

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

Regular Board Meeting Minutes

6800 Park Ten Blvd, Suite 200-S

San Antonio, Texas 78213

Tuesday, December 10, 2024

6:00 p.m.

TRUSTEES PRESENT:

Daniel T. Barrett, Chairman
Donnie Windham Whited, Secretary
Shari Hromas
Roberta Krueger, M.D.
Polly Jackson Spencer, Ret. Judge
Sandee Marion, Ret. Judge
Margaret M. Vera

TRUSTEES ABSENT:

Graciela Cigarroa, Treasurer

STAFF PRESENT:

Jelynn LeBlanc Jamison, President/Chief Executive Officer
Frank Garza, General Counsel (by Teams)
Dr. Amber Pastusek, Chief Medical Officer
Elizabeth Ackley, Chief of Employee Experience
Venisa Saenz, Chief of Staff/Board Liaison
Brad Benoit, VP, Children's Behavioral Health
Zaida Yzaguirre, ECI Program Director
Adam Velez, Sr. Director of Contracts & Procurement
Lauren Estrada, Director of Authorization Services
Jennifer Flores, Customer Service & Performance Reporting Manager
Jennifer Hussey, Director of Compliance & Internal Review
Justin Moseley, Director of Financial Planning & Analysis
Tab Montemayor, Interim Dir. of Community Behavioral Health Systems
Daniel Perez, Social Media Analyst
Cynthia Hinton, Executive Assistant

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 10, 2024, 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 6:04 p.m., with the following trustees present: Mses. Hromas, Krueger, Marion, Spencer, Vera, and Dr. Whited thereby establishing a quorum.

PLEDGE OF ALLEGIANCE – Led by Mr. Barrett

RECOGNITION OF SERVICES

1. Zaida Yzaguirre, Early Childhood Intervention (ECI) Program Director

Mr. Barrett stated Ms. Yzaguirre’s service is appreciated and then read a proclamation. Ms. Yzaguirre started her service with CHCS in 1991 as an Early Intervention Specialist and was the first Early Intervention Specialist to be officially credentialed in the State of Texas. Upon her employment with CHCS, she was able to grow the ECI Program from fifty to two hundred children within her first year. In addition to that she also played a pivotal role in the development of the CHCS Dual Diagnosis Program, the 1115 Waiver Expansion, and the Campus Waiver Therapy Programs. Mr. Barrett stated the Board wishes her a joyous and fruitful retirement. He thanks her for the years she served CHCS and for all that she did and presented her with a gift.

2. Mr. Barrett informed the Board that he was presented with a check at the last Texas Council Board meeting as a portion of the proceeds from the annual Texas Council Conference. He shared that conference proceeds are divided equally between Texas Council and the host city, and the amount of the check issued to CHCS was \$27,140.41. He also noted that there was record attendance at the conference and acknowledged the work that the CHCS Conference Committee contributed to the success of the event.

CITIZENS TO BE HEARD – None to be heard.

I. APPROVAL OF MINUTES

Mr. Barrett asked for a motion to approve the Minutes of the October 8, 2024, Regular Board Meeting, which were presented for review and approval. Dr. Whited so moved for approval as presented; Dr. Krueger seconded the motion. Motion carried.

II. BOARD CHAIRMAN REPORT – *Daniel Barrett*

a) Report from the Nominations Committee – *Judge Sandee Marion*

Judge Marion thanked Mr. Barrett for appointing her as Chair of the Nominations Committee, and thanked Board Members; Ms. Vera and Ms. Hromas for serving on the Committee and assisting her. The Committee met twice and after the first meeting she sent an email to all the other Board Members other than the Committee to see the interest someone may have in serving as an officer. She is pleased to report that most everyone was willing to serve.

The slate of officers if they are approved will serve from July 2024 – August 1, 2025. Judge Marion said before the vote on the recommendation of the slate of officers can take place, she is required by the Bylaws to ask for a motion to close the nominations. Ms. Vera so moved; Ms. Hromas seconded. Judge Marion asked for a vote to close the nominations for everyone to say aye.

b) Election of Officers

Judge Marion stated, as Chair of the Nominations Committee, she would like to make a

motion to accept the recommendation from the Committee and approve the recommended slate of officers to serve until July 31, 2025. She asked for a second and stated the ayes have it.

Chair – Daniel Barrett
Vice Chair – Polly Spencer
Secretary – Dr. Donnie Whited
Treasurer – Graciela Cigarroa

III. PRESIDENT/CEO REPORT

Leadership Briefing

Ms. Jamison stated she had nothing to report. She wanted to thank Ms. Yzaguirre on behalf of Center staff for her years of service and there will be an opportunity to celebrate with her at the Quarterly Management Team Meeting on December 12. Ms. Jamison just wanted to say publicly how much Ms. Yzaguirre's expertise is appreciated in the community of ECI, and that she has made the Center a leader in that area, and it is appreciated.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of October 2024 and November 2024 – None to report.

Chief Medical Officer's Report

Dr. Pastusek reported on the following:

- Two Psychiatric Mental Health Nurse Practitioners resigned on November 15; one was from the Crisis area and the other from Haven for Hope outpatient clinic. There is a candidate already going through orientation to fill the position in Crisis. She has an internal candidate for the Haven position.
- Just hired a Physician Assistant for the Haven Clinic, so the Locum Tenens are extended through January there to provide that coverage.

IV. CONSENT AGENDA

1. Review/Approve acceptance of the CY 2024 Third Quarter Performance Report of the Center's 401(a) and 457(b) Accounts from Morgan Stanley – *Hunter Stanco*

Mr. Barrett asked for a motion to accept the CY 2024 Third Quarter Performance Report from Morgan Stanley. Dr. Whited so moved; Dr. Krueger seconded. Motion carried.

V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

1. Review/Approve acceptance of the Center's Financial Statements for the period ending September 30, 2024 – *Robert Guevara*
 - a) September 2024 Financials
 - Operating loss of (\$664,732) does not include unrecognized DPP & CCP of \$1.3 million. With all funds recognized CHCS had a positive balance of \$666,380.
 - Monthly personnel costs were \$25,102 above August expenses. September had one less payroll day.

- DPP/Charity Care recognition YTD \$1,384,579 – Approximately (\$1,331,113) below the budget year to date.
- Fund Balance Composition – Cash \$25,243,404, A/R \$13,098,341.
- Cash Flow – Beginning Balance \$17.9 million, In Flows \$19.3 million, Out Flows \$10.8 million, Ending Balance \$26.4 million.

Mr. Barrett asked for a motion to accept the September 2024 Financial Statements. Dr. Krueger so moved; Judge Spencer seconded. Motion carried.

2. Discussion and possible action regarding approval of Board priorities in the development of a Capital Campaign for CHCS Facilities as developed by the Board at the November 16, 2024, strategic goal work session – *Jelynne LeBlanc Jamison*

Ms. Jamison stated that Ms. Tijerina will walk the full Board through the priority settings, and the Executive Committee authorized bringing it to the full Board for acceptance after reviewing the material. Ms. Tijerina talked about what the process was for us to arrive to today. CHCS contracted with Broaddus Planning to do all phases of Master Planning Phases 1 – V, and there were a number of activities that happened within each of those phases. The Center developed Guiding Principles and Goals that were wanted for Broaddus to incorporate into the work they were doing for the Center and the recommendations. The Guiding Principles included a Safe & Secure Environment, Trauma Informed, be Recovery Oriented, Equity Focused, and Integrated & Coordinated Services. Within each of those areas you can see the overall Guiding Principle and what that Goal is, and the concepts Broaddus produced for Master Planning which was based partially on their walk-through in the buildings and looked at flow. The Meadows Foundation also walked through and looked at Best Practices. They also communicated directly with CHCS workforce in the program areas and within the buildings, and received feedback from the clients CHCS serves in the different areas.

Ms. Tijerina said the next thing to look at is what the services look like as far as who we are serving and where we are serving them. One thing known is that the State historically lags in funding for the services, and at the same time the community expects the Center to meet service demands of everyone who needs those services. The demands also require an increase in staff and making sure the facilities are adequate to support that growth. She went over the Staff Projections for the next ten years by service area and went over the Facility Inventory Summary for Adult Services, Crisis, Long-term Care, Children's Services, and Administration. There are twenty-nine facilities; fifteen are owned and fourteen are leased. Ms. Tijerina went over the Functional and Condition Assessment for each building of those programs, and the questions asked for the considerations for replacement, renovation, or renewal assessments. Recommendations by service area were made with identified priorities from the November 16th Board Strategic Goal Setting Session. Priority One grand total is \$99 million, Priority Two grand total is \$78 million, Priority Three grand total is \$33.5 million, and Priority Four is grand total is \$1.8 million. She then went over the priorities.

Ms. Tijerina said there are some Legislative Priorities and Community Conversations that must be thought about which Ms. Jamison had gone over at the strategic planning session. She stated there are things happening around IDD funding or not happening, Children's Strategic Plan is being developed, and how funding will look for Local Mental Health Authorities (LMHAs) is a

priority. A Community Behavioral Health Hospital is needed, there is a need to expand crisis Response Services with both Bexar County and City of San Antonio, a need to continue and address ongoing needs of substance use disorders, and what the Center's partnership with Haven for Hope will look like going forward. There are several things needed to think about for Implementation:

- Identify a Champion for Implementation Planning
- The role of the Foundation
- Hire a consultant to assist with the development of the capital campaign.
- Messaging Group – What is our message and how do we get our message across to potential funding resources.
- Fund Raising Group – who would we target for fund raising, what would be best approach to engagement, what resources would be needed.
- Speakers Bureau Group – who could be in this group and which civic groups should be engaged and who would lead.
- Implementation Group – how do we go about implementing such a large building campaign?

Ms. Jamison said the ask of the Board today is just to confirm the priorities established at the work session and to authorize her to conduct a process to hire a consultant to look at those priorities and begin to develop recommendations for a capital campaign or recommendations to the Board on how much they think we can raise for those items. Then considering all the external factors, like the Legislative Session, and what will happen with the Children's Strategic Plan. That meeting was conducted December 5th & 6th, and she has not yet received the feedback from what the Strategic Plan is, and the State must fund it. Combining what happens with the Legislative Session, collaborating with a consultant, and coming back to the Board to say from the priorities established, this is what we recommend and how to go forward. That is the ask for the Board, to confirm the priorities and authorize her to engage a consultant to help. She would then bring back a scope and budget to get the Board's authorization to go forward.

Questions and discussion ensued.

Mr. Barrett asked for a motion to approve the Priorities and to authorize the President/CEO to engage a consultant and develop a scope of work. Judge Marion so moved; Judge Spencer seconded. Motion carried.

3. Review and approve the authority for the President/CEO to negotiate and execute a contract with Bentley Health Center, LLC dba Cedar Hills Behavioral for the provision of Adult Inpatient Psychiatric Hospitalization Services – *Adam Velez*

Mr. Velez stated that per the Center's Performance contract with the Health and Human Services Commission (HHSC), the Center is required to provide adult inpatient psychiatric hospital services, and currently contracts with Laurel Ridge Treatment Center, Methodist Specialty Transplant Hospital, and San Antonio Behavioral Healthcare Hospital to fill the community need. A Request for Applications (RFA) was issued, and Bentley Health Center, LLC dba Cedar Hills Behavioral responded to the RFA, and had recently opened an Adult Inpatient Psychiatric Health Facility specializing in acute psychiatric stabilization and care. The Center's Evaluation

Committee reviewed the application, completed a site visit, and recommended Cedar Hills Behavioral for the contract award. With Board approval, the proposed contract will be for an initial term of three years with the option to renew under the same terms and conditions for up to two additional one-year extensions and will be paid a daily rate of \$720 per day for unfunded Center-authorized consumers navigated through the STRAC Contract Bed Navigation Process. Questions ensued.

Mr. Barrett asked for a motion to approve the contract with Bentley Health Center, LLC. Judge Marion so moved; Ms. Hromas seconded. Motion carried.

VI. INFORMATION ITEMS

1. Contract and Procurement FY 2024 Annual Report – *Adam Velez*

The Contracting & Procurement department completed a total of 123 Contract Monitoring Reviews for FY 2024. The reviews included an examination of contract terms and conditions such as policies/procedures, training/certifications, performance measures, deliverable submissions, and compliance with fiscal, record confidentiality, and storage requirements. A total of 63 findings were discovered of which 32 findings were resolved, and 30 findings require additional follow-up through Corrective Action Plans (CAP) to resolve. Subsequent reviews in FY 2025 will enable the department to monitor and ensure newly developed collaboration processes are implemented, and result in a positive effect on performance measures, allowing for remaining findings to be resolved. The chart shows that findings have gone down significantly since FY 2022. A Contracting & Procurement Charter was implemented in the second half of FY 2024 to define roles and responsibilities, increase efficient/effective contract and procurement administration, and ensure compliance with all contract terms and conditions.

Ms. Jamison said a Charter was created to determine who had responsibility for all those compliance items between the Business Units and the Contracting & Procurement department. She explained that the Charter established was clear about what the Contracting & Procurement department was responsible for in terms of monitoring and oversight for the contract processes to ensure there are no audit finds, and the Center is following State law. She stated the business departments also have a responsibility and accountability to manage the contract and need to have an individual identified in their department to ensure the reports are submitted timely and are meeting all the compliance requirements of that their department. This is done twice a year because people leave, and different people are assigned to the contracts. This is to provide clarity and accountability for both the administering department and oversight department for contracting and procurement so that the findings can be resolved.

Mr. Velez stated there were over 391 executed contracts of which 47 were Revenue, 304 were Expense, and 40 were Other. \$54.2 million was expended:

- \$36 million was Locally Expended – Contracts \$35.1 million, Purchase Orders \$1.4 million
- \$17 million was Non-Local Expenditures – Contracts \$15.7 million, Purchase Orders

\$1.9 million

The Contracting & Procurement department completed sixteen solicitations for assorted services. Eight of those contracts were awarded to Small Minority Women, and Veteran Business Enterprises, and HUB Vendors. There were two vendors recommended for awards through approved DIR cooperatives for IT Security Services and Medical Supplies. Ms. Jamison explained that DIR process means the State has already had these two vendors go through a vetting process and are approved to meet the criteria which saves the Center time and can use those approved vendors on the list.

2. Compliance Department FY 2024 Annual Report – *Jennifer Hussey*

Compliance Year in Review for FY 2024.

- Completed a full year of Retrospective Reviews in MyAvatar
- Worked with Training, Centers of Excellence, and LDOT to develop and implement a Thriving Together Conference
- Coordinated and assisted with thirty-five external reviews.
- Fully staffed with 5 Compliance Analysts and the addition of a Quality Assurance Nurse
- All Business Units exceeded the state minimum of 80%.
- Center-wide average score was 91%.

Average Review Scores for FY 2022 – FY 2024 and the Most Cited Findings. There was not a significant difference in what was found across the Programs, but included in the Findings shows what was focused on for those specific issues in the Thriving Together Training. She went over the findings for Value of Services for FY 2022 – FY 2024 by Business Unit. Those are areas that have been identified, services that do not meet the requirements, therefore those services are either not being billed or the funds are returned for those services back to the entity that paid. The reasons for Value of Services findings are typically inconsistent documentation and continued high staff turnover.

There were 35 External Reviews for FY 2024. Upcoming FY 2025 External Reviews expected are:

- HHSC SUD Quality Management in October/November 2024 – Report has been received and have a CAP to review.
- University of Connecticut school of Social Work/HHSC Technical Assistance review of Wraparound Services – have not received a report yet.
- University of Texas/HHSC Technical Assistance review of JBCR/OCR in November 2024 – have not received any information yet.

Looking Forward to FY 2025

- Continued Internal Reviews, providing “real time” feedback after Thriving Together
- Continued support of Thriving Together Curriculum, Development, and Implementation
- Continued preparation in anticipation of OIG Review FY 2026 or later – still waiting for this notification. Ms. Jamison stated the last notification from Texas Council was that the OIG will focus on the four LMHAs that had IT breaches this year, and then resume the broader reviews next year.

3. HHSC Performance Contract Metrics & Outcomes FY 2024 Annual Report – *Jennifer Flores*

All six At-Risk Performance Measures were met. However, the following had deficient measures: AMH Service Provision, Educational/Volunteering Strengths, Residential Stability, CMH Service Target Census, CMH Service Provision, and Hospital 30-day Resubmission.

CHCS At-Risk Performance Measures Scores

- Adult Improvement – Goal 20%, Center scored 53%.
- Child Improvement – Goal 25%, Center scored 51.8%.
- School Performance – Goal 60%, Center scored 73.5%.
- Community Tenure – Goal 96.8%, Center scored 98.55%.
- Effective Crisis Response – Goal 75.1%, Center scored 83.5%.
- Hospital 7-Day Follow-up Encounter Based – Goal 62.3%, Center scored 83.5%.

Currently monitoring based on HHSC contract – Not Sanctionable for FY 24

- Crisis 7 Day Follow-up – Center scored 54.15%.

ADULT SERVICES OUTCOMES

Non-financial sanctions, remedies, or penalties apply.

- Adult Services Target – Goal 100%, Center scored 116%
- Adult Monthly Service Provision – Goal 65.6%, Center scored 56.85%
- ACT Target – Goal 54.0%, Center scored 79.8%
- Depression Response at Six Months – Goal 10.4%, Center scored 24.75%
- Education/Volunteering Strengths – Goal 26.5%, Center scored 25.8%
- Employment Functioning Target – Goal 39.8%, Center scored 45.3%
- Residential Stability – Goal 84%, Center scored 78.05%
- HHSC has not established a minimum based threshold for the following measures
 - Retention of Justice Involved Adults – Center scored 27.8%
 - High Need Adults Functioning – Center scored 26.1%
 - Retention of High Need Adults – Center scored 22.2%
 - Criminal Justice Outcomes – Center scored 19.85%

CHILD SERVICES OUTCOMES

Non-financial sanctions, remedies, or penalties apply

- Child & Youth Services Target – Goal 100%, Center scored 94%
- Child Monthly Service Provision – Goal 65%, Center scored 63.7%
- Juvenile Justice Avoidance – Goal 95%, Center scored 99%
- Living & Family Situation – Goal 67.5%, Center scored 82.65%
- Family Partner Response – Goal 65.2%, Center scored 77.6%
- HHSC has not established a minimum based threshold for the following measures:
 - Retention of Justice Involved Children – Center scored 15.6%
 - Juvenil Justice Outcomes – Center scored 37.42%

CRISIS SERVICES OUTCOMES

Non-financial sanctions, remedies, or penalties apply

- Hospitalization – Goal 1.9%, Center scored 0.39%
- Access to Crisis Response Services – Goal 61.9%, Center scored 73.45%
- Hospital 30 Day Readmission – Goal 10.3%, Center scored 14.56%
- Adult Jail Diversion – Goal 10.46%, Center scored 4.92%

Ms. Jamison stated she anticipates at the end of FY 2025 HHSC will make some recommendations on thresholds on the areas that the Center is benchmarking because all the LMHAs have submitted their report for FY 2024. By the next biennium, we should have the targets. Questions ensued.

4. Utilization Management FY 2024 Annual Report – *Lauren Estrada*

- ABH Service Target 6,790 – have been over census. Ended the fiscal year with 118%. Statewide Performance level target is 100%.
- CBH Service Target 1,598 – have been under the goal of 100%. Ended the second half at 91%.
- ABH Average service Target Hours per Month (includes face-to-face, telephone, & video)
 - LOC-1S – Suggested Average Target 1.3 hours, Center YTD average 0.6 hours
 - LOC 2 - Suggested Average Target 3.3 hours, Center YTD average 1.1 hours
 - LOC 3 – Suggested Average Target 5.9 hours, Center YTD average 1.3 hours
 - LOC 4 – Suggested Average Target 8.0 hours, Center YTD average 4.2 hours
 - LOC 5 – No Suggested Average Target, Center YTD average 4.7 hours
 - Early Onset – Suggested Average Target 5.0 hours, Center YTD average 4.0 hours
 - TAY – No Suggested Average Target, Center YTD average 0.3 hours
- CBH Average service Target Hours per Month (includes face-to-face, telephone, & video)
 - LOC 1 – Suggested Average Target 0.5 hours, Center YTD average 0.3 hours
 - LOC 2 – Suggested Average Target 3.0 hours, Center YTD average 0.9 hours
 - LOC 3 – Suggested Average Target 5.0 hours, Center YTD average 1.1 hours
 - LOC 4 – Suggested Average Target 7.5 hours, Center YTD average 3.9 hours
 - Early Onset – Suggested Average Target 5.0 hours, Center YTD average 3.1 hours
 - Young Child – Suggested Average Target 3.5 hours, Center YTD average 0.7 hours
 - YES Waiver – No Suggested Average Target, Center YTD average 3.3 hours
 - TAY – No Suggested Average Target, Center YTD average 2.1 hours
- ABH Auto Discharges & Discharge Reasons from the Center LMHA Services
Auto discharges are when an individual has an authorized LOC, it expires, then 30 days pass and the system auto closes which releases them from services. The Center’s UM team suggests keeping auto discharges to 50% or under.
 - Auto discharges started high and got down to 49.80% in May but ended at 65.70% end of fiscal year. Of all their total discharges were auto discharge.
 - The Discharge Reason Summary adds up to 100%, but 62.51% was due to system close. Other reasons include deceased, elected new Provider, jail, never returned, moved, and other. Combined total 6033 Discharges (regular discharges & auto discharges)
- CBH Auto Discharges & Discharge Reasons from LMHA Services

- The Center's UM team suggests keeping auto discharges to 50% or under.
- Auto Discharges were high for the year between 70% – 86% and ended at 80.80%.
- The Discharge Reasons are primarily the same for Children. 77.51% was due to System Close. Combined total 1521 Discharges (regular discharges & auto discharges)

5. CCBHC/DPP/CCP FY 2024 Annual Report – *Tab Montemayor*

1115 Medicaid Waiver Program – The Center participates in two 1115 Waiver demonstration programs established by the Texas Health & Human Services Commission (HHSC), and Centers for Medicare & Medicaid Services (CMS). One is the Directed Payment Program (DPP) for Behavioral Health Services, the other is Charity Care Program (CCP), and both have funding that is approved through September 2030. Both funding pools align with supporting the Certified Community Behavioral Health Clinic (CCBHC) model of care.

DPP is a value-based program where HHSC directs the Managed Care Organizations (MCOs) to provide program funding to participating organizations. In FY 2022 – 2024 the program had two funding structures based on twenty procedure codes. This program participation and funding is dependent on the Center's maintenance of CCBHC certification and completion of required reporting on structure measures and quality outcome measures. The Center completed reporting in October 2023 and April 2024.

- Component 1 is focused on monthly payments issued to the Center based on volume of services recognized by MCOs from historical years.
- Component 2 has a set percentage increase on contracted MCO rates for the identified 20 procedure codes. In FY 2025 Component 2 will be removed and funding will be allocated to Component 1.

CCP is a program that looks at what CHCS is getting paid vs. what CHCS should be getting paid for delivering services to Medicaid eligible or uninsured individuals. One of the things notated is that the funding pool size has changed from \$500 million to \$499 million. Recently the FY 2023 actualized costs were looked at that were reported by different Centers and that was used to reestablish the size of the funding pool. This new funding amount is set for FY 2024 – 2028.

CCBHC – CHCS was recertified by HHSC as a CCBHC in December 2022.

- This certification expires in December 2025
- In March 2023, the National (SAMHSA) CCBHC criteria was updated
- HHSC announced it would use that criterion to begin updating the Texas criteria.
- HHSC released the final version on September 30

Mr. Montemayor went over notable impacts of the updated criteria to the Center and gave a recap of the FY 2024 Initiatives regarding CCBHC Criteria Updates, Quality Outcomes Reporting, and Community Needs Assessment (CNA). In March 2024, the Center began working to conduct an updated CAN in collaboration with the selected vendor. This project is currently in the final phase, and target completion is December 2024.

The Center is preparing for CCBHC recertification, and the certification expires December

2025. CHCS must submit all supporting documentation to HHSC by June 2025 and the certification will encompass a review of all updated CCBHC criterion.

Current initiatives are:

- Updating Administrative Directives to support updated criteria requirements
- Implementation of a new Social Drives of Health Standardized Screening Assessment
- Identifying & expanding care coordination agreements with external partners
- Working with IT department to develop new reports and make EHR modifications.
- Completion of the updated CNA

6. Cyber Security FY 2024 Annual Report – *Justin Hansen*

Ms. Ackley introduced herself and reported for Mr. Hanson who could not be in attendance.

She began by stating Cyber threats are profoundly serious and are received by individuals and businesses. At the Center employees need to pay close attention to protect the data of Center consumers and employees. This is managed in two ways: one is inculcating awareness and vigilance in our culture, and the other is staying on top of the latest technology and making sure we are implementing that to keep the Center safe.

Ms. Ackley then went over each of the six Key focus Areas:

- Security Solution Consolidation & Improvement – Several different siloed technologies have been consolidated into one “Arctic Wolf” software, which enhances the Center’s security posture, and it allows for streamlining security stack for optimal threat protection.
- Email Gateway Enhancements – Email defenses have been bolstered as well with advanced threat protection and detection. The IT department has implemented robust email security measures to ensure that point of entry is being monitored.
- Penetration Testing – This could be ethical hacking, vulnerability identification, or exploit testing without doing harm to the Center. The Center has been doing well and maintained an A on the annual external penetration test, reflecting strong security performance. There have been significant improvements with a 52% reduction in low-risk vulnerabilities and a 33% decrease in trivial vulnerabilities, demonstrating the center’s continued progress in strengthening security posture.
- Security Awareness – Getting a strong security culture is important because the best line of defense is making sure employees are not accidentally clicking on things they should not. IT sends simulated phishing attacks so that employees are constantly being trained to be leery of incoming emails, even if it is an employee or company recognized. These simulated phishing attacks sent by IT are purposely made harder because employees need to stop and think twice to protect the Center. The Industry Average was 5.5% of the number of employees clicking. The Center’s Average for FY 2024 of the simulated phishing campaign was 7%. This year the bar has been raised and the target will be 5%. We want 95% of simulated phishing attempt emails going out to be successfully identified and evaded.
- Phish Reporting – There is a button for an employee to report an email they think may be a phishing attempt. The chart shows a significant improvement of reporting phishing attempts since FY 2021, so vigilance has gone up.

- Security Detections – The Center is also working with external entities to keep the Center safe. The company the Center works with will look through the Center’s data to see if they see something of concern and will proactively identify those to the Center. Investigations lead to alerts for Systems & Security team to investigate. Arctic Wolff SOC team investigates events identified through log monitoring and only alerts on events that could lead to a potential incident. The combination of both the Center’s technology and drilling the importance of being vigilant is something that a lot of attention is given to with team members. Those fundamentals to our patient experience and employee experience are having an environment that is safe and technology that works.

VII. EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC) PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE 551.071 (Consultation with General Counsel)

551.071(Consultation with General Counsel): Advise on matters in which the duty of the General Counsel to the Center under the Texas Disciplinary Rules of Professional Conduct of the State of Texas clearly conflicts with Chapter 552 of the Texas Government Code

Executive Session not held, no items to discuss.

VIII. RECONVENE OPEN SESSION

IX. REPORTS

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

Mr. Barrett reported that the Board renewed the contract for Executive Director, Lee Johnson, that the Board hired last year.

Ms. Jamison said there is an Executive Directors virtual call scheduled for tomorrow. Mr. Johnson recently replaced his previous role with Kelsey Bernstein and thinks she will be helpful to the Centers during the legislative session. She is the new Chief of Government Relations.

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

Mr. Guevara was not in attendance to give a report. Mr. Barrett stated he was happy to find out that TCRMF has a strong and record amount of fund balance.

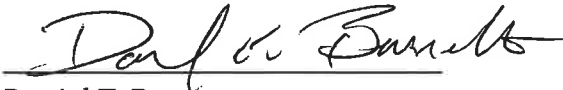
3. TEJAS HEALTH MANAGEMENT BOARD – *Robert Guevara*

There was no report as Mr. Guevara was not in attendance.


X. ADJOURNMENT

There being no further business, Judge Marion made a motion to adjourn the meeting. Mr. Barrett adjourned the meeting at 7:49 p.m.

Passed and approved this 11th day of February 2024.



Daniel T. Barrett
Board Chairman



Cynthia Hinton
Executive Assistant