Tri-County Behavioral Healthcare Board of Trustees Meeting

September 24, 2026

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, September 24, 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 with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

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

II. **Approve Minutes - August 27, 2026**

III. **Executive Director's Report - Evan Roberson**
   - A. Texas Public Information Act Requests
   - B. Legislative Appropriations Request Summary
   - C. Directed Payment Plan for Behavioral Health Services Refinance
   - D. Legislative Budget Board (LBB) Strategic Fiscal Review

IV. **Chief Financial Officer's Report - Millie McDuffey**
   - A. FY 2026 Audit
   - B. CFO Consortium Meeting
   - C. Update on Accounting Department Staffing

V. **Program Committee**

Action Items

A. Reappoint Intellectual & Developmental Disabilities Planning Network Advisory Committee Members *10*

Posted By:

Ava Green
Executive Assistant

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

BOARD OF TRUSTEES MEETING
August 27, 2026

Board Members Present:
Gail Page
Sharon Walker
Richard Duren
Tim Cannon
Carl Williamson
Tracy Sorensen

Board Members Absent:
Patti Atkins
Jacob Paschal
Morris Johnson

Tri-County Staff Present:
Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Kenneth Barfield, Director of Management Information Services
Sara Bradfield, Chief Operating Officer
Pradan Nathan, Medical Director
Kathy Foster, Director of Intellectual & Developmental Disabilities (IDD) Provider Services
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
Yolanda Gude, Director of IDD Authority Services
Andrea Scott, Director of Medical Operations
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None

Veteran Representative Present: Mike Holley

Guest(s): None

Call to Order: Board Vice-Chair, Gail Page, called the meeting to order at 10:04 a.m., 233 Sgt. Ed Holcomb Blvd. S., Conroe, TX 77304.

Public Comment: None

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

Cont.

Resolution #08-27-01 **Motion Made By:** Tracy Sorensen
Seconded By: Tim Cannon, with affirmative votes by Richard Duren, Sharon Walker and Carl Williamson that it be…

Resolved: That the Board approve the absence of Patti Atkins, Jacob Paschal and Morris Johnson.

Resolution #08-27-02 **Motion Made By:** Richard Duren
Seconded By: Sharon Walker, with affirmative votes by Tracy Sorensen, Carl Williamson and Tim Cannon that it be…

Resolved: That the Board approve the minutes of the July 23, 2026 meeting of the Board of Trustees.

Program Presentation: None at this meeting.

Board Training: None at this meeting.

Executive Director's Report:
The Executive Director's report is on file.

- Legislative Updates

Chief Financial Officer's Report:
The Chief Financial Officer's report is on file.

- FY 2026 Audit
- Texas Council Risk Management Fund – Insurance Renewals
- Workers' Compensation Audit
- CFO Consortium Update

Program Committee:

The Community Resources Report was reviewed for information purposes only.

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

The Program Updates Report was reviewed for information purposes only.

Executive Committee:

Resolution #08-27-03 **Motion Made By:** Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Carl Williamson and Tim Cannon that it be…

Resolved: That the Board approve the annual election of FY 2027 Board Officers; Patti Atkins as Board Chair, Gail Page as Vice-Chair and Jacob Paschal as Secretary.

Cont.

Agenda Item VI. B., Executive Director's Evaluation, Compensation & Contract for FY 2027, has been moved to the September 24, 2026 Agenda.

Resolution #08-27-04 **Motion Made By:** Tracy Sorensen
Seconded By: Sharon Walker, with affirmative votes by Richard Duren, Carl Williamson and Tim Cannon that it be…

Resolved: That the Board approve Board Policy E.7, Annual Fiscal Audit.

The Personnel Report for July 2026 was reviewed for information purposes only.

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

The Texas Council Quarterly Board Meeting Update was reviewed for information purposes only.

Business Committee:

Resolution #08-27-05 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the July 2026 Financial Statements.

Resolution #08-27-06 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the Fiscal Year 2026 Year End Budget Revision.

Resolution #08-27-07 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the proposed FY 2027 Operating Budget.

Resolution #08-27-08 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board ratify HHSC Contract No. HHS001530200001 Amendment No. 1 Extension, Children's Autism Grant Program.

Resolution #08-27-09 **Motion Made By:** Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be…

Resolved: That the Board approve East Texas Behavioral Health Network (ETBHN) Services Contract for Fiscal Year 2027 in a Not to Exceed Amount of $600,000.

Resolution #08-27-10 **Motion Made By:** Richard Duren
Seconded By: Sharon Walker, with affirmative votes by Tim Cannon, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the FY 2027 Avail Solutions, Inc. contract for Crisis Hotline Assessment Services in the amount of $86,400.

Resolution #08-27-11 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the FY 2027 Kingwood Pines Hospital Contract for Inpatient Psychiatric Services for up to $1,500,000.

Resolution #08-27-12 **Motion Made By:** Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be…

Resolved: That the Board approve the FY 2027 Woodland Springs Inpatient Psychiatric Hospital Contract for up to $1,250,000.

Resolution #08-27-13 **Motion Made By:** Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved: That the Board approve the FY 2027 Cypress Creek Hospital Contract for Inpatient Psychiatric Services for up to $1,250,000.

Resolution #08-27-14 **Motion Made By:** Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be…

Resolved: That the Board approve the FY 2027 Voyages Behavioral Health Inpatient Psychiatric Hospital Contract for up to $250,000.

Resolution #08-27-15

Motion Made By: Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2027 Sergio's Landscaping Service Contract in the Not to Exceed amount of $79,140.

Resolution #08-27-16

Motion Made By: Richard Duren
Seconded By: Sharon Walker, with affirmative votes by Tim Cannon, Tracy Sorensen and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2027 Crown Cleaning Services Contract in the Not to Exceed amount of $248,040.

Resolution #08-27-17

Motion Made By: Richard Duren
Seconded By: Tim Cannon, with affirmative votes by Sharon Walker, Tracy Sorensen and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2027 Autism International Consulting Applied Behavioral Analysis Services Contract in the Not to Exceed amount of $125,000.

Resolution #08-27-18

Motion Made By: Richard Duren
Seconded By: Sharon Walker, with affirmative votes by Tim Cannon, Tracy Sorensen and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2027 Lifetime Homecare Services Contract for IDD Crisis Respite Services, Not to Exceed $110,000.

Resolution #08-27-19

Motion Made By: Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2026 Adaptive Aids, LLC Contract for IDD Crisis Respite Services, Not to Exceed $105,000.

Resolution #08-27-20

Motion Made By: Richard Duren
Seconded By: Tracy Sorensen, with affirmative votes by Sharon Walker, Tim Cannon and Carl Williamson that it be…

Resolved:

That the Board approve the FY 2027 Adaptive Aids, LLC Contract for IDD Crisis Respite Services, Not to Exceed $80,000.

The Board of Trustees Unit Financial Statements for July 2026 were reviewed for information purposes only.

The Project Update for 402 Liberty Street, Cleveland, Texas was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:34 a.m.

Adjournment:

_____

Patti Atkins Date
Chair

Attest:

_____

Jacob Paschal Date
Secretary

Agenda Item: Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

According to the bylaws for the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a member can serve.

Each of the following members has an expiring term and has been contacted about their participation in the IDDPNAC. They have agreed to continue serving on the IDDPNAC for an additional two-year term which will expire on August 31, 2028.

- Pam Holak– Parent
- Jae Kim – Parent
- Loretta Castro – Parent

We currently have eight IDDPNAC members, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.

Supporting Documentation:

None

Recommended Action:

Reappoint Intellectual and Developmental Disabilities Planning Network Advisory Committee Members Pam Holak, Jae Kim, and Loretta Castro to Two-Year Terms Expiring on August 31, 2028.

Agenda Item: Reappoint Mental Health Planning Network Advisory Committee Members **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

According to the bylaws for the Mental Health Planning Network Advisory Committee (MHPNAC), one-half of the members are to be reappointed by the Board of Trustees every year, for two-year terms. There is no limit on the number of terms that a committee member can serve.

The following members have an expiring term and have been contacted about their participation in the MHPNAC. They have agreed to continue serving on the MHPNAC for an additional two-year term which will expire on August 31, 2028.

- Loretta Castro – Parent
- Michelle Lowe – Family Member

We currently have four MHPNAC members, but we need nine members to be in compliance with the contract and would gladly accept additional members beyond contract requirements. If you know of anyone that may be interested in PNAC membership, please contact Tanya Bryant.

Supporting Documentation:

None

Recommended Action:

Reappoint Mental Health Planning Network Advisory Committee Members Loretta Castro and Michelle Lowe to a Two-Year Term Expiring on August 31, 2028.

Agenda Item: Review and Approve Goals and Objectives for FY 2027 **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

The Extended Management Team met on August 21, 2026 for our annual Strategic Planning meeting. The goal of this meeting was to review last year's plan, talk about emerging dynamics in Community Center operations and to set goals for FY 2027. Subsequently, we have created a Strategic Plan Review Summary which includes proposed Goals and Objectives for FY 2027.

Supporting Documentation:

Strategic Plan Summary, Fiscal Year 2027

Recommended Action:

Approve the Goals and Objectives for FY 2027

Introduction

The Management Team of Tri-County Behavioral Healthcare met on August 21, 2026 to review and update the five-year strategic plan for the Center. For the FY 2027 planning process, the Management Team did not invite in any outside guests to provide feedback about Center operations, but did consider feedback received throughout the year via local planning processes and collaborative meetings. The plan will be reviewed and modified annually by the Management Team with the goal of continued improvement and refinement of the Center mission and direction.

Executive Summary

Serving Liberty, Montgomery and Walker counties, Tri-County Behavioral Healthcare ('Tri-County' or the 'Center') continues to experience high demand for the services offered, but in the last few years, and especially this year, Center services are being sought more commonly for highly complex children, youth, adults and persons with intellectual disabilities and mental illness. The needs of these complex individuals often require a significant time commitment and special attention. Commonly, resources for these complex individuals are in very limited supply or are otherwise not available. The growth in demand and demand for complex offerings, along with continued changes at both the state and local level, has highlighted the need for Center structures which need to be developed or further refined. The Management Team of Tri-County is made up of highly dedicated professionals that work tirelessly to improve the Center, and because of their work much positive change has occurred at the Center in the last five years. Members have been, and continue to be, committed to transform Tri-County into a system of care that will effectively and efficiently meet the needs of our community.

Center Mission and Vision Statement

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

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

While both the Mission and Vision are technically correct, neither has been especially well-received by our staff or community because they are difficult to remember and use in day to day interactions. In addition, the language is outdated.

For FY 2027 the Management Team would like to suggest the following changes to the Mission and Vision and to implement a connected 'tagline' for our organization.

Proposed Mission: Providing Behavioral Health Care with Compassion, Integrity, Accountability and Excellence.

Proposed Vision: Building a future where healthy minds, meaningful lives, and strong communities are possible for everyone.

Proposed Tagline: Healthy Minds. Meaningful Lives. Strong Communities.

Planning Network Advisory Committee feedback:

Staff held a special meeting with the combined MHPNAC and the IDDPNAC to get feedback on Mission and Vision suggestions. Specifically, staff asked the PNACs about the term 'Behavioral Health Care' and how it would be received by persons and families with Intellectual and Developmental Disabilities. The feedback was mixed, with some family members indicating that getting used to the term Behavioral Health Care was 'hard' but stating further that it is "where we are" and further that it is becoming 'all-encompassing' terminology that is generally understood in the community. We had some feedback that the Mission statement could be shorter, or that we could word-smith it further, but staff recommend this as at least a good first step toward a more useable Mission statement.

The combined PNAC really liked the Vision and Tagline.

The Management Team did have some discussion about whether the term "Behavioral Health Care" would be viewed as sufficiently inclusive of the individuals with Intellectual and Developmental Disabilities we serve. Ultimately, we landed on the idea that "Behavioral Health" can function as an umbrella term encompassing the broad range of services we provide, including mental health, substance use disorder, veterans' services, autism services, and services for people with Intellectual and Developmental Disabilities.

Center Background

In response to legislation signed by President John F. Kennedy in 1963, Texas established Community Centers in 1965 to move persons from mental health and/or Intellectual/Developmental Disabilities from institutions to the community. Formed in 1983 by an interlocal agreement between Liberty, Montgomery and Walker counties, Tri-County is one of 39 Community Centers which provide mental health and IDD services to all 254 counties in the State of Texas. Tri-County is a 'Unit of Government' as established by section 534 of the Texas Health and Safety Code and has also been designated as a non-profit organization by the Internal Revenue Service. Services provided to adults and children with mental illness and to individuals with intellectual and/or developmental disabilities are provided under contract with the Texas Health

and Human Services Commission (HHSC) in the form of contracts as a Local Mental Health Authority (LMHA) and as a Local Intellectual and Developmental Disability Authority (LIDDA) or in the form of fee-for-service reimbursement from insurance companies. Under separate contracts with the Health and Human Services Commission, Tri-County also provides services to adults and youth with substance use disorders in addition to services to children with autism, adults and youth with criminal justice involvement, individuals with chronic homelessness and among other service offerings.

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

In addition to serving as a Local Mental Health Authority, Tri-County also serves as the Local Intellectual and Developmental Disability Authority (LIDDA) for this region. A LIDDA in Texas serves as the local single point of entry and gateway to publicly funded intellectual and developmental disability services and support programs. In addition to being a single point of access for publicly funded IDD Services, the LIDDA is also responsible for eligibility determination, Medicaid program enrollment, Medicaid Waiver interest list management, conflict free case management (Service Coordination), crisis response and planning, and Pre-Admission and Resident Review (PASRR) screenings and assessments, and other related activities.

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

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

This Texas policy is in place, at least in part, because community care is fundamentally less expensive for the State than institutional care. In fact, serving 145 persons for 365 days a year at the designated state hospital for Tri-County (Rusk State Hospital, Rusk, Texas) costs more than the entire Tri-County budget. It should be noted that the cost for one person ($756) for 365 days is $275,940. The cost for State Supported Living Center (SSLC) care is more ($994.17) at the designated SSLC for Tri-County (Brenham).

Tri-County is considered a large, mid-sized Community Center in the state of Texas, but the overall budget of the Center shrunk by approximately 27% due to state, federal and local funding cuts between FY's 2023 and 2026.

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

Population Growth and Demographic Trends

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

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

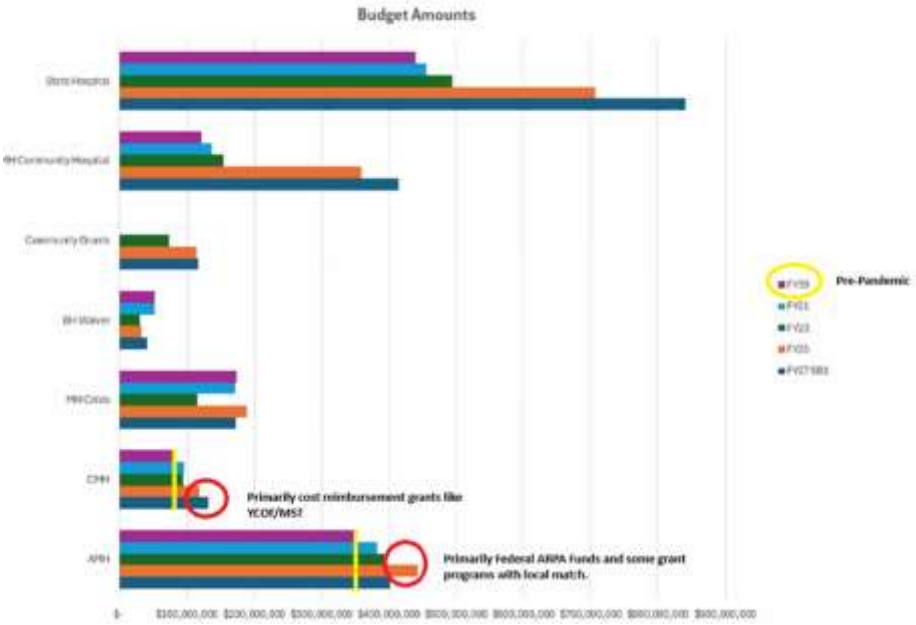
The three-county service area has over 43,000 Veterans, with 81.5% of those living in Montgomery County. There is a Veterans Administration hospital in Houston and a VA Outreach Clinic in Conroe.

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

Funding

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

Complicating service provision for persons with Mental Illness is that Texas has the highest rate of uninsured adults in the nation at 21.6%.



Even though the Texas Legislature has invested new funding for behavioral health services, it is challenging to keep funding in step with population growth. Since 2020, Texas has grown by 2.6 million people, more than the population of 15 states and roughly the population of Mississippi or Kansas. As seen in this graph (above) much of the investment in Mental Health Care in the last four sessions has been for institutional level of care rather than the less costly community services. Texas is among a minority of states that restricts access to public mental health services to adults with serious mental illness and children with serious emotional disturbance.[1]

In addition, at a local level, Tri-County was formed at a time where 'base funding' was less than it was for early Centers that were formed in the 1960s and 1970s and for centers formed in the late 1990s. The base funding that each LMHA receives is a result of historical allocations, including funds appropriated during the past decade for crisis program redesign and outpatient services.[2] In addition to this lower base funding, Tri-County's service area has a rapidly growing population with more persons who need access to services. Finally, much of the funding which has been available for new service growth in our communities requires that the Center find a local sustainable match partner that is willing to share financial responsibility for the new programming in order to apply for and receive new state funding. As a result, Tri-County remains near the bottom of Texas Centers in per capita funding for both mental illness and intellectual disabilities.

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

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

Changes in Funding

One of the ongoing challenges in providing services to persons in our service area, has been a series of changes to how these services are funded. Historically, the Community Centers have been funded by a mixture of General Revenue (state of Texas tax revenue) via contracts with the Health and Human Services Commission, Managed Medicaid earned revenue, and some specialized grant funding including funds which require ongoing local match dollars. However, since the COVID-19 Pandemic, we have seen several changes to funding mix including the Medicaid Unwinding, the expansion of 'Comprehensive' Medicaid Managed Care contractors, and the increase in individuals with private insurance, including those with Affordable Care Act (ACA) insurance products, seeking care at a Community Center due to challenges receiving care through the insurance with other community providers.

The Medicaid Unwinding

The Medicaid unwinding is the nationwide process where states resumed regular annual eligibility checks and disenrolled ineligible or non-responsive members after pandemic-era continuous coverage protections ended. More than 25 million people lost their Medicaid coverage during this 'unwinding' which began in April of 2023 and Texas led the nation in the number of persons disenrolled from Medicaid. One of the challenges with the unwinding was that Roughly 69% of those who lost coverage were dropped for "procedural reasons"—meaning they may have still been eligible but failed to submit paperwork, often because notices went to outdated addresses. These procedural drops included a large number of previously eligible individuals with Serious Mental Illness (SMI), children and youth with Serious Emotional Disturbance (SED) and even individuals with diagnoses of Intellectual and Developmental Disabilities, including those in Medicaid Waiver programs. Today Medicaid coverage levels at Tri-County are at all-time lows.

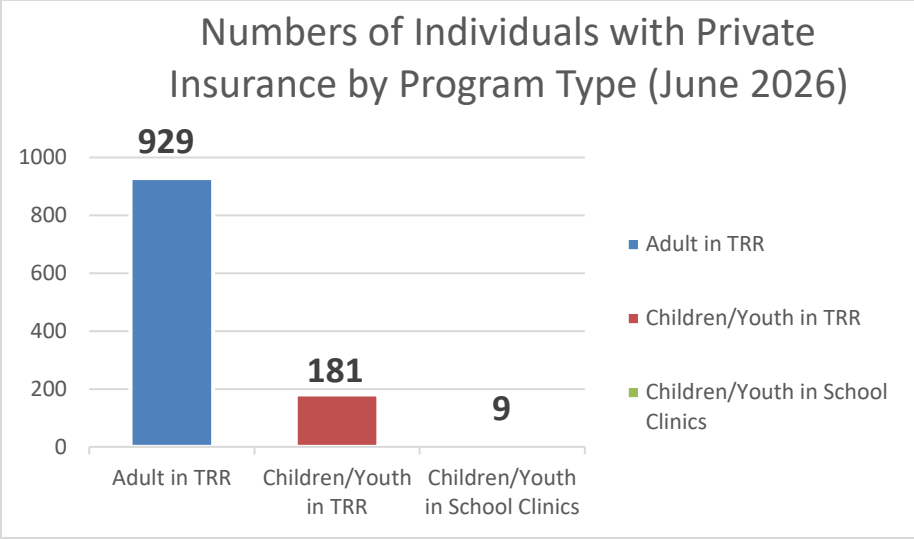
SB 58 ‘Comprehensive’ Providers

In the 83rd (Regular) session in 2013, Senate Bill 58 (Nelson) authorized opening up Medicaid Rehabilitation services and Targeted Case Management behavioral health services to the Medicaid Programs and State of Texas Access Reform (STAR) State of Texas Access Reform PLUS (STAR + PLUS), and State of Texas Access Reform Kids (STAR Kids) Managed care products. The Managed Care Organizations (MCOs) “shall develop a network of public and private providers of behavioral health services and ensure adults with Serious Mental Illness (SMI) and Children and Youth with Serious Emotional Disturbance (SED) have access to a comprehensive array of services” as further defined in the Health and Human Services Commission’s Texas Resilience and Recovery (TRR) Uniform Managed Care Guidelines.

In the last few years Tri-County has seen an increasing number of these ‘Senate Bill 58 providers’ coming into our community and as of August 2026, there were nineteen (19) of these providers for Child and Youth services in our community. These providers, while required to provide comprehensive services including psychiatry and other poorly funded services, do not appear to be providing these services in our community on a consistent basis. For Fiscal Year 2027, staff will begin tracking the number of these individuals who are seen in our crisis services or who come through our routine intake process to receive comprehensive services, but have been unable to do so at these SB 58 providers in an attempt to understand the effectiveness of these programs.

Private Insurance

While the Texas Department of Insurance requires that health plans covering mental health or substance use care must provide the same rules, costs, and limits as physical medical care, many individuals and families seeking our care, and local organizations who make referrals to private psychiatric providers, do not find that Mental Health parity has been realized. At Tri-County, since the Pandemic began, and even further accelerated after Medicaid Unwinding began, the number of persons seeking mental health care in our system with private (market) insurance or Affordable Care Act high-deductible plans has continued to grow and currently represent about 23% of all clients receiving care at our Center.



Of the services provided by Tri-County under HHSC's Texas Resilience and Recovery model of care, only certain professional services are reimbursable through private insurance. As a result, many of the services required as part of the treatment array are not reimbursed by private insurers and must be supported through the State General Revenue contract.

In addition, reimbursement rates offered by many private insurers are significantly lower than the rates necessary for most private behavioral health providers to sustain these services. This has contributed to a growing number of behavioral health providers in our communities choosing to no longer accept private insurance and instead requiring payment at established cash rates.

In Fiscal Year 2026, Tri-County received only $135,866 in reimbursement from the seven largest private insurance organizations for services billed, representing approximately 18.6% of the amount billed. In Fiscal Year 2027, the Center plans to engage consultants to conduct a comprehensive review of our current billing and insurance practices and identify opportunities to improve reimbursement and maximize available revenue.

Directed Payment Program for Behavioral Health Services and the Public Health Provider Charity Care Pool

In addition to these changes in how the Center is funded, we have also experienced declines in supplemental funding available to Community Mental Health Centers like Tri-County through the 1115 Medicaid Transformation Waiver administered by the Centers for Medicare & Medicaid Services (CMS). Two significant sources of this supplemental funding are the Directed Payment Program for Behavioral Health Services (DPP-BHS or DPP), which provides a uniform dollar add-on for certain Medicaid-funded services, and the Public Health Provider Charity Care Pool (CCP), which helps address gaps in funding for indigent care. Both programs provide funding to organizations that

have achieved Certified Community Behavioral Health Clinic (CCBHC) status through Texas HHSC.

DPP funding has declined as the number of Medicaid-covered individuals has decreased, while CCP funding is subject to a statewide cap. As the statewide cap is reached, allocations to participating organizations are reduced, commonly referred to as the CCP "haircut." Together, these two programs previously provided Tri-County with more than $7 million in supplemental funding to support the CCBHC level of care. By Fiscal Year 2026, however, this funding had declined to just under $4.4 million.

Certified Community Behavioral Health Clinic (CCBHC)

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

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

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

Intellectual and Developmental Disabilities

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

How to Become Indispensable

As we evaluate the needs of our communities and what stakeholders will want/need the Center to be in coming years, it is clear that, increasingly, our communities expect us to be the expert on working with individuals with the most complex presentations. To meet the needs of these individuals, the Center is going to need to expand its Social Services footprint so that there are programs and services available to meet these

complex needs (e.g. housing for persons with criminal justice entanglements, complex behavioral/medical issues for persons with intellectual disabilities, respite for kids in crisis, transitional housing, etc.). Most of these services receive limited support from the State of Texas or other sources, and when support is available, often come with match requirements that have been nearly impossible to secure in our three-county area. These are difficult times to find grant funding for these services due to federal and state funding cuts. However, if the Center is to become indispensable we are going to need to begin shifting the direction of our services in this way.

In Fiscal Year 2026, at the Direction of stakeholders involved in the 2024 Sequential Intercept Model Planning, an internal workgroup was formed to evaluate the program requirements and costs for a Mental Health Diversion and Sobering Center, based on the Harris County Texas Models. The team completed extensive reviews of the Harris models (in Harris County these are two different programs run by two different organizations) and came up with a 'Montgomery County' design which was vetted by internal staff and an external stakeholder committee. What was clear from this exercise was that 1) while local stakeholders desire programming which mimics programs that are located in urban areas, the willingness to contribute match dollars for ongoing operations remains a challenge; and, 2) programs which are needed to 'plug into' after the crisis, things like transitional housing and employment programs need to be developed so that we have something to divert people with mental illnesses and substance use disorders to.

Future Visioning:

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

The following ideals have been endorsed by the Management Team:

Intellectual and Developmental Disability Services:

- Modernization of IDD processes to make them more efficient;
- Continue to advocate for full funding of all services that are needed by families;
- Creation of system navigators which guide families when they contact with the Center;
- Work with the community so they are clear about the terminology 'intellectual and developmental disabilities,' which includes use of stories to communicate about how these disorders affect families;
- Service offerings that have moved from what the state funds to services that truly meet the needs of those that contact us for services;
- Reinforce the importance of person-centered, whole person care; and,

- Proactive services are in place to reduce the prevalence of preventable conditions.

Behavioral Health Services:

- Programming and interventions which are driven by emerging science;
- We are a Certified Community Behavioral Health Clinic;
- We have achieved accreditation from one of the accrediting bodies, Joint Commission or CARF;
- Patient care is fully individual and family-centered, trauma informed and recovery based;
- Clinical protocols and evidence-based practices have been implemented which have led to a stable, predictable clinical system;
- Appropriate counseling available for everyone that wants or needs it;
- Program staff are trained in and are operating from evidence-based practices which have been clearly proceduralized;
- Fully integrated mental health and substance use disorder treatment for those we serve;
- A children's service system has been developed that can expand as needed to meet community demand for services;
- Crisis programs and tools are continually enhanced to meet community needs;
- The Center has developed partnerships with universities which maximize the use of residents and interns for behavioral health care;
- The Center is a leader in the development of community focus groups that would address system needs for adults and children, outpatient and inpatient; and,
- Enhanced partnerships with law enforcement entities and services designed to meet their needs.

Development:

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

Support Services:

- Software functionality which is focused on making client visits easier and faster.
- Proactive training is in place to ensure staff are better trained and have a better understanding of required tasks;
- Technology is implemented which is cutting edge and customer endorsed;

- Leader and succession development;
- Manager development;
- Staff development;
- Consistent validation of Center processes via Accreditation;
- Leadership is developed to continue Component Unit Boards and advisory groups;
- Maximizing grant activities;
- A fund balance exists that supports flexibility and creativity;
- At least 90 days of operations is in reserves at all times;
- Revenue has been diversified to ensure Center viability;
- Consistent ability to write grants as they become available for services; and,
- IT Infrastructure enhancements including possible use of Artificial Intelligence software for system efficiency.

Center Structure:

- The Center has professional facilities;
- There is a plan in place for debt retirement;
- Selling property or facilities that are no longer being used consistently;
- Succession Plans have been identified and training is offered for those identified; and,
- A budget structure is in place which supports a more complex and refined Center operations.

Fiscal Year 2027 Goal Areas

The 'Future Visioning' section above represents the ideal five year goals for Tri-County as envisioned by the Management Team. Goal areas identified will serve as the overall goals for FY 2027.

Administrative Enhancements
Clinical Excellence
Community Connectedness
Fiscal Responsibility
Professional Development

Fiscal Year 2027 Objectives

Administrative Enhancements

Objective 1: Complete Implementation of a Health Information Exchange including both technical programming and setup, and informed consent processes for its use by June 30th, 2027.

Clinical Excellence

Objective 1: Successfully submit recertification documents for Certified Community Behavioral Health Clinic status to the Texas Health and Human Services Commission by July 31st, 2027.

Fiscal Responsibility

Objective 1: Staff will apply for at least 4 new or renewal grants in FY 2027 with a focus on grants for services to fill complex care needs, as available.

Objective 2: Evaluate Revenue Cycle Management protocols and develop a written summary of needed changes and plans to implement them by May 31st, 2027.

Professional Development

Objective 1: Create a management training program by March 1, 2027 that utilizes current Center staff to teach skills that supports program management, consistent hiring practices, and staff skill development.

Closing Summary

Management Team staff have identified long term goals in four areas of emphasis and have developed a corresponding list of Objectives for FY 2027. These Goals and Objectives will be submitted for approval by the Board of Trustees at the September 24, 2026 Board meeting.

Agenda Item: Community Resources Report **Committee:** Program	**Board Meeting Date:** September 24, 2026
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: **For Information Only**	

Community Resources Report
August 28, 2026 – September 24, 2026

Volunteer Hours:

Location	August
Conroe	160.75
Cleveland	4.5
Liberty	6
Huntsville	12.5
Total	**183.75**

COMMUNITY ACTIVITIES

8/28/26	Walker County Juvenile Services Staffing	Huntsville
8/28/26	Behavioral Health Suicide Prevention Task Force Meeting – Military Workgroup	Conroe
9/1/26	Ford Elementary Parent Night Pre-K through 1st	The Woodlands
9/2/26	Child Crisis Collaborative	Conroe
9/3/26	Ford Elementary Parent Night 2nd – 4th Grades	The Woodlands
9/8/26	Houser Elementary Parent Information Night	Conroe
9/9/26	Breaking the Silence - Voices of Hope – Suicide Prevention Awareness	The Woodlands
9/10/26	Cleveland ISD School Counselor Meeting Presentation	Cleveland
9/10/26	Anderson Elementary Parent Information Night	Conroe
9/10/26	Ford Elementary Parent Information Night	Conroe
9/10/26	Groundbreaking for Cleveland General Hospital	Cleveland
9/12/26	Youth Mental Health First Aid - Tri-County Behavioral Healthcare Community Session	Conroe
9/14/26	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
9/14/26	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity and Special Needs Workgroup	Conroe
9/14/26	Conroe Homeless Coalition	Conroe
9/15/26	Montgomery County Community Resource Collaboration Group	Conroe
9/15/26	Veteran Task Force Meeting	Conroe
9/15/26	Northside Elementary School Open House	Cleveland
9/17/26	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
9/17/26	Sam Houston Elementary Open House	Conroe
9/18/26	Splendora ISD Counselors & Youth Crisis Outreach Team (YCOT) Meeting	Splendora
9/19/26	HEARTS Museum Muster Festival	Huntsville
9/22/26	Walker County Community Resource Collaboration Group & Child Crisis Collaborative	Huntsville
9/23/26	Moorhead Junior High School Open House	Conroe
9/24/26	Community Crisis Collaborative	Conroe

9/24/26	Bartlett Elementary Open House	Conroe

UPCOMING ACTIVITIES

9/25/26	Walker County Juvenile Services Staffing	Huntsville
9/25/26	Mental Health Champions Breakfast – Mosaics of Mercy	The Woodlands
9/25/26	Behavioral Health Suicide Prevention Task Force Meeting – Military Workgroup	Conroe
9/26/26	Out of the Darkness Walk for Suicide Prevention	The Woodlands
9/28/26	Liberty Dayton Regional Medical Center Presentation	Liberty
9/30/26	Montgomery County Community Crisis Collaborative	Conroe
9/30/26	Texas Education Agency (TEA) Region 6 Community Resource Symposium	Huntsville
9/30/26	Liberty ISD Student Health Advisory Committee – Virtual	Liberty
10/3/26	Breast Cancer Awareness Walk Bartlett Elementary	Conroe
10/3/26	Breast Cancer Awareness Walk Campbell Elementary	Conroe
10/3/26	Breast Cancer Awareness Walk Cardinal Elementary	Conroe
10/6/26	Sam Houston State University Psychology Organization Presentation	Huntsville
10/6/26	Liberty County Community Coalition	Cleveland
10/7/26	Montgomery County Child Crisis Collaborative	Conroe
10/12/26	Behavioral Health Suicide Prevention Task Force Meeting – Major Mental Health Workgroup - Virtual	Conroe
10/17/26	Interfaith of The Woodlands Family Wellness & Resource Fair	The Woodlands
10/20/26	Montgomery County Community Resource Collaboration Group	Conroe
10/21/26	Magnolia ISD Say BOO to Barriers Resource Fair	Magnolia
10/24/26	Cleveland ISD Trunk or Treat Community Resource Fair	Cleveland
10/27/26	Walker County Community Resource Collaboration Group & Child Crisis Collaborative	Huntsville
10/29/26	Sam Houston Trunk or Treat Community Resource Night	Conroe
10/30/26	Walker County Juvenile Services Staffing	Huntsville

Agenda Item: Consumer Services Report for August 2026 **Committee:** Program	**Board Meeting Date:** September 24, 2026
Background Information: None	
Supporting Documentation: Consumer Services Report for August 2026	
Recommended Action: **For Information Only**	

Consumer Services Report - August 2026

Crisis Services, Mental Health Adults/Children Served	Montgomery	Walker	Cleveland	Liberty	Total
Crisis Assessments and Interventions	338	32	22	20	**412**
Youth Crisis Outreach Team (YCOT)	98	7	11	5	**121**
Crisis Stabilization Unit	58	8	3	3	**72**
Crisis Stabilization Unit Bed Days	199	20	20	15	**254**
Adult Contract Hospital Admissions	40	3	3	3	**49**
Child and Youth Contract Hospital Admissions	8	0	2	1	**11**
Total State Hospital Admissions (Civil only)	0	0	0	0	**0**
Crisis Hotline Served	399	53	58		**510**
Routine Services, MH Adults/Children Served					
Adult Levels of Care (LOC 1-5, Early Onset, Transition Age Youth)	1232	243	163	118	**1756**
Adult Medication	919	176	92	73	**1260**
Texas Correctional Office Offenders with Mental and Med Impmnts	89	13	8	16	**126**
Adult Jail Diversions	4	0	0	0	**4**
Child Levels of Care (LOC 1-5, EO, Yng Chld,Yth Empwr Serv)	574	84	90	32	**780**
Child Medication	183	17	16	18	**234**
Multisystemic Therapy (MST)	9	0	0	0	**9**
School Based Clinics	73	27	1	0	**101**
Peer Support					
Child and Youth Family Partner	19	13	1	2	**35**
Adult Peer Support	20	0	0	0	**20**
First Episode Psychosis Peer/Family Partner	9	0	0	0	**9**
Veterans Served					
Veterans Served - Therapy	4	1	0	0	**5**
Veterans Served - Peer Support	3	0	0	0	**3**
Persons Served by Program, Intellec & Developmntl Disabil.					
Number of New Enrollments for IDD	19	0	1	0	**20**
Service Coordination	854	72	43	42	**1011**
Individualized Skills and Socialization (ISS)	7	17	3	15	**42**

Persons Enrolled in Programs, IDD					
Center Waiver Services (Hm Cmnty Bsd Ser, Supervised Living)	31	19	4	13	**67**
Substance Use Services, Adults and Youth Served					
Youth Substance Use Disorder Treatment	19	0	0	0	**19**
Adult Substance Use Disorder Treatment	34	2	0	0	**36**
Waiting/Interest Lists as of Month End					
HCS/TxHmL Interest List (Active-Choice in Suprts for Ind Living)	2449	174	373		**2996**
July Served					
Adult Mental Health	1637	255	190	153	**2235**
Child Mental Health	759	104	105	36	**1004**
Intellectual and Developmental Disabilities	1062	95	64	55	**1276**
Total Served	**3458**	**454**	**359**	**244**	**4515**
August Served					
Adult Mental Health	1626	269	186	136	**2217**
Child Mental Health	750	112	107	41	**1010**
Intellectual and Developmental Disabilities	1070	98	68	59	**1295**
Total Served	**3446**	**479**	**361**	**236**	**4522**

Agenda Item: Program Updates **Committee:** Program	**Board Meeting Date:** September 24, 2026
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: **For Information Only**	

Program Updates
August 28, 2026 – September 24, 2026

Crisis Services

1. During the fiscal year 2026 (FY 2026), the Youth Crisis Outreach Team (YCOT) program provided 5,001 crisis services to 977 unduplicated youth who were located in Liberty, Walker, or Montgomery counties. While the majority of YCOT's Crisis Response occurred in Montgomery County, 10.3% occurred in Liberty and Walker counties. In 31% of these calls, YCOT responded directly to the family home for the crisis assessments, however, over half of the crisis assessments were provided by YCOT staff for youth who presented directly to the PETC for services. YCOT Stabilization further served 89 youth with supportive services for up to 90 days designed in an effort to avoid additional crisis events and transition the youth and family to ongoing routine services. These youth focused crisis interventions have continued to be well received in the community as families look for ways to receive the immediate intervention without having to go to an emergency room or unnecessary inpatient psychiatric care. YCOT will begin activating from the Cleveland Clinic location in October 2026.
2. Avail Solutions, Inc. activated 2,203 urgent or emergent calls involving 1,765 individuals during FY 2026. These activations required the Youth Crisis Outreach Team (YCOT) or Mobile Crisis Outreach Team (MCOT) to respond in person to the location where the individual was experiencing the crisis. Of the MCOT and YCOT activations during FY 2026, 84.9% occurred in emergency departments or medical hospitals, followed by 6.6% at the individual's home, 6.3% at other community locations, and 2.2% at jails, juvenile detention facilities, or schools.
3. In FY 2026, we utilized 5,138 bed days provided to 481 individuals, 27.2% of which were youth. The total average length of stay for these admissions was 10.33 days, an increase from last fiscal year. The cost for 5,138 bed days totals $3,596,600 in reimbursement to the hospitals, below our allocated budget from Health and Human Services Commission (HHSC) for Diversion Bed funding.

Mental Health Adult Services

1. The Conroe Intake Team continues to see an increase in requests for services through the walk-in clinic. In August, the team provided walk-in services to 179 individuals, making it the highest month for walk-in traffic during the fiscal year.
2. Cleveland staff have started a blanket donation project to supply warm blankets to clients in need during the holidays.
3. The Adult Behavioral Health team has demonstrated strong collaboration and commitment in supporting the Conroe clinic during the vacancy in the Administrator position. Team members have stepped in to support one another across a variety of functions, helping to maintain continuity of client care while ensuring that essential clinic operations and processes continue without disruption.
4. The Projects for Assistance in Transition from Homelessness (PATH) team has leveraged community relationships to collaborate with a local barber shop willing to provide free haircuts to the homeless population one day a week.

Mental Health Child and Youth Services

1. The Child and Youth Mental Health team continues to be inspired by our clients' progress. One example is a 17-year-old male who entered services after discharge from a psychiatric hospital following a serious suicide attempt. After less than a year of services where he receives psychiatry and therapy, he was able to achieve full remission from Major Depressive Disorder.
2. Out Multisystemic Therapy (MST) program has also experienced recent success. A 17-year-old female was referred to the MST program through the Probation Counseling Department due to substance use, aggression toward her parent, property destruction, and repeated detention. Over 3.5 months, MST focused on improving family communication, supervision, caregiver confidence, and factors contributing to the behaviors. By discharge from MST, aggression had stopped, substance tests remained negative, family relationships and communication had improved, and the youth was engaged in positive activities. The caregiver also demonstrated stronger skills in providing support, structure, and safety, resulting in a successful discharge from the MST program.
3. The C&Y Supervisors have been busy attending school events. We started the school year attending Back-to-School Events, School Counselor Information Meetings, and Parent Information Nights, but are currently preparing for Trunk-or-Treat Resource Fairs in October. Our supervisors enjoy attending community events and informing others about our services.

Criminal Justice Services

1. The Montgomery County Jail Liaison and Texas Correction Office on Offenders with Medical or Mental Impairments (TCOOMMI) Administrator were present at the quarterly medication administration meeting at the jail. Jail personnel continue to be appreciative of the assistance in repaying 46 B medications as well as ongoing assistance advocating with the Courts and the District Attorney's (DA's) office.
2. The Outpatient Competency Restoration case manager has transferred to a TCOOMMI position, and the program is now hiring for a new OCR specialist.
3. The Administrators of Criminal Justice Services and Substance Use Programming are providing training to the Montgomery County Probation department. This collaboration is intended to raise awareness of the programs and service available in the community and address mental health and substance use needs as well as promote referrals to care.

Substance Use Disorder Services

1. The Substance Use program is closing out FY26 billing and services. While not all State funding was utilized, there is no change in the budget planned for FY 27. The program anticipates increased utilization of funds once the Cleveland location opens, which will initially focus on serving more youth.
2. In FY 2026, the Substance Use program was expected to serve 39 youth and 112 adults. The program exceeded both targets, serving 66 total youth were served and 142 adults.

Intellectual and Developmental Disability Services (IDD)

1. IDD Provider Services has filled both House Manager positions, providing greater stability in the management of the homes. We are hopeful these positions will remain fully staffed.
2. The Direct Care position in Cleveland remains vacant. Filling this position is important to expanding our capacity and increasing enrollments.
3. Conroe currently has only one Direct Care staff member in IDD Provider Services, while at least three positions are needed to adequately support current operations and provide capacity for additional enrollments.
4. IDD Provider Services is actively recruiting for a Coordinator of IDD Provider Services following a recent vacancy in the position.
5. IDD Provider Services continues to navigate increasing complexities related to the health needs of the individuals we serve, as well as the health and availability of our care providers. These challenges require ongoing attention to staffing, continuity of care, and the ability to meet the increasingly complex needs of the individuals in our programs.
6. For FY27 the Children's Autism Program announced that the program rules have changed and are now in effect. The most significant changes are:
    a. Eligibility age: younger than 21 years old (services end on 22nd birthday).
    b. Hour utilization limit is 720 hours for the lifetime of the case.
    c. Nurse Practitioners and Physicians Assistants are Qualified Professionals that can provide an autism diagnosis.
    d. Parent training is required twice per month instead of every two weeks.
7. IDD Authority's Intake Team did a fantastic job bringing new clients into services. The final numbers for FY26 are:
    a. Completed Non-waiver Intakes and enrollments into Non-Waiver Community First Choice (CFC) – 166 clients
    b. Internal SmartCare Referrals – 120
    c. Total HCS Waiver Interest List (IL) slot releases, IL transfers, SSLC/ICF-IID step-downs, and CPS Age Out slots - 9
        i. Total HCS Waiver IL enrollments completed – 5
        ii. 55.56% of the HCS Waiver IL slots yielded a client coming into services.
    d. Total TxHmL Waiver Interest List (IL) slot releases and transfers - 225
        i. Total TxHmL Waiver Interest List (IL) enrollments completed – 27
        ii. 12% of the TxHmL Waiver IL slots yielded a client coming into services. We have 54 enrollments still in process from FY26.
    e. Total ICF-IID referrals for Residential Options – 20
    f. Total SSLC placement - 2
8. IDD Authority Psychologists completed another record year of assessments for eligibility for services. Tri-County has one full-time psychologist and one part-time psychologist. The final numbers for Determinations of Intellectual Disability or DIDs for FY26 are:
    a. 258 DIDs completed, including 19 DID endorsements.
        i. 16% (41) were Spanish-only assessments.
        ii. 602 files were reviewed for DID assessments.

b. 36 Pre-Admission Screening and Resident Review (PASRR)) Mental Health annual diagnoses completed.
c. 35 Non-Waiver Community First Choice (CFC) 5-year updates completed.
d. 20 Related Condition (RC) report updates done.
e. 83 Waiver transfer diagnoses reviewed, documented and entered into SmartCare.

Support Services

1. **Quality Management (QM):**
    a. The Administrator of Quality Management is conducting a Program Survey for the Substance Use Disorder Treatment Program.
    b. 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.
    c. Staff prepared and submitted two record requests to two insurance companies totaling 47 charts, for records dating back to January 1, 2025. Documentation is reviewed concurrently during these reviews to ensure that feedback is provided to staff for quality improvement and any issues affecting billing are reported to the appropriate staff.
    d. The Continuous Quality Improvement Committee met in August and reviewed status updates on current goals and discussed 2027 goals. As follow up to the CQI meeting, the Director of Quality Management & Support and the Administrator of Utilization Management attended the August Medical Staff Meeting to review best practices for documentation and opportunities for improvement of CCBHC data measures.

2. **Utilization Management (UM):**
    a. The Administrator of Utilization Management has continued data integrity audits of Certified Community Behavioral Health Clinic (CCBHC) measures in preparation for the next reporting deadline of September 30, 2026. During this process, trends for quality improvement are identified and provided to the appropriate staff.
    b. Staff continue to monitor contract performance measures and provide support to managers for quality improvement as needed.
    c. UM staff reviewed 10% of all discharges for the month of August and provided feedback to staff and supervisors as needed for quality improvement.
    d. Staff reviewed all progress notes that utilized the Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Modifier for August and offered feedback to program staff as needed.
    e. Staff reviewed 10% of progress notes that utilized the Mobile Crisis Outreach Team (MCOT) Modifier in August to support continuous quality improvement.
    f. UM staff reviewed Claims Oversight reports (CORE) for quarter four (Q4) to monitor appropriate use of services.
    g. UM staff reviewed override reports for the month of August and provided feedback to supervisors for quality improvement.

3. **Training:**
    a. Following the recent departure of our Clinical Trainer, the Administrators of Quality and Utilization Management co-facilitated the Texas Resilience and Recovery SuperUser Trainings to meet the contract requirement of re-training 40% of the Center staff who utilize the State assessment biannually.
    b. The Mental Health First Aid (MHFA) Coordinator position has been filled with the new hire scheduled to start on September 14, 2026.
    c. Following the 'Clinical Supervisor Documentation Training' held in late August, Supervisors have begun implementing the new process as of September 1. Additional training and consultation is available upon request.

4. **Veteran Services and Veterans Counseling/Crisis:**
    a. The Military subgroup for the Behavioral Health Suicide Prevention group is planning a veteran and family event promoting connection, camaraderie, and suicide prevention awareness in March 2027.
    b. The Montgomery County Jail Veterans have been participating in a peer support group, providing an opportunity for connection, shared experiences, and to access peer support in a supportive environment.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
    a. The IDD and MH PNACs held a combined meeting in August where they received Center updates including information on financials, performance measures and key program information. The IDD PNAC is scheduled to meet again on September 30, 2026. The IDD PNAC currently has full membership with one member planning to resign at the end of this term. The MH PNAC has several vacancies with one member resigning at the end of the term due to time constraints. The Committee continues to explore ways to expand membership.

Agenda Item: Planning Network Advisory Committee Annual Reports **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

According to their bylaws, both the Mental Health and the Intellectual and Developmental Disabilities Planning Network Advisory Committees (PNACs) are required to make a written report to the Board that outlines the Committees' activities for the year and committee attendance. Some of our committee members are serving on both PNACs, and the groups continue to seek members that are primarily concerned with that group's focus. The attached reports on the two committees' activities are provided for your information.

Supporting Documentation:

Mental Health PNAC Annual Report

Intellectual and Developmental Disabilities PNAC Annual Report

Recommended Action:

For Information Only

Mental Health Planning Network Advisory Committee
FY 2026 Annual Report

In FY 2026, the Mental Health Planning Network Advisory Committee (MHPNAC) was provided with annual training along with the following regular Center Updates:

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

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

- Center strategic goal updates
- Continuous Quality Improvement (CQI) goal updates
- Key funding changes and financial challenges (i.e. winding down from ARPA and SAMHSA grant closeout)
- Key staff turnover and continued focus on recruitment and retention
- Audit updates (i.e. HHSC, OIG, MCO, and other internal and external audit results)
- Local Planning and Provider Network Development to include community feedback and client satisfaction survey results
- CCBHC updates to include DPP and CCBHC data measure performance
- Updates on academic partnerships and residency
- Ideas on how to expand membership

In FY 26 the MH PNAC received annual training, regular Center updates and reviewed Center goals to include a review of feedback received through client satisfaction surveys related to Local Planning, Provider Network Development and the Center Needs Assessment. The Committee reviewed client feedback in the form of over 83 survey responses on various aspects of community mental health to include, but not limited to: the top mental health challenges facing our community; successes of the LMHA, barriers to accessing services at the LMHA, priorities for expansion of services, considerations for network development, knowledge of accessing 24/7 crisis services, and opportunities for quality improvement.

Stakeholder feedback continues to highlight the importance of timely access to crisis services, availability of medication for mental health needs, and counseling to address substance use disorders, anxiety, depression, and suicide, which are considered among the top mental health challenges faced by our community. Barriers listed in the community as a whole included transportation, stigma, stable and affordable housing, affordable substance use treatment and insurance.

In FY 26, recommendations from the MH PNAC included seeking opportunities for internships to enhance and assist with limited resources and grant development, continued focus on budget neutral strategies to improve staff retention, increasing involvement with local support groups, and exploring opportunities for advertising and education through various media outlets.

The MHPNAC met seven times for regularly scheduled meetings. The MHPNAC is required to have nine members and as of the end of FY 26, the Committee membership was at five members with four vacancies. A member from the local MHPNAC Committee, along with the Center liaisons, continue to participate in the Regional Planning Network Advisory Committee (RPNAC).

Intellectual and Developmental Disabilities Planning Network Advisory Committee

FY 2026 Annual Report

In FY 2026, the Intellectual and Developmental Disabilities Planning Network Advisory Committee (IDDPNAC) was provided with annual training and the following regular Center Updates:

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

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

- Center strategic and quality goal updates (i.e. IDD Electronification, telehealth pilot, continuous quality improvement)
- Legislative updates
- Key staffing changes and needs
- Key funding changes and challenges
- IDD Caregiver Support Group Proposal
- IDD Awareness Day Events
- Individualized Skills & Socialization (ISS) rule changes
- ADA rule changes and Center implications
- Audit updates and results (i.e. HHSC, OIG)

In FY 26 the IDD PNAC received annual training, regular Center updates and reviewed and provided feedback on Center goals, changes, and other initiatives specific to the IDD population.

The IDD PNAC provided valuable feedback for the Center during the implementation of the IDD Caregiver Support Group this past year. Members reviewed documents, flyers and plans to ensure that the voice of individuals served and family members was heard prior to the implementation phase. Feedback included consideration for time of day of the meetings, participation options for those who may not be able to leave their home, and the ability to weigh in on topics of interest for future meetings. Common areas of concern for families were discussed (i.e. life transitions, trusts, guardianship, wills, long-term planning) and the PNAC recommended consideration that the needs of caregivers will likely differ based on the age/life phase of the IDD individual.

Additional feedback from the IDD PNAC Centered on the complex system of care and the general navigation challenges faced by individuals with IDD and their families/significantly involved individuals, that are out of the control of the LIDDAs.

In FY 2026, the IDDPNAC met seven times and filled one vacancy. The Committee maintained a membership of nine into the fourth quarter with one resignation effective at the end of FY 2026, leaving one vacancy. Tri-County Continues to participate in the Regional PNAC which has a combined MH and IDD membership with 50% representation from individuals and families with IDD.

Agenda Item: FY 2026 Goals and Objectives Progress Report **Committee:** Program	**Board Meeting Date** September 24, 2026
Background Information: Attached is the final report of the Board Goals and Objectives for FY 2026.	
Supporting Documentation: FY 2026 Goals and Objectives Progress Report	
Recommended Action: **For Information Only**	

Year-to-Date Progress Report

September 1, 2025 – August 31, 2026

Goal #1 – Administrative Enhancements

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

- The team has completed training for all Child and Youth caseworkers to support families who may qualify for Medicaid in submitting applications. We are using an Information Technology (IT)-developed report that efficiently identifies clients who are likely Medicaid-eligible based on reported income and family size. Caseworkers are now providing regular updates on their outreach and assistance efforts, with the goal of achieving the 25% application-assistance target by August 31, 2026.
- The team is currently analyzing the raw data from our rural service areas to calculate the final results of these efforts. Based on the data reviewed to date, we are confident that we will achieve the overall goal of assisting at least 25% of clients identified as likely Medicaid-eligible with submitting Medicaid applications. One strong indicator of our progress is the performance of our Conroe Service Center. The data collected for clients served through this location shows that we assisted 41.4% of clients identified as likely Medicaid-eligible in applying for Medicaid.
- The Child and Youth team assisted at least 54 families with applying for Medicaid. Our goal was to assist at least 25% of families identified as potentially eligible based on income, and we exceeded that goal by assisting 31% of eligible families. While not all families who applied were approved for Medicaid, many successfully obtained coverage, while others were eligible for CHIP. The training our team received on supporting families through the application process continues to be utilized as new uninsured clients enroll in services, ensuring that families receive ongoing assistance in accessing available health coverage.

Goal #2 – Clinical Excellence

Objective 1: Implement a pilot program, operating under Health and Human Services (HHSC) approved guidelines, to test the effectiveness of telehealth and telephone service delivery, both in terms of services provided and client feedback, by February 28, 2026, with a report on the effectiveness of the pilot due to the Board of Trustees by the July Board of Trustees meeting.

- The team selected the client population, services, and staff to pilot this program. Relevant metrics and data were identified to track and measure the success of the program. The team has created satisfaction surveys for clients and staff to provide at the end of the program in order to get direct feedback from those that participated. The team finalized documents such as consent forms and training documents. The team created a desk procedure, and to trained the identified staff and begin providing the service modality.
- The pilot program officially ended on June 19th and the team reviewed the data, outcomes, and feedback from both clients and staff who participated. A cumulative final report was provided at the July 23rd Board meeting with recommendations on how to move forward with providing an optional telehealth modality for certain groups and services.
- Overall, it appears that the majority of the persons we serve continue to prefer in-person services or have barriers (like adequate internet) to receiving telehealth services. It is possible that the implementation of the SmartCare Portal, planned for Fiscal Year 2027, would make telehealth easier for the persons we serve to use, and further evaluation of these services will need to be undertaken then.

Objective 2: Establish a team of Intellectual and Developmental Disability, Quality Management and Information Technology managers to implement existing SmartCare forms and assessments. Further, to make a roadmap for future enhancements of Intellectual and Developmental Disabilities (IDD) electronic records with dates for delivery. Ensure staff have been trained in these new processes and have implemented them by August 31, 2026.

- Following an initial meeting in early December, an expanded interdisciplinary team consisting of administrative, Intellectual and Developmental Disability, Quality Management, and Information Technology staff was established. The team developed an initial implementation plan and worked through four key IDD documents,

with the goal of full electronic use of these forms by August 31, 2026.

- All four forms were reviewed for implementation within the electronic health record. One form, the Service Coordination Assessment, was developed by SmartCare and was ready for use.
- The team worked with SmartCare to make requested changes and load identified forms into the electronic health record (i.e.SC Assessment, PDP, IDRC and IPC). Unfortunately, within **one week** of obtaining readiness to utilize the SC Assessment in the system, HHSC sent out an update to the form, highlighting challenges with electronification of some IDD documents.
- In addition, we have requested specific note templates (which provide brief prompts to staff about key information they need to include in their documentation) to be built into SmartCare as 'Assessments' with the funding provided for this project.
- Following barriers identified during this project outlined above, the Medical Records Department collaborated with the IDD and IT Departments to begin scanning paper documents into the SmartCare record. As of this update, the Medical Records Department has begun scanning in regular IDD filing.

Objective 3: Begin a program to develop mental health peers with the goal of identifying and hiring five peers, family partners or recovery coaches by May 31, 2026.

- The team created a manual to combine all procedures for peer and family partner services across the Center. This team is also identified ways to create a unified Peer/Family Partner culture at the center, and to help the different positions feel more cohesive and supported.
- The Center has successfully hired five new peer providers across multiple programs; First Episode Psychosis, Veterans, Youth Crisis Outreach Team (YCOT), and PATH. As an ongoing project, this team will continue to have continue discussions about how to support peers and family partners. The team also plans to write a combined Center procedure manual for all peer services.

Objective 4: Evaluate current productivity standards for all clinical programs and make recommendations to the Executive Director regarding these standards and how they are measured by March 31, 2026.

- A workgroup was formed to review how departments measure productivity. Each department is unique in terms of persons served and contract requirements, but the team explored ways to make

the processes used to manage productivity more uniform and consistent across the Center.

- The Executive Director, along with the Chief Compliance Officer, Chief Financial Officer, and Chief Operating Officer facilitated a series of focused revenue meetings with Directors over our primary revenue producing areas. The group reviewed a series of data elements and reports to focus in on management decisions which were anticipated to lead to greater revenue. As part of this process, the team identified the need for additional reports, which have since been developed and implemented by the IT Department, allowing managers to effectively monitor program performance and outcomes.
- We continue to have some challenges with billing reports coming out of SmartCare and the IT Department is currently working on additional reports which can be used to project earned revenue more accurately.
- One consistent discussion point on the team was the difficulty hiring Qualified Mental Health Professionals (QMHPs) and Qualified Intellectual Disability Professionals (QIDPs), specifically in Conroe - which is our largest service area. This inability to hire staff has contributed to difficulty in meeting productivity standards. Salaries are already stretched, but these salary levels do not appear to be competitive in Montgomery County.
- Recommended as an area of focus, the team was tasked with exploring opportunities for offering high performing staff cost neutral flexibilities that allow staff autonomy and latitude for independent decision making to promote engagement and retention, as well as encourage positive performance outcomes. Additionally, in an effort to further support staff who are considered to be underperforming, this team is discussed opportunities for increased supervisor connection, including regular coaching, training, and skill building to foster success in the role and grow staff.
- Though recommendations were provided regarding standards, marking the on-time achievement of the goal, this team will continue to work to find solutions and develop uniform practices.
- Overall, despite these discussions, revenue remained flat.

Goal #3 – Community Connectedness

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

- The parent support group name is formally be called the Tri-County Behavioral Healthcare TCBHC IDD PSG – Tri-County Behavioral Healthcare, IDD Parent Support Group (IDD PSG), with the tagline "Parents Helping Parents."
- Vision of the IDD PSG: to provide a compassionate, confidential, safe space for families of those diagnosed with Intellectual and Developmental Disabilities to connect, share experiences, and find strength, empowering them to navigate challenges and celebrate successes, by building a collaborative network of peer-to-peer support.
- Core Principles of the IDD PSG: confidentiality, respect and empathy, with support through shared experiences, validation, and active listening, in efforts to create a safe, empathetic space where everyone feels heard.
- The Inaugural meeting for the IDD CSG was held on April 28, 2026, from 11am to 1pm at TCBHC's main office location, virtually and in person, and was well attended.
- The IDD CGS meets the last Tuesday of every month, from 11am to 1pm at our main office location in Conroe. Attendees are able to attend in person or virtually. Feedback has been very positive.
- The IDD CSG continues to thrive and participation continues grow. The caregiver support group has regular attendees and continues to welcome new caregivers each month. The team has implemented a monthly automatic text and email reminders that go out to families, with the virtual link, relevant meeting details, and reminders to RSVP.

Objective 2: Develop a social media campaign that will be implemented no later than March 1, 2026 that will communicate important Center service data, Center success stories and educational items.

- The team started this initiative by reviewing existing data points and metrics to understand social media engagement and reach on current platforms, using this information to create key performance indicators that reflect how changes made as part of this campaign impact these efforts.
- To promote consistency across posts, the team developed a 'Brand Guide' that serves as the standard for all social media posts. This guide includes information on Center voice, purpose, and goals, as

well as colors, fonts, styles, and formatting. The guide was further updated to ensure compliance with the Americans with Disabilities Act Web Content Accessibility Guidelines ADA WCAG 2.1 requirements for accessibility, which applies to social media. This manual also provides guidance for how to respond to posts, including those that may be flagged for inappropriate content or to identify someone who may need immediate assistance.

- To ensure volume of posts to promote a consistent social media presence, the team created a content calendar that guides themes for each month around which posts will be developed and published. Content focused on providing education, raising awareness, or promoting recruitment and retention of staff is actively being promoted.
- Understanding the confidential nature of this work, the team developed a series of consent forms that allow individuals served, families, and staff to opt into or out of inclusion in social media posts, including images, testimonials, or other information.
- To guide social media efforts, a campaign document, which includes the Brand Guide, was completed and is available for review. Included in this document are strategies for continued social media presence and growth to positively promote the Center. Additionally, a content calendar has been developed to ensure consistent materials for posting, measurable goals created to ensure connection with community using social media is maintained, and establishment of roles and responsibilities for staff representing the Center through social media.
- This goal was completed ahead of the March 1st target date and as a result of these efforts, the Center has noted an average 65% increase in social media page views across three platforms (Facebook, Instagram, and LinkedIn) and a 48% increase in engagement across two platforms (Facebook and LinkedIn) in the past year.

Objective 3: Foster community partnerships that enhance services for the individuals we support and strengthen the long-term sustainability of programs, as demonstrated through formal written collaboration agreements.

- The team began by identifying a comprehensive list of providers across the service area and compiled contact information for each of these partners which allowed for introductory communication regarding the completion of formal written collaborative agreements.
- Agreement templates were reviewed and modified to ensure language aligned with all contract, grant, and certification

requirements for each agreement type as well as having language updated to ensure agreements are accessible for various industry providers.

- The team further reviewed existing agreements, identifying those with evergreen clauses needing follow-up to ensure that agreements continue to be correct, applicable, and signed by the appropriate authorizing party for the partner.
- The completion of this goal was formalized with the delivery of agreements to all existing and several new collaborative partners over the course of the year, with multiple agreements signed and returned.
- A procedure is in development to guide this process moving forward to ensure partnerships and formal agreements are routinely reviewed and updated as well as to establish a process for the development of new collaborative relationships.

Goal #4 – Fiscal Responsibility

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

- In Fiscal Year 2026, the Center applied for four grant opportunities, including three renewal grants and one new programming grant.
- Two TVC renewal grants were submitted in December with a proposal to support the continuation of a licensed clinician position to provide therapy to veterans and families and a second renewal grant proposing the continuation of a Veteran Peer that has permitted the expansion of services in Montgomery and Liberty counties and the advent of service provision in Walker County. Awards would have provided funding available through August 31, 2027 with opportunity to extend funding for an additional one year, if program goals were met.
    - In May, the team was notified that the TVC grant renewal proposals were not selected for funding.
- In December, a renewal grant application was submitted to support ongoing Projects for Assistance in Transition from Homelessness (PATH) program. The grant, which is a federal grant passed through the State, allows continued funding for an additional five years for the existing PATH program, which supports the homeless population in connecting to needed mental health and substance use treatment.
    - The team has been notified that the PATH grant proposal was selected for funding, which will begin in September 2026 and will end August, 2027.

- In August, the Center applied for the CCBHC Improvement and Advancement (IA) grant through SAMHSA, which marked the achievement of this goal. This grant is considered extremely competitive, but would allow $1 million each year, for up to 4 years, for expansion of CCBHC initiatives. If awarded, the grant would fund after-hours therapy, including veterans' therapy, care coordination expansion, and allow funding to implement a Health Information Exchange. Award notifications will occur in November 2026.

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

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

Goal #5 – Professional Development

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

- The employee performance evaluation process was developed and implemented, including a new evaluation form, internal tracking process, and supervisor training. Evaluations are now well underway, with 59 of 283 eligible employee evaluations completed as of September 15, 2026, for an overall completion rate of 20%. HR is actively tracking progress and providing supervisors with regular updates and reminders to support timely completion.

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

- As a part of this goal, staff determined that we will need to hire a new staff to manage the manager training program. This position

has been created and it has been determined that this position would be a part of the Human Resources department.

- The management training, qualitatively different from leadership development, will be used to teach consistent managerial practices to all supervisors with a special emphasis on new or newer managers.
- This Objective has been delayed until we can get the financial status of the agency in order. In the interim, the Human Resources Department will provide some training to managers as a part of the staff evaluation training.
- It should be noted that revenue meetings indicate that the need for this training is high.

Agenda Item: 4th Quarter FY 2026 Corporate Compliance and Quality Management Report **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

The Department of State Health Services' Performance Contract has a requirement that the Quality Management Department provide "routine" reports to the Board of Trustees about "Quality Management Program activities."

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

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 4th quarter of FY 2026 are included in this Board packet.

Supporting Documentation:

4th Quarter FY 2026 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report
4th Quarter, FY 2026

Corporate Compliance Activities

A. Key Statistics:
No new compliance concerns were reported during the fourth quarter of FY 2026. Two investigations from the third quarter remained pending at the end of the fiscal year, awaiting final reimbursement calculations and resolution.

B. Committee Activities:
The Corporate Compliance Committee convened on August 13, 2026 to review and discuss several key topics, including:

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

Quality Management Initiatives

A. Key Statistics:

1. Staff completed one internal Program Survey covering three focus areas.
2. Staff assisted with one external audit.
3. Staff held nineteen internal quality/utilization related meetings.
4. Staff held six community local planning meetings.
5. Staff reviewed and submitted 17 record requests, totaling 207 charts.
6. Staff conducted several ongoing internal audits including documentation reviews, authorization override requests for clinically complex individuals, and use of the Co-Occurring Psychiatric and Substance Use Modifier as well as the Mobile Crisis Outreach Team Modifier.

B. Reviews/Audits:

1. The Administrator of Quality Management completed a Program Survey for Continuity of Care focusing of Private Psychiatric Beds, Utilization Review, and Residential Treatment Facilities.
2. Staff worked closely with Autism Program staff to prepare and submit documentation requested for an HHSC audit held on August 10, 2026. Results were mostly positive with only one minor finding.
3. The Mental Health Quality and Utilization Management (MH QM/UM) Committee met two times in quarter 4 (Q4).

4. The IDD Quality and Utilization Management (IDD QUM) Committee met one time in quarter 4 (Q4).
5. The Continuous Quality Improvement (CQI) Committee met two times in quarter 4 (Q4).
6. The Junior Utilization Management (JUM) Committee met weekly during quarter 4 (Q4) to review performance measures and other Center data points used to provide feedback to program managers for ongoing quality improvement.
7. The Rights Protection Officer held the annual Human Rights Committee meeting where members reviewed proposed behavioral health restrictions and identified any needed updates to procedures regarding client rights.
8. The Director of Quality Management & Support held six community meetings across the three-county area to gain feedback from the community about service needs and quality improvement opportunities. This information will be utilized to update the Mental Health Consolidated Local Service Plan, Local Provider Network Development Plan, the Quality Management Plan and the Center Needs assessment.
9. Staff prepared and submitted three record requests totaling three charts to Blue Cross Blue Shield (BCBS) dating back to August 2020.
10. Staff prepared and submitted two record requests totaling three charts to Health Spring dating back to January 2025.
11. Staff prepared and submitted one record request totaling seven charts to Oscar-United dating back to January 2025.
12. Staff prepared and submitted one record request totaling 20 charts to Superior Health plan with dating back to January 2025.
13. Staff prepared and submitted one record request totaling one chart to TCHP dating back to January 2025.
14. Staff prepared and submitted one record request totaling 115 charts to United Healthcare dating back to January 2025.
15. Staff prepared and submitted one record request totaling 27 charts to WellCare dating back to January 2025.
16. Staff prepared and submitted seven record requests totaling 31 charts to WellPoint dating back to January 2025.
17. Staff reviewed 157 notes that used the Co-Occurring Psychiatric and Substance Use Disorder Modifier to ensure that the intervention was used appropriately. This review indicated that the majority of staff utilizing this code are using it correctly.
18. Staff reviewed 55 notes that used the Mobile Crisis Outreach Team Modifier for quality assurance purposes. Feedback was provided to those who had utilized the modifier incorrectly.
19. Staff reviewed 77 discharges that occurred in Quarter 4 and communicated areas that were needing improvement to supervisory staff.
20. Staff reviewed 92 Mental Health Adult and Child and Youth progress notes, along with 24 Intellectual and Developmental Disabilities progress notes, as part of quality assurance efforts. Follow-up was provided to supervisors as needed to address any re-training opportunities.

Agenda Item: 1st Quarter FY 2027 Corporate Compliance Training **Committee:** Program	**Board Meeting Date** September 24, 2026

Background Information:

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

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

Supporting Documentation:

1st Quarter FY 2027 Corporate Compliance Training

Recommended Action:

For Information Only

Compliance Newsletter

FY 27, Quarter 1

Newsletter Highlights

- **Message from the Compliance Team**
- **Your Compliance Team**
- **Report Compliance Concerns**

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Medicaid Audits: What's Happening and What It Means for TCBHC

Texas has increased its focus on Medicaid auditing. State and federal agencies are putting additional resources into reviewing Medicaid providers and verifying that billed services were actually delivered, properly documented, and provided by appropriately qualified staff.

For TCBHC, this doesn't change our current expectations. It's simply a good reminder that accurate documentation and billing matter every day.

Stay Audit Ready

- **Document what happened:** Your note should accurately reflect the service you provided.
- **Get the details right:** Time, location, mode of service, and other billing information should match your documentation.
- **Use the right credentials:** Only document services you provided and use the appropriate credentials.
- **Make the connection:** Documentation should support the service provided and connect to the client's goal or objective.
- **Double-check your work:** Review documentation and time entries before submitting.
- **When in doubt, ask:** Your supervisor or the Compliance Team can help before something becomes a problem.

The Bottom Line

None of this is new. It's the same standard TCBHC has always held ourselves to, and is in general good compliance.

YOUR CORPORATE COMPLIANCE TEAM

Amy Foerster
Chief Compliance Officer
amyf@tcbhc.org

Ashley Bare
Human Resources Manager
ashleyba@tcbhc.org

Now Hiring!
Administrator of Compliance

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

Accurate Services + Accurate Documentation = Audit Ready Records

Compliance Concerns Hotline: 866-243-9252

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

Agenda Item: Executive Director's Annual Evaluation, Compensation and Contract for FY 2027 **Committee:** Executive	**Board Meeting Date** September 24, 2026

Background Information:

Annually, the Board of Trustees reviews the Executive Director's performance and considers the terms of the contract and annual compensation. Performance evaluation surveys and a FY 2026 Progress Report on goals and objectives were distributed to all Trustees and members of the Management Team. The results of the surveys were compiled by Gail Page, Chair of the Evaluation Committee. Members of the Evaluation Committee also include Tracy Sorensen and Carl Williamson.

Supporting Documentation:

None

Recommended Action:

Review Executive Director's Evaluation, Compensation and Contract Extension and Take Appropriate Action

Agenda Item: Appoint Texas Council Representative and Alternate for FY 2027 **Committee:** Executive	**Board Meeting Date** September 24, 2026

Background Information:

The representative attends the Texas Council of Community Centers Inc., Board of Directors meetings on a quarterly basis then gives a verbal update to the Tri-County Board at their subsequent Board meetings. The alternate will attend the meeting and provide a report if the representative is unable to do so.

Supporting Documentation:

None

Recommended Action:

Appoint Texas Council Representative and Alternate for FY 2027

Agenda Item: Cast Election Ballot for Texas Council Risk Management Fund Board of Trustees **Committee:** Executive	**Board Meeting Date** September 24, 2026

Background Information:

The election process to fill the positions of the Board of Trustees in Places 4, 5 and 6 will be completed during the Texas Council Risk Management Fund Board Meeting on November 13th. Election ballots are due by Thursday, November 12th.

Only one (1) candidate can be selected for each of the three (3) places:

- Judge Lee Norman or Dennis Wilson
- Edreauanna Fowler (Incumbent)
- Bob Brown (Incumbent)

Supporting Documentation:

Memorandum from the Texas Council Risk Management Fund Nominating Committee

Election Ballot

Recommended Action:

Cast Election Ballot for the Current Incumbents for the Texas Council Risk Management Fund Board of Trustees to Fill Places 4, 5 and 6

Texas Council
Risk Management Fund

September 14, 2026

MEMORANDUM

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

From: TCRMF Nominating Committee

Subject: **Board of Trustees Election Ballot**
Places 4, 5 and 6

The election process for Places 4, 5 and 6 will be finalized at the November 13, 2026, Annual Member Meeting of the Texas Council Risk Management Fund. Attached is the election ballot indicating the eligible candidates for this year's election.

The Nominating Committee has prepared the ballot for the upcoming election. Incumbents Edreauanna Fowler (Place 5), Bob Brown (Place 6) are seeking re-election and Judge Lee Norman as well as Dennis Wilson have been nominated for the vacancy in Place 4 currently held by Judge Van York but not seeking re-election.

Please return the election ballot by email or mail so that it is received in the Fund's office **no later than noon November 12, 2026.** You may also vote in person at the Annual Member Meeting on November 13th.

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

cc: TCRMF Board of Trustees
Advisory Committee
Pam Beach

Texas Council Risk Management Fund

BOARD OF TRUSTEES ELECTION BALLOT

At the November 13th Annual Member Meeting of the Texas Council Risk Management Fund, elections will be finalized to fill the positions of Trustees in Places 4, 5, and 6. Incumbents **Edreauanna Fowler** (Place 5) and **Bob Brown** (Place 6) are seeking re-election and are listed on the ballot, as well as **Judge Lee Norman and Dennis Wilson** nominated for the vacancy in Place 4 currently held by Judge Van York but not seeking re-election. Each Center may cast its votes by email (preferred), mail, in advance or in person at the Annual Member Meeting.

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

	Mark Vote ("X") In box below (for THREE)
Place 4 (Please vote for one of these two candidates for Place 4)	
Judge Lee Norman	[ ]
Dennis Wilson	[ ]
Place 5	
Edreauanna Fowler	[ ]
Place 6	
Bob Brown	[ ]

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

Tri-County Behavioral Healthcare

_____

Name of Community Center

_____ _____

Signature of Authorized Representative Date

Texas Council
Risk Management Fund

PLEASE COMPLETE AND MAIL OR EMAIL THIS BALLOT NO LATER THAN NOON NOVEMBER 12, 2026, TO:

TEXAS COUNCIL RISK MANAGEMENT FUND
P.O. Box 26655, Austin, Texas 78755-0655
Attention: Jacey Garza- Raines
Email: Jacey.garzaraines@sedgwick.com

LEE NORMAN
GARZA COUNTY JUDGE
VICE-CHAIR – WEST TEXAS CENTERS BOARD

Biographical Information

PERSONAL

Wife: Marsha Tipton Norman. Married August 12, 1972.

Children:

- Dr. Laura May, husband Matthew — children Tipton and Ivy
- Janie Stach, husband Philip — children Simon and Elliot
- David Norman, wife Brenda — children Emily, Marley, and Paylan
- Steve Norman, wife Dr. Mary Norman — children Brock, Violet, and Wren

EDUCATION

- Graduate of Post High School (1968)
- Baylor University, Bachelor of Business Administration, Finance (1973)
- Texas Tech Judicial College — continuing education, minimum 40 hours per year since 2007
- Fellow of the Academy, Texas Judicial Academy, Texas Tech School of Law

WORK EXPERIENCE

- Trained and managed Higginbotham Bartlett Lumber Co. in Post (1973–1979)
- Actively engaged in farming (1979–2015); continues to support his sons' farming operations and manage family farming, real estate, and investment interests

PUBLIC SERVICE & CIVIC INVOLVEMENT

- Texas State Future Farmer degree (1967); National American Farmer degree (1969)
- Rotary Club member for over 35 years, serving the Post community and Post schools; Rotary President (2019–2021)
- Ordained deacon, First Baptist Church of Post (July 1986); continues on the deacon board and church committees
- FBC Trustee (beginning 2016); Chairman of Trustees (beginning 2019); Chairman, FBC Budget and Finance Committee (2019–2021, 2023–2024)
- Post Chamber of Commerce Director (1975–1977) and President (1976–1977)
- Director, Close City Gin board, for over 20 years
- Former director, Grassland Butane Inc.
- Former Vice President, Old Mill Trade Days
- Garza County Trailblazers — President (2006–2013); director/officer since 2007
- President, Garza County Museum (2007)
- Co-Chair, Garza County and City of Post Centennial Committee
- Chairman, Post Economic Development Corporation (since 2013)

AWARDS RECEIVED

- Giles W. Dalby Correctional Facility Community Supporter Award (2002, 2018 — company-wide)
- Lynn County Absentee Conservation Farmer of the Year (2004)
- Lynn County Conservation Farmer of the Year (2005)
- Post Chamber of Commerce Citizen of the Year (2016)
- Leadership in Government Award, Post Area Chamber of Commerce (2008)
- Spirit of Philanthropy Award, National Philanthropy Day, Community Foundation of West Texas (2016)
- Sam D. Seale Award for Excellence, West Texas Judges and Commissioners Association (2019)
- Giles McCrary Award, Community Recovery Center (2020)

WORKING WITH STATE OFFICIALS

- Senator Robert Duncan Water Advisory Board
- Negotiated original Lake Alan Henry Water District legislation with Senator Duncan, Representative Laney, the County Attorney, and the Lubbock Mayor and City Attorney
- Texas Association of Counties Core Legislative Group, member since 2013
- Supports rural legislative efforts with Senator Perry and Representatives Frullo, Burrows, and Springer, among others
- Initiated the legislative process behind the 2015 constitutional amendment (Proposition 5) raising the population cap to 7,500, allowing counties to hire private contractors for road work at established pay rates — led by Representative Drew Springer and Senator Charles Perry

GARZA COUNTY COMMISSIONER (12 YEARS)

- County road supervisor, Precinct 1 — built and improved the majority of roads under his responsibility
- Supervised FEMA-funded reconstruction of Precinct 1 roads, bringing $180,000 to the precinct
- Judge Pro Tem for 12 years
- Community Center board member for 12 years, including 6 years as chairman
- Helped create and supervise the county's subdivision code-enforcement program, particularly for the Lake Alan Henry area, over 12 years
- Overhauled the Ambulance Committee system to make it self-sustaining
- Worked with the County Emergency Preparedness Coordinator for the Commissioners Court
- Attended regional Mental Health & Mental Retardation meetings for the county
- Member, Select Health Care District Committee — helped bring a doctor to Post through Rural Health Care grants
- Assisted with fire department equipment purchases as needed
- Served on the Law Enforcement Committee for several years; helped negotiate the law enforcement contract with the City of Lubbock for the Lake Alan Henry area
- Chaired the county's Insurance Committee to obtain the best health coverage for employees
- Supervised construction of a storage facility for county records
- Supervised a $230,000 electrical renovation of the county courthouse
- Supervised county/city airport renovations using 90% TxDOT funding

PRISON RESPONSIBILITIES

- Coordinated with the Public Facilities Corporation and Garza County to manage all areas of county-owned property
- Supervised construction of the Giles W. Dalby Correctional Facility's reserve water system
- Met with the Bureau of Prisons for county reports and audits
- Approved monthly revenue and prisoner reports for the county
- Guided the sale of the prison to the State of Texas (ongoing as of April 2025); worked to recreate the facility as a county jail after the BOP contract ended (June 30, 2022) and later as a federal facility after the MTC contract ended (September 30, 2024)
- Led the sale of the Dalby prison to the State of Texas and helped create a Local Government Corporation/foundation to retain the sale proceeds, providing Garza County an ongoing stream of interest income
- Serves ex officio on the Local Government Corporation board overseeing the management firm for the prison funds

- Elected Garza County Judge, 2007
- Oversaw construction of the six-million-dollar Garza County Law Enforcement Center
- Organized four counties to create Eastern Plains Emergency Management
- Received the Leadership in Government Award (2008) from the Post Area Chamber of Commerce
- Earned Fellow of the Academy membership from the Texas Tech School of Law for studies in the Texas Judicial Academy
- Appointed to the nominations committee, Texas Association of Counties West Texas Judges and Commissioners Association (2009)
- South Plains Association of Governments — Board of Directors (since 2007); Executive Board (since 2014); President (2019–2020); 911 Advisory Committee (2007–2011); officer nominations committee (2009–2017); Chairman, grant review committee (2011); Chairman, Rural Planning Organization (2014–2015)
- Developed a steering committee for wind energy in Garza County
- Actively involved in legislative work during sessions, coordinating with West Texas legislators and judges
- Served on the County Judges and Commissioners Association's Resolutions, Conference Site, Nominations, and Scholarship committees
- Trustee, West Texas Centers (since 2013); Finance Committee (since 2015); Board Secretary (2017); Retirement Board Trustee (since 2017); Vice Chair (since 2018)
- Unemployment Board, Texas Association of Counties (2014–2018); President (2017–2018)
- Board member, Association of Rural Communities in Texas (2015–2017)
- Appointed to the Texas Department of Agriculture Finance Authority by Commissioner Sid Miller (2016–present)
- Community Relations Council member, Giles W. Dalby Correctional Facility (2016)
- Board member, Texas Association of Regional Councils (2017–2018)
- Chairman of Trustees, First Baptist Church (since 2019); Chairman, FBC Budget and Finance Committee (2019–2021, 2023–2024)
- Appointed to the Texas Council of Community Centers, representing West Texas Centers (May 2022)

Retired Limestone County Sheriff Dennis D. Wilson is now serving his 51st year in Law Enforcement. His career in Law Enforcement began1975 as a Deputy Sheriff with the Limestone County Sheriff's Office. In November 1999, he served as a Criminal Investigator for the Limestone County/District Attorney Office. On January 1, 2001, he began his 1st elected term as Sheriff of Limestone County, Texas. He retired after serving 5 elected terms, running the last 3 elections unopposed, from the office of Sheriff on December 31, 2020. He continues to serve in Limestone County as a Reserve Deputy Sheriff.

He is a 1973 graduate of Groesbeck High School and also attended Cisco Junior College and Navarro College where he earned an associate degree in education. He graduated from the Heart of Texas Council of Government Police Academy in 1976. He obtained his Texas Commission on Law Enforcement (TCOLE) Master Peace Officer certificate in 1994. He has attended over 4700 hours of continuing education with the TCOLE. He also holds an Instructor's Certificate from TCOLE.

Wilson served as the President of the Sheriffs' Association of Texas (S.A.T.) for the term of 2016-2017. He also served on the Legislative Committee and Jail Advisory Committee for the S.A.T. for over 18 years. In 2013, he was appointed by Governor Rick Perry to serve as a Commissioner on the Board for the Texas Commission on Jail Standards representing the rural Sheriffs of our state. He was proudly reappointed by Governor Greg Abbott and continued to serve this state agency. He has served as Chairman of the Board for a two-year term on the Texas Council of Community Centers Board of Directors and continues to serve as a member on the Texas Council Board of Directors for the past 20 years.

Locally, Wilson served as Chairman of the Board of Directors on the Heart of Texas Behavior Health Network (HOTBHN) for a three-year term and continues to be a Board Member. He has a real passion in helping improve the Behavior Health Care System in Texas by helping develop new methods of delivery of Behavior Health Care services in our great state. He continues to work with the staff at Sam Houston State University/Criminal Management Institute of Texas, the National Institute of Corrections, and other Law Enforcement and Correctional Officer associations, as well as, working with our state and federal legislative elected officials providing assistance in improving the educational/mental health training for all who are involved in our Behavior Healthcare Network.

Over the years, Sheriff Wilson has had the honor of working with many past and present Texas Council Board Members also working on various committees within the Texas Council. He has a clear understanding of the innerworkings, including the role we contribute as Texas Council Board Members. It has been an extreme honor to serve in this capacity and he has a strong desire to continue making contributions to the Texas Council and its membership.

Dennis D. Wilson
Retired Sheriff Limestone County
207 Frost Creek Avenue Groesbeck, Texas 76642
254-747-0130 (cell)
Email: Pappy_ddw1955@yahoo.com

Honorable Accolades:
2002 – Present Texas Council Board Member
2004 S.A.T. Texas Alcohol Beverage Commission Bert Ford Award
2009 Groesbeck Chamber of Commerce Citizen of the Year
2023 – 2026 Board Chairman of HOTBHN
Past Chairman of Texas Council serving a two-year term
Past president of Groesbeck Lions Club
2016 – Present Centex Citizens Credit Union Board Member
Past Master of Groesbeck Lodge #354
Golden Trowel award December 15, 2014
2019 District Deputy Grand Master, Masonic District 22 for the Grand Lodge of Texas

Texas Council
Risk Management Fund

Board of Trustees
2026 Election
Biographical Summaries of Candidates

Edreauanna Fowler

Fowler received a Bachelor of Arts in Human Relations from The University of Oklahoma, and she earned her Master of Education in Administration from Lamar University. She began her career in education in 2011 as a tutor and facilitator for Project ReDirect in Port Arthur ISD. She later served as a chemistry teacher for Port Arthur ISD from 2012-14.

Currently, Fowler is a fifth-grade science teacher at Lakeview Elementary School in Port Arthur. During her time in this role, she was named Rookie Teacher of the Year in 2017 and Teacher of the Year in 2018. She has also served as the chair for the Lakeview Elementary School science fair since 2015 and is a member of the Science Teacher Association of Texas.

Fowler attends Antioch Missionary Baptist Church, where she has served in several roles, [illegible]th Sunday school superintendent and on the Scholarship Committee Board.

on the Spindletop Center Board of Trustees for over 35 years.

In January of 2021, the Jefferson County Commissioners Court appointed Edreauanna Fowler to the Spindletop Center Board of Trustees. She took the seat left vacant after her mother, Gladdie Fowler, who passed away on Dec. of 2020. Gladdie had represented Jefferson County

Texas Council
Risk Management Fund

Board of Trustees
2026 Election
Biographical Summaries of Candidates

Bob Brown

Bob Brown has practiced law in Tarrant county for over 35 years. His firm's mission is to provide effective quality legal advice and representation for individuals, business owners, and local companies at reasonable fees.

Bob is a native Texas who grew up in the Texas Panhandle. He served with distinction for five years in the U.S. Army after graduating from the U.S. Military Academy at West Point. Following his Army service, he graduated from the School of Law at the University of Texas.

Bob is long-time Board member of MHMR Tarrant County. Bob is passionate about the Centers' mission and the clients they serve. Bob has also served as a Board member for the Texas Council Community Centers for several years. Bob has served as a Trustee on the Texas Council Risk Management Fund Board since 2022.

Agenda Item: Personnel Report for August 2026 **Committee:** Executive	**Board Meeting Date:** September 24, 2026
Background Information: None	
Supporting Documentation: Personnel Report for August 2026	
Recommended Action: **For Information Only**	

Personnel Report

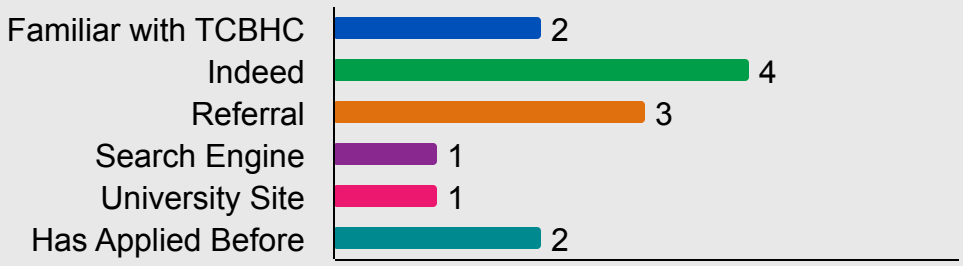
FY26 | August 2026

Overview

New Hires (August)	13	Total Budgeted Positions	402
New Hires (YTD)	119	Newly Created Positions	0
Separations (August)	17	Vacant Positions	59
Separations (YTD)	132		

Recruiting

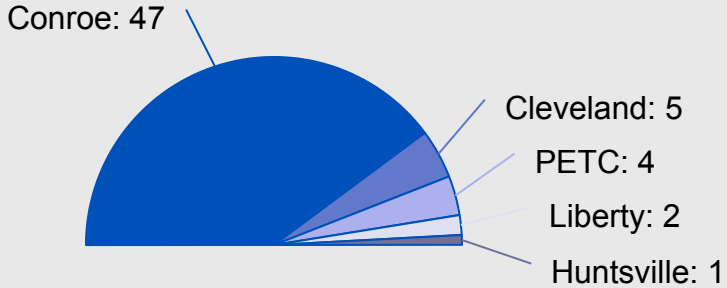
How did August new hires hear about TCBHC?



August Applicants	206
YTD Applicants	2,323

Current Openings

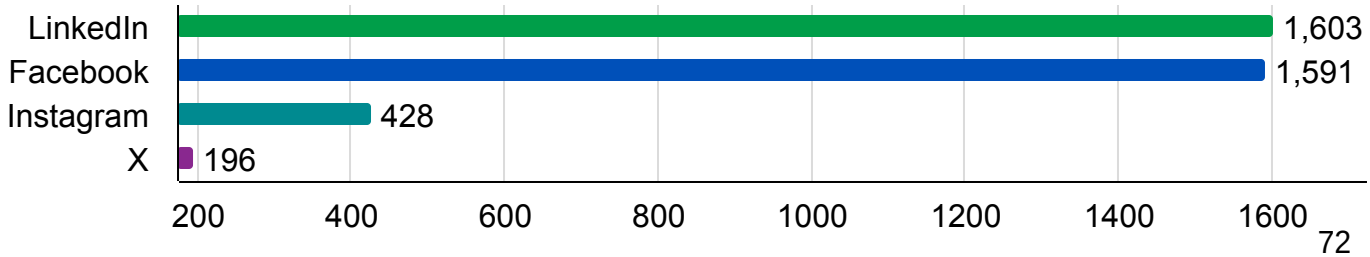
Vacancies by Location



Vacancies by Position

MH Specialist/Case Manager	28
Direct Care Provider	6
Licensed Clinician	4
Financial Specialist	3
Peer Provider	2
Other	16

Social Media Followers



Exit Data

FY26 | August 2026

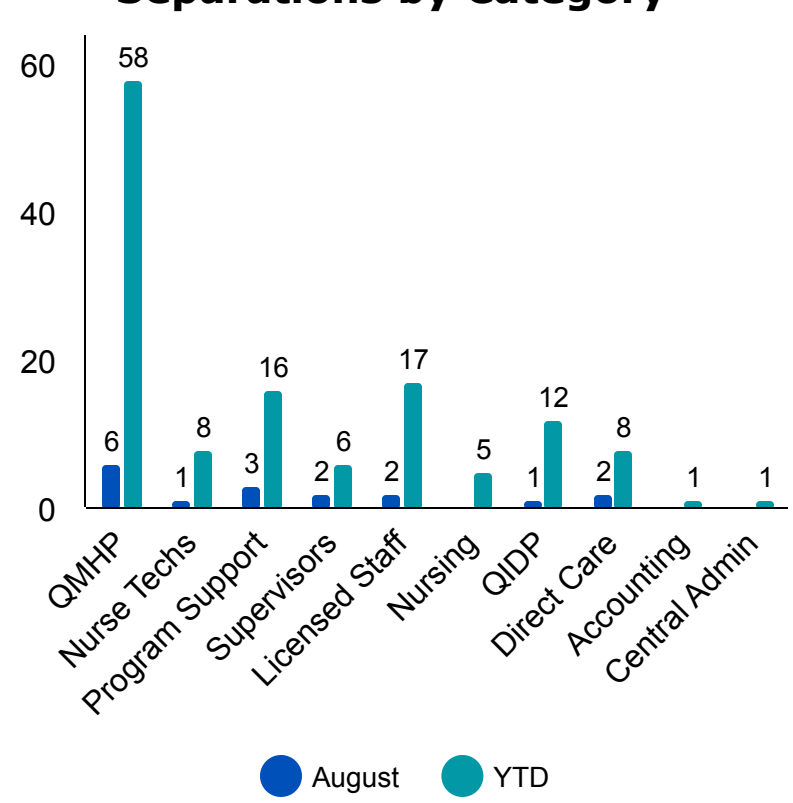
Exit Stats at a Glance

August Voluntary Separations	15
August Involuntary Separations	
August Reduction in Force (RIF)	2
August Neutral Separations	0

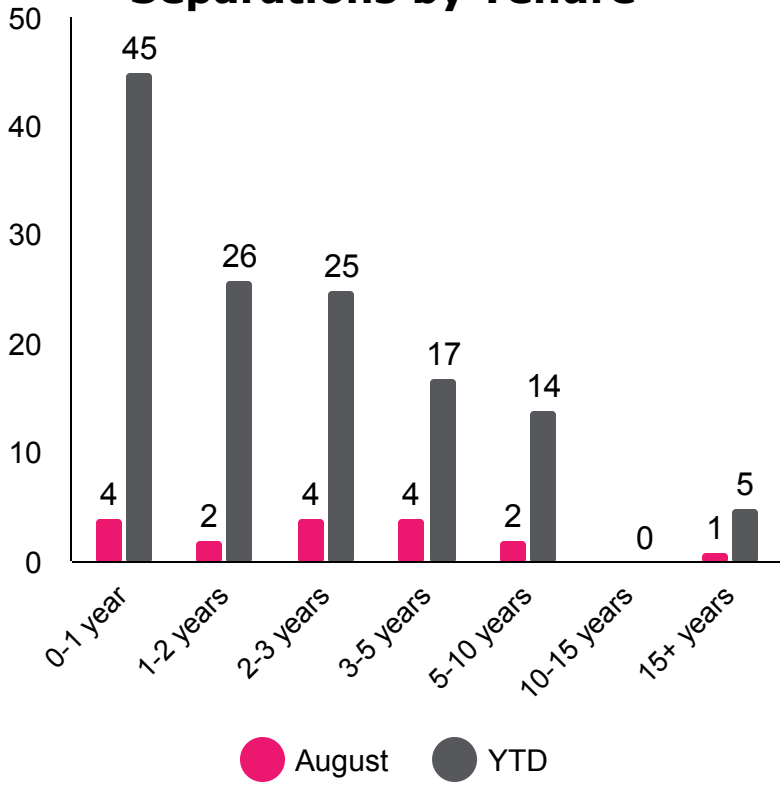
YTD Turnover

38%

Separations by Category



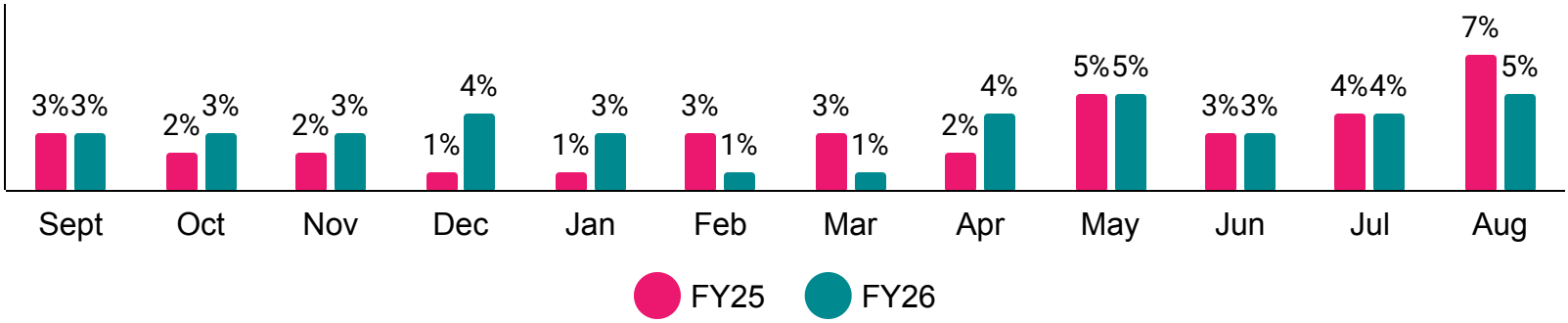
Separations by Tenure



Top Reasons for Separations

Another job | Personal/Family | Policy violation | Reduction in workforce | Better Pay

Turnover Rate by Month

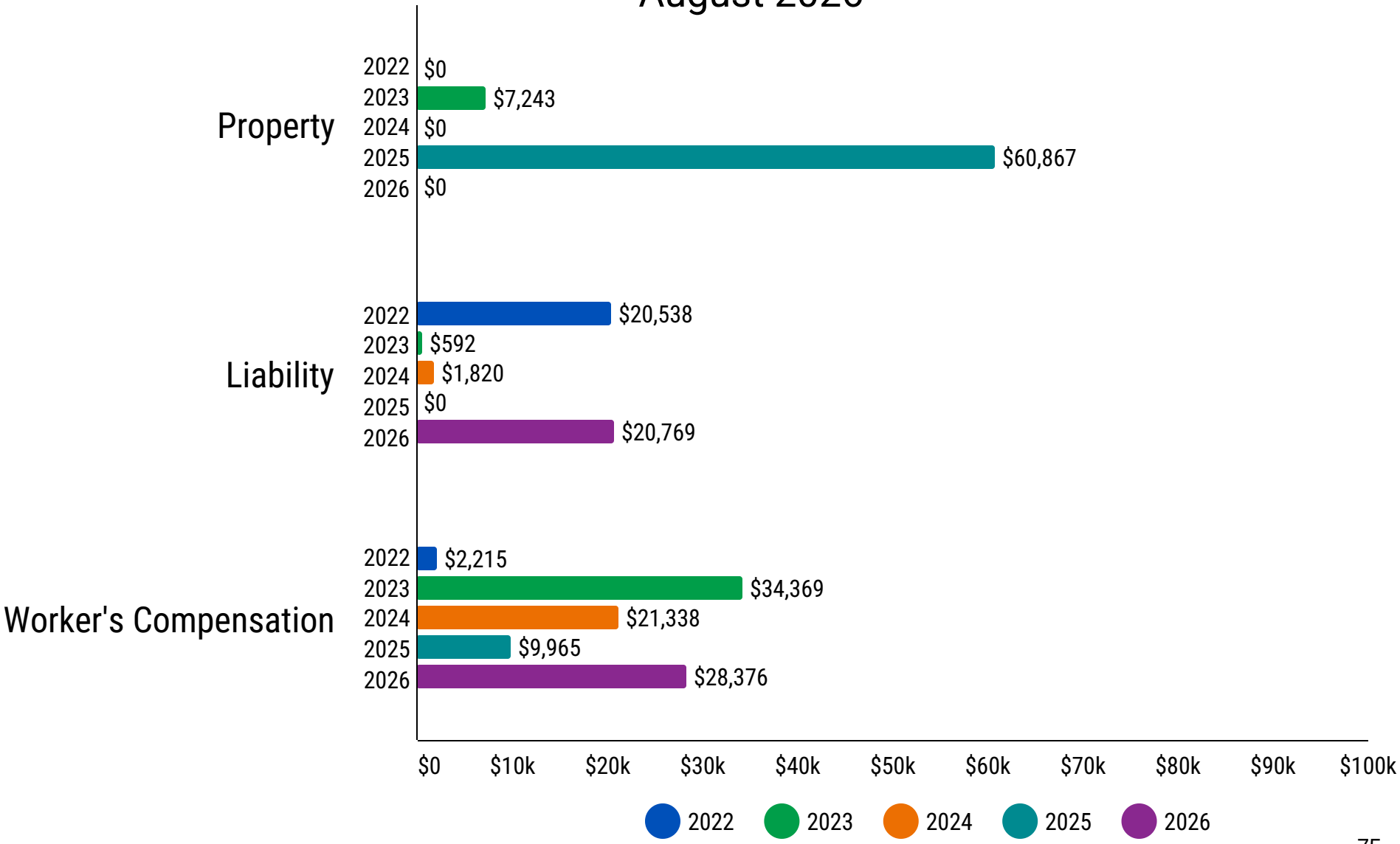


Agenda Item: Texas Council Risk Management Fund Claims Summary as of August 2026 **Committee:** Executive	**Board Meeting Date:** September 24, 2026
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of August 2026	
Recommended Action: **For Information Only**	

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

Texas Council Risk Management Fund Claims Summary

August 2026



Agenda Item: Board of Trustees Reappointments and Oaths of Office **Committee:** Executive	**Board Meeting Date** September 24, 2026

Background Information:

Listed below are the Board members who were reappointed by the Commissioner's Court of their respective counties for an additional two-year term expiring August 31, 2028.

Reappointments:

- Patti Atkins, Liberty County
- Carl Williamson, Liberty County
- Richard Duren, Montgomery County
- Tim Cannon, Montgomery County

Oaths of Office will be recited at the Board meeting.

Supporting Documentation:

Oath of Office Recitation

Liberty County Trustee – Copy of Minutes from Liberty County Commissioner's Court Meeting dated July 14, 2026.

Montgomery County Trustee – Copy of Minutes from Montgomery County Commissioner's Court Meeting dated June 11, 2026.

Recommended Action:

Recite Oaths of Office

Chair

ADMINISTERING THE OATH OF OFFICE

Please raise your right hand and repeat after me…

I, STATE YOUR NAME,

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

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

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

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

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

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

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

so help me God.

LIBERTY COUNTY COMMISSIONERS COURT

THE ATTACHED MINUTES, had at a REGULAR SESSION meeting of the Commissioners Court of Liberty County, on Tuesday, JULY 14, 2026, at 9:00 A.M., having been read by the Court, and with the following requested changes:

NONE REQUESTED

are hereby approved on this the 28th day of JULY, 2026.

Signed by:

JAY KNIGHT
COUNTY JUDGE

Attested by:

LEE HAIDUSEK CHAMBERS
LIBERTY COUNTY CLERK

COMMISSIONERS COURT
LIBERTY COUNTY, TEXAS

A hearing was opened to the public at 9:44 A.M., to allow public comment regarding the creation of a Public Improvement District, or PID, for Sterling Traditions Development Co., LLC, and Sterling Traditions Land, L.P., to make improvements to the property located near Dayton in Liberty County, Texas. There were no requests to address the Court by the public. The public hearing was closed at 9:45 A.M.

9. **REGULAR AGENDA:**

1. COUNTY JUDGE JAY KNIGHT

INFORMATION ITEM : REPORT FROM LIBERTY COUNTY SHERIFF, BOBBY RADER, ON THE CONTINUING REPAIRS ON THE LIBERTY COUNTY JAIL

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

2. COUNTY JUDGE JAY KNIGHT

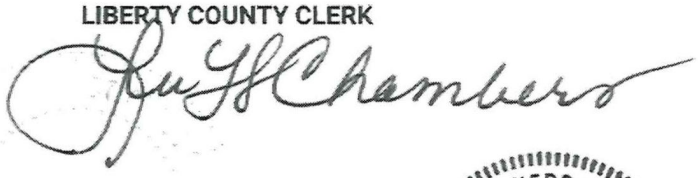
CONSIDER AND APPROVE THE RE-APPOINTMENT OF PATTI ATKINS AND CARL WILLIAMSON TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TERM OF TWO (2) YEARS. PATTI ATKINS WAS APPOINTED TO THE BOARD IN FEBRUARY 2010 AND ELECTED TO SERVE AS THE BOARD CHAIR IN JANUARY 2016. REVEREND CARL WILLIAMSON WAS APPOINTED TO THE BOARD IN JANUARY 2023.

Attachments
1. item 9.2 tricty appointments

MOTION TO APPROVE THE RE-APPOINTMENT OF PATTI ATKINS AND CARL WILLIAMSON TO THE TRI-COUNTY BEHAVIORAL HEALTHCARE BOARD OF TRUSTEES FOR A TERM OF TWO (2) YEARS.
MOTION BY: Bruce Karbowski
SECONDED BY: David Whitmire
VOTED AYE: Bruce Karbowski, David Whitmire, Gerald Kolarik, Greg Arthur
VOTED NO: None
ABSTAINED FROM VOTE: Jay Knight
ABSENT FOR VOTE: None
THE MOTION PASSED.

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

LEE HAIDUSEK CHAMBERS
LIBERTY COUNTY CLERK



#5 9A1

JUN 25 2026

ORIGINAL

COMMISSIONERS COURT DOCKET
JUNE 11, 2026
REGULAR SESSION

THE STATE OF TEXAS

COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this the 11th day of June, 2026, the Honorable Commissioners Court of Montgomery County, Texas, was duly convened in a Regular Session in the Commissioners Courtroom of the Alan B. Sadler Commissioners Court Building, 501 North Thompson, Conroe, Texas, with the following members of the Court present:

County Judge	Mark Keough
Commissioner, Precinct 1	Robert Walker
Commissioner, Precinct 2	Charlie Riley
Commissioner, Precinct 3	M. Ritchey Wheeler
Commissioner, Precinct 4	Matt Gray
County Clerk	Trent Williams, Chief Deputy Clerk

INVOCATION GIVEN BY David Horton Lead Pastor of Faith United Methodist Church.

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

THE PLEDGE OF ALLEGIANCE TO THE TEXAS STATE FLAG RECITED.

1. COMMISSIONERS COURT AGENDA APPROVED.

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

CITIZENS – AGENDA ITEM 7

No citizen comments.

PROCLAMATIONS/RESOLUTIONS/PRESENTATIONS

2. PROCLAMATION APPROVED – HONORING JILL BOUILLON'S RETIREMENT

Motion by Commissioner Wheeler, seconded by Commissioner Riley to approve Proclamation honoring Jill Bouillon on her retirement from the Bayou Land Conservancy. Motion carried unanimously.

Precinct 4
20664 McGager Dr., New Caney, Texas 77357

Estimated total cost: $6,800
Funded by: CDBG

J2. REQUEST APPROVED for the Order Assessing Cost of Abating Nuisance and Notice of Lien to be filed in Real Property Records to recover cost to the County for demolition for abate nuisance:

3811 Appian Way, New Caney, Texas 77357

COUNTY JUDGE – AGENDA ITEMS 9K1-5

K1. ANNUAL REPORT ACCEPTED of financial report for Montgomery County Emergency Services District No. 4 (ESD4) for the fiscal year ending September 30, 2025.

K2. ANNUAL REPORT ACCEPTED financial report for Montgomery County Emergency Services District No. 3 (ESD3) for the fiscal year ending December 31, 2025.

K3. 30-DAY EXTENSION APPROVED for MCESD 7 related to their annual financial audit.

K4. APPOINTMENT APPROVED of Elizabeth Moya as Housing Commissioner for the Montgomery County Housing Authority.

K5. REAPPOINTMENT APPROVED of Tim Cannon and Dr. Richard Duren to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term ending August 31, 2028.

JUSTICE OF THE PEACE PRECINCT 1 – AGENDA ITEM 9L1

L1. MONTHLY COLLECTIONS REPORT ACCEPTED for May 2026.

JUSTICE OF THE PEACE PRECINCT 2 – AGENDA ITEM 9M1

M1. MONTHLY COLLECTIONS REPORT ACCEPTED for May 2026.

JUSTICE OF THE PEACE PRECINCT 3 – AGENDA ITEM 9N1

N1. MONTHLY COLLECTIONS REPORT ACCEPTED for April 2026.

JUSTICE OF THE PEACE PRECINCT 4 – AGENDA ITEM 9O1

MISCELLANEOUS – AGENDA ITEM 20 – No items listed.

25. COURT ADJOURNS

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

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

ATTEST:

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

BY: _____ _____
COUNTY CLERK COUNTY JUDGE

COMMISSIONER'S COURT
STATE OF TEXAS
MONTGOMERY COUNTY

Agenda Item: Board of Trustees Committee Appointments **Committee:** Executive	**Board Meeting Date** September 24, 2026

Background Information:

Patti Atkins, Chair of the Board, will appoint committee members and their respective chairs at the Board meeting.

Supporting Documentation:

None

Recommended Action:

For Information Only

Agenda Item: Board of Trustees Attendance Analysis for FY 2026 Regular and Special Called Board Meetings **Committee:** Executive	**Board Meeting Date** September 24, 2026
Background Information: None	
Supporting Documentation: Board of Trustees Attendance Analysis for FY 2026	
Recommended Action: **For Information Only**	

Board of Trustees Attendance Analysis | FY 2026

Board Member	Regular Meetings	Attendance Percentage for Regular Meetings	Special Called Meetings	Attendance Percentage for Special Called Meetings	Total Attendance
Patti Atkins	8/10	80%	-	-	80%
Tracy Sorensen	1/10	10%	-	-	10%
Sharon Walker	8/10	80%	-	-	80%
Richard Duren	10/10	100%	-	-	100%
Morris Johnson	4/10	40%	-	-	40%
Gail Page	9/10	90%	-	-	90%
Jacob Paschal	1/10	10%	-	-	10%
Carl Williamson	7/10	70%	-	-	70%
Tim Cannon	8/10	80%	-	-	80%

Summary of Attendance	**2024**	**2025**	**2026**
Total Regular Meetings Held:	9	10	10
Average Attendance:	80%	63%	56%
Total Special Called Meetings Held:	1	n/a	n/a
Average Attendance:	89%	n/a	n/a
Total Number of Meetings Held:	10	10	10
Average Attendance:	85%	63%	56%
Average Number of Members Present:	7.61	7.0	6.22

NOTE: ALL ABSENCES LISTED ABOVE WERE EXCUSED.

Agenda Item: Approve FY 2027 Dues Commitment and Payment Schedule for the Texas Council **Committee:** Business	**Board Meeting Date** September 24, 2026

Background Information:

The Texas Council of Community Centers serves as the trade organization for the 39 Texas Community Centers. The Council is supported by dues from member centers which are based on the size of the budget of the Center.

The Texas Council Operating Budget for FY 2027 was approved at the Texas Council Board meeting on August 14, 2026.

Total dues for Tri-County in FY 2027 were decreased by $1,556 from $49,064 to $47,508. The Center will pay this fee in one installment.

Supporting Documentation:

Cover Memorandum from Lee Johnson, CEO

FY 2027 Dues Commitment and Payment Schedule

Recommended Action:

Approve FY 2027 Dues Commitment and Payment Schedule for the Texas Council

Texas Council
of Community Centers

MEMO
August 25, 2026

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

FROM: Lee Johnson
Chief Executive Officer

SUBJECT: FY 2027 Commitment of Dues for
Texas Council of Community Centers

Please find attached the FY 2027 (September 1, 2026 – August 31, 2027) Commitment of Dues Payment Form. This form establishes the basis for payment of your dues. Please note on the form that you can choose a payment schedule that meets your needs.

The dues assessment reflects the budget as approved by the Texas Council Board of Directors at the August 14, 2026 annual board meeting. To assist with local discussions, we include the following information:

- Budget Overview
- FY 2027 Budget (with side-by-side comparison to FY 2026)
- FY 2027 Dues Comparison to FY 2026 Dues
- FY 2027 Commitment of Dues Payment Form

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

cc: Texas Council Board Delegate

8140 North Mopac Expressway, Westpark Building 3, Suite 225, Austin, Texas 78759
Tel. 512.794.9268 Fax: 512.794.8280 Web: www.txcouncil.com

FY 2027 Commitment of Dues Payment for
Texas Council of Community Centers

CENTER: Tri-County Behavioral Healthcare

The dues for FY 2027 have been calculated as follows:

Total Dues $49,592.00
LESS: Credit for Texas Council Risk Management Fund Members... ($2,083.00)

Net Dues $47,508.00

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

	Monthly	Quarterly	Lump Sum
September 2026	_____	_____	$ 47,508.00
October	_____		
November	_____		
December	_____	_____	
January 2027	_____		
February	_____		
March	_____	_____	
April	_____		
May	_____		
June	_____	_____	
July	_____		
August	_____		
TOTALS	**$**_____	**$**_____	**$** 47,508.00

Invoice for each payment required? _____Yes _____No

We appreciate your prompt and timely payment!

APPROVED:

_____Date: _____
(Authorized Signature)

Agenda Item: Review August 2026 Preliminary Financial Statements **Committee:** Business	**Board Meeting Date** September 24, 2026
Background Information: None	
Supporting Documentation: August 2026 Preliminary Financial Statements	
Recommended Action: **For Information Only**	

August 2026 Preliminary Financial Summary

Revenues for August 2026 were $2,195,001 and operating expenses were $2,928,879 resulting in a loss in operations of $733,878. Capital Expenditures and Extraordinary Expenses for August were $203,336 resulting in a loss of $937,214. Total revenues were 127.63% of the monthly budgeted revenues and total expenses were 83.21% of the monthly budgeted expenses (difference of 44.42%).

Year to date (YTD) revenues are $38,894,949 and operating expenses are $38,623,453 leaving excess operating revenues of $271,496. YTD Capital Expenditures and Extraordinary Expenses are $2,105,057 resulting in a loss YTD of $1,833,560. Total revenues are 99.96% of the YTD budgeted revenues and total expenses are 99.96% of the YTD budgeted expenses (difference of 0.00%).

REVENUES

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

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
Title XIX Rehab	$1,546,086	$1,561,488	99.01%	$15,403
HHSC – Private Bed Days	$3,730,079	$3,780,599	98.66%	$50,520
HHSC – Autism Program	$185,666	$195,765	94.84%	$10,099
HHSC – Multisystemic Therapy	$608,258	$619,050	98.26%	$10,791
HHSC – Youth Crisis Outreach Team	$785,777	$811,000	96.89%	$25,223

Title XIX Rehab - The rehab revenue continues to be volatile. In the year end-revision we had adjusted down for August revenue to the current year average and we came in under that figure. FY 2026 had a monthly average of $128,840 compared to the monthly average for FY 2025 of $151,132. The annual amount for FY 2025 for this line finished at $1,813,586.

HHSC – Private Bed Days, HHSC – Autism Program, HHSC – Multisystemic Therapy and HHSC – Youth Crisis Outreach Team - These four lines are all cost reimbursement programs, where we did not incur the expenses and therefore, we are coming in under the current approved budget for FY 2026 on the revenue side. We are also under budget on the expense side for these programs.

EXPENSES

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

Expense Source	YTD Expenses	YTD Budget	% of Budget	$ Variance
Contract – Non – Clinical	$1,187,033	$1,166,262	101.78%	$20,771
Contract - Crisis Respite	$308,426	$291,508	105.80%	$16,918
Fixed Assets – Construction in Progress	$221,832	$168,911	131.33%	$52,922
Travel – Local	$385,184	$369,128	104.35%	$16,056

Contract – Non-Clinical - This line item came in over my year end estimate due to two items that affected my year end estimate. We have one contractor that did not invoice us for the charges incurred in June and July that were all billed in August, and didn't get factored into the estimated year end budget. And the other item is we changed the schedules of Peace Officers at the PETC starting 9-1-2026, and we received reimbursement requests much earlier than normal to close out the old scheduling through August.

Contract – Crisis Respite – This line item reflects funding used to provide Intellectual and Developmental Disability (IDD) Crisis Respite services. IDD Crisis Respite is contracted through two community Home and Community-Based Services (HCS) providers that provide temporary care for individuals experiencing a crisis. Crisis Respite is generally utilized when an individual with IDD is unable to remain in their current living environment for a variety of reasons. This year, the need has most commonly been associated with behavioral challenges within the individual's home environment. The timing and duration of Crisis Respite placements can be difficult to predict, as the Center often has limited control over when an individual can transition to a more permanent or appropriate living arrangement. As a result, expenditures in this budget line can vary and are difficult to project accurately.

Fixed Assets – Construction in Progress - This line item has invoices that were not covered in the construction process of the Cleveland building. For this month we have the remaining portion of the Punch List that is to be reimbursed by the Bond Insurance company and we didn't include in the budget revisions since we didn't have a completion date determined.

Travel Local - This line item continues to have large swings. Some of this is due to mileage logs being returned for further review and corrections and then resubmitted at year end. And then there are staff that hold mileage logs and turn in multiple months at the end of the fiscal year which is not recommended. August was the highest month of the year, and since this is a preliminary August financial we are doing further review to ensure validity and accuracy of mileage paid.

TRI-COUNTY BEHAVIORAL HEALTHCARE
GENERAL FUND BALANCE SHEET
For the Month Ended August 2026
PRELIMINARY

ASSETS	GENERAL FUND August 2026	GENERAL FUND July 2026	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	1,900	2,000	(100)
Cash on Deposit - General Fund	3,751,090	5,598,377	(1,847,287)
Accounts Receivable	3,161,533	3,427,507	(265,974)
Inventory	249	332	(83)
TOTAL CURRENT ASSETS	6,914,772	9,028,215	(2,113,444)
FIXED ASSETS	22,469,928	22,469,928	-
OTHER ASSETS	251,576	272,617	(21,041)
TOTAL ASSETS	**29,636,275**	**31,770,760**	**(2,134,485)**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,083,491	1,171,597	(88,106)
NOTES PAYABLE	839,402	839,402	-
DEFERRED REVENUE	1,813,336	2,928,667	(1,115,332)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	8,029,454	8,074,613	(45,158)
Guaranty Bank & Trust Loan	1,514,801	1,521,178	(6,377)
First Financial Huntsville Land Loan	713,711	716,891	(3,180)
Lease Liability	148,006	148,006	-
SBITA Liability	608,536	608,536	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(1,833,560)	(896,347)	(937,214)
Debt Service Fund	-	-	-
Capital Projects Fund	-	-	-
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,014,508)	(11,069,224)	54,715
Reserved for Debt Retirement	-	-	-
COMMITTED			
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	2,303,068	2,303,068	-
Reserved for Board Initiatives	500,000	500,000	-
Reserved for 1115 Waiver Programs	-	-	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	74,000	67,833	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(839,402)	(839,402)	-
UNASSIGNED			
Unrestricted and Undesignated	2,237,892	2,237,892	
TOTAL LIABILITIES/FUND BALANCE	**29,636,275**	**31,770,760**	**(2,134,485)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended August 2026
PRELIMINARY

ASSETS	General Operating Fund	Debt Service Fund	Capital Projects Fund	Government Wide 2026	Memorandum Only Final August 2025
CURRENT ASSETS					
Imprest Cash Funds	1,900	-	-	1,900	2,550
Cash on Deposit - General Fund	3,751,090	-	-	3,751,090	5,587,676
Bond Reserve 2024	-	802,969	-	802,969	-
Bond Fund 2024	-	451,707	-	451,707	-
Bank of New York - Capital Project Fund	-	-	903,180	903,180	-
Accounts Receivable	3,161,533	-	-	3,161,533	3,700,331
Inventory	249	-	-	249	511
TOTAL CURRENT ASSETS	6,914,772	1,254,676	903,180	9,072,627	9,291,068
FIXED ASSETS	22,469,928	-	-	22,469,928	22,469,928
OTHER ASSETS	251,576	-	-	251,576	113,193
Bond 2024 - Amount to retire bond	-	-	11,535,925	11,535,925	-
Bond Discount 2024	-	-	371,272	371,272	-
Total Assets	**29,636,275**	**1,254,676**	**12,810,377**	**43,701,328**	**31,874,189**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES					
CURRENT LIABILITIES	1,083,491	-	-	1,083,491	1,782,090
BOND LIABILITIES	-	-	11,907,197	11,907,197	(241,960)
NOTES PAYABLE	839,402	-	-	839,402	839,402
DEFERRED REVENUE	1,813,336	-	-	1,813,336	1,638,119
LONG-TERM LIABILITIES FOR					
First Financial Conroe Building Loan	8,029,454	-	-	8,029,454	8,583,527
Guaranty Bank & Trust Loan	1,514,801	-	-	1,514,801	1,589,716
First Financial Huntsville Land Loan	713,711	-	-	713,711	749,611
Lease Liability	148,006	-	-	148,006	148,006
SBITA Liability	608,536	-	-	608,536	608,536
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR					
General Fund	(1,833,560)	-	-	(1,833,560)	(1,449,697)
Debt Service Fund	-	-	-	-	-
Capital Projects Fund	-	-	-	-	-
FUND EQUITY					
RESTRICTED					
Net Assets Reserved for Debt Service - Restricted	(11,014,508)	-	-	(11,014,508)	(11,679,396)
Cleveland New Build - Bond	-	1,254,676	903,180	2,157,856	-
Reserved for Debt Retirement					
COMMITTED					
Net Assets - Property and Equipment - Committed	22,469,928	-	-	22,469,928	22,469,928
Reserved for Vehicles & Equipment Replacement	613,712	-	-	613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,303,068	-	-	2,303,068	2,500,000
Reserved for Board Initiatives	500,000	-	-	500,000	500,000
Reserved for 1115 Waiver Programs	-	-	-	-	-
ASSIGNED					
Reserved for Workers' Compensation - Assigned	274,409	-	-	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	74,000	-	-	74,000	-
Reserved for Insurance Deductibles - Assigned	100,000	-	-	100,000	100,000
Reserved for Accrued Paid Time Off	(839,402)	-	-	(839,402)	(839,402)
UNASSIGNED					
Unrestricted and Undesignated	2,237,892	-	-	2,237,892	3,687,589
TOTAL LIABILITIES/FUND BALANCE	**29,636,275**	**1,254,676**	**12,810,377**	**43,701,328**	**31,874,189**

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

INCOME:	**MONTH OF August 2026**	**YTD August 2026**
Local Revenue Sources	(367,803)	1,354,453
Earned Income	1,097,063	15,903,388
General Revenue - Contract	1,465,740	21,637,108
TOTAL INCOME	**2,195,001**	**38,894,949**
EXPENSES:		
Salaries	1,678,550	22,822,314
Employee Benefits	282,352	4,339,205
Medication Expense	36,026	482,167
Travel - Board/Staff	48,047	431,905
Building Rent/Maintenance	62,048	402,069
Consultants/Contracts	570,885	6,724,298
Other Operating Expenses	250,970	3,421,495
TOTAL EXPENSES	**2,928,879**	**38,623,453**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**(733,878)**	**271,496**
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	62,068	339,488
Capital Outlay - Debt Service	141,267	1,765,569
TOTAL CAPITAL EXPENDITURES	**203,336**	**2,105,057**
GRAND TOTAL EXPENDITURES	**3,132,214**	**40,728,509**
Excess (Deficiency) of Revenues and Expenses	**(937,214)**	**(1,833,560)**

Debt Service and Fixed Asset Fund:		
Debt Service	141,267	1,765,569
Excess (Deficiency) of Revenues over Expenses	**141,267**	**1,765,569**

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

	YTD August 2026	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,354,453	1,281,001	73,451
Earned Income	15,903,388	15,958,288	(54,899)
General Revenue	21,637,108	21,673,047	(35,939)
TOTAL INCOME	**38,894,949**	**38,912,336**	**(17,387)**
EXPENSES:			
Salaries	22,822,314	22,909,761	(87,448)
Employee Benefits	4,339,205	4,352,985	(13,780)
Medication Expense	482,167	486,793	(4,626)
Travel - Board/Staff	431,905	415,558	16,347
Building Rent/Maintenance	402,069	399,225	2,844
Consultants/Contracts	6,724,298	6,733,783	(9,485)
Other Operating Expenses	3,421,495	3,412,392	9,103
TOTAL EXPENSES	**38,623,453**	**38,710,498**	**(87,045)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**271,496**	**201,838**	**69,658**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	339,488	277,420	62,068
Capital Outlay - Debt Service	1,765,569	1,756,819	8,750
TOTAL CAPITAL EXPENDITURES	**2,105,057**	**2,034,238**	**70,818**
GRAND TOTAL EXPENDITURES	**40,728,509**	**40,744,736**	**(16,227)**
Excess (Deficiency) of Revenues and Expenses	**(1,833,560)**	**(1,832,400)**	**(1,160)**
Debt Service and Fixed Asset Fund:			
Debt Service	1,765,569	1,756,819	**8,750**
Excess(Deficiency) of Revenues over Expenses	**1,765,569**	**1,756,819**	**8,750**

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

INCOME:	MONTH OF August 2026	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	(367,803)	(262,491)	(105,312)
Earned Income	1,097,063	531,291	565,772
General Revenue-Contract	1,465,740	1,450,960	14,780
TOTAL INCOME	**2,195,001**	**1,719,761**	**475,240**
EXPENSES:			
Salaries	1,678,550	2,241,392	(562,841)
Employee Benefits	282,352	123,223	159,128
Medication Expense	36,026	73,640	(37,613)
Travel - Board/Staff	48,047	60,006	(11,959)
Building Rent/Maintenance	62,048	130,978	(68,930)
Consultants/Contracts	570,885	592,993	(22,109)
Other Operating Expenses	250,970	356,251	(105,281)
TOTAL EXPENSES	**2,928,879**	**3,578,483**	**(649,605)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**(733,878)**	**(1,858,722)**	**1,124,844**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	62,068	37,395	24,673
Capital Outlay - Debt Service	141,267	148,384	(7,117)
TOTAL CAPITAL EXPENDITURES	**203,336**	**185,780**	**17,556**
GRAND TOTAL EXPENDITURES	**3,132,214**	**3,764,263**	**(632,048)**
Excess (Deficiency) of Revenues and Expenses	**(937,214)**	**(2,044,502)**	**1,107,288**

Debt Service and Fixed Asset Fund:			
Debt Service	141,267	148,384	(7,117)
Excess (Deficiency) of Revenues over Expenses	**141,267**	**148,384**	**(7,117)**

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

INCOME:	**YTD August 2026**	**YTD August 2025**	**Increase (Decrease)**
Local Revenue Sources	1,354,453	2,042,782	(688,329)
Earned Income	15,903,388	21,006,486	(5,103,098)
General Revenue-Contract	21,637,108	20,967,024	670,084
TOTAL INCOME	**38,894,949**	**$ 44,016,292**	**(5,121,343)**
EXPENSES:			
Salaries	22,822,314	25,615,786	(2,793,472)
Employee Benefits	4,339,205	4,596,525	(257,320)
Medication Expense	482,167	523,203	(41,036)
Travel - Board/Staff	431,905	485,456	(53,551)
Building Rent/Maintenance	402,069	409,500	(7,431)
Consultants/Contracts	6,724,298	7,448,412	(724,114)
Other Operating Expenses	3,421,495	3,261,472	160,023
TOTAL EXPENSES	**38,623,453**	**$ 42,340,354**	**(3,716,901)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**271,496**	**$ 1,675,938**	**(1,404,442)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	339,488	797,567	(458,079)
Capital Outlay - Debt Service	1,765,569	1,545,223	220,346
TOTAL CAPITAL EXPENDITURES	**2,105,057**	**$ 2,342,790**	**(237,733)**
GRAND TOTAL EXPENDITURES	**40,728,509**	**$ 44,683,144**	**(3,954,635)**
Excess (Deficiency) of Revenues and Expenses	**(1,833,560)**	**$ (666,852)**	**(1,166,708)**

Debt Service and Fixed Asset Fund:			
Debt Service	1,765,569	1,545,223	220,346
Excess (Deficiency) of Revenues over Expenses	**1,765,569**	**1,545,223**	**220,346**

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

INCOME:	**MONTH OF August 2026**	**MONTH OF August 2025**	**Increase (Decrease)**
Local Revenue Sources	(367,803)	27,046	(394,849)
Earned Income	1,097,063	1,460,547	(363,484)
General Revenue-Contract	1,465,740	2,046,146	(580,406)
TOTAL INCOME	**2,195,001**	**$ 3,533,739**	**(1,338,738)**
Salaries	1,678,550	2,305,659	(627,109)
Employee Benefits	282,352	250,281	32,071
Medication Expense	36,026	36,360	(334)
Travel - Board/Staff	48,047	45,916	2,131
Building Rent/Maintenance	62,048	15,954	46,094
Consultants/Contracts	570,885	709,214	(138,329)
Other Operating Expenses	250,970	260,439	(9,469)
TOTAL EXPENSES	**2,928,879**	**$ 3,623,823**	**(694,944)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**(733,878)**	**$ (90,084)**	**(643,794)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	62,068	80,572	(18,504)
Capital Outlay - Debt Service	141,267	128,539	12,728
TOTAL CAPITAL EXPENDITURES	**203,336**	**$ 209,111**	**(5,775)**
GRAND TOTAL EXPENDITURES	**3,132,214**	**$ 3,832,934**	**(700,720)**
Excess (Deficiency) of Revenues and Expenses	**(937,214)**	**$ (299,195)**	**(638,019)**

Debt Service and Fixed Asset Fund:			
Debt Service	141,267	128,539	12,728
Excess (Deficiency) of Revenues over Expenses	**141,267**	**128,539**	**12,728**

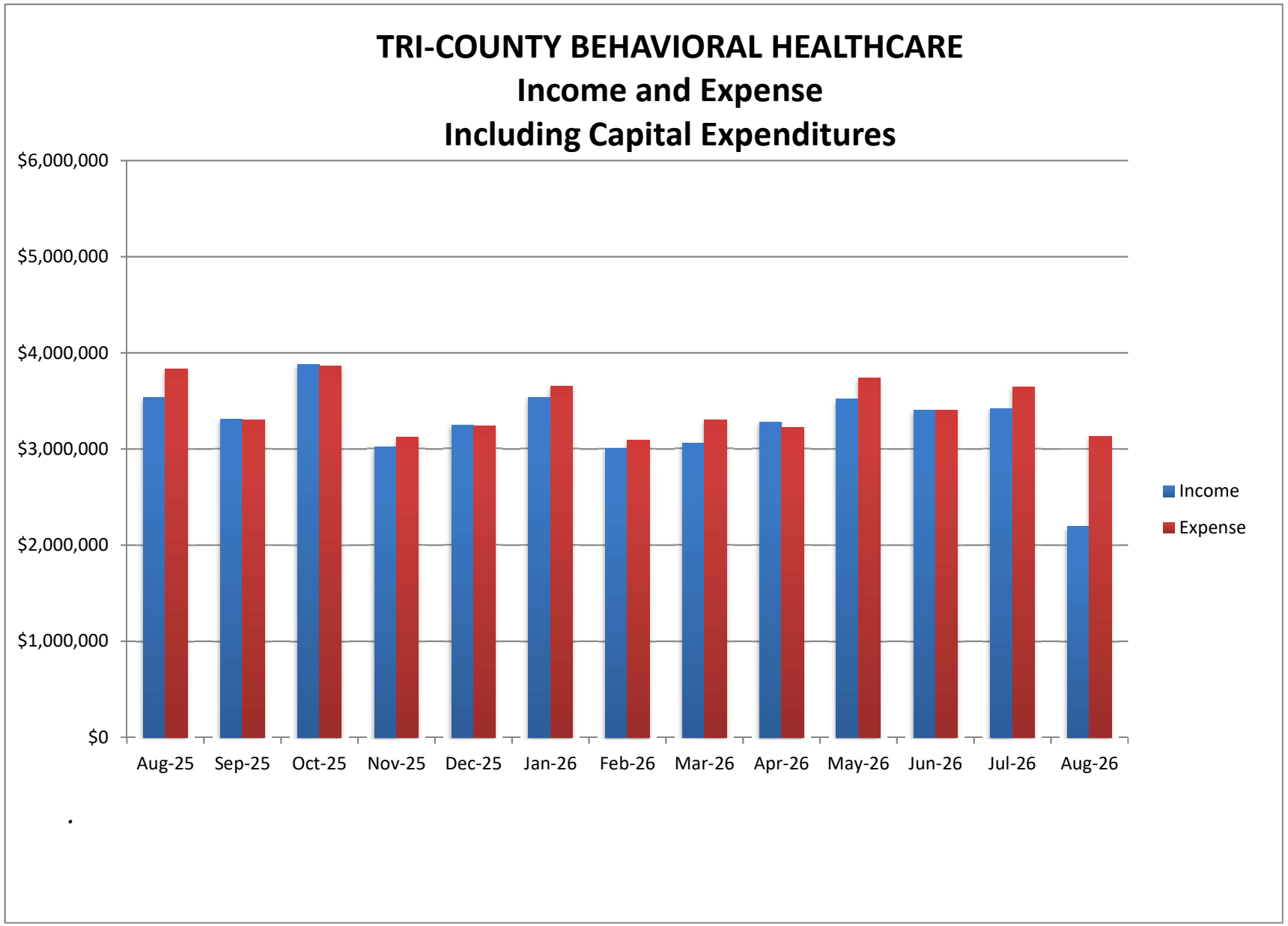
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With July 2026 Comparative Data
For the Month Ended August 2026
PRELIMINARY

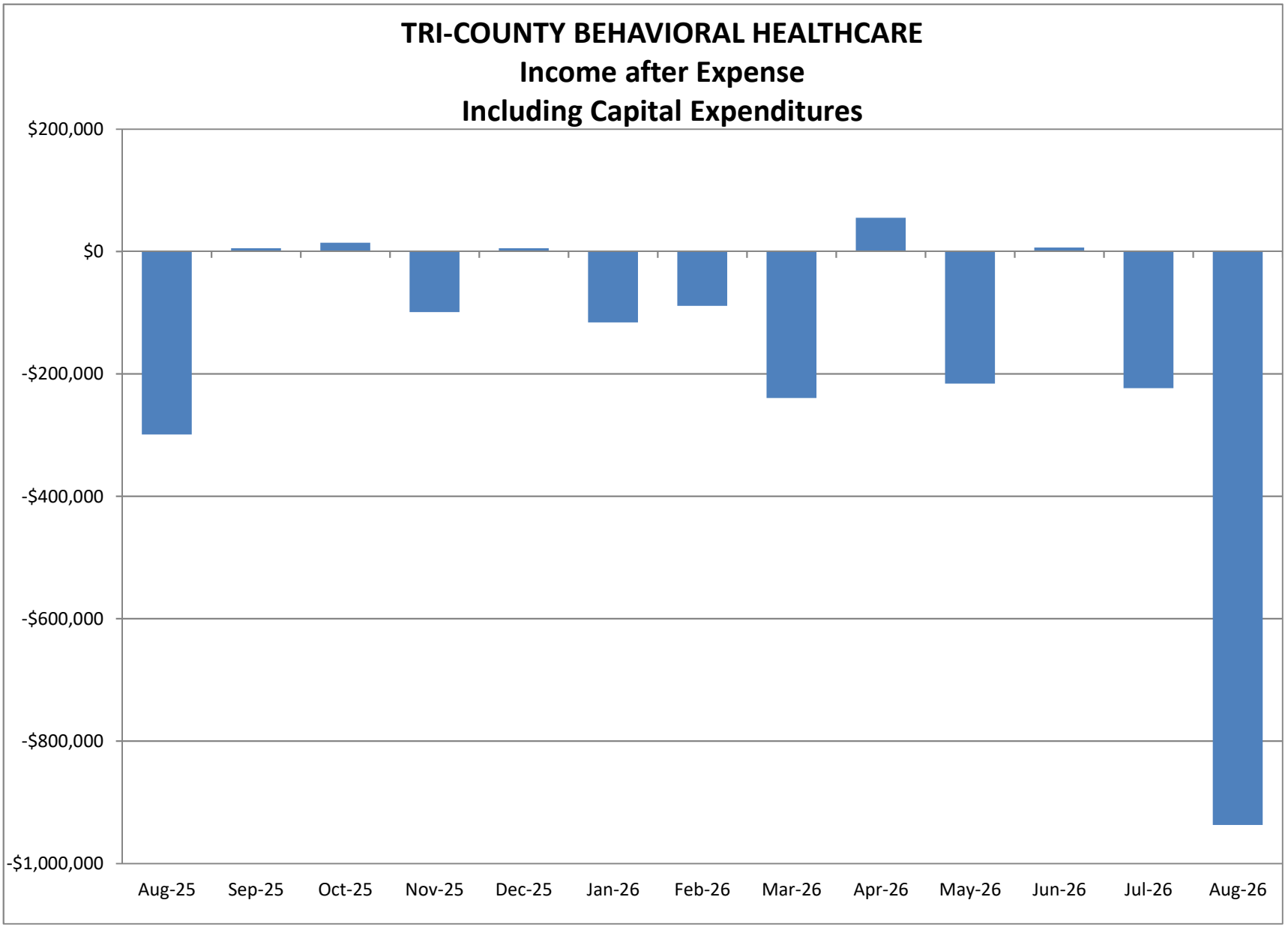
INCOME:	MONTH OF August 2026	MONTH OF July 2026	Increase (Decrease)
Local Revenue Sources	(367,803)	218,903	(586,705.86)
Earned Income	1,097,063	1,156,542	(59,479.08)
General Revenue-Contract	1,465,740	2,046,151	(580,410.53)
TOTAL INCOME	**2,195,001**	**3,421,596**	**(1,226,595.47)**
EXPENSES:			
Salaries	1,678,550	2,179,909	(501,358.34)
Employee Benefits	282,352	401,743	(119,390.86)
Medication Expense	36,026	31,066	4,960.41
Travel - Board/Staff	48,047	33,818	14,228.82
Building Rent/Maintenance	62,048	16,296	45,752.62
Consultants/Contracts	570,885	569,823	1,062.34
Other Operating Expenses	250,970	265,787	(14,817.28)
TOTAL EXPENSES	**2,928,879**	**3,498,441**	**(569,562.29)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**(733,878)**	**(76,845)**	**(657,033.18)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	62,068	5,326	56,742.47
Capital Outlay - Debt Service	141,267	141,267	-
TOTAL CAPITAL EXPENDITURES	**203,336**	**146,593**	**56,742.47**
GRAND TOTAL EXPENDITURES	**3,132,214**	**3,645,034**	**(512,819.82)**
Excess (Deficiency) of Revenues and Expenses	**(937,214)**	**(223,438)**	**(713,775.65)**

Debt Service and Fixed Asset Fund:			
Debt Service	141,267	141,267	-
Excess (Deficiency) of Revenues over Expenses	**141,267**	**141,267**	**-**

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

INCOME:	YTD Mental Health August 2026	YTD IDD August 2026	YTD Other Services August 2026	YTD Agency Total August 2026	YTD Approved Budget August 2026	Increase (Decrease)
Local Revenue Sources	209,808	323,275	821,370	1,354,453	1,281,001	(73,451)
Earned Income	8,675,750	5,087,732	2,139,907	15,903,388	15,958,288	54,899
General Revenue-Contract	19,436,883	1,753,162	447,064	21,637,108	21,673,047	35,939
TOTAL INCOME	**28,322,440**	**7,164,169**	**3,408,340**	**38,894,949**	**38,912,336**	**17,387**
EXPENSES:						
Salaries	16,982,754	4,072,230	1,767,329	22,822,314	22,909,761	**(87,448)**
Employee Benefits	3,141,910	842,688	354,607	4,339,205	4,352,985	**(13,780)**
Medication Expense	457,207		24,960	482,167	486,793	**(4,626)**
Travel - Board/Staff	268,847	138,659	24,399	431,905	415,558	**16,347**
Building Rent/Maintenance	369,914	12,943	19,212	402,069	399,225	**2,844**
Consultants/Contracts	5,006,252	1,490,963	227,083	6,724,298	6,733,783	**(9,485)**
Other Operating Expenses	2,383,176	765,919	272,401	3,421,495	3,412,392	**9,103**
TOTAL EXPENSES	**28,610,060**	**7,323,401**	**2,689,992**	**38,623,453**	**38,710,498**	**(87,045)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**(287,619)**	**(159,232)**	**718,348**	**271,496**	**201,838**	**(69,658)**
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	74,066	20,640	244,782	339,488	277,420	62,068
Capital Outlay - Debt Service	765,701	202,060	797,808	1,765,569	1,756,819	8,750
TOTAL CAPITAL EXPENDITURES	**839,767**	**222,700**	**1,042,589**	**2,105,057**	**2,034,238**	**70,818**
GRAND TOTAL EXPENDITURES	**29,449,826**	**7,546,102**	**3,732,581**	**40,728,509**	**40,744,736**	**(16,227)**
Excess (Deficiency) of Revenues and Expenses	**(1,127,386)**	**(381,933)**	**(324,241)**	**(1,833,560)**	**(1,832,400)**	**1,160**
Debt Service and Fixed Asset Fund:						
Debt Service	765,701	202,060	797,808	1,765,569	1,756,819	8,750
Excess (Deficiency) of Revenues over Expenses	**765,701**	**202,060**	**797,808**	**1,765,569**	**1,756,819**	**8,750**


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
Including Capital Expenditures
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
Jul-26
Aug-26
Income
Expense


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
Including Capital Expenditures
$200,000
$0
-$200,000
-$400,000
-$600,000
-$800,000
-$1,000,000
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Jan-26
Feb-26
Mar-26
Apr-26
May-26
Jun-26
Jul-26
Aug-26

Agenda Item: 4th Quarter FY 2026 Quarterly Investment Report **Committee:** Business	**Board Meeting Date** September 24, 2026

Background Information:

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

Supporting Documentation:

Quarterly TexPool Investment Report

Quarterly Interest Report

Recommended Action:

For Information Only

QUARTERLY INVESTMENT REPORT
TEXPOOL FUNDS

For the Period Ending August 31st, 2026

GENERAL INFORMATION

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

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

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

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

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

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

TexPool is governed by the following specific portfolio diversification limitations;

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

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

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

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

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

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

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

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	June	July	August
Uninvested Balance	$261.93	$731.45	$34,511.23
Accrual of Interest Income	$72,577,507.13	$55,483,678.92	$76,955,389.47
Interest and Management Fees Payable	(-$110,080,295.73)	(-$1,370,629.19)	(-$105,642,556.22)
Payable for Investments Purchased	$0.00	(-55,000,000.00)	(-$130,788,368.30)
Accrued Expense & Taxes	($-43,262.24)	(-$41,171.27)	(-$39,163.89)
Repurchase Agreements	$15,750,976,000.00	$17,543,406,000.00	$14,941,904,000.00
Mutual Fund Investments	$1,017,085,200.00	$1,017,085,200.00	$1,017,085,200.00
Government Securities	$10,022,487,014.42	$8,657,209,523.78	$8,454,038,179.09
U.S. Treasury Bills	$7,848,708,644.35	$6,097,892,853.91	$6,890,556,740.81
U.S. Treasury Notes	$2,110,527,102.60	$2,321,243,055.59	$2,236,460,869.28
TOTAL	**$36,712,238,172.46**	**$35,635,909,243.19**	**$33,380,564,801.47**

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	$203,187.09	$34,511.23
Accrual of Interest Income	$76,573,290.78	$76,955,389.47
Interest and Management Fees Payable	(-$117,596,744.49)	(-$105,642,556.22)
Payable for Investments Purchased	(-$370,500,311.25)	(-$130,788,368.30)
Accrued Expenses & Taxes	(-$133,521.15)	(-$39,163.89)
Repurchase Agreements	$15,187,337,000.00	$14,941,904,000.00
Mutual Fund Investments	$15,396,978,000.00	$1,017,085,200.00
Government Securities	$10,701,252,876.85	$8,457,792,514.44
U.S. Treasury Bills	$8,859,110,522.45	$6,892,267,131.76
U.S. Treasury Notes	$2,161,582,056.67	$2,237,534,617.60
TOTAL	**$37,724,554,556.95**	**$33,387,103,276.09**

Portfolio by Maturity as of August 31st, 2026

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
58.4 %	23.8 %	10.2 %	7.6 %

Portfolio by Type of Investments as of August 31st, 2026

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
27.2 %	44.5 %	25.3 %	3.0 %

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 3.65% for June, 3.65% for July, and 3.68% for August.

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

The weighted average maturity of the fund as of August 31st, 2026 was 43 days.

The net asset value as of August31st, 2026 was 0.9998.

The total amount of interest distributed to participants during the period was $105,642,401.89.

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

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

During the reporting period, the total number of participants increased to 3,000.

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

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

Submitted by:

_____ _____

Evan Roberson Date
Executive Director / Investment Officer

_____ _____

Millie McDuffey Date
Chief Financial Officer / Investment Officer

_____ _____

Darius Tuminas Date
Controller / Investment Officer

_____ _____

Tabatha Abbott Date
Manager of Accounting / Investment Officer

TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2026
As Of August 31, 2026

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	$ -	$ -	$ -	$ -	$ -
First Liberty National Bank	$ 1.88	$ 1.86	$ 1.90	$ 1.94	$ 7.58
JP Morgan Chase (HBS)	$ 5,141.76	$ 6,634.57	$ 6,132.18	$ 5,968.48	$ 23,876.99
Prosperity Bank	$ 24.56	$ 16.99	$ 20.61	$ 20.66	$ 82.82
Prosperity Bank CD (formerly Tradition)	$ 3.10	$ 2.69	$ 3.49	$ 3.70	$ 12.98
TexPool Participants	$ 9,987.45	$ 29.00	$ 30,065.66	$ 21,012.76	$ 61,094.87
First Financial Bank	$ 579.89	$ 477.92	$ 455.16	$ 463.52	$ 1,976.49
Total Earned	$ 15,738.64	$ 7,163.03	$ 36,679.00	$ 27,471.06	$ 87,051.73

Agenda Item: Board of Trustees Unit Financial Statement as of August 2026 **Committee:** Business	**Board Meeting Date** September 24, 2026
Background Information: None	
Supporting Documentation: August 2026 Board of Trustees Unit Financial Statement	
Recommended Action: **For Information Only**	

Unit Financial Statement
FY 2026
August 31, 2026

	August 2026 Budget	August 2026 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	$ 2,237	$ 2,237	$ -	$ 26,845	$ 26,845	$ -	100%	$ 26,845
Total Revenue	$ 2,237	$ 2,237	$ -	$ 26,845	$ 26,845	$ -	100%	$ 26,845
Expenses								
Advertising - Public Awareness	$ 12	$ -	$ 12	$ 12	$ 12	$ -	100%	$ -
Insurance-Worker Compensation	$ 15	$ 2	$ 13	$ 15	$ 16	$ (1)	105%	$ -
Legal Fees	$ 1,500	$ 1,500	$ -	$ 18,000	$ 18,000	$ -	100%	$ 18,000
Training	$ (1,563)	$ -	$ (1,563)	$ 495	$ 495	$ -	100%	$ 2,245
Travel - Non-local mileage	$ (1,383)	$ 229	$ (1,612)	$ 222	$ 451	$ (229)	203%	$ 1,750
Travel - Non-local Hotel	$ (2,902)	$ 415	$ (3,318)	$ 1,223	$ 1,638	$ (415)	134%	$ 4,500
Travel - Meals	$ (321)	$ -	$ (321)	$ -	$ -	$ -	0%	$ 350
Total Expenses	$ (4,641)	$ 2,146	$ (6,788)	$ 19,967	$ 20,612	$ (645)	103%	$ 26,845
Total Revenue minus Expenses	$ 6,879	$ 91	$ 6,788	$ 6,878	$ 6,233	$ 645	0%	$ -

Agenda Item: Tri-County's Consumer Foundation Board Update **Committee:** Business	**Board Meeting Date** September 24, 2026

Background Information:

The Tri-County Consumer Foundation Board of Directors met on August 28, 2026. The Board accepted the financial statements through July of 2026, set spending limits for the 3rd and 4th Quarter of Calendar 2026, and received an update on fundraising.

2nd and 3rd Quarter Updates:

- Total expenditures for the 2nd Quarter were $4,359.80.
- Total expenditures for the 3rd Quarter to date were $4,151.15.
- The Board continues to seek a new President and additional Board Directors.

The Foundation currently has $37,289.51 in the bank as of the end of July.

The next meeting of the Foundation Board is scheduled for Friday, October 9th, 2026.

Supporting Documentation:

Fundraising Presentation from Foundation Board Meeting on August 28, 2026 (Available at Board meeting)

Recommended Action:

For Information Only

Agenda Item: Project Update 402 Liberty Street, Cleveland, TX 77327 **Committee:** Business	**Board Meeting Date:** September 24, 2026

Background Information:

On February 13th, 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.

We continue to negotiate with CNA to pay as many vendors as possible and to protect our two-year warranty on the project.

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

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

October 29, 2026 – Board Meeting

- Longevity Presentations
- Approve Minutes from September 24, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report for September 2026
- Program Updates
- Board of Trustees Oaths of Office (if not present in September 2026)
- Approve Financial Statements for September 2026
- Personnel Report for September 2026
- Texas Council Risk Management Fund Claims Summary for September 2026
- Board of Trustees Unit Financial Statement for September 2026
- HUD 811 Updates – Cleveland, Montgomery & Huntsville
- Consumer Foundation Board Meeting Update

December 3, 2026 – Board Meeting

- Life Skills Christmas Carolers Presentation
- Consumer Christmas Card Contest Winners Presentation
- Approve Minutes from October 29, 2026 Board Meeting
- Community Resources Report
- Consumer Services Report October 2026
- Program Updates
- Personnel Report October 2026
- Texas Council Quarterly Board Meeting Update
- Texas Council Risk Management Fund Claims Summary for October 2026
- Approve Financial Statements for October 2026
- Reappoint ICI, MSHI and CSHI Board of Directors
- Board of Trustees Unit Financial Statement October 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 Nurse	APN
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
Collaborative Problem Solving	CPS
Cognitive Processing Therapy	CPT
Community Resource Coordination Group	CRCG
Coordinated Specialty Care	CSC
Cleveland Supported Housing, Inc.	CSHI
Crisis Stabilization Unit	CSU
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 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 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
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
Military Veteran Peer Network	MVPN
National Alliance on Mental Illness	NAMI
New Employee Orientation	NEO
New Generation Medication	NGM
Not Guilty by Reason of Insanity	NGRI
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
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 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 Heath First Aid	YMHFA
Updated 6/23/26	