

**BEXAR COUNTY BOARD OF TRUSTEES FOR  
MENTAL HEALTH MENTAL RETARDATION SERVICES d/b/a  
THE CENTER FOR HEALTH CARE SERVICES**

Regular Board Meeting

6800 Park Ten Blvd, Suite 200-S  
San Antonio, Texas 78213  
Tuesday, December 13, 2022  
6:00 p.m.

**TRUSTEES PRESENT:** Daniel T. Barrett, Chairman  
Graciela Cigarroa, Treasurer  
Donnie Windham Whited, Secretary  
Roberta Krueger, M.D.  
Sandee Marion, Ret. Judge  
Margaret M. Vera

**TRUSTEES ABSENT:** Mary Rose Brown, Vice Chairman  
Polly Jackson Spencer, Ret. Judge  
Richard Usatine, M.D.  
Sheriff Javier Salazar (Ex-Officio)

**STAFF PRESENT:** Jelynn LeBlanc Jamison, President/Chief Executive Officer  
Robert Guevara, Chief Financial Officer  
Rene Olvera, M.D., Chief Medical Officer  
Frank Garza, General Counsel  
James Chapman, Chief Compliance Officer  
Brad Benoit, VP of IDD  
Juanita Rodriguez-Cordero, VP of Clinical Outcomes  
Adam Velez, Sr. Director of Contracts & Procurement  
Jennifer Hussey, Director of Compliance & Internal Review  
Carla Riedl, Legislative Analyst  
Venisa Saenz, Chief of Staff/Board Liaison  
Cynthia Hinton, Executive Assistant

**GUEST PRESENT:** Hunter Stanco, Morgan Stanley

The regular meeting of the Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services was held on Tuesday, December 13, 2022, at the Administrative Offices located at 6800 Park Ten Blvd, Suite 200, San Antonio, Texas 78213.

**CALL MEETING TO ORDER  
CERTIFICATION OF QUORUM**

Mr. Barrett called the meeting to order at 6:06 p.m., with the following trustees present: Mses.,

Cigarroa, Krueger, Marion, Vera, and Whited, thereby establishing a quorum.

**PLEDGE OF ALLEGIANCE** - Led by Chairman Daniel Barrett

**CITIZENS TO BE HEARD** – There were none.

**I. APPROVAL OF MINUTES**

Mr. Barrett asked for a motion to approve the Minutes of the October 11, 2022, Regular Board Meeting, which were presented for review and approval. Dr. Whited so moved for approval as presented; Judge Marion seconded the motion. Motion carried.

**II. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT**

**Leadership Briefing**

Ms. Jamison said that at this time she would like to bring forward the Legislative Briefing update. Since Ms. Greer could not be here to present, that her staff Carla Riedl would present and because Ms. Riedl has a commitment to get to. Ms. Jamison also stated that there is a Leadership Briefing that she will update the Board in Executive Session.

**Upcoming 88 Legislation Session (January 2023) Update**

Ms. Riedl introduced herself and stated she is the Legislative Analyst in the Governmental Relations Department. She stated that the Legislative Session is less than 30 days away. It begins January 10, 2023, and ends March 29, 2023, and will last 140 days. Bexar County has 10 State Representatives and 4 State Senators and mentioned the newest members of the Bexar County delegation. She said that we have shared our priorities with every member of the delegation with exception of Representative-elect Garcia. We have seen more people seeking treatment because of the COVID pandemic. Ms. Riedl went over the Center's priorities for each of the following:

- Improve Access and Availability of Behavioral Health Care
- Strengthen IDD Programs
- Other Priorities Considerations
- Community Partner Priorities – we collaborate closely with our community partners through the Bexar Health Coalition and will provide support with our legislative priorities throughout the session. They meet monthly during the interim to develop our priorities and meet weekly throughout the session and to provide support to each other.

Ms. Riedl then went over the newest advocacy tool used for this legislative session which is Capitol Canary. It provides legislative intelligence, allows community partners to text members of the delegation, and enables the Center and its partners to collaborate in community campaigns. Mr. Barrett commented that he knows most of these initiatives are in conjunction with the Texas Council and maybe the new software will allow us to track many of these bills. Ms. Riedl replied yes that there are several avenues that can be used. Mr. Barrett thanked Ms. Riedl for her update.

**Chief Medical Officer's Report – Dr. Rene Olvera**

Dr. Olvera reported that in preparation for the new legislative session, the Center just received the bi-annual report from the Texas Child Mental Health Care Consortium of which the Center is a part of. This consortium was created to increase more child & adolescent psychiatrists in the

State of Texas. It went into effect in 2019 and the Center joined in 2020. Dr. Olvera gave an example, there were twenty seven first year trainees state-wide and that went up to forty six, which was a 70% increase in trainees coming through. Here in San Antonio, we were able to develop four and child development fellows to six. In the last two years statewide they have had 23,000 visits and treated about 16,000 patients. All of the medical schools in Texas are involved and over 20 LMHAs are involved. We are about 5% of the LMHAs. Of these 23,000 visits, we accounted for close to 10% of those visits. In San Antonio alone we had about 2300 visits. He feels they are well prepared to defend this program in the biennium thanks to all the support of Center Leadership, and it has been going well.

Ms. Jamison said we are prepared to adjust our legislative agenda accordingly on the ask coming out of that report so we will be following to see which committees and what support we can lend for further funding for that.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of October and November 2022 – Ms. Jamison stated there were none to report.

Mr. Barrett stated he wanted to go to the Board Chairman's Report.

### **III. BOARD CHAIRMAN'S REPORT**

Mr. Barrett mentioned that Ms. Jamison was the Master of Ceremonies at the luncheon for the 22<sup>nd</sup> Annual Small Minority Women Business Enterprise program, and stated she did a tremendous job. The Center very well represented and received a lot of accolades from people that stopped by, and who not only needed our services but wanted to know what the Center's services were all about. He said it was a great program and there were 7000 participants and over 100 agencies. Ms. Jamison said that staff did a great job and they had 3 workshops this year. She stated that the Center has gone from a table to being on the agenda and have 3 workshops.

### **IV. CONSENT AGENDA**

1. Acceptance of the 2022 Third Quarter Performance Report of the Center's 401(a) and 457 (b) Accounts from Morgan Stanley – *Hunter Stanco*
2. Review and Approve for Recommendation to the Board of Trustees the Proposed Membership to The Center for Health Care Services Foundation Board – *Leonard Rodriguez*
3. Acceptance of the Revisions to Proposed Board Policies – *James Chapman*
4. Acceptance for the President/CEO to Negotiate and Execute a contract with Clarity Child Guidance Center for the Provision of Child Inpatient Psychiatric Services – *Adam Velez*
5. Review and Recommend for Approval to the Board of Trustees to categorize 1921 and 1923 Burnet as surplus and approve for disposition along with recommending for approval for the President/CEO to negotiate and execute a contract for services related to the disposition of 1921 and 1923 Burnet – *Adam Velez*
6. Review and Recommendation for Approval to the Board of Trustees for the President/CEO to negotiate and execute a contract with Alliance Benefit Group of Houston, Inc., and Morgan Stanley Wealth Management for the provision of Financial Planning Services – *Adam Velez*

Mr. Barrett asked for a motion to approve the Consent Agenda items. Ms. Vera so moved; Ms. Cigarroa seconded. Motion carried.

## **V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION**

### **EXECUTIVE COMMITTEE** (*Daniel Barrett, Chair*)

1. Review and Recommend for Approval to the Board of Trustees for the President/CEO to negotiate and execute a lease of space at 6800 Park Ten Blvd – *Adam Velez*

Mr. Velez stated the Center currently occupies all the second floor and a little over half of the first floor of the south building at 6800 Park Ten Blvd. for Central Administration. For this lease we approached the new owners, the new Landlord of DP Park Ten, for the commercial space located on the first floor which was vacated by an insurance company. It is approximately 6364 square feet and would provide resolutions to the office and spacing limitations that will be experienced by expansion of the Billing, Financial, Information Technology, and Health Information Management Service departments. In addition, it would secure our administrative needs for the foreseeable future. The escalation clauses mirror our current lease agreements and also have the right of first refusal with an unsolicited offer as made on the property. It will also allow for an enhanced security system. This is the first building that everyone sees when they come into the parking lot and into the building. The security system would allow badges to unlock the doors and prevent non-employees from entering the building. It would also allow the Master Plan of Facilities to focus more on the clinical areas versus the administrative areas. We have received the proposal with an annual rate of \$21.50 per rentable square foot (RSF) per year with fifty cent increases. However, the Center has countered with a \$20.00 per RSF. In addition, the proposal includes a \$221,728 improvement allowance for the Center along with Landlord correcting existing deficiencies in the HVAC system, building structure and foundation, and a purchase option with a right of first refusal. The projected cost of contracted Financial Planning services is \$270,000 annually, and the contract would commence January 1, 2023, upon approval of contract.

Mr. Barrett asked for a motion for approval of said contract. Dr. Whited so moved; Ms. Cigarroa seconded. Motion carried.

2. Review & Recommend for Approval to the Board of Trustees for the President/CEO to negotiate and execute a contract with Broaddus Planning, LLC for Facilities Master Plan Services – *Adam Velez*

Mr. Velez stated that in October 2022, the Center issued a Request for Qualifications (RFQ) #2023-006 to obtain Facilities Master Plan services from a qualified & experienced firm capable of supporting the Center's mission to establish a framework for growth and development of capital improvements, in addition to study and determine the feasibility of consolidating all Center children's clinics and services into a single children's campus. The RFQ was issued in accordance with the Center Procurement Policy to ensure the continued provision of best value services to the Center, its employees, and consumers. Proposals were received from Broaddus Planning, LLC (Historically Underutilized Business), and The Innova Group, LLC (Veteran-Owned). The Evaluation Committee composed of Center staff reviewed the two proposals

received, and based on the committee's final score, recommended Broaddus Planning, LLC for the contract award. The proposed contract will commence upon execution of agreement and shall be complete by August 2023. The contracted services will provide all personnel, equipment, and materials needed for Facilities Master Plan for services for the Center. The projected FY 2023 budgeted cost of contracted services is \$250,000.

Mr. Barrett commented that it is money well spent and the Center has grown to a point where we have many facilities that need to be sold or repurposed. Mr. Barrett asked for a motion of approval of said contract. Judge Marion so moved; Ms. Cigarroa seconded. Motion carried.

## **FINANCE COMMITTEE**

1. Acceptance of the Center's Financial Statements for the period ending August 31, 2022, and September 30, 2022 – *Robert Guevara*

Mr. Guevara presented the Center's Financial Statements as follows:

### *a) August 2022 Financials*

Mr. Guevara informed the Board that these financial statements are the first ones from the new EHR system.

- Overall monthly gain was \$1.3 million with all funds recognized. YTD loss – (\$4.2 million). Planned Reserve Expenditures was \$9.5 million, and net YTD gain was \$5.2 million.
- Monthly personnel costs were \$458,879 above July expenses. August had two additional payroll days.
- 1115 Waiver Funding and DPP recognition YTD – \$17,699,063.
- Fund Balance Composition: Cash – \$6,937,632, A/R – \$13,280,363
- Financials YTD Totals – Target for end of August was to recognize \$129 million in revenue, able to recognize \$108 million, there is a \$21,000 shortfall that is in three areas. One is the fund balance designation at the request of the Board that we did not use. Also have HR 133 State Funding of \$5.3 million that was unspent, and \$2 million that will be rolled over. They have no positive or negative impact to the bottom line of the Center because they are cost renversement, they do not impact programs.
- Strategic Plan Revenues – (\$4.5 million), the equivalent of 21.8%. It is offset by controlled spending of almost \$14.5 million or 12%.
- Strategic Plan Expenses – (\$12 million), the equivalent of 19.97%. We are closing that revenue gap.
- YTD Service Revenue through August – Target was to recognize \$10.6 million, recognized \$9.9 million, so missed target by \$676,916. Ending the month of August, there are estimates in June, July, & August from the new Electronic Health Record (EHR). We have since received information that will allow us to revise those estimates, but right now we are sitting at a shortfall of \$676,916.
- Service Revenue Budget vs. Actual – Target was to be at \$1.2 million. We were able to put in an estimate of \$348,419, so the shortfall for August was \$866,000 which will be adjusted.
- Daily Billable Service Revenue – put in an estimate of \$15,000, target was to be at \$52,000, so we are short \$37,000 for August.

- Medicaid Rehab & Case Management – \$294,000. Was able to recognize \$34,000 so the target is short by \$259,000.
- Fund Balance – \$32,832,263, Investments in Tex Pool increased \$7,621,844. Interest Earned – \$21,844. Unreserved Fund Balance for Days of Operations – 74.24. Total Profit Margin – 4.88% with all funds recognized.
- Cash Flow – Beginning Balance – \$1,233,425; In Flows – \$22,318,146; Out Flows – \$14,735,099; Ending Balance – \$8,816,472.

Overall, August ended strong with the conservative estimates from the EHR.

Mr. Barrett asked for a motion to accept the August 2022 Financials. Dr. Krueger so moved; Dr. Whited seconded. Motion carried.

*b) September 2022 Financials*

- Monthly loss is (\$836,420), Planned Reserve Expenditures is a little over \$1 million, and YTD gain was \$903,874.
- Monthly personnel costs were \$1,763 above August expenses. September had one less payroll day.
- DPP/Charity Care recognition YTD – \$725,740, Charity Care is a new program & budgeted \$12.3 million in the FY 2023 budget. Cost report was submitted last week \$22.8 million & was significantly higher than what was budgeted. Once it gets reviewed and approved by HHSC then a note will be sent to CMS, and hope we receive the reimbursement in a match. Once the approval is received from HHSC and CMS, we'll be able to recognize a lot more funding for Charity Care.
- Fund Balance Composition: Cash – \$8,259,507, A/R - \$14,517,001.
- Financials YTD Totals – Target for September is to recognize \$10.8 million, missed the target by (\$1.4 million). There is no negative or positive impact to the Center's bottom line.
- Strategic Plan Revenues – Short by (\$565,625) or 39.88%. It is offset by \$342,809 in controlled spending, which does not include \$350,000 that was swept in unused salaries & fringe benefits from vacancies.
- Strategic Plan Expenses – \$4.2 million, Controlled Spending, the equivalent of 24.7%
- YTD Service Revenue – Target was to be at \$784,825, able to recognize \$462,038, with a (\$322,787) difference. This was affected by the estimates that were put in for September.
- Service Revenue Budget vs. Actual – Target was \$791,104, able to recognize \$553,624, and missed the target by \$238,000. This was impacted by the estimates.
- Daily Billable Service Revenue – \$11,000 for the month, should be averaging \$26,000 for the month.
- Medicaid Rehab & Case Management – Target \$186,653, Actual – \$42,600.
- Fund Balance - \$34,639,311. Investments in Tex Pool increased \$1,612,739. Interest earned for the month – \$12,739 or an average yield of 2.4126%. Days of Operation – 74.65, with all funds recognized sitting at a positive profit margin 8.9%.
- Cash Flow – Beginning balance \$8,816,472; In flows – \$18,028,007; Out flows – \$15,812,033; Ending Balance \$11,032,446.

Mr. Barrett asked for a motion to accept the Financial Statements for September 2022. Ms. Cigarroa so moved; Judge Spencer seconded. Motion carried.

Mr. Barrett called the meeting into Executive Session at 6:38 p.m.

**EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC)  
PURSUANT TO TEXAS GOVERNMENT CODE: CHAPTER 551, SECTION:**

551.071 (Consultation with General Counsel)

Discussion regarding contractual terms for the President/CEO to negotiate with Texas Vista Medical Center, LP for Adult Inpatient Psychiatric Services

Discussion regarding changes to executives in the Children's Behavioral Health unit.

Meeting was called into Open Session at 6:59 p.m. and Mr. Barrett announced no action was taken in Executive Session.

Review & Recommend for Approval to the Board of Trustees for the President/CEO to negotiate and execute a contract with Texas Vista Medical Center, LP for Adult Inpatient Psychiatric Services – *Adam Velez*

Mr. Velez stated the Center currently requires adult inpatient psychiatric hospital services per the Center's performance contract with the Health and Human Services Commission (HHSC). Hospital services shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric symptomatology and restore the consumer's ability to function in a less restrictive setting. Since 1997, the Center has contracted with Texas Vista Medical Center, LP, formerly Southwest General, LP. In April 2021, the Center issued a Request for Applications (RFA) to ensure the continued provision of best value services to the Center and its consumers. An application was received from Texas Vista Medical Center, LP. Subject to approval by the Board and successful negotiation by the President/CEO, the proposed contract will commence January 1, 2023.

Mr. Barrett asked for a motion for approval of the proposed contract. Ms. Vera so moved; Judge Marion seconded. Motion carried.

**INFORMATIONAL ITEM**

• *EHR Report – Tremaine Butler*

Mr. Butler stated the EHR Project was started, and a Steering Committee was created so there could be governance over the process of the implementation and to ensure there was a strong governance platform. The Implementation Team was led by Justin Hansen, Director of Enterprise Solutions. This team was made up of experts across the Center from operational units and support units, and would be responsible to ensure the primary goals were met of the actual implementation. Mr. Butler went over the EHR timeline and the issues along the way. The Critical Success Factors were established to make sure there was a strong on-premise effective communication with our consumers, case manager, providers, and the support division. We wanted to make sure there was strong project management and accurate billing, and interoperability with state and local partners. There have been approximately 4200 hours of training across the Center. Over nine hundred Center staff members were trained. Mr. Butler went over the Risk Management, Date Conversion, Post Conversion Data Entry, Go-Live Expectations, and Post-Go Live Metrics. He stated that productivity is calculated as direct service time against hours worked and continues to improve

each month. EHR Billing Update – Revised Target is \$3,548,850; Monthly Financial Estimate \$1,350,112; Actual Amount Billed \$2,260,104; Additional Amount Billed over Estimate \$909,992; and Variance to Target (\$1,288,746). Progress continues to be seen in billing. Questions and answers ensued. He also went over Center Lessons Learned and NetSmart Lessons Learned, things that could have been done better, both internal and external, from the implementation of this new EHR system. Mr. Barrett thanked Mr. Butler and his team for all their hard work.

- **FY 23 local Partnership Contract Update – *Robert Guevara***

Mr. Guevara reminded the Board that the Center had requested \$28,291,247 and so far, the approved funding that is known is \$27,076,636, and there is a shortfall of (\$1,354,823). He said that we requested \$859, 949 from the County. He thinks we got it but not sure yet. Ms. Jamison said they gave us a new contract which we have re-submitted, and she is looking forward to January 1. Mr. Guevara stated that for the City of San Antonio, it is related to the ARPA funding. Because it is federal dollars that went away, it is short (\$212,160), and we are working with the City. For STRAC, it has a reduction of (\$282,714) which has not impact.

- **Compliance Department FY 2022 Annual Report – *Jennifer Hussey***

Ms. Hussey stated prior to “Go Live” there were 147 retrospective reviews completed through Q3. “Real Time” reviews were started in conjunction with myAvatar “Go Live” during Q4, and twenty-nine reviewed were completed through August 31, 2022. There were thirty-three external reviews coordinated and assisted with. The average scores were for the 4 years that Compliance has been doing their compliance reviews. She pointed out that the baseline started at 80% because that is what the State scores were when they first started. The expectation is that everyone would achieve 80% and everyone has since they started doing their compliance reviews. She went over examples of the most cited findings that her Compliance Analysts have seen within the past year. This year when they commenced with “Go Live” Compliance worked closely with the IT Implementation Team, Center of Excellence, Training, Clinical Applications, and Fiscal services twice a week. They go over the issues that have been found, talk it through, and discuss what needs to happen in the system. They determine best practices, discuss regulatory requirements, and system issues which are then communicated to operations and incorporated into training and guidance. Value of services is the amount of money that we have either not billed or requested to be refunded due to issues with the documentation which is split out by business unit. Issues that impacted FY 2022 Value of Services were 1) Pandemic-related Medicaid and other state-wide flexibilities ended; 2) High staff turnover; and 3) myAvatar “Go Live” learning curve. It was a year of challenges. Ms. Hussey went over the list of External Reviews that occurred. She stated that Compliance will continue with real time review, will do quarterly compliance check-ins with each business unit, and will continue with the twice a week meeting.

- **HHSC Performance Contract Metrics & Outcomes FY 2022 Report – *Jennifer Flores***

Ms. Flores started out by reiterating what Mr. Butler and Ms. Jamison said earlier, that the migration to myAvatar has clearly impacted the numbers. She stated they are in constant communication with the IT Team to ensure they have a better understanding of how the data is migrating over to the State system which is an ongoing discussion. Due to the changeover to myAvatar in June 2022, the true number cannot be reported. Ms. Flores went over the 10% HHSC Performance Measures for Adult, Child & Youth, School & Community, and Crisis & Hospital. Overall, for the 10% measures, the Center did well. She then went over the Outcomes for Adult Services, Child & Youth Services,



and Crisis Services. Dr. Whited asked how do you achieve above 100%? Ms. Jamison replied it means we are over-serving based on the money the State gives us to serve. We are seeing more patients than what our target is.

- **FY 2022 Contract and Procurement Reports – Adam Velez**

Mr. Velez gave a background of the FY 2022 Contract Monitoring Reviews. He stated that the Contracting/Procurement Division completed a total of 122 contract monitoring reviews in FY 2022. These reviews consisted of thirty-one revenue contracts, thirty-two expense contracts, and five host home provider agreements. The reviews included an examination of contract terms and conditions such as policies and procedures, training and certifications, provision of services, clinical record documentation, performance measures, and compliance with fiscal, record confidentiality, and storage requirements. A total of 191 findings were discovered in FY 2022, of which 190 findings were addressed throughout the year and one finding scheduled for a Corrective Action Plan follow-up to determine resolution of the finding in FY 2023. Subsequent reviews will allow the Division an opportunity to monitor and ensure that training and/or new processes, which have been implemented, are having a positive effect on performance measures, documentation, and training compliance. Mr. Velez stated that they started reviewing the contracts on a bi-annual basis which allows them to have a high visibility with staff and also allow collaboration with staff. Many of the most cited findings were a result of State amendments that were made by HHSC changing dates and different requirements.

Mr. Velez then went over the FY 2022 Expenditures and FY 2022 Procurement Status reports.

FY 2022 Expenditures spent – \$43,305,706.93.

Local Spend: 285 Vendors contracted \$25,183,383.01; 53 Vendors purchase orders \$1,177,695.31.

Non-Local Spend: 39 Vendors contracted \$15,661,043.55; Vendors purchase order \$1,283,585.06.

Mr. Velez stated that the Center is spending money on local businesses, local small minority businesses, and local small businesses, and there was one non-local small business. He and staff were just at a conference last week which was beneficial and gave the Center visibility.

- **FY Performance Report & Tier 1 Business Plan – Robert Guevara**

Mr. Guevara provided a Financial and Operational Recap for FY 2022. He stated the Board approved a budget of \$129,214,608 for FY 2022. They also approved the original fund balance of \$6.25 million that was offset with salary and fringe for vacant positions. It was not spent as it was estimated to be at a positive \$5.9 million at year-end. 100% of the 1115 Waiver Metrics were achieved and the total valuation of \$18.4 million. We were in 100% compliance with the State Performance Contract and also implemented a new EHR.

Cash Flow as of August 31, 2022 Ending Balance was \$8,816,472. He stated that the Line of Credit for FY 2022 was used but as of August 31, 2022 it was paid back and the Center is debt free. The Service Revenue target was missed by \$374,000. However, when you recognize the \$909,000, we will have exceeded our target for FY 2022. Mr. Guevara went over the FY 2022 Tier 1 Metric Goals. He stated we are tracking Safety, People & Culture, Productivity, Scheduling & Appointments, Fiscal Targets, and overall Operation Targets. The FY 2022 Goal for write-offs was not to exceed a target of \$40,000 for Third Party and not to exceed \$59,000 for Consumer. The consumer one is tied to the change in our policy; instead of writing off in 120 days, it was changed to 290 days. Overall write-offs are at \$130,000.

**REPORTS**

**TEXAS COUNCIL OF COMMUNITY MHMR CENTERS INC. BOARD – Daniel T. Barrett**

Mr. Barrett stated there is a report that they will each receive as to what is moving, what is being discussed, and what are the issues during this legislative session. Ms. Jamison stated the report has not come out yet. She said there is an Executive Directors meeting next week and will be given "What Every Board Member Should Know." When she receives it, she will be sure to have it emailed to the Board Members.

**TEXAS COUNCIL RISK MANAGEMENT FUND BOARD (TCRMF) – Robert Guevara**

Mr. Guevara stated that TCRMF will receive a clean audit for FY 2022. TCRMF hired a Replacement Value Appraising firm for all property. Good news is TCRMF budgeted 25% increase in property insurance, and it was 15%, so there was a savings there. Overall for Workers' Compensation, the fund experienced a 53% decrease, it went from forty-one cents per every \$100 to nineteen cents per every \$100. The Center went from forty-six cents per \$100 to thirteen cents per \$100, so there is some savings there. Mr. Barrett said that is fantastic news, it tells him that we are being much safer or perhaps it was due to not showing up due to COVID.

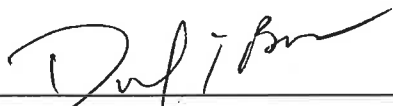
**TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara**

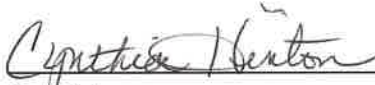
Mr. Guevara stated there is not a meeting until January 2023.

**ADJOURNMENT**

There being no further business to discuss, Mr. Barrett called for a motion to adjourn the meeting. Dr. Whited so moved; Judge Marion seconded. Meeting adjourned at 8:03 p.m.

Passed and approved this 21 day of February 2023

  
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Daniel T. Barrett  
Board Chairman

  
\_\_\_\_\_  
Cynthia Hinton  
Executive Assistant