff prepared and submitted two record requests totaling nine charts to Anthem dating back to January 2025.
5. Staff prepared and submitted one record request totaling one chart to Blue Cross Blue Shield dating back to January 2025.
6. Staff prepared and submitted one record requests totaling one chart to Humana dating back to January 2025.
7. Staff prepared and submitted three record requests totaling six charts to Oscar-United Healthcare dating back to January 2025.
8. Staff prepared and submitted one record requests totaling two charts to Texas Children's Health Plan dating back to January 2025.
9. Staff reviewed 152 notes that used the Co-Occurring Psychiatric and Substance Use Disorder Modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly.
10. Staff reviewed 50 notes that used the Mobile Crisis Outreach Team Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
11. Staff reviewed 70 discharges that occurred in Quarter 2 and communicated areas that were needing improvement to supervisory staff.
12. Staff reviewed 76 Mental Health Adult and Child and Youth progress notes, along with 16 Intellectual and Developmental Disabilities progress notes, as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.
13. The Quality Management Department continues to collect monthly quality assurance from supervisors and provides feedback on needed changes to audit tools as changes are indicated.
14. Quality Management and Utilization Management staff continue to review and follow up on key reports reviewed in the Mental Health Quality Management and Utilization Management Committee, to include, but not limited to: Claims oversight reports, override reports, utilization reports, fairness and equity reports.
15. The Continuous Quality Improvement Committee continues to discuss needed changes on measures to include key points of reassessment on evidence-based measures (i.e. Columbia Suicide Risk Assessment and the Patient Health Questionnaire - 9).

**Agenda Item:** 3<sup>rd</sup> Quarter FY 2026 Corporate Compliance Training

**Board Meeting Date**

March 26, 2026

**Committee:** Program

**Background Information:**

As part of the Center’s Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.

This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.

**Supporting Documentation:**

3<sup>rd</sup> Quarter FY 2026 Corporate Compliance Training

**Recommended Action:**

**For Information Only**

## NEWSLETTER HIGHLIGHTS

Message from the Compliance Team

Your Compliance Team

Report Compliance Concerns



## Incident Reports: Part One of Two Part Series

### What to Report

Incident reporting is an important part of maintaining a safe, compliant, and transparent workplace. Timely and accurate reporting helps protect employees, the organization, and the people we serve.

### What is an Incident?

An incident is any unexpected event that could result in injury, harm, loss, or non-compliance. This includes:

- Workplace injuries or near misses;
- Safety hazards or unsafe conditions;
- Policy violations or ethical concerns;
- Data privacy or security issues; and
- Property damage or loss.

If you are unsure if something qualifies as an incident...when in doubt, fill it out!

### YOUR CORPORATE COMPLIANCE TEAM:




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



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



**Ashley Bare**  
Human Resources  
Manager  
[ashleyba@tcbhc.org](mailto:ashleyba@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.



If you have questions or concerns, contact the  
Corporate Compliance team at  
**866-243-9252**  
or  
[corporatecompliance@tcbhc.org](mailto:corporatecompliance@tcbhc.org)



**Agenda Item:** Personnel Report through February 2026

**Board Meeting Date:**

March 26, 2026

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Personnel Report through February 2026

**Recommended Action:**

For Information Only

# Personnel Report

FY26 | February 2026



## OVERVIEW

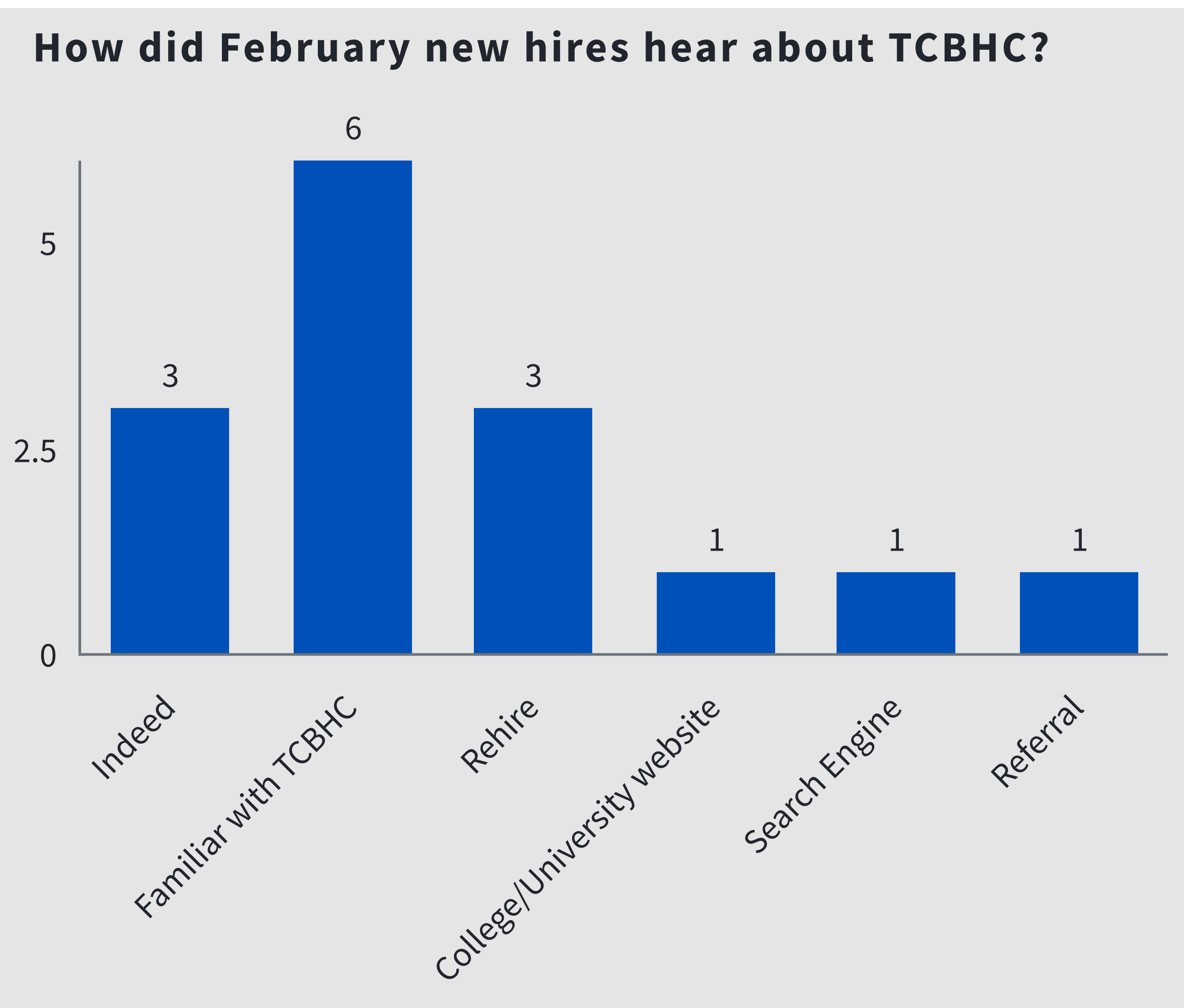
**NEW HIRES**  
February  
**15** POSITIONS  
  
YTD  
**59** POSITIONS

**SEPARATIONS**  
February  
**4** POSITIONS  
  
YTD  
**56** POSITIONS

**Vacant Positions**  
**46**

**Newly Created Positions**  
**0**  
**Total Budgeted Positions**  
**401**

## RECRUITING



## APPLICANTS

<b>February Total Applicants</b>	<b>162</b>
<b>YTD Applicants</b>	<b>1,223</b>

## CURRENT OPENINGS

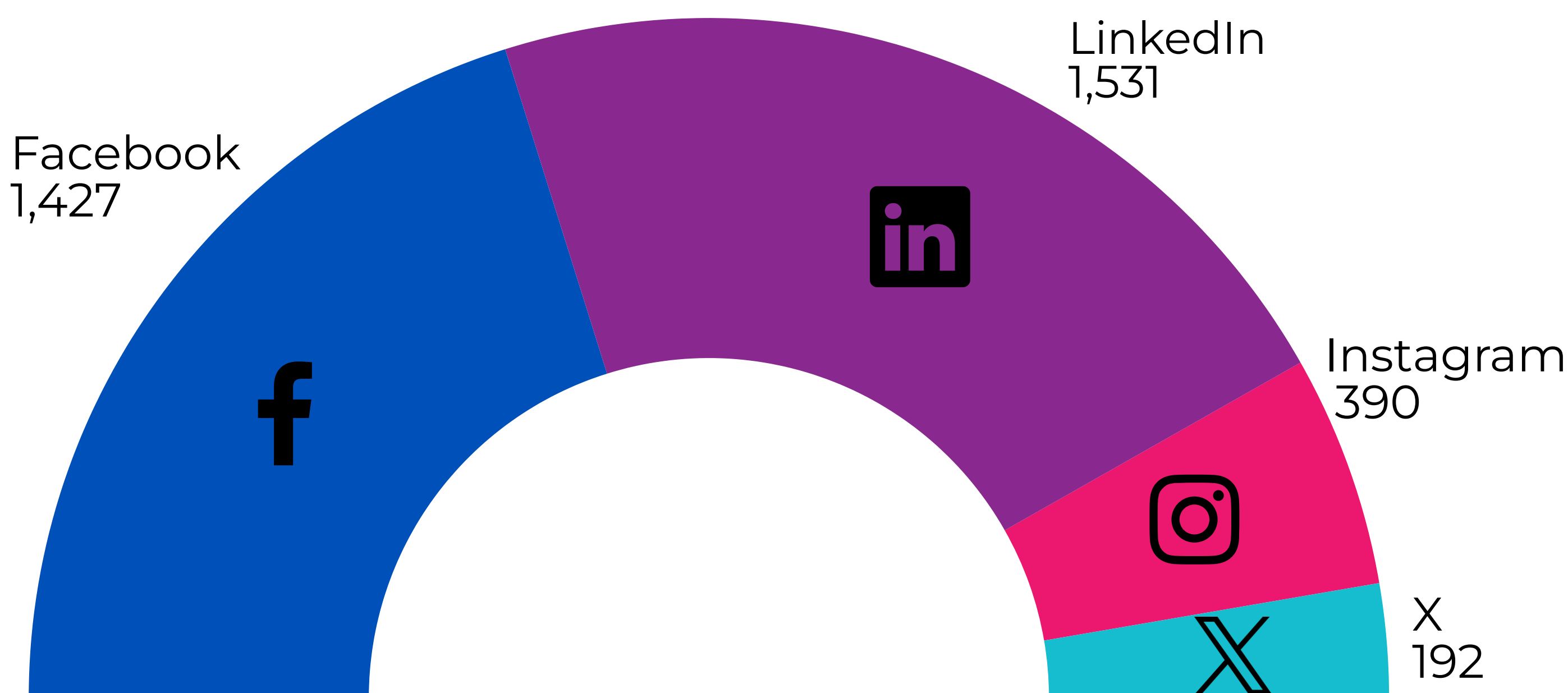
**VACANCIES BY LOCATION**

CONROE	38
CLEVELAND	4
PETC	2
HUNTSVILLE	2
LIBERTY	0

## RECRUITING EVENTS

<b>Conroe Chamber of Commerce Job Fair</b>	<b>2/10</b>
<b>Lone Star College Healthcare Job Fair</b>	<b>2/19</b>

## SOCIAL MEDIA FOLLOWERS



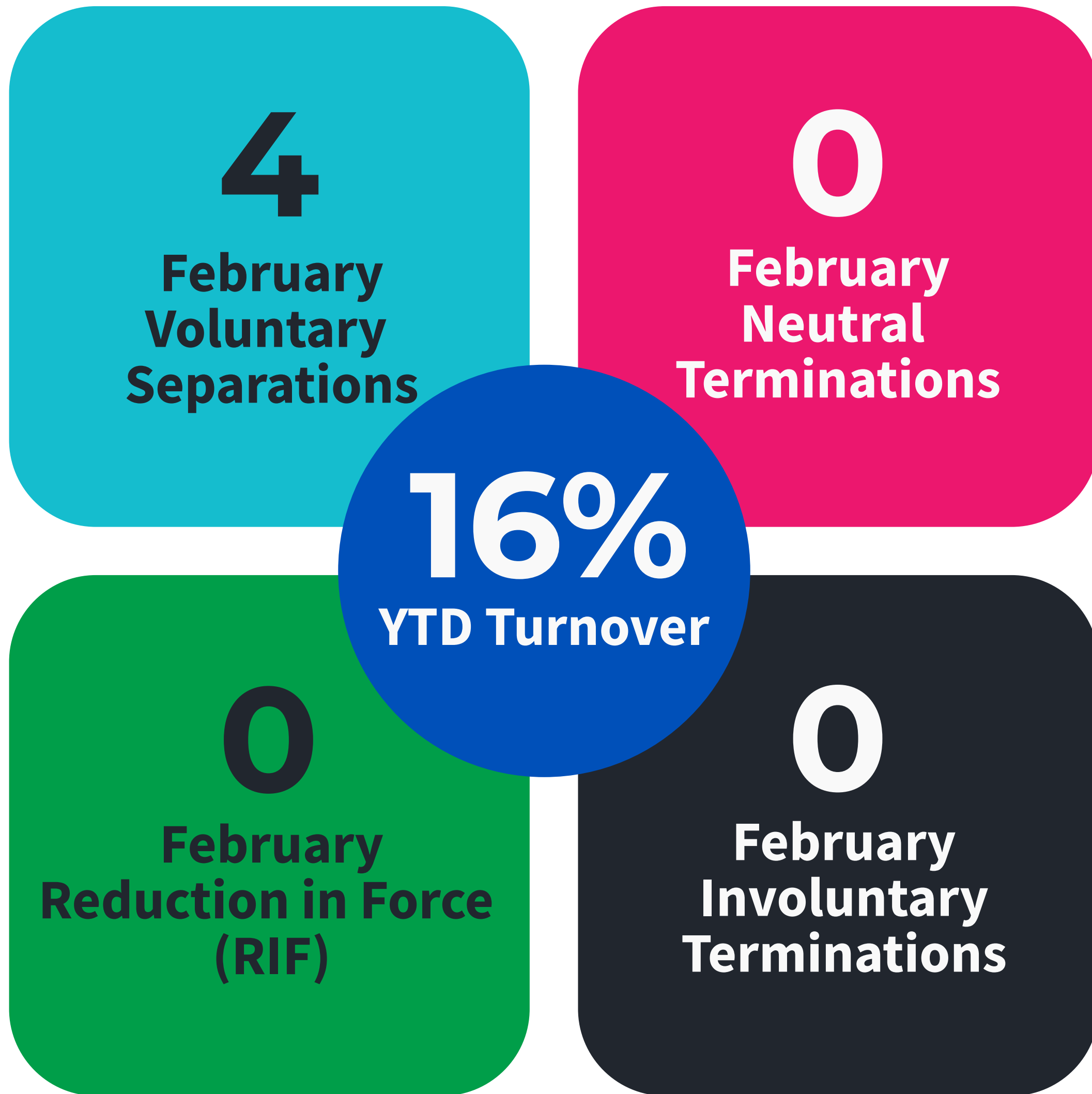
**VACANCIES**

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	27
Direct Care Provider	3
Peer Provider	3
Licensed Clinician	2
LVN	2
Receptionist	1
Other	8

# Exit Data

FY26 | February 2026

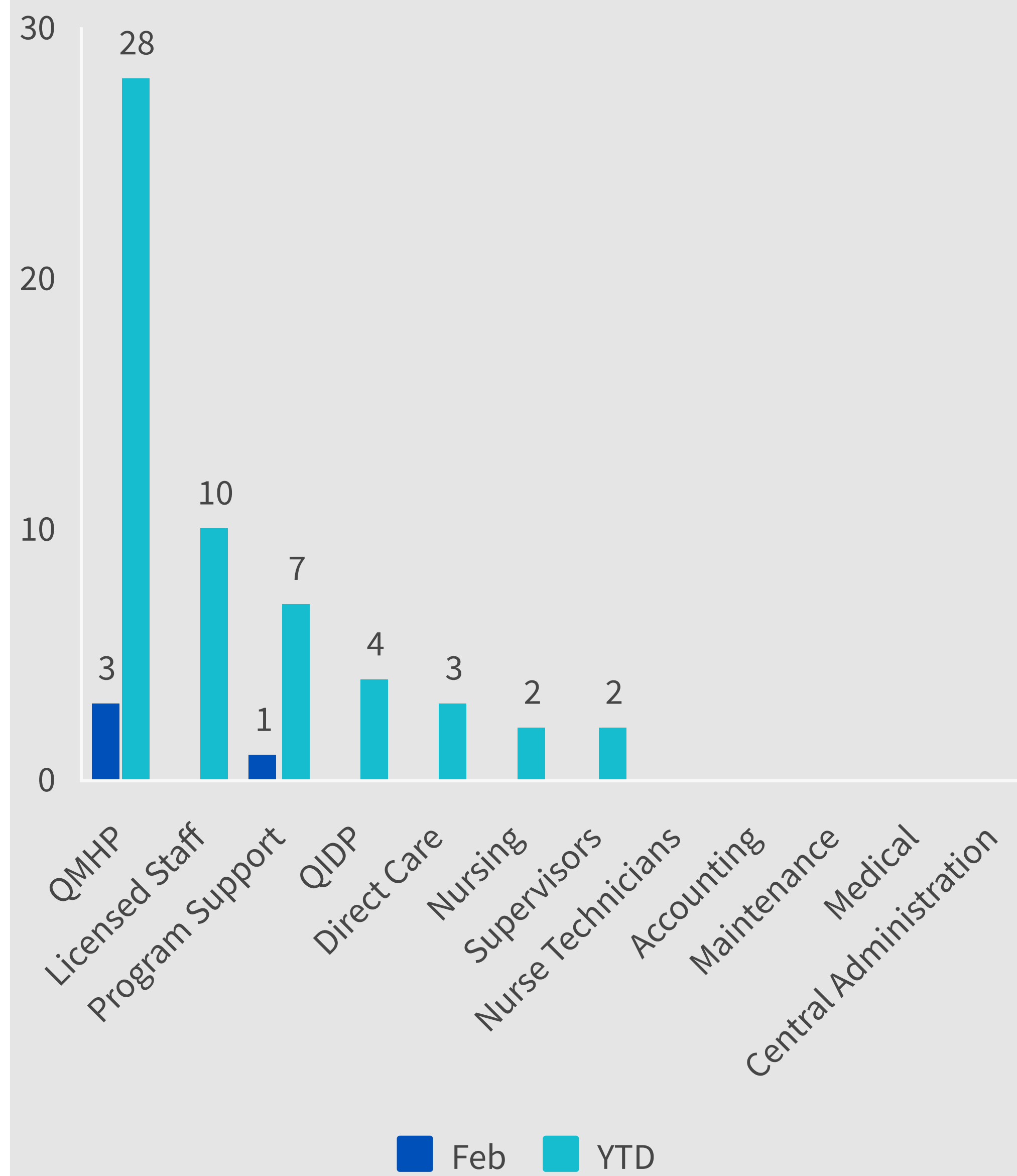
## Exit Stats at a Glance



## YTD Top Reasons for Separations

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

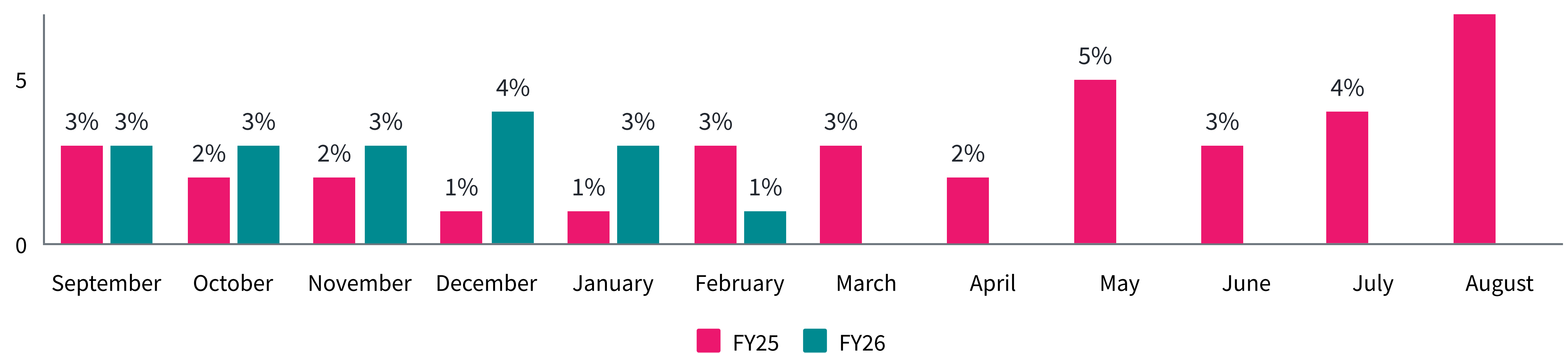
## Separations by Category



## Separations by Tenure



## Turnover Rate by Month



**Agenda Item:** Texas Council Risk Management Fund Claims Summary as of February 2026

**Board Meeting Date:**

March 26, 2026

**Committee:** Executive

**Background Information:**

None

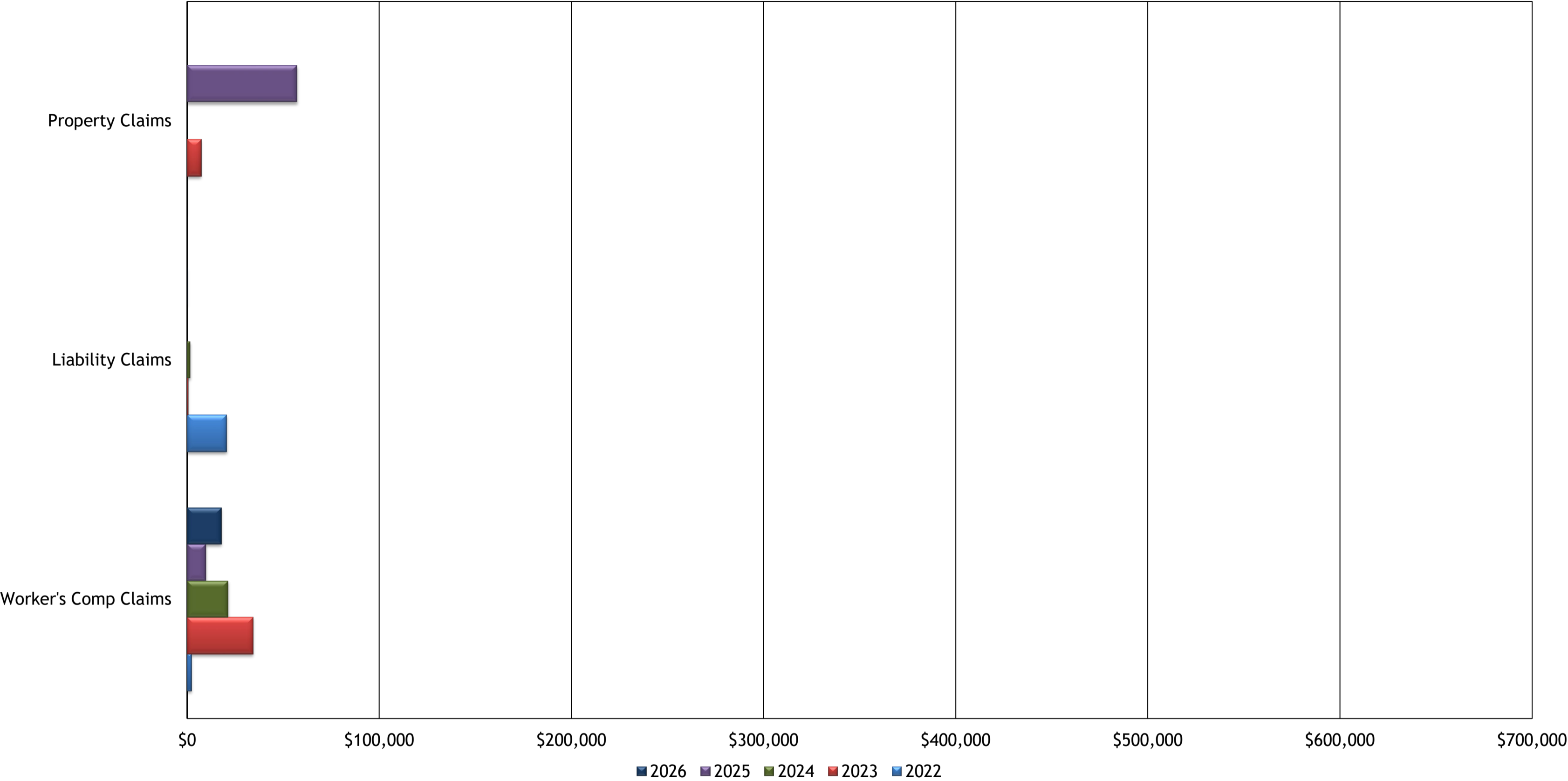
**Supporting Documentation:**

Texas Council Risk Management Fund Claims Summary as of February 2026

**Recommended Action:**

For Information Only

**Texas Council Risk Management Fund Claims Summary  
February 2026**



Year	Worker's Comp Claims	Liability Claims	Property Claims
2022	\$2,215	\$20,538	\$0
2023	\$34,369	\$592	\$7,243
2024	\$21,338	\$1,820	\$0
2025	\$9,965	\$0	\$57,303
2026	\$17,863	\$368	\$0

**Agenda Item:** Approve February 2026 Financial Statements

**Board Meeting Date**

**Committee:** Business

March 26, 2026

**Background Information:**

None

**Supporting Documentation:**

February 2026 Financial Statements

**Recommended Action:**

Approve February 2026 Financial Statements

## February 2026 Financial Summary

Revenues for February 2026 were \$3,007,892 and operating expenses were \$2,946,220 resulting in a gain in operations of \$61,671. Capital Expenditures and Extraordinary Expenses for February were \$150,488 resulting in a loss of \$88,817. Total revenues were 96.96% of the monthly budgeted revenues and total expenses were 99.98% of the monthly budgeted expenses (difference of -3.02%).

Year to date (YTD) revenues are \$20,008,646 and operating expenses are \$19,226,267 leaving excess operating revenues of \$782,379. YTD Capital Expenditures and Extraordinary Expenses are \$1,061,408 resulting in a loss YTD of \$279,029. Total revenues are 97.65% of the YTD budgeted revenues and total expenses are 99.73% of the YTD budgeted expenses (difference of -2.07%).

### **REVENUES**

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Interest Income	\$51,916	\$73,000	71.12%	\$21,084
TCOOMMI	\$340,939	\$365,750	93.22%	\$24,811
Title XIX Case Management MH	\$168,661	\$231,239	72.94%	\$62,577
Title XIX HCS/IDD Program	\$1,087,667	\$1,106,010	98.34%	\$18,343
Medicaid - PASRR	\$41,550	\$56,748	73.22%	\$15,198
Medicaid-Regular-TITLE XIX	\$195,705	\$227,725	85.94%	\$32,021
Title XIX Rehab	\$803,365	\$1,083,505	74.15%	\$280,140
DPP Component 1	\$793,782	\$875,682	90.65%	\$81,900

*Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)*

*Mental Health (MH)*

*Home and Community-based Services (HCS)*

*Preadmission Screening and Resident Review (PASRR)*

*Directed Payment Program (DPP)*

*Intellectual and Developmental Disabilities (IDD)*

**Interest Income** - This line item reflects the interest earned on our funds that we have on deposit in the Tex Pool account. We have mentioned in prior meetings that our

Health and Human Services Commission (HHSC) MH funds were late in arriving by almost 90 days. As a result, funds which would have been invested were used for operations and did not earn projected interest. We see fluctuations in our bank balances throughout the year. The month of February is the six-month mark in our year, and another low point being the end of a quarter. We do expect to receive the Charity Care Payment by mid-April which will increase our interest earned in the coming months.

**TCOOMMI** - This line is for the Texas Correctional Office on Offenders with Medical & Mental Impairments. This program had a position vacant for multiple months that put this contract under budget until we do a budget revision which is coming soon. We also received approval from TCOOMMI on December 3<sup>rd</sup> to hire a new position, a Juvenile Justice Continuity of Care (COC) Clinician that is not in the budget yet. This position is a Licensed Practitioner of the Healing Arts (LPHA).

**Title XIX Case Management MH** - This line item continues to be under revenue for a good portion of the time ever since Coronavirus Disease (COVID). The majority of the variance is from the vacancies in the Child and Youth cost centers for this fiscal year. We also have the additional factor of the decrease in the Medicaid percentage for both the adult and the children's programs having a negative impact on our revenue earned.

**Title XIX HCS/IDD Program** - This line item is the Home and Community-based Services program that provides individualized services and supports to persons with intellectual disabilities. This line item is very rarely on the narrative report and is one of the more consistent revenue lines. For this Fiscal Year we have had two individuals that are hospitalized and out of our programs which contributed to the revenue loss. We also had an issue with a new Host Home client that did not follow through with all the requirements to be approved.

**Medicaid - PASRR** - This line item has been trending lower each month of the fiscal year until it has finally landed on the variance report. Although the program is fully staffed right now, we did have a vacancy the first couple of months of this fiscal year so we have had a ramp up of staff learning their job duties.

**Medicaid - Regular - Title XIX** - This line item is the Medicaid Card Services. The Adult, Substance Abuse, and the IDD Authority lines are the programs under budget.

**Title XIX Rehab** - This line item continues to be on our variance listing. Historically we could depend on certain months to be high, but over the last five years the trends are not the same as they have been for the past 25 years. We continue to have a large number of vacancies in both the Child and Youth program and the Conroe Adult

program. These trends will continue until we can recruit quality staff and the staff that we have hired are fully trained.

**Directed Payment Program** - This line was budgeted based on the Texas Council model given to centers for calculating our projected revenue. At the Chief Financial Officer (CFO) conference it was discussed that the Scorecard numbers 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.

**EXPENSES**

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Advertising - Recruitment	\$39,147	\$13,797	283.74%	\$25,350
Fixed Assets - Construction in Progress	\$97,152	0	0	\$97,152
Payroll Salaries - Exempt	\$4,915,140	\$4,846,884	101.41%	\$68,257
Travel - Local	\$184,568	\$173,728	106.24%	\$10,839
Utilities - Electricity	\$152,089	\$133,859	113.62%	\$18,230

**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 in March. We will have an additional fee associated with this hire when it gets closer for her start date.

**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 since the November financials.

**Payroll Salaries - Exempt** - This line item is our Exempt positions. We are coming in slightly higher than the budgeted amount for this line. This is due to the estimate for the projected lapse used for the initial budget calculations which is based on historical numbers. This year, we have not seen trends in line with historical performance.

**Local - Travel** - This line item is the money we pay for staff using their own vehicles for Tri-County business. This line varies from month to month but is trending up overall. We are doing reviews and internal audits to compare mileage with client notes to ensure that the times match for services and mileage claimed.

**Utilities - Electricity** - This line item has been trending higher the last couple months due to the colder weather. We should see this even out when the weather improves.

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
GENERAL FUND BALANCE SHEET  
For the Month Ended February 2026**

<b>ASSETS</b>	<b>GENERAL FUND February 2026</b>	<b>GENERAL FUND January 2026</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,455	2,455	-
Cash on Deposit - General Fund	5,363,846	7,443,457	(2,079,611)
Accounts Receivable	5,412,882	5,176,563	236,319
Inventory	901	1,026	(125)
<b>TOTAL CURRENT ASSETS</b>	<b>10,780,084</b>	<b>12,623,501</b>	<b>(1,843,417)</b>
<b>FIXED ASSETS</b>	<b>22,469,927</b>	<b>22,469,927</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>274,317</b>	<b>311,356</b>	<b>(37,039)</b>
<b>TOTAL ASSETS</b>	<b>\$ 33,524,328</b>	<b>\$ 35,404,784</b>	<b>\$ (1,880,456)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,261,525	1,492,755	(231,230)
<b>NOTES PAYABLE</b>	839,402	839,402	-
<b>DEFERRED REVENUE</b>	3,992,443	5,527,021	(1,534,578)
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	8,302,708	8,346,912	(44,204)
Guaranty Bank & Trust Loan	1,552,744	1,558,901	(6,157)
First Financial Huntsville Land Loan	731,849	734,690	(2,841)
Lease Liability	148,006	148,006	-
SBITA Liability	608,536	608,536	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(279,029)	(190,214)	(88,815)
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service Reserved for Debt Retirement	(11,343,843)	(11,397,046)	53,203
<b>COMMITTED</b>			
Net Assets - Property and Equipment	22,469,928	22,469,927	1
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,316,448	2,348,448	(32,000)
Reserved for Board Initiatives	500,000	500,000	-
Reserved for 1115 Waiver Programs	-	-	-
<b>ASSIGNED</b>			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	37,000	30,833	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(839,402)	(839,402)	-
<b>UNASSIGNED</b>			
Unrestricted and Undesignated	2,237,891	2,237,893	(2)
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 33,524,328</b>	<b>\$ 35,404,784</b>	<b>\$ (1,880,456)</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE  
CONSOLIDATED BALANCE SHEET  
For the Month Ended February 2026**

<b>ASSETS</b>	<b>General Operating Fund</b>	<b>Debt Fund</b>	<b>Service Fund</b>	<b>Capital Projects Fund</b>	<b>Government Wide 2025</b>	<b>Memorandum Only Final August 2025</b>
<b>CURRENT ASSETS</b>						
Imprest Cash Funds	2,455				2,455	2,550
Cash on Deposit - General Fund	5,363,846				5,363,846	5,587,676
Bond Reserve 2024			766,822		766,822	
Bond Fund 2024			365,031		365,031	-
Bank of New York - Capital Project Fund				905,733	905,733	
Accounts Receivable	5,412,882				5,412,882	3,700,331
Inventory	901				901	511
<b>TOTAL CURRENT ASSETS</b>	<b>10,780,084</b>		<b>1,131,853</b>	<b>905,733</b>	<b>12,817,670</b>	<b>9,291,068</b>
<b>FIXED ASSETS</b>	<b>22,469,927</b>				<b>22,469,927</b>	<b>22,469,928</b>
<b>OTHER ASSETS</b>	<b>274,317</b>				<b>274,317</b>	<b>113,193</b>
<b>Bond 2024 - Amount to retire bond</b>				<b>11,535,925</b>	<b>11,535,925</b>	
<b>Bond Discount 2024</b>				<b>371,272</b>	<b>371,272</b>	-
<b>Total Assets</b>	<b>\$ 33,524,328</b>	<b>\$ 1,131,853</b>	<b>\$ 12,812,930</b>	<b>\$ 47,469,110</b>	<b>\$ 31,874,189</b>	
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>						
<b>CURRENT LIABILITIES</b>	1,261,525				1,261,525	1,782,090
<b>BOND LIABILITIES</b>				11,907,197	11,907,197	(241,960)
<b>NOTES PAYABLE</b>	839,402				839,402	839,402
<b>DEFERRED REVENUE</b>	3,992,443				3,992,443	1,638,119
<b>LONG-TERM LIABILITIES FOR</b>						
First Financial Conroe Building Loan	8,302,708				8,302,708	8,583,527
Guaranty Bank & Trust Loan	1,552,744				1,552,744	1,589,716
First Financial Huntsville Land Loan	731,849				731,849	749,611
Lease Liability	148,006				148,006	148,006
SBITA Liability	608,536				608,536	608,536
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>						
General Fund	(279,029)				(279,029)	(1,449,697)
Debt Service Fund					-	
Capital Projects Fund					-	
<b>FUND EQUITY</b>						
<b>RESTRICTED</b>						
Net Assets Reserved for Debt Service - Restricted	(11,343,843)				(11,343,843)	(11,679,396)
Cleveland New Build - Bond	-	1,131,853		905,733	2,037,586	-
Reserved for Debt Retirement						-
<b>COMMITTED</b>						
Net Assets - Property and Equipment - Committed	22,469,928				22,469,928	22,469,928
Reserved for Vehicles & Equipment Replacement	613,712				613,712	613,711
Reserved for Facility Improvement & Acquisitions	2,316,448				2,316,448	2,500,000
Reserved for Board Initiatives	500,000				500,000	500,000
Reserved for 1115 Waiver Programs	-				-	-
<b>ASSIGNED</b>						
Reserved for Workers' Compensation - Assigned	274,409				274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	37,000				37,000	-
Reserved for Insurance Deductibles - Assigned	100,000				100,000	100,000
Reserved for Accrued Paid Time Off	(839,402)				(839,402)	(839,402)
<b>UNASSIGNED</b>						
Unrestricted and Undesignated	2,237,891	-	-	-	2,237,891	3,687,589
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>\$ 33,524,328</b>	<b>\$ 1,131,853</b>	<b>\$ 12,812,930</b>	<b>\$ 47,469,110</b>	<b>\$ 31,874,189</b>	

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**For the Month Ended February 2026**  
**and Year To Date as of February 2026**

<b>INCOME:</b>	<b>MONTH OF February 2026</b>	<b>YTD February 2026</b>
	<u>                    </u>	<u>                    </u>
Local Revenue Sources	62,093	1,027,260
Earned Income	1,245,220	8,252,871
General Revenue - Contract	1,700,579	10,728,515
<b>TOTAL INCOME</b>	<b><u>\$ 3,007,892</u></b>	<b><u>\$ 20,008,646</u></b>
<b>EXPENSES:</b>		
Salaries	1,708,732	11,464,153
Employee Benefits	345,593	2,159,834
Medication Expense	39,185	227,070
Travel - Board/Staff	36,270	201,247
Building Rent/Maintenance	37,084	147,512
Consultants/Contracts	532,375	3,364,200
Other Operating Expenses	246,981	1,662,251
<b>TOTAL EXPENSES</b>	<b><u>\$ 2,946,220</u></b>	<b><u>\$ 19,226,267</u></b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b><u>\$ 61,671</u></b>	<b><u>\$ 782,379</u></b>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	471	181,194
Capital Outlay - Debt Service	150,017	880,214
<b>TOTAL CAPITAL EXPENDITURES</b>	<b><u>\$ 150,488</u></b>	<b><u>\$ 1,061,408</u></b>
<b>GRAND TOTAL EXPENDITURES</b>	<b><u>\$ 3,096,708</u></b>	<b><u>\$ 20,287,675</u></b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b><u>\$ (88,817)</u></b>	<b><u>\$ (279,029)</u></b>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	150,017	880,214
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b><u>150,017</u></b>	<b><u>880,214</u></b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**Year to Date as of February 2026**

	YTD February 2026	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,027,260	944,312	82,948
Earned Income	8,252,871	8,775,852	(522,981)
General Revenue	10,728,515	10,769,297	(40,782)
<b>TOTAL INCOME</b>	<b>\$ 20,008,646</b>	<b>\$ 20,489,461</b>	<b>\$ (480,815)</b>
<b>EXPENSES:</b>			
Salaries	11,464,153	11,407,613	56,540
Employee Benefits	2,159,834	2,346,765	(186,931)
Medication Expense	227,070	225,356	1,714
Travel - Board/Staff	201,247	197,857	3,390
Building Rent/Maintenance	147,512	158,400	(10,888)
Consultants/Contracts	3,364,200	3,377,655	(13,455)
Other Operating Expenses	1,662,251	1,623,387	38,864
<b>TOTAL EXPENSES</b>	<b>\$ 19,226,267</b>	<b>\$ 19,337,033</b>	<b>\$ (110,766)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 782,379</b>	<b>\$ 1,152,428</b>	<b>\$ (370,049)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	181,194	130,316	50,878
Capital Outlay - Debt Service	880,214	876,237	3,977
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,061,408</b>	<b>\$ 1,006,553</b>	<b>\$ 54,855</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 20,287,675</b>	<b>\$ 20,343,586</b>	<b>\$ (55,911)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (279,029)</b>	<b>\$ 145,874</b>	<b>\$ (424,904)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	880,214	876,237	3,977
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>880,214</b>	<b>876,237</b>	<b>3,977</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**Compared to Budget**  
**For the Month Ended February 2026**

<b>INCOME:</b>	<b>MONTH OF February 2026</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	62,093	71,554	(9,461)
Earned Income	1,245,220	1,325,167	(79,947)
General Revenue-Contract	1,700,579	1,705,480	(4,901)
<b>TOTAL INCOME</b>	<b>\$ 3,007,892</b>	<b>\$ 3,102,201</b>	<b>\$ (94,309)</b>
<b>EXPENSES:</b>			
Salaries	1,708,732	1,677,585	31,147
Employee Benefits	345,593	371,625	(26,032)
Medication Expense	39,185	37,559	1,626
Travel - Board/Staff	36,270	31,539	4,731
Building Rent/Maintenance	37,084	36,969	115
Consultants/Contracts	532,375	532,485	(110)
Other Operating Expenses	246,981	246,674	307
<b>TOTAL EXPENSES</b>	<b>\$ 2,946,220</b>	<b>\$ 2,934,436</b>	<b>\$ 11,784</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 61,671</b>	<b>\$ 167,765</b>	<b>\$ (106,093)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	471	16,875	(16,405)
Capital Outlay - Debt Service	150,017	146,039	3,978
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 150,488</b>	<b>\$ 162,914</b>	<b>\$ (12,427)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,096,708</b>	<b>\$ 3,097,350</b>	<b>\$ (642)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (88,817)</b>	<b>\$ 4,851</b>	<b>\$ (93,667)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	150,017	146,039	3,978
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>150,017</b>	<b>146,039</b>	<b>3,978</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With YTD February 2025 Comparative Data**  
**Year to Date as of February 2026**

<b>INCOME:</b>	<b>YTD February 2026</b>	<b>YTD February 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,027,260	768,409	258,851
Earned Income	8,252,871	11,408,868	(3,155,997)
General Revenue-Contract	10,728,515	10,316,431	412,084
<b>TOTAL INCOME</b>	<b>\$ 20,008,646</b>	<b>\$ 22,493,708</b>	<b>\$ (2,485,062)</b>
<b>EXPENSES:</b>			
Salaries	11,464,153	13,021,802	(1,557,649)
Employee Benefits	2,159,834	2,443,910	(284,076)
Medication Expense	227,070	268,668	(41,598)
Travel - Board/Staff	201,247	222,982	(21,735)
Building Rent/Maintenance	147,512	183,874	(36,362)
Consultants/Contracts	3,364,200	3,973,866	(609,666)
Other Operating Expenses	1,662,251	1,538,075	124,176
<b>TOTAL EXPENSES</b>	<b>\$ 19,226,267</b>	<b>\$ 21,653,177</b>	<b>\$ (2,426,910)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 782,379</b>	<b>\$ 840,531</b>	<b>\$ (58,152)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	181,194	311,260	(130,066)
Capital Outlay - Debt Service	880,214	771,237	108,977
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 1,061,408</b>	<b>\$ 1,082,496</b>	<b>\$ (21,089)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 20,287,675</b>	<b>\$ 22,735,673</b>	<b>\$ (2,447,998)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (279,029)</b>	<b>\$ (241,965)</b>	<b>\$ (37,063)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	880,214	771,237	880,214
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>880,214</b>	<b>771,237</b>	<b>880,214</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With February 2025 Comparative Data**  
**For the Month ending February 2026**

<b>INCOME:</b>	<u>MONTH OF February 2026</u>	<u>MONTH OF February 2025</u>	<u>Increase (Decrease)</u>
Local Revenue Sources	62,093	200,859	(138,766)
Earned Income	1,245,220	1,706,368	(461,148)
General Revenue-Contract	1,700,579	1,721,308	(20,729)
<b>TOTAL INCOME</b>	<b>\$ 3,007,892</b>	<b>\$ 3,628,535</b>	<b>\$ (620,643)</b>
Salaries	1,708,732	1,973,191	(264,459)
Employee Benefits	345,593	389,631	(44,038)
Medication Expense	39,185	42,459	(3,274)
Travel - Board/Staff	36,270	44,105	(7,835)
Building Rent/Maintenance	37,084	56,757	(19,673)
Consultants/Contracts	532,375	513,295	19,080
Other Operating Expenses	246,981	325,843	(78,862)
<b>TOTAL EXPENSES</b>	<b>\$ 2,946,220</b>	<b>\$ 3,345,281</b>	<b>\$ (399,061)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 61,671</b>	<b>\$ 283,254</b>	<b>\$ (221,582)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	471	239,392	(238,921)
Capital Outlay - Debt Service	150,017	128,539	21,478
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 150,488</b>	<b>\$ 367,931</b>	<b>\$ (217,443)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,096,708</b>	<b>\$ 3,713,212</b>	<b>\$ (616,504)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (88,817)</b>	<b>\$ (84,677)</b>	<b>\$ (4,139)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	150,017	128,539	150,017
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>150,017</b>	<b>128,539</b>	<b>150,017</b>

**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary**  
**With January 2026 Comparative Data**  
**For the Month Ended February 2026**

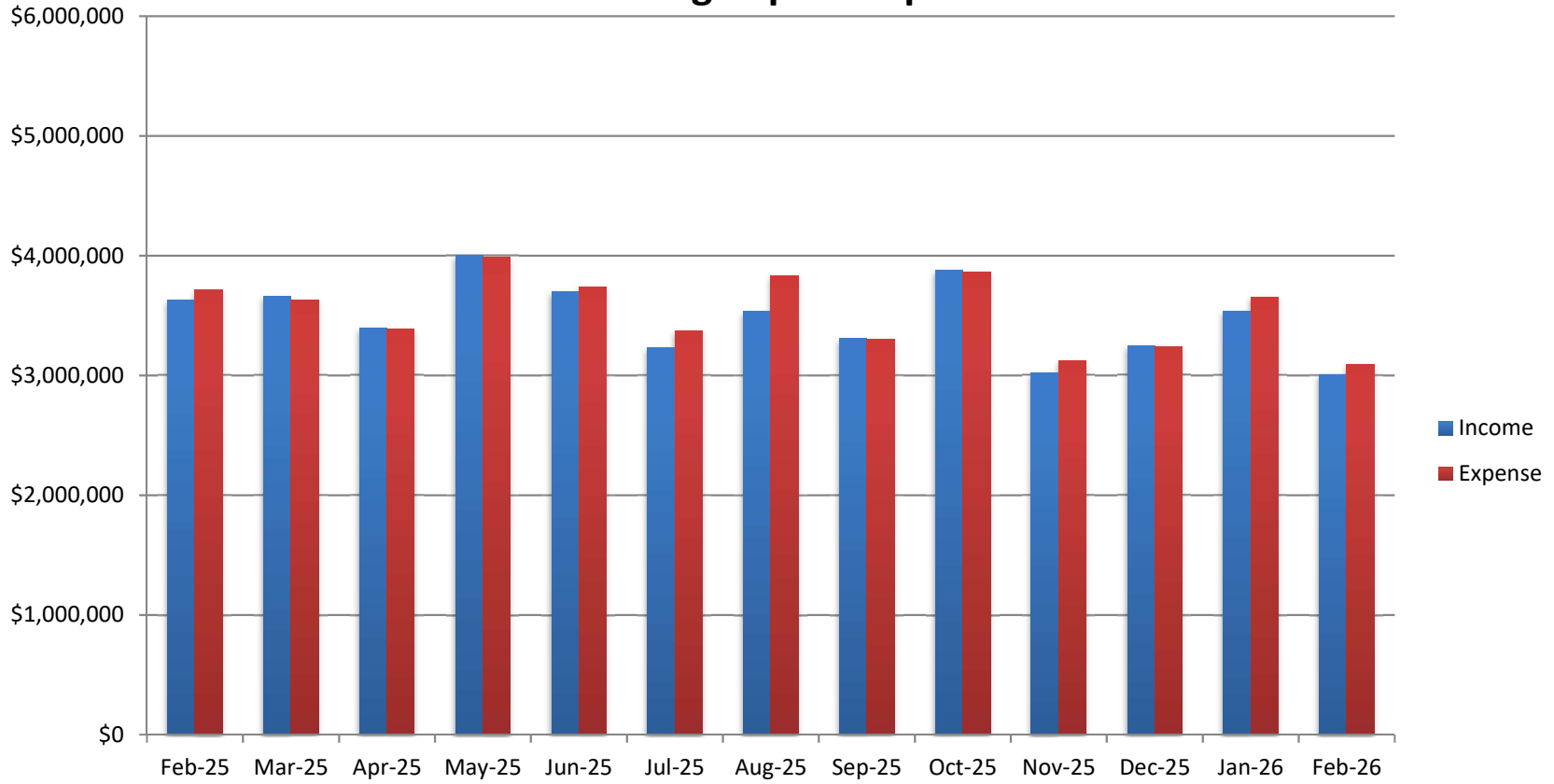
<b>INCOME:</b>	<b>MONTH OF February 2026</b>	<b>MONTH OF January 2026</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	62,093	279,937	(217,844)
Earned Income	1,245,220	1,457,887	(212,667)
General Revenue-Contract	1,700,579	1,801,696	(101,117)
<b>TOTAL INCOME</b>	<b>\$ 3,007,892</b>	<b>\$ 3,539,520</b>	<b>\$ (531,628)</b>
<b>EXPENSES:</b>			
Salaries	1,708,732	2,147,356	(438,624)
Employee Benefits	345,593	400,355	(54,762)
Medication Expense	39,185	44,480	(5,295)
Travel - Board/Staff	36,270	30,857	5,413
Building Rent/Maintenance	37,084	19,974	17,110
Consultants/Contracts	532,375	610,551	(78,176)
Other Operating Expenses	246,981	252,821	(5,840)
<b>TOTAL EXPENSES</b>	<b>\$ 2,946,220</b>	<b>\$ 3,506,394</b>	<b>\$ (560,174)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 61,671</b>	<b>\$ 33,125</b>	<b>\$ 28,546</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	471	3,175	(2,704)
Capital Outlay - Debt Service	150,017	146,039	3,978
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>\$ 150,488</b>	<b>\$ 149,214</b>	<b>\$ 1,274</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 3,096,708</b>	<b>\$ 3,655,608</b>	<b>\$ (558,900)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (88,817)</b>	<b>\$ (116,089)</b>	<b>\$ 27,272</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	150,017	146,039	3,978
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>150,017</b>	<b>146,039</b>	<b>3,978</b>

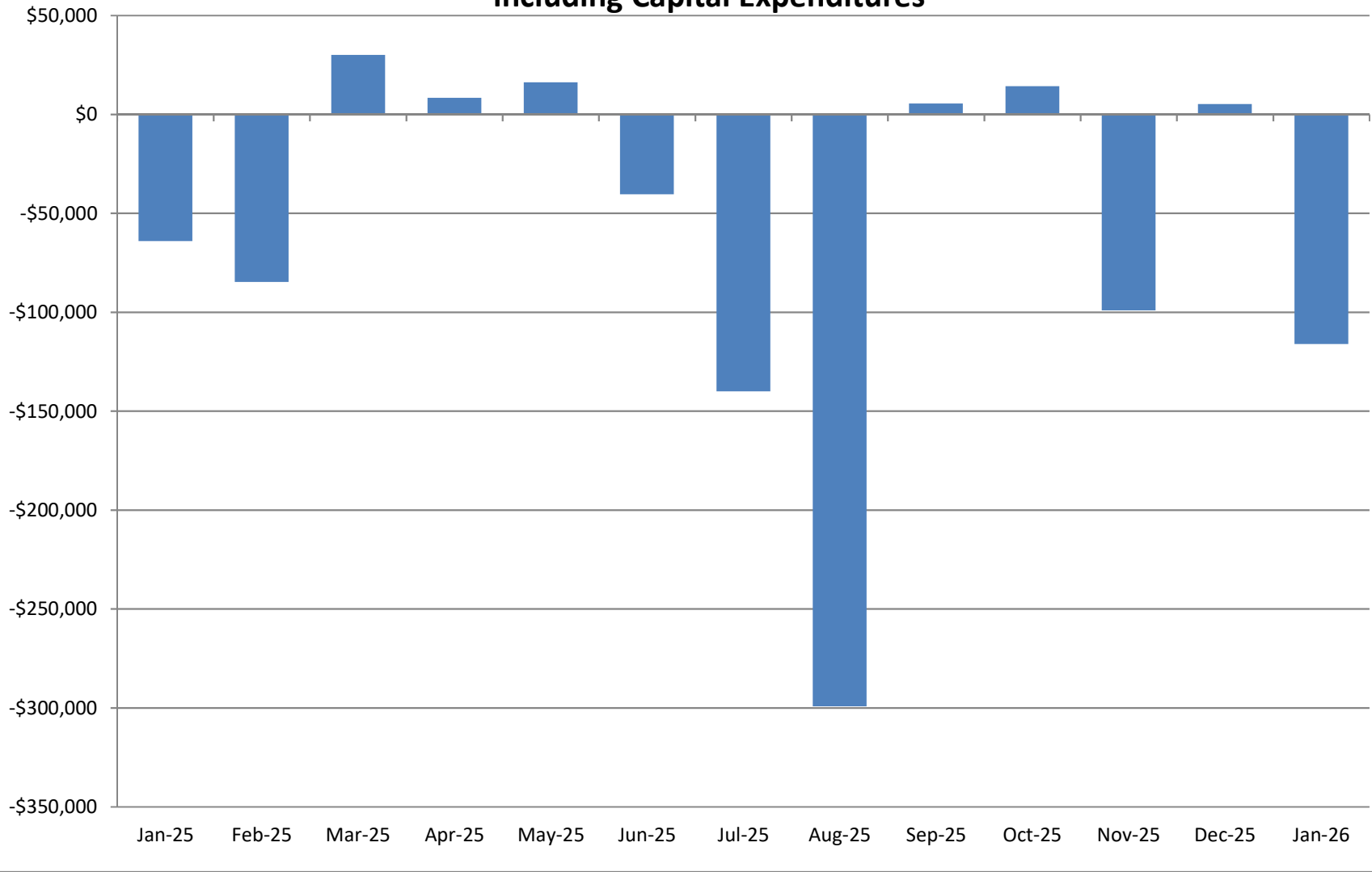
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of February 2026**

	YTD Mental Health February 2026	YTD IDD February 2026	YTD Other Services February 2026	YTD Agency Total February 2026	YTD Approved Budget February 2026	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	332,878	291,238	403,145	1,027,261	944,312	(82,949)
Earned Income	4,554,917	2,425,831	1,272,122	8,252,870	8,775,852	522,981
General Revenue-Contract	9,616,026	865,652	246,837	10,728,515	10,769,297	40,782
<b>TOTAL INCOME</b>	<b>14,503,821</b>	<b>3,582,721</b>	<b>1,922,104</b>	<b>\$ 20,008,646</b>	<b>20,489,461</b>	<b>\$ 480,815</b>
<b>EXPENSES:</b>						
Salaries	8,403,466	2,019,709	1,040,977	11,464,152	11,407,613	56,539
Employee Benefits	1,539,397	417,542	202,896	2,159,835	2,346,765	(186,930)
Medication Expense	218,373		8,698	227,071	225,356	1,715
Travel - Board/Staff	122,816	66,765	11,665	201,246	197,857	3,389
Building Rent/Maintenance	131,018	11,482	5,012	147,512	158,400	(10,888)
Consultants/Contracts	2,515,750	696,550	151,899	3,364,199	3,377,654	(13,455)
Other Operating Expenses	1,157,756	343,107	161,388	1,662,252	1,623,387	38,865
<b>TOTAL EXPENSES</b>	<b>14,088,576</b>	<b>3,555,155</b>	<b>1,582,535</b>	<b>\$ 19,226,267</b>	<b>19,337,032</b>	<b>\$ (110,766)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>\$ 415,245</b>	<b>\$ 27,566</b>	<b>\$ 339,569</b>	<b>\$ 782,379</b>	<b>\$ 1,152,429</b>	<b>\$ 370,049</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	56,298	15,399	109,498	181,195	130,316	50,877
Capital Outlay - Debt Service	378,840	94,710	406,664	880,214	876,237	3,977
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>435,138</b>	<b>110,109</b>	<b>516,162</b>	<b>\$ 1,061,409</b>	<b>1,006,553</b>	<b>\$ 54,854</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>\$ 14,523,714</b>	<b>\$ 3,665,264</b>	<b>\$ 2,098,697</b>	<b>\$ 20,287,676</b>	<b>\$ 20,343,585</b>	<b>\$ (55,912)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>\$ (19,893)</b>	<b>\$ (82,543)</b>	<b>\$ (176,593)</b>	<b>\$ (279,029)</b>	<b>\$ 145,875</b>	<b>\$ 424,904</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	378,840	94,710	406,664	880,214	876,237	3,977
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>\$ 378,840</b>	<b>\$ 94,710</b>	<b>\$ 406,664</b>	<b>\$ 880,214</b>	<b>\$ 876,237</b>	<b>\$ 3,977</b>

# TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



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



**Agenda Item:** Consider Selection of FY 2026 Auditor

**Board Meeting Date**

March 26, 2026

**Committee:** Business

**Background Information:**

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

FY 1992	Pircher and Co.
FY 1988 - 1993	Kenneth Davis
FY 1999	Vetter & Taboada, P.C.
FY 2000 - 2003	David N. Miller, LLP
FY 2004 - 2006	McConnell & Jones, LLP
FY 2007 - 2010	David N. Miller, LLP
FY 2011 - 2012	Carlos Taboada & Company, P.C.
FY 2013 - 2018	Scott, Singleton, Fincher & Co., P.C.
FY 2019 - 2022	Eide Bailly LLP
FY 2023 - 2024	Scott, Singleton, Fincher & Co., P.C.
FY 2025	Eide Bailly LLP

The FY 2026 HHSC Performance Contract states that the Board of Trustees is required to obtain a single audit each year and must competitively reprocur single audit services once every six (6) years. This is to ensure best value, but the center has no limit on the number of years an auditor can provide audit services.

We just completed the FY 2025 audit with Eide Bailly LLP in January. This was our first year back with them and everything went very smoothly. Staff recommend that we continue with Eide Bailly LLP for the FY 2026 independent financial audit.

**Supporting Documentation:**

None

**Recommended Action:**

**Direct Staff to Solicit an Audit Engagement Letter from Eide Bailly LLC or Solicit Proposals for FY 2026 Independent Financial Audit Services**

<p><b>Agenda Item:</b> Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage</p> <p><b>Committee:</b> Business</p>	<p><b>Board Meeting Date</b></p> <p>March 26, 2026</p>
<p><b>Background Information:</b></p> <p>The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation. The revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.</p> <p>Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.</p>	
<p><b>Supporting Documentation:</b></p> <p>Amendment to Interlocal Agreement from Texas Council Risk Management Fund</p>	
<p><b>Recommended Action:</b></p> <p><b>Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage</b></p>	

**AMENDMENT TO  
INTERLOCAL AGREEMENT  
TEXAS COUNCIL RISK MANAGEMENT FUND**

This contract and amendment to the Interlocal Agreement is entered into between the Texas Council Risk Management Fund (the Fund) and the undersigned member of the Fund.

WHEREAS the Fund and the undersigned have previously entered into an Interlocal Agreement evidencing the undersigned's self-insurance coverage through the Fund;

WHEREAS the undersigned is eligible for the Minimum Contribution Plan (MCP) for workers' compensation, as established by the board of Trustees of the Fund, which modifies the normal calculation of contribution under Section 7 of the Interlocal Agreement;

WHEREAS the parties desire to modify Section 7 of the Interlocal Agreement to reflect the implementations of a MCP for workers' compensation.

NOW, THEREFORE, for and in consideration of the premises, the premises contained herein, and other good and valuable consideration, the parties agree as follows:

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2026**, through **August 31, 2027**.

It is agreed that the (the member) will pay workers' compensation contributions relative to its own loss experience. This will be subject to a minimum and a maximum MCP factor (as set forth below). In determining final contribution, ultimate losses and expenses will be compared to standard contribution to determine the combined ratio. (i.e., the sum of ultimate losses and expenses divided by standard contribution.)

**Tri-County Behavioral Healthcare elects the following option for Fund Year 2026 – 2027:  
(Check only one)**

80% (minimum MCP factor) of standard contribution up-front with the potential of eventually paying up to 100% (maximum MCP factor) of standard contribution over six annual adjustments; or

MCP Option Declined

A combined ratio less than or equal to the minimum MCP factor will result in a contribution equal to the product of the minimum MCP factor and the standard Fund contribution. A combined ratio between the minimum and maximum MCP factors will result in a contribution equal to the product of the combined ratio and the standard Fund contribution. A combined ratio greater than or equal to the maximum MCP factor will result in a contribution equal to the product of the maximum MCP factor and the standard Fund contribution.

The member agrees to pay contributions based on actual payrolls during this period. Adjustments will be made on January 1 for each of the six years following the end of the **2026-2027** Fund year. These adjustments could require that the member make an additional contribution to the Fund.

All other provisions of the Interlocal Agreement, as amended, shall remain in full force and effect.

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<p><b>Tri-County Behavioral Healthcare</b></p> <p>By: _____ Signature of Authorized Center Official</p> <p>Title: _____</p> <p>Date: _____</p>	<p style="text-align:center"><b>TEXAS COUNCIL RISK MANAGEMENT FUND</b></p> <p>By: _____ Signature of Authorized Fund Official</p> <p>Title: _____ <b>Board Chair</b> _____</p> <p>Date: _____</p>
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**Agenda Item:** Approve Health and Human Service Commission Contract No. HHS000231500002, Amendment No. 4 Projects for Assistance in Transition from Homelessness Grant Program (PATH)

**Board Meeting Date**

March 26, 2026

**Committee:** Business

**Background Information:**

The Project for Assistance in Transition from Homelessness (PATH) grant program is our outreach program to homeless populations with Severe Mental Illness who are not currently connected to mainstream mental health services, primary healthcare and substance abuse service systems. We have staff in Montgomery County that work with these individuals in the community with the goal of engaging them into outpatient services.

This is a contract amendment for Fiscal Year 2026 and includes \$26,868 in new funding which will be used to fund a part-time Peer Recovery Specialist and cover program salary. This amendment includes a 30% local match requirement.

**Supporting Documentation:**

The contract will be available for review at the Board meeting.

**Recommended Action:**

**Approve Health and Human Service Commission Contract No. HHS000231500002, Amendment No. 4, Projects for Assistance in Transition from Homelessness Grant Program**

**Agenda Item:** Approve FY 2026-2027 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amendment No. 3

**Board Meeting Date**

March 26, 2026

**Committee:** Business

**Background Information:**

Tri-County Behavioral Healthcare has contracted with the Health and Human Services Commission for the Mental Health First Aid (MHFA) program for many years. The MHFA program provides training to public school district employees, public school resource officers, higher education employees and other organizations working with youth as a preventative measure to assist in early identification of children at risk of social-emotional disorders. All trainings are taught by certified Mental Health First Aid instructors.

This contract amendment makes small changes to the billing procedures for MHFA services and replaces Attachment B, Invoice Submission Requirements.

There is no change in funding associated with this contract amendment.

**Supporting Documentation:**

Contract available for review.

**Recommended Action:**

Approve FY 2026-2027 Mental Health First Aid Grant Agreement, Contract No. HHS001335500037, Amendment No. 3

**Agenda Item:** 2<sup>nd</sup> Quarter FY 2026 Quarterly Investment Report

**Board Meeting Date**

March 26, 2026

**Committee:** Business

**Background Information:**

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.

**Supporting Documentation:**

Quarterly TexPool Investment Report

Quarterly Interest Report

**Recommended Action:**

For Information Only

## QUARTERLY INVESTMENT REPORT TEXPOOL FUNDS

For the Period Ending February 28<sup>th</sup>, 2026

### 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	December	January	February
Uninvested Balance	240.06	(\$133.89)	\$841.51
Accrual of Interest Income	\$60,262,098.45	\$66,715,995.53	\$73,841,617.46
Interest and Management Fees Payable	(\$106,817,052.31)	(\$118,274,535.93)	(\$115,009,250.67)
Payable for Investments Purchased	(\$60,000,000.00)	(\$1,012,172,777.70)	(\$395,253,223.36)
Accrued Expense & Taxes	(\$42,590.36)	(\$139,720.95)	(\$95,969.94)
Repurchase Agreements	\$17,452,217,000.00	\$18,936,925,000.00	\$19,583,816,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$1,017,085,200.00	\$1,017,085,200.00
Government Securities	\$8,679,743,773.18	\$10,737,506,331.90	\$10,115,806,687.03
U.S. Treasury Bills	\$7,380,044,101.51	\$7,351,585,564.30	\$8,169,299,887.29
U.S. Treasury Notes	\$1,740,181,286.34	\$2,144,186,760.07	\$2,074,569,035.42
<b>TOTAL</b>	<b>\$36,162,674,056.87</b>	<b>\$39,123,417,683.33</b>	<b>\$40,524,060,824.74</b>

### Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	\$2,164.13	\$841.51
Accrual of Interest Income	\$58,196,361.53	\$73,841,617.46
Interest and Management Fees Payable	(\$107,814,339.87)	(\$115,009,250.67)
Payable for Investments Purchased	(\$978,542,134.40)	(\$395,253,223.36)
Accrued Expenses & Taxes	(\$113,915.64)	(\$95,969.94)
Repurchase Agreements	\$15,187,337,000.00	\$15,187,337,000.00
Mutual Fund Investments	\$1,017,085,200.00	\$19,583,816,000.00
Government Securities	\$6,418,434,526.56	\$10,116,253,613.40
U.S. Treasury Bills	\$9,151,132,607.60	\$8,167,568,004.96
U.S. Treasury Notes	\$1,657,301,866.80	\$2,073,403,153.59
<b>TOTAL</b>	<b>\$32,403,019,336.71</b>	<b>\$40,521,609,986.95</b>

### Portfolio by Maturity as of February 28<sup>th</sup>, 2026

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
71.2 %	10.2 %	10.9 %	7.7 %

### Portfolio by Type of Investments as of February 28<sup>th</sup>, 2026

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
25.0 %	47.8 %	24.7 %	2.5 %

**SUMMARY INFORMATION**

On a simple daily basis, the monthly average yield was 3.83% for December, 3.71% for January, and 3.68% for February.

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 February 28<sup>th</sup>, 2026 was 39 days.

The net asset value as of February 28<sup>th</sup>, 2026 was 1.00006.

The total amount of interest distributed to participants during the period was \$115,005,829.11.

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 2,983.

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
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_____ Millie McDuffey Chief Financial Officer / Investment Officer	_____ Date
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_____ Darius Tuminas Controller / Investment Officer	_____ Date
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_____ Tabatha Abbott Manager of Accounting / Investment Officer	_____ Date
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**TRI-COUNTY BEHAVIORAL HEALTHCARE  
 QUARTERLY INTEREST EARNED REPORT  
 FISCAL YEAR 2026  
 As Of February 28, 2026**

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	\$ 1.86			\$ 3.74
JP Morgan Chase (HBS)	\$ 5,141.76	\$ 6,634.57			\$ 11,776.33
Prosperity Bank	\$ 24.56	\$ 16.99			\$ 41.55
Prosperity Bank CD (formerly Tradition)	\$ 3.10	\$ 2.69			\$ 5.79
TexPool Participants	\$ 9,987.45	\$ 29.00			\$ 10,016.45
First Financial Bank	\$ 579.89	\$ 477.92			\$ 1,057.81
<b>Total Earned</b>	<b>\$ 15,738.64</b>	<b>\$ 7,163.03</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 22,901.67</b>

**Agenda Item:** Board of Trustees Unit Financial Statements as of February 2026

**Board Meeting Date**

March 26, 2026

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

February 2026 Board of Trustees Unit Financial Statements

**Recommended Action:**

For Information Only

**Unit Financial Statement**

FY 2026  
February 28, 2026

	February 2026 Budget	February 2026 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 13,423	\$ 13,423	\$ -	100%	\$ 26,845
<b>Total Revenue</b>	\$ 2,237	\$ 2,237	\$ -	\$ 13,423	\$ 13,423	\$ -	100%	\$ 26,845
<b>Expenses</b>								
Advertising - Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	#DIV/0!	\$ -
Insurance-Worker Compensation	\$ -	\$ 2	\$ (2)	\$ -	\$ 9	\$ (9)	#DIV/0!	\$ -
Legal Fees	\$ 1,500	\$ -	\$ 1,500	\$ 9,000	\$ 6,000	\$ 3,000	67%	\$ 18,000
Training	\$ 187	\$ -	\$ 187	\$ 1,122	\$ -	\$ 1,122	0%	\$ 2,245
Travel - Non-local mileage	\$ 146	\$ -	\$ 146	\$ 875	\$ 222	\$ 653	25%	\$ 1,750
Travel - Non-local Hotel	\$ 375	\$ -	\$ 375	\$ 2,250	\$ 374	\$ 1,876	17%	\$ 4,500
Travel - Meals	\$ 29	\$ -	\$ 29	\$ 175	\$ -	\$ 175	0%	\$ 350
<b>Total Expenses</b>	\$ 2,237	\$ 2	\$ 2,235	\$ 13,423	\$ 6,617	\$ 6,806	49%	\$ 26,845
<b>Total Revenue minus Expenses</b>	\$ -	\$ 2,235	\$ (2,235)	\$ 0	\$ 6,806	\$ (6,806)	51%	\$ -

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

**Board Meeting Date:**

March 26, 2026

**Committee:** Business

**Background Information:**

On Wednesday, February 4<sup>th</sup>, Tri-County staff Evan Roberson, on behalf of Tri-County received a lawsuit from Clark roofing and Construction: **Clark Roofing and Construction Inc. vs. Tri-County Behavioral Hospital, and JLA Construction Solutions, LLC.**

On February 13<sup>th</sup>, JLA contacted Tri-County and let us know that they were laying off their remaining staff in this business unit and were going out of business. JLA has not yet applied for bankruptcy but we understand that they plan to soon.

A 'Payment Bond' (surety bond) was purchased from CNA in association with this project as is required for all governmental projects in Texas. Tri-County made a formal claim on the surety bond and there has been communication with CNA who will oversee the remaining parts of the project.

A representative of the bond company was on site to inspect the project on March 16<sup>th</sup>.

The Bond company has assumed defense of the one filed lawsuit.

Mike Duncum will be at the Board meeting to review feedback from CNA and potential next steps for the project in Executive Session.

**Supporting Documentation:**

None

**Recommended Action:**

**Project Update 402 Liberty Street, Cleveland, TX 77327**

# UPCOMING MEETINGS

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## **April 23, 2026 – Board Meeting**

- Approve Minutes from March 26, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2026
- Program Updates
- Personnel Report for March 2026
- Texas Council Risk Management Fund Claims Summary as of March 2026
- Approve Financial Statements for March 2026
- HUD 811 Updates (Cleveland, Montgomery and Huntsville)
- Board of Trustees Unit Financial Statement as of March 2026
- Annual Board and Management Team Training
- Project Update for 402 Liberty Street, Cleveland, TX 77327

## **May 28, 2026 – Board Meeting**

- Longevity Recognitions
- Approve Minutes from April 23, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2026
- Program Updates
- Personnel Report for April 2026
- Texas Council Risk Management Fund Claims Summary as of April 2026
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for April 2026
- Approve FY 2026 Mid Year Budget Revision
- Board of Trustees Unit Financial Statement as of April 2026
- Project Update for 402 Liberty Street, Cleveland, TX 77327

### Tri-County Acronyms

Name	Acronym
Medicaid 1115 Transformation Waiver	1115
American Association on Intellectual and Developmental Disabilities	AAIDD
Applied Behavioral Analysis	ABA
Assertive Community Treatment	ACT
Americans with Disabilities Act	ADA
Attention Deficit Disorder	ADD
Attention Deficit Hyperactivity Disorder	ADHD
Activities of Daily Living	ADL
Aging and Disability Resource Center	ADRC
Adult Mental Health	AMH
Adult Needs and Strengths Assessment	ANSA
Adult Outpatient	AOP
Alternative Payment Model	APM
Advanced Practice Registered Nurse	APRN
Adult Protective Services	APS
Assignment Registration and Dismissal Services	ARDS
Autism Spectrum Disorder	ASD
Austin State Hospital	ASH
Attempt to Contact	ATC
Board Certified Behavior Analyst	BCBA
Behavioral Health Suicide Prevention	BHSP
Body Mass Index	BMI
Child & Youth Services	C&Y
Cost Accounting Methodology	CAM
Child and Adolescent Needs and Strengths Assessment	CANS
Client Assignment Registration & Enrollment	CARE
Crisis Access Services	CAS
Computer Based Training & Cognitive Behavioral Therapy	CBT
Corporate Compliance	CC
Certified Community Behavioral Health Clinic	CCBHC
Charity Care Pool	CCP
Community Development Block Grant	CDBG
Community First Choice	CFC
Child Fatality Review Team	CFRT
Children's Health Insurance Program	CHIP
Crisis Intervention Response Team	CIRT
Critical Incident Stress Management	CISM

Crisis Intervention Team	CIT
Child Mental Health	CMH
Comprehensive Nursing Assessment	CNA
Continuity of Care	COC
Co-Occurring Psychiatric and Substance Use Disorders	COPSD
Novel Corona Virus Disease - 2019	COVID-19
Child Protective Services	CPS
Cognitive Processing Therapy	CPT
Community Resource Coordination Group	CRCG
Coordinated Specialty Care	CSC
Cleveland Supported Housing, Inc.	CSHI
Crisis Stabilization Unit	CSU
Department of Aging and Disability Services	DADS
Day Activity and Health Services Requirements	DAHS
Department of Assistive & Rehabilitation Services	DARS
Direct Care Provider	DCP
Drug Enforcement Agency	DEA
Department of Family and Protective Services	DFPS
Determination of Intellectual Disability	DID
Doctor of Osteopathic Medicine	DO
Date of Birth	DOB
Directed Payment Program - Behavioral Health Services	DPP-BHS
Disaster Recovery Center	DRC
Department of Protective and Regulatory Services	DRPS
Department of State Health Services	DSHS
Diagnostic and Statistical Manual of Mental Disorders	DSM
Delivery System Reform Incentive Payments	DSRIP
Data Use Agreement	DUA
Dunn Behavioral Health Science Center at UT Houston	DUNN
Diagnosis	Dx
Evidence Based Practice	EBP
Early Childhood Intervention	ECI
Emergency Detention Order	EDO
Emergency Detention Warrant (Judge or Magistrate Issued)	EDW
Electronic Health Record	EHR
East Texas Behavioral Healthcare Network	ETBHN
Electronic Visit Verification	EVV
Federal Drug Enforcement Agency	FDA
Federal Emergency Management Assistance	FEMA

First Episode Psychosis	FEP
Fair Labor Standards Act	FLSA
Family Medical Leave Act	FMLA
Family Therapy	FT
Fiscal Year	FY
Home and Community Based Services - Adult Mental Health	HCBS-AMH
Home and Community-based Services	HCS
Health & Human Services Commission	HHSC
Health Insurance Portability & Accountability Act	HIPAA
Human Resources	HR
Housing and Urban Development	HUD
Inventory for Client and Agency Planning	ICAP
Intermediate Care Facility - for Individuals w/Intellectual Disabilities	ICF-IID
Independence Communities, Inc.	ICI
Intensive Case Management	ICM
Intellectual and Developmental Disabilities	IDD
Intellectual and Developmental Disabilities Planning Network Advisory	IDD PNAC
Individual Habilitation Plan	IHP
Illness Management and Recovery	IMR
Implementation Plan	IP
Individual Plan of Care	IPC
Initial Psychiatric Evaluation	IPE
Individual Program Plan	IPP
Individualized Skills and Socialization	ISS
Individual Transition Planning (schools)	ITP
Juvenile Detention Center	JDC
Junior Utilization Management Committee	JUM
Legally Authorized Representative	LAR
Local Behavioral Health Authority	LBHA
Licensed Chemical Dependency Counselor	LCDC
Licensed Clinical Social Worker	LCSW
Local Intellectual & Developmental Disabilities Authority	LIDDA
Leadership Montgomery County	LMC
Local Mental Health Authority	LMHA
Licensed Master Social Worker	LMSW
Licensed Marriage and Family Therapist	LMFT
Level of Care (MH)	LOC
Level of Care - Transition Age Youth	LOC-TAY
Level Of Need (IDD)	LON

Licensed Practitioner of the Healing Arts	LPHA
Licensed Professional Counselor	LPC
Licensed Professional Counselor-Supervisor	LPC-S
Local Planning and Network Development	LPND
Lone Star Family Health Center	LSFHC
Long Term Disability	LTD
Licensed Vocational Nurse	LVN
Medicaid Administrative Claiming	MAC
Medication Assisted Treatment	MAT
Montgomery County Hospital District	MCHD
Managed Care Organizations	MCO
Mobile Crisis Outreach Team	MCOT
Medical Director/Doctor	MD
Medicaid	MDCD
Major Depressive Disorder	MDD
Mental Health First Aid	MHFA
Management Information Services	MIS
Memorandum of Understanding	MOU
Montgomery Supported Housing, Inc.	MSHI
Multisystemic Therapy	MST
Master Treatment Plan	MTP
Military Veteran Peer Network	MVPN
National Alliance on Mental Illness	NAMI
National Association of Social Workers	NASW
New Employee Orientation	NEO
New Generation Medication	NGM
Not Guilty by Reason of Insanity	NGRI
Nurse Practitioner	NP
Outpatient Competency Restoration	OCR
Office of the Inspector General	OIG
Order for Protective Custody	OPC
Outreach, Screening, Assessment and Referral (Substance Use Disorders)	OSAR
Physician's Assistant	PA
Patient Assistance Program	PAP
Pre-Admission Screening and Resident Review	PASRR
Projects for Assistance in Transition from Homelessness (PATH)	PATH
Private Contract Bed	PCB
Parent Child Interaction Therapy	PCIT
Primary Care Physician	PCP

Person Centered Recovery Plan	PCRP
Person Directed Plan	PDP
Psychiatric Emergency Treatment Center	PETC
Psychological First Aid	PFA
Protected Health Information	PHI
Public Health Providers - Charity Care Pool	PHP-CCP
Planning Network Advisory Committee	PNAC
Private Psychiatric Bed	PPB
Psychosocial Rehab Specialist	PRS
Qualified Intellectual Disabilities Professional	QIDP
Quality Management	QM
Qualified Mental Health Professional	QMHP
Residential Care Facility	RCF
Routine Case Management	RCM
Request for Proposal	RFP
Registered Nurse	RN
Regional Oversight Committee - ETBHN Board	ROC
Recovery Plan	RP
Regional Planning & Network Advisory Committee	RPNAC
Rusk State Hospital	RSH
Residential Treatment Center	RTC
Satori Alternatives to Managing Aggression	SAMA
Substance Abuse and Mental Health Services Administration	SAMHSA
San Antonio State Hospital	SASH
Supported Housing	SH
School Health Advisory Committee	SHAC
SSI Outreach, Access and Recovery	SOAR
Social Security Administration	SSA
Social Security Disability Income	SSDI
Supplemental Security Income	SSI
State Supported Living Center	SSLC
State of Texas Access Reform-Kids (Managed Medicaid)	STAR Kids
Substance Use Disorder	SUD
Substance Use and Misuse Prevention	SUMP
Texas Administrative Code	TAC
Temporary Assistance for Needy Families	TANF
Transition Aged Youth	TAY
Tri-County Behavioral Healthcare	TCBHC
Trauma Focused CBT - Cognitive Behavioral Therapy	TF-CBT

Tri-County Consumer Foundation	TCCF
Texas Correctional Office on Offenders with Medical & Mental Impair	TCOOMMI
Texas Council Risk Management Fund	TCRMF
Texas Department of Criminal Justice	TDCJ
Texas Education Agency	TEA
Trauma Informed Care-Time for Organizational Change	TIC/TOC
Texas Medicaid & Healthcare Partnership	TMHP
Treatment Plan	TP
Treatment Adult Services (Substance Use Disorder)	TRA
Texas Resilience and Recovery	TRR
Texas Home Living	TxHmL
Treatment Youth Services (Substance Use Disorder)	TRY
Texas Veterans Commission	TVC
Texas Workforce Commission	TWC
Utilization Management	UM
United Way of Greater Houston	UW
Walker County Hospital District	WCHD
Waiver Survey & Certification	WSC
Youth Crisis Outreach Team	YCOT
Youth Empowerment Services	YES
Youth Mental Health First Aid	YMHFA
Updated 11/17/25	