

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

**May 28, 2026**



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, May 28, 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 - April 23, 2026**
  
- III. Program Presentation - Longevity Recognitions**
  
- IV. Executive Director's Report - Evan Roberson**
  - A. OIG Billing Audit Update
  - B. Complex Placements
  - C. Performance Measure Update
  
- V. Chief Financial Officer's Report - Millie McDuffey**
  - A. Update on FY 2024 HCS Cost Report Desk Review
  - B. Status of FY 2025 HCS Cost Reports in STEPS System
  - C. Annual County Funding Requests
  - D. Fixed Asset Inventory
  - E. CFO Consortium

## VI. Program Committee

### Action Items

- A. Appoint New Intellectual and Developmental Disabilities Planning Network  
Advisory Committee Member..... 8

### Information Items

- B. Community Resources Report..... 9-11  
C. Consumer Services Report for March 2026..... 12-14  
D. Program Updates..... 15-20

## VII. Executive Committee

### Action Items

- A. Approve Michael R. “Mike” Holley Veteran as Ex Officio Veteran Representative  
for the Tri-County Behavioral Healthcare Board of Trustees..... 21  
B. Approve Revisions to Board Policy C.1, By-Laws..... 22-32

### Information Items

- C. Personnel Report for April 2026..... 33-34  
D. Texas Council Risk Management Fund Claims Summary as of April 2026..... 35-36  
E. Texas Council Board Meeting Update..... 37

## VIII. Business Committee

### Action Items

- A. Approve April 2026 Financial Statements..... 38-54  
B. Approve FY 2026 Statement of Work - Audit Government with Single Audit..... 55-71  
C. Appoint New Director for the Montgomery Supported Housing, Inc. Board..... 72

### Information Items

- D. Board of Trustees Unit Financial Statement for April 2026..... 73-74  
E. Tri-County’s Consumer Foundation Board Update..... 75  
F. Project Update for 402 Liberty Street, Cleveland, TX 77327..... 76

## 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

Tri-County Behavioral Healthcare  
P.O. Box 3067  
Conroe, TX 77305

BOARD OF TRUSTEES MEETING  
April 23, 2026

**Board Members Present:**

Patti Atkins  
Gail Page  
Richard Duren  
Tim Cannon  
Sharon Walker

**Board Members Absent:**

Morris Johnson  
Tracy Sorensen  
Carl Williamson  
Jacob Paschal

**Tri-County Staff Present:**

Evan Roberson, Executive Director  
Millie McDuffey, Chief Financial Officer  
Kenneth Barfield, Director of Management Information Systems  
Kathy Foster, Director of IDD Provider Services  
Andrea Scott, Director of Medical Operations  
Stephanie Ward, Director of Adult Behavioral Health  
Melissa Zemencsik, Director of Child and Youth Behavioral Health  
Tanya Bryant, Director of Quality Management and Support  
Beth Dalman, Director of Crisis Access  
Amy Foerster, Chief Compliance Officer  
Ashley Bare, HR Manager  
Darius Tuminas, Controller  
Ava Green, Executive Assistant

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

**Sheriff Representatives Present:** None Present

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

**Call to Order:** Board Chair, Patti Atkins, called the meeting to order at 10:06 a.m., 233 Sgt. Ed Holcomb Blvd S, Conroe, TX 77304.

**Public Comment:** None

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

**Resolution #04-23-01**

**Motion Made By:** Richard Duren

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

**Resolved:**

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

**Resolution #04-23-02**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the minutes of the March 26, 2026 meeting of the Board of Trustees.

**Program Presentation:** IDD Awareness Day March 21, 2026 presented by Dre Carter and Yolanda Gude. Tri-County staff included were Travis LeBlanc, Yevonne Warren, Chelsie Cook, Helen Tapia Cruz, Verenice Pineda, Danielle Newlon, Vicki Karayan, Nidia Garcia and Kathy LaPlant.

**Board Training:** Annual Board Training - Amy Foerster

**Executive Director's Report:**

The Executive Director's report is on file.

- Health and Human Services Commission Office of Inspector General (OIG) Survey
- OIG Billing Audit
- Intellectual and Developmental Disabilities Hearing

**Chief Financial Officer's Report:**

The Chief Financial Officer's report is on file.

- FY 2027 Budget Process
- County Annual Funding Requests
- Texas Council Risk Management Fund Strategic Planning & Board Meeting
- Update on Sale of Vehicles at Auction

**Program Committee:**

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

**Executive Committee:**

**Resolution #04-23-03**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the revisions to Board Policy C.18, Planning Network Advisory Committee.

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

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

**Business Committee:**

**Resolution #04-23-04**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board approve the March 2026 Financial Statements.

**Resolution #04-23-05**

**Motion Made By:** Richard Duren

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

**Resolved:**

That the Board ratify Texas Veterans Commission Military Veteran Peer Network Contract No. MVPV26-37.

The HUD Updates (Cleveland, Montgomery and Huntsville) were reviewed for information purposes only.

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

**The regular meeting of the Board of Trustees adjourned at 11:50 a.m. to go into Executive Session at 11:57 a.m. in compliance with Texas Government Code Section 551.071 - Consultation with Attorney and Section 551.072 - Real Property consisting of 402 Liberty Street, Cleveland, TX 77327.**

**The Executive Session of the Board of Trustees adjourned at 12:26 p.m. to go into the regular meeting.**

**No action was taken.**

**The regular meeting of the Board of Trustees adjourned at 12:26 p.m.**



**Agenda Item:** Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member

**Board Meeting Date**

May 28, 2026

**Committee:** Program

**Background Information:**

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have one (1) IDDPNAC vacancy to meet the nine.

Staff is recommending the appointment of the volunteer listed below to the Intellectual and Developmental Disabilities Planning Network Advisory Committee.

Amy Wood

- Family member

Ms. Wood has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2027.

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Amy Wood as a New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2027.**

**Agenda Item:** Community Resources Report

**Board Meeting Date:**

**Committee:** Program

May 28, 2026

**Background Information:**

None

**Supporting Documentation:**

Community Resources Report

**Recommended Action:**

For Information Only

# Community Resources Report

## April 24, 2026 - May 28, 2026

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### Volunteer Hours:

Location	April
Conroe	152
Cleveland	0
Liberty	13
Huntsville	0
<b>Total</b>	<b>165</b>

### COMMUNITY ACTIVITIES

4/24/26	Walker County Juvenile Services Staffing	Huntsville
4/24/26	Behavioral Health Suicide Prevention Task Force Meeting - Military Workgroup	Conroe
4/25/26	Conroe KidzFest	Conroe
4/28/26	Intellectual and Developmental Disabilities Caregiver Support Group	Conroe
4/28/26	Walker County Community Resource Collaboration Group and Child Crisis Collaborative	Huntsville
4/29/26	Community Crisis Collaborative	Conroe
4/29/26	Combined Arms Monthly Events Meeting	Conroe
5/5/26	Adult Mental Health First Aid for Community Members - Virtual	Conroe
5/5 - 5/6/26	Family and Community of East Texas Annual Retreat	Galveston
5/6/26	Child Crisis Collaborative	Conroe
5/6/26	Greater East Montgomery County Chamber Meeting	Cleveland
5/6/26	Montgomery County Recovers	Conroe
5/7/26	Cleveland Chamber of Commerce Luncheon	Cleveland
5/9/26	Disaster Preparedness Event	Conroe
5/11/26	Behavioral Health Suicide Prevention Task Force - Neurodiversity and Special Needs Workgroup	Conroe
5/11/26	Conroe Homeless Coalition	Conroe
5/11/26	Liberty County Commissioners Court Budget Hearing	Liberty
5/12/26	Family and Community of East Texas Monthly Meeting	Conroe
5/12/26	American Legion Post 411 Meeting	Conroe
5/14/26	Anchored in Unity - Mental Health Awareness Event	Conroe
5/14/26	AS+K Suicide Prevention Training for Montgomery County Women's Center	Conroe
5/14/26	Consumer Advisory Committee Meeting	Huntsville
5/15/26	Adult Mental Health First Aid for The Woodlands Township	The Woodlands
5/18/26	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Workgroup - Virtual	Conroe
5/19/26	Youth Mental Health First Aid for Community Members - Virtual	Conroe

5/19/26	Montgomery County Community Resource Collaboration Group	Conroe
5/21/26	Behavioral Health Suicide Prevention Task Force Meeting - Seventh Anniversary Celebration	Conroe
5/22/26	Mental Health Professionals Breakfast by Mindful Health - The Breakfast Collective	Conroe
5/26/26	Intellectual and Developmental Disabilities Caregiver Support Group	Conroe
5/26/26	Walker County Community Resource Collaboration Group	Huntsville
5/27/26	Community Crisis Collaborative	Conroe

## UPCOMING ACTIVITIES

5/29/26	Texas Children's Mental Health Action Day	The Woodlands
5/29/26	Walker County Juvenile Services Staffing	Huntsville
6/3/26	Child Crisis Collaborative	Conroe
6/4/26	The Woodlands Chamber Discovery Day	The Woodlands
6/8/26	Montgomery County Local Planning Meeting - Spanish	Conroe
6/8/26	Montgomery County Local Planning Meeting	Conroe
6/9/26	Walker County Local Planning Meeting	Huntsville
6/9/26	American Legion Post 411 Meeting	Conroe
6/10/26	Local Planning Meeting - Virtual	Conroe
6/11/26	Veterans Health and Resource Fair	Dayton
6/11/26	Liberty County Local Planning Meeting	Liberty
6/11/26	Liberty County Local Planning Meeting	Cleveland
6/16/26	Montgomery County Community Resource Collaboration Group	Conroe
6/18/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
6/23/26	Walker County Community Resource Collaboration Group	Huntsville
6/24/26	Community Crisis Collaborative	Conroe
6/26/26	Walker County Juvenile Services Staffing	Huntsville
6/26/26	Mental Health Professionals Breakfast by Mindful Health - The Breakfast Collective	Conroe
6/30/26	Intellectual and Developmental Disabilities Caregiver Support Group	Conroe

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

**Board Meeting Date:**

**Committee:** Program

May 28, 2026

**Background Information:**

None

**Supporting Documentation:**

Consumer Services Report for April 2026

**Recommended Action:**

For Information Only

Consumer Services Report - April 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	328	25	17	5	375
Youth Crisis Outreach Team (YCOT)	108	10	7	4	129
Crisis Stabilization Unit	70	3	6	1	80
Crisis Stabilization Unit Bed Days	239	7	31	0	277
Adult Contract Hospital Admissions	39	2	2	0	43
Child and Youth Contract Hospital Admissions	15	2	2	0	19
Total State Hospital Admissions (Civil only)	0	0	0	0	0
Crisis Hotline Served	405	62	29		496
<b>Routine Services, MH Adults/Children Served</b>					
Adult Levels of Care (LOC 1-5, Early Onset, Transition Age Youth)	1136	236	151	108	1631
Adult Medication	843	171	104	77	1195
Texas Correctional Office Offenders with Mental and Med Impmnts	98	6	6	15	125
Adult Jail Diversions	3	1	0	0	4
Child Levels of Care (LOC 1-5, EO, Yng Chld, Yth Empwr Serv)	697	93	94	39	923
Child Medication	213	29	24	17	283
Multisystemic Therapy (MST)	14	3	2	1	20
School Based Clinics	86	34	20	0	140
<b>Peer Support</b>					
Child and Youth Family Partner	25	9	1	2	37
Adult Peer Support	5	0	0	0	5
First Episode Psychosis Peer/Family Partner	7	0	0	0	7
<b>Veterans Served</b>					
Veterans Served - Therapy	14	0	0	2	16
Veterans Served - Peer Support	8	1	0	2	11
<b>Persons Served by Program, Intellec &amp; Developmntl Disabil.</b>					
Number of New Enrollments for IDD	23	2	4	0	29
Service Coordination	877	93	55	47	1072
Individualized Skills and Socialization (ISS)	7	17	4	16	44

<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	20	0	0	0	<b>20</b>
Adult Substance Use Disorder Treatment	27	0	1	0	<b>28</b>
<b>Waiting/Interest Lists as of Month End</b>					
HCS/TxHmL Interest List (Active-Choice in Suprts for Ind Living)	2380	177	346		<b>2903</b>
<b>March Served</b>					
Adult Mental Health	1487	241	193	122	<b>2043</b>
Child Mental Health	943	116	114	38	<b>1211</b>
Intellectual and Developmental Disabilities	1036	113	65	65	<b>1279</b>
<b>Total Served</b>	<b>3466</b>	<b>470</b>	<b>372</b>	<b>225</b>	<b>4533</b>
<b>April Served</b>					
Adult Mental Health	1509	262	186	117	<b>2074</b>
Child Mental Health	935	125	120	45	<b>1225</b>
Intellectual and Developmental Disabilities	1058	114	69	61	<b>1302</b>
<b>Total Served</b>	<b>3502</b>	<b>501</b>	<b>375</b>	<b>223</b>	<b>4601</b>

**Agenda Item:** Program Updates

**Board Meeting Date:**

May 28, 2026

**Committee:** Program

**Background Information:**

None

**Supporting Documentation:**

Program Updates

**Recommended Action:**

For Information Only

# Program Updates

## April 24, 2026 - May 28, 2026

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### Crisis Services

1. We served 247 adults through 336 in-person crisis services in April. These individuals were seen primarily at emergency departments and hospital facilities (42.6%), with HCA Conroe being the most frequently visited site (53.4%). Psychiatric Emergency Treatment Center (PETC) was the second most utilized for location of crisis service (35.12%), followed by home-based crisis services (16.1%).
2. Youth Crisis Outreach Team (YCOT) has continued to increase the number of youth and families served each month. Our YCOT Response teams were activated to 70 crisis calls in person to the community, with an average of 82.44 minutes spent with each youth in attempts to de-escalate, assess, and provide least restrictive crisis interventions. All of these activations were to youth and families in Tri-County's service area: Montgomery (62), Walker (three), and Liberty (five). YCOT provided follow-up services to an additional 47 youth while our YCOT Family Partners provided 101 supportive services to 91 parents or caregivers. Finally, our YCOT Stabilization staff served 18 youth for up to 90 days in order to successfully transition the youth from crisis to ongoing routine care.
3. In April, we admitted 60 individuals to Contract Psychiatric Beds, 18 of whom were youth.
4. Crisis services is currently interviewing for the following positions: Mobile Crisis Outreach Team (MCOT); YCOT Stabilization Family Partner; two YCOT Crisis Response positions and one YCOT Stabilization position for the Cleveland location.

### Mental Health Adult Services

1. We have been able to successfully recruit several staff to join our outpatient teams. We have hired four field-based staff in Conroe, and one in Cleveland. We are excited about the care that these new staff will bring to our clients.
2. The Assertive Community Treatment (ACT) team received a donation from the local Assistance League of Montgomery County, which provided t-shirts to help individuals who need new clothes this summer.
3. The First Episode Psychosis (FEP) program has welcomed a new psychiatrist to the team, offering a smooth transition for individuals served in the program. The team has also recently added three new clients to the program, and celebrated high school and college graduations this month for two individuals served.
4. The Projects for Assistance in Transition from Homelessness (PATH) team has been busy this month, bringing five people into routine outpatient services and resuming psychoeducation groups at three sites across Montgomery County: The Women's Center, Compassion United, the Salvation Army.
5. Peer Specialist and Family Partner programs prepared for a site visit from HHSC scheduled to occur in May. The teams met with HHSC for a pre-site visit call and arranged to have individuals and families served come to speak to the auditors during the site visit; however, HHSC cancelled the site visit, with the plan to reschedule in the Fall.

6. The Rural Clinics noted an increase in requests for crisis response in Huntsville at the emergency department and jail. In April, 17 crisis assessments were provided, compared to seven in March.
7. **Client Highlight:** Our rural psychosocial rehabilitation program celebrates an individual's progress on his recovery journey noting 10 months of sobriety, psychiatric stability, and independent ability to recognize triggers and employ healthy coping strategies learned in treatment. This individual has struggled with mental health and sobriety for several years, with repeated relapses on substances. Despite these setbacks, this individual consistently remained engaged in services and attended weekly appointments. Over time, he has shown significant growth in insight, accountability, and coping skills utilization. His consistency, motivation for change, and commitment to recovery have played a major role in his progress.

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

1. We are in the process of recruiting and training new Child and Youth Mental Health Specialists to ensure we are fully staffed when school resumes in August. To ensure all Child and Youth clients have the opportunity to receive skills training this summer, we will be offering four skills training groups in Conroe, with each group tailored to a different age range.
2. We continue to implement new strategies that are helping us move closer to meeting the HHSC Child Improvement Measure, which was increased this Fiscal Year. We are steadily progressing toward the target and are now within approximately 5% of meeting this goal. We know our clients make significant progress while participating in our services, and we are focused on ensuring that progress is accurately measured and reported.
3. Our Administrator of Child and Youth Intensive Services has been providing wraparound services in the field due to turnover within the wraparound team. Balancing direct service provision with administrative responsibilities has been challenging; however, we are pleased to share that we have hired a new Wraparound Case Manager who is currently in training and will soon assume the caseload.
4. Our Multisystemic Therapy (MST) Program has also experienced significant turnover, but we are excited to have hired our second bilingual MST Therapist. In addition to having two bilingual therapists on the team, the program supervisor is also bilingual. Community stakeholders who refer youth to this program have expressed appreciation for our ability to effectively serve Spanish-speaking families.

### **Criminal Justice Services**

1. The Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) Manager was asked to participate in a focus group with four other Centers to discuss ways to impact and improve TCOOMMI programming across the State. The discussions have been successful so far and the intent is for this group to continue meeting quarterly as an ongoing collaborative.
2. The Montgomery County Jail Liaison coordinated care for 93 individuals in the jail that were identified as having a need.

## Substance Use Disorder Services

1. In April, we had 22 adults present to walk-in for services, and ten youth. We received three referrals from Walker County Adult Probation and one from Liberty County probation. We have also had a few youth successfully complete the Multisystemic Therapy (MST) program and continue outpatient substance use disorder treatment to promote ongoing supports and sobriety.
2. In April, we were given opportunity to meet with the HHSC Substance Use Contract Manager and the HHSC Subject Matter Expert to provide program updates and receive an evaluation of program progress. These meetings went well with positive reviews received from HHSC about our services, documentation, and results from client satisfaction surveys.

## Intellectual and Developmental Disability Services (IDD)

1. IDD Provider Services has been informed by HHSC that all audits will be brought current by August 31, 2026. As such, the team is prepared to receive them any day.
2. IDD Provider group home has a vacant House Manager position after a Provider staff was promoted to a new role with IDD Authority, which is a positive transition for this staff.
3. Our Individualized Skills and Socialization sites are now fully staffed. With this update, the program is evaluating revenue in an effort to identify strategies for increasing staffing in Cleveland, which would allow for additional enrollment at that site.
4. IDD Authority was informed by the HHSC's Contract Accountability and Oversight (CAO) Audit Team that our corrective action plans (CAP) to address deficiencies identified during the Fiscal Year 2026 Quality Assurance Authority Review for GR, CFC, PASRR, TxHmL and HCS were accepted. All corrections for deficiencies in our audit will be corrected by June 2026.
5. HHSC provided key updates regarding the ICAP (Inventory for Client and Agency Planning) assessment. The ICAP is required to determine a person's Level of Need (LON), which sets reimbursement rates for certain services in HCS, TxHmL and ICF/IIDs.
6. IDD Authority held its inaugural Caregiver Support Group (CSG) meeting in April, welcoming 22 participants in person and six virtually, making this event a success! The IDD-CSG's mission is to be a safe space for families and caregivers to connect, share experiences, find strength to navigate challenges, and celebrate successes, while building a network of peer-to-peer support.

## Support Services

1. **Quality Management (QM):**
  - a. QM participated in the Superior Managed Care audit on April 29, 2026. Feedback was positive with our overall chart compliance scoring 94.17% and overall claims compliance scoring 95.83%.
  - b. QM staff, in coordination with other departments, assisted with pulling documentation in response to an Office of the Inspector General (OIG) Claims audit in April. This audit is ongoing and is expected to continue through May.
  - c. In addition to routine and ongoing quality assurance of documentation, staff reviewed 16 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 four record requests to four insurance companies totaling 46 charts for records dating back to January 1, 2025.
- e. QM held the Continuous Quality Improvement meeting on April 24, 2026 to report progress on goals for FY26.

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

- a. UM staff reviewed 10% of all discharges for the month of April and provided feedback to staff and supervisors as needed for quality improvement.
- b. Staff reviewed all progress notes that utilized the Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Modifier for April and offered feedback to program staff as needed.
- c. Staff reviewed 10% of progress notes that utilized the MCOT Modifier in April to support continuous quality improvement.
- d. The UM team received the results from the State Fiscal Year FY26 Year 5 Directed Payment Program (DPP) report with no required data corrections to submit. Staff continue to focus on quality improvement of these measures between reporting periods.
- e. Staff continue to monitor contract performance measures and provide support to managers for quality improvement as needed.

**3. Training:**

- a. The Clinical Trainer conducted a pilot study, using a new State approved Cybersecurity training. The purpose of this study is to provide information to the Center to determine if a new platform would be beneficial or to continue using the existing training.
- b. The MHFA Coordinator attended the 2026 National Council for Mental Wellbeing conference and learned additional ways to implement MHFA on a larger scale within communities. Leaders within the MHFA program would like all MHFA instructors to take part in the “1 in 15” campaign where the goal is to have 1 in 15 people trained in MHFA. Additionally, since 2008, the MHFA program has trained 4.5 million people with their sights on the next milestone: “March to 5 Million.”

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

- a. Our Regional Veterans Services Liaison received an award for “Resilience and Spirit” at the Texas Veteran’s Commission Military Veteran Peer Network Annual Conference.
- b. The Military Veteran Peer Network contract has been transferred from Health and Human Services Commission (HHSC) over to the Texas Veterans Commission (TVC) with no major changes associated with the transition. We are currently waiting a response from TVC regarding our grant application which would allow for continued funding of our Mental Health Counseling services for veterans for the next fiscal year.

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

- a. The MH PNAC met on May 13, 2026 where they received Center updates including information on financials, performance measures and key program information. In addition, the Committee was presented with the MH Local Planning kickoff,

including the presentations and accompanying surveys that will be distributed to Case Managers, Stakeholders, and Community Partners. The Committee provided feedback and recommendations during the discussion.

**Agenda Item:** Approve Michael R. “Mike” Holley Veteran as Ex Officio Veteran Representative for the Tri-County Behavioral Healthcare Board of Trustees

**Board Meeting Date**

May 28, 2026

**Committee:** Executive

**Background Information:**

Senate Bill 1530, Blanco, from the 89<sup>th</sup> Legislative Session requires the Board of Trustees of the Local Mental Health Authority (LMHA) to select a veteran to serve as an ex officio nonvoting member to the Board of Trustees if an existing Trustee is not a veteran. Unlike typical Trustee roles appointed by County government, SB 1580 mandates that each LMHA governing body include a veteran, selected by a majority vote of the Board's existing members.

Montgomery County District Attorney Michael R. “Mike” Holley was appointed by Governor Greg Abbott on October 29, 2025 as District Attorney for Montgomery County. Mike Holley brings more than two decades of courtroom experience, leadership, and public service to the people of Montgomery County.

A decorated U.S. Army veteran and board-certified expert in criminal law, Holley began his legal career in the U.S. Army Judge Advocate General’s Corps, where he prosecuted and defended criminal cases and later served as a Professor of Criminal Law. Following his military service, he practiced at The Lanier Law Firm before joining the Montgomery County District Attorney’s Office in 2012.

A summa cum laude graduate of Texas Tech University School of Law and recipient of multiple awards for ethics and achievement, Holley is deeply committed to the safety and well-being of Montgomery County. His leadership continues the office’s proud tradition of integrity, service, and unwavering dedication to justice.

Mr. Holley has agreed to serve as an ex officio member of the Tri-County Board of Trustees as a veteran representative.

**Supporting Documentation:**

None

**Recommended Action:**

**Approve Michael R. “Mike” Holley as Ex Officio Veteran Representative for the Tri-County Behavioral Healthcare Board of Trustees**

**Agenda Item:** Approve Revisions to Board Policy C.1, By-Laws

**Board Meeting Date**

**Committee:** Executive

May 28, 2026

**Background Information:**

Board Policy C.1 (6) is being revised to reflect changes in law from the 89th Legislative Session as it relates to veteran representation on the Board of Trustees.

Chapter II, Ex Officio Board Members, section II.D of the By-Laws now states: “Senate Bill 1530 from the 89th Legislative Session Amends Health and Safety Code 534.0351a to require the Board of Trustees of the Local Mental Health Authority (LMHA) to select a veteran to serve as an ex officio nonvoting member to the Board of Trustees if an existing Trustee is not a veteran. Unlike typical Trustee roles appointed by County government, SB 1580 mandates that each LMHA governing body include a veteran selected by a majority vote of the Board’s existing members, if this requirement is not met by a current Trustee.”

In addition, language was added from Chapter 534.015 of the Health and Safety Code to By-Laws Chapter 1, section IV about the role of the Community Center to “strive to develop services for persons with mental illness or an intellectual disability, and may provide requested services to persons with developmental disabilities or with chemical dependencies, that are effective alternatives to treatment in a large residential facility.”

Small changes were also made to clarify the process for selecting local sheriff representatives, training requirements for new veteran representatives on the Board, and the process for appointing ex officio members to Board Committees.

**Supporting Documentation:**

Revised Board Policy (Markup Version)

C.1.6 By-Laws (mark-up version)

**Recommended Action:**

**Approve Revisions to Board Policy C.1, By-Laws**

# TRI-COUNTY BEHAVIORAL HEALTHCARE

## STATEMENT OF POLICY

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Patti Atkins, Chair

May 28, 2026

Date

ORIGINAL EFFECTIVE DATE: June 29, 1995

REVISION DATE(S): August 21, 1997; July 22, 2010; September 22, 2016, July 25, 2019, January 25, 2024, **May 28, 2026**

SUBJECT: By-Laws

## CHAPTER I: PURPOSES

- I. Sponsoring Agencies - The Commissioner’s Courts of Liberty, Montgomery, and Walker Counties, as local agencies, have established Tri-County Behavioral Healthcare (“Tri-County” or “Center”) as a community mental health and intellectual/developmental disabilities center to provide a vital component in a continuum of services for persons in its service area who have mental illness or intellectual/developmental disabilities.
- II. Center Name - The Center was originally established 1983 as Tri-County Mental Health Mental Retardation Services. In 2010, Tri-County assumed the ‘doing business as’ name of Tri-County Services and operated the Center under this d/b/a until November of 2014, when they received permission from all three Commissioner’s Courts to officially change their name to Tri-County Behavioral Healthcare. Subsequent to this approval, the name change to Tri-County Behavioral Healthcare was formally recorded in all three counties in February of 2015.
- III. Goal - The goal of such comprehensive mental health, intellectual and developmental disabilities, and substance addiction programs shall be services which are adequate as to quantity, quality, scope, availability, and accessibility for the Center’s service area. The Center shall plan, coordinate, develop policies, develop and allocate resources, supervise and ensure the provision of community services.
- IV. **Texas Health and Safety Code Chapter 534.015 states that: “It is the policy of this state that community centers strive to develop services for persons with mental illness or an intellectual disability, and may provide requested services to persons with developmental disabilities or with chemical dependencies, that are effective alternatives to treatment in a large residential facility.”**

- IV. Reporting - To facilitate the goal of such comprehensive services, cooperative efforts of each county, other governmental agencies, individual practitioners, associations of professional disciplines, and citizen representatives shall be utilized. The Center shall report annually to the three (3) Commissioners Courts as provided by Section 534.014 of the Texas Health and Safety Code.
- V. Authority - Tri-County shall operate as a Community Mental Health and Intellectual/Developmental Disability Center as authorized by Section 534.001 of the Texas Health and Safety Code and in accordance with the rules and regulations of the Texas Health and Humand Services Commission and their successor agencies.

## CHAPTER II: BOARD OF TRUSTEES

### I. Membership

#### A. Appointment of Members

1. The Board of Trustees of Tri-County (“Board”) shall be comprised of nine members (Section 534.003 Health and Safety Code). The Commissioner’s Court of each county shall appoint, in compliance with Section 534.004 of the Texas Health and Safety Code, three Board members from the qualified voters in their counties. The Board members so appointed shall serve staggered terms. All appointments will be for a term of two (2) years or until their successors are appointed.
2. The following county appointments for Trustees shall be used:

<p><b>Liberty County</b> Place 1</p> <p>Place 2 &amp; 3</p>	<p><b>Three Representatives</b> Term expires September 1, 1995 and thereafter in odd numbered years</p> <p>Term expires September 1, 1996 and thereafter in even numbered years</p>
<p><b>Montgomery County</b> Place 4</p> <p>Place 5 &amp; 6</p>	<p><b>Three Representatives</b> Term expires September 1, 1995 and thereafter in odd numbered years</p> <p>Term expires September 1, 1996 and thereafter in even numbered years</p>
<p><b>Walker County</b> Place 7</p> <p>Place 8 &amp; 9</p>	<p><b>Three Representatives</b> Term expires September 1, 1995 and thereafter in odd numbered years</p> <p>Term expires September 1, 1996 and thereafter in even numbered years</p>

- B. Vacancies
  - 1. A vacancy on the Board shall be filled by the appropriate Commissioner’s Court for the unexpired portion of the term.
  - 2. Any member who does not attend 75% of the scheduled Board meetings, within the preceding twelve months, without excused absences, shall receive recommendation of termination from the Board; at which time, the appointing Commissioner’s Court may replace such trustees by action of the Commissioner’s Court.
  
- C. Excused Absences - Absences approved by a majority of a quorum of the Board are considered to be excused.
  
- D. Orientation and Continuing Education - The Board will maintain a program for orientation of new Board members and continuing education for all Board members consistent with Section 534.006 Health and Safety Code.
  
- E. Prohibited Activities
  - 1. Violation of Laws - A Board Member shall not violate any law relating to his or her office (Section 39.10 Texas Penal Code).
  - 2. Conflicting Interests
    - a. Board Members may serve on other boards separate and apart from Tri-County and such is not determined a conflict of interest. Board of Trustee members should abstain from voting on any matter which directly or indirectly relates to contracts or reimbursement to or from Tri-County, or any matter which relates to interrelated issues of the two (2) boards. Such abstentions should be duly noted in the Board minutes.
    - b. A Board Member shall abstain from a Board decision to contract with any entity having on its board a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
    - c. A Board Member shall abstain from a Board decision to contract with any entity that may provide services to a person related in the first degree by consanguinity (blood) or affinity (marriage) to a member of the Board of the Center.
    - d. A Board Member shall not act as surety for a business entity that has work, business, or a contract with the Center (171.003 Local Government Code).
    - e. A Board Member shall not act as surety on any official bond required of an officer of the Center (171.003 Local Government Code).
    - f. A Board Member shall not rely on official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information; a Board

Member shall not speculate or assist another person in speculating on the basis of official information (39.03 Texas Penal Code).

3. Conflicting Professional Practices
  - a. No Board Member shall be reimbursed for services to consumers referred to his or her private practice by the Center (Texas Attorney General’s Opinion M-340).
  - b. As a local public official, each Board Member shall uphold the member's position of public trust by meeting and maintaining the applicable qualifications for membership and by complying with the applicable requirements relating to conflicts of interest (Section 534.0065 Health and Safety Code).
  - c. No Board Member shall be allowed use of the Center’s facilities free of charge for the purpose of conducting a private practice. Any agreement whereby a Board Member leases property from the Center shall be discussed and voted on by the Board in an open meeting.
  - d. No Board Member shall use his or her unique access to the Center to recruit or build private practice clientele.
4. Personal Benefit by Board Members
  - a. A Board Member shall not solicit, accept, nor agree to accept from another person: 1) any benefit in return for the Board Member’s decision, opinion, recommendation, vote, or other exercise of discretion as a public servant or (Section 534.0065 Health and Safety Code); or 2) any benefit in return for a violation of a duty imposed by law (Section 36.02, Texas Penal Code).
  - b. A Board Member shall not solicit, accept, nor agree to accept any benefit from a person the Board Member knows is interested or is likely to become interested in contract, purchase, payment, claim, or transaction involving the exercise of the Board Member’s discretion (Section 36.08, Texas Penal Code).
  - c. A Board Member shall not receive any benefit for referral of consumers to the Center or to other service providers.
  - d. A Board Member shall not misapply anything of value belonging to the government that has come into his or her possession by virtue of his or her office (Section 39.01, Texas Penal Code).

F. Nepotism

1. No Board Member shall appoint or vote for or confirm the appointment of any person related to himself or herself, or to any other Board Member, by affinity (marriage) within the second degree or by consanguinity (blood) within the third degree, to any office or position of employment with the Center paid for directly or indirectly from public funds (Section 534.0065 Health and Safety Code).
2. An employee of the Center who is related to a Board Member in the prohibited manner described above may continue to be employed if he or she was employed by the Center at least thirty (30) days prior to the

appointment of the Board Member. If the individual has been employed by the Center for less than thirty (30) days when his or her relative is appointed to the Board, either the employee or the Board Member must resign.

3. When a relative of a Board Member is allowed to continue employment within the provisions outlined above, the Board Member must not participate in deliberation or voting on any issues specific to that employee unless such issues affect an entire class or category of employees (Health and Safety Code 534.0115).

G. A Trustee may be removed from office for any of the following reasons:

1. Conviction of a felony or crime of moral turpitude;
2. Breach of fiduciary duty;
3. Behavior that is detrimental to the goals of the Center;
4. Violation of any provision of the Texas Health and Safety Code, §534.0065; or
5. At the discretion of the appointing Commissioners' Court, for other cause.

## II. Ex Officio Board Members

A. As required by Senate Bill 632 of the 86th Legislative Session which relates to the composition of the governing bodies and the consultation policies of local mental health authorities with respect to sheriffs, their representatives, and local law enforcement agencies, the Center is required to add two ex-officio Board members, either the sheriff or sheriff's representative from the largest County of the Center's three county service area and a sheriff or sheriff's representative from the smallest of the Center's three counties.

B. According to Section 534.002 (d), a local mental health authority may not bar or restrict a sheriff or representative of a sheriff who serves as an ex officio nonvoting member from speaking or providing input at a meeting of local authority's governing body. The requirement for a sheriff (or representative) to serve as an ex officio nonvoting member does not prevent a sheriff (or representative) from being included on the board of trustees as a voting member as appointed by the County Judge.

C. While the legislation requires only two sheriffs or their representatives from the three counties we serve, the Center will ~~allow~~ **invite** all three sheriffs to participate on the board as ex officio members. However, the representatives from Montgomery and Walker County in the Tri-County service area are mandatory participants.

**D. Senate Bill 1530 from the 89th Legislative Session Amends Health and Safety Code 534.0351a to require the Board of Trustees of the Local Mental Health Authority (LMHA) to select a veteran to serve as an ex officio nonvoting member to the Board of Trustees if an existing Trustee is not a veteran. Unlike typical Trustee roles appointed by County government, SB 1580**

**mandates that each LMHA governing body include a veteran, selected by a majority vote of the Board's existing members, if this requirement is not met by a current Trustee.**

- E. Ex officio board members must meet the same requirements as Board Trustees with the following exceptions:
  - 1. They are not counted in the quorum for trustee meetings;
  - 2. Absences do not have to be excused;
  - 3. They participate fully in Board meetings, but do not vote;
  - 4. They do not participate in executive session;
  - 5. They are not appointed by the sponsoring entities but are instead included in the Board after being sworn into the office as the elected sheriff and receiving required training; and,
  - 6. Only the sheriff of the participating county may designate a representative.
  
- F. Sheriffs or their representatives **and/or a veteran representative** serving as an ex officio nonvoting members of the board should receive the same training required of appointed, voting members of the Board of Trustees.

### III. Organization

- A. Officers - The Board shall select from its membership a Chair, Vice-Chair, and Secretary to hold office for one (1) year or until his or her successor is elected. The officers shall have the following duties and authority:
  - 1. Board Chair
    - a. The Board Chair shall be the principal spokesperson and representative of the Center and the Board.
    - b. The Board Chair shall preside at all Board meetings and meetings of the Executive Committee and may sign, with the Secretary or any other designated individual authorized by the Board, all contracts, agreements and documents which the Board has authorized. The Board Chair shall call special meetings of the Board as necessary and shall perform such duties as may be from time to time prescribed by the Board.
    - c. The Board Chair shall be, as all officers, subject to the control of the Board in all things.
  - 2. Vice-Chair - The Vice-Chair shall perform all duties of the Board Chair in the absence, inability, or upon refusal to act of the Board Chair.
  - 3. Secretary - The Secretary shall keep, or cause to be kept, the Minutes of the Board and perform all other duties usually incident to that office.
  - 4. Removal and Vacancy
    - a. A vacancy in office shall exist upon the removal, death or resignation of an officer.
    - b. An officer may resign his or her office by submitting his or her resignation in writing to the Chair or Secretary and shall be

effective upon acceptance by the Board. Any officer may resign his or her office without resigning from the Board.

- c. Any officer may be removed from office upon a vote of five members of the Board.
- d. When a vacancy in office occurs a special election for that office will be held at the next regular or specially called meeting of the Board.

5. Election of Officers

- a. Elections will be held in August or as soon as possible thereafter.
- b. A special election may be called prior to the end of any term if a total five Board Members approve of such special election. The terms of such specially elected officers will then coincide and terminate with the terms of the prior officeholders.

B. Meetings

- 1. The Board shall meet as often as necessary to transact and conduct business of the Center, but shall hold a minimum of six (6) meetings within any one fiscal year conducted at a time and place that makes the meeting accessible to the public. Over fifty percent of the filled Board positions shall constitute a quorum. All meetings shall be conducted in accordance with the Texas Open Meeting Laws and the public shall be invited to attend unless closed meetings are allowed as provided by Subchapter D of the Texas Open Meetings Act, or as specifically permitted in the Constitution of the State of Texas. The Board Chair may conduct the meetings in compliance with Robert’s Rules of Order.
- 2. Special Meetings - The Board Chair may call special meetings at any time.

C. Agendas and Meeting Minutes

- 1. Agendas for Board and Committee meetings will be established by the Chair and Executive Director and shall be posted as provided by the Texas Open Meeting Act. Those materials necessary for adequate consideration and action of agenda items will be distributed to all Board Members sufficiently ahead of time to allow members to prepare for the meetings. A copy of each posted agenda will be kept indefinitely in compliance with the Texas Open Meetings Act.
- 2. Written minutes shall be kept of all meetings of the Board in compliance with Section 551.021 of the Texas Open Meetings Act. The minutes must: 1) state the subject of each deliberation; and 2) indicate each vote, order, decision or other action taken.
- 3. In compliance with Section 551.022 of the Texas Open Meetings Act, the minutes of an open meeting are public records and shall be available for public inspection and copying on request to the Center’s Executive Director.
- 4. Approved Board meeting minutes, meeting agenda, and board materials distributed prior to the meeting shall be maintained indefinitely. An electronic image of the signed minutes, agenda and the board materials

shall be maintained as the original. Paper copies will not be maintained. Electronic document storage will be updated periodically to ensure that signed minutes, agendas and board materials are available for public inspection.

5. Copies of the agenda and meeting minutes will be provided to each of the County Commissioner’s Courts. Copies of the approved minutes of Board meetings will be distributed to officials of the Texas Health and Human Services Commission or their successor agencies in Austin, Texas, upon request.
6. In compliance with Section 551.104 of the Texas Open Meetings Act, a certified agenda of any closed meeting shall be maintained for two years after the date of the meeting. The certified agenda of a closed meeting will be destroyed two years after the meeting, unless an action involving the closed meeting is brought within the two year period of time. If such an action is pending the certified agenda of the meeting shall be preserved. No certified agenda of a closed meeting is available for public inspection without a court order as authorized by Section 551.104(b)(3).

D. Committees

1. Standing Committees
  - a. The Board will use a committee structure to conduct major portions of work. Each Board Member will serve on at least one (1) committee and appointments may be changed as necessary.
  - b. Standing committees of the Board will consist of the following: Executive Committee; Business Committee; and Program Committee.
2. Purpose
  - a. Board committees operate as a part of the Board and do not independently function for the Board.
  - b. Committees serve as specific functionaries of the Board.
3. Appointments
  - a. At any time the Board Chair will be responsible for making committee appointments including the appointment of a Chair for such committees. The Board Chair may from time to time find the need for ad hoc committees which may be appointed by the Board Chair for a specific task and period of duration.
  - b. The appointment of committees shall not relieve the Board of its responsibility and accountability. No act of a committee shall be effective or binding upon the Board unless ratified by the Board.
4. Duties - The duties of the aforementioned committees are generally outlined (but not limited to) the following:
  - a. Executive Committee - The Board Officers (including the Chair, Vice-Chair, and Secretary) will make up this Committee. The Board Chair will chair the committee and will call meetings as deemed necessary. Such matters will generally relate to the administration of Tri-County including personnel.

- b. Business Committee - This committee will in general review those matters pertaining to business operations of Tri-County which might include some detail of financial reports, cash flow matters, business policies, real estate, etc. The Business Committee will consist of not more than four (4) Board Members appointed by the Board Chair.
- c. Program Committee - This committee will in general review those matters pertaining to program operations of Tri-County. Such reviews might include some detail of monthly program reports, community relations; special needs to be addressed by center programs, etc. The Program Committee will consist of not more than four (4) Board Members appointed by the Board Chair.
- d. **Ex officio Board members may serve on either the business or program committee as designated by the Board Chair.**

#### IV. Functions

- A. Responsibilities - (a) The Board is responsible for the effective administration of the community center. (Section 534.008 Health and Safety Code).
- B. Policies - The Board shall make policies that are consistent with the Texas Department of Aging and Disability Services and the Texas Department of Health and Human Services' rules and standards (Section 534.008 Health and Safety Code).
- C. Authority - The Board may discharge its responsibility by exercising its authority consistent with the provision of the Health and Safety Code Chapter 534. The Board shall establish, periodically review, and modify as necessary, personnel policies. For this purpose the Executive Director shall submit proposed policies to the appropriate Committee of the Board which shall review and recommend personnel policies to the Board.

### CHAPTER III: EXECUTIVE DIRECTOR AND PERSONNEL

- I. Selection - The Board shall appoint the Executive Director for the Center.
- II. Qualifications - The Executive Director shall be a professionally trained person, qualified to administer a comprehensive mental health and intellectual and developmental disabilities program.
- III. Duties - The Executive Director:
  - A. Shall provide the necessary staff services to the Board, attend meetings of the Board, and shall be responsible for the programs of the Board.

- B. Shall be responsible for the day to day operations of the Center and the implementation of Board policy.
- C. Subject to the policies of the Board, shall be responsible for the selecting, hiring, training, assigning or dismissal of personnel for the administration of services and programs.
- D. Subject to the policies of the Board, may delegate responsibilities to his or her immediate administrative staff or other Services personnel.
- E. Shall attend meetings of Advisory Committees or shall delegate this responsibility to a member of the Management Team.

#### **CHAPTER IV: ADVISORY COMMITTEES**

- I. Creation - The Board may appoint advisory committees to advise that body, or other appropriate groups dealing with the planning, provision, and administration of mental health and intellectual and developmental disabilities services. These advisory committees should represent a broad spectrum of community interest.

#### **CHAPTER V: DISSOLUTION**

- I. Distribution of Assets - Upon dissolution of the Center any and all assets, of both a real and personal nature, shall revert back to the sponsoring agencies (i.e., Commissioner's Courts of Liberty, Montgomery and Walker Counties) for exclusive public use or other charitable purposes.

#### **CHAPTER VI: CHANGE OF BY-LAWS**

- I. Review of the By-Laws - The Board of Trustees shall from time to time review and amend these By-Laws, if indicated.
- II. Changing the By-Laws
  - A. Any changes in By-Laws must be proposed in written form and presented to the Board at a regular or called meeting.
  - B. The proposed changes may be voted on at any subsequent meeting that occurs at least twenty-six (26) days after the proposed changes were first presented to the Board.
  - C. The Board shall adopt any changes to the By-Laws by majority vote of a duly constituted quorum.

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

**Board Meeting Date:**

May 28, 2026

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Personnel Report through April 2026

**Recommended Action:**

For Information Only

## **Personnel Report**

### **April 2026**

Tri-County Behavioral Healthcare (TCBHC) continues to experience staffing challenges across multiple program areas. In April 2026, TCBHC hired nine new employees, contributing to 73 total new hires fiscal year to date. In addition, TCBHC received applications from 158 individuals. TCBHC reported 50 vacant positions out of 403 budgeted positions, with the greatest hiring needs remaining in case management positions within Adult Mental Health, IDD Authority, and Child & Youth Mental Health in Conroe. Additional hiring needs remain in peer provider, licensed clinician, direct care provider, and support positions.

Fiscal year 2025 turnover through April is currently 21%. During April, there were 12 voluntary separations and three involuntary terminations. Employees with less than one year of service continue to account for the largest portion of separations overall, indicating continued challenges with workforce competition and onboarding stabilization. The leading reasons for employee departures fiscal year to date include other job opportunities, personal or family related reasons, policy violations, and dissatisfaction with the work environment.

TCBHC continues to prioritize recruitment, onboarding, employee development, and retention efforts to strengthen workforce stability and support quality mental health and IDD services throughout the community.

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

**Board Meeting Date:**

May 28, 2026

**Committee:** Executive

**Background Information:**

None

**Supporting Documentation:**

Texas Council Risk Management Fund Claims Summary as of April 2026

**Recommended Action:**

For Information Only

## **Texas Council Risk Management Fund - Claims Summary April 2026**

As of April 2026, Tri-County Behavioral Healthcare has recorded \$24,583 in Worker's Compensation claims and \$9,977 in Liability claims for fiscal year 2026, with no Property claims reported to date.

Reviewing the past five years of claim history from 2022 through 2026, Worker's Compensation has consistently represented the most active claim category, ranging from a low of \$2,215 in 2022 to a high of \$34,369 in 2023. Liability claims have varied each year, ranging from a low of \$0 in 2025 to a high of \$20,538 in 2022. Property claims have been sporadic, with no activity some years, \$7,243 in 2023, and \$60,467 in 2025.

**Agenda Item:** Texas Council Quarterly Board Meeting Update

**Board Meeting Date**

May 28, 2026

**Committee:** Executive

**Background Information:**

The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.

**Supporting Documentation:**

Texas Council Staff Report

**Recommended Action:**

**For Information Only**

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

**Board Meeting Date**

**Committee:** Business

May 28, 2026

**Background Information:**

None

**Supporting Documentation:**

April 2026 Financial Statements

**Recommended Action:**

Approve April 2026 Financial Statements

## April 2026 Financial Summary

Revenues for April 2026 were \$3,280,658 and operating expenses were \$3,068,418 resulting in a gain in operations of \$212,239. Capital Expenditures and Extraordinary Expenses for April were \$157,057 resulting in a gain of \$55,182. Total revenues were 108.73% of the monthly budgeted revenues and total expenses were 104.66% of the monthly budgeted expenses (difference of 4.07%).

Year to date (YTD) revenues are \$26,351,250 and operating expenses are \$25,436,893 leaving excess operating revenues of \$914,357. YTD Capital Expenditures and Extraordinary Expenses are \$1,377,701 resulting in a loss YTD of \$463,344. Total revenues are 98.41% of the YTD budgeted revenues and total expenses are 100.73% of the YTD budgeted expenses (difference of -2.32%).

### **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	\$75,529	\$109,000	69.29%	\$33,471
Texas Correctional Office on Offenders with Medical or Mental Impairments	\$463,699	\$482,750	96.05%	\$19,051
Title XIX Case Management Mental Health	\$212,227	\$299,418	70.88%	\$87,190
Title XIX Case Management Intellectual and Developmental Disabilities	\$935,806	\$954,698	98.02%	\$18,892
Title XIX Home and Community-based Services / Intellectual and Developmental Disabilities Program	\$1,451,527	\$1,485,701	97.70%	\$34,174
Medicaid - Preadmission Screening and Resident Review	\$57,765	\$75,864	76.14%	\$18,099
Medicaid-Regular-Title XIX	\$230,787	\$297,971	77.45%	\$67,185

Title XIX Rehab	\$1,082,793	\$1,493,899	72.48%	\$411,106
Directed Payment Program	\$1,027,544	\$1,167,576	88.00%	\$140,032

**Interest Income** - This line item reflects the interest earned on our funds that we have on deposit in the TexPool account. We continue to be below budgeted amount due to delays in quarterly deposits the first half of the fiscal year. 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.

**Texas Correctional Office on Offenders with Medical or Mental Impairments** - 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 at year end.

**Title XIX Case Management Mental Health** - 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 Case Management Intellectual and Developmental Disabilities (IDD)** - This line item has not appeared on our variance report until this month. We have had several position vacancies occur in this program over the last couple months and it is now finally reflected in the revenue numbers. We have been meeting on a weekly basis with our revenue producing programs and for this program we have made some restructuring decisions that will help improve future revenue earning.

**Title XIX Home and Community-based Services/Intellectual and Developmental Disabilities Program** - This line item is the Home and Community-based Services program that provides individualized services and supports (ISS) 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 numerous individuals that had been hospitalized and out of our programs which contributed to the revenue loss. We also have a Host Home Provider on hold due to illness which stops revenue. And finally, two consumers dropped out of ISS services.

**Medicaid - Preadmission Screening and Resident Review** - This line item has been trending lower each month of the fiscal year until it had 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 represents revenue for Medicaid Card Services. Recently, we reviewed our billing rates and implemented adjustments to ensure they more closely align with actual payment receipts. While we anticipate these adjustments will result in lower recorded revenue in this line for the next few months, this change will ensure our reporting is much more stable and accurate following the transition period.

**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 in QMHP level positions. The summer months historically are low for the C & Y programs so we don't anticipate that area to be higher until the fall. 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	\$43,649	\$18,395	237.28%	\$25,254
Fixed Assets - Construction in Progress	\$98,326	\$0	0	\$98,326
Medication Expense	\$319,260	\$299,808	106.48%	\$19,451
Moving Expense	\$19,772	\$0	a0	\$19,772

Payroll Salaries	\$14,539,727	\$14,345,801	101.35%	\$193,924
Telephone - Monthly Service	\$161,707	\$141,788	114.04%	\$19,918
Travel - Local	\$247,454	\$228,779	108.16%	\$18,674
Utilities - Electricity	\$195,890	\$174,781	112.07%	\$21,108
Vehicle - Repair and Maintenance	\$30,983	\$19,145	161.83%	\$11,837

**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 started in March.

**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.

**Medication Expense** - This line item has been under budget all year. In April we had an expensive three month prescription for a TCOOMMI individual that will be reimbursed completely. We also had the Continuity of Care department that had higher than normal expenses, which are used for individuals discharges from contracts hospitals.

**Moving Expense** - This line item is for moving expenses paid for the Psychiatrist that was hired in late March as a part of her Contract.

**Payroll Salaries** - This line item is our payroll expenses. We are coming in slightly higher than the budgeted salary amounts. 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 the trends in line with the past historical performance.

**Telephone - Monthly Service** - This line item has been reviewed for the increase in telephone monthly charges. With the change in the Cleveland facility, we have some new phone lines that have been moved to the new facility and had expected a refund that we haven't yet received. We continue to review all phone lines and are determining if they are needed, to help offset the increase in phone charges that are expected to be as high as 40% per notice printed in phone bills.

**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. We anticipate the reimbursement rate to increase as the price of fuel remains high.

**Utilities - Electricity** - This line item continues to be on our variance list. But we have seen the monthly cost decrease from the higher months of December, January and February.

**Vehicle - Repair and Maintenance** - This line item reflects the cost of repairs to our fleet vehicles which have gone over the \$10,000 limit for necessary repairs.

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

<b>ASSETS</b>	<b>GENERAL FUND April 2026</b>	<b>GENERAL FUND March 2026</b>	<b>Increase (Decrease)</b>
<b>CURRENT ASSETS</b>			
Imprest Cash Funds	2,000	2,250	(250)
Cash on Deposit - General Fund	8,445,461	10,453,418	(2,007,957)
Accounts Receivable	2,484,894	2,341,840	143,054
Inventory	511	823	(312)
<b>TOTAL CURRENT ASSETS</b>	<b>10,932,867</b>	<b>12,798,331</b>	<b>(1,865,465)</b>
<b>FIXED ASSETS</b>	<b>22,469,928</b>	<b>22,469,928</b>	<b>-</b>
<b>OTHER ASSETS</b>	<b>266,403</b>	<b>274,493</b>	<b>(8,089)</b>
<b>TOTAL ASSETS</b>	<b>33,669,198</b>	<b>35,542,752</b>	<b>(1,873,554)</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>	1,102,688	1,158,274	(55,587)
<b>NOTES PAYABLE</b>	839,402	839,402	-
<b>DEFERRED REVENUE</b>	4,468,131	6,347,448	(1,879,316)
<b>LONG-TERM LIABILITIES FOR</b>			
First Financial Conroe Building Loan	8,210,982	8,255,524	(44,542)
Guaranty Bank & Trust Loan	1,539,973	1,546,162	(6,189)
First Financial Huntsville Land Loan	725,553	728,766	(3,213)
Lease Liability	148,006	148,006	-
SBITA Liability	608,536	608,536	-
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>			
General Fund	(463,344)	(518,526)	55,182
Debt Service Fund			
Capital Projects Fund			
<b>FUND EQUITY</b>			
<b>RESTRICTED</b>			
Net Assets Reserved for Debt Service	(11,233,051)	(11,286,994)	53,943
Reserved for Debt Retirement			-
<b>COMMITTED</b>			
Net Assets - Property and Equipment	22,469,928	22,469,928	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,316,448	2,316,448	-
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	49,333	43,167	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	2,237,892	2,237,892	-
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>33,669,198</b>	<b>35,542,752</b>	<b>(1,873,554)</b>

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

<b>ASSETS</b>	<b>General Operating Fund</b>	<b>Debt Fund</b>	<b>Service Fund</b>	<b>Capital Fund</b>	<b>Projects</b>	<b>Government Wide 2026</b>	<b>Memorandum Only  Final August 2025</b>
<b>CURRENT ASSETS</b>							
Imprest Cash Funds	2,000					2,000	2,550
Cash on Deposit - General Fund	8,445,461					8,445,461	5,587,676
Bond Reserve 2024			895,476			895,476	
Bond Fund 2024			365,224			365,224	-
Bank of New York - Capital Project Fund					905,704	905,704	
Accounts Receivable	2,484,894					2,484,894	3,700,331
Inventory	511					511	511
<b>TOTAL CURRENT ASSETS</b>	<b>10,932,867</b>		<b>1,260,700</b>		<b>905,704</b>	<b>13,099,270</b>	<b>9,291,068</b>
<b>FIXED ASSETS</b>						<b>22,469,928</b>	<b>22,469,928</b>
<b>OTHER ASSETS</b>						<b>266,403</b>	<b>113,193</b>
Bond 2024 - Amount to retire bond					11,535,925	11,535,925	
Bond Discount 2024					371,272	371,272	-
<b>Total Assets</b>	<b>33,669,198</b>		<b>1,260,700</b>		<b>12,812,901</b>	<b>47,742,798</b>	<b>31,874,189</b>
<b>LIABILITIES, DEFERRED REVENUE, FUND BALANCES</b>							
<b>CURRENT LIABILITIES</b>						1,102,688	1,782,090
<b>BOND LIABILITIES</b>					11,907,197	11,907,197	(241,960)
<b>NOTES PAYABLE</b>						839,402	839,402
<b>DEFERRED REVENUE</b>						4,468,131	1,638,119
<b>LONG-TERM LIABILITIES FOR</b>							
First Financial Conroe Building Loan						8,210,982	8,583,527
Guaranty Bank & Trust Loan						1,539,973	1,589,716
First Financial Huntsville Land Loan						725,553	749,611
Lease Liability						148,006	148,006
SBITA Liability						608,536	608,536
<b>EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR</b>							
General Fund						(463,344)	(1,449,697)
Debt Service Fund						-	
Capital Projects Fund						-	
<b>FUND EQUITY</b>							
<b>RESTRICTED</b>							
Net Assets Reserved for Debt Service - Restricted						(11,233,051)	(11,679,396)
Cleveland New Build - Bond						-	
Reserved for Debt Retirement			1,260,700		905,704	2,166,403	-
<b>COMMITTED</b>							
Net Assets - Property and Equipment - Committed						22,469,928	22,469,928
Reserved for Vehicles & Equipment Replacement						613,712	613,712
Reserved for Facility Improvement & Acquisitions						2,316,448	2,500,000
Reserved for Board Initiatives						500,000	500,000
Reserved for 1115 Waiver Programs						-	-
<b>ASSIGNED</b>							
Reserved for Workers' Compensation - Assigned						274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned						49,333	-
Reserved for Insurance Deductibles - Assigned						100,000	100,000
Reserved for Accrued Paid Time Off						(839,402)	(839,402)
<b>UNASSIGNED</b>							
Unrestricted and Undesignated						2,237,892	3,687,589
<b>TOTAL LIABILITIES/FUND BALANCE</b>	<b>33,669,198</b>		<b>1,260,700</b>		<b>12,812,901</b>	<b>47,742,798</b>	<b>31,874,189</b>

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

<b>INCOME:</b>	<u>MONTH OF</u> <u>April 2026</u>	<u>YTD</u> <u>April 2026</u>
Local Revenue Sources	(58,101)	1,061,262
Earned Income	1,565,679	10,977,450
General Revenue - Contract	1,773,080	14,312,538
<b>TOTAL INCOME</b>	<u><b>3,280,658</b></u>	<u><b>26,351,250</b></u>
<b>EXPENSES:</b>		
Salaries	1,753,377	14,944,425
Employee Benefits	353,332	2,895,883
Medication Expense	63,687	328,768
Travel - Board/Staff	37,312	270,131
Building Rent/Maintenance	32,275	211,337
Consultants/Contracts	547,475	4,476,171
Other Operating Expenses	280,959	2,310,176
<b>TOTAL EXPENSES</b>	<u><b>3,068,418</b></u>	<u><b>25,436,893</b></u>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<u><b>212,240</b></u>	<u><b>914,357</b></u>
<b>CAPITAL EXPENDITURES</b>		
Capital Outlay - FF&E, Automobiles, Building	7,040	197,451
Capital Outlay - Debt Service	150,017	1,180,249
<b>TOTAL CAPITAL EXPENDITURES</b>	<u><b>157,057</b></u>	<u><b>1,377,701</b></u>
<b>GRAND TOTAL EXPENDITURES</b>	<b>3,225,476</b>	<b>26,814,593</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<u><u><b>55,182</b></u></u>	<u><u><b>(463,344)</b></u></u>

<b>Debt Service and Fixed Asset Fund:</b>		
Debt Service	150,017	1,180,249
<b>Excess (Deficiency) of Revenues over Expenses</b>	<u><u><b>150,017</b></u></u>	<u><u><b>1,180,249</b></u></u>

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

	YTD April 2026	APPROVED BUDGET	Increase (Decrease)
<b>INCOME:</b>			
Local Revenue Sources	1,061,262	983,284	77,978
Earned Income	10,977,450	11,459,569	(482,119)
General Revenue	14,312,538	14,332,857	(20,319)
<b>TOTAL INCOME</b>	<b>26,351,250</b>	<b>26,775,710</b>	<b>(424,460)</b>
<b>EXPENSES:</b>			
Salaries	14,944,425	14,757,066	187,359
Employee Benefits	2,895,883	3,063,193	(167,309)
Medication Expense	328,768	300,475	28,293
Travel - Board/Staff	270,131	260,935	9,196
Building Rent/Maintenance	211,337	202,338	8,999
Consultants/Contracts	4,476,171	4,490,724	(14,553)
Other Operating Expenses	2,310,176	2,210,225	99,951
<b>TOTAL EXPENSES</b>	<b>25,436,893</b>	<b>25,284,957</b>	<b>151,936</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>914,357</b>	<b>1,490,753</b>	<b>(576,396)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	197,451	164,066	33,385
Capital Outlay - Debt Service	1,180,249	1,170,316	9,934
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>1,377,701</b>	<b>1,334,382</b>	<b>43,319</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>26,814,593</b>	<b>26,619,339</b>	<b>195,254</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(463,344)</b>	<b>156,371</b>	<b>(619,715)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,180,249	1,170,316	9,934
<b>Excess(Deficiency) of Revenues over Expenses</b>	<b>1,180,249</b>	<b>1,170,316</b>	<b>9,934</b>

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

<b>INCOME:</b>	<b>MONTH OF April 2026</b>	<b>APPROVED BUDGET</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(58,101)	(62,112)	4,011
Earned Income	1,565,679	1,315,471	250,207
General Revenue-Contract	1,773,080	1,763,919	9,162
<b>TOTAL INCOME</b>	<b>3,280,658</b>	<b>3,017,278</b>	<b>263,380</b>
<b>EXPENSES:</b>			
Salaries	1,753,377	1,686,608	66,769
Employee Benefits	353,332	356,430	(3,097)
Medication Expense	63,687	37,559	26,128
Travel - Board/Staff	37,312	31,539	5,773
Building Rent/Maintenance	32,275	21,969	10,306
Consultants/Contracts	547,475	550,035	(2,560)
Other Operating Expenses	280,959	232,726	48,233
<b>TOTAL EXPENSES</b>	<b>3,068,418</b>	<b>2,916,867</b>	<b>151,551</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>212,240</b>	<b>100,411</b>	<b>111,829</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	7,040	16,875	(9,835)
Capital Outlay - Debt Service	150,017	148,039	1,978
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>157,057</b>	<b>164,914</b>	<b>(7,857)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>3,225,476</b>	<b>3,081,782</b>	<b>143,694</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>55,182</b>	<b>(64,504)</b>	<b>119,685</b>

**Debt Service and Fixed Asset Fund:**

Debt Service	150,017	148,039	1,978
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>150,017</b>	<b>148,039</b>	<b>1,978</b>

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

<b>INCOME:</b>	<b>YTD April 2026</b>	<b>YTD April 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	1,061,262	1,197,357	(136,095)
Earned Income	10,977,450	14,762,648	(3,785,199)
General Revenue-Contract	14,312,538	13,588,044	724,494
<b>TOTAL INCOME</b>	<b>26,351,250</b>	<b>29,548,050</b>	<b>(3,196,800)</b>
<b>EXPENSES:</b>			
Salaries	14,944,425	16,929,614	(1,985,189)
Employee Benefits	2,895,883	3,174,803	(278,919)
Medication Expense	328,768	361,930	(33,161)
Travel - Board/Staff	270,131	310,282	(40,150)
Building Rent/Maintenance	211,337	234,893	(23,556)
Consultants/Contracts	4,476,171	5,063,546	(587,375)
Other Operating Expenses	2,310,176	2,133,106	177,070
<b>TOTAL EXPENSES</b>	<b>25,436,893</b>	<b>28,208,173</b>	<b>(2,771,280)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>914,357</b>	<b>1,339,877</b>	<b>(425,520)</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	197,451	512,278	(314,826)
Capital Outlay - Debt Service	1,180,249	1,031,066	149,184
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>1,377,701</b>	<b>1,543,344</b>	<b>(165,643)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>26,814,593</b>	<b>29,751,516</b>	<b>(2,936,923)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(463,344)</b>	<b>(203,467)</b>	<b>(259,877)</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	1,180,249	1,031,066	149,184
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>1,180,249</b>	<b>1,031,066</b>	<b>149,184</b>

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

<b>INCOME:</b>	<b>MONTH OF April 2026</b>	<b>MONTH OF April 2025</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(58,101)	100,384	(158,485)
Earned Income	1,565,679	1,674,537	(108,859)
General Revenue-Contract	1,773,080	1,617,725	155,356
<b>TOTAL INCOME</b>	<b>3,280,658</b>	<b>3,392,646</b>	<b>(111,988)</b>
Salaries	1,753,377	1,943,118	(189,740)
Employee Benefits	353,332	375,673	(22,340)
Medication Expense	63,687	43,426	20,261
Travel - Board/Staff	37,312	47,612	(10,300)
Building Rent/Maintenance	32,275	16,257	16,018
Consultants/Contracts	547,475	506,043	41,433
Other Operating Expenses	280,959	260,806	20,153
<b>TOTAL EXPENSES</b>	<b>3,068,418</b>	<b>3,192,934</b>	<b>(124,515)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>212,240</b>	<b>199,713</b>	<b>12,527</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	7,040	60,022	(52,982)
Capital Outlay - Debt Service	150,017	131,289	18,728
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>157,057</b>	<b>191,311</b>	<b>(34,254)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>3,225,476</b>	<b>3,384,245</b>	<b>(158,769)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>55,182</b>	<b>8,402</b>	<b>46,781</b>

<b>Debt Service and Fixed Asset Fund:</b>			
Debt Service	150,017	131,289	18,728
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>150,017</b>	<b>131,289</b>	<b>18,728</b>

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

<b>INCOME:</b>	<b>MONTH OF April 2026</b>	<b>MONTH OF March 2026</b>	<b>Increase (Decrease)</b>
Local Revenue Sources	(58,101)	92,103	(150,204)
Earned Income	1,565,679	1,158,900	406,778
General Revenue-Contract	1,773,080	1,810,943	(37,863)
<b>TOTAL INCOME</b>	<b>3,280,658</b>	<b>3,061,946</b>	<b>218,712</b>
<b>EXPENSES:</b>			
Salaries	1,753,377	1,726,894	26,483
Employee Benefits	353,332	382,717	(29,384)
Medication Expense	63,687	38,011	25,676
Travel - Board/Staff	37,312	31,573	5,739
Building Rent/Maintenance	32,275	31,550	725
Consultants/Contracts	547,475	564,497	(17,021)
Other Operating Expenses	280,959	366,966	(86,007)
<b>TOTAL EXPENSES</b>	<b>3,068,418</b>	<b>3,142,207</b>	<b>(73,789)</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>212,240</b>	<b>(80,261)</b>	<b>292,501</b>
<b>CAPITAL EXPENDITURES</b>			
Capital Outlay - FF&E, Automobiles, Building	7,040	9,218	(2,178)
Capital Outlay - Debt Service	150,017	150,017	-
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>157,057</b>	<b>159,235</b>	<b>(2,178)</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>3,225,476</b>	<b>3,301,442</b>	<b>(75,966)</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>55,182</b>	<b>(239,496)</b>	<b>294,678</b>

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

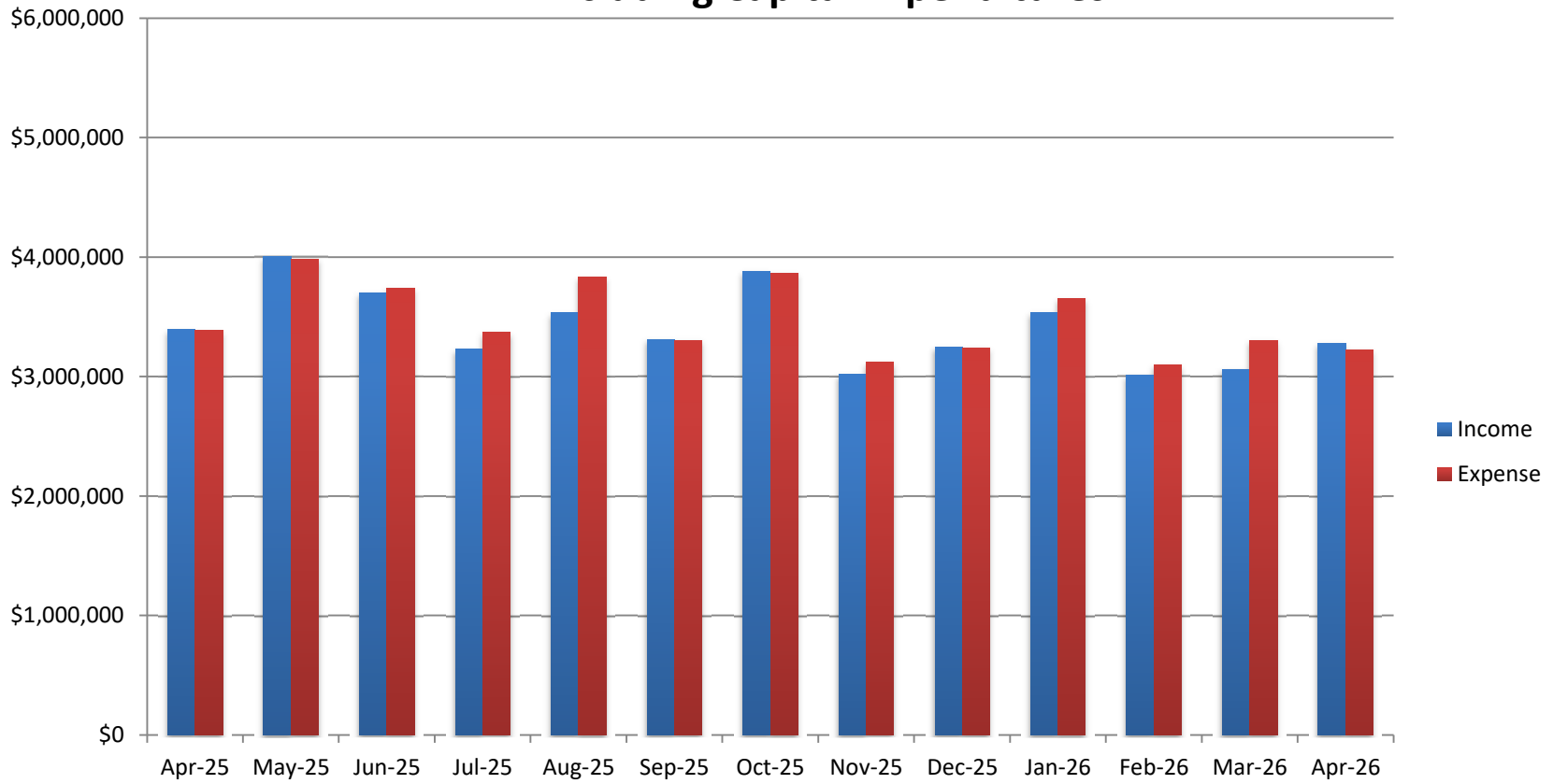
**TRI-COUNTY BEHAVIORAL HEALTHCARE**  
**Revenue and Expense Summary by Service Type**  
**Compared to Budget**  
**Year To Date as of April 2026**

	YTD Mental Health April 2026	YTD IDD April 2026	YTD Other Services April 2026	YTD Agency Total April 2026	YTD Approved Budget April 2026	Increase (Decrease)
<b>INCOME:</b>						
Local Revenue Sources	271,841	294,199	495,223	1,061,262	983,284	(77,978)
Earned Income	6,059,338	3,330,232	1,587,880	10,977,450	11,459,569	482,119
General Revenue-Contract	12,881,923	1,102,755	327,861	14,312,538	14,332,857	20,319
<b>TOTAL INCOME</b>	<b>19,213,101</b>	<b>4,727,185</b>	<b>2,410,964</b>	<b>26,351,250</b>	<b>26,775,710</b>	<b>424,460</b>
<b>EXPENSES:</b>						
Salaries	11,025,358	2,645,113	1,273,954	14,944,425	14,757,066	187,359
Employee Benefits	2,073,918	563,443	258,523	2,895,883	3,063,193	(167,309)
Medication Expense	308,811		19,957	328,768	300,475	28,293
Travel - Board/Staff	166,068	87,758	16,305	270,131	260,935	9,196
Building Rent/Maintenance	194,676	11,166	5,496	211,337	202,338	8,999
Consultants/Contracts	3,366,262	940,052	169,857	4,476,171	4,490,724	(14,553)
Other Operating Expenses	1,603,935	495,755	210,486	2,310,176	2,210,225	99,951
<b>TOTAL EXPENSES</b>	<b>18,739,028</b>	<b>4,743,287</b>	<b>1,954,577</b>	<b>25,436,893</b>	<b>25,284,957</b>	<b>151,936</b>
<b>Excess(Deficiency) of Revenues over Expenses before Capital Expenditures</b>	<b>474,073</b>	<b>(16,102)</b>	<b>456,387</b>	<b>914,357</b>	<b>1,490,753</b>	<b>576,396</b>
<b>CAPITAL EXPENDITURES</b>						
Capital Outlay - FF&E, Automobiles, Building	68,811	17,130	111,510	197,451	164,066	33,385
Capital Outlay - Debt Service	509,894	127,473	542,882	1,180,249	1,170,316	9,934
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>578,705</b>	<b>144,603</b>	<b>654,392</b>	<b>1,377,701</b>	<b>1,334,382</b>	<b>43,319</b>
<b>GRAND TOTAL EXPENDITURES</b>	<b>19,317,734</b>	<b>4,887,891</b>	<b>2,608,969</b>	<b>26,814,593</b>	<b>26,619,339</b>	<b>195,254</b>
<b>Excess (Deficiency) of Revenues and Expenses</b>	<b>(104,632)</b>	<b>(160,706)</b>	<b>(198,006)</b>	<b>(463,344)</b>	<b>156,371</b>	<b>619,715</b>
<b>Debt Service and Fixed Asset Fund:</b>						
Debt Service	509,894	127,473	542,882	1,180,249	1,170,316	9,934
<b>Excess (Deficiency) of Revenues over Expenses</b>	<b>509,894</b>	<b>127,473</b>	<b>542,882</b>	<b>1,180,249</b>	<b>1,170,316</b>	<b>9,934</b>

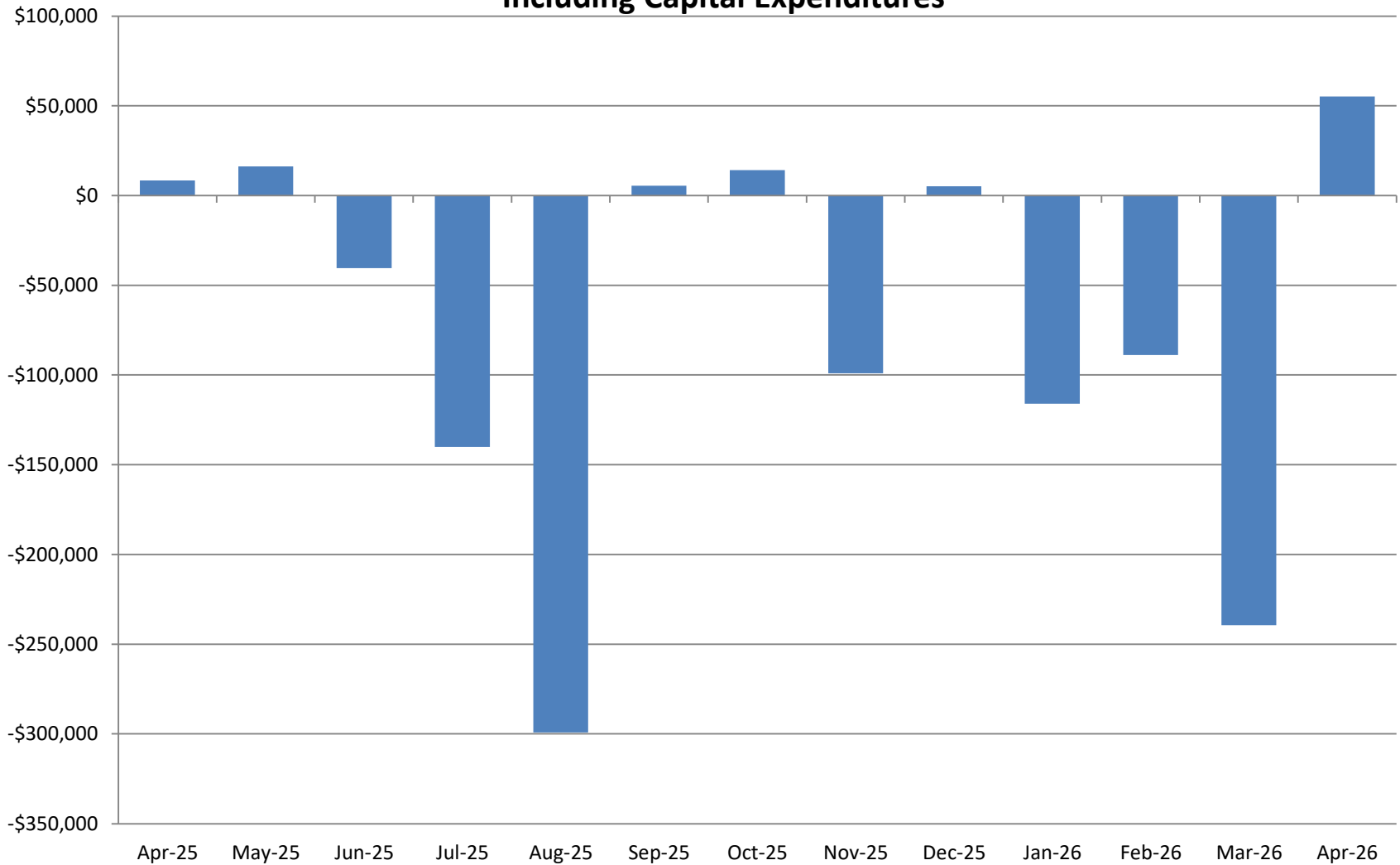
# TRI-COUNTY BEHAVIORAL HEALTHCARE

## Income and Expense

### Including Capital Expenditures



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



**Agenda Item:** Approve FY 2026 Statement of Work - Audit Government with Single Audit

**Board Meeting Date**

May 28, 2026

**Committee:** Business

**Background Information:**

At the March 26th Board meeting, the Board authorized staff to solicit the Annual Financial Auditor Engagement Letter from Eide Bailly, LLP for the FY 2026 Independent Financial Audit.

**Supporting Documentation:**

Copy of Statement of Work - Audit Government with Single Audit (name changed from Engagement Letter, February 2026) from Eide Bailly, LLP

Required Communication with Board of Trustees - Planning Letter

**Recommended Action:**

**Approve the Statement of Work - Audit Government with Single Audit from Eide Bailly, LLP for the FY 2026 Independent Financial Audit**



May 18, 2026

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

This letter is provided in connection with our engagement to audit the financial statements and to audit compliance over major federal award programs of Tri-County Behavioral Healthcare (the Center) as of and for the year ended August 31, 2026. Professional standards require that we communicate with you certain items including our responsibilities with regard to the financial statement audit, the compliance audit, and the planned scope and timing of our audits, including significant risks we have identified.

### **Our Responsibilities**

As stated in our statement of work dated May 18, 2026, we are responsible for conducting our audit in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards* of the Comptroller General of the United States of America, the requirements of the Single Audit Act, as amended; and the provisions of the audit requirements of Title 2 United States Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and the *Texas Grant Management Standards*, for the purpose of forming and expressing opinions on the financial statements and on major federal award program compliance. Our audits do not relieve you or management of your respective responsibilities.

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

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

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

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

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

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

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

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

- Management override of controls - Professional standards require auditors to address the possibility of management override controls. Accordingly, we identified as a significant risk that management of the Center may have the ability to override controls that the Center has implemented. Management may override the Center's controls in order to modify the financial records with the intent of manipulating the financial statements to overstate the Center's financial performance or with the intent of concealing fraudulent transactions.
- Revenue recognition - Professional standards identify improper revenue recognition as a presumed fraud risk. As a result, we have identified the risk of improper recognition of revenue; more specifically, the risk that revenue could be materially misstated due to error or fraud for revenue recorded for services not provided in the corresponding period or for services not performed.
- Revenue recognition related to the Directed Payment Program. We identified revenue recognition related to the Directed Payment Program as a significant risk as the program is subject to interpretation and includes estimates based on claims history.
- Allowance for Doubtful Accounts - We identified the allowance for doubtful accounts as a significant risk as the allowance is a significant estimate for the Center. Accounting guidance requires management to estimate the collectability of outstanding accounts receivable and establish a reserve when needed. To establish the allowance, management uses historical loss levels applied to portfolios of accounts based on underlying insurance payor arrangement, their current knowledge of facts, and assumptions about the future.

We expect to begin our audit in August 2026 and issue our report in January 2027.

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

Respectfully,



Eide Bailly Limited Liability Partnership  
Abilene, Texas



**Statement of Work - Audit Government with Single Audit  
(February 2026)**

May 18, 2026

#201252

To the Board of Trustees  
Tri-County Behavioral HealthCare  
Miss Millie McDuffey, Chief Financial Officer  
Post Office Box 3067  
Conroe, Texas 77305

This document constitutes a statement of work under the most recently executed Master Services Agreement, made by and between Eide Baily Limited Liability Partnership ("Eide Baily", "we," "us," and "our") and Tri-County Behavioral HealthCare ("Client," "you," "your," or "the entity"). We are pleased to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services Eide Baily will provide for the entity as of and for the year ended August 31, 2026.

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

**Scope of Audit Services**

*Audit of the Financial Statements*

We will audit the financial statements of governmental activities, the aggregate discretely presented component units, the major fund, the aggregate remaining fund information, the budgetary comparison for the general fund, and the related notes to the financial statements, which collectively comprise the entity's basic financial statements.

The Governmental Accounting Standards Board provides for certain required supplementary information to accompany the entity's basic financial statements. The required supplementary information will be subjected to certain limited procedures, but will not be audited.

If presented, we will also evaluate and report on the presentation of supplementary information other than required supplementary information accompanying the financial statements in relation to the financial statements as a whole.

*Audit of Major Program Compliance*

In addition, we will audit the entity's compliance over major federal award programs.

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

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

### *Other Information*

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

- Introductory Section
- Statistical Section

### **Audit Objectives**

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

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

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that certain information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context.

As part of our engagement, we will apply certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America. We will not express an opinion or provide any form of assurance on the required supplementary information.

*Supplementary Information other than Required Supplementary Information*

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

- Combining Schedules - Component Units

**Auditor Responsibilities, Procedures, and Limitations**

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America; the audit requirements of Title 2 United States Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal and State awards* (Uniform Guidance) and the Texas Grant Management Standards.

As part of our audit, we will:

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

- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.

There is an unavoidable risk, because of the inherent limitations of an audit, together with the inherent limitations of internal control, that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards* of the Comptroller General of the United States of America, and the Texas Grant Management Standards. Because we will not perform a detailed examination of all transactions, material misstatements, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity, may not be detected.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management and those charged with governance of any material errors, fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management and those charged with governance of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential.

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

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

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether material noncompliance with applicable laws and regulations, the provisions of contracts and grant agreements applicable to major federal award programs, and the applicable compliance requirements occurred, whether due to fraud or error, and express an opinion on the entity's compliance based on the audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Noncompliance with the compliance requirements is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the entity's compliance with the requirements of the federal programs as a whole.

As part of a compliance audit in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards* of the Comptroller General of the United States of America, and/or any state or regulatory audit requirements, we exercise professional judgment and maintain professional skepticism throughout the audit. We also identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks.

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

Also, as required by the Uniform Guidance, we will obtain an understanding of the entity's internal control over compliance relevant to the audit in order to design and perform tests of controls to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each of the entity's major federal award programs. Our tests will be less in scope than would be necessary to render an opinion on these controls and, accordingly, no opinion will be expressed in our report. However, we will communicate to you regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we have identified during the audit.

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

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

## Management Responsibilities

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

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

- o. To provide us with:
  - i. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements, including the disclosures, such as records, documentation, and other matters;
  - ii. Additional information that we may request from management for the purpose of the audit;
  - iii. Unrestricted access to persons within the entity and others from whom we determine it necessary to obtain audit evidence;
- p. For identifying and ensuring that the entity complies with the laws and regulations applicable to its activities;
- q. For adjusting the basic financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current period under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole;
- r. For acceptance of nonattest services, including identifying the proper party to oversee nonattest work;
- s. For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets.
- t. For informing us of any known or suspected fraud affecting the entity involving management, employees with significant role in the system of internal control and others where fraud could have a material effect on the financials; and
- u. For the accuracy and completeness of all information provided.
- v. If applicable, for including the auditor's report in any document containing financial statements that indicates that such financial statements have been audited by us, including:
  - i. A written acknowledgement of all the documents that management expects to issue that will be included in the annual report and the planned timing and method of issuance of that annual report; and
  - ii. A final version of the annual report (including all the documents that, together, comprise the annual report) in a timely manner prior to the date of the auditor's report.

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

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

Management agrees they are responsible for the distribution of reports issued in conjunction with this engagement to those charged with governance, entity officials, oversight bodies, or other organizations requiring audits, as applicable.

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

The Center will be responsible for ensuring that the audit report is received by the Texas Health and Human Services Commission by February 1, 2027. The Center is further responsible for ensuring that other appropriate governmental agencies receive copies of the audit report as appropriate.

### **Responsibilities and Limitations Related to Nonattest Services**

For all nonattest services we may provide to you, management agrees to assume all management responsibilities for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) designing, implementing, and maintaining the system of internal control, including the process used to monitor the system of internal control.

We will provide the following nonattest services:

- Prepare and bind your financial statements and related notes (including Governmental Accounting Standards Board 34 entries)
- Format the client prepared schedule of expenditures of federal and state awards
- Completion of the Auditee's portion of the Data Collection Form
- Preparation of federal information tax return
- Maintenance of lease schedules and Subscription Based Information Technology Arrangement contracts in lease query

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

- We will perform the services in accordance with applicable professional standards.
- The nonattest services are limited to the services previously outlined above. Our firm, in its sole professional judgment, reserves the right to refuse to do any procedure or take any action that could be construed as making management decisions or assuming management responsibilities.

You are also responsible for ensuring that your data and records are complete and that you have received sufficient information to oversee the services.

### **Reporting**

We will issue a written report upon completion of our audit of your financial statements. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion, add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from the engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

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

### **Data Collection Form**

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

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

### **Engagement Administration and Other Matters**

We understand that your employees will prepare all confirmations, account analyses, and audit schedules we request and will locate any documents or invoices selected by us for testing. Details of information we expect to need for our audit and the dates required will be provided separately.

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

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

Eide Bailly Limited Liability Partnership has owners that are not licensed as certified public accountants as permitted under Section 5079 of the California Business Code. The nature of the services to be provided in conjunction with this engagement are such that non-licensee owners may be involved in performing our services.

### **Engagement Fees**

Our fees are based on the amount of time required at various levels of responsibility. We estimate that our fee for the audit will be \$55,500, plus actual out-of-pocket expenses, administrative charges and a technology fee (currently set at 5%).

- Our fee includes Single Audit procedures for 4 state and federal major programs. Should your audit require additional major programs, our fee for each program will be \$6,500. We will determine major programs based on risk as required by the Uniform Guidance and Texas Grant Management Standards.
- Out of scope, delayed or additional work caused by delays in receiving items on the prepared by client list will be billed at a rate of \$200 an hour. A prepared by client list will be uploaded to Suralink at least two weeks prior to field work. We will notify and obtain approval from the Chief Financial Officer of any delays and extra work prior to incurring this time.
- In addition the fee to house leases and Subscription Based Information Technology Arrangements in Lease Query is \$185 per lease or Subscription Based Information Technology Arrangement per year (recurring fee per lease/ Subscription Based Information Technology Arrangement each year). The fee to input any new leases or Subscription Based Information Technology Arrangements in Lease Query in the current year is \$250 per lease/ Subscription Based Information Technology Arrangement.
- All bills are payable upon receipt. A service charge of 1% per month, which is an annual rate of 12%, will be added to all accounts unpaid 30 days after billing date.

The ability to perform and complete our engagement consistent with the estimated fee included above depends upon the quality of your underlying accounting records and the timeliness of your personnel in providing information and responding to our requests. To assist with this process, we will provide you with an itemized request list that identifies the information you will need to prepare and provide in preparation for our engagement, as well as the requested delivery date for those items. A lack of preparation, including not providing this information in an accurate and timely manner, unanticipated audit adjustments, and/or untimely assistance by your personnel may result in an increase in our fees and/or a delay in the completion of our engagement.

We will advise you if unexpected circumstances require significant additional procedures resulting in a substantial increase in the fee estimate.

### **Changes in Professional Standards**

Standard setters and regulators continue to evaluate and modify standards. Such changes may result in new or revised financial reporting and disclosure requirements or expand the nature, timing, and scope of the activities we are required to perform. To the extent that the amount of time required to provide the services described in the statement of work increases due to such changes, our fee may need to be adjusted. We will discuss such circumstances with you prior to performing the additional work.

### **Use of Financial Statements**

Should you decide to include or incorporate by reference these financial statements and our auditors' report thereon in a future private placement or other offering of equity or debt securities, you agree that we are under no obligation to reissue our report or provide consent for the use of our report in such a registration or offering document. We will determine, at our sole discretion, whether we will reissue our report or provide consent for the use of our report only after we have performed the procedures we consider necessary in the circumstances. If we decide to reissue our report or consent to the use of our report, we will be required to perform certain procedures including, but not limited to, (a) reading other information incorporated by reference in the registration statement or other offering document, and (b) subsequent event procedures. These procedures will be considered an engagement separate and distinct from our audit engagement, and we will bill you separately. If we decide to reissue our report or consent to the use of our report, you agree that we will be included on each distribution of draft offering materials, and we will receive a complete set of final documents.

If we decide not to reissue our report or decide to withhold our consent to the use of our report, you may be required to engage another firm to audit periods covered by our audit reports, and that firm will likely bill you for its services. While the successor auditor may request access to our workpapers for those periods, we are under no obligation to permit such access.

### **Termination**

The engagement contemplated by this statement of work shall terminate upon the earlier of completion of the services described herein or as described in the Master Services Agreement.

**Agreement**

We appreciate the opportunity to provide the services described in this statement of work under the Master Services Agreement. This statement of work and the Master Services Agreement constitute the entire agreement regarding these services and supersedes all prior agreements (whether oral or written), understandings, negotiations, and discussions between you and Eide Bailly related to audit services. Please sign, date, and return this Statement of Work to us to indicate your acknowledgment and understanding of, and agreement with, the arrangements for our audit of your financial statements including the terms of our engagement and the parties' respective responsibilities. By signing this statement of work, you represent and warrant that you are authorized to sign on behalf of and bind each client and any affiliate identified herein.

Sincerely,

*Eide Bailly LLP*

**Eide Bailly Limited Liability Partnership**

**AGREED TO AND ACCEPTED:**

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

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

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

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

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

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

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

### Firm's Responsibility

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

### Peer Reviewer's Responsibility

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

### Required Selections and Considerations

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

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

### Opinion

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

*Cherry Bekaert LLP*

Atlanta, Georgia  
January 9, 2024

**Agenda Item: Appoint New Director for the Montgomery Supported Housing, Inc. (MSHI) Board**

**Board Meeting Date**

May 28, 2026

**Committee: Business**

**Background Information:**

Ms. Colleen Rice has expressed interest in serving as a Director on the Montgomery Supported Housing, Inc. (MSHI) Board.

Ms. Rice will be serving for a term that would expire January 2028.

The current Board has four (4) members. Ms. Rice was recommended by current Board members Peggy Freeman and Darin Baily.

**Supporting Documentation:**

None

**Recommended Action:**

**Appoint Ms. Colleen Rice to Serve on the Montgomery Supported Housing, Inc. Board for a Term which will Expire January 2028**

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

**Board Meeting Date**

May 28, 2026

**Committee:** Business

**Background Information:**

None

**Supporting Documentation:**

April 2026 Board of Trustees Unit Financial Statements

**Recommended Action:**

For Information Only

**Unit Financial Statement**  
**FY 2026**  
**April 30, 2026**

	April 2026 Budget	April 2026 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
<b>Revenues</b>								
Allocated Revenue	\$ 2,237	\$ 2,237	\$ -	\$ 17,897	\$ 17,897	\$ -	100%	\$ 26,845
<b>Total Revenue</b>	<b>\$ 2,237</b>	<b>\$ 2,237</b>	<b>\$ -</b>	<b>\$ 17,897</b>	<b>\$ 17,897</b>	<b>\$ -</b>	<b>100%</b>	<b>\$ 26,845</b>
<b>Expenses</b>								
Advertising - Public Awareness	\$ -	\$ -	\$ -	\$ -	\$ 12	\$ (12)	0%	\$ -
Insurance-Worker Compensation	\$ -	\$ 1	\$ (1)	\$ -	\$ 11	\$ (11)	0%	\$ -
Legal Fees	\$ 1,500	\$ 6,000	\$ (4,500)	\$ 12,000	\$ 12,000	\$ -	100%	\$ 18,000
Training	\$ 187	\$ 495	\$ (308)	\$ 1,496	\$ 495	\$ 1,001	33%	\$ 2,245
Travel - Non-local mileage	\$ 146	\$ -	\$ 146	\$ 1,167	\$ 222	\$ 945	19%	\$ 1,750
Travel - Non-local Hotel	\$ 375	\$ 278	\$ 97	\$ 3,000	\$ 652	\$ 2,348	22%	\$ 4,500
Travel - Meals	\$ 29	\$ -	\$ 29	\$ 234	\$ -	\$ 234	0%	\$ 350
<b>Total Expenses</b>	<b>\$ 2,237</b>	<b>\$ 6,774</b>	<b>\$ (4,537)</b>	<b>\$ 17,897</b>	<b>\$ 13,392</b>	<b>\$ 4,505</b>	<b>75%</b>	<b>\$ 26,845</b>
<b>Total Revenue minus Expenses</b>	<b>\$ -</b>	<b>\$ (4,537)</b>	<b>\$ 4,537</b>	<b>\$ -</b>	<b>\$ 4,505</b>	<b>\$ (4,505)</b>	<b>25%</b>	<b>\$ -</b>

<b>Agenda Item:</b> Tri-County’s Consumer Foundation Board Update  <b>Committee:</b> Business	<b>Board Meeting Date</b>  May 28, 2026
<b>Background Information:</b>  The Tri-County Consumer Foundation Board of Directors met on May 15, 2026. The Board accepted the financial statements through March of 2026, approved the Annual Audit and IRS Form 990, and set spending limits for the 2 <sup>nd</sup> Quarter of FY 2026.  1st Quarter Updates: <ul style="list-style-type: none"> <li>• Review of fundraising activities in the 1st Quarter including parking space auctions, Main Event activity card sales and a Mother’s Day carnation sale.</li> <li>• The Board reviewed and discussed fundraising ideas for the upcoming year.</li> <li>• Total expenditures for the 1<sup>st</sup> Quarter were \$4,439.60.</li> <li>• The Board continues to seek a new President and additional Board Directors.</li> </ul> The Foundation currently has \$39,133.92 in the bank as of the end of March.  The next meeting of the Foundation Board is scheduled for Friday, July 17 <sup>th</sup> , 2026.	
<b>Supporting Documentation:</b>  None	
<b>Recommended Action:</b>  For Information Only	

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

**Board Meeting Date:**

May 28, 2026

**Committee:** Business

**Background Information:**

On February 13<sup>th</sup>, JLA contacted Tri-County and let us know that they were laying off their remaining staff and were going out of business. Several subcontractors for the project were not paid by JLA prior to this announcement.

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 portions of the project.

CNA has authorized Mike Duncum to oversee the punch list for the project and that work is currently underway.

Mike Duncum, Jennifer Bryant and staff will provide updates on the project in Executive Session.

**Supporting Documentation:**

None

**Recommended Action:**

Project Update 402 Liberty Street, Cleveland, TX 77327

# UPCOMING MEETINGS

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## **June 2026 – No Board Meeting**

### **July 23, 2026 – Board Meeting**

- Approve Minutes from May 28, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for May and June 2026
- Program Updates
- FY 2026 Year to Date Goals & Objectives Progress Report
- 3<sup>rd</sup> Quarter FY 2026 Corporate Compliance & Quality Management Report
- 4<sup>th</sup> Quarter FY 2026 Corporate Compliance Training
- Appoint Nominating Committee for FY 2027 Board Officers
- Appoint Executive Director Evaluation Committee
- Personnel Report for May and June 2026
- Texas Council Risk Management Fund Claims Summary for May and June 2026
- Approve Calendar Year 2027 Board Meeting Dates
- Approve Financial Statements for May and June 2026
- Approve Recommendation for Tri-County Employee Health Insurance & Ancillary Plans
- 3<sup>rd</sup> Quarter FY 2026 Investment Report
- Review 2024 Tax Return
- Board of Trustees Unit Financial Statement as of May and June 2026
- HUD 811 – Cleveland, Montgomery & Huntsville Updates
- Consumer Foundation Board Meeting Update
- Project Update for 402 Liberty St, Cleveland, TX

### **August 27, 2026 – Board Meeting**

- Approve Minutes from July 23, 2026 Board Meeting
- Approve Goals and Objectives for FY 2027
- Community Resources Report
- Consumer Services Report for July 2026
- Program Updates
- Annual Election of FY 2027 Board Officers
- Executive Director’s Evaluation, Compensation & Contract for FY 2027
- Nominations for the Texas Council Risk Management Fund’s Board of Trustees
- Personnel Report for July 2026
- Texas Council Risk Management Fund Claims Summary for July 2026
- Texas Council Quarterly Board Meeting Verbal Update
- Approve July 2026 Financial Statements
- Approve FY 2026 Year End Budget Revision
- Approve Proposed FY 2027 Operating Budget
- Approve FY 2027 Dues Commitment & Payment Schedule for the Texas Council

- Board of Trustees Unit Financial Statement for July 2026

### 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	