



October 23, 2025

The Board of Trustees of Community Healthcore (CHC) met on Thursday, October 23, 2025, 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 Kelly Crane.

Pledge of Allegiance

Rick Roberts led the group in the Pledge of Allegiance.

Citizen's Comments

There were no citizen comments.

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	Kelly Crane	Linda Hooks
Rick Lively	Jay Mitchell	Nell Smith	

Members Present via Videoconference

Jamie Duran	Sheriff Johnwayne Valdez	Sheriff Larry Webb
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Staff Present

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

Staff Present via Videoconference

Lee Brown	Benda Clark	Troy Johnson	Tom Suess
Sandra Taylor	Marilyn Wyman		

Guests Present

Stacey Lammers – HLH and Johnson and Pace Build Design Team
Jessee Hawkins – HLH and Johnson and Pace Build Design Team
Allen Bodovisky – HLH and Johnson and Pace Build Design Team
Haylee Ingle, QMHP with ACT
Abigayle Whatley, ACT intern

Security Present

John Justice, Greystar Security Services

Information Technology

Richard Marks from Information Technology gave the Board a short tutorial on how to access the Board Packet on their new tablets.

STORY CHANGER OF THE MONTH

Patti Brady introduced the Story Changers of the Month for October 2025 to the Board:

Annette Bray, Program Manager – Supervisor: Sandra Taylor and Brenda Clark.

Jessica Ward, Utilization Financial Specialist – Supervisor: Shequita Daniels

STAFF SERVICE AWARDS

Leakita Mayfield – 35 Years presented by Inman White

Janet Sellers – 35 Years presented by Shawn Walter

Inman White – 30 Years presented by Board Chair Linda Hooks

STATE OF THE CENTER AWARDS

Congratulations to our 2025 State of the Center Award winners:

Rising Star of the Year – Faith Ellis, Texarkana – Children’s – Supervisor Shawn Longoria

Behind the Scenes – Leakita Mayfield, Administration – Supervisor Marilyn Wyman

Leader of the Year – Amy Hill, Longview – Adult Mental Health – Supervisor Steve Archer

Story Changer of the Year – Kathryn Stolle, Longview – Children’s – Supervisor Kim Reagan

Program of the Year – Early Childhood Intervention – Assistant Program Director,

Morgan Chaney

Champions for Change Community Award, Longview – Greater Longview Optimal Wellness

(GLOW) – City of Longview Fire Department Team Members Tina Gunnels, Community

Health Nurse, and Ricky Norman, Section Chief

Champions for Change Community Award, Texarkana – Cazzie Kirk Jr., Local Musician,

Intellectual Developmental Disabilities Advocate, Mount Pleasant, Texas

TRAINING

1. Tuttle Design Review – Stacey Lammers, Jessee Hawkins, and Allen Bodovisky from HLH Design Build and Johnson & Pace Engineering presented preliminary drawings for the renovations at the Tuttle location.
2. Rural Health Transformation Program (RHTP) Funded through HR1 or One Big Beautiful Bill Act (OBBBA) – Steve Archer shared information on the Rural Health Transformation Program, which provides \$50 billion for rural America over 5 years. Half of the \$50 billion is going to be designated to each state equally, and the other half will be distributed based on the conditions in each state.

Rural counties are defined as counties with populations of 68,750 or fewer. Eligible participants in the grant include Federally Qualified Health Centers (FQHCs) and lookalikes, local mental health authorities, Certified Community Behavioral Health Clinics (CCBHCs), rural health clinics, and rural hospitals.

The Rural Health Transformation Program objectives are:

- To improve access to hospitals, health care providers, and health care items and services.
- Improve the health care outcomes of rural residents of the state.
- Prioritize the use of new and emerging technology to emphasize prevention and chronic disease management.
- Initiate, foster, and strengthen local and regional strategic partnerships between rural hospitals and other health care providers.
- Enhance economic opportunity for and supply of health care clinicians through enhanced recruitment and training.
- Prioritize data and technology-driven solutions that help rural hospitals and other rural health care providers furnish high-quality health care services.
- Outline strategies to manage long-term financial solvency and operating models of rural hospitals.
- Identify specific causes driving the accelerating rate of stand-alone rural hospitals becoming at risk of closure, conversion, or service reduction. Currently, one-third of rural hospitals in America are at risk of closing.

MEETING MINUTES

Approve September 25, 2025, Board Meeting Minutes

On a motion made by Kelly Crane and seconded by Jay Mitchell, the Board approved the September 25, 2025, board meeting minutes.

FINANCIALS

Approve August 2025 Preliminary Unaudited Financials and Investments

On a motion by Jay Mitchell and seconded by Rick Lively, the Board approved the August 2025 preliminary unaudited financials.

We have started pulling everything together for our FY 2025 audit.

For August, we had a preliminary gain of \$66,978.

Building Fund – We completed the installation of the windows and the fencing at 1500 West Grand in Marshall and replaced the trim on the Highway 154 location in Marshall. We also resolved a fencing issue at our Henderson location using the emergency funds.

IT fund – Completed secure texting and initiated Arctic Wolf security.

BOARD OF TRUSTEES UPDATE**AUGUST 2025 PRELIMINARY FINANCIAL SUMMARY****RESERVES - OTHER FUNDS**

FUND	AUGUST BAL	JULY BAL	CHANGE
BUILDING MAINTENANCE	\$ 541,603.26	\$ 554,314.46	(\$ 12,711.20)
IT	\$ 916,959.53	\$ 924,069.32	(\$ 7,109.79)
VEHICLE	\$ 301,862.15	\$ 298,298.02	\$ 3,564.13
1115 WAIVER	\$ 4,501,408.51	\$ 4,645,216.56	(\$ 143,808.05)
INTERNAL SERVICE	\$ 1,644,633.07	\$ 1,647,698.99	(\$ 3,065.92)
TOTAL	\$ 7,906,466.52	\$ 8,069,597.35	(\$ 163,130.83)

DAYS OF OPERATIONS

	AUG BAL	JULY BAL	CHANGE
General Fund Reserves	98	97	1

NET INCOME COMPARISON

	AUG 2025	AUG 2024	CHANGE
Month	\$ 66,978	(\$ 53,114)	\$ 120,092
Year-to-Date	(\$ 3,684,539)	(\$ 287,136)	(\$3,397,403)

REPORTS**CHIEF EXECUTIVE OFFICER**

[The State of Mental Health in America](#)

The hyperlink to the full report is:

<https://mhanational.org/the-state-of-mental-health-in-america/>.

The report underscores a fundamental systemic failure: the states with the highest mental health needs often offer the poorest access to care.

- High-Need, Low-Access States: The worst-ranked states—Nevada (51), Arizona (50), and Alabama (49)—are defined by a toxic combination of high rates of mental illness and severely low access to treatment. For example, Alabama ranked dead last (51st) in mental health workforce availability (740:1 ratio) and also last (51st) for youth with private insurance that fails to cover mental health. This suggests that even when people have insurance, the plans are inadequate, and there aren't enough providers to see them anyway.

- The Problem of Unmet Need: Nationally, 25% of adults with Any Mental Illness (AMI) reported an unmet need for treatment. This isn't just a matter of lacking insurance (though 10.30% of adults with AMI were uninsured). The "unmet need" measure captures barriers *beyond* insurance status, including cost, stigma, transportation, and long waiting lists, indicating a deep structural deficiency in the delivery system itself.

A Persistent Crisis in Youth Mental Health

While the report noted a significant national decrease in Major Depressive Episodes (MDE) and serious thoughts of suicide among youth from 2023 to 2024, the numbers remain alarming, pointing to a persistent crisis.

- Severity of Impairment: Critically, 10.80% of youth (2.8 million people) experienced an MDE with severe impairment. This means their depression was so debilitating that it seriously impacted their ability to function at school, home, or work. The system is still failing to reach and adequately treat those with the most severe needs.
- Preventive Care as a Barrier: A newly added measure revealed that 35.10% of adolescents did not have a preventive health visit in the past year. Since primary care visits are often the only place youth receive mental health screenings, this gap acts as an upstream barrier, ensuring that millions of mental health issues go unidentified until they reach a crisis point.
- The State Disparity: The state with the worst ranking for youth access, Nevada (51), also had the worst rate for youth lacking preventive care. Conversely, New York (1), the top-ranked state overall, performed exceptionally well in youth suicide ideation. This suggests that comprehensive, early intervention policies in better-ranked states may be having a measurable protective effect.

Implications for Policy and Advocacy

The MHA report serves as an urgent directive for federal and state policymakers.

- Focus on the Workforce: The critical shortage, highlighted by the 320:1 national ratio, is the most pervasive access barrier. Policy must prioritize funding for loan repayment, training programs, and incentives for mental health professionals to work in underserved areas.
- Insurance Adequacy (Parity): The finding that many Americans with private insurance still report an unmet need or that their plan did not cover mental or emotional problems reveals that federal and state Mental Health Parity laws are not being effectively enforced. Advocacy must target insurer compliance to ensure behavioral health benefits are truly equivalent to medical benefits.
- SUD Treatment Gap: The overwhelming 90.80% of adults with SUD who did not receive treatment emphasizes that the addiction crisis is fundamentally a treatment and access crisis. Solutions must move beyond criminal justice measures and focus on immediate, low-barrier access to substance use care.

In short, the 2025 report paints a picture of a nation where the mental health crisis is still profound, access is still the primary hurdle, and state-level disparities are exacerbating suffering, particularly among young people.

Texas exhibits a highly mixed performance in The State of Mental Health in America 2025 report, characterized by relatively lower rates of mental health prevalence but significantly higher barriers to accessing care.

Overall, Texas is a mid-to-lower-ranked state, dragged down primarily by persistent issues in its healthcare infrastructure, particularly the mental health workforce and health insurance coverage.

Texas's Rankings in the 2025 Report

Ranking Category	Texas Rank	Interpretation
Overall Ranking	33rd out of 51	Falls in the bottom half overall, indicating more challenges than strengths.
Access to Care	50th out of 51	Second, to the last — a critical finding showing extremely poor access to insurance and mental health services.
Adult Ranking	41st out of 51	Poor ranking, suggesting adults face substantial access barriers and struggle to find treatment.
Prevalence Ranking	2nd out of 51	Second best—indicating low rates of mental illness and substance use compared to other states.
Youth Ranking	19th out of 51	Lands in the better half, suggesting youth prevalence and access measures are less severe than the adult access crisis.

In-Depth Analysis of Performance

Strength: Low Prevalence of Mental Illness (Ranked 2nd)

Texas performs exceptionally well on measures of the general population's mental health and substance use.

- Adults with Any Mental Illness (AMI): Texas ranks 6th in the nation for the lowest percentage of adults with AMI (21.02%), significantly below the national average.
- Adults with Substance Use Disorder (SUD): Texas ranks 4th for the lowest percentage of adults with SUD.

The report's methodology suggests that, *on paper*, Texans experience lower rates of mental illness and substance use than almost every other state. However, this positive prevalence ranking is severely undercut by the lack of care available.

Major Weakness: Crisis in Access to Care (Ranked 50th)

The high access ranking (50th) reveals that Texas residents face some of the nation's steepest challenges in getting help when they need it. This is driven by three critical factors:

- **Mental Health Workforce Availability:** The state struggles with a major shortage of mental health professionals, with one source reporting one mental health worker for every 760 residents in 2023. This creates long wait times, limited options, and geographic deserts of care.
- **Adults with AMI Who Are Uninsured:** Texas has historically had the highest rate of uninsured residents in the U.S. This is reflected in the MHA data, where a high percentage of adults with AMI lack insurance, making treatment prohibitively expensive.
- **Cost as a Barrier:** Measures reflecting the percentage of adults who report being unable to see a doctor due to costs are likely very high, directly correlating with the high uninsured rate and general healthcare costs.

Mixed Performance: Youth Measures

Texas's youth performance is mid-level (19th), indicating better outcomes than its adult access scores but worse than its overall prevalence numbers.

- This suggests that while the prevalence of conditions like youth Major Depressive Episode (MDE) might be low (contributing to the high Prevalence Rank), the state still struggles to get treatment for those who need it, leading to a middle-of-the-pack youth access rank.

Conclusion

Texas is defined by a significant treatment gap. The data suggest that fewer Texans report having mental health or substance use disorders than in nearly any other state, but once they do, they are among the least likely in the country to receive adequate, affordable treatment due to systemic deficiencies in insurance coverage and workforce capacity.

It is important to note that rankings do not tell the full story. While Texas does not appear at the top, it is still the only state that has every county represented by local government responsible for the progress of care, the collaborative model of care within and throughout regions. The data, while instructive, has implications for challenges ahead as well as develops themes for the structure of our local needs assessment as we capture input. We would also like to see a future evaluation of State systems of care to begin benchmarking strategies that have an impact on community needs.

We anticipate the Health and Human Services Office of the Inspector General to audit us during this fiscal year. Additional state audit staff have been hired to complete their mandate.

Senate Bill 26 (2023) requires the HHSC Office of Inspector General (OIG) to conduct a performance audit of each Local Mental Health Authority (LMHA) and Local Behavioral Health Authority (LBHA) at least once every five years.

CHIEF OPERATING OFFICER

Executive Summary

Center staff continue to address ongoing budget recovery issues with staff reductions, program realignments, and subsequent rebuilding momentum to better serve those who come to us for help. Persistent adjustments regarding major budget issues in FY 2025 ending August 31, 2025, and progressing into FY 2026, with prioritizing cost controls and revenue optimization to stabilize finances by launching a Revenue Cycle Management (RCM) Work Team. This cross-functional team of center experts will enhance RCM efforts and eventual revenue. RCM is defined as the end-to-end process managing patient financial transactions – from registration and insurance verification to billing, claims processing, and payment collection – to maximize revenue and minimize denials. The appointed dedicated leader oversees subject matter experts equally dedicated, on progress, ensures accountability, and facilitates meetings actively moving the team forward. The team meets weekly initially, transitioning to bi-weekly at the speed of relevance as initiatives stabilize. The team monitors key performance metrics like days in accounts receivable, clean claims, and denial rates.

To fill critical positions, development of an assessment and selection process named FIRST (Foundations, Independence, Recovery, Support, Tools) is in action. The FIRST assessment and selection process for bachelor-level mental health hires evaluates fitness for our teams and accelerates onboarding.

The FIRST team leaders:

- Conduct standard interviews assessing education, experience, and performance; explain job expectations, including productivity standards.
- Train candidates over the initial 4 weeks via essential training modules, Community Healthcore culture overview, and sessions on multiple targeted trainings such as Mental Health First Aid, Trauma-Informed Care, Mental Health diagnosis and symptomology, progress notes, and case scenarios, etc. — delivered by experienced program managers and staff.
- Evaluate candidates continuously on work behaviors (attendance, participation, teamwork), competency via session evaluations, and core attributes:
 - Attitude: Demonstrate focused efforts, engagement, timeliness, and team mentality (e.g., "I'll carry the load").
 - Aptitude: Exhibit problem-solving, critical thinking under pressure, learning agility, common sense, and adaptability.
 - Desire: Show self-generated motivation, consistent drive, tenacity ("inner fire"), and willingness to evolve; incorporate Myers-Briggs feedback.
- Assign shadowing with case or program managers; require formal feedback forms to capture observations.

- De-select unfit candidates based on evaluations; allow mutual opt-out if a poor fit emerges.
- Coordinate with program managers for interactions during training; provide team feedback at targeted intervals.
- Interview trainees for open positions by hiring managers; select for job-specific training (CANS/ANSA, CPR, First Aid, EHR, skills notes, plans/reviews, etc.).
- Assign caseloads at a targeted timeframe; transition to the Qualified Mental Health Professional (QMHP) role with initial documentation reviews.
- Track outcomes to ensure that candidates who make it through the selection process deliver services effectively, reducing turnover and boosting team performance.

Key Performance Indicators (KPIs) and Reporting

1. Payor Mix Trends KPI

Objective: Monitor revenue diversification and payer distribution.

Metrics: Percentage of revenue from Medicaid, Medicare, commercial, and self-pay, and we will be looking at changes in payer mix quarter-over-quarter.

**PAYOR MIX
AUG YTD FY25**

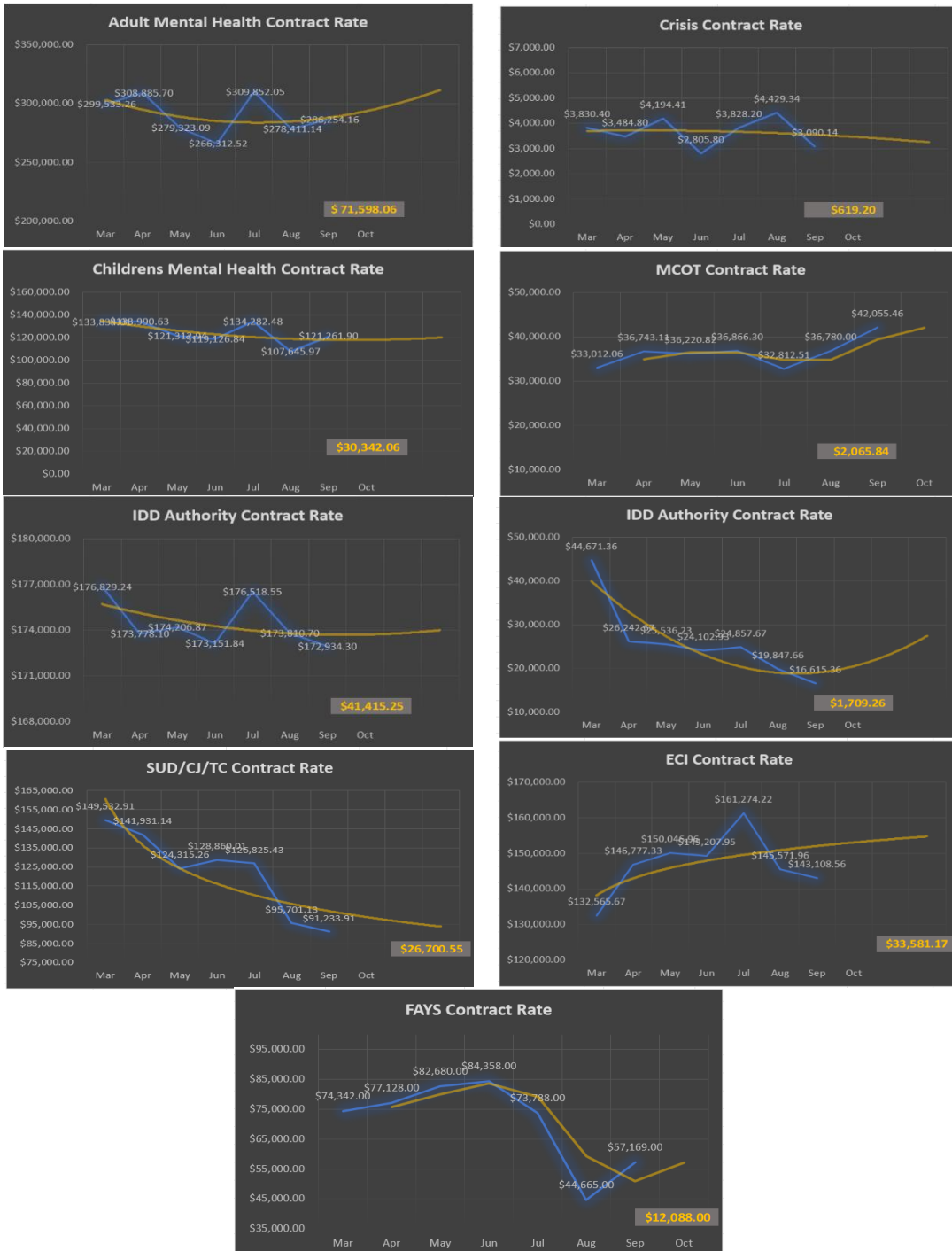


2. Billable Service Trends KPI

Objective: Assess demand and ability for primary care, behavioral health, and specialty services.

Metrics: Volume of services by contracted billable service type.

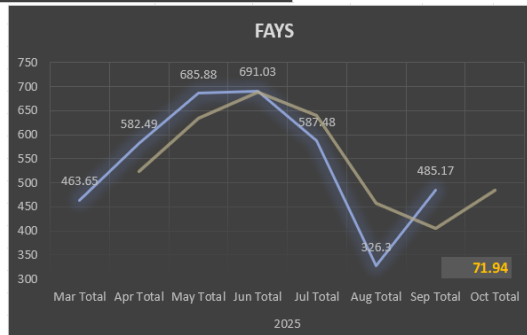
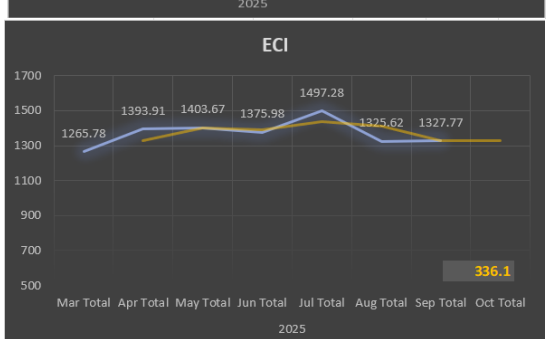
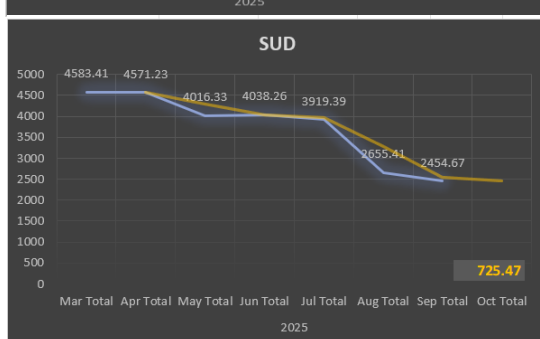
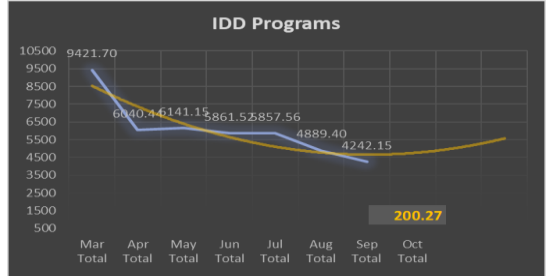
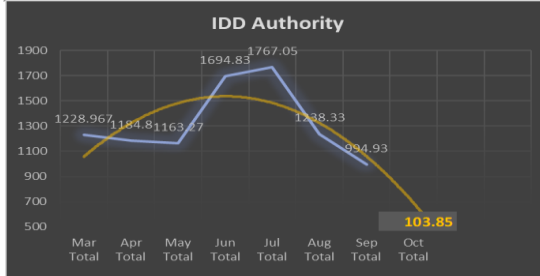
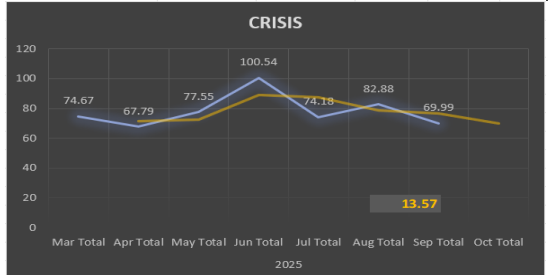
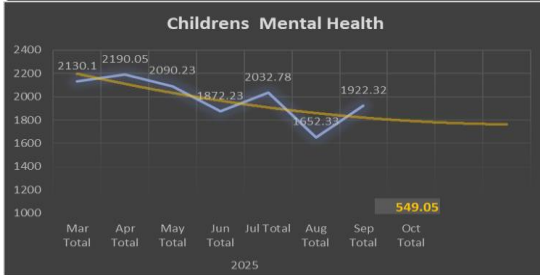
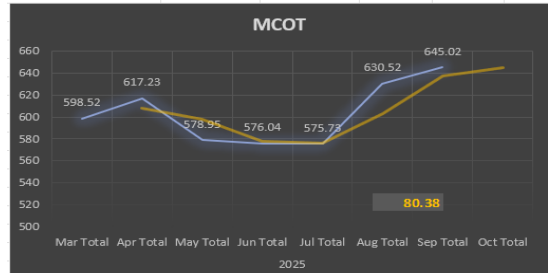
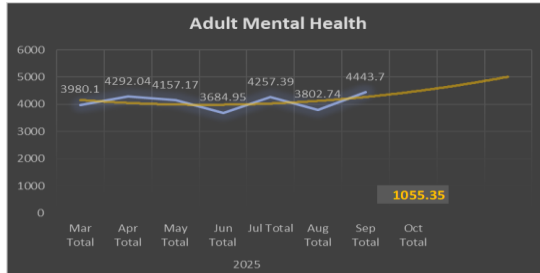
Dashboard Elements: Billable service volume by division and overall service delivery trends.



3. Service Line Volume

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

Behavioral health, including Substance Use Disorder, Intellectual Developmental Disabilities, Primary Care, and growing women's health, continues to increase at steady rates.

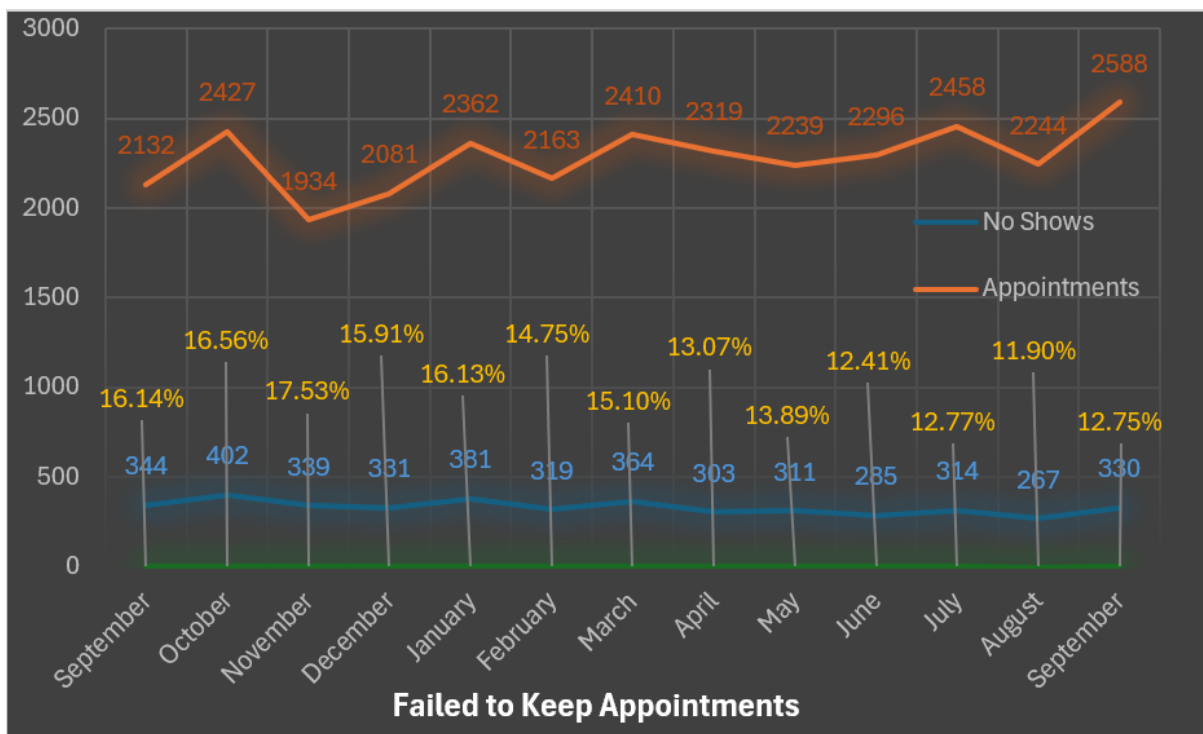


4. Clinical and Operational Performance Metrics: Crisis Stabilization Unit Average daily census:



5. Appointment Compliance: Failed to Keep Appointments (FKA)

KPI: No-show rate: prescriber FKA percentages.



Contract Performance Metrics

AMH		2025 1st Half										2025 2nd Half									
		2025 Q1					2025 Q2					2025 Q3					2025 Q4				
		202409	202410	202411	202412	202501	202502	202503	202504	202505	202506	202507	202508	202509	202510	202511	202512	202601	202602	202603	202604
Tgt	2694	107%	107%	106%	107%	105%	108%	108%	107%	107%	111%	110%	110%	110%	109%	112%	111%	111%	110%	0%	
240 - HEALTHCORE	2694	107%	107%	106%	107%	105%	108%	108%	107%	107%	111%	110%	110%	110%	109%	112%	111%	111%	110%	0%	
Sum:		107%	107%	106%	107%	105%	108%	108%			111%	110%	110%	110%	109%	112%	111%				

CMH		2025 1st Half										2025 2nd Half									
		2025 Q1					2025 Q2					2025 Q3					2025 Q4				
		202409	202410	202411	202412	202501	202502	202503	202504	202505	202506	202507	202508	202509	202510	202511	202512	202601	202602	202603	202604
Tgt	975	112%	114%	113%	113%	115%	114%	118%	116%	114%	120%	119%	119%	120%	118%	113%	112%	114%	117%	0%	
240 - HEALTHCORE	975	112%	114%	113%	113%	115%	114%	118%	116%	114%	120%	119%	119%	120%	118%	113%	112%	114%	117%	0%	
Sum:		112%	114%	113%	113%	115%	114%	118%			120%	119%	119%	120%	118%	113%	112%				

Question from Nell Smith: What do you think contributed to the no-show numbers coming down from last year?

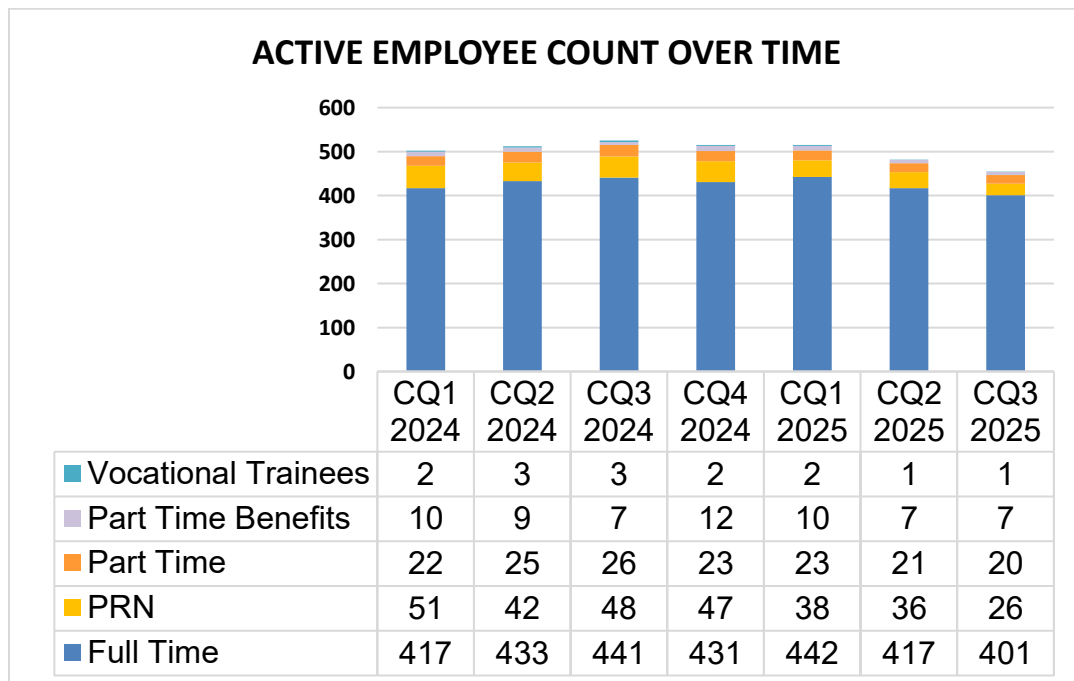
Answer from Rick Roberts: Part of the reason is that a couple of our providers can provide both primary and psychiatric care. The other reason is our frontline staff who call the individuals to remind them of their appointments.

Comment from Steve Archer: Another contributing factor is that our turnover rate for providers is very low, which helps with the engagement with our patient population.

Comment from Rick Roberts: It is that consistency with an individual that is always really important. If I go into someone, and I am seeing someone different every time, it is really difficult to have that engagement.

HUMAN RESOURCES – RISK MANAGEMENT

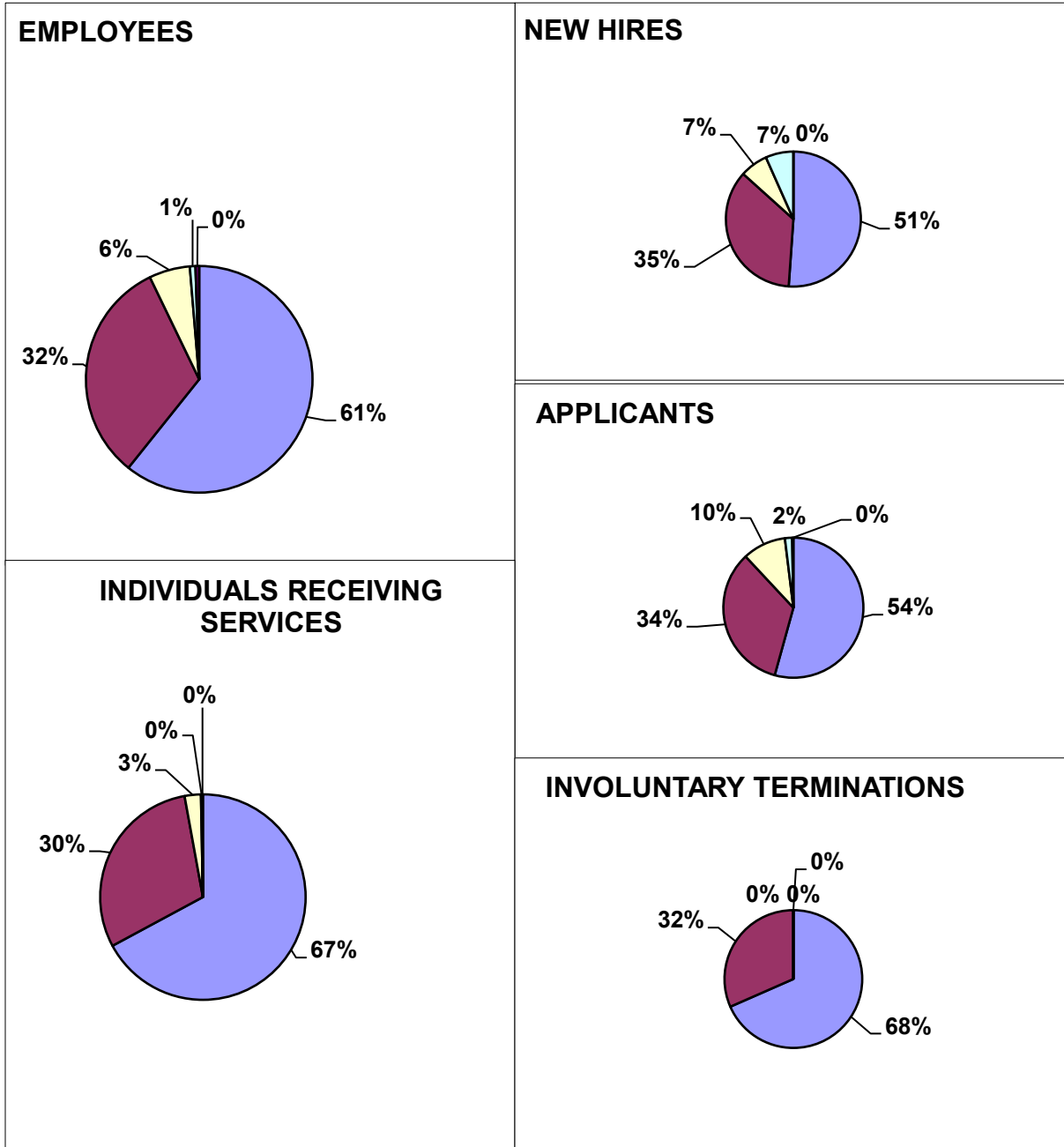
Data for Human Resource and Risk Management is for the period April 1, 2025, through September 30, 2025.



In compliance with the Family and Medical Leave Act (FMLA), 14 staff were on FMLA during the reporting period.

ETHNIC DEMOGRAPHICS AS OF SEPTEMBER 30, 2025

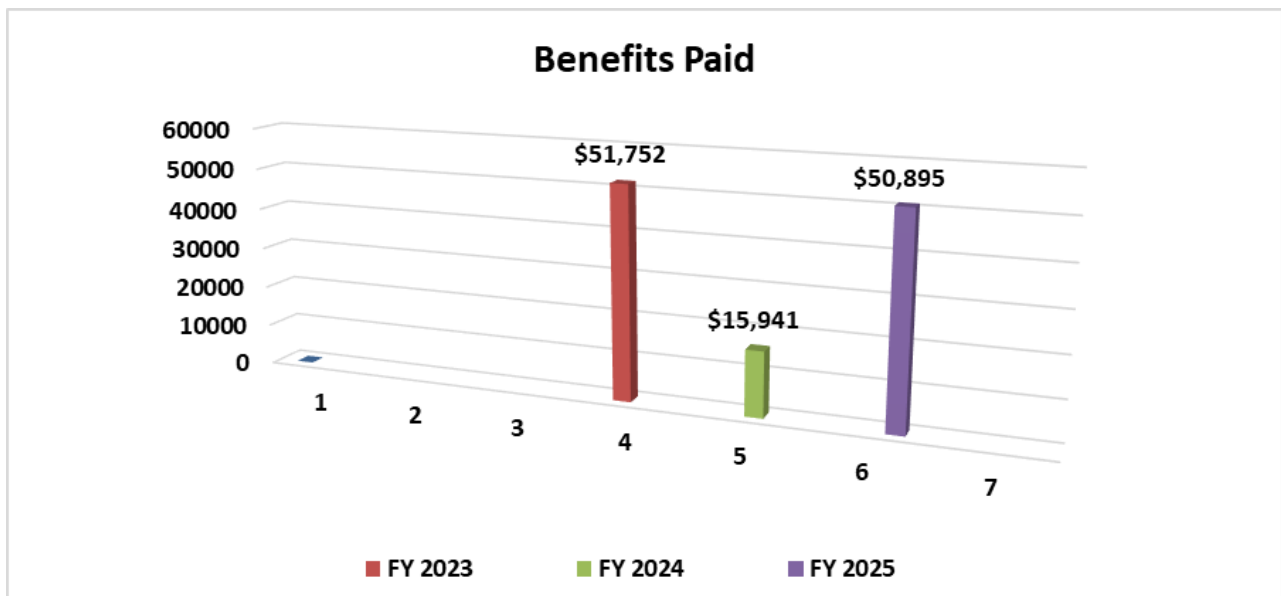
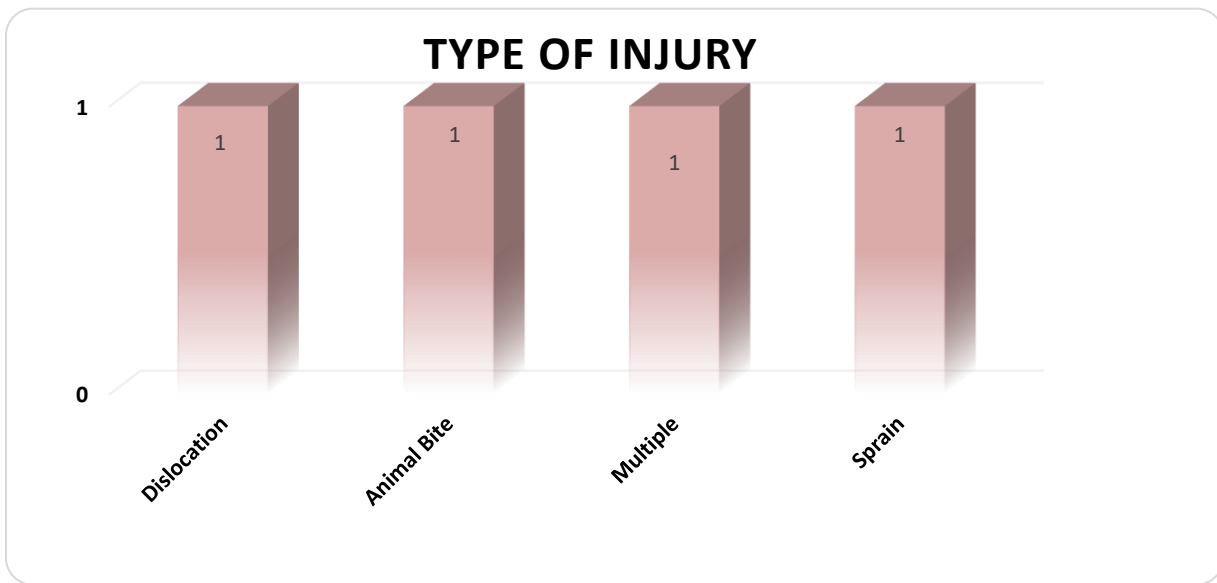
White
 Black
 Hispanic/Latino
 Asian
 American Indian



WORKERS' COMPENSATION REPORT

April 2025 through September 2025

<u>DIVISION</u>	<u># EMPLOYEES with claims</u>	<u>Lost Work Days</u>
Administration	1	46
Intellectual Developmental Disabilities	1	0
Substance Use Disorders	0	0
Mental Health	2	0



VEHICLE CLAIMS

April 2025 through September 2025

MONTH	DIVISION	FAULT	CAUSE
June	IDD - Fleet 204	No fault	Staff noticed the windshield was cracked when entering the vehicle at an outing.
	Transport – Fleet 220	Fault	The Center driver hit another vehicle when the driver failed to yield the right of way. Damage to Center vehicle \$9,459.16 – less \$500.00 deductible = \$8,959.16
	Transport – Fleet 224	Fault	The Center driver rear-ended the vehicle in front of them, which caused a chain reaction with 2 additional vehicles. Damages \$28,588.10 -- less \$500.00 deductible = \$28,088.10 None of our employees sustained injuries; however, in the 4-car collision, all of the parties have filed claims with the Texas Council Risk Management Fund.

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 have been no sentinel events since the July 24, 2025, report to the Board of Trustees.

External Reviews Reports

Since the Quality Management Report on July 24, 2025:

- A. Housing and Urban Development (HUD) Audit for Cypress Manor—Above Average Rating.
- B. Pegues Place Audit scored a 94, and deficiencies were corrected the same day.
- C. Youth Substance Use Disorder, Texarkana—findings were corrected and accepted as sufficient.
- D. Family and Youth Success (FAYS) 3rd Quarter Performance—Meeting all targets for youth served per month.
- E. National Committee for Quality Assurance (NCQA) audit of IDD programs—94.5% and 3-year accreditation
- F. The HHSC Quality Management audit had 12 findings, and we have submitted a corrective action plan.

Current External Reviews

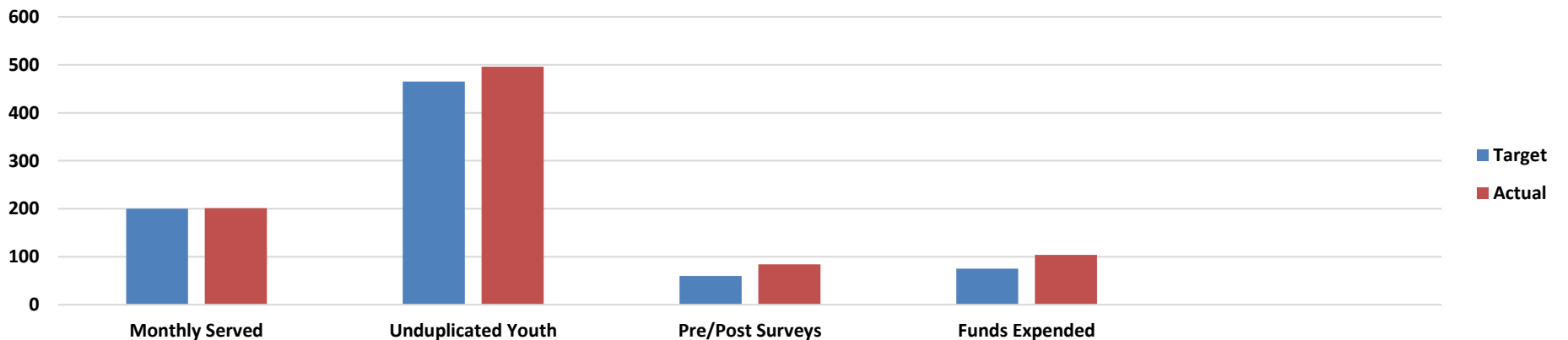
- A. Texas Certified Community Behavioral Health Clinic (T-CCBHC) Accreditation is underway with expected re-certification by November 2025. This audit occurs every 3 years.
- B. IDD LIDDA Performance Contract Monitoring Quality Assurance Audit.
- C. Our teams are preparing for our 3-year Joint Commission accreditation, and we expect it before the end of calendar year 2025.
- D. Youth Empowerment Services (YES) Quality Management Review.



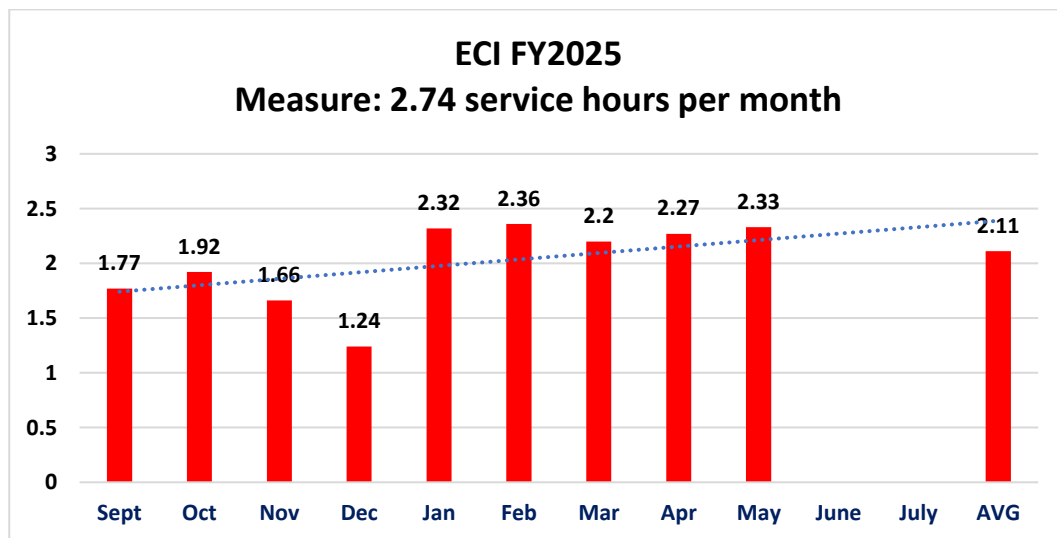
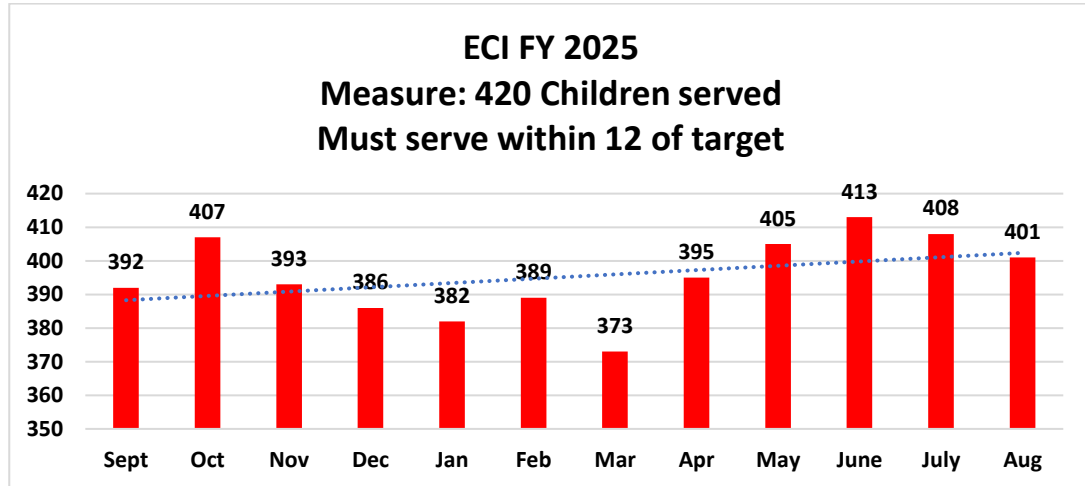
FY 2025 TARGET OUTPUTS

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)	185	198	162	185	164	197	225	220	277	242	221	134	201	200	100.5%
2) Number of Unduplicated Target Youth Served Annually (620/Year)	35 (185)	28	24	42	35	70	61	77	97	64	91	41	665	620	107.25%
3) Pre/Post Protective Factor Survey Questionnaires Completed (60%)	69%	88%	70%	90%	71%	83%	83%	88%	85%	87%	89%	65%	83%	60%	138.33%
4) FAYS Funds Expended (of \$980,000)	\$73,542	\$86,042	\$57,935	\$80,974	\$77,356	\$87,348	\$91,432	\$99,633	\$110,375	\$102,129	\$92,572	\$52,856	\$1,012,302	100%	103.29%

FY 2025 Target Outputs



Our Program of the Year award went to ECI this year. Under the leadership of Kim Reagan, there have been some changes in leadership as well as some staffing changes. They are on a strong upward trajectory, with the number of children served and the number of service hours per month.



Our Contract Measure Report shows we are overserving our community in some areas and are meeting the requirements in most everything else. There is one measure we have not met, but this measure will be retired along with several others after FY 2025. Many of the measures have monetary penalties if we don't meet them, so it is very important that we meet these.

COMMUNITY EDUCATION REPORT

Throughout this year, we will continue to promote services and programs within the community through various outreach initiatives. The "Healing Begins Here" campaign will continue as the cornerstone of our community outreach efforts, aiming to raise awareness of services, strengthen brand recognition, and create greater engagement with community partners.

Outreach Events

Throughout October, we have attended various community events:

- TXDOT Safety and Wellness Fair (Atlanta)
- Panola County Senior Expo (Carthage)
- Too Close to Home (Longview)
- University of Texas at Tyler Career and Health Fair (Tyler)
- Parents as Teachers – Group Connection (Longview)
- Adaptive Veteran Workouts at APEC (Tyler)
- Health on the Line (Texarkana)
- Evie Rocks – Suicide Prevention (Tyler)
- Harvesting Resources - Longview Nonprofit Coalition (Longview)
- Stephen F. Austin – Career and Health Fair (Nacogdoches)
- Roads to Opportunities Youth Event (Texarkana)
- Mission Marketplace at East Texas Baptist University (Marshall)
- Lion's Club (Hallsville)

TXWorks Internship Program

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

National Disability Employment Awareness Month

October is National Disability Employment Awareness Month. We have had the opportunity to bring awareness about vocational support for people with disabilities on social media and in the community. We attended the Workforce Solutions – Vocational Rehabilitation Service event on October 7th in Longview.

National Night Out 2025

We participated in National Night Out on Tuesday, October 7th, across seven locations throughout East Texas, including Gilmer, East Mountain, Longview, Marshall, Jefferson, Texarkana, Wake Village, and New Boston. Throughout the evening, we had the pleasure of engaging with hundreds of families, sharing information about services and support.

Red Ribbon Week 2025

We will celebrate Red Ribbon Week, October 27th – 31st. Red Ribbon Week is a health awareness campaign that focuses on drug prevention and education. Throughout the week, we will host engaging activities for staff, present to schools and youth programs, and share impactful messages across our social media platforms to promote drug awareness and prevention.

Fall Family Resource Fair – Texarkana

Parents as Teachers will host a Fall Family Resource Fair on Thursday, October 30th, from 4:00 pm – 6:00 pm at the Southwest Center in Texarkana. This event will be open to the community, free of charge. We will have organizations from the community sharing information about their resources and services.

Veterans Day

We are creating a video to spotlight Veterans on staff and in our community. The video will be shared on our social media platforms and in the newsletter.

Coat, Blanket, & Sock Drive

The Family and Youth Success (FAYS) program is currently hosting a Coat, Blanket, & Sock Drive throughout October and November 2025. We are collecting new and gently used items. The items will be distributed in December and will benefit the children and families we serve in the children's department.

Food Drive – Harrison County

We are hosting a Food Drive in Harrison County, in collaboration with Aspiring Adult Day Center and Texas A&M AgriLife Extension Services. The drive will run until October 28th and will benefit Mission Marshall. On October 28th, we will set up a table at Mission Marshall to share information about our services and to deliver the food donations. Donations can be dropped off at the Aspiring Adult Day Center or the Greater Marshall Chamber of Commerce. The most needed items are pasta and soup.

COMMUNITY HEALTHCORE FOUNDATION

12th Annual Thanksgiving Day Turkey Trot 5K

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. The Foundation Board of Directors and the planning committee are working on getting sponsors and promoting the event. Visit the Community Healthcore website under the Foundation tab for more information.

RECOMMENDATIONS FOR CONSIDERATION

Ratify the Application Submission to the State Energy Confirmation Office (SECO) for LED Lighting

On a motion made by Kelly Crane and seconded by Shirley Baker, the recommendation was approved.

The Texas Comptroller's Office of Public Accounts has funds available for Rural and Community Hospitals' interior and exterior LED lighting retrofits. The grant is offered through SECO RFA No. LG-IJA2-2025 and is based on population size.

The county population estimate for Gregg County is over 100,000, which only makes us eligible for partial funding. The funding will, however, cover most of the lighting upgrades for the Tuttle renovation.

We have applied for \$132,041 to be used to retrofit existing fixtures to be used in the renovation.

Ratify FY 2026 Funding Contracts

On a motion made by Sidney Burns and seconded by Rick Lively, the recommendation was approved.

HHSC Local Intellectual and Developmental Disabilities Authority (LIDDA) Money Follows the Person Grant	\$ 60,394.00
Longview Wellness Center, Parents as Teachers	\$ 860,563.67
Gregg County Funding Contract	\$ 250,000.00

The HHSC Local Intellectual and Developmental Disabilities Authority (LIDDA) Money Follows the Person Grant funds enhanced community coordination and supports provided by the Transition Support Team. Enhanced Community Coordination is a full-time position that follows and monitors individuals who move from the State Supported Living Center to one of our nine counties. MetroCare is our Transition Support Team, which provides technical assistance regarding challenging cases and training to Center staff. This contract is for five years for a total allocation of \$301,970. There is no match requirement.

Longview Wellness Center, also known as Wellness Pointe, is the grantee for the Federal program Texas Home Visiting Program. They subcontract the Parents as Teachers (PAT) portion to the Center to operate an Evidence-Based Home Visiting Model. The model provides a wide array of services to families with children from prenatal through kindergarten and offers deep insights into early childhood development. This model has been rigorously evaluated by peer-reviewed studies and has been shown to produce outstanding results for families. This funding is to provide services to families in Gregg, Harrison, and Smith counties. Community Healthcore also operates a PAT program in Bowie County that is funded directly by the State of Texas.

Gregg County provides funding to be used specifically for 1) Transportation costs incurred in transporting Gregg County residents to and from mental health hospitals; 2) Other costs associated with Gregg County residents' mental health; and 3) Costs of alternate placement for Gregg County residents.

Approve FY 2026 Expense Contracts Over \$45,000

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

Melissa Lynch, CPA, PLLC	\$ 50,000
The Meyers Group	\$ 52,000
Greystar Security Services	\$ 400,000

Melissa Lynch, CPA, PLLC, was engaged through a Request for Qualifications to provide additional support to the Center during the Annual Independent Audit. It is recommended that the Board increase her current agreement amount from \$40,000 to \$50,000.

The Meyers Group is a recruitment service that specializes in key administrative positions. This scope is to recruit a Deputy Chief Financial Officer. We are down at least one person in fiscal services right now and need someone with a higher level of authority to back up Sue Rathbun. This would have been Susan McDaniel, who left earlier in the year. Kelly Belt stepped in to fill some of this role before she left on FMLA. It is recommended that the Board increase the current contract from \$42,000 to \$52,000.

Greystar Security Services provides uniformed and badged security officers who provide on-site presence at outpatient sites in Longview and Marshall. In September, the Board approved the scope of work for \$150,000. Community Healthcore is now recommending expanding services to include 24/7 onsite security at the Crisis Stabilization Unit in Atlanta, Texas. This will be an additional \$250,000 for a \$400,000 total project cost for this fiscal year.

Ratify Memorandums of Understanding (MOU)

On a motion made by Jay Mitchell and seconded by Kelly Crane, the recommendation was approved.

- Parents as Teachers National Council
- Special Health Resources
- Resolute Addiction and Behavioral Health, PLLC
- United Healthcare – Community First Choice

Parents as Teachers (PAT) is a national initiative supporting young families and providing in-home support and training. Community Healthcore is a PAT provider in Bowie, Gregg, Harrison, and Smith counties. The PAT National Center is the national arm of this program and provides support and resources to provider organizations. This MOU does have a \$13,800 fee.

Special Health Resources (SHR), a local Federally Qualified Health Center, and the Center are working together to reduce substance use disorders. SHR offers additional support to assess and treat human immunodeficiency virus (HIV). There is a higher risk of HIV in individuals with substance use disorders.

Resolute Addiction and Behavioral Health, PLLC, is a local provider in the Longview area that desires to refer cases as needed to Community Healthcore, the local mental health authority. Both parties will maintain open communication and coordinate care as provided by the individual's consent.

United Healthcare is a managed care organization that has a State Contract to administer the Community First Choice Medicaid program to people with intellectual and developmental disabilities. This MOU outlines the roles and responsibilities of the Center and United Healthcare.

OTHER BOARD BUSINESS

Approve the FY 2026 Slate of Officers:


On a motion by Kelly Crane and seconded by Shirley Baker, the Board approved the FY 2026 Board Officers:

- Board Chair: Linda Hooks
- Board Vice Chair: Jay Mitchell
- Board Secretary/Treasurer: Nell Smith

UPCOMING EVENTS

- A. Thanksgiving Day Turkey Trot – Thursday, November 27, 2025, 7:30 am at Spring Lake Park, Texarkana
- B. Staff Holiday Party – Wonderland of Lights, Tuesday, December 2, 2025, from 6:00 pm to 9:00 pm in Downtown Marshall.
- C. Board Christmas Dinner Meeting – Thursday, December 11, 2025, at 5:00 pm at Synergy Park, 100 N. Bolivar Street, Marshall, Texas 75670.
- D. January 2026 Meeting – Thursday, January 22, 2026.

The meeting adjourned at 7:01 PM.



Nell Smith
Board Secretary/Treasurer



Cindy Goodson
Recording Secretary

Date approved by the Board of Trustees: December 11, 2025