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, August 11, 2026
6:00 P.M.

TRUSTEES PRESENT: Daniel T. Barrett, Chairman
Polly Jackson Spencer, Vice Chair
Sandee Marion
Margaret Vera
Travis Smith

TRUSTEES ABSENT: Roberta Krueger, M.D.

STAFF PRESENT: Jelynne 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
James Chapman, Chief Compliance Officer
Allison Greer, VP of External Relations
Deirdre Murphy, Chief of Staff/Board Liaison
John Sanchez, Sr. Director of Development/Foundation
Adam Velez, Sr. Director of Contracts & Procurement
Cynthia Hinton, Executive Assistant

GUESTS PRESENT: Dr. Keely Petty, Commissioners Court, Precinct 4
Neil Schneuker, K Harvey
Ava Romero, City of San Antonio Ambassador/SAMF
Dora Snedeker, Director of Nursing

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, August 11, 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 6:02 p.m., with the following trustees present: Mses. 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. SWEARING IN & INSTALLATION OF NEWLY APPOINTED BOARD MEMBERS

Judge Sandee Marion performed the Oath of Office for Lauro A. Garza, Sr. who was appointed as the

Veteran appointee by the CHCS Board of Trustees.

Judge Polly Spencer performed the Oath of Office for Theresa Rodriguez Scepanski who was appointed to Place 8 by University Health System.

Judges Spencer and Marion performed the Oath of Office for Abby Ornelas Lozano who was appointed to Place 6 by University Health System.

II. APPROVAL OF MINUTES – Regular Board Meeting, June 9, 2026

Mr. Barrett asked for a motion to approve the Minutes of June 9, 2026, Regular Board Meeting which were presented for review and approval. Judge Spencer moved for approval as presented; Mr. Lauro Garza seconded the motion. Motion carried.

III. BOARD CHAIRMAN REPORT – *Daniel Barrett*

a) Report from the Officer Nominations Committee Chair – Judge Marion

Judge Marion stated the current Board of Directors Officers expired July 31, 2026. As required by the By-Laws, Chair Barrett appointed Judge Marion as Chair of the Nominating Committee and the other two members of the Committee were Margaret Vera and Dr. Roberta Krueger. However, both members informed her they were interested in being nominated as an officer on the Board. She then consulted with Frank Garza, General Counsel, and Chair Barrett, who appointed Lauro Garza to serve on the Nominating Committee. A notification was sent to the Board members asking them to notify her if they had an interest in serving as an officer. Ms. Vera and Dr. Krueger replied affirmatively. She and Lauro Garza discussed the ones she heard back from and prepared the slate of Officers. If approved, the slate of officers will serve from August 1, 2026, to July 31, 2027.

b) Election of Officers for the Period September 1, 2026 – August 31, 2027

As required by the By-laws, the nomination was open to the floor. No other nominations were proposed. With no other nomination, Judge Marion presented the slate of officers as follows:

- Chairman – Daniel T. Barrett
- Vice Chair - Polly Jackson Spencer
- Secretary – Margaret Vera
- Treasurer – Dr. Roberta Krueger

Ms. Vera moved to accept the officers to the Board as presented. Mr. Barrett seconded the motion. Motion carried.

IV. PRESIDENT/CEO REPORT – Leadership Briefing – *Jelynne LeBlanc Jamison*

Ms. Jamison introduced Dr. Keely Petty. She will be considered as an appointee by Commissioner Tommy Calvert on August 18, 2026. She will be sworn in as a CHCS Board member at the October Board meeting. Dr. Petty will replace Dr. Donnie Whited.

Michelle Stewart, Chief Clinical Officer, was introduced to the Board. Mrs. Jamison noted that Ms. Stewart is a very experienced health care professional, Six Sigma Black Belt Certified who has been serving the Center in the capacity of Director of Primary Care since 2022.

CHCS Foundation Update – John Sanchez

Ms. Jamison directed the attention of the Board to the information provided by John Sanchez, Sr.

Director of Center Development. The Center is celebrating its 60 Years Anniversary on Friday, November 20, 2026. The Center's Foundation is sponsoring the event. There will be sponsorship opportunities to choose from. Mr. Sanchez asked the Board to assist with the outreach initiative to help secure table sponsorship at various levels.

Contracts executed by the President/CEO over $50,000 and under $100,000 for the months of April 2026 and May 2026 – *Jelynne LeBlanc Jamison*

Ms. Jamison reported there were none.

Chief Medical Officer Report – *Dr. Pastusek*

Dr. Pastusek provided a staffing update noting that two Psychiatric Nurse Practitioners were hired to replace vacancies and hired a psychiatrist. Dr. Pastusek provided a follow-up on the Teleheath contract performance. Fiscal Year 25 – volume was 1799 patient visits. Fiscal Year 26 to date (excluding August) – volume was 1281 visits. Spend was $415 thousand for FY 25 and current year trending about $300 thousand. The difference in the number is the hiring of a Psychiatric Nurse Practitioner in the Crisis area. The Telehealth contract was utilized for overnight hours and the extended observation unit, which is the Psychiatric ER. With the hiring of the PNP, there was a reduction in the Telehealth need.

V. CONSENT AGENDA

1. Review/Approve the Authority for the President/CEO to Negotiate & Execute a Contract with Avail Telemedicine, PLLC, for the provision of Telepsychiatry Services – *Adam Velez*
2. Review/Approve the Authority for the President/CEO to Execute a Contract with Bug Hunters Pest Control, Inc. for the provision of Pest Control Services – *Adam Velez*
3. Review/Approve the Authority for the President/CEO to Negotiate & Execute a Contract with Tiger Sanitation, Inc. for Waste Disposal Services – *Adam Velez*
4. Review/Approval for the President/CEO to Negotiate & Execute a Contract with Veritrust Corporation for Medical and Administrative Records Offsite Storage Services – *Adam Velez*

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

VI. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

1. Review and Approve the Center's Financial Statements for the periods ending April 30, 2026, and May 31, 2026 – *Robert Guevara*

   a) April 2026 Financials
   - Loss for the month was ($1.9 million) bringing overall loss to ($7.5 million).
   - Monthly personnel costs were $118,233 above March expenses. March and April had 22 payroll days.
   - Charity Care recognition YTD is $12.2 million. Approximately ($4.5 million) below the budget year to date.
   - Fund Balance Composition – Cash $25.9 million, A/R $18.75 million
     Loca Level A/R:
     - STRAC – $950,000
     - University Health – $984,000

  - BeWell – $139,000
  - Methodist Health Care Ministries – $200,000
  - City of San Antonio – $159,000
- YTD Revenue Budget - $87.2, Shortfall – ($19.5 million)
  - CCP – ($4.5 million)
  - HHSC Other – ($2.4 million) Private Psychiatric Beds
  - Other – Comprised of cost reimbursement contracts – ($12.2 million). Including Town Village ($4 million), SHSD – ($1.7 million), YCOT – ($830 thousand), Bexar County – ($1.9 million), STRAC – ($1.1million), DPP – ($1.1 million). Corrective Payment Program ($1.7 million).
- Daily Billable Service Revenue averaging $59,000
- Fund Balance is $2.9 million, Investments in Tex Pool decreased ($5.1) million, Interest earned for the month was $87,016.
- With all funds recognized, 70.21 days of operations and total profit margin of (8.2%)
- Have not had to use Line of Credit so far this fiscal year
- Beginning Balance $34.4 million, In Flows $7.9 million, Out Flows $13.5 million, Ending Balance $28.8 million.

b) May 2026 Financials
- Loss for the month – ($371,152). Net YTD loss ($7.9 million).
- Monthly personnel costs were ($326,798) below April expenses. May had 1 less payroll day.
- Charity Care recognition YTD is $13.5 million. Approximately ($5.4 million) below budget year to date to be recognized at year end.
- Fund Balance Composition – Cash $16 million, A/R $19.2 million.
- YTD Revenue Budget – $98.7 million, Net Gain YTD – ($13.3 million)
- Daily Billable Service Revenue averaging $58,666
- Fund Balance is $1.6 million; Investments in Tex Pool decreased ($11.4 million); Interest earned was $63,949.
- With all funds recognized, 42 days of operations and total profit margin of (-7.5%).
- Beginning Balance – $28.8 million, In Flows – $6.3 million, Out Flows – $17.7 million, Ending Balance – $17.3 million.

Judge Marion noted it does not seem sustainable if the loss continues every month, and options are either cut services or increase revenue. Ms. Jamison noted that continuing to rely on resources to offset the fund balance or deficit every year is not sustainable. One budget proposal is to engage with the sponsor entities to renegotiate the interlocal agreement. A specific request to University Health was made to jointly with CHCS to help develop a strategy to bring back to Commissioners Court, to talk about a sustainable and structural method. Judge Marion asked at what level is CHCS being funded. Ms. Jamison stated that currently from Bexar County it is zero and from UH it is a little over $6 million, which also includes the Local Match at 9%. Almost all the contracts with University Health are close to term at the end of 2026 or 2027; the second request is to renegotiate the terms as the contracts have aged and revisit the rates and contract provisions. Mr. Guevara noted the Center lost $4.8 million from the County; CCP funds were reduced by $2.1 million, and DPP was reduced by $2 million. Ms. Jamison said that of the LMHAs she is sharing with the Board, all of them tonight are in state of renegotiating their budgets and their sponsoring agreements. The numbers she shares today are for this fiscal year and will likely change for fiscal year 2027

which is September 1.

Mr. Barrett asked for a motion to accept the April 30, 2026, and May 31, 2026, Financial Statements. Mr. Garza moved for approval; Judge Spencer seconded the motion. Motion carried.

2. Review and Approve the Center's FY 2027 Budget and Staffing – *Robert Guevara*

Ms. Jamison stated the Board adopted the mission several years ago and the budget had been prepared around the key focus areas for the same number of years. No changes are being recommended; the plan is to present a recommendation for a transition consultant to work with the Board to conduct strategic planning at the October Board meeting. There will be an opportunity to look at the mission and key focus areas in preparation for the next 12 months of transition to a new CEO.

- FY26 Landscape: Reduction of financial and consumer access to care of $2.3 million in SAMSA and ARPA money, and 1092 consumers. State and federal anticipated grants through the end of the fiscal year were abruptly terminated. The Center successfully pivoted planning for the affected employees. 95% of employees that were impacted and wanted to stay were reassigned to vacant positions or other programs.
- FY27 cost to serve continue to increase while State General Revenue is level, federal revenue is decreasing, and local support is stagnant. Therefore, the need to advance discussions to bring all the provisions of the Interlocal Agreement, establishing the relationship with the sponsoring entities and CHCS into compliance and negotiating rates with Managed Care Organizations.
- CHCS Landscape – Cost to serve – $4,079 per consumer, HHSC payment per consumer is $3427; approximately 37,000 consumers in FY 27. Difference in cost to serve and reimbursement received is 16%. Unfunded consumers total – 42%, consumers funded by state and federal awards – 29% with reimbursement rates lower than cost of care. State General Revenue for MH Outpatient services have not increased since FY2020. Charity Care Revenue has decreased by $12 million or 32% since FY 2023. Proposed FY27 budget gap of $15.3 million is approximately 10% of the proposed budget.
- CHCS Funding – HHSC Performance Contract establishes the census target for consumers requiring 100% to be met. The HHSC Performance Contract allocation covers 90% of the cost. CHCS cannot refuse Medicaid consumers. HHSC expects that local investment leverages the allocation of state funding. The Interlocal Agreement does not provide a sustainable or reliable method to determine local support. The Interlocal Agreement references the use of ad valorem every year to support the Center, but CHCS does not have the sustainable method to determine that support on an annual basis. Ms. Jamison is seeking to create that strategy with University Health and presenting that to Commissioners Court.
- LMHA Local Investment across Texas is chronically underfunded. CHCS total funding is $8.4 million compared to MHMR Tarrant – $22.7 million, Harris Center – $32.8 million, and Integral Care – $56.9 million. Texas Council of Community Centers data indicate the State would need to provide an additional $773 million to meet expected LMHA service provision.
- CHCS Local Investment consists of: University Health – $6.5 million, City of San Antonio – $1.9 million and Bexar County – $0. Discussion ensued regarding the lack of Bexar County funding as it pertains to the services provided at the Specialty Courts.
- CHCS Performance Snapshot FY26 – Prescriber RVUs are 90%, Appointment Volume – 1050 per day, no-show rate of 18%, Caseload averaging above target. 3rd Party Revenue at 101% of target (without DPP and Charity Care). HHSC sanctionable performance measures met to date. CHCS serves 103% of the adult target and 74% of child target.

Mr. Smith inquired about the prescribers' RVUs at 90% relative to industry benchmark. Dr. Pastusek indicated the way it is analyzed by using FY25 historical data and looked at the Medical Group Management Association metrics. They do not have LMHAs or CCBHC data. CHCS provided the data. They reported prescribers were on target with the psychiatry outpatient metrics within the 90% range. Nurse practitioner metrics came out at 90th percentiles at 4632. Mrs. Jamison added that the mental health system in Texas started collecting data after CCBHC certification and the reporting of the metrics.

Budget Highlights

- Revenue – Estimate for DPP assumes current unit price, the actual volume, and making assumptions on reduction in Medicaid population. CCP assumes more participants, unfunded population and larger cuts by HHSC. State General Revenue/Performance Contract, PPB, other state grants for services, University Health, City of San Antonio funding and Bexar County (until contract dispute is resolved) are assumed at level for FY27. Patient service revenue at current trends.
- Discussions are being held with the Department of Criminal Justice regarding the potential of reinstating referral services for the Community Reintegration Program and reestablishing a line of referrals for Judge Kazen for a potential contract with Bexar County. They are calling it AOT, but it is not Assisted Outpatient Treatment, it is just opening a line of referral for Judge Kazen. It is a per member per month contract.
- Expense – Authorize personnel to meet HHSC Performance targets and reporting requirements with non-optimal caseloads. No projected compensation structure adjustment. Performance Pay at 2.5% of eligible salaries. Health Insurance premium increases and plan changes. Employee incentives will be maintained, and 11 holidays and 2 floating holidays will be observed.
- Strategic Initiatives – Transition of CenterCare to an all-counseling clinic, EHR workflow optimization, Consumer scheduler and appointment template re-configuration, Implementation of Clinical AI assist tool, Consolidation of Children Clinics, Consolidation of Adult Clinics, and Expansion of Outsourced Provider Enrollment to include Credentialing.
- Funding by source – Proposed annual budget is $154,397,349 – Expense by category and Staffing plan by business unit were presented as well as the CHCS grant pipeline – 3 grants are funded and included on the budget. An update will be provided at the October Board meeting.
- Program Budget Comparison by Business Unit totals – Variance – ($6,183,173) when compared to FY26. Total FY27 – $154,397,349
- Staffing Comparison by Business Unit Totals – Variance – (41.55) when comparing to FY26. Total FY27 – 1,078.17
- Expense Budget Comparison –Variance – ($6,183,173) when compared to FY26. Total FY27 – $154,397,349.

Mr. Travis noted that the comparison year over year was helpful. He asked if there was information about the margin, either positive or negative, generated by the different service lines. Ms. Jamison noted the report can be provided. Mr. Travis added that in current fiscal year there is a $10 million loss and next year projected loss is $15.3 million and asked which of the service lines is driving the additional $5 million loss. Ms. Jamison stated the lack of contracts and reimbursement. He referred to the request from the initial presentation and the recommendation to get to an approved operating bottom line. He asked what things under CHCS control can be brought to the Board as a

proposal to narrow the loss and operating cost down; recommendations that will allow CHCS to get closer to a break-even proposition for Center's operations. Ms. Jamison noted that the strategic initiatives undertaken on FY27 all work to improve the bottom line, but they will not result in a break-even point, and that we cannot even talk about a break-even point until the ILA can be negotiated to understand and realize the funding mechanism that is identified in the ILA. Mr. Travis asked how the reduction in Medicaid service revenue would translate into the budget by either reducing operating costs or improving reimbursement. He would like to see the calculations. Ms. Jamison stated the State of Texas is not giving any relief on the performance contract requirements. The Center cannot refuse services to Medicaid recipients or unfunded consumers. If YCOT or the Step-Down Program are not re-awarded in FY28, the funding and FTEs will be lost.

Mr. Travis stated that along with revenue, there is the expense component for the population in the business units. The question is where the additional $5 million loss in revenue is from. He referred to the $6 million loss in revenue in ABH however, expenses are increasing by $2 million; the equation needs to be looked at and re-adjusted because of the sustainability discussion.

Ms. Jamison stated that the performance contract stipulates the number of consumers to serve and the requirement to serve 100% of consumers. Currently, 29% of consumers served by CHCS have Medicaid and 42% are unfunded. HHCS does not reimburse the Center for the full cost. Approximately a $652 variance; the Center will serve 37,000 consumers. The Performance Contract cannot be negotiated.

Mr. Barrett noted that since 1966, when operations started, CHCS has never gone back to the sponsor entities to demonstrate performance. The question becomes how to continue to provide services without the necessary funds. There is a 10% difference between what the state pays and what the sponsor entities should be contributing. Sustainability becomes the issue and a way to correct the situation is needed going forward.

Ms. Jamison added the Waiver funding when it was first created was incentive based and the community developed a lot of programs, but the system had changed. In 2017 the program transitioned from incentive payments to outcome measures and the Center lost four programs. The Center continued to serve the consumer through performance measures which were met every year. The Waiver program changed again to what is now DPP and CCP. Given the targets of savings in the Big Beautiful Bill, the question is what will be the longevity of those programs. Our Legislature has not had an opportunity to address those targeted savings until they meet in January.

Ms. Scepanski asked what is being done to assist the consumers that lost Medicaid funding. Mr. Guevara noted that the self-paying consumer is a very small population; the budget for self-pay is $212,000. The unfunded consumers receive services under the general revenue services or Charity Care services. Mrs. Scepanski inquired about how consumers are referred to CareLink. Ms. Jamison noted CHCS used to have staff embedded in the clinics to help with CareLink; however, UHS is not providing the staff any longer. This is something that is going to be asked of UHS as currently only 3% of consumers are enrolled in CareLink. Ms. Stewart stated the challenge is that the consumer struggles to make the appointment required after completing the online application due to their unstable conditions. Mrs. Scepanski noted that there is an opportunity for revenue.

Ms. Scepanski asked if there is a dollar amount pertaining to each of the strategic initiatives. Ms. Jamison noted the transition of CenterCare strategy will help the clinic reduce the losses from $1 million to $200,000. This is a private clinic, and it would not count as part of the performance

contract or census target. The EHR optimization strategy will go towards helping the clinician complete their notes and perhaps billing. The template reconfiguration will be more aligned with the actual duration of appointment, and the scheduler reconfiguration will be able to capture that information. CHCS will have a more accurate picture of all the appointments conducted by the clinicians. The implementation of the clinical AI assist tool will enhance the quality of the notes, reducing the time to complete it and potentially free time to serve more consumers. The implementation of Alpha Collector assisted with the claims and timely submission. The children's Drexel location has been identified as a surplus and will be placed on the market to sell. The San Saba adult clinic location currently rented will be moving to Palo Alto, a location owned by the Center. The two rented clinics in East Houston will be consolidated into one. The expansion of outsource provider enrollment to include credentialing will ensure provider enrollment and credentialing are done timely. The reduction of FTEs is vacant positions from the programs that lost funding.

- Budget Summary
  - Budget of $154,397,349
  - Authorized Headcount of 1,078.17
  - Fund Balance Designation of $15,299,187
  - Staffing schedule review

The staffing schedule, that shows every employee and salary, was presented to the Board members for review, which is a requirement of HHSC. It was noted that the Budget Summary was posted on the website as per HHSC requirement.

Ms. Jamison presented the year over year consumer experience from FY2024 to FY2027. CHCS expects to serve 37,000 consumers at a cost of $4,079 per consumer for FY 27.

She recommends the approval of the FY27 Budget of $154. 3 million, authorized head count of 1,078.17, and a fund balance designation of $15.3 million, and the staffing schedule. Ms. Scepanski inquired if anything in Administration business units generates income. Ms. Jamison mentioned this unit includes all the revenue cycle and billing staff as well as employee benefits including insurance. Without cutting services the only way is to ask the sponsoring entities to come to the table.

- The Jail Diversion program is not included in the budget. The City Council County Commissioner Ad Hoc committee is working on a diversion system and there are conversations happening to eliminate the dual processing system. The committee is also looking at potential legislative initiatives that will continue to remove barriers for individuals who are not eligible for PR bonds.
- CHCS Board authorized the hiring of the University of Texas at Houston to work with several stakeholders that include the Sheriff, Police, City, County, UHS, and CHCS are working towards the permanent plan for diversion. There is a field trip scheduled in September to visit Tarrant and Dallas. Stakeholders are being interviewed for data collection.
- Recommendation for a pilot program utilizing an available wing at the Josephine Recovery Center that can accommodate 15 beds.
- Working with SAPD, the Sheriff Department, and looking at central command district to engage individuals that have either violated criminal trespassing or a non-residential theft and are in a pre-arrest mode. Officers will work with clinicians at MedCom who will help the officer determine if the individual goes to jail or diversion center.

- The budget has been developed, and the cost is trending at about $682 per bed day. There is a plan to ask the city, county, and UHS to share three ways to fund the pilot and ultimately fund the permanent plan for diversion. Lots of work remains to get to the permanent plan. Looking to get the building ready by the end of the calendar year and be ready to accept individuals by the beginning of 2027.

Mr. Smith inquired about the $1.8 million designated for performance pay. He said the same 2.5% was presented for FY26, but it was budgeted at $800,000. Ms. Jamison explained it was only budgeted at 1.1%, 2.5% was reflective of the pay plan which includes: General, Medical, and Executive staff. Mr. Smith noted the allocation for FY 26 was 2.5% per staff member, 2% per medical and 1% per leadership. He struggles with the increase from $800 thousand to $1.8 million when the same allocation of 2.5% was assigned to staff in FY26.

Ms. Jamison stated a different vacancy rate applies from last year. The vacancy rate was reduced and applied to all eligible staff. Mr. Guevara noted last year's vacancy rate was 10%. What was budget for FY 26 was a blended rate of 1.25%. This year's 2.5% is applied to all eligible staff. Staff is evaluated on 10% for Center wide metrics, 70% individual performance, and 20% core values. Mr. Smith asked if the extra $1 million covers the 2.5% across the board. He asked what revenue was generated by the staff that were moved into other positions in lieu of the $5 million loss in contracts. Ms. Jamison noted those individuals are under other grants programs that are fee per service or pay for direct staff. Mr. Smith noted he assumed the staff was moved to programs where revenue was generated to offset the loss. His request is identifying what areas CHCS needs to invest more to make less of a bottom-line impact and those areas that are straight expense to make the most of the dollars available. Ms. Jamison noted the system does not operate in such a way due to the many requirements to be fulfilled under the various grants and contracts. Discussion ensued.

Mr. Barrett asked for a motion to approve the Center's FY 27 Budget and Staffing. Judge Marion moved for approval. The vote was called. 5 Ayes – Polly Spencer, Margaret Vera, Lauro Garza, Judge Marion, and Daniel Barrett. 3 Nays – Travis Smith, Theresa Scepanski and Dr. Lozano. Motion carried.

VII. REPORTS

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

Mr. Barrett stated the Council is meeting on August 13th and August 14th. A report will be presented at the October Board meeting.

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

Mr. Guevara noted the TCRMF meeting was August 7th. Overall, they have a $47 million net positive position. The Council is changing from a Concord Advisory Group to Marquette Consultants.

3. TEJAS HEALTH MANAGEMENT BOARD – *Robert Guevara*

Next meeting is scheduled for August 27, 2026.

VIII. ADJOURNMENT

Mr. Barrett asked for a motion to adjourn the meeting. Judge Spencer so moved, Ms. Scepanski

seconded the motion. Meeting adjourned at 7:47 p.m.

Passed and approved this 13th day of October, 2026.

Daniel T. Barrett
Board Chairman

Cynthia Hinton
Executive Assistant