

**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, April 8, 2025

6:00 p.m.

**TRUSTEES PRESENT:**

Daniel T. Barrett, Chairman  
Polly Jackson Spencer, Ret. Judge, Vice Chair  
Graciela Cigarroa, Treasurer (Virtual)  
Shari Hromas  
Roberta Krueger, M.D.  
Sandee Marion, Ret. Judge  
Travis L. Smith

**TRUSTEES ABSENT:**

Margaret M. Vera  
Donnie Windham Whited, Secretary

**STAFF PRESENT:**

Jelynn LeBlanc Jamison, President/Chief Executive Officer  
Frank Garza, General Counsel  
Dr. Amber Pastusek, Chief Medical Officer  
Robert Guevara, Chief Financial Officer  
James Chapman, Chief Compliance Officer  
Venisa Saenz, Chief of Staff/Board Liaison  
Edward Benavides, VP of Adult Behavioral Health  
Brad Benoit, VP of Children's Behavioral Health  
Justin Botter, VP of IDD/Long Term Care  
Allison Greer, VP of Governmental Relations  
Jesse Perales, VP of Crisis Care & Recovery Services  
Burt Santos, Sr. Director of Community Behavioral Health Systems  
Adam Velez, Sr. Director of Contracts & Procurement  
Lauren Estrada, Director of Authorization Services  
Tab Montemayor, Interim Dir. of Community Behavioral Health Systems  
Randa Gipson, Director of Contracts & Procurement  
Jennifer Hussey, Director of Compliance & Internal Review  
Jessica Franco, Manager of Systems Security  
Carla Riedl, Legislative Analyst  
Julio Hernandez, Helpdesk Technician  
Cynthia Hinton, Executive Assistant

**GUEST PRESENT:**

A. Hunter Stanco, Managing Director of 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, April 8, 2025, 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 6:03 p.m., with the following trustees present: Mses. Cigarroa, Hromas, Krueger, Marion, Spencer, and Mr. Smith thereby establishing a quorum.

**PLEDGE OF ALLEGIANCE** – Led by Mr. Barrett

**CITIZENS TO BE HEARD** – None to be heard.

## **I. APPROVAL OF MINUTES – Regular Board Meeting, February 11, 2025**

Mr. Barrett asked for a motion to approve the Minutes of the February 11, 2025, Regular Board Meeting, which were presented for review and approval. Ms. Hromas so moved for approval as presented; Dr. Krueger seconded the motion. Motion carried.

## **II. BOARD CHAIRMAN REPORT – *Daniel Barrett***

No report.

## **III. PRESIDENT/CEO REPORT**

- **Leadership Briefing – *Jelynn LeBlanc Jamison***

Ms. Jamison stated there is one contract to report that it is over the threshold, which is the Haven Contract and is past due.

- **Chief Medical Officer Report – *Dr. Pastusek***

Dr. Pastusek reported that an adult psychiatrist has been hired for the Eastside clinic and is a fourth year UIW graduating resident who will join the team in July but is already working in the clinic doing her training. The Adult Behavioral Health (ABH) Medical Director is resigning as of this Friday and is moving to Farmington, NM.

Dr. Pastusek then went over her presentation highlighting the work being done regarding the Integrated Model. She explained the definition of Integrated Care and stated this project was started last year looking at the Integrated Care Model. She said that the Center for Health Care Services (the Center) is Behavioral Health with Primary Care Services embedded in our clinic areas which makes the Center a reverse model. The Center has a whole team dedicated to this project with a Medical Director, Nurses, and a Psychology team with two Psychologists which is unique. There are 39 LMHAs in Texas and this is the only model with full time staff versus using a contractor. The staff are engaged and want to be effective in the Center's primary care clinic. In looking at all the data, last year the ABH outpatient capacity had exceeded 100% over the fiscal year, and this year at one point up to 118% over serving. The community needs are great. She then went over the Next Steps and 3 Phases of Implementation. Questions and discussion ensued.

- **Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of December 2024 and January 2025 – *Jelynn LeBlanc Jamison***

Ms. Jamison said the Haven contract is \$90,000 for one person, which is for an intake person

that does the primary review for those individuals that are eligible for the Integrated Care Model.

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

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

Mr. Stanco gave a review to the Board of the decisions made at the March 20, 2025, Finance Committee Meeting to try to de-risk the accounts. Regarding the Finance Committee Meeting, the accounts were flat but better than the market. Partly because anything that had bonds in it was going up and stocks were falling, specifically stocks that were highly likely to be affected by Paris which were multi-national companies. At that meeting decisions were made to do two things: 1) Bring the Center's bond allocations more in line in terms of interest rate duration, like how long the bonds were which should have been very short for several years to be a little longer, which was a minor thing; and 2) The most important thing done was to shift significant amounts of equities out of large cap growth stocks and into value stocks because he felt and the committee agreed that the threat of terrorists was more serious or should be taken more seriously than was being taken. The right reaction to that would be to shift into stocks that were not going to be so subjective to those trade concerns. He said that it was done, and as it turned out, it was helpful.

In retrospect, Mr. Stanco wished more had been done, but it was not known the magnitude of what was going to occur. Accounts are down now. Since that meeting a good proxy for what has happened is the NASDAC stocks, the TAX stocks, and the MAG 7 stocks are down 25 to 30%, which is a reasonable proxy. Other types of stocks are also significantly down now too. If the Board were to look at the spread of allocations in the account, the Center went from flat to slightly up at the end of the quarter. Where the Center portfolios are today is: a) Conservative is still up 1½% for the year; b) Moderate Conservative is down through yesterday 2.4% for the year; c) Moderate is down about 4% for the year through yesterday; d) Moderate Aggressive is still down about 7½%; and e) Aggressive is down about 9½%.

Mr. Barrett stated that in lieu of Mr. Stanco's advice, he thinks the fund was saved. Mr. Stanco continued to speak about what is happening now, which is a quite different circumstance, and what has happened in the past. Questions ensued.

Mr. Barrett asked for a motion to accept the CY 2024 Fourth Quarter Performance Report. Ms. Hromas so moved; motion seconded. Motion carried.

2. Review/Approve authorization for the President/CEO to negotiate and execute a contract with Great South Texas Corporation dba Computer Solutions for the provision of Telephony System Services – *Adam Velez*

Mr. Velez stated that in December 2024 the Center's current telephony system, Mitel, stopped releasing security updates which poses a risk to the Center's communication environment. As a result, the identified needs were discussed with the Board and funds were approved in the FY 25 budget. The Information Technology (IT) Department began reviewing available system solutions. A workgroup with Center stakeholders was established to discuss the Center's needs and to ensure

that the chosen solution could integrate with existing IT investments. The IT Department identified the solution, 8x8, as the replacement that best meets the Center's needs. It not only offers voice communication and integrates with existing systems but will also include new phone equipment for 977 phones. It will enable the IT Department to implement a single interface within Microsoft Teams for all voice communication and provide telephony services for the Genesys Cloud environment that is utilized by the Center's Scheduling Department and IT Helpdesk Team. The proposed contract will be for a term of five years. The initial cost of the services for the first year will be \$243,000, which includes implementation, with an estimated annual cost of \$107,000 for the remaining four years of the contract. The proposed contract will commence May 1, 2025, with an anticipated implementation of twelve weeks with Board approval.

Mr. Barrett asked for a motion for approval. Judge Marion so moved; Ms. Hromas seconded. Motion carried.

3. Review/approve the Ratification of contracts with Clarity Child Guidance Center and San Antonio Behavioral Healthcare Hospital, LLC for the provision of Child Inpatient Psychiatric Services – *Adam Velez*

Mr. Velez reported that in January of 2023, the Center entered into a Master Service Agreement with Southwest Texas Regional Advisory Council (STRAC) to partner and provide mental health programs through the South Texas Crisis Collaborative (STCC). In February of 2025, STRAC authorized to reallocate an identified excess of Bexar County ARPA funding allotted for Adult High Acuity psychiatric beds to child inpatient private psychiatric beds (PPB). The Center currently contracts with Clarity child Guidance Center and San Antonio Behavioral Healthcare Hospital, LLC for child inpatient hospital services and is requesting approval for ratification to increase the contract values with the two organizations to continue to provide child inpatient psychiatric hospital services. Both organizations will be paid a daily rate of \$720.00 per day for unfunded Center authorized consumers navigated through the STRAC Contract Bed Navigation Process. The amendments with these two organizations commenced February 17, 2025.

Mr. Barrett asked for a motion to approve ratification of the contracts. Judge Marion so moved; Dr. Krueger seconded. Motion carried.

4. Review/Approve authorization for the President/CEO to negotiate and execute a contract with the National Center for Behavioral Health Solutions dba The Center for Health Care Services Foundation for the provision of supporting operations of The Center for Health Care Services – *Adam Velez*

Mr. Velez reported that the Center seeks to establish a contract with the Center's Foundation to enhance Center operations by procuring Microsoft 365 E5 licenses and Microsoft Fabric software on its behalf. This would enable the Center to access advantageous pricing and ensure a seamless transition and efficient functionality by combining communication interfaces reducing the need for multiple third-party communication tools. We are accessing the non-profit pricing through the Foundation. The three-year cost of goods and services procured through the Foundation is \$1,283,400, and savings of 48%. The proposed contract will commence upon execution by the President/CEO.

Mr. Barrett asked for a motion to approve the contract with the Foundation. Judge Spencer so

moved; Ms. Hromas seconded. Motion carried.

5. Legislative Updates – *Allison Greer Francis*

Ms. Greer reported on the Federal Landscape and Funding Freezes. 1) On March 24, the Center received notification from HHSC that the COVID supplemental funding was frozen. The Center has a program with outreach screening & referral called OSAR (Harm Reduction). It encompasses three LMHAs in Region 8 besides the Center and other regional partners. The Center received \$200,000 and split it with the Center's regional partners. The funds were used to purchase harm reduction materials such as Narcan, hygiene kits, hand sanitizers, and transportation. The Center has spent \$99,000 of its \$100,000 allotment. 2) Another program the Center has is NAS (Neonatal Abstinence Syndrome), it is for pregnant parenting women. \$9632.00 was used for Narcan purchases. 3) HR 133: the Center was awarded \$20.5 million in FY 2023 through September 2026 for Housing services at Haven for Hope (H4H) (including permanent & rapid housing), Outpatient services at Integrated Care Clinic at H4H, and Outpatient expansion at Adult Behavioral Health. Total funds spent since the March 24<sup>th</sup> notice are \$11.9 million, leaving \$8.2 million unspent funds. That includes \$5.4 million, which affects 36 FTEs, and 628 consumers for this FY 2025. 4) Another program "First Episode Psychosis" (COVID) called the Power Program, that funding totaled \$400,000 and affects 5 FTEs and twenty consumers. 5) Federal funding impacted in the Center's budget is \$65 million. An estimated 10,000 Center consumers and 619 employees would be affected; and the directed payment programs (DPP-BHS, CCP) would also be at risk. Questions ensued.

Ms. Greer stated that in January 2025, the House Budget Committee released a document with more than twenty options for Medicaid cuts and twelve for SNAP cuts and gave examples. Advocacy language has been drafted, and the Center workforce are encouraged to get involved and to start calling Congresspeople. Ms. Greer recognized Carla Riedl who worked exclusively starting last January with Center leadership in looking at what Center priorities were. That list was taken to the legislative delegation and looked at what their priorities aligned with the Center's. There were four priorities for the State government:

- 1) PEERS: HB 3599 (Representative Gervin-Hawkins) Shortening the length of time a Peer Support Specialist with a criminal background must wait for certification;
- 2) WORKFORCE: HB 4110 (Representative Gervin-Hawkins) Establishing the minimum base wage for Direct Care Workers in IDD to \$15/hour;
- 3) SUICIDE PREVENTION: SB 188 (Senator Menendez) Establishing a 988 Suicide and Crisis Lifeline Trust Fund; and
- 4) ACCESS TO CARE: HB 5472, HB 5473, & HB 5474 (Representative Gervin-Hawkins) Allowing group homes in Bexar County to be utilized for community mental health, state hospital step-down programs, or IDD crisis beds.

Ms. Greer then went over Texas House Appropriations Highlights of HB 1 and Supplemental Appropriations Highlights of HB 500. Questions ensued.

6. Review/Approve acceptance of the Center's Financial Statements for the period ending December 31, 2024, and January 31, 2025 – *Robert Guevara*

- a) December 2024 Financials

- Operating loss of (\$1,060,085) bringing the Net year to date loss of (\$1,173,231) which includes recognizing \$4,403,313 in Charity Care.
- Monthly personnel costs were \$1,129,398 above November expenses. December had one additional payroll day. PTO payout of \$817,000 included in December.
- DPP/Charity Care recognition YTD \$6,459,454 – Approximately (\$4,403,313) recognized below the budget year to date.
- Fund Balance Composition – Cash \$20,297,253, A/R \$13,859,617.
- Investments in Tex Pool increased \$7,377,167 in the current month.
- Cash Flow – Beginning Balance \$13.4 million, In Flows \$19.8 million, Out Flows \$12.4 million, Ending Balance \$20.7 million.

Mr. Guevara said that at this same time last year through the month of November 2023 the Center had a \$5 million outstanding debt with the bank. This time this year the Center is debt free.

b) January 2025 Financials

- Operating gain of \$128,136 bringing the overall loss to (\$1,045,095), recognizing \$5.5 million in Charity Care.
- Monthly personnel costs were (\$375,928 below December expenses. January had one additional payroll day.
- DPP/Charity Care recognition YTD \$8,016,461 – Approximately (\$5,561,997) below the budget year to date.
- Fund Balance Composition – Cash \$12,988,796, A/R \$16,835,669.
- Investments in Tex Pool decreased (\$6,784,883) to fund operations.
- Cash Flow – Beginning Balance \$20,784,807, In Flows \$3,922,786, Out Flows \$10,694,835, Ending Balance \$14,012,758

Mr. Smith had questions. Mr. Guevara replied that we need to make sure that the staffing resources the Center has are in alignment with the demand that is out there, and when our productivity is also in alignment with that. Seventy percent of the Center's funding goes to staffing and that is where the biggest change will need to be made. Ms. Jamison said that the Center needs to meet the service revenue, need to see the consumers and need to bill for all the services that the Center should be providing to them. It is all about getting in front of the consumer, meeting the service provision, and billing for those services. Mr. Guevara said it is also about making sure the staffing ratios are correct.

Mr. Barrett asked for a motion to accept the December 2024 and January 2025 Financial Statements. Mr. Travis so moved; Judge Spencer seconded. Motion carried.

## V. INFORMATIONAL ITEMS

1. Fiscal Year 2025 Fiscal Year 2025 Outlook – *Robert Guevara*

Ms. Jamison stated that we are about to kick off our budget season. She has asked Mr. Guevara to give the Board the outlook for FY 2025 and those things that will be focused on for FY 2026. They will be coming back to the Finance Committee with the planning assumptions for the budget and bringing the FY 2026 budget to the Board for consideration in August 2025.

Mr. Guevara reported that this presentation was shared with the Finance Committee as he

prepares for the FY 2026 budget. It was the Committee's request to share how the Center is trending in terms of the overall Center-wide Metrics that are being followed to assure that we are addressing our Business Model. He then went over the following:

- Federal Outlook – The good news is that the Center did avoid a federal shutdown. The first one for us is the impact on the Waiver and we have not heard if there is an impact on the Waiver. As a CCBHC, CHCS is required annually to request to participate in the 1115 Waiver from HHSC, in turn HHSC also has the same requirement with CMS, given the current climate this could trigger further review. This impact to us would be a total of close to \$30 million, a combination of the Charity Care Program (CCP) and the Directed Payment Program (DPP).
- State Outlook – General Revenue is budgeted at current value with no increase/decrease in funding anticipated – \$29,563,613. Targets will stay the same at \$6790 for adults and \$1598 for children. Any increase in General Revenue (GR) will also require a 9% local match or \$2.7 million that is currently provided by University Health. Anticipate PPB will continue at \$16 million, and SB 292 will stay at \$4.5 million for FY 2026. The bigger part of this is that once we get through the budget process there is going to be a Sunset Review of HHSC.
- Local Outlook – A requirement of being a CCBHC is to do a screening of Social Determinants of Health (SDOH) (non-billable). It is a great screening tool but is not billable currently. It is taking 9 – 10 minutes to complete therefore it will impact the Center's productivity numbers and will have impact to the service revenue that we would have to adjust for in FY 2026. We have received \$4.5 million for SB 292 to operate psychiatric crisis response beds. Local Match Requirement is pending status of the county audit and renegotiation of county services for the Paul Elizondo Clinic. Current business model assumptions.
- The Center Business Model FY 25 Improve Access to Care
  1. Schedule 700 appointments daily
  2. Keep the scheduled appointments to consumers.
  3. Ensure documentation is accurate & reflects the services provided.
  4. Bill for services on a timely basis.
- Metrics Performance Gauged – First Six Months of FY 2025 (Target, Actual, Status, & Plan)
  1. Metrics At Risk: Service Revenue, Reserve Margin, Write-offs, Kept, Outpatient, Specialty, and Notes
  2. Metrics On Track: Expense, Compliance Standing, Scheduled, Billed, and Claims

Questions ensued.

Mr. Guevara showed the list of all the metrics being tracked for FY 2025, and in summarization, there are three Gating Metrics and seventeen Center-wide goals, a total of twenty goals. He stated we are on target with one of three Gating metrics and nine of seventeen Center-wide metrics. He stated what needs to be done to be successful is 1) See the consumer, 2) Document treatment, and 3) Timely reporting of encounters and claims.

## 2. Overview of Mid-Year Performance – *James Chapman*

Ms. Jamison stated that the Planning & Operations Committee saw all the FY 2025 Mid-Year Performance Reports in detail. She had asked Mr. Chapman to summarize all the findings, however, staff are here to answer any questions the Board may have.

Mr. Chapman stated these six reports originate in the Executive Compliance Council, and all must

do in one way or another with compliance. These reports give a good lens into how the Center is doing in terms of our contractual regulatory obligations for the year. The Executive Compliance Council and the Planning & Operations Committee have heard these reports in full detail, and he will be giving the Board a summary of these reports. The summaries were prepared for him by staff along with their operations leadership. He thinks the Center is well positioned mid-year in terms of the compliance requirements and anticipates retaining that posture through the end of the year, although there is room for improvement.

a. Compliance Department FY 2025 Mid-Year Report

- The Center has an internal compliance metric of 90% and the Center met that mid-year at 90.8%. Of the seven business units reviewed, five had scores of 90% or above which were CBH, Wraparound Services, Crisis, CRS, and IDD. The remaining two business units were ABH at 84% and SUDS services at 89%.
- Value of Service findings have improved with a reduction of \$15,237.41 from FY 24.
- In terms of common findings which remain year over year, assessments and plans missing required elements, goals and objectives that are not observable or measurable, and documentation is not completed within 23 hours. Two Value of Service findings which are found most frequently are billing for services not provided, and billing for time that is not supported by the documentation.
- Improvements in this FY include more individualized plans, consents, and releases are more consistently signed, and annual client's rights are completed on time. All of these did involve a correction action plan but there were no critical findings.

b. HHSC Performance Contract Metrics & Outcomes FY 2025 Mid-Year Report

- Mr. Chapman explained the HHSC Performance Contract is the Center's big funding contract from the State and contains many metrics, targets, and goals to justify the spending. There are seven at-risk measures in the contract to measure improvements. They are called at-risk because 10% of the funding is held at-risk of recoupment if the Center does not meet those targets. There are an additional twenty-three metrics that do not have that financial penalty explicitly attached to them. The good news is that at mid-year the Center was meeting all the at-risk metrics.
- Two of those metrics, Adult Improvement and Child Improvement are weighted more heavily at 2% of the total GR funding and the remaining measures are weighted at 1.2% of GR funding.
- There are thirty Total Measures which includes benchmark and at-risk performance measures. The total number of measures met was twenty-five and there were five deficiencies.
- The five measures not met were Monthly Adult Service Provision, Residential Stability Metric, Child & Youth Services Target, Hospital 30-Day Readmission, and Long-Term Services & Support.
- This is the Biennium, the contract with the State is ending and we are anticipating a new two-year contract for FY 26 – FY 27. HHSC will be adjusting the metrics, and we are waiting for more information.

c. Utilization Management FY 2025 Mid-Year Report

- Adult Census remains over 100% of the 6,790 Target at 109%
- Children's Census is under the 1,598 Target at 82%

- ABH Levels of Care 1-4, YC and Early Onset (EO) /service packages, clients are currently receiving 45% of the recommended average hours target.
  - CBH Levels of Care 1-4, YC and EO service packages, clients receive 27% of the recommended average hours of target.
  - ABH Auto Discharge rate is 56% (50% or lower recommended) for the first half of FY 25.
  - CBH Auto Discharge rate is 79% (50% or lower recommended) for the first half of FY 25.
- d. Contracting and Procurement FY 2025 Mid-Year Report
- This activity focuses on the Contract Monitoring Reviews. The Contracting & Procurement Team completed a total of fifty-eight contract monitoring reviews in the first half of FY 2025, which consisted of thirty-three revenue contracts and twenty-five expenses contracts.
  - The reviews include an examination of contract terms & conditions.
  - Contracting & Procurement discovered a total of fifty-seven findings in the first half of FY 2025. Six findings were resolved, and fifty-one findings require additional follow-up through Corrective Action Plans (CAP) to resolve.
  - Common findings found in the contracts were unmet performance metrics, lack of policies/procedures, lack of budget reconciliation, and lack of dedicated staff meaning some staff & ratio. In the second half of FY 25, subsequent reviews will enable the contracting & Procurement Team to monitor and ensure newly developed collaboration processes are implemented.
- e. CCBHC/DPP FY 2025 Mid-Year Report
- 1115 Waiver Programs
- In terms of compliance, the DPP successfully completed the first required reporting in October 2024 and prepared to submit second reporting in April 2025, there are two per year and are on track to complete.
  - The FY 24 valuation is still pending final reconciliation; Year 5 application for participation submitted in February. In terms of valuation that in FY 23 the valuation was \$3.3 million.
  - In the CCP there are forty-six entities participating currently in the Texas Pool, and that pool is valued at \$499,193,023. This funding amount is set through FY 28. The number of participants is not set, so if more people come into the pool, then that would impact the Center's share.
  - The Center budgeted \$28.6 million in CCP funding and is on track; pending final distribution at this time, which should be known within the next couple of weeks.
- Certified Community Behavioral Health Clinic (CCBHC)
- Successfully submitted first CCBHC quality outcome measure report in September
  - Submitted the CCBHC Cost Report in February which is used to determine FY 26 funding for the DPP program.
  - Finalizing Community Needs Assessment which incorporated feedback from over one thousand participants.
  - Preparing for CCBHC recertification – current certification expires in December 2025; the Center will receive an alert to begin process in June. The Center must be ready to evidence a lot of activity that has already happened by the time they come in.
- f. Cyber Security FY 2025 Mid-Year Report

- Security Awareness – FY 25 Average: 5.5%, there is an internal target of 95% & are .5% shy of meeting that at mid-year.
- Phish Reporting Metrics – FY 25 is trending to see same number of suspicious emails being reported to Systems & Security team as FY 24. The implementation of the Mimecast email filter has led to a reduction in the number of malicious emails delivered to end users, thereby decreasing the volume of reported true malicious emails.
- Security Detections – there have been no major security incidents; now getting a holistic view of environment with Cyber Security Vendor, Arctic Wolf; and multi-factor authentication control now standardized across all CHCS workforce.
- Penetration Testing – FY 24 penetration test conducted in August of 2024, and anticipated next penetration test will be August 2025.
- Internal Security Controls – Acceptable Use AD has been implemented; Systems & Security team engaging with workforce for security awareness; multi-factor authentication control is now standardized across all CHCS workforce; and established a formal process for regularly reviewing user permissions to ensure access is appropriately aligned with job responsibilities.

**VI. EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC) PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE: 551.071**

Mr. Barrett called the meeting into closed session at 8:04 p.m.

551.071(Consultation with General Counsel), 551.074 (a) (1) (Personnel Matter), and 551.072 (Deliberations about Real Property:

- A. Discussion regarding President/CEO Annual Performance Evaluation
- B. Discussion regarding Implementation of Executive Order
- C. Discussion regarding Real Estate

**VII. RECONVENE OPEN SESSION**

The meeting was reconvened into Open Session at 8:54 p.m. Judge Spencer made a motion to approve the performance evaluation and performance incentive as discussed in Closed Session. Dr. Krueger seconded. Motion carried.

**VIII. REPORTS**

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

Mr. Barrett reported that the next Board meeting will be held May 3, 2025.

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

Mr. Guevara stated the next TCRMF Board meeting will be held May 15, 2025.


**3. TEJAS HEALTH MANAGEMENT BOARD – *Robert Guevara***

Mr. Guevara reported Tejas next Board Meeting will be held on April 23, 2025.

## IX. ADJOURNMENT

There being no further business, Mr. Barrett asked for a motion to adjourn the meeting. Judge Spencer so moved; Ms. Hromas seconded. Mr. Barrett adjourned the meeting at 8:56 p.m.

Passed and approved this 10<sup>th</sup> day of June, 2025.



Daniel T. Barrett  
Board Chairman



Cynthia Hinton  
Executive Assistant