



January 22, 2026

The Board of Trustees of Community Healthcore (CHC) met on Thursday, January 22, 2026, at 107 Woodbine Place, Longview, TX 75601.

Call to Order

The Board Chair, Linda Hooks, called the meeting to order at 4:45 pm. The opening prayer was led by Sidney Burns.

Pledge of Allegiance

Rick Roberts led the group in the Pledge of Allegiance.

Introduction

Inman White introduced Commissioner Zephaniah Timmins as the new Board Member from Harrison County. Commissioner Timmins will be completing the term of Randi Leffall from Harrison County.

Citizen's Comments

There was one citizen's comment from Mr. Stefan Cole. Mr. Cole has applied to become a member of the Comprehensive Planning Advisory Committee and wanted to introduce himself to the Board of Trustees.

Roll Call

The meeting was conducted in person and via video conference with a quorum present. The following members were present:

Members Present

Shirley Baker	Sidney Burns	Linda Hooks	Jay Mitchell
Nell Smith	Zephaniah Timmins	Leldon Williamson	

Members Present via Videoconference

Kelly Crane	Jamie Duran	Sheriff Johnwayne Valdez
Sheriff Larry Webb		

Staff Present

Steve Archer	Patti Brady	Christy Cravey	Cindy Goodson
Rachel Harrington	Richard Marks	Shawn Ormes	Sue Rathbun
Rick Roberts	Tom Suess	Inman White	

Staff Present via Videoconference

Lee Brown	Benda Clark	Sandra Taylor	Amie Whalen
Marilyn Wyman			

Guests Present

Brett Miller, Esq., Miller, Fair, Henry, PLLC
Teri Norwood, Teri Norwood Real Estate Team
Tanner Terry, Teri Norwood Real Estate Team
Sharon Williamson, Teri Norwood Real Estate Team

Security Present

John Justice, Greystar Security Services

STORY CHANGER OF THE MONTH

Patti Brady introduced the Story Changers of the Month for January 2026 to the Board:

Ursula Smith, Registered Nurse – Supervisor: Amie Whalen.
Emily Young, Utilization Financial Specialist – Supervisor: Jamie Tye.

STAFF SERVICE AWARDS – 35 Years

Benita Johnson, Organizational Improvement Specialist – Supervisor: Marilyn Wyman.

CLOSED SESSION

The Board went into closed session at 5:05 p.m. to discuss the sale of Center-owned real estate. The Board resumed the open meeting at 5:31 p.m. No action was taken during the closed session.

RECOMMENDATION

Approve the Consideration of the Sale of Real Property – This item was tabled and will be brought back at a later date.

TRAINING

Steve Archer presented information on the Marion County Health and Resource Coalition (MCHRC). The MCHRC has been meeting with the goal of improving the healthcare needs of the residents of Marion County and bringing primary care services to the county.

The Coalition Partners include:

- Jefferson Independent School District
- Marion County Hospital District
- UT Tyler – Medical School
- Department of State Health Services (DSHS)
- Community Healthcore

The Coalition objectives include:

- Coordinating community outreach and resource navigation for families and residents.
- Connecting individuals to food, housing, financial aid, transportation, and other essential services.
- Support referral management between county organizations.
- Facilitate partnerships with local agencies, nonprofits, and community leaders.
- Assist in identifying community needs and tracking outcome indicators.
- Assist with marketing strategies when health services are prepared to launch.

Marion County Hospital District Specific Support:

- Support program oversight related to healthcare access within Marion County.
- Assist in identifying and securing funding streams, grants, and resources.
- Provide infrastructure support for clinical equipment and supplies, if possible.
- Participate in long-term planning and expansion to serve residents.
- Ensure alignment with the district's mandate to provide essential healthcare services.
- Possibly rent space for primary care services.

Question from Zephaniah Timmins: *What does “if possible” mean relative to their infrastructure support?*

Answer from Steve Archer: *We are not completely aware of all of the resources they can provide; however, one piece would be the office space they want to provide.*

Comment from Rick Roberts: *Sometimes, when the grants come out, some limitations are included that are not always spelled out in detail about everything that can be done.*

University of Texas (UT) Tyler Medical School Support:

- Third and Fourth Year Medical Residents will rotate into the Jefferson Clinic once a month.
- Assist with data collection, program evaluation, and reporting.
- The medical students would become employees of Community Healthcore and provide services within the FQHC-LAL.
- Billing for services provided would come to CORE Health Systems.

Question from Nell Smith: *You indicated that the UT Tyler Medical Students will only be coming to the clinic once a month. How will the residents of Marion County receive services the rest of the month?*

Answer from Steve Archer: *We will be utilizing our staff, including our Nurse Practitioners. When the UT students come, we will have a medical doctor on site for supervision. The students will function as our employees using our tools and resources, including our malpractice insurance.*

Question from Shirley Baker: *How does this align with the services out of Cass County in Atlanta?*

Answer from Steve Archer: *The plan for Jefferson initially is that we can provide psychiatry and primary care. If individuals can come from Cass County to that site, we could provide services to them as well through CORE Health Systems.*

Comment from Inman White: *The available grant dollars are for communities that have zero healthcare in them, and Marion fits that definition, which gives us access to the FQHC. We will not be able to provide primary care in Cass County because there is already an FQHC there.*

Comment from Steve Archer: *The benefit of working with the coalition in Marion County is that there is no other FQHC there, which could prevent us from setting one up.*

Comment from Patti Brady: *Another benefit to Marion County would be pharmacy services, where medication would be delivered to that clinic so people could pick up medication from that clinic or have it mailed to their home.*

Benefits to the community include:

- Improved health outcomes for residents through primary and behavioral health care. Identify student needs and manage communication with families.
- Establishment of a Federally Qualified Health Center (FQHC) Look-Alike “in-scope” site in the county.
- The ability to provide counseling services in schools.
- Provide other services in Marion County.
- Increase collaboration with other county community agencies to maximize impact.

Question from Nell Smith: If we were to go into that building by WIC, are they still willing to hold that space at the W. Fred Lockett Education Center for us? I know they said that, you know, pretty much saying that if we don't jump on that, then it could open up the opportunity for somebody else to come in and do that.

Answer from Steve Archer: Yes. The school and the coalition are all in agreement that we should take this opportunity at the hospital district and get that space while we explore how we can renovate. Everybody understands that the ultimate mission is to get into that annex building and make that a usable space.

MEETING MINUTES

Approve December 11, 2025, Board Meeting Minutes

On a motion made by Shirley Baker and seconded by Leldon Williamson, the Board approved the December 11, 2025, board meeting minutes.

FINANCIALS

Approve October 2025 Final Unaudited Financials and Investments

On a motion by Sidney Burns and seconded by Nell Smith, the Board approved the October 2025 final unaudited financial statements.

In the IT fund, the expenditure was for our Cobblestone software, which is the contracts software that we are moving to.

The Days of Operations was 74 days, which is down by 9. The change was because the September calculation was based on the original budget that was approved in August for FY 2026, vs the adjusted budget that will be presented.

BOARD OF TRUSTEES UPDATE

OCTOBER 2025 FINANCIAL SUMMARY

RESERVES - OTHER FUNDS

FUND	OCTOBER BAL	SEPTEMBER BAL	CHANGE
BUILDING MAINTENANCE	\$ 562,517.66	\$ 552,060.46	\$ 10,457.20
IT	\$ 898,227.73	\$ 916,276.24	(\$ 18,048.51)
VEHICLE	\$ 301,862.15	\$ 301,862.15	-0-
1115 WAIVER	\$ 4,396,262.41	\$ 4,402,829.46	(\$ 6,567.05)
INTERNAL SERVICE	\$ 1,500,669.88	\$ 1,592,074.59	(\$ 91,404.71)
TOTAL	\$ 7,659,539.83	\$ 7,765,102.90	(\$ 105,563.07)

DAYS OF OPERATIONS

	OCT BAL	SEPT BAL	CHANGE
General Fund Reserves	74	83	(9)

NET INCOME COMPARISON

	OCT 2025	OCT 2024	CHANGE
Month	(\$ 43,201)	(\$ 382,894)	(\$ 339,693)
Year-to-Date	(\$ 216,425)	(\$ 353,054)	\$ 136,629

The first three months of last year, we had moved to Credible, and our insurance billing was being posted at a higher level than we were actually earning. We are not where we want to be, but we are moving in the right direction.

Question from Sidney Burns: Will we have a positive number by the end of the fiscal year?

Answer from Sue Rathbun: We hope to.

Approve November 2025 Final Unaudited Financials and Investments

On a motion by Jay Mitchell and seconded by Sidney Burns, the Board approved the November 2025 final unaudited financial statements.

The only big change that we have in our reserves for the month was in the Building Maintenance Fund for flooring and painting at Woodbine.

BOARD OF TRUSTEES UPDATE

NOVEMBER 2025 FINANCIAL SUMMARY

RESERVES - OTHER FUNDS

FUND	NOVEMBER BAL	OCTOBER BAL	CHANGE
BUILDING MAINTENANCE	\$ 557,183.90	\$ 562,517.66	(\$ 10,457.20)
IT	\$ 953,931.17	\$ 898,227.73	\$ 55,703.44
VEHICLE	\$ 301,862.15	\$ 301,862.15	-0-
1115 WAIVER	\$ 4,389,695.36	\$ 4,396,262.41	(\$ 6,567.05)
INTERNAL SERVICE	\$ 1,417,424.36	\$ 1,500,669.88	(\$ 83,245.52)
TOTAL	\$ 7,620,096.94	\$ 7,659,539.83	(\$ 39,442.89)

DAYS OF OPERATIONS

	NOV BAL	OCT BAL	CHANGE
General Fund Reserves	74	74	-0-

NET INCOME COMPARISON

	NOV 2025	NOV 2024	CHANGE
Month	\$ 79,222	(\$ 167,880)	\$ 247,102
Year-to-Date	(\$ 161,454)	(\$ 520,932)	\$ 359,478

We had a gain in November of \$79,222, which reduced our year-to-date deficit to \$161,454. Compared to last year’s deficit of \$520,932, we are making good progress.

REPORTS

CHIEF EXECUTIVE OFFICER

Internal Memo to all Staff

First of all, I would like to thank each of you for continuing the work we do to serve our communities. Many of you have taken on additional responsibilities above and beyond your original job duties. That extra effort has not gone unnoticed, and I appreciate each of you for your dedication.

While our first quarter fiscal performance shows an improvement over the same period last year, we are currently not able to project sufficient revenue to sustain raises at this time. We are continuing to monitor this.

Rather than solely concentrating on our losses from the Federal Transformation Waiver, COVID-19 Era Supplemental Funding, and innovation grants, we have chosen to gather our resources and focus on the things we can change, modify, or improve. In great part, many of you have invested and participated in work groups, special projects, and offered your expertise to help lift us through our challenges.

Improvements during this period ending November 30, 2025, include:

- Introduction of the “FIRST” Program – The goal of this comprehensive training program is to reduce turnover through a “selection and assessment” process to ensure those “selected” to participate are thoroughly “assessed” before reaching the programs they will be working in. We initially selected nine applicants; after the assessment phase, six were chosen to transfer to program positions and are now actively serving people.
- Increases in our front desk collections.
- Increases in billable service hours throughout the organization.
- Resolution of technical issues that delayed the billing processes.
- Written procedures to assist with collections.
- Front desk script, training, and monitoring for consistency.
- Development of a consumer benefits tracking system to follow applicants applying for disability, track the data and outcomes, and to measure progress.
- Pursuit of new grants on the horizon.

A special thank you to the Revenue Cycle Management Team for your recommendations and the pursuit of excellence in all areas of the organization.

Revenue Cycle Management (RCM) is the financial process that healthcare organizations use to track and manage patient care from the initial appointment or encounter through the final payment of the balance owed.

It ensures that every step from scheduling and registration to billing and collections is handled efficiently to maintain the financial health of the organization. What should be a seamless process can be slowed down by errors, claims, denials, missed appointments, and a lack of authorization for services provided.

Our health insurance for the quarter shows a rise in our claims beyond the premium amount we are paying each month for coverage. Eventual rate hikes affect the Center’s bottom line. This is the first year in our history that we have made three additional strategies available at no cost to employees and their families to improve access to care and to help employees manage their health to achieve better outcomes.

1. First Stop Health: 24/7 urgent care or scheduled visits for primary health, health coaching to meet our goals, and support for your mental health. Initial staff reviews are very good, and we encourage wider spread use to help better manage healthcare costs, have better outcomes, and benefit impact on our employees' total family.
2. Tria Health: Review and consultation with medical professionals for employees and dependents enrolled in the employee health plan who have complex pharmacy needs for their health treatment.
3. FedLogic: Access to enrollment consultants to explore federal and state benefit options. Consultations are available to employees and their family members. More information on this benefit will be sent in January.

More information is available at [Employee Benefits Guide FY26](#) on e3.

In September, we promised to keep you updated on our financial performance. If there are any questions, I am certainly available to discuss, as is your supervisor. I cannot overstate the idea that we are all in this together. While most of our programs are doing well or at least being covered by other stronger programs, we cannot face our challenges alone. The deficit left by the federal funding transition affects us all directly or indirectly and will require us all to respond and recover by using our abilities.

Strategic Partnership

The National Council and the National Council of Community Health Centers announced a partnership to strengthen the integration of behavioral health and primary care nationwide. Chuck Ingoglia, President and CEO of the National Council, states, "By coming together in our shared mission to provide effective care to people – regardless of their ability to pay or their preferred care location – the National Council and the National Council of Community Health Centers will be able to promote a flexible, community tailored model of care where they are needed most. Together, we will work to eliminate barriers to integrate community health centers and community mental health centers to ensure healthier lives for the people our members serve."

Combined, the two organizations represent 4,700 organizations serving tens of millions of Americans through both mental health and primary care systems of care.

The partnership is structured around four pillars:

- **Science**: Collaborative teams on education, research, and technical assistance in leveraging comprehensive health integrated frameworks.

- Education: Joint leadership development and shared educational opportunities, including Mental Health First Aid, leadership academics, and leadership exchange of chief health officers.
- Practice: Co-designed learning communities to expand access to care through collaborative models such as community behavioral health clinics.
- Policy: Coordination of Federal advocacy initiatives, including Hill Day and action alerts.

Certified Community Behavioral Health Center (CCBHC) Update:

CCBHCs in Texas must be recertified every three years or lose the funding associated with the designation. Recently, one community center did not meet the requirements and was not recertified. Since our last Board meeting, Christy Cravey has led our team to complete the Center's recertification. At this meeting, we will ask Christy to present the results and their cumulative score.

We went through a full CCBHC audit, which we have to go through every 6 years, and we were the second center to go through a full audit with the new requirements, which means we had to get a 90 across 6 different domains.

- Staffing, we scored 93.
- Availability and Accessibility, we scored 100.
- Care Coordination, we scored 100.
- Scope of Services we scored 97.
- Quality and Reporting, we scored 100.
- Governance, we scored 100.

There were a total of 279 criteria, and we only missed 7 for an overall score of 96. We are now certified through January of 2030.

IDD Consortium Leadership:

Sandra Taylor was confirmed during the IDD Consortium meeting as Co-Chair. We are proud to have Sandra recognized and look forward to her leadership in building the system of care for individuals with intellectual and developmental disabilities in the State of Texas.

CHIEF OPERATING OFFICER

Executive Summary

Growth & Funding Initiatives

Securing Expansion Capital: We are aggressively pursuing a \$1,000,000 DHS Incubator Grant to fund our new location strategy. Our grant writing team is currently finalizing the application for this first-come, first-served opportunity.

Targeting Federal Funds: We have mobilized resources to capture a portion of the \$1.4 billion Rural Health Transformation Grant, with Texas receiving \$281 million a year for five years. Our consultants are actively developing a multi-year proposal to secure this long-term funding.

Optimizing Revenue: The Revenue Cycle Management (RCM) Work Team has selected a preferred vendor to oversee our financial operations in this area. This partnership aims to accelerate claims processing, reduce denials, and maximize collections from registration to final payment. *See the Board Recommendation section for formal approval details.*

Operational Challenges

Addressing Staffing Shortages: We are prioritizing efforts to fill critical vacancies in licensed roles. Current high-priority needs include:

- CORE Health: Women's Health: Nurse Practitioners and Clinical Counselors
- Behavioral Health: Licensed Professional Counselors (LPCs)

The "FIRST" Program has completed and graduated its first set of applicants. FIRST is a "selection and assessment" process targeted to reduce turnover by carefully "selecting" individuals to participate in a comprehensive training where they are thoroughly "assessed" before being placed in the programs where they will work.

Nine applicants were initially selected, and after the assessment phase, six were chosen to move into programs. Individuals were chosen based on their attitude that demonstrated focus and a team mentality, their ability to demonstrate problem-solving and critical thinking under pressure, and a desire to show they are malleable and able to work in this environment.

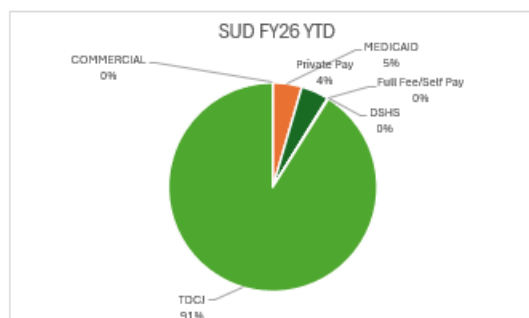
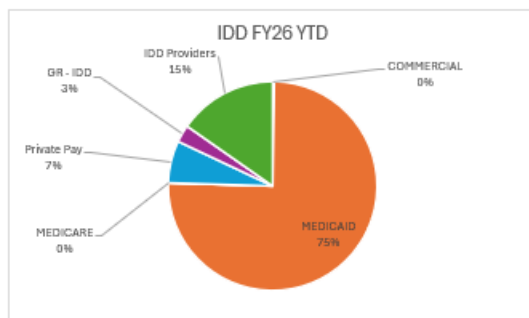
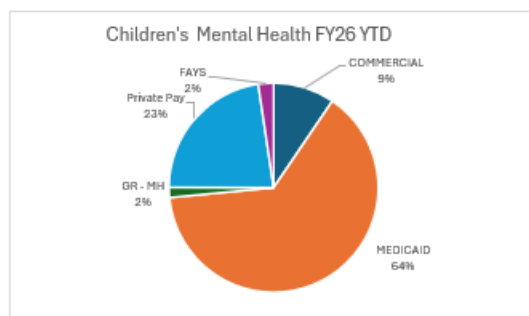
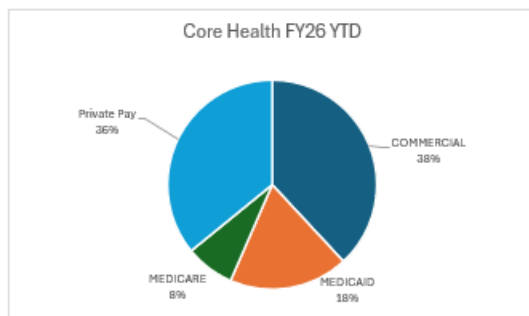
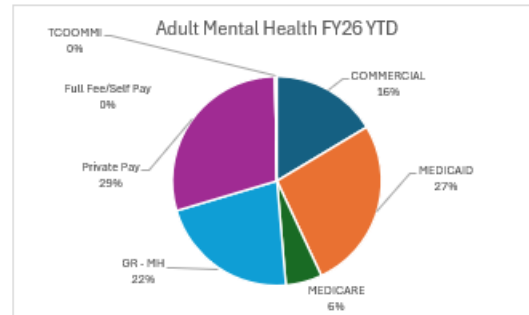
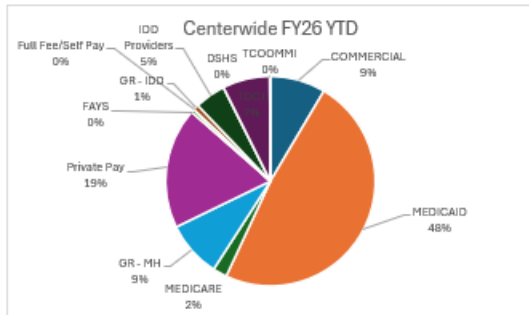
Key Performance Indicators (KPIs) and Reporting

- **Payor Mix Trends KPI**

Objective: Monitor revenue diversification and payer distribution.

Metrics: Percentage of revenue from Medicaid, Medicare, commercial, and self-pay.

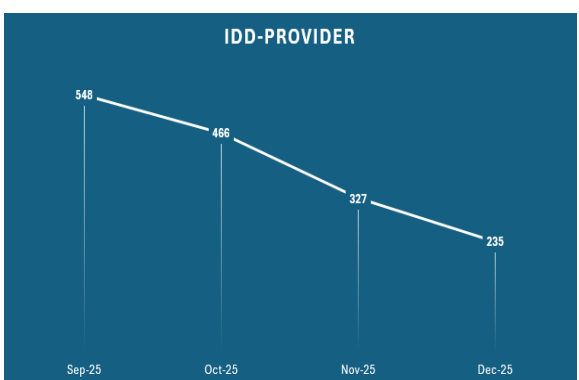
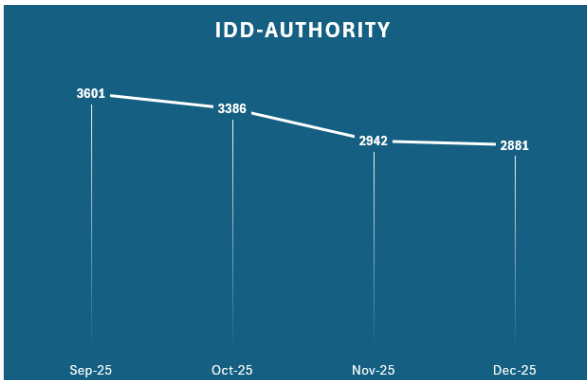
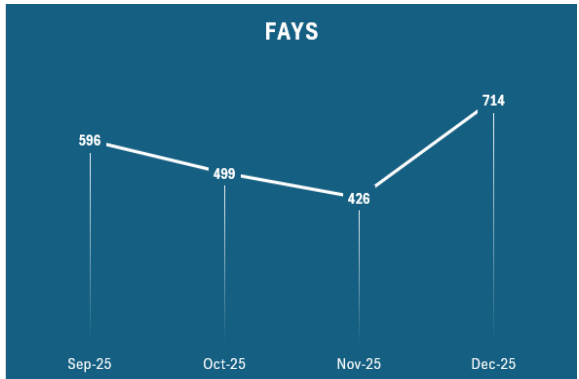
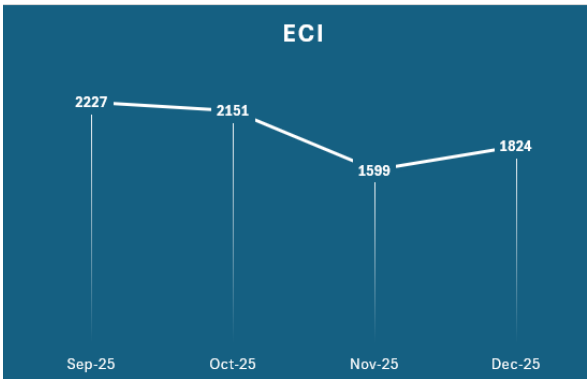
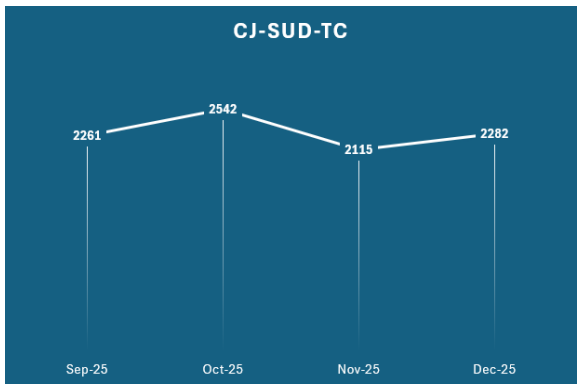
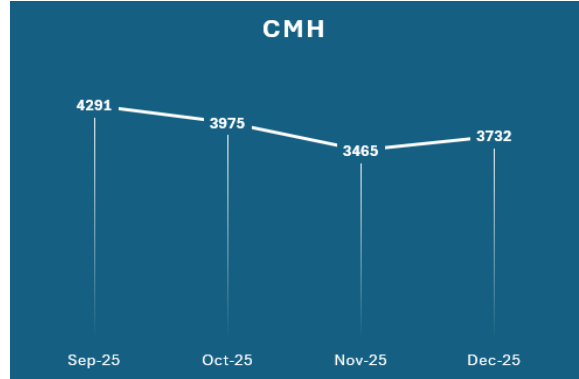
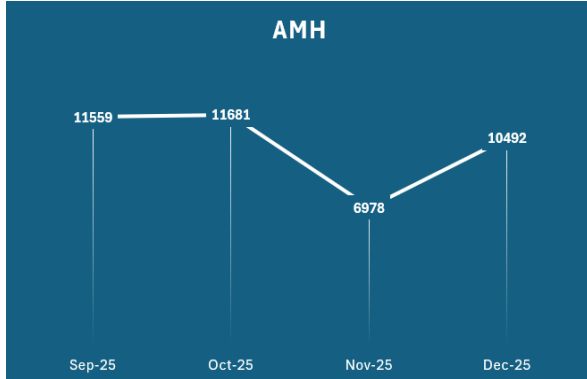
PAYOR MIX FY 26 YTD



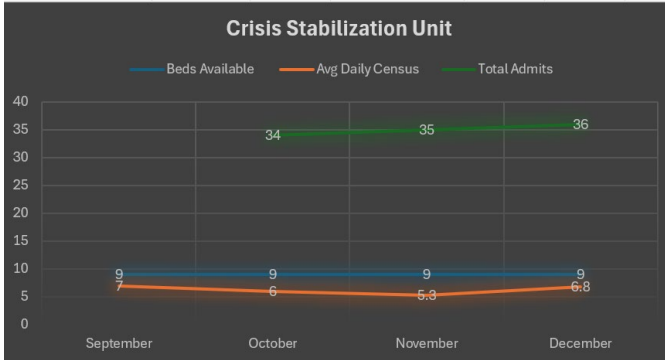
- **Service Line Volume**

KPI: Increase service volume by line/unit/program.

Behavioral health, including Substance Use Disorder, Intellectual Developmental Disabilities, and Crisis.



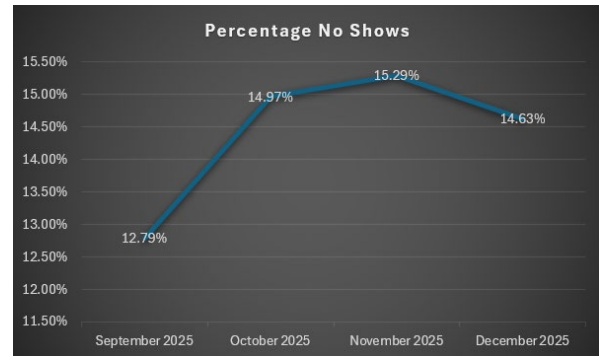
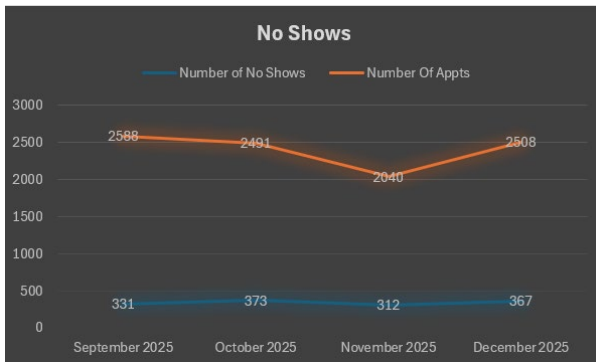
Average daily census and PPB Contracts:



November's number included three children and two for December.

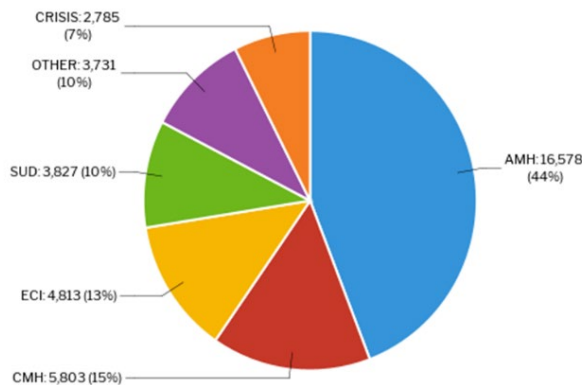
- **Appointment Compliance: Failed to Keep Appointments (FKA)**

KPI: No-show rate: prescriber FKA percentages.



Behavioral Health

Service Volume By Program



Brenda Clark explained our state-of-the-art Crisis Stabilization Unit, and Inman White extended an invitation to Commissioner Timmins to visit the facility to see the services that Harrison and all of our counties support.

Nell Smith indicated that our transportation services to and from the Crisis Stabilization Unit are a great service for individuals receiving services.

QUALITY MANAGEMENT

Corporate Compliance Report: No Corporate Compliance Investigations.

Health Insurance Portability and Affordability Act of 1996 (HIPAA) Report:

No reported incidents.

The Joint Commission Report

The Joint Commission defines a sentinel event as “a patient safety event (not primarily related to the natural course of an illness or underlying condition of an individual served) that reaches an individual served and results in death, permanent harm, or severe temporary harm.” There has been one sentinel event since the October 23, 2025, report to the Board of Trustees.

External Reviews Reports

Since the Quality Management Report on October 23, 2025:

- A. Local Intellectual Developmental Disability Authority (LIDDA) Performance Contract Monitoring for Quality Assurance – Scores ranged from 94.1 to 100.
- B. Health and Human Services Commission (HHSC) Youth Empowerment Services (YES) Quality Review – A Corrective Action Plan (CAP) is required.
- C. HHSC Behavioral Health FY 2023 Quality Audit for Substance Use Services – all items from the CAP were accepted.
- D. Certified Community Behavioral Health Clinic (CCBHC) recertification – the Center scored a 97 and a 3-year certification.
- E. HHSC Substance Use Audit – there were eight findings, and the CAP was submitted.
- F. HHSC Youth Substance Use Audit – there were twelve findings, and CAP was submitted.
- G. Family and Youth Success (FAYS) Quarterly Performance Report – One finding.
- H. HHSC IDD Program Improvement – FY 2026 Permanency Planning for LIDDA, two individuals fell below the 95% threshold for permanency planning for the first quarter.

Current External Reviews

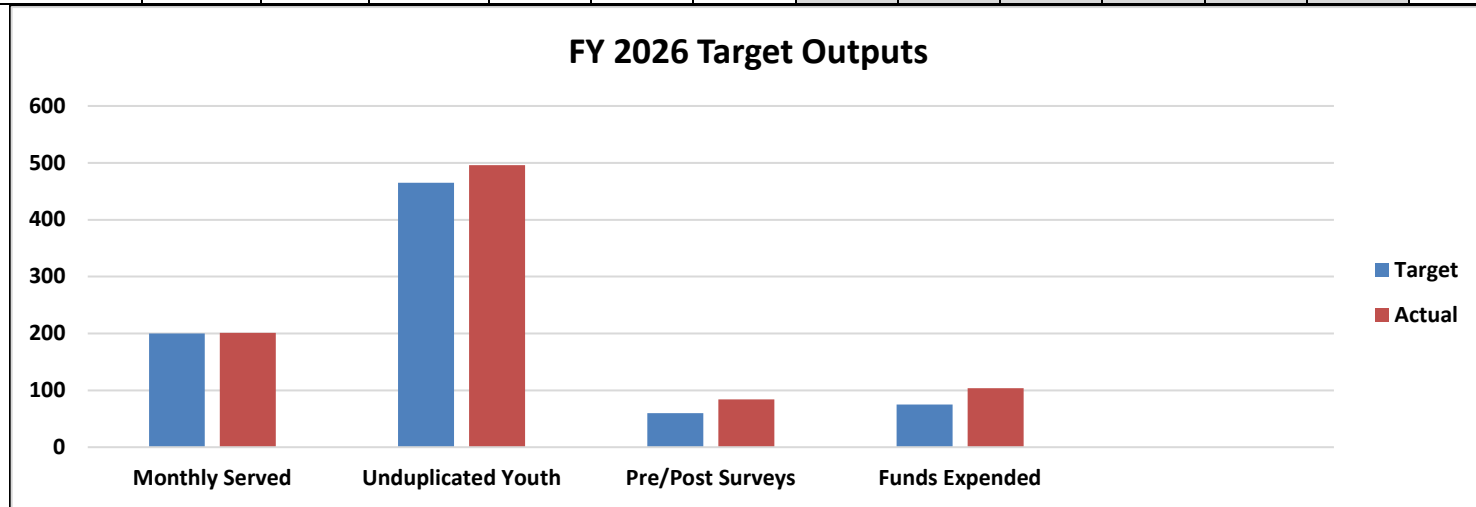
- A. Our teams are preparing for our 3-year Joint Commission accreditation, and we expect them in the second quarter.

- B. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) audit is expected in the second quarter.



FY 2026 TARGET OUTPUTS

Outputs	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Actual	Target	Attained
1) Average Number of Target Youth Served Monthly (200/Month)	190	214	140										181	200	90.5%
2) Number of Unduplicated Target Youth Served Annually (620/Year)	76	95	30										201	620	32.42%
3) Pre/Post Protective Factor Survey Questionnaires Completed (60%)	63.47	75.76	67.61										68.95%	60%	114.92%
4) FAYS Funds Expended (of \$980,000)	\$97,533.73	\$99,522.64	\$79,373.95										\$276,430.32	100%	28.2%



**Community Healthcore
Utilization Management Report FY 2025-2026
IDD Interest List**

Care Report of Contacts Completed

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<i>Individuals Contacted</i>	16	46	7	66								
<i>Percentage</i>	1%	5%	7%	12%								

Admissions & Discharges By Month

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
<i>Admissions</i>	1	6	1	2								
<i>Discharges</i>	0	3	1	3								

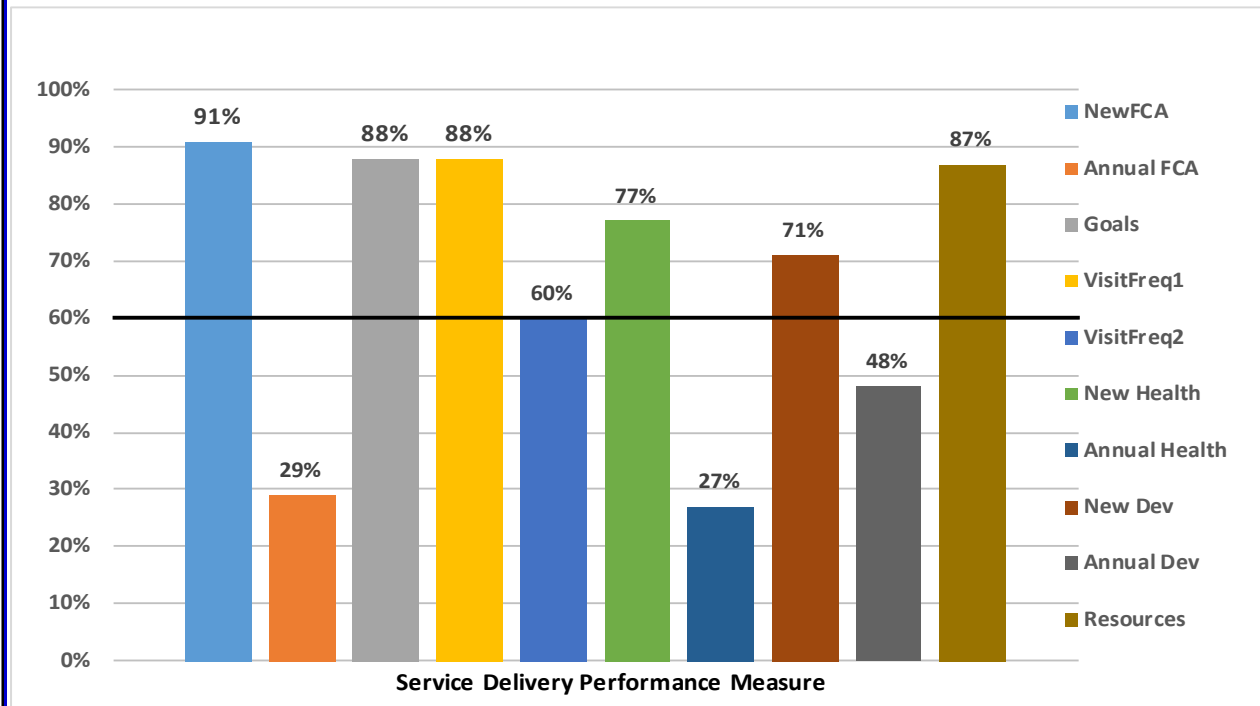
Waiting List Client Contact Methods

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Phone Calls	16	46	7	66								
Correspondence	0	0	12	24								
<i>Phone Percentage</i>	100.00%	100.00%	100.00%	100.00%								
<i>Letter Percentage</i>	0.00%	0.00%	171.43%	36.36%								

Data Check Template

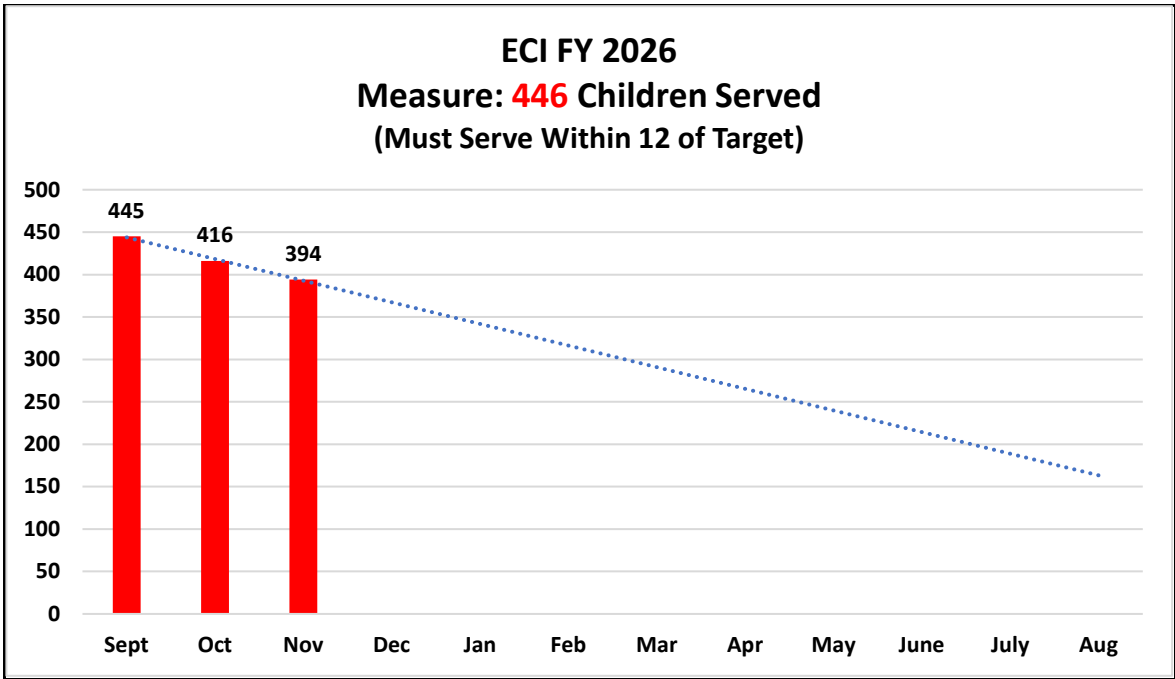
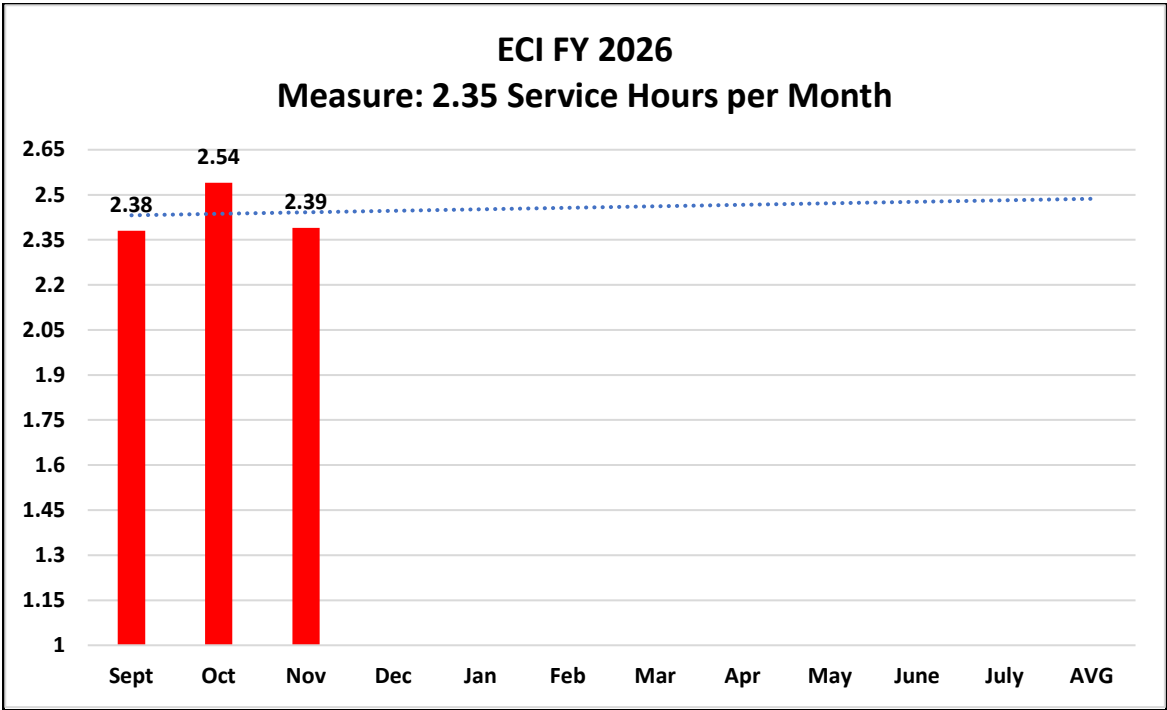
Performance Measures Report for Services Delivery Essential Requirements

The chart below depicts your affiliate's performance on the service delivery essential requirements. This chart assists you in understanding your affiliate's level of fidelity and in planning related continuous quality improvement efforts. This information also helps you understand how your affiliate's performance compares to the 60% national minimum level. *Please note that this Penelope template was designed for data checking purposes. Your official PMR that is used in your Essential Requirement Review can be accessed via the PAT eBusiness Portal after you submit your APR.*



July 1, 2025-Dec 31, 2025 CHC Parents as Teachers(All CHC PAT sites)

New FCA	% of newly enrolled families (enrolled 90 days or more) that had an initial family-centered assessment completed within 90 days of enrollment
Annual FCA	% of families that had a family-centered assessment completed and documented during the program year
Goals	% of families with at least 1 documented goal during the program year
VisitFreq1	% of families with 1 or fewer high need characteristics that received at least 75% of the required number of visits per month
VisitFreq2	% of families with 2 or more high need characteristics that received at least 75% of the required number of visits per month
New Health	% of newly enrolled children who received a complete, initial screening in the required time frame (within 90 days of enrollment, or by 7 months of age if enrolled prior to 4 months of age).
Annual Health	% of children that received a complete screening during the program year.
New Dev	% of newly enrolled children who received a complete, initial developmental screening in the required time frame (within 90 days of enrollment)
Annual Dev	% of children that received a complete developmental screening during the program year and were enrolled
Resources	% of families connected by their PE to at least 1 community resource during the program year



Performance Contract Measures:

Employment: We are not meeting this mark, but we have instituted a corrective action plan. We are working to improve our employment. With our population and the individuals that we serve, they are often not employed, so that can often be a challenge to meet that measure.

Family Partner Response % of children and youth in a FLOC receiving any family support service who have acceptable or improved functioning in: family stress, involvement with care, and knowledge: This measure is usually related to staffing and having sufficient staff for the family partner position. In September, we had 23%, and then it went up to 50% in November because of staffing. This measure does not have any kind of financial penalty at this time.

Resiliency and Recovery Outcomes – Improvement: This measure has increased for FY 2026 to 42.8% from previous years at 25%, which we met. The goal of this measure is to see that all children/youth show reliable improvement. This measure carries a penalty of potentially 10% of our general revenue dollars, based on the performance of the organization. Our current performance as of this meeting is 41.2%, which is up from where we started in September at 38.4%. There is the potential for us to have a penalty of \$65,000 if we do not make this measure. We have put a performance improvement plan and process in place beginning in October, when these first numbers came out. We are watching them closely.

COMPREHENSIVE PLANNING ADVISORY COMMITTEE REPORT

The Comprehensive Planning Advisory Committee (CPAC) met in person at 107 Woodbine and via Zoom on November 6, 2025.

CPAC New Members

Christy Cravey introduced two new members to the CPAC Committee.

- Vivian Lewis works for Court Appointed Special Advocates (CASA) of Harrison County.
- Dr. Shalonda Adams is the Principal for the Pine Tree Personal Advancement and Character Education (PACE) program.

Christy Cravey provided a PowerPoint that gave the history of Community Mental Health in the U.S. and the basis for forming a community group, including individuals with lived experience, which is the CPAC committee.

Intellectual & Developmental Disability Services – Sandra Taylor, IDD Director

The recent events in IDD services were reviewed. This includes:

- Sandra Taylor highlighted the quality of our services and noted that our recent HHSC audit praised our person-directed plans.

Behavioral Health & Primary Care – Chesley Knowles, Project Specialist

Adult Division shared:

- Adult services in Clarksville are transitioning to CORE health services in January, as CORE is now a Federally Qualified Health Center (FQHC).
- We have a new program called FIRST that is training newly hired caseworker staff.
- We are working on the new Rural Health Transformation grant, which will be released in January. We have assembled a team and are preparing to apply.

Children's Division reported:

- The Children's Department organized a back-to-school supply drive at Longview Mall. They received several donations to give out to kids.
- We recently participated in Mental Health First Aid training for 1,800 educators in our region.

Certified Community Behavioral Health Clinic (CCBHC) – Amy Hill, Program Director

The Center has completed 80 National Outcome Measures (NOM) assessments for Year three of the grant. We are at 90% of our goal of fifty individuals for Veterans receiving peer-related services.

The CCBHC grant team has submitted documents for recertification. This will be a "full" audit that occurs every three years. We must meet 90% across all program requirements for recertification. We have submitted all documentation for recertification and expect our results next week.

Maintaining a Texas CCBHC certification directly affects the amount of Direct Payment Program (DPP) funding that the organization receives from Texas Health and Human Services Commission (HHSC). DPP funds are crucial to the continuity of programs such as Care Coordination. The CCBHC team is confident that the Center can achieve another three-year Texas CCBHC certification.

The CCBHC-IA (Improvement and Advancement) grant began the final year of a four-year program. The team meets bi-weekly to track and review progress towards the goals outlined in the grant. The program's focus is to provide Care Coordination and Peer services to individuals with behavioral health disorders, including substance use disorders (SUD). Specific target populations include Youth with SUD diagnoses and Veterans.

**Community Advisory Board, Texas Department of Criminal Justice – Sandra Davis,
Program Director**

The Youth (SUD) program is currently serving fifteen youths in Longview and three in Texarkana. The Longview Youth SUD program provides weekly group sessions on Wednesdays from 5:00 p.m. to 7:00 p.m. Plans are to begin weekly group sessions in Texarkana once enrollment increases.

The SUD program had a Chemical Dependency Treatment Facility (CDTF) site inspection, October 28-30, 2025, at the Longview and Texarkana outpatient sites, along with the Longview Youth SUD site. Although there were findings, they shared positive comments about all the sites, the employees' cooperation, and the quality of work being done to provide efficient services to individuals seeking SUD treatment through Community Healthcore.

On August 13, 2025, Jacale McDaniel joined the Community Health Worker (CHW) team in the role of Program Manager. She brings knowledge and experience of the SUD program and the outreach community. The CHW's community outreach efforts continue with the expansion of their presence by participating as vendors at multiple community events. These opportunities allow the CHW team to highlight the services they provide and strengthen connections with communities across the twenty-three counties they serve.

Effective September 1, 2025, Community Healthcore's SUD outpatient program offers treatment services through Self-Pay or Medicaid payments. Currently, ten individuals are enrolled in the SUD outpatient program, with eight participants at the Longview clinic and two at the Texarkana clinic. Enrollment lasts three to six months, depending on the clinical recommendation and the individual's needs.

Question from Linda Hooks: What is the status of the youth substance use services?

Answer from Rachel Harrington: We are building that caseload now, and in the meantime, we are meeting individually.

Community Education Report – Patti Brady

For the Fall 2025 semester, we currently have two interns participating across different departments: one in Adult Mental Health in Texarkana and another in Assertive Care Treatment (ACT) in Longview. We are now recruiting five (5) interns for the Spring 2026 semester.

October was National Disability Employment Awareness Month. We had the opportunity to bring awareness about vocational support for people with disabilities on social media and in the community.

The 12th Annual Thanksgiving Day Turkey Trot 5K and Kids Fun Dash is scheduled for Thursday, November 27, 2025. Mr. Borden Bell of Texarkana is our Presenting Sponsor again this year.

Five activities were highlighted:

- National Night Out across seven locations in East Texas, October 7, 2025.
- Red Ribbon Week, October 27-31, 2025.
- Fall Family Resource Fair in Texarkana, October 30, 2025.
- Coat, Blanket, and Sock Drive in October and November 2025.

Food drive in Harrison County, October 1-28, 2025.

IDD DIRECTOR'S QUALITY REPORT COMPREHENSIVE PLANNING ADVISORY COMMITTEE (CPAC)

1. Annual Local Authority Quality Assurance Review – scheduled for November 3-6, 2025.
2. Received National Committee Quality Assurance Certification – August 2025 for three years.
3. Crisis Intervention staff presented or participated in the following events:
 - Panola/Harrison County Community Resource Coordination Group (CRCG), August 5, 2025, and September 1, 2025.
 - Hallsville Back to School Event, August 5, 2025.
 - Longview ISD Convocation, August 7, 2025.
 - Oceans Behavior Hospital, August 21, 2025.
 - Red River ISD School Health Advisory Committee (SHAC), September 24, 2025.
 - Longview Police Crisis Intervention Training New Officer Training, August 6, 2025, through August 12, 2025.
 - Monthly activities at Community Connections, Longview, for IDD individuals and staff: Standing Up for Yourself Against Bullying; Personal Boundaries.
 - There were 7 complaints for July, August, and September 2025.

Participation Rates- Targeted Case Management

IDD Authority receives a monthly A (Face to Face) and B (Collateral) report from the Billing Department. In addition, the IDD Authority Service Manager and HCS Authority Service Manager pull a weekly Credible report. This report is shared with staff in each department. The report is a detailed list of all individuals who have received an A contact.

The IDD Director, ID Authority Service Manager, and HCS Authority Service Manager discuss monthly strategies to encourage participation. For example:

1. Ensure individuals know their service coordinators' phone numbers, since face-to-face contacts can take place by phone. The Service Coordinator states that individuals have become reluctant to answer their phone calls.
2. Send a letter to the individuals to schedule the phone visit.
3. Make unannounced visits - Be observant of an individual's living conditions.
4. Encourage service coordinators to make four face-to-face contacts each day and six collateral contacts each day.
5. IDD Needs and Concerns – None currently.

HUMAN RESOURCES – WORKFORCE

Talent Acquisition and Workforce Development

The FY 2026 Center adjusted budget of \$44 Million has 72% (approximately \$31.7 million) planned for employee salaries and benefits (total compensation):

- 428.98 budgeted full-time equivalent staff.
- 398 active employees, totaling 371.75 full-time equivalent staff.
- Sixty-eight posted, advertised positions.
 - Thirty positions requiring licensure:
 - Certified Occupational Therapist Assistant
 - Licensed Speech Therapist Assistant
 - Licensed Vocational Nurse
 - Program Manager, Clinical
 - Prescriber
 - Registered Nurse
 - Speech Therapist
 - Substance Use Disorders Professional
 - Therapist
 - Seventeen positions require a bachelor's degree.
 - Twenty-one positions require a high school diploma.

Current talent acquisition initiatives include focused tactical efforts on filling licensed Therapist positions.

Workforce development initiatives include emphasis on program-specific training as new staff members are onboarded.

The FIRST initiative for assessing and selecting new mental health case manager staff has completed its initial group with six staff placed in service delivery positions and is beginning its second group in January.

Benefits

The total employee health plan claims payments through October 31, 2025, are \$706,902 (\$1,277.91 per enrolled employee per month).

In monthly update discussions, the Center's employee benefits advisor, Gallagher Benefits Services, has cautioned that through October 31, 2025, claims paid were 141% of the premiums collected as compared to 91.2% for the same period last year. This ratio will be monitored closely throughout the year as it has a significant impact on benefit cost proposals for the next plan year.

The Center received a payment in December 2025 of \$38,715.55 from Blue Cross Blue Shield after reconciliation of pharmacy rebates for the plan year ending October 1, 2023. Typically, the rebates are reconciled within three months of the end of a plan year and credited against monthly invoices, but the Center's contract with Blue Cross Blue Shield terminated on October 1, 2023, and the \$38,715.55 credit remained after all invoices were issued. After persistent follow-up by Gallagher Benefit Services, Blue Cross Blue Shield issued a check to the Center, which has been credited to the Internal Service Fund.

Tria Health, the point solution approved by the Board of Trustees for FY 2026, has been implemented. This initiative works with health plan enrollers who have high pharmacy claims to understand the history of the health treatment plan and provide information about options to high-cost pharmacies.

First Stop Health, virtual care for urgent health needs and whole mental health, has also been implemented. First quarter results indicate increasing usage and favorable customer feedback. Access to care is improved, and staff time is saved with the virtual care product.

COMMUNITY EDUCATION REPORT

TXWORKS Internship Program

We recently had two graduates from our TXWORKS Internship Program. One has accepted a full-time position with us, and the other one is currently interviewing for a position within the Center. We have recruited three new interns for the Spring 2026 semester.

The interns will be working throughout the Center in various programs this semester. Students have been recruited from East Texas Baptist University (ETBU), the University of Texas (UT) Tyler, and Texas A&M University, Texarkana.

Coat, Blanket, & Sock Drive

The Family and Youth Success (FAYS) program hosted a Coat, Blanket, & Sock Drive throughout October and November. They collected over 160 coats, 610 pairs of socks, and seventy blankets. We had great support from community members and partners.

Point in Time Count and Homeless Resource Fair - Longview

We will participate in the Point-In-Time Count and Homeless Resource Day in Longview on January 22, 2026. The annual event is an opportunity to reach people in our community experiencing homelessness and connect them to resources and services. We will have our Community Health Workers, IDD Crisis Intervention Services, Suicide Prevention, Aging & Disability Resource Center, and the Veterans Resource Center present to share information about services. We will also have CORE Health Systems providing blood pressure screenings for the participants.

Leadership Longview

On December 11, 2025, we had the privilege of hosting the Leadership Longview Health and Emergency Services Day for the 2025-2026 Leadership Longview class. Throughout the day, we shared information about Community Healthcore and CORE Health Systems programs and services, and we also had the opportunity to answer questions from participants about our initiatives.

Substance Use Disorder Treatment Awareness Month

January is the month of Substance Use Disorder Treatment Awareness. We are using the social media toolkit provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote and raise awareness of substance use disorder treatment. Content will be posted on Facebook and Instagram, as well as in the Core Connect newsletter.

Upcoming Events

Gilmer Community Collaboration Meeting

We will host a Gilmer Community Collaboration Meeting with community members and partners to discuss local resources and community needs. This will also be an opportunity for us to share information about the primary care and mental health services we provide in Gilmer. The event will be a luncheon on Friday, January 23, 2026, at Gilmer Gathers from 11:30 a.m. – 1:00 p.m.

Night to Shine – Longview, Marshall, & Texarkana

Community Healthcore will participate in Night to Shine, a prom night for individuals fourteen and older with intellectual and developmental disabilities (IDD). Sandra Taylor and the IDD Service Coordinators are contacting the individuals we serve and their families to let them know about the event and to help them get registered.

CORE Health Systems – Open House – Clarksville

We will host an Open House for the CORE Health Systems clinic in Clarksville in partnership with The Historic Red River County Chamber of Commerce, on Thursday, February 19, 2026. The event will be from 11:00 a.m. – 1:00 p.m. and will be open to the public. The chamber will assist us with promoting the event.

COMMUNITY HEALTHCORE FOUNDATION

Care Coordination Holiday Food Basket Grant

The Community Healthcore Foundation Board of Directors approved a grant to support the Care Coordination program by providing 45 Thanksgiving food baskets to individuals and families in need of assistance. These families were identified by the Care Coordination team. The baskets were distributed evenly across the nine-county catchment area.

12th Annual Thanksgiving Day Turkey Trot 5K

The 12th Annual Thanksgiving Day Turkey Trot in Texarkana was a fantastic event! We set a new record with 479 participants (430 pre-registered and 49 registered the day of the race) in the 5K and 18 young runners in the Kids Fun Dash. It was a beautiful morning at Spring Lake Park! A huge thank you to everyone who contributed to the event’s success. We sincerely appreciate our generous sponsors and dedicated staff for their support.

Registrations		Transaction \$	
Past Year		Past Year	
430	290	\$14,404	\$8,371
This Year	Last Year	This Year	Last Year

RECOMMENDATIONS FOR CONSIDERATION

Ratify the Clinically Integrated Network Application (CIN)

On a motion made by Leldon Williamson and seconded by Zephaniah Timmins, the recommendation was approved.

In Texas, the Clinically Integrated Network (CIN) is My Texas My Health and is operated under the Texas Association of Community Health Centers (TACHC). The CIN is an entity composed of independent healthcare providers who collaborate to improve patient outcomes while lowering costs. CINs provide the infrastructure (data analytics, quality reporting) required to participate in value-based payment models, allowing centers to earn shared savings or performance bonuses.

By participating in the CIN, CORE Health Systems may improve patient access to care as well as improve clinical outcomes. CIN participants also receive training in the best practices and enhanced workflow development to improve performance within the value-based model. In addition, participants will benefit from Texas HHSC's Rural Health Transformation program initiatives that will directly fund CIN activities.

Approve Members of the Comprehensive Planning Advisory Committee

On a motion made by Jay Mitchell and seconded by Shirley Baker, the recommendation was approved.

The Board of Trustees (Board) approves all members of Community Healthcore's Comprehensive Planning Advisory Committee (CPAC). The role of the CPAC is to reflect the perspectives of individuals receiving services, family members, and other stakeholders on the provision of services and support. Two individuals have applied to become members of the committee:

- Louraiseal McDonald is a County Extension Agent – Family and Community Health in Harrison County. She works with health and wellness and food and nutrition programs for youth and adults.
- Stefan Cole is a Patient Advocate and the father of a child with Special Needs from Gilmer, Texas.

Award RFP 1004-26 for Revenue Cycle Management

On a motion made by Jay Mitchel and seconded by Sidney Burns, the recommendation was approved.

A Request for Proposal (RFP) 1004-26 for Revenue Cycle Management (RCM) Services was issued in November 2025. The services were advertised as required by the State procurement rules and the Center procedures. The Center received four proposals that were evaluated by an evaluation team. The two highest-scoring teams were invited to highlight their proposals and answer questions from the evaluation team.

Bridge Healthcare Partners is the recommended vendor. If awarded, Bridge Healthcare Partners will initiate a 60-day implementation process. If the contracting process is not successful for Bridge Healthcare Partners, it is recommended that the RCM group that placed second, Visualutions, be selected to provide the RCM services for the Center.

Question from Nell Smith: Will we still be using the six dedicated staff members if we were to bring these people on board?

Answer from Inman White: It is my understanding that this company has offered to hold on to as many of the staff as they are able to in this transfer, and they would actually become their employees.

Ratify FY 2026 Funding Contracts

On a motion made by Sidney Burns and seconded by Jay Mitchell, the recommendation was approved.

Marion County is supporting Community Healthcare through a \$7,500 funding contract. Community Healthcare will provide the county with semi-annual reports of summative data for residents served in Marion County.

The Texas Department of Criminal Justice (TDCJ) 696-PF-20-21-C111 has now been extended from Sept 1, 2025, to March 31, 2026. The four-month extension presented in August 2025 has now been extended for seven months. At the end of March 2026, the contract will end. A new contract will be awarded for services beginning April 1, 2026. Community Healthcare has submitted a proposal for the new period. This contract provides substance abuse outpatient services to people who are reintegrating into the community from prison.

In September 2025, the Board of Trustees ratified the Texas Department of Criminal Justice (TDCJ) Contract 696-TC-26-27-L035, which is a two-year contract. The State is now increasing this contract by \$617,880; no other changes are included in the amendment. The contract is to provide services for those adult offenders involved with the criminal justice system who live or are returning to the Community Healthcare's catchment area with a target population diagnosis or with a severe and persistent mental illness who are identified as needing continuity of care services or who require intensive or ongoing long-term support and treatment. It can also provide similar services to juvenile offenders.

Approve FY 2026 Expense Contracts Over \$45,000

On a motion made by Leldon Williamson and seconded by Zephaniah Timmins, the recommendation was approved.

FasPsych LLC provides 24/7 on-call Psychiatrists who can tele-video to the Crisis Stabilization Unit to admit individuals in crisis. We only pay for the time used providing the service. FasPsych LLC also provides a Psychiatrist for Adult Outpatient Services.

Spyglass is a third-party vendor that is assisting the Center by doing a deep dive into our telecommunication costs. It is reviewing our cellular devices as well as landlines. These are expenses that we are already paying. The Center pays Spyglass for the 12-month value of what we would have paid the telecommunication vendors.

Approve Sublease Renewal for CHRISTUS St. Michael Hospital, 1007 S. Williams Street, Atlanta, Texas

On a motion made by Shirley Baker and seconded by Zephaniah Timmins, the recommendation was approved.

The Center first subleased this 10,806 square-foot space from CHRISTUS St. Michael Hospital on January 6, 2014. This space has served as our primary crisis facility serving our nine-county catchment area.

In cooperation with the Health & Human Services Commission (HHSC), the Center has upgraded this location to a fully licensed Crisis Stabilization Unit that can serve up to fourteen guests with the newly licensed beds.

This lease is for 18 months and is in line with the funding year with HHSC that will end August 31, 2027. The first-year cost per square foot for this medical/hospital space is \$1.74 per month with a 2% increase for the years 2027 and 2028. Monthly rent does not include janitorial, utilities (water & electricity), laundry, or food services.

Approve Revision to the IT Fund Budget

On a motion made by Shirley Baker and seconded by Leldon Williamson, the recommendation was approved.

The Center is requesting approval for funding for the network and cabling for \$5,000 and \$5,000 for network equipment at the Sun Camp Road location. These repairs are in preparation for occupancy. An additional \$5,000 is requested for training and additional users on the Center's new purchasing software, Fraxion.

Approve Revision to the Building Maintenance Fund Budget

On a motion made by Jay Mitchell and seconded by Sidney Burns, the recommendation was approved.

The Center is requesting approval and funding for facia repairs on the north end of the building for \$5,000, repairs to and striping of the parking lot for \$5,000, and \$20,000 in flooring for a total budget adjustment of \$30,000. These repairs are in preparation for occupancy at the Sun Camp Road location.

Approve Transfer of the Vehicle Fund to the General Fund

On a motion made by Zephaniah Timmins and seconded by Jay Mitchell, the recommendation was approved.

The Board of Trustees established the Vehicle Fund by authorizing the Center to move \$1,000,000 in the General Fund Reserves to the new fund. The fund purchased and sold all Center vehicles and maintained its balance by charging unit usage fees based on vehicle depreciation.

Vehicles are now leased and maintained through the Center's Enterprise Fleet Contract. The Board approved moving \$750,000 in reserves back to the General Fund in FY 2025. The Center is now requesting that the remaining balance be moved and the Vehicle Fund be closed.

Approve FY 2026 Budget Adjustment

On a motion made by Shirley Baker and seconded by Nell Smith, the recommendation was approved.

The large budget changes are mainly due to the new biennium. Final contracts and funding changes came in after the beginning of the fiscal year. The following changes for the first quarter of FY 2026 and comparisons to the beginning budget are as follows:

REVENUE	BEGINNING	ADJUSTED	VARIANCE
Local Funds	\$ 4,190,457	\$ 4,760,275	\$ 569,818
Earned Income	17,966,803	19,647,962	1,681,159
General Revenue	<u>15,946,343</u>	<u>19,836,468</u>	<u>3,890,125</u>
TOTAL REVENUE	\$38,103,603	\$44,244,705	\$ 6,141,102
EXPENSES	BEGINNING	ADJUSTED	VARIANCE
Salaries	\$ 22,660,444	\$ 25,061,881	\$ 2,401,437
Benefits	5,930,318	6,615,427	685,109
Mileage	988,499	1,044,577	56,078
Travel	55,202	98,832	43,630
Consumables	612,574	667,393	54,819
Equipment	0	16,916	16,916
Building Costs	1,753,182	2,332,034	578,852
Contracts	3,409,304	3,816,128	406,824
Other	<u>2,694,080</u>	<u>4,102,988</u>	<u>1,408,908</u>
TOTAL EXPENSES	\$ 38,103,603	\$ 43,756,176	\$ 5,652,573
NET INCOME	\$ -0-	\$ 488,529	\$ 488,529

UPCOMING EVENTS

A. February 2026 Meeting – Thursday, February 26, 2026.

The meeting adjourned at 7:39 PM.



Nell Smith
Board Secretary/Treasurer



Cindy Goodson
Recording Secretary

Date approved by the Board of Trustees: February 26, 2026