

CEO REPORT

"Working Together To Help People Help Themselves"



October 22, 2025

Fiscal Year 2025 Service Update

Check out the Center's "***Fiscal 2025 Year in Review***" at the end of the report.



September 2025 Monthly Financials

Delayed - September financials will be presented at the next Board meeting.

MH Quality Management

Note: Although we strive for 100% scores of 80% or greater are typically acceptable by HHSC.

FY2025 Jail-Based Competency Restoration Program Review

On **09/15/2025** QM completed a Jail Based Competency Restoration (JBCR) review. The review tool used was based on The Texas Administrative Code (TAC) Rules & the JBCR HHSC Contract Statement of Work. Fourteen charts were examined; the review elements were broken down into the following categories: personnel requirements, individual eligibility, and admission. The **overall score was 77% accuracy**. QM has required program staff to submit a corrective action plan.

FY205, Quarters 3-4 Adult MH Chart Review

QM completed an Adult Mental Health chart review for FY2025, Q3 – Q4 on **10/7/2025**. The review spanned 20 Adult Mental Health patients. The QM Mental Health chart review tool was utilized to evaluate the patient chart contents in accordance with TAC guidelines, Center P&Ps, & included the HHSC progress note & recovery plan review tool requirements. Scores: **TAC = 98%**; **Medical Notes = 93%**; **Progress Notes = 83%**; **Recovery Plans = 83%**; **Overall = 89%**. No corrective action plan required.

FY2025, Quarters 3-4 Children's MH Chart Review

QM completed a Children's Mental Health chart review for FY 2025, Q3 – Q4 on **10/9/2025**. The review spanned 40 Child & Adolescent Mental Health patients. The QM Mental Health review tool was utilized to evaluates the patient chart contents in accordance with the TAC guidelines; Center P&Ps, & included the HHSC progress note & recovery plan review tool requirements. Scores: **TAC**

= 97%; **Medical Notes** = 82%; **Progress Notes** = 87%; **Recovery Plans** = 48%; **Overall** = 77%. A corrective action plan has been submitted by Director of Children's Mental Health Services.

Center Plan Updates

FY2026 Americans with Disabilities Act (ADA) Self-Evaluation & Transition Plan

MHMRCV is contractually required by HHSC to maintain & annually update an ADA Plan. The FY2026 ADA Self-Evaluation & Transition Plan was revised on **09/25/2025**. Changes included: staff titles were updated, deletion of Vocational Apprenticeship Program from IDD Services Listing section, changed references to the word "Center" to MHMRCV, deleted contractor names that were no longer providing services for MHMRCV, deleted YES Waiver Service location on Spaulding Street from facilities list and added it to the Oakes St. facility location listing, & updated the number of IDD Host Homes. The new ADA Plan is posted on the MHRCV website; it can be located at the following link: <https://mhrcv.org/wp-content/uploads/2025/09/FY-26-ADA-Plan.pdf>



ADA SELF-EVALUATION and TRANSITION PLAN

FY 2026

FY2026 – FY2027 Corporate Compliance Plan

The FY2026 – FY2027 Corporate Compliance Plan was revised on **09/25/2025**. The plan contents include policies/procedures/guidelines, Corporate Compliance: Officer, Committee, Training/Education, Reporting, Investigations, Response to Detected Offenses, & Plan Review/Revision. Updates to the revised plan include references to "Center" changed to "MHMRCV", reference to the MHMRCV Continuous Quality Improvement (CQI) Plan added, & trauma informed language added throughout. The updated Corporate Compliance Plan is posted on the MHMRCV website & can be located at the following link: <https://mhrcv.org/wp-content/uploads/2025/09/FY-26-FY-27-Corporate-Compliance-Plan.pdf>



CORPORATE COMPLIANCE PLAN

FY'26 – FY'27

Revised: 09/25/25



IDD LIDDA Comprehensive QA Review

On **September 26th** the Center received a draft report & scores from HHSC on the **FY2026 Quality Assurance Authority Review** that occurred on **September 15 - 18, 2025**. The QA review focused on the following areas: **General Revenue (GR)** services/supports, **Home & Community-Based Services (HCS)** Service Coordination, **TX Home Living (TxHmL)** Service Coordination, & **Pre-Admission Screening Resident Review (PASRR)** services, & **Quality Assurance** items (Board & PNAC meetings, HR, Local Provider Network Development, Quality Management Plan, Separation of Provider & Authority, HCS/TxHmL Interest Maintenance, Priority Population, Emergency Plans, Reporting Critical Incidents, Community Living Options, monitoring of the Texas Law Enforcement Telecommunications System (TLETS) for individuals with IDD entering jail, as well as all training requirements, staff qualifications, & ensuring



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protected health information is maintained). This was considered a “desk review” audit as it was done all remotely.

Draft Scores:

GR—96.33%

HCS Service Coordination—89.82% (FY2024 score - 96.66%)

TxHmL Service Coordination— 95.20% (FY2024 score - 93.21%)

PASRR – 91.54% (FY2023 score - 99.09%)

Quality Assurance – 95.98% (F&2023 score - 99.75%)

Gana Brazeal-Huff & **Seth Jones**, Director of IDD Authority Services, along with all of the Local Authority Services staff, did an excellent job. Gana had reported that the FY2024 review the audit team created a relaxed environment that made for a pleasant experience for staff where they felt a sense of appreciation. This year things had changed where the experience was not quite as friendly with several auditors difficult to work with & not accepting of documentation presented.

The draft report stated we had 10 business days from receipt of finding to submit a request for an appeal for any findings. This request must be in writing & forwarded via email to the Review Facilitator, no later than **10/10/2025**.

Gana submitted our reconsideration letter & documents on **10/9/2025** as well as a technical assistance request for some of the PASRR findings. We hope that the appeal will move the HCS score to over 90% allowing us to “skip” a year between audits.

To be eligible for what is called a Formal Monitoring review: a LIDDA must obtain a minimum **overall compliance level of 90%** or above & a **compliance level of 90% or above in each of the following four programs: GR, HCS, PASRR &, TxHmL**. HHSC will schedule the LIDDA’s next monitoring review within **21-24 months** from the previous monitoring exit date.

If a LIDDA **fails to achieve a minimum overall compliance score of 90%** or above or a **compliance level of 90% or above in any of the four programs** they will receive an Intermittent Monitoring review where HHSC will schedule the LIDDA’s next monitoring review within **11-13 months** from the previous monitoring exit date.

Local intellectual
and developmental
disability authorities
(LIDDAs)

YES Waiver QM Review

HHSC, Youth Empowerment Services (YES) program staff completed a quality management review of the Center’s YES Waiver program on **September 26, 2025**. YES program staff reviewed a sample of 9 participants during the time period of 6/22/2025-9/22/2025.



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Youth Empowerment Services Waiver

The audit team reported the following positives where improvements were made:

- A Termination Clinical Eligibility document is entered for all youth discharging from YES waiver services. Improved from previous QM score of 50%.
- There is a discharge/transition plan for youth who successfully graduate from the YES program or request termination of services. If the youth is turning 19 there is a discharge/transition plan that includes a summary of community mental health services,

current status, and plans to coordinate ongoing services. Improved from previous QM score of 50%

Of the 29 Program Measures evaluated 6 fell below 90% requiring a corrective action plan along with evidence of the correction submitted by November 10, 2025.

Concerns and Areas for Improvement:

- Applicants on the YES Waiver inquiry list received a clinical eligibility assessment for YES Waiver within 7 business days of meeting demographic eligibility criteria. Score – 40%
- Waiver participant receives services according to the type, scope, and amount specified in their Wraparound Plans. Score – 88%
- Waiver participants whose services are delivered according to the frequency specified in their Wraparound Plans. Score 88%
- Waiver participants whose services are delivered according to the duration specified in their Wraparound Plans. Score – 75%
- Waiver participants whose services are delivered according to the location specified on their Wraparound Plans. Score - 88%
- Facilitator submitted the Critical Incident report to HHSC within 72 hours (or 3 business days) after being informed of the incident. Score – 75%

All 16 Provider Qualifications & Trainings Performance Measures received a score of 100%.

The HHSC YES review members stated in their letter of findings, *“While this report identified areas needing remediation, we would like to acknowledge that your YES team demonstrates a strong commitment to the service of YES Waiver participants, including your YES Waiver program staff’s ongoing commitment to participation in Wraparound Coaching from the National Wraparound Implementation Center.”* **Cara Barker**, Children’s MH Program Director, & our YES Waiver staff did a great job with this review.



Upcoming Events

The following are upcoming events & holiday closures:

MH Legislative Update with Rep. Drew Darby – November 6th

Bunch of Blessings Staff Thanksgiving Lunch – November 13th

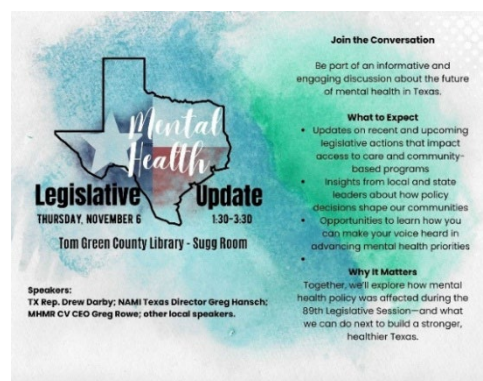
Center Closed for Thanksgiving Holiday – November 27th & 28th



MH Rally on the Courthouse Lawn – December 3rd

HHSC Forensic & Jail Diversion Services Program Visit – December 4th

San Angelo Clubhouse Accreditation Review – December 9th – 11th



Staff Recognition Dinner, San Angelo

Country Club – December 11th

Center Closed for Christmas Holiday – December 24th & 25th

Center Closed on New Year's Day



Trunk or Treat

We had over 400 attend our Annual Trunk or Treat last Friday, **October 17th**. This included 18 trunks that represented our YES Waiver Children's services, Mental Health First Aide, IDD Service Coordination, Adult MH Outpatient Clinic, & IDD Day Program. Additionally, 11 trunks represented local partners like the San Angelo YMCA, Shannon Community Outreach, Early Head Start, Girl Scouts, San Angelo Housing Authority, Alcohol & Drug Awareness Center, & Empower Behavioral Health. **Brandi Sablan & Ty Matlock** coordinated.

IDD Provider Services

hosted a "**Haunted House**" to raise donations. **Rita Martinez & Christine Gutierrez** coordinated & did an amazing job setting it up.





San Angelo Clubhouse Rise to Recovery Luncheon Report

RISE to Recovery 2025 Event Report

Our 6th annual RISE to Recovery Luncheon was our best-attended RISE event so far! As our Clubhouse membership continues to grow, our event is growing as well! With limited seating at the LeGrand, we may have to look for a different location in the next year or two, to allow for more seating (and hopefully, more donations!).



+ ↑ **132**

People attended. This is up 16% over last year's event. This year also saw the most people invited by previous attendees.

+ ↑ **\$6510**

Raised day of event. This is a 56% increase over donations made day of event last year.

+ ↑ **\$1700**

In-kind donation of meals from Market Street.

+ ↑ **23**

Members attended event. This is a 48% increase in member attendance, which mirrors our average daily attendance increase for the year.



San Angelo Clubhouse is proud to report significant growth in both membership and community engagement over the past year. This expanding presence reflects the strength of our program and the impact it continues to have on individuals living with mental illness in our community. We are especially encouraged by the rise in community donations that have accompanied this growth—an affirmation of the trust and support we've built. We extend our sincere gratitude to MHMR Concho Valley for its continued partnership and belief in our mission to create opportunities for recovery, purpose, and belonging.



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FY2025 Year In Review - Program Updates

Program	Target	FY2025 Persons Served	Comments
Adult MH Services			
Adult MH	Monthly State Target - 680	1,623 Unduplicated	Total Services Provided - 22,118 Averaging 876 adults served/month Time Between Intake & Prescriber – 8.5 days Best practice is less than 10 days.
Primary Care Integration	Local Target - 31	Averaging 31 people per month	Partnership with Shannon to provide a Physician Assistant 1x a week at the AMH Clinic.
Substance Use / Co-Occurring Services	No Target	82	1,296 Services Provided
HB13 Community MH Grant	Annual State Target - 750	870 (MHMR & Partners)	Co-Occurring Psychiatric & Substance Disorder, Zero Suicide, Enhanced MH Deputy Services
Housing Assistance	SHR – Supported Housing Rental Assistance (HHSC Funded) TBRA – Tenant Based Rental Assistance – HOME Grant from City of San Angelo OOG – Office of the Governor grant CDC – Crisis Diversion Center	SHR- 27 TBRA-8 OOG-45 CDC- 52	There's some cross over between programs, the numbers are unduplicated by program. Total – 132 Individuals received housing assistance.
Children's MH Services			
Children's MH	Monthly State Target - 282	494 Unduplicated	7,775 Services Provided Averaging 260 children served/month

			Time Between Intake & Prescriber – 6.8 days
YES Waiver	Annual State Target - 8	20	Averaging 9 children served/month
Crisis Services			
Crisis Respite	Annual State Target - 150	126	Under target for the Fiscal Year. A new supervisor was hired in April 2025. Crisis Respite & Crisis Diversion began working together. We are seeing an increase in numbers served. Target is 12-13 individuals served per month.
Crisis Diversion Center	Annual Target - 450	101	New program – The first year allowed for ramping up. Working to serve a minimum of 38 individuals per month
Crisis Hotline	Total Crisis Calls 1,729 Hotline NonCrisis Calls 226 Hotline Calls Resolved 1,080 Mobile Crisis Outreach Team Activated 423 Crisis Team Assessments at Jail 2,130		Note: No all calls to the crisis line are true crisis
Mobile Crisis Outreach Team Inpatient Hospitalizations	No State Target <u>Funding Sources:</u> <u>Tier II</u> <u>3 Day Crisis Stabilization</u> - \$100,000 Paid to Hospital - \$500/day <u>Community MH Grant</u> funding for Co-Occurring MH & Substance Use <u>Tier I</u> <u>Community Based Crisis Programs</u> - \$1,196,832 Paid to Hospital - \$1,000/first day, \$800 day after <u>HHSC funding</u> for jail diversion or alternatives to State	<u>Totals</u> \$1,213,200 Funds Utilized 1,555 Bed Days 318 Individuals Served	<u>Break Down</u> <u>Tier I, CBCP</u> \$788,200 for FY 25 950 bed days 141 patients <u>Tier II, CBCP</u> \$96,000 for FY 25 192 bed days 86 patients <u>PPB</u> \$329,400 for FY 25 413 bed days 91 patients Note: Tier II CBCP funding is utilized for both inpatient hospitalizations & MH Crisis Respite.

	MH Facility hospitalization PPB Private Psychiatric Beds – Paid to Hospital - \$800/day HHSC funding for inpatient MH hospital services to assistance individuals in an acute BH crisis. Intensive interventions to relieve acute symptomatology & restore individual's ability to function in a less restrictive setting.		
Veteran Services			
MVPN – Military Veteran Peer Network		2,041	Responded to 27 Suicidal Ideation Calls 5 Individuals with a plan 5 Successful Interventions 0 Veteran Death's by Suicide 7 Suicide Awareness Trainings with 75 individuals trained.
TVC Grant	Texas Veterans Commission grant for peer services	87	ASK+K Suicide Prevention Workshop - 37 Beyond the Battlefield Veterans MH Symposium - 53
Forensic Services			
TCOOMMI	Targets are Based on Monthly Average Continuity of Care – No Target CRTC (Correction Facilities) – 30 Adult Case Management – 20-25 Juvenile Case Management – 12-15	<u>Totals</u> CoC – 8 CRTC – 16 Adult CM – 25 Child CM – 10	TCOOMMI - Texas Correctional Office on Offenders with Medical or Mental Impairments
Jail Continuity of Care	Annual Target - 195	53	New program began providing services in May 2025. First year allows for

			ramping up. The goal is to serve 16 individuals each month.
Jail Based Competency Restoration	Annual Target – 9	20	Individuals Restored to Competency – 11 Unable to Restore to Competency - 9
IDD Services			
Total All IDD Services		1,011 Unduplicated	58,302 Services Provided
Local IDD Authority General Revenue Services	Monthly State Target - 48	43	Under target for the Fiscal Year. GR Service Coordination, Continuity of Services, Day Program, Care Giver Respite, Community Support (transportation), Counseling
Local IDD Authority Service Coordination	Local Target 400	589	HCS & TxHmL Service Coordination, CLASS Case Management, Community Living Options, PASRR
IDD Interest List Maintenance / Contacts	Target - 100% contacted for FY2024 & FY2025	For FY2024 & FY2025 combined, 100%	728 people on the HCS Interest List; a 16% increase since May 2025 618 people on the TxHmL Interest List; a 7% increase since May 2025
IDD Authority - Residential Enrollments	HHSC sends slot releases based on the next person on the Interest List & funding approved by the Legislature	Enrolled HCS - 36 TxHmL -15 *Additional – 2	In Process HCS – 8 TxHmL – 3 IDD Authority enrolls into our internal provider & private providers. *2 individuals enrolled into an Intermediate Care Facility community group home from the State Supported Living Center
Internal IDD Provider Services HCS / TxHmL	No Targets	Persons Served HCS – 55 TxHmL - 29	HCS has 1 additional individual in the enrollment process
San Angelo Clubhouse			
Clubhouse Members	Local Target – Greater than 15 Average Daily Attendance	259 Members	Total Days of Attendance – 5,025 Total Instances of Engaged Outreach – 253 Average Daily Attendance - 20

<i>MH First Aid</i>			
MHFA Classes	No Targets	Classes – 33 People Trained - 553	69% increase in the number of individuals trained this fiscal year, compared to last year. Adult Trainings – 21 Youth Trainings – 11 Teen Trainings - 1
<i>Community Outreach Events</i>			
MHMR Sponsored Events	To Targets	5	Examples: Trunk or Treat, Pathways to Progress (Legislative Event with Rep. Drew Darby)
Total Events		79	226 Volunteers 7,623 Persons Reached +