

**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, February 10, 2026
6:00 P.M.

TRUSTEES PRESENT: Daniel T. Barrett, Chairman
Polly Jackson Spencer, Ret. Judge, Vice Chair
Shari Hromas
Travis Smith
Margaret M. Vera

TRUSTEES ABSENT: Graciela Cigarroa, Treasurer
Roberta Krueger, M.D.
Sande Marion, Ret. Judge
Donnie Windham Whited, Ph.D, Secretary

STAFF PRESENT: Jelynn LeBlanc Jamison, President/Chief Executive Officer
Frank Garza, General Counsel
Amber Pastusek, Chief Medical Officer
Robert Guevara, Chief Financial Officer
Elizabeth Ackley, Chief Employee Experience Officer
Venisa Saenz, Chief of Staff/Board Liaison
Adam Velez, Sr. Director of Contracts & Procurement
Monica Torres, Clinical Director
Briana Rodriguez,
Cynthia Hinton, Executive Assistant

GUESTS PRESENT: Ed Banos, University Health
Abby Lozano, University Health
Stephanie Stiefer, University Health

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, February 10, 2026, 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 6:08 p.m., with the following trustees present: Mses. Cigarroa, Hromas, Marion, Spencer, Vera, 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, December 9, 2025

Mr. Barrett asked for a motion to approve the Minutes of December 9, 2025, Regular Board Meeting, which were presented for review and approval. Judge Spencer so moved for approval as presented; Ms. Hromas seconded the motion. Motion carried.

II. BOARD CHAIRMAN REPORT – *Daniel Barrett*

Mr. Barrett deferred the report and welcomed University Health (UH) Guests to the Board Meeting.

III. PRESIDENT/CEO REPORT – Leadership Briefing – *Jelynn LeBlanc Jamison*

Ms. Jamison welcomed the UH visitors; CEO Ed Banos, Dr. Abby Lozano, and Stephanie Stiefer, and thanked them for attending, and stated the Board of Trustees will hear from Mr. Banos later this evening. She stated a video was received today from Lee Johnson, Executive Director of Texas Council, who shared it with the Executive Directors and CEO of the Local Mental Health Authorities (LMHAs) in Texas and asked them to share it with their Board of Directors. Ms. Jamison said that is the perfect segway to the Sunset visit because CHCS along with Integral Travis County are the two LMHAs that will be visited by the Sunset staff. She was made aware two weeks ago when they asked for dates. She hasn't heard back when they plan to come and they did give CHCS an option of a half day or a full day agenda. She chose the full day agenda because it included an opportunity to look at Crisis Response and because it is the fastest growing department for CHCS. She wanted an opportunity because as LMHAs have implemented Crisis Response, everyone is doing it very differently and she thought it would be a good idea if they saw the model that Bexar County and San Antonio have adopted. It will be an opportunity for them to see the clinic, and they are asking if there are any updates that they should recommend making to the Utilization Guidelines. CHCS will be working internally to identify those areas that we would propose be under review and a solution.

Ms. Jamison stated the CHCS RFP for the Diversion Center closed on February 6th and a response was received from Dr. Alexander Testa. He has done some previous work with Bexar County and with SAPD. He has compiled a team of very qualified individuals of his background in criminal justice, and another individual has a background in economics, who are the principal investigators for this study. CHCS is doing all the necessary reviews of the content requirements. Tomorrow at B Session, an update will be given to the Council, and staff will be recommending that the City Council participate in the way of awarding \$30,000. The Board is already aware that Mr. Banos has offered an award of \$30,000. All the stakeholders will be identified. Mr. Barrett asked how long the study will take. Ms. Jamison responded a maximum of fifteen months, however, we did say that we wanted to be in a position to present a plan during the budget seasons for both the City and the County. In the kick-off meeting, they will be talking about the schedule. She had asked Dr. Testa to identify some high-risk factors and there are basically three areas; lack of access to data, on response of individuals he would like to interview, and conflicts with methodology.

Ms. Jamison reported there have been some significant changes in Center facilities and there are some consolidations of clinics she wanted to share with the Board. CHCS has worked with all the necessary departments and given notice to landlords that CHCS intends to get out of the leases. SAMHSA left the loss of that grant to expand access to care and open the Eastside clinic and when they pulled that money back it caused CHCS to look at our clinics of preference, zip codes, and where our consumers are going next, which is the basis for many of these recommendations. Ms. Jamison went over her slides about the consolidations for facility rightsizing. Notice has been sent to all CHCS partners; UH, State, and SAMHSA that the plan is to close this program and now begin working with consumers to transition them. Some of them will be transitioning out because they don't stay there very long, and

that will be annual cost savings of \$72,000.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of December 2025 and January 2026 – Jelynn LeBlanc Jamison

Ms. Jamison reported there were no contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of December 2025 and January 2026.

Ms. Jamison gave some context to Dr. Pastusek's presentation. CHCS uses the Business Plan to identify metrics annually that we are pursuing, of which one is to close the gap in services or make some improvement. When Dr. Pastusek came on board, one of her first observations was the need for standard processes across our Medical Services department. She has had an opportunity to take a look at all of the improvements, the consolidations, and standardization Dr. Pastusek has made across that unit and thought this was a good opportunity to share this with the Board.

Chief Medical Officer Report – Dr. Pastusek

Dr. Pastusek said she has been here almost two years and when she got here she took the first six months to assess the current state of affairs to determine where they are and where do they need to go. As she went through that process, she started updating Policies & Procedures, making different process improvements and sometimes process creation, but trying to standardize the delivery of care, so that they are all doing the same thing at each location. Patient outcomes are better if the same consistent care is provided at each clinic. She went through the metrics for Chart Audits, Continuing Medical Education (CME) Learning Series Attendance, and Documentation Errors. She looked at their Prescribers Productivity based on the Relative Value Unit (RVU) which is the standard metric to look at from September 2025-January 2026. She set the target at 90%: ABH is at 93%, CBH at 92%, Primary Care at 90%, Crisis/SUD at 93%, and the average came to 92%.

Dr. Pastusek said that Just In Time (JIT) is the scheduling model that is being used for the Prescribers which had been rolled out Pre-Covid, went on pause during Covid, and right before she started here in February 2024, it was started up again. The premise of this is to give the patients the right care at the right time. The goal is to give patients an appointment within a 7-day window, and then she went over the updates for JIT as follows:

- June 16, 2025 – late policy changed from 5 to 15 minutes – this has increased Kept Appointments by 12.4%
- October 1, 2025 – ABH implement from 30-minute to 20-minute appointments – 20-minute follow-up appointments availability from 15 days to 8 days & resulted in a 30% increase in access to appointments and increased revenue by 5%
- January 12, 2026 – revised templates were implemented to enhance efficiencies with walk-in and backfill appointments
- March 2, 2026 – CBH implement from 30-minute to 20-minute appointments
- June 1, 2026 – Specialty clinics will implement from 30 minute to 20-minute follow-up appts.
- September 1, 2026 – Final Analysis of JIT changes

Dr. Pastusek went over the CHCS Medical Home Model and stated CHCS was the only LMHA to get it in two tries and the only one to have Primary Care embedded in CHCS services, while other LMHAs tend to use Consultants. This model increases access to care with convenience at one location and fosters collaboration among interdisciplinary teams. She then went over the Nursing Initiatives, which this year has been focused on Nursing. The retention rate has struggled over the years. In FY 2024 rate was at 39%, in FY 2025 rate went up to 67%, and for FY 2026 Q1 rate is up to 94%. Nursing needed standardization of their processes, incorporation of daily huddles, optimization of

documentation, and in looking at medication errors there has been a 28% reduction.

Dr. Pastusek also went over the Extended Observation Unit Diversion and Dispositions, and Sobering Diversion Data. Dr. Pastusek said alcohol is the primary substance leading to admission. CHCS is the only LMHA with a Methadone Clinic in the State of Texas which has been around for 20 plus years and a great addition to our community. CHCS served over 7200 patients in FY 25 in the OATS Program. CHCS did lose 70 slots with the State for this FY 26. The OBOT Program is Office Based Opioid Treatment and that is our suboxone. There is a capacity for 40 patients, and we are trying to expand our footprint with getting into network with additional insurance payors. The SUD arena with insurance companies is very difficult to navigate. CHCS has an Outreach Program (OSAR) where Harm Reduction Kits are distributed and trending some of the data from last year to this year shows this is having a huge impact. In 2023 NARCAN got over the counter approval and there was a tremendous decline in overdose deaths if you look at the national data from FY 24 to FY 26. There has been a huge reduction with NARCAN over the counter and the Harm Reduction Kits. In general, San Antonio is leading the way with the substance space compared to other areas in Texas. There has been a lot of work with community partners in that effort. She stated that 40% of deaths in 2023 involved opioids for Bexar County. When she looks at Death Review CHCS had 1.2% deaths related to opioids from FY 25 – FY 26. Methamphetamines and the combination with opioids is lethal and some of the deaths she mentioned is due to this combination and we have with STRAC partnered with UH, Be Well, CHCS, and Methodist to work on a substance emergency response system in the community through the opioid abatement dollars which has been held up by the County for indemnification language and is still stalled out. However, workflows and protocols have been developed. Her contingency plan is, if it can't get out the door, then to implement the oral medication because a large cost in the outpatient side of this proposal that is being worked on is the monthly Naltrexone injection and that costs about \$1400 a month. If you have a patient assistance program, cost reduces by \$500 so it is largely unaffordable for people. So that is where the money would pay for that treatment, but oral Naltrexone can be done less costly which would be an option. The compliance is not going to be quite as good, but the consumers have the option to not take it if they want to skip a day.

Ms. Jamison stated that when CHCS got the award three years ago, it was brought to and shared with Dr. Pastusek. It was an opportunity for CHCS to create protocols that could potentially be used in all the emergency rooms (ERs) because patients go to all the ERs with this opioid methamphetamine mixture. Those protocols would be used across Bexar County, and those ERs would know exactly where to send them for outpatient, so it would be a combination of Be Well and CHCS. That was the proposal, which was approved and awarded, but we have not yet resolved the contract issues with Bexar County. CHCS continues to do the work; protocols and processes have been created and we are just waiting to implement. Mr. Smith commented in appreciation for the work that Dr. Pastusek has shown in improvements not just on the quality side but the productivity component creating capacity in adult behavioral health when there is so much demand out there and demonstrating she could do that with the same number of Providers by optimizing template use and making room for those patients that want to walk in is very complementary of her and her team.

IV. CONSENT AGENDA

1. Review/Approve the Authority for the President/CEO to Negotiate & Execute a Contract with Communities in Schools of San Antonio, for the Provision of Child Counseling Services
– Adam Velez
2. Review/Approve the Authority for the President/CEO to Negotiate & Execute a Contract with

- Myndfit Mental Health, LLC for the provision of Child Outpatient Services – *Adam Velez*
3. Review/Approve the Authority for the President/CEO to Negotiate & Execute a Contract with Drash Contracting Company, LLC for the Provision of Design-Build Services – *Adam Velez*
 4. Review/Approve the authority for the President/CEO to Negotiate & Execute a Contract with AT&T Enterprise, LLC dba AT&T for the Provision of Wide Area Network Services – *Adam Velez*
 5. Review/Approve the FY 2025 Board Individual Self-Assessment Form and the Board Annual Evaluation Form – *Frank Garza*

Mr. Barrett asked for a motion to approve the items under Consent. Mr. Smith so moved; Judge Spencer seconded. Motion carried.

V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

1. Review and Approve the Center's Financial Statements for the period ending October 31, 2025, and November 30, 2025 – *Robert Guevara*

a) October 2025 Financials

- Loss for the month was (\$1.3 million) bringing overall loss to (\$2.1 million). This includes recognizing \$1.9 million in Charity Care.

Notable Points from Balance Sheet

- Monthly personnel costs were \$76,763 above September expenses. October had 1 additional payroll day.
- Charity Care recognition YTD is \$2.6 million. We have an additional \$2 million to recognize at the end of the fiscal year.
- Fund Balance Composition – Cash \$1.2 million, A/R \$18.5 million.

Notable Increases/Decreases from Balance Sheet

- Fund Balance is \$10.8 million
- Investments in Tex Pool decreased (\$7.8 million) in the current month
- Interest earned for the month was \$19,621
- With all funds recognized sitting at close to 19.9 days of operations and total profit margin is sitting at a negative 9.69%.

Cash Flow

- Beginning Balance \$9.7 million, In Flows \$5.8 million, Out Flows \$13.8 million, Ending Balance \$1.7 million.

Mr. Guevara stated that the \$15 million line of credit has not been touched this fiscal year but is still available.

b) November 2025 Financials

- Break even by about \$1800 bringing overall loss to (\$2.1 million).

Notable Points from Balance Sheet

- Monthly personnel costs were \$(846,245) below October expenses. November had 3 less payroll days.
- Charity Care recognition YTD is \$3.8 million. Approximately (\$2.9 million) below the budget year to date.
- Fund Balance Composition – Cash \$8.2 million, A/R \$18.8 million.

Local outstanding A/R:

- STRAC – \$3.1

- Bexar County – \$1.3 million (no current contract in place)
- City – \$445,506
- University Health – \$958,206
- Haven for Hope – \$24,620

All local partners are current except for STRAC & Bexar County. STRAC is pending contracts with the County, and CHCS does not have a current contract for the work we are doing at the Assessment Center. Questions ensued.

Notable Increases/Decreases from Balance Sheet

- Fund Balance is \$9.8 million
- Investments in Tex Pool increased (\$6.9 million) in the current month
- Interest earned for the month was \$30,910
- With all funds recognized sitting at close to 17 days of operations and total profit margin is sitting at a negative 6.35%.

Cash Flow

- Beginning Balance \$1.7 million, In Flows \$19.4 million, Out Flows \$12.3 million, Ending Balance \$8.8 million. Again, the line of credit has not been touched to date.

Questions ensued.

Mr. Barrett asked for a motion to approve the October 2025 and November 2025 Financial Statements. Mr. Smith so moved; Ms. Hromas seconded. Motion carried.

VI. INFORMATIONAL ITEMS

1. University Health Overview and Strategic Initiatives – *Edward Banos, President/CEO of University Health*

Mr. Banos introduced himself and said it is a pleasure to be here and hear what the Center is doing. He introduced Dr. Abby Lozano who took Dr. Sally Taylor's place, and Stephanie Siefert, Vice President of Correctional Services & Dialysis Centers, who are both here today because they are the people who do the work and hopefully see how UH and CHCS can continue to work and think up new ideas together. The Bexar County Hospital District was created under the Texas Constitution and implemented through Chapter 281 of the Texas Health & Safety Code to provide medical and hospital care to the community in 1955. UH is a \$4.3 billion organization and 13% of revenue comes from local property taxes. The Bexar County Commissioner Court appoints the Hospital District Board of Managers, sets the annual tax rate, and approves the UH annual budget. He stated he has learned a lot about how the Center came to be and how UH became a Sponsoring Agency of the Center and showed a copy of the original letter dated May 22, 2000.

He reported UH had 16 million patients in their hospital last year and are projecting more for 2026. University Health Vida is their newest location on the Southside, and the hospital building is under construction. ExpressMed, primary care, and pharmacy are things that need to be talked about. If UH can qualify people who can't afford pharmacy, then they might be able to get pharmacy pricing for 340B or give it away, because they don't want patients to not get medications. They saw 200 patients for behavioral health in the first month that it opened for both adolescent and adult.

Mr. Banos said UH has health contracts with CHCS that provide a little over \$8 million. He knows that CHCS will no longer provide services for the Mommies program and UH will look into how they could provide those services. He went over the CHCS Metrics for UH Local Match, Contract

Metrics for Community Alternatives to Incarceration Program 2025, and the CHCS Pharmacotherapy Services Contract 2025. He thanks CHCS for all the metrics that data is provided for. He shared that as a hospital UH uses a couple of consulting companies on a high level national, of which one is called Sg2 as well as Vizient. Sg2 as a national company looks at trends across the country, whereas UH looks at their growth so they can make sure they align their strategy with CHCS and the community strategy. One of the things looked at is the number of mental health treatments that are increasing, adolescents receiving treatment, and inpatient & outpatient behavioral health. Inpatient behavioral health is growing but not as fast as in outpatient, which is growing much faster. When the analytics are looked at from this, they look at what it presents. How do we keep people out of the hospital, out of the ER, out of Treatment Centers when we can, if we adopt an ambulatory first mindset, integrate this across the care continuum, and build a scalable workforce. This is an approach that UH is looking at. Integrated behavioral health is becoming the standard, 7 out of 10 Americans prefer the health care provider ask about both their physical & mental health concerns during a medical appointment. He is sharing today about where UH sees the same thing that CHCS sees and wants to work together with CHCS to address it and how to move forward.

Another topic that he and Ms. Jamison were able to share with the City of San Antonio (COSA), Bexar County, and the CEOs of other health systems was the need for adult beds. Since the NIX and Texas Vista closed, there are now bed issues, and the number is unknown. He went over some data that is required by the Bexar County Inpatient Acute & Psychiatric/Behavioral Facilities with Inpatient Psychiatric Discharges that must be provided to THCIC (Texas Health Care Information Collection). If there are gaps in services, where do we work together with those gaps to find partners, do it ourselves, and figure it out, but how do we work to make this happen. If this can be driven down to the lowest cost, self-care, outpatient, outpatient with higher acuity, then our dollar will go much further. UH is working on their end hopefully with CHCS and others in the community on how to mix and fill these gaps. He is working with the Sheriff on how to look at making this appropriate care when people are in jail with mental health, substance use issues, etc. to prevent people from being in jail that don't need to be there. UH has increased the staffing of the 300 staff that are working the jail committed to making sure the mental health as well as the medical is being taken care of in the jail. Mr. Banos gave some Jail System statistics for CY 2025 for mental health.

The newest thing UH started about a year and a half ago was the Medication-Assisted Treatment (MAT) Program, because one of the problems noticed with the deaths in the jail was that they were detoxing without getting any medications. There are now 237 enrolled in MAT so that these inmates can withdraw down before they hit medical crisis in the jail which would lead to death or other problems. UH is able to use Opioid Abatement money for all the medications and services in this program. Mr. Banos stated that the difference between a Deflection Center vs. a Diversion Center, is that UH wants a Deflection Center to make it so that the person does not get into the Criminal Justice System, whereas with a Diversion Center the person is in the Criminal Justice System already. UH can work with CHCS and others to make sure the person gets the treatment they need before they get into the Criminal Justice System. UH started a Pilot Phase of 14 beds moving Expansion Phase to 55 beds and gave \$250,000. UH had 80% of the patients getting a mental health provider and got them involved in primary care and have over 1100 documented contacts of them going on to focus on stabilization planning, care coordination, and housing pathways. They stayed at the SAMM Shelter for 55 days, were stable and were helped. UH has social work and other programs that can work with these people as well as the Ministries. Cost

was about \$40 a day and 30-day readmission rate was 5.6%. A long longitudinal stay will have to be looked at to see if this is really something where we can get them into permanent supported housing or permanent housing going forward. This will be a lot of work with the City, the County, and others to say the housing issue has to also be addressed. Ms. Jamison asked, is this the hotel the COSA needs to decide whether to purchase it or another location. Mr. Banos said yes and thinks this is another great opportunity.

Mr. Banos stated they have the Meadows Mental Health Policy Institute report and Dr. Testa's report. UH took all the bullet points of the recommendations and with the help of staff, there are certain things they check like hospital system leaders and mental health, increase collaboration, improve disorder treatments by expanding with Be Well Texas. There are checks in there and there is the check on inpatient hospital for civil commitment and voluntary admission. He feels it requires further evaluation, such as, what's the right number, what should be done, and how to do it. Then on the Bexar County Justice side, there are other things such as investing in a tracking system for detainees, because you cannot run an efficient health care when you don't know where the inmates are. These are great recommendations on what can be done to help put a work group together, which Eric Epley and others have started to figure out how these things can be done. He stated they are proud of what the Center does for the community and what he wants to make sure of is a partnership together working on how to collaborate on other things that can happen. This does take a lot of work such as fundings, funding mechanisms, structure, and how these things are looked at. There are different ways to get enhanced Medicaid programs that might need out of the box thinking. Talking with the two organizations, there might be different ways that can be looked at such as 340B, to make sure that patients that need the medication but can't afford them, UH can get them done. UH has done that on the medical side with insulin and other meds. Even if they have insurance and can't afford it, they can go to UH. This is all cost avoidance for UH and making a better stronger community that's healthier both medically and mentally.

He thanked Ms. Jamison for the invitation to speak at this meeting and thanked the Board and staff for everything they do. Ms. Jamison thanked Mr. Banos as the Center's Sponsoring Agency on behalf of the staff, and appreciates him coming forward and presenting UH and CHCS as a partner. That was not heard from the other Sponsoring Entity, and it was upsetting for staff given the number of years we have been here. Ms. Hromas asked Mr. Banos if he ever thought after hospitalization, a step-down unit or day hospital, because so many times the patient is in the hospital, is not stable, meds are not kicking in, and the family is stuck that need to manage the patient. Mr. Banos thinks that's a wonderful idea. He thinks the reutilization of the old SASH buildings that are done, but it will take a big work group to figure this out. They will need to somehow get the State to understand that those things can be done, the buildings are ready space that will have to be updated. Those are the things that we can go together and present to the State, the Legislature, and our local elected officials to say this is how Methodist, Baptist, UH, CHCS, and all the organizations together should do this to show that together these things can be done.

2. CHCS Financial Recovery Plan Update – *Robert Guevara*

Mr. Guevara provided a brief update on the Financial and Operational Recovery Plan that was presented at the January Finance Committee meeting.

Financial Recovery

- Inclement weather event resulted in cancelation of 841 appointments of which 676 were rescheduled/completed.

- Service Revenue daily billable is averaging \$64k, last FY average was \$50k. December & January revenues are at 99.65% of target \$2.4 million. CHCS is right on target.
- Medical follow-up appointments were changed to 20 minutes & have increased related revenue by 5.05%.
- CHCS Missed Appointment policy changed from 5 minutes to 15 minutes which has improved kept appointments by 11%, thereby increasing kept appointments by 20.28% or 9,917 more than last FY.
- Transition to BeWell the new SUD administrator; CHCS has billed approximately \$132,000 per month.
- My Avatar optimization utilizing ScriptLink Logic has reduced errors by 70%, improving encounter reporting & billing.

Operational Processes

- Discussions across all units are held to include optimizing appointments including core service services, management of active caseloads, leveraging available appointments, etc.
- Productivity has increased by 11.31% Center-wide and Active Caseloads are at 81.01%, a 37.78% improvement.
- Quarterly trainings for ABH Team members to improve internal compliance reviews & reduce revenue recoupment.
- MCOT & CMOT began piloting virtual screenings to improve revenue & increase safety for employees before driving to the consumer's location.
- MOUs with ISDs to provide CMH services on school campuses to increase convenience & accessibility to services for Judson, Harlandale, and SAISD.
- Expanded Child Counseling Network by adding MindFit, CIS, and 1 pending in March.
- HCS Host Home census organic growth goal to 135: Target has been exceeded with 138 as of February 10, this resulted in increased revenue and overall positive net income.

Mr. Travis stated that he would encourage Mr. Guevara to keep focus on those initiatives because now is the time he can take those steps to get back to a break even going forward.

Mr. Barrett asked for a motion to approve the Financial Recovery Plan Update. Mr. Smith so moved; Ms. Hromas seconded. Motion carried.

VII. EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC) PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE: 551.071 (Consultation with General Counsel) and 551.074 (Personnel)

Mr. Barrett called the meeting into Executive Session at 7:57 p.m.

VIII. RECONVENE OPEN SESSION

Open Session reconvened at 8:28 p.m. No action was taken.

IX. REPORTS

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

Mr. Barrett mentioned the Annual Texas Conference Update, that San Antonio returns to the conference rotation earlier than usual. There is a rotation with Dallas, Houston, and San Antonio

that hosts the conference. Houston makes known they have no excess money; with Dallas we pay additional, and San Antonio we usually share \$20k or \$30k at the end. People love to come to San Antonio, but it is a lot of work. Texas Council wanted to meet in San Antonio every year, but Mr. Barrett told them no. Ms. Jamison mentioned that Camino Real is going to co-host with CHCS.

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

Mr. Guevara gave an update on the one-time credit; they have determined a methodology for that. They will establish a base proportionate to a percentage of the total net position. Then apply a tenure factor, and that is going to be in addition to the rates stabilization that will now also include a component that is not in net position. The last time he reported that CHCS' net position was about \$4 million. There were two CHCS property events; the Culebra property that burned, and the JRC flood on Josephine. These events impacted CHCS equity by \$1 million, now the net position is at \$3 million. It looks like CHCS will be able to use up the equity with the one-time credit and then apply it towards rate stabilization.

3. TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara

Mr. Guevara reported that the Tejas Board meeting is tentatively scheduled for next Wednesday.


VIII. ADJOURNMENT

Mr. Barrett mentioned that Ms. Saenz is leaving the Center, and the Board wishes her well.

Mr. Barrett asked for a motion to adjourn the meeting. Mr. Garza stated that the meeting is over because of loss of quorum. Meeting adjourned at 8:39 p.m.

Passed and approved this 14th day of April, 2026.


Daniel T. Barrett
Board Chairman


Cynthia Hinton
Executive Assistant